



2024-2025 NORTH DAKOTA HHS **BUSINESS PLAN**

Transforming the Customer Experience



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In life, we all experience pivotal moments. Moments that have the power to change everything. They can define our future, alter our trajectory and shape the lives we lead.

At HHS, we understand the weight of these moments. We know that when people reach out to us, they are at a crossroads, seeking guidance, support and hope.

Our mission goes beyond just preventing crises. It's about seizing those crucial moments to build lives and empower individuals and families. We want to ensure that every interaction, every moment, becomes an opportunity for transformation. We believe that everyone deserves a chance to live their healthiest, happiest life.

Imagine a place where everyone unlocks their fullest potential, where dreams are nurtured, and each person thrives in their unique journey of growth and achievement.

Envision a place where individuals are free from the clutches of addiction, liberated from the shackles of dependency and able to pursue their dreams with unwavering determination.

Picture a place that is recognized as the healthiest place to live, where every life is infused with well-being, setting a standard for the nation to aspire toward. This is our vision at HHS, and we are committed to making it a reality.

Since my appointment as commissioner in January 2024, we have made significant strides to ensure that our agency and the communities we serve realize the full potential of integrating the legacy Department of Health and the Department of Human Services, which occurred in September 2022.

In February 2024, we proudly released our first transformative strategic framework as an integrated agency, encompassing a newly crafted mission statement, strategic priorities, and guiding principles. Alongside this, we reimagined our vision, setting forth on an inspiring journey to make North Dakota the healthiest state in the nation. And now, we are proud to release our inaugural business plan: Transforming the Customer Experience.

This comprehensive plan highlights 74 supporting goals and projects that intricately align with our strategic priorities, forging a path toward our mission of fostering positive, holistic outcomes by promoting economic, behavioral and physical health. It also serves as an accountability tool, ensuring we remain steadfast in our commitment to our guiding principles and achieving our desired outcomes.

Our teams have been empowered and commissioned to make positive changes as we understand that our success as an agency is not determined by the number of our programs but is measured by our ability to respond to the needs of those we have been entrusted to serve in the moments that matter.

We look forward to strengthening our valued partnerships and appreciate your support and collaboration as we strive to make North Dakota the healthiest state in the nation.

With gratitude,

Wayne Salter
HHS Commissioner

August 2024



ABOUT HHS

HHS Strategic Framework

HHS Vision: North Dakota is the healthiest state in the nation.

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

Our mission underscores the incredible work that is already underway across HHS today. It reflects our commitment to keep the well-being of individuals and communities at the forefront of our efforts.

HHS Strategic Priorities

Our strategic priorities provide the specifics for how we will achieve our vision and how we will measure our success:

- Support the advancement of strong, stable, healthy families and communities.
- Advance the foundations of well-being through access to high-quality services and supports closer to home.
- Optimize disaster and epidemic response and recovery.
- Advance excellence in agency infrastructure and operations.
- Deliver best-in-class customer-centered experiences.
- Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

HHS Guiding Principles

Our guiding principles are more than just words. They inspire our decisions, fuel our passion for service and shape our culture as an agency:

- **Continuous improvement and innovation:** We embrace continuous improvement and innovation as ways to streamline the delivery of services, drive efficiencies and promote best-in-class customer-centered experiences.
- **Responsible stewardship:** Our organizational effectiveness and impact is enhanced by our strategic and efficient management of agency funding, assets and resources.
- **Transparent and open communication:** We prioritize transparent and open communication to facilitate trust, organizational and stakeholder awareness, collaboration and unity.
- **Engaged collaboration:** We bring a spirit of teamwork and accountability to every interaction, using our combined strengths to drive solutions and success.
- **Data-centered decisions:** Our decisions are grounded in data; we use facts and metrics to inform and guide our actions and evaluate outcomes.





Our Team

Our over 2,800 full time team members serve North Dakotans at 59 locations across the state. Our services enhance citizens' well-being and quality of life by supporting equitable access to the social determinants of health, which include economic stability, housing, education, food, community and health care.

We deliver services and supports in collaboration with Medicaid providers, behavioral health providers and contracted human services providers, such as developmental disability and senior nutrition providers, and other partners. We support and provide resources and expertise to health care providers and facilities, such as hospitals, basic-care and long-term care facilities.

We also partner with local public health, tribal leaders, universities and providers to deliver public health education, outreach and response. We partner with 19 human service zone offices to deliver economic assistance and child welfare programs and services across all 53 counties in the state.

Programs and Services

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

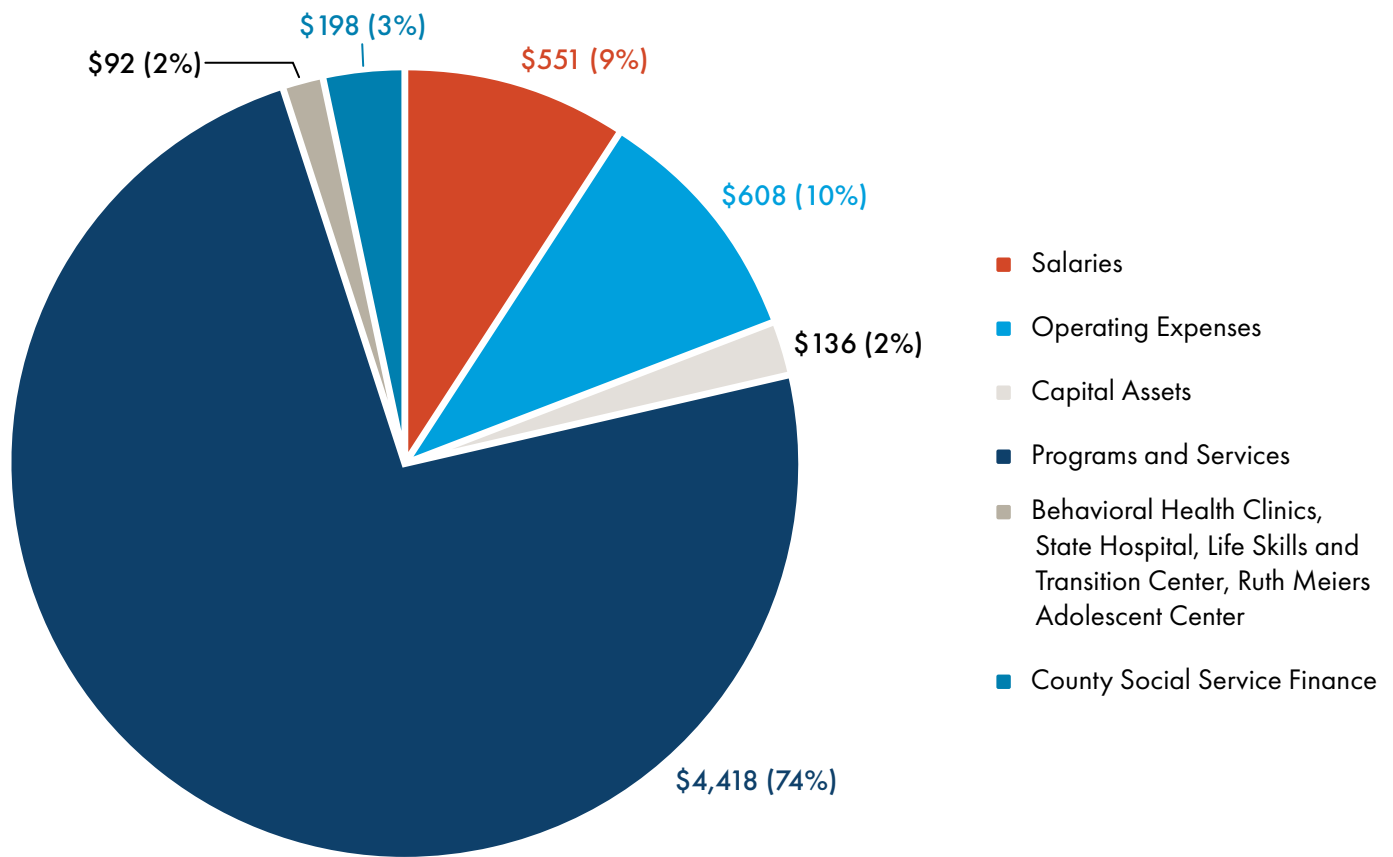
- Adult and Aging Services
- Behavioral Health Clinics
- Behavioral Health Policy
- Child Support
- Children and Family Services
- Criminal Background Check Unit
- Intellectual and Developmental Disabilities
- Disability Determination Services
- Disease Control and Forensic Pathology
- Early Childhood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



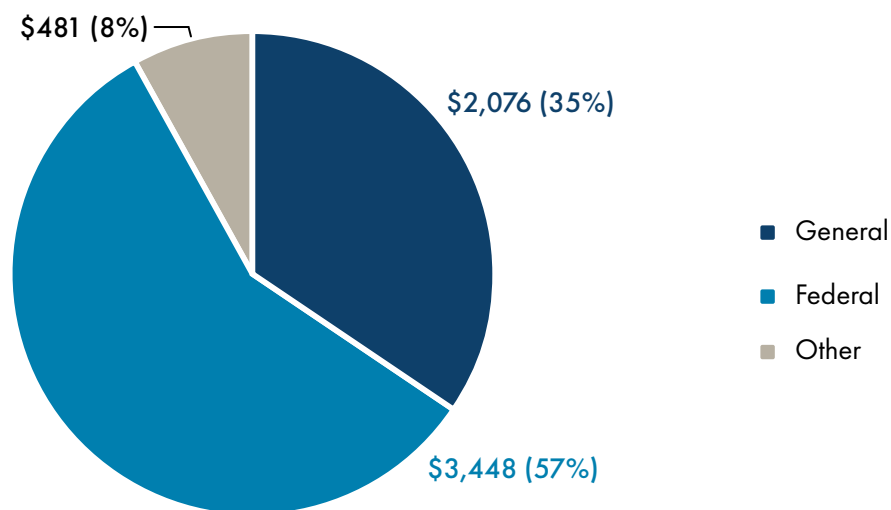


HHS BUDGET

HHS 2023-2025 Biennium Budget: \$6,004 (in Millions)

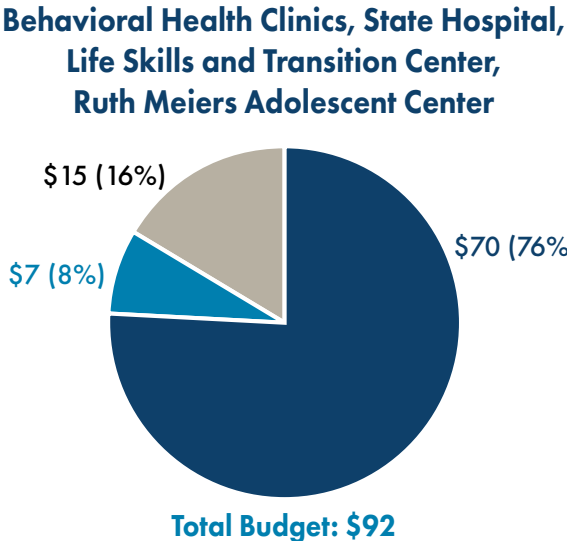
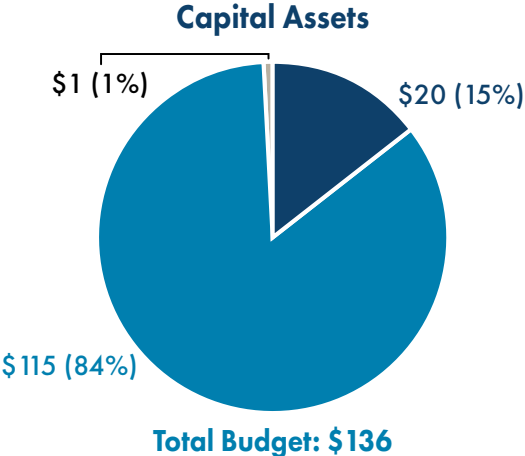
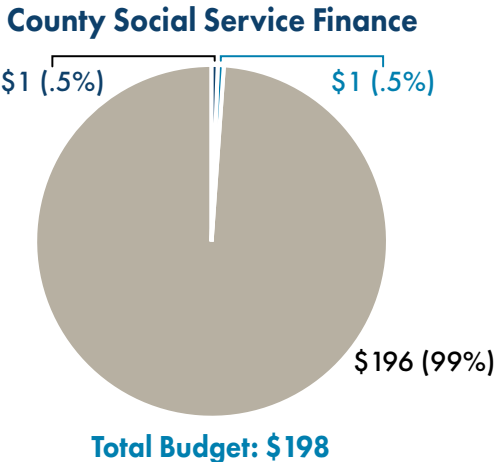
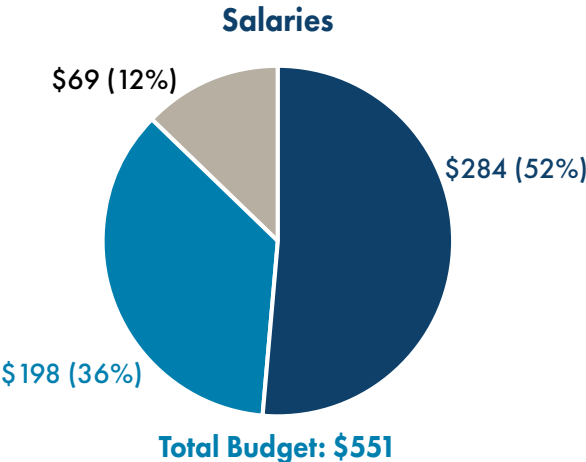
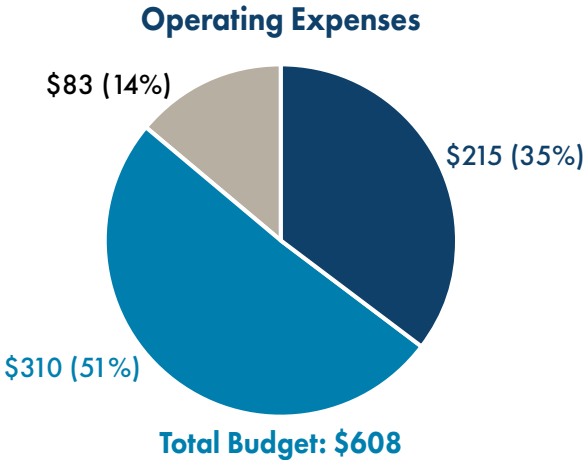
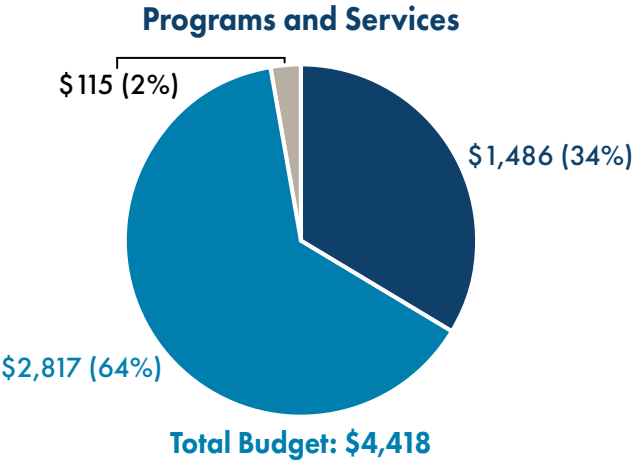


2023-2025 Biennium Budget Fund Allocation Breakdown (in Millions)





2023-2025 Biennium Budgets and Fund Allocation Breakdown by Area (in Millions)



■ General ■ Federal ■ Other

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

In today's dynamic and fast-paced world, families and communities often face numerous challenges ranging from economic and housing instability to social disparities. The absence of robust support systems exacerbates these conditions and is often a driving factor in increased substance use abuse and addiction.

At the heart of our mission is a commitment to fostering strong, stable, healthy families and communities. Without adequate support, families face heightened vulnerability to financial crises, perpetuating cycles of poverty and need. Additionally, disparities in education and employment opportunities deepen, contributing to intergenerational poverty and limiting social mobility. Furthermore, communities lacking support systems struggle to recover from crises - hindering resilience, perpetuating social fragmentation and contributing to a decline in overall well-being.

Recognizing the pivotal role of strong families and vibrant communities in our state's well-being, HHS supports the advancement of strong, stable, healthy families and communities and will prioritize:

- Providing comprehensive support through a range of services including counseling, educational programs, financial assistance and access to essential resources to address the multifaceted needs of families and communities.
- Empowering individuals and families to become self-sufficient by equipping them with the necessary skills, knowledge and resources to overcome challenges and thrive.
- Fostering collaborative partnerships with local organizations, government agencies and stakeholders to leverage collective resources and maximize impact.
- Monitoring and evaluating approaches to assess the effectiveness of interventions and continuously refine strategies based on feedback and outcomes.

Investing in comprehensive support systems tailored to address these challenges affirms HHS's commitment to ensuring every North Dakotan thrives in their unique journey of growth and achievement.





Goal 1: Address legislative directives to enhance best practices for at-risk children and families involved in or at risk of becoming involved in the child welfare and juvenile justice systems.

The North Dakota Department of Health and Human Services (HHS) is dedicated to enhancing the welfare of children and families in North Dakota. We are undertaking a comprehensive review and evaluation of critical child welfare topics, including human trafficking-related services, processes for reinstating parental rights after termination, Indian Child Welfare Act (ICWA) Courts, and ensuring quality legal counsel for children and families.

In partnership with the North Dakota (ND) Court Improvement Program and the ND Supreme Court, HHS is committed to improving practices related to the safety and timeliness of services within the ND child welfare system. Through ongoing collaboration with our child welfare stakeholders, we aim to achieve better outcomes and provide a brighter future for children and families in ND.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Conduct a workgroup kick off for reinstatement of parental rights.	January	2024
Present to the Interim Committee – IV-E federal funding for attorneys representing for parents and children.	March	2024
Present to the Interim Committee – report out and recommend on reinstatement of parental rights and human trafficking study.	June	2024
Complete review of NDAC and NDCC to identify any necessary modifications.	August	2024
Determine if proposals will move forward as a bill in in coordination with legislative partner.	January	2025



FAMILY KINSHIP CAREGIVER STRATEGY

Goal 2: Facilitate kin caregiving by implementing a guide readily accessible within one week of a child entering the home, detailing supports that can be accessed.



Ensuring the well-being of children in temporary care is a priority and placing them with relatives or familiar individuals (“kin”) is often the preferred approach.

To support these kin caregivers effectively, it is crucial to equip them with information about available resources that can benefit both them and the child. However, navigating the array of assistance programs can be overwhelming and time-consuming.

By providing caregivers with comprehensive materials detailing available programs, we aim to alleviate stress and streamline access to vital support services. Early intervention through this approach not only increases the stability of the child’s placement but also reduces the likelihood of them being moved to alternative out-of-home arrangements. Moreover, HHS is committed to a holistic examination of available resources, seeking opportunities for collaboration and efficiency enhancements to better serve children and their caregivers.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Conduct examination of eligibility and services in various support programs available to caregivers.	September	2024
Assemble a front-facing cross-program summary.	December	2024
Distribute materials to Human Service Zones for distribution to caregivers upon child placement.	February	2025
Obtain digital versions for HHS website for public view and use.	May	2025
Evaluate effectiveness and utilization of the resource program guide.	September	2025



Goal 3: Strengthen the foundations of wellbeing for children, birth to five, with differing abilities, by supporting child care providers across North Dakota.

HHS commitment to supporting child care providers includes information, resources and comprehensive coaching to facilitate continuous quality improvement in service delivery. This support is particularly invaluable for providers caring for children with differing abilities. When providers feel confident and supported in meeting the diverse needs of individual children, it fosters a sense of belonging for all children within their community, regardless of ability. Moreover, it eases the burden on parents, enabling them to more readily engage in the workforce.

In 2022, the Include North Dakota Study shed light on the importance of inclusive child care, highlighting the benefits of inclusion for all children. However, child care providers expressed concerns regarding staffing, funding and access to training. To address these challenges, recommendations from the study included enhancing the Inclusion Support Program by expanding the number of inclusion specialists and involving child care providers in collaborative intervention and care plan development. Findings from the 2023 Preschool Development Grant Birth – Five statewide needs assessment underscore the demand for improved services and resources among families.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Conduct overview of Early Intervention (Part C) and Early Childhood Special Education (Part B) services.	August	2024
Work with inclusive support vendor to build connections between Part B, Part C and inclusion supports.	October	2024
Collaborate with North Dakota Department of Public Instruction and Medicaid, Developmental Disabilities Section to ensure children have equitable access to high quality services.	January	2025
Host Part C and Part B Transition Workgroup to update guidance and improve resources for families.	April	2025
Explore Pyramid Model framework and embed in coaching to advance foundations of wellbeing for all children.	November	2025



FAMILY CAREGIVER PILOT

Goal 4: Establish a pilot program that provides payments for families who provide extraordinary care to either a child or adult with complex medical or behavioral needs enrolled in one of the Medicaid Home and Community Based Service waivers.

HHS is excited to introduce a new initiative designed to tackle the issue of workforce shortages in caregiving. This program titled Family Paid Caregiver Pilot Program is a critical step in addressing the challenges faced by families struggling to provide care for loved ones with significant medical or behavioral needs.

The shortage of qualified caregivers has intensified the difficulties experienced by families, including maintaining outside employment, accessing respite care, and ensuring consistent and high-quality care for their family members.

The pilot program, which was established through a collaborative effort with lawmakers, advocates, families and HHS, will provide financial support to 120 eligible individuals, both children and adults.



Legislative Spotlight:

Funding was provided during the 2023 Legislative Assembly for the Family Paid Caregiver Pilot program in support of North Dakota families and to address workforce challenges with caregiving.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Develop, test and finalize assessment.	February	2024
Launch website to inform public of program.	March	2024
Launch portal to enable public access to application, enrollment and reimbursement.	April	2024
Review and approve eligible family members into the pilot program.	July	2024
Prepare budget estimates to scope extension of the pilot and/or inclusion of the service in existing waiver services.	August	2024
Report utilization and program data to interim legislative committee.	September	2024



Goal 5: Contract with three Medicare Advantage plans to provide coordination of care for individuals dually eligible for Medicare and Medicaid.

Within North Dakota, an estimated 13,000 individuals have a range of chronic conditions, disabilities, and high needs. Through Dual Special Needs Plan (D-SNP), eligible individuals will receive care coordination across multiple providers to assist special needs individuals in getting access to needed care through proactive guidance. We anticipate that D-SNPs will lead to better outcomes and higher quality of life for dually eligible individuals who choose to participate.

D-SNP combines multiple coverages and coordinates Medicare and Medicaid benefits to make them easy to access for people who have both. Medicare Advantage Plans are administered by private insurance companies and are overseen by the Centers for Medicare and Medicaid Services (CMS).

D-SNPs differ from other Medicare Advantage plans because North Dakota Medicaid is required to coordinate with the Medicare Advantage Organizations through a contract. The contract includes requirements to meet the unique needs of North Dakota’s dually eligible individuals.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Publish the draft State Medicaid Agency contract on website.	May	2024
Execute contracts with interested D-SNP.	July	2024
Enroll D-SNPs in State system.	July	2024
Test state system access with contracted D-SNP.	August	2024
Begin to market D-SNP plan to eligible members.	October	2024
Enroll eligible members to selected D-SNPs plan.	November	2024
Begin to provide D-SNP services.	January	2025



SERVICES FOR YOUTH WHO ARE INCARCERATED - 2023 CAA IMPLEMENTATION

Goal 6: Strengthen the foundations of well-being through the provision of Medicaid-funded services tailored to meet the needs of youth and young adults in correctional settings.

The Consolidated Appropriations Act of 2023 marks a significant milestone in healthcare policy, ushering in nationwide changes to the Medicaid inmate exclusion. Under this legislation, Medicaid and the Children’s Health Insurance Program (CHIP) are now authorized to cover specific services for Medicaid-eligible youth and young adults during their time in correctional settings.

These changes reflect a commitment to addressing the healthcare needs of Medicaid eligible youth and young adults up to age 21 (or up to age 26 if they are former foster care youth) in correctional settings, promoting better outcomes and continuity of care throughout their transition back into the community.

Effective January 1, 2025, states are authorized to provide coverage for critical services, including:

- Case management for youth in correctional settings within 30 days prior to their release and continuing for at least 30 days post-release, ensuring seamless access to essential services and referrals.
- Diagnostic and screening services, such as behavioral health screenings, will be available in the 30 days preceding or immediately following release.
- The option to extend Medicaid-covered services to youth pending disposition of charges, a measure North Dakota is embracing by implementing this optional coverage.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Develop project plan based on federal guidance.	September	2024
Meet with correctional facility partners who will work together with Medicaid to implement the change.	October	2024
Implement short-term plan that will meet compliance requirements.	January	2025
Implement longer-term plan that includes real-time data interfaces between Medicaid and correctional facilities.	February	2025



Goal 7: Increase family participation in North Dakota’s Alternatives to Abortion Program through relationship building, improved communication and increased program and service promotion.

HHS is required (per N.D.C.C. 50-06-26) to establish and maintain an Alternatives-to-Abortion program that disburses funds to nongovernmental entities that provide services which promote childbirth instead of abortion by providing information, counseling, support services and material assistance to pregnant women, and women who believe they may be pregnant. This program allows individuals, who may otherwise not have the means, get the necessary treatment and services during and after pregnancy. In 2023, services were expanded to also include parents or other relatives caring for children until twelve months of age.

Effective January 1, 2024, the program was transferred from HHS Human Services, Children and Family Services to Public Health, Family Health and Wellness. We will continue to improve communication and build relationships with our ten grantees. Using a newly developed funding formula and data collection system, we can evenly distribute allocated funds as well as gather, track and report program data to evaluate the program. Grantees must use a portion of the funding for marketing and outreach of the program, which will help

to increase awareness of the Alternatives to Abortion program. With these initiatives, we aim to increase the number of women and families being served in North Dakota. 3,198 women were served in the last biennium. A 5% increase would mean an additional 160 clients would benefit from the services this program provides.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Develop Qualtrics survey for program data entry.	February	2024
Develop PowerBI Dashboard to analyze and review program data.	June	2024
Analyze data for funding formula and contract amendments.	September	2024
Plan and facilitate meeting with program grantees.	November	2024
Develop program procedures and guidance document.	January	2025
Review mid-term program data.	March	2025
Execute grantee’s marketing and outreach requirement to promote program.	June	2025
Analyze and review data for program evaluation.	July	2025
Issue Notice of Grant Awards for grantees.	August	2025



CHILD CARE ASSISTANCE OUTREACH AND PROGRAM IMPROVEMENTS

Goal 8: Expand access to quality and affordable child care for working families by increasing overall program utilization.

The Child Care Assistance Program (CCAP) aims to create a cohesive and efficient system that addresses the critical needs of both families and childcare providers across North Dakota. CCAP will strengthen the quality, affordability and availability of childcare services and help parents balance their professional and personal responsibilities.

Key Initiatives and Expected Impacts

- Child Care Workforce Benefit:** This new initiative aims to alleviate financial stress for childcare professionals by covering childcare costs for their children,
- Quality Payments:** Providers with Quality Ratings will receive bonus payments. This initiative is expected to support quality care for over 1,600 children.
- Extended Eligibility Period:** This change is estimated to improve family retention rates by over 90 cases annually.
- Updated Family Copays:** Copays are the portion of childcare costs paid by the family based on their income and household size. Families at or under 30% of the state median income (SMI) are exempt from copays, while the average qualifying family will pay 48% less than last year, saving approximately \$348 per family annually.
- Infant Toddler Bonus:** Starting in July 2024, additional payments for providers caring for infants and toddlers will support early childhood development.

Through these strategic enhancements, North Dakota aims to create a robust and resilient childcare system that supports working families and fosters the well-being of children. These changes reflect our commitment to providing high-quality, affordable and accessible childcare, ensuring that every child can thrive while their parents contribute to the state's economic growth.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Increase documentation submission timeline from 10 days to 30 days to support family application experience.	March	2024
Utilize information families provide for SNAP, LIHEAP and TANF to establish eligibility for CCAP to streamline family application experience.	October	2024
Extend eligibility period from 12 months to 18 months to reduce frequency of required redetermination of eligibility.	April	2024
Create Child Care Worker benefit that exempts child care workers (working 25+ hours/week in licensed child care) from CCAP household income requirements to stabilize child care work force.	June	2024
Provide monthly per child bonus payment to all child care providers caring for children 0-35 months old to stabilize child care businesses.	July	2024
Adjust co-pay scale to a range of 0%-6% based on household income to improve affordability.	August	2024



Goal 9: Foster community access to vital health information in North Dakota through engaging, interactive events that promotes awareness and aims to empower individuals with the knowledge and resources they need to lead healthier lives.

Community access to health-related information is a priority for North Dakota. Information and education shared in a fun, interactive setting is more easily understood and absorbed.

Gateway to Health (GTH) is an event where HHS and private organizations work together to bring health and wellness information to community participants using booths, exhibits and activities. GTH brings the community together and provides a place to understand which services are available to them.

GTH was pioneered in August of 2023 in Bismarck. Over 800 community members enjoyed activities with 23 interactive health booths and exhibitors and free access to North Dakota’s Gateway to Science Center. Topics included physical, behavioral, financial health, nutrition and other specific areas. Follow-up surveys showed an overwhelming positive impact on the attendees. Participant feedback included 98% of survey participants

who attended the event rated the exhibitors as above average or excellent and 97% were able to identify key health takeaways from the event. Individual feedback was amazing including the following quotes. “All of the information was great and easy to understand, very well organized.” “I was able to talk to my daughter about learning healthy habits.” “This was just amazing, I love all of the information and it was well organized.” “Great event to spend time with my family and learn about health.” “Learning about the various organizations in Bismarck, I am from out of town and now I have ideas to give back to my community.”

The August 2024 event in Bismarck will be expanded both in hours and scope of activities so even more community members can participate. Starting in 2025, this project will be expanded into other areas of North Dakota including rural areas and American Indian communities. Community sponsorships will assist in continuing the event now and in the future.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Host GTH event in Bismarck.	August	2024
Identify GTH expansion locations, contracted agencies, external stakeholder groups and timelines for 2025 event execution.	November	2024
Execute contract with Bismarck State College (BSC).	January	2025
Kick off monthly planning meetings with external stakeholder groups; complete call for event sponsors and exhibitors.	February	2025
Begin bi-weekly planning meetings with BSC; develop GTH communications plan.	March	2025
Launch GTH communications campaign.	April	2025
Host GTE event in expanded location.	May	2025
Host GTH event in Bismarck.	August	2025
Host GTE events in expanded location.	October	2025



STATE HEALTH IMPROVEMENT PLAN

Goal 10: Enhance the overall health and well-being of North Dakotans through targeted strategies, initiatives and community partnerships.

According to the 2023 America's Health Rankings, North Dakota currently ranks 14th in the nation for health and wellbeing. In 1992, North Dakota ranked 1st, as the healthiest state in the nation. The North Dakota State Health Improvement Plan (SHIP) provides a framework for action by identifying four key priority areas through extensive data evaluation and collaboration with a wide range of partners throughout the state. The overall goal of the SHIP is to improve the health and wellness of North Dakota residents and reinstate North Dakota as the healthiest state in the nation.

Anchored by a commitment to data-driven decision-making, the SHIP guides public health strategies and aims to improve North Dakota's rank by targeting and investing in the four priority areas: Strengthening Workforce, Expanding Access and Connection [to essential healthcare services], Cultivating Wellness and Building Community Resilience. In an effort to cohesively address the four priority areas, HHS, in collaboration with the Foundation for a Healthy North Dakota (FHND) and the American Heart Association, is establishing a Multi-Partner Health Collaborative (MPHC). This collaborative will bring resources and community-wide approaches to prevent, treat and manage public health priorities grounded in the principles of health equity to ensure all North Dakotans have the ability to reach and maintain their optimal health. The members of the MPHC's Executive Leadership Board, Steering Committee and goal groups will reflect the diverse partners and stakeholders that will foster synergy among government agencies, non-profit organizations, non-government organizations and medical systems. The Steering Committee will consist of North Dakotans able to foster collaboration and drive positive change across diverse industries. Membership in the four goal groups will be open to all individuals who have a vested interest in the topic. The four goal groups will serve as specialized task forces and focus on the four SHIP priorities.

Additionally, the Statewide Health Strategies Grant (SHSG) is designed to activate the SHIP and leverage unique expertise at the local level for communities to identify and address local priorities that align with

the SHIP. Twenty organizations have been awarded funding for projects and implementation is underway to improve health outcomes in local communities. Beyond the grant period, these initiatives will continue to impact communities, fostering overall well-being and improving health for all North Dakotans.

This three-pronged approach, involving the SHIP, the MPHC and the SHSG working together, will harness the expertise and resources from various sectors throughout North Dakota to create a unified effort in addressing our state's most pressing health challenges.



Legislative Spotlight:

The 2023 Legislature funded this endeavor to enable a wide range of entities to implement projects that will impact the health of North Dakotans in ways that would otherwise not be possible. This investment, along with the support of the MPHC and focus on the four SHIP priorities begins to pave the way for a healthier future for North Dakotans.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Release State Health Improvement Plan (SHIP).	April	2024
Announce Statewide Health Strategies Grant (SHSG) in press release.	April	2024
Launch Multi-Partner Health Collaborative (MPHC) and Steering Committee applications.	May	2024
Announce SHSG funding awards.	June	2025
Begin SHSG projects.	August	2024
Kickoff of the MPHC's Steering Committee meetings.	September	2024
Begin recruitment of participants for the MPHC's Goal Groups.	September	2024
Begin MPHC business.	November	2024
Complete SHSG projects.	June	2025
Issue final report for SHSG projects.	August	2025



COMMUNITY INTEGRATION INITIATIVE

Goal 11: Increase newcomer community inclusion and economic wellbeing through citywide collaborations that facilitate resource access and reduce barriers, making a positive impact on the local economy.

Thriving communities develop, employ and value the skills and talents of all people. North Dakota is experiencing a deep workforce shortage. According to Job Service, for every 100 open jobs, there are only 35 people looking for work. Our community-based service model sets the stage to develop and employ refugee newcomers. This model, launched in Bismarck, Fargo and Grand Forks, brings refugee service providers to a single location. At Adult Learning Centers (ALCs) refugee newcomers now access English Language Learning classes, Case Management support and Career Navigation services.

To ensure long-term integration success and long-term contributions, our communities must value and invite newcomers into the richness of our community life. To strengthen relationships between North Dakotans, new and lifelong, the Office of Refugee Services is collaborating with city governments. Each city will host a Community Integration Facilitator (CIF) to expand refugee access to services and promote newcomer participation in local community life. Primary partnership objectives include:

Objective 1) Promote a better understanding of refugee populations on the part of the local community. This includes building partnerships that expand access to the resources, programs and youth development activities central to active community life. In addition, the CIF will plan cross-cultural awareness and education events during Welcoming Week.

Objective 2) Reduce barriers integral to economic wellbeing, such as transportation and housing. The Community Integration Facilitator will work closely with direct service providers (Case Managers and Career Navigators) to understand refugee needs and formalize solutions with housing authorities, landlords and transit providers. Technical assistance from national best-practice leaders will be leveraged.

Objective 3) Engage the community in resettlement activities, such as sponsorship. Each CIF will create a Community Resource Map to guide sponsors in making connections that foster success. The CIF will collaborate with HHS on a local sponsor outreach plan.

Anticipated Outcomes of the Community Integration Initiative:

- Increased community acceptance of refugee populations.
- Increased youth participation in extracurricular activities.
- Increased partnerships with community organizations.
- Improved coordination between local providers.
- Decreased number refugees leaving the community for out of state opportunities.





DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Hire Community Integration Facilitators (CIF).	July	2024
Establish monthly meetings between the CIF and direct service providers at ALCs.	August	2024
Implement Welcoming Week community education opportunities.	September	2024
Build a community resource map and sponsor guide.	October	2024
Report initial strategy to reduce transportation and housing barriers.	November	2024
Establish a Housing Task Force with technical assistance from the Refugee Housing Collective.	January	2025
Create a sponsor outreach plan.	February	2025
Establish three partnerships that improve youth extracurricular access.	April	2025
Establish three partnerships that promote refugee community involvement.	May	2025



YOUTH VAPING-NICOTINE PREVENTION SUMMITS

Goal 12: Address the youth vaping epidemic in North Dakota through education, awareness and engagement.



Youth smoking cigarettes have decreased dramatically in the last decade. North Dakota's high school smoking rate went from 19.4% in 2011 to 5.9% in 2021 (Youth Risk Behavior Survey-YRBS). However, the use of electronic nicotine delivery systems (ENDS), also known as vaping, more than made up for the smoking rate reduction. In 2018, the US Surgeon General declared that youth electronic cigarette/vaping use had reached epidemic proportions. North Dakota high school use of ENDS increased from 1.6% in 2011 (Youth Tobacco Survey-YTS) to 33.1% in 2019 (YRBS). The Tobacco Prevention and Control Program (TPCP) endeavors to address this epidemic by expanding Youth Action Summits (YAS), Mayo Clinic Educator Trainings (MET), and implementing the NDQuits Youth Treatment Program (NDQYT) protocols.

The TPCP focused on evaluating the MET as part of the North Dakota Comprehensive Tobacco Prevention and Control State Plan evaluation using an external evaluator, Professional Data Analysts (PDA), to assess the current youth nicotine addiction treatment efforts with an ad hoc study. PDA created an evaluation assessing the effectiveness of the MET in selected North Dakota communities. The TPCP works with Bismarck Burleigh Public Health (BBPH) to support their initiative

to provide Tobacco Treatment Specialist (TTS) training to school nurses to address nicotine addiction issues in the Bismarck Public School (BPS) system. BBPH and BPS were included in the PDA project evaluation. The initial efforts to implement the MET were well received, and the TPCP plans to continue to offer the training. The evaluation identified a critical area of need: providing nicotine dependence treatment to North Dakota youth.

The TPCP are experts in providing nicotine dependence treatment for North Dakota citizens. This expertise includes providing NDQuits tobacco treatment sources to North Dakotans through telephone and web-based products. NDQuits is effective, regularly demonstrating annual 7-month quit rates over the 30% industry standard. NDQuits specifically references quit success for adults using only ENDS with 7-month quit rates of over 40%. NDQuits is the only national quitline that can successfully demonstrate this success.

Feedback from the MET and the ad hoc study has identified the need for improved youth nicotine addiction treatment interventions. The treatment of youth under the age of 18 presents a unique set of challenges. People over 18 can treat their nicotine addiction with nicotine replacement therapy (NRT), such as nicotine gum, patches or lozenges. These products are available over the counter and have been proven to be effective in addressing nicotine dependence treatment in adults. The TPCP and some partners provide NRT at no cost to adults needing assistance with quitting tobacco/nicotine use. NRT use by those under 18 requires a prescription by a provider. This means that youth seeking nicotine dependence treatment have barriers to treatment options compared to adults.

Legislative Spotlight:

The 2023 Legislative Assembly showed their support for Youth Action Summits (YAS) by providing \$300,000 to expand access for students and staff. The YAS provide advocacy skills to youth, empowering them to take a leadership role in their schools and communities and share tobacco prevention strategies.



With the ever-changing tobacco product landscape and the more potent nicotine content in electronic devices, many providers are not well-versed in addressing current youth nicotine treatment needs. The TPCP seeks to address that issue. The TPCP is creating the NDQYT protocols to enable providers to specifically address nicotine addiction services for youth under the age of 18. The NDQYT is a pilot project working with two partner sites in North Dakota: a healthcare provider and a Local Public Health Unit (LPHU). The NDQYT will identify and promote specific nicotine treatment protocols created by the American Academy of Pediatrics (AAP) with providers to more effectively address youth nicotine dependence. NDQYT program partners include

organization and evaluation with NDSU School of Nursing, community policy and treatment initiatives through Fargo-Cass Public Health and health system implementation with University of North Dakota Center for Family Medicine. The NDQYT can be expanded to other providers throughout North Dakota through the NDQC Grant Program. The TPCP plans to complete the initial pilot NDQYT stage by June 30, 2025.

The TPCP is committed to addressing the youth vaping epidemic in North Dakota by expanding the YAS, promoting the MET, and implementing the NDQYT program to provide expanded treatment options.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Organize partners to create ND-specific NDQYT process and protocols based on AAP youth treatment products.	September	2024
Increase YAS attendance by North Dakota students.	October	2024
Finalize and review ND-specific NDQYT process and protocols with partners.	January	2025
Engage targeted providers to be NDQYT pilots sites/NDQC NDQYT funded grantees.	April	2025
Expand utilization of the MET program by North Dakota schools/districts.	May	2025
Implement NDQYT pilot program protocols with targeted providers.	June	2025



HEALTH PROFESSIONALS TRAINING SERIES

Goal 13: Ensure ND health professionals have the necessary knowledge and skills to provide person-centered care.

Launched in August 2023, the Health Professionals Training Series is designed to offer continuing education units (CEUs) and continuing medical education credits (CMEs) to health professionals on the critical concepts of the factors driving health disparities, including the SDOH, which can adversely affect health outcomes. Recognizing the evolving needs of health professionals in North Dakota, HHS is expanding the series to include additional requested topics such as rural health and social drivers of health.

Together, these Health Professionals Training Series modules provide a holistic and multifaceted educational experience, empowering North Dakota health professionals to tackle health disparities and enhance the quality of care for all residents. Through this expanded training series, participants will be well-equipped to lead transformative changes in their practices and communities, promoting health equity and improving overall health outcomes across the state.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Develop additional training module for rural health and social drivers of health.	September	2024
Record training modules.	December	2024
Launch additional modules in ND TRAIN.	January	2025





Goal 14: Partner in a cross-sector cross-government approach to identify strategies that eliminate housing as a barrier to workforce.

Governor Burgum announced the North Dakota Housing Initiative as part of the January 2024 state address. ND Housing Initiative’s goal is to unleash the power of the private market to increase access to housing that is affordable to people living and working in North Dakota. In partnership with the Governor’s Office, Department of Commerce, ND Housing Finance Agency and Bank of North Dakota, HHS is working to frame out a coordinated cross-sector-cross-government approach to removing housing as a workforce barrier.

Housing is a workforce issue in ND; it represents a significant constraint on continued private sector growth and investment. The workforce is made up of people. HHS’ involvement will help center conversations around the demand-side of the housing equation – the “people” side of the discussion.

While still in its very early stages, North Dakota’s Housing Initiative is likely to highlight four areas of focus:

- Pave the way for more moderate-income households to make the transition from renting to owning.
- Embrace the full range of housing options to support the life stage mobility trends that drive healthy housing markets.

- Create incentives that recognize regulatory approaches that are housing friendly and infrastructure efficient.
- Make targeted investments to bridge affordability gaps driven by market realities.

The ND Housing Initiative will gather information from stakeholders via listening sessions, idea incubators and online surveys, all of which will be input to the deliberations that will coalesce in the appointed Advisory Committee (first meeting is June 5).

The intention of the effort is to create a coordinated approach to removing housing as a barrier to workforce, with a series of recommendations to be finalized by September 2024 for consideration by the 2025 legislative assembly.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Appointment of Advisory Committee, establish process framework and launch website.	May	2024
Begin public facing presentations at identified conferences and group meetings across ND.	June	2024
Complete series of listening sessions representing various ND perspectives.	June	2024
Complete series of 3 Advisory Committee meetings.	August	2024
Finalize and release recommendations for consideration.	September	2024



PAY FOR SUCCESS PILOT

Goal 15: Conduct a targeted intervention that combines concrete housing resources with peer support and care coordination to change the trajectory for families at risk of a child neglect report due to material hardship.

HHS will build on several promising practices that have taken root over the last several years by focusing its Pay for Success (PFS) pilot on addressing housing instability for families who have been reported for child maltreatment or neglect. The pilot will marry housing resources with care coordination resources as a solution to the family stress model that links economic and material hardship to higher risk for child welfare involvement.

Specifically, the project will identify families from three different cohorts: the child abuse/neglect intake line where a report of neglect due to material hardship was reported, parenting women who are exiting a correctional facility and who have housing as an identified barrier and families with children younger than age 18 who are experiencing homelessness and have connected with ND Rent Help. These families will receive both care coordination services and housing stability resources (including rent and utility assistance).

The premise of the pilot is that the participating families will be diverted from child welfare system involvement by shifting system intervention from one that is focused on child protection necessitated by child neglect, to one that is focused on concrete economic supports necessitated by lack of financial resources.



Legislative Spotlight:

The Pay for Success Pilot was funded by the 2023 Legislative Assembly. HB 1480 is allowing HHS to demonstrate the potential of the concept.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Develop model that will serve as basis for PFS pilot.	July	2024
Identify pathway to establish cohort via connections with existing systems.	August	2024
Implement pilot project with identified cohort.	September	2024
Evaluate year 1 results using the outcome metrics identified as success for the model.	September	2025



Goal 16: Increase the timeliness and accuracy of Supplemental Nutrition Assistance Program (SNAP) benefit issuance.

SNAP remains one of our country’s strongest defenses against hunger, providing nutrition benefits to supplement food budgets for needy families so they can purchase healthy food. Administrative delays in processing of SNAP have a real and significant impact on families.

State agencies are required to operate the SNAP program in a manner that ensures all eligible applicants are certified to receive benefits in a timely fashion. Timely is defined by the Food and Nutrition Act of 2008, requiring that households can participate in SNAP within 7 days for expedited cases, who are most in need of immediate food assistance, and 30 days for all other families.

While states agencies are required to process all SNAP applications within the timelines provided in the statute, the USDA Food and Nutrition Services (FNS), governing agency for SNAP, considers an application processing timeliness rate of 95 percent and above acceptable performance. North Dakota’s lowest monthly rate during 2023 fell as low as 35.81%. Recent surge efforts have resulted in improvement in the rate to 89.38%.

To date, HHS and the Human Service Zones have worked together to create new pathways for SNAP applicants who have missed required interviews and done a thorough evaluation of the eligibility determination process with on site visits from national subject matter experts.

Next Steps to Improve Timeliness

Timely delivery of SNAP benefits relies on three interconnected factors: a dynamic technology platform that powers the eligibility process, workers who are equipped to make determinations and effective client participation in the whole process.

System support of process

- How workflow is assigned
- Interfaces

Streamlining client participation

- Self-service portal user adoption
- Notice redesign

Helping workers do the right work

- Turnover
- Training
- Onboarding
- Queue revision

On the horizon

- Error proofing
- Quality reviews by supervisors

This project aims to reduce administrative burden through regulatory options and waivers, allowing for policy changes that will provide greater opportunity for timely delivery of benefits to households.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Evaluate for regulatory options and waivers.	May	2024
Prioritize and plan capacity for required SPACES enhancements.	May	2024
Kickoff evaluation of worker queue management tools.	May	2024
Eliminate application, review or maintenance work assignment for eligibility supervisors.	July	2024
Go live with dashboard enhancements to increase transparency.	July	2024
Implement statewide Hybrid EBT issuance.	September	2024
Go live with SPACES SNAP-related enhancements in technology system.	May	2025



DATA USE AGREEMENTS WITH TRIBAL PARTNERS

Goal 17: Develop and implement a comprehensive Data Use Agreement (DUA) between North Dakota tribes and HHS that will ensure the timely, secure and efficient delivery of tribal-specific health data to each respective tribe.

In the search for meaningful data, tribes often find themselves in need of information that contains sensitive details like protected health records or personal identifiers. A Data Use Agreement (DUA) allows the North Dakota Health and Human Services (HHS) to provide this type of sensitive data to the tribes while providing a shield to ensure the protection and confidentiality of such data in tribal settings.

This carefully crafted document is an agreement between HHS and each of the tribes that assures this data is handled with the utmost care, in line with state laws and established policies. This agreement isn't just a formality; it's the guardian of confidentiality and integrity.

Each DUA is tailored to fit the unique needs of each tribe. Data might be defined by geographical boundaries or by matching individuals with tribal registries or other sources. Once the data is gathered and ready to be shared, modern technology such as secure logins and encrypted transfers will be used to keep the data safe and sound.

Access to this data empowers each of the tribes with the tool they need for proactive health measures. Timely follow-ups on diseases and injuries, sharper community health planning and a cultural resurgence fueled by decisions made within the tribe—this is the promise of data sharing done right.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Finalize tribal specific DUAs.	September	2024
Initiate work on security, transfers, etc.	October	2024
Begin testing data transfers; make corrections.	January	2025
Launch data transfer.	February	2025



Goal 18: Implement a comprehensive Data and Governance Strategy that enhances and fosters a culture of data-driven decisions, innovation and accountability.

In pursuit of operational excellence, HHS is dedicated to implementing a comprehensive Data Strategy with a robust Data Governance System. This initiative is critical to enhancing our decision-making capabilities, ensuring data integrity and fostering a culture of data-driven innovation and accountability. With better data insight, HHS can better support programmatic return-on-investment for individuals we serve.

To achieve this goal, we will collaborate with a data strategy consultant to design and implement best practices tailored to HHS needs. HHS will work closely with the North Dakota Information Technology Dept

(NDIT) to ensure seamless integration and alignment with state-wide technology standards and enterprise initiatives.

Together, these efforts will position our agency at the forefront of transformative data management and utilization, driving more effective and efficient operations.

Data Strategy and Data Governance will allow HHS to answer today’s and tomorrow’s questions, providing the agency with the ability to better meet the needs of North Dakotans.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Develop data strategy and governance statement of work.	February	2024
Secure contracted vendor to facilitate the data strategy and governance development.	July	2024
Finalize the data governance and strategy framework with stakeholder input.	October	2024
Implement the data governance and strategy framework across HHS.	January	2025



ECIDS IMPLEMENTATION

Goal 19: Enhance early childhood outcomes by building an integrated dataset that brings at least seven early childhood related data sources together.

An Early Childhood Integrated Data System (ECIDS) integrates, maintains, stores and reports information from various early childhood related efforts. Data comes from multiple programs across multiple organizations who have as part of their mission to serve children and families from birth through the age of five (and in some cases, birth to age 8). These multiple groups all have pieces of a puzzle with the goal of serving children. Pulling these data sources together will allow these stakeholders to better serve one of the most important and vulnerable populations in North Dakota.

When data is siloed, it can be difficult to make decisions that are truly data-driven. North Dakota is pursuing an ECIDS to strengthen the quality, coordination and alignment of its Early Childhood Experience (ECE) programs and services in ways that will ultimately inform policy that will improve child outcomes. Having a data repository where relevant early childhood data is prepared and ready for analysis will improve the timeliness of decision making and will provide accurate, regularly available data insights that will help the state monitor the impact of its early childhood initiatives.

The ECIDS project will leverage the work of parallel data infrastructure initiatives wherever possible to accelerate its implementation as the early childhood data domain within the state’s data repository.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Establish early childhood domain in state’s Azure data lake environment.	April	2024
Publish visualizations from phase one data source integrations.	June	2024
Launch ECIDS website to enable public access to early childhood data.	September	2024
Publish visualizations from phases two and three data source integrations.	November	2024
Implement ECIDS data governance process to inform ongoing operations.	November	2024
Complete knowledge transfer and transition to maintenance and operations.	December	2024



Goal 20: Protect and improve the health of North Dakotans through the development of a public health data infrastructure that facilitates system integration and data sharing.

The Public Health Systems Modernization (PHSM) program is a comprehensive initiative to transform the North Dakota Public Health Division’s data infrastructure by accelerating interoperability between systems and improving data governance. PHSM will update and unify critical data systems and infrastructure throughout the Division to ensure readiness for emergencies and outbreaks. This effort aligns with the Center for Disease Control’s (CDC)’s Data Modernization Initiative and Public Health Data Strategy, emphasizing the need for improved data sharing, access, integration, security and emergency preparedness.

The HHS Public Health Division gathers, stores, maintains and submits public health data from and to systems within the division and with partners. Siloed data sources make it difficult to effectively connect and share essential public health data in a timely manner. By aligning data systems and developing the necessary infrastructure, tools and processes, PHSM will allow efficient cross-system data interchange and reporting.

PHSM will establish data enablement and governance policies, procedures, standards and guidelines for the Public Health Division to manage and use data. These will reduce the time spent managing data and allow more time using it and will create a body of knowledge to inform staff on what data is available and how to

use it. PHSM will facilitate better data sharing and interoperability, ensuring the right people have the right data at the right time. To inform its own data governance direction, PHSM will incorporate best practices from the agency-wide and North Dakota Information Technology data governance strategies.

PHSM will create and maintain an inventory of public health systems, tools and datasets. This inventory will identify duplicative efforts and prioritize the need for new systems or upgrades to existing systems. The inventory allows for evaluation of systems for shared usage and sustainability and helps to identify siloed and stand-alone systems.

PHSM will establish a modern enterprise data platform to manage the entire data lifecycle. This empowers public health analysts to collect, manage, maintain and use data to create visualizations and reports. This platform will provide the mechanisms through which effective data governance will be maintained.

PHSM is essential to meet the increasing demands for timely and accurate health information, particularly during public health emergencies. By modernizing and aligning data systems, North Dakota can ensure more efficient data collection, management and dissemination, leading to better public health outcomes.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Complete initial public health system inventory.	March	2024
Complete data maturity and skills assessment.	May	2024
Hold data strategy workshop with public health data stewards.	June	2024
Launch data stewardship workgroup.	August	2024
Launch data connect sessions.	September	2024
Publish public health data strategy.	December	2024
Implement public health data enablement and governance framework.	February	2025
Launch public health modern data platform.	March	2025



STRATEGIC PRIORITY 2

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

HHS plays a pivotal role in enhancing the foundations of well-being for individuals and communities, encompassing a broad array of services including health care, mental health, substance abuse treatment, children and family services and more. Despite significant strides, challenges persist, particularly in rural areas where access to quality services may be limited due to geographical barriers and resource constraints.

HHS strives to ensure equitable access to high-quality services and supports across North Dakota. As an agency we will be intentional about optimizing health outcomes, promoting resilience and fostering thriving communities. HHS will prioritize:

- Developing innovative approaches to service delivery, leveraging technology and telehealth solutions to overcome geographical barriers and expand access to care, particularly in underserved rural areas.
- Promoting integrated care models that address physical, mental and social well-being. They will be designed to provide holistic support to individuals and families and improve overall well-being and reduce disparities.
- Investing in workforce development programs and initiatives to recruit, train and retain skilled professionals who are essential to ensuring the availability of high-quality services across the state.
- Utilizing data analytics and evidence-based practices to identify emerging health trends, target interventions effectively and continuously evaluate and improve service quality and outcomes.
- Collaborating with government agencies, health care providers, community organizations and other stakeholders to leverage collective expertise, resources and networks to maximize our impact and drive sustainable change.

By promoting access to high-quality services and supports, we aim to create a healthier, more resilient and thriving North Dakota for generations to come.





Goal 21: Enhance the ability to support wellness, recovery and community reintegration by designing and constructing a new state hospital that ensures a safe and efficient treatment environment.

To prioritize North Dakota’s health, safety and recovery, the North Dakota State Hospital (NDSH) replacement project in Jamestown, ND is the result of efforts by HHS and the community. Throughout the process, NDSH leadership, staff and community members were invited to interact with the design and decision-making teams, share knowledge, and think about their goals, priorities, spaces and design solutions with a forward-thinking lens to create a cohesive and clear vision for the future of the North Dakota State Hospital.

Through multiple exploration, it was determined that the new North Dakota State Hospital facility will feature 125 Inpatient Beds (consisting of 50 Adult Inpatient Beds, 25 Geriatric Inpatient Beds, 25 Forensic Inpatient Beds,

and 25 Admissions Inpatient Beds) and 40 Sex Offender Residential Treatment Beds. In addition to the beds, the facility will provide a variety of therapy, clinical and assessment spaces for patient care, as well as hospital administration and facility management spaces. The new facility will utilize a modernized environment of care and be organized as a house-neighborhood-downtown model. It will feature off-stage staff/service/material circulation areas, creating more efficient systems of delivery. The new facility will be approximately 309,140 square feet and situated on a site west of the existing NDSH and James River Correctional Center campus.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Complete Schematic Design.	March	2024
Complete Design Development.	August	2024
Enact Community Engagement Plan.	September	2024
Complete Construction Documents.	February	2025
Begin Construction.	July	2025
Complete move-in.	November	2027



COMPLETE RENOVATION OF RUTH MEIERS ADOLESCENT CENTER

Goal 22: Increase the capacity of the Ruth Meier Adolescent Center to 10 beds through a modernized design that supports treatment and facilitates successful community reintegration.

Psychiatric Residential Treatment Facilities (PRTFs) in North Dakota are dedicated to transforming the lives of children and adolescents facing severe emotional and behavioral challenges. These facilities offer a safe haven where intensive, structured care and therapeutic interventions are provided to address complex mental health issues such as mood disorders, anxiety disorders, trauma-related disorders and other psychiatric conditions. By offering this level of specialized care, PRTFs empower young individuals to overcome their struggles and build brighter, healthier futures.

Ruth Meier Adolescent Center, the state operated PRTF, has recently undergone major renovations to better serve the youth of the state. These enhancements include the construction of a new, handicap-accessible classroom, a modern study area and a new dining facility designed to create a supportive and inclusive educational and treatment environment. Additionally, the current residential rooms are being remodeled to better suit the needs of the residents and promote their independence.

The construction of a new nurses' center will significantly improve our staff's ability to assess and provide treatment, ensuring the youth receive the highest quality care. These comprehensive upgrades will enable us to operate efficiently at full capacity, serving as the state's safety net for high acuity youth. This ensures that we provide a nurturing and effective treatment environment, helping these individuals stabilize and prepare for successful reintegration into their communities.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Complete the renovation of POD B.	August	2024
Complete construction of the new nurse's center.	September	2024
Complete the renovation of POD A.	October	2024
Open center for full census.	November	2024



Goal 23: Increase capacity to provide services to children with chronic or acute conditions through the expansion of Medicaid funded services.

Through the Children with Medically Fragile Needs waiver, HHS is aiming to keep children with chronic or acute health conditions in the comfort of their homes rather than in long-term care facilities or hospitals. This initiative will increase our capacity to support an additional 25 children, doubling our current enrollment to 50. Furthermore, the self-directed budget will be raised to \$25,300 per year, ensuring families have the necessary resources to meet their children’s healthcare needs effectively.

In addition, the Autism Waiver program is expanding by adding 195 individuals, increasing our total capacity to 345. Alongside this expansion, HHS is introducing innovative services, including remote monitoring and a community connector, to ensure comprehensive and flexible support tailored to each individual’s needs. Furthermore, HHS has raised the age limit for eligibility from 15 to 17 years, allowing more individuals to benefit from these critical services during their crucial developmental years. These changes reflect our dedication to providing inclusive, high-quality care and support for families and individuals affected by autism.

HHS also updated our Children’s Health Insurance Program (CHIP) income threshold by raising it from 175 to 205%, allowing more families to benefit from affordable, comprehensive healthcare coverage for their children. This adjustment ensures a greater number of

children can receive essential medical care, supporting their health and well-being. Our goal is to reduce the financial barriers to healthcare and provide more families with the peace of mind that their children will receive the care they need when they need it.

These enhancements underscore our commitment to providing high-quality, accessible care for children and their families.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Obtain approval by CMS for the Autism Waiver.	January	2024
Increase CHIP income limit.	March	2024
Fill additional 195 Autism Waivers.	June	2024
Fill additional new Medically Fragile Waiver slots for those who meet Level of Care/Level of Need.	August	2024
Evaluate waivers based on approved waiver quality assurance plan.	October	2024



CHILDREN’S CROSS - DISABILITY WAIVER IMPLEMENTATION

Goal 24: Broaden support for children with disabilities by introducing a new Cross-Disability Medicaid Waiver, designed for those with mild to moderate support needs, regardless of their specific disability.

HHS is excited to introduce an initiative designed to address existing disparities in access to home and community-based services for children with disabilities. The Cross-Disability Medicaid Waiver modernizes the current system, ensuring equitable access to essential services for children aged 3 to 21 who have mild to moderate support needs. This innovative waiver transforms the way support is provided, promoting inclusivity and fairness across the board.

The termination of service at certain points within these waivers often results in the loss of Medicaid coverage, leaving many children without the care they need. The Cross-Disability Medicaid Waiver eliminates these gaps by creating a more inclusive and streamlined framework.

Key features of this new waiver include the establishment of a specialized level of care for children aged 3 to 5, the promotion of self-direction and the provision of a comprehensive array of support services. By empowering families to make choices that best meet their needs, this initiative not only ensures continuous and equitable access to care but also enhances the quality of life for children with disabilities. Our goal is to create a supportive, inclusive environment where every child can thrive.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Assess waiver options, services and cost with Children’s Disability Advisory Council.	January	2024
Complete preliminary report for budget recommendations.	May	2024
Finalize report to support executive budget recommendations.	July	2024
Report recommendations for establishment of Cross-Disability Medicaid Waiver to interim legislative committee.	July	2024
Secure legislative decision for establishment of Cross-Disability Medicaid Waiver.	April	2025



Goal 25: Expand statewide access to nicotine dependence treatment counseling and prescription services.

By transitioning North Dakota State University (NDSU) Pharmacy Services Enhancement Project (PSEP) pilot pharmacies to the Tobacco Prevention and Control Program (TPCP) NDQuits Cessation (NDQC) Grant Program pharmacy-specific grant components, this project will expand North Dakotans’ access to nicotine dependence treatment counseling and prescription services in communities throughout the state. NDSU faculty and students/interns had been involved in the NDQC and saw the opportunity to expand pharmacy efforts to help their customers address nicotine dependence. The NDSU faculty created the PSEP to take advantage of having pharmacies engaged in this work and approached the TPCP about expanding pharmacy services to include nicotine dependence treatment. This takes advantage of the 2021 ND legislation to expand pharmacist prescription authority. Pharmacies are crucial healthcare providers in ND, especially in rural areas.

The TPCP funded the PSEP work plan and budget and monitored program progress through monthly progress

reports and reimbursement requests. The additional funding allowed NDSU to continue to develop the project details with the ten pilot sites across ND. They are developing education methods for pharmacists and coordinating the implementation of counseling billing software, which is a crucial component for sustainability. If successful, these efforts will have reach beyond nicotine dependence treatment efforts to billing for other health-related topics addressed by pharmacies, such as hypertension and diabetes.

Legislative Spotlight:

The importance of this project was verified by the 2023 Legislative Assembly when they approved a budget increase of \$500,000 to expand this program through the 2023-2025 biennium.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Identify training needs for PSEP pilot sites.	October	2024
Implement billing practices to support the long-term sustainability of pharmacist-provided tobacco treatment care.	December	2024
Release additional needed training materials to pilot sites for implementation.	February	2025
Engage pilot sites through in-person site visits to assess project implementation progress.	April	2025
Determine process for non-pilot pharmacies to implement nicotine dependence treatment protocols as a business practice.	May	2025
Develop and disseminate full report of the PSEP work for two years to the HHS TPCP.	May	2025
Establish NDQC pharmacy component to transition current PSEP pilot sites.	June	2025



CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC)

Goal 26: Expand community access to behavioral health services through the implementation of Certified Community Behavioral Clinic Standards.

The Certified Community Behavioral Health Clinic (CCBHC) model was created by the federal Protecting Access to Medicare Act in 2014 in an effort to ensure better access to comprehensive behavioral health care. CCBHCs are required to serve anyone requesting care for mental health or addiction, regardless of their ability to pay, place of residence or age. This includes developmentally appropriate care for children and youth. CCBHCs must meet standards for the range of services they provide and are required to get people into care quickly. The CCBHC model requires:

- Crisis services to be available 24 hours a day, 7 days a week.
- Comprehensive behavioral health services to be available so people will receive coordinated care of behavioral health support they need across multiple providers.
- Care coordination to be provided to help people navigate behavioral health care, physical health care, social services and the other systems in which they are involved.

The public behavioral health clinics are implementing several initiatives to enhance service delivery while moving towards meeting CCBHC standards:

Improve Front Door Experience

- **Access:** To assure all individuals seeking service have timely access to quality service that meets identified need.
- **Experience:** Clients feel welcomed, supported and assisted through their initial experiences of care.
- **System Navigation:** Clients initial encounters include assistance connecting to payor and resource supports.

Youth and Family Service Expansion

- **Evidence Based Service Expansion:** Enhance the availability of community provided evidenced based service models that address the behavioral needs of youth and their families.



- **System Coordination:** Develop and implement integrated care models that coordinate behavioral health service with school, social services, primary care, juvenile justice and courts to assure the provision of holistic and family centered care with a goal of keeping kids.
- **Workforce:** Expand training, recruitment and retention programs to build a skilled workforce that specialize in youth service provision.

Justice-involved service

- Enhance continuity of care for individuals transitioning from correctional facilities.
- Expand access to outpatient and residential behavioral health services for individuals on parole and probation
- Strengthen collaborative efforts with the Department of Corrections and Rehabilitation for the provision of integrated care for the purpose of promoting shared goals and coordinated care for justice involved individuals.

Legislative Spotlight:

The 2023 ND Legislative Assembly provided funding for public behavioral health clinics (Regional Human Service Centers) to transform system delivery in order to meet CCBHC standards.



- Implement Evidence Based Practices with a goal of reducing recidivism and supporting rehabilitation and recovery.

Expand availability of robust addiction services

- **Service:** Expand availability of high quality (evidence based) substance use disorder services across the continuum for all ND citizens with need.
- **Workforce:** To elevate Licensed Addiction Counselors (LAC) role across HSC's, making it a place LAC's would want to work.
- **Resource:** To align form, policy and procedure to best practice in support of client and staff.

Enhance/expand availability of high-quality crisis services

- To establish a comprehensive, accessible and responsive crisis service system in North Dakota that ensures individuals in crisis receive timely, compassionate and effective support, promoting stabilization, recovery and engagement into ongoing services.

As Clinics implement strategies to enhance service delivery, the Behavioral Health Division Policy and Administration team will develop North Dakota CCBHC Certification Standards and HHS Medicaid will develop a Prospective Payment System (PPS) which will support these clinical and operational transformations through effective financing.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Initiate contract with national consultant to assist ND HHS with implementing CCBHC model.	April	2024
Begin coordination with law enforcement through Avel eCare effort.	July	2024
Draft North Dakota Century Code changes to establish CCBHC Certification authority.	August	2024
Develop initial draft of ND CCBHC Certification Standards.	October	2024
Implement the expansion of Functional Family Therapy.	October	2024
Expand availability of Medication for Opioid Use Disorder at clinics.	December	2024
Implement enhanced diagnostic assessments and care coordinators at each clinic.	January	2025
Implement continuity of care enhancements for individuals transitioning from correctional facilities.	March	2025
Estimated legislative codification of CCBHC Certification Authority.	April	2025
Expand Low Intensity Residential Substance Use Disorder Treatment in four regions of the state.	December	2025
Finalize the development of the Medicaid PPS rate.	January	2026
Finalize and publish the CCBHC Certification Standards and Process.	April	2026
Receive approval of Medicaid State Plan Amendment by (CMS).	June	2026



BEHAVIORAL HEALTH SUPPORTS FOR HOME AND COMMUNITY BASED SERVICES

Goal 27: Ensure North Dakotans with physical disabilities who also have co-occurring behavioral health needs, have access to in-home and community-based services that afford them the right to live and thrive in the community of their choice.

This initiative will improve access to in-home and community-based care for more individuals by creating resources for Qualified Service Providers (QSP) to access behavior intervention plans and on-going care consultation from trained professionals. Qualified providers are at the core of all in-home and community-based service systems. Finding providers who are equipped to serve clients with both physical disabilities and behavioral health needs can be challenging. This initiative will improve access to in-home and community-based care for more individuals by creating resources for QSP who are unsure how to respond to challenging behavior or have issued an involuntary discharge notice. These services will help QSPs provide quality care in high need and high complexity cases, allowing more individuals to receive services at home while remaining a vital member of their communities.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Complete the scope of services necessary to procure behavioral health supports for QSPs.	March	2024
Identify the qualified professionals who have the skills to provide behavior intervention consultation and supports to direct service providers in ND.	June	2024
Draft provider agreements and begin advertising need for services.	July	2024
Secure behavioral health supports vendor(s) for Qualified Service Providers.	August	2024
Provide training to HCBS case managers and raise awareness about the availability of the services to stakeholder community.	September	2024
Launch new services.	November	2024
Track data and outcomes to determine the return on investments to inform future decision to continue funding the program.	April	2025



Goal 28: Improve quality of care and health outcomes for Medicaid members through data-driven quality models, increased collaboration with healthcare providers and investments in infrastructure and innovation.

Traditionally, health care payments are associated with the amount, type and volume of services provided. While this links payment to service delivery, it incentivizes more care to be delivered rather than focusing on the outcome of the care. North Dakota Medicaid is working to change to a new payment model over time to promote value-based care that prioritizes outcomes and not volume of services.

North Dakota Medicaid’s approach to value-based care centers around creating collaborative partnerships with providers to design a North Dakota specific model implemented with transparency and incrementally over time. Ultimately, North Dakota seeks to improve patient experiences and outcomes through enhanced care delivery and accountability while maintaining stable and predictable funding for providers. Over time, this shift will help the state achieve lower long-term costs by ensuring that North Dakota Medicaid members are healthier.

North Dakota Medicaid’s focus currently includes two programs – a health system Value-Based Purchasing (VBP) program and a Nursing Facility Quality Incentive Program (NFIP). The VBP Program quality measurement and performance monitoring strategy will roll out in stages, expanding and building greater accountability over time.

The program will track both an initial measure set and expanded measure set in stages. The program will begin as a pay-for-reporting only program for the first 18 months (July 2023 – December 2024). PPS hospital systems will report on measures from the initial measure set and the expanded measure set for the first 18-month period. The initial measure set will transition to pay-for-performance in January 2025. The expanded set of measures will be added to the set of pay-for-performance measures beginning in January 2026. North Dakota Medicaid will monitor progress alongside health systems by challenging providers to meet statewide targets for performance measures.

North Dakota nursing facilities will participate in an incentive-based quality improvement program. The program utilizes data from 4 quality measures and voluntary participation in a nationally recognized quality development program to assign points and tiers to all Nursing Facilities across ND. Based on individual facility performance in the identified quality measures, \$8 million dollars of allocated funds will be distributed annually. Program success will be measured annually by tracking nursing facility improvements against the baseline performance and North Dakota’s statewide performance.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Receive CMS approval of State Plan Amendment for NFIP.	March	2024
Make first NFIP Payment to Providers.	June	2024
Develop NFIP dashboard for website.	August	2024
Develop provider educational resources for PPS Hospital System Performance.	December	2024
PPS Hospital System Performance Report tied to payment for 2024 Pay for Reporting.	July	2025
PPS Hospital System Performance Report tied to payment for 2025 Pay for Performance.	July	2026



EARLY CHILDHOOD QUALITY IMPROVEMENT SYSTEM

Goal 29: Redesign the Quality Rating Improvement System for early childhood to increase the number and variety of quality rated programs across the state.

The experiences a child has during the first five years of their life have a lasting impact, which makes high-quality early childhood experiences so important. Research shows that children who have access to high-quality early childhood experiences perform better in school, make healthier choices and are more likely to graduate and find employment.

Bright & Early can help parents by identifying high-quality early childhood providers that offer what their child needs to thrive. Bright & Early assesses early childhood providers across the state based on specific quality standards. These standards focus on what a child

needs to learn, grow and develop during this critical stage of life.

HHS will work together with partners to revise and expand Bright & Early under a common vision of quality that is closely aligned with factors proven to improve and sustain child, family, workforce and program outcomes. The system revisions should make it easier to recognize quality across the range of service delivery options that are present in North Dakota while at the same time infusing more flexibility into how providers can enter and progress through the quality pathway.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Identify and secure a vendor to assist with a quality needs assessment, engage key stakeholders and guide revision process.	September	2024
Identify roles and responsibilities, goals and intended outcomes of the revision process.	October	2024
Conduct a quality needs assessment (survey) of the current quality improvement system to identify strengths, gaps and opportunities.	December	2024
Complete a crosswalk of the quality frameworks, standards and indicators currently used by providers in various segments of the state’s mixed delivery system.	March	2025
Use data from the quality needs assessment and crosswalk to draft new criteria, guidance and policies for the revision.	June	2025
Solicit feedback from key stakeholder groups including early childhood providers, families and community members, to ensure diverse perspectives are considered.	August	2025
Release the final revision criteria, guidance and policies.	December	2025
Examine NDAC and NDCC for any necessary modifications, as well as technology platform dependencies.	January	2026



Goal 30: Modernize the Basic Care licensing, delivery, and payment system to ensure sustainable access and support for alternatives to institutional care.

The 2023 North Dakota Legislature directed HHS to conduct a study of the basic care system. HHS secured a vendor to complete a study of the current basic care system including service array, payment structure, licensure and regulation of basic care and assisted living facilities. The report will include recommendations for: updating licensure and regulations; opportunities for delivery of basic-care type supports in more integrated settings; types of services that are necessary to meet the

needs of individuals likely to be served in basic care facilities. The report will also address the role of Basic Care and assisted living in the North Dakota continuum of services for older adults and lower income adults with disabilities.

A roadmap will be developed outlining the necessary steps to implement the recommendations.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Hold stakeholder meetings.	March	2024
Deliver final report.	August	2024
Develop roadmap for recommendations.	January	2025





Goal 31: Implement a comprehensive Health Care Workforce Tracking System to accurately identify, track and analyze health care workforce data in North Dakota.

In order to plan for existing and future health professional workforce needs in North Dakota, adequate data about where clinicians practice, how they practice and how much patient care they provide is needed. There are currently no reliable and comprehensive datasets that can interpret these core questions.

The Health Care Workforce Tracking System plays a pivotal role in addressing critical healthcare workforce shortages and identifying areas of greatest need within North Dakota. By comprehensively understanding both the current and future healthcare workforce supply and demand, the state can gain the insights needed to strategically allocate resources and address shortages in underserved regions. This targeted approach ensures that essential healthcare services are accessible to all residents, regardless of location or demographic factors.

This project is a phased approach:

Phase one: Compile data from existing state systems and federal systems, including Federal Shortage Designation Management System (SDMS), ND Medical Board Licensure, ND Board of Nursing Licensure and ND Medicaid Claims. Utilize the state’s data with guidance from NDIT.

Phase two: Add any additional data sources and finalize the database to go live. North Dakota HHS Primary Care Office may have the opportunity to provide a “Provider Directory” to public and private organizations. This improved data and reporting will support needs for increased resources through federal and state funds for programs serving in underserved areas.

The database will empower policymakers and industry leaders to make data-driven decisions regarding workforce development initiatives and investments. By leveraging workforce data from sources like Medicaid, National Provider Identifier (NPI) files, licensure data and others, the database will be able to comprehensively evaluate real-time workforce data and trends. From these trends, we can proactively implement strategies to recruit, train and retain healthcare professionals, thereby strengthening the overall health care infrastructure of the state.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Phase one development.	June	2024
Phase one implementation.	September	2024
Phase two development.	October	2024
Phase two implementation.	January	2026



Goal 32: Increase the number of health care professionals serving in rural and underserved communities through targeted and strategic marketing strategies.

The “Love You to Stay” campaign, launched in January 2024, targets recent health care graduates with messaging that inspires them to stay in welcoming communities where they’ll feel at home, find career satisfaction and make a real difference in the lives of North Dakotans. The campaign is essential for addressing healthcare workforce shortages and showcasing the opportunities in rural and underserved areas across North Dakota.

“Love You to Stay” aims to enhance the attractiveness of rural healthcare careers in ND, increase awareness and participation in the North Dakota Health Service Corps Loan Repayment Programs and ultimately address healthcare provider shortages in underserved areas, which improves access to quality healthcare services for residents across the state.

North Dakota has 40 Primary Care Health Professional Shortage Areas (HPSA) and like many other rural and frontier states, suffers from a maldistribution of providers. Over 70 percent of our primary care physician workforce resides in the urban areas of our state. 16 of our 53 counties are without a primary care physician, serving a combined population of over 42,000. North Dakota’s mental health workforce is underrepresented in rural and frontier parts of our state, with 48 of the 53 counties being designated as a federal mental health shortage area. This poses a significant challenge to residents in these communities to access and receive mental health services. “Love You to Stay” is pivotal in sharing the messaging of opportunities that exist in these



communities and increasing access to primary, dental and mental health services.

The ‘Love You to Stay’ campaign has proven to be remarkably successful, boasting record engagement metrics and a surge in loan repayment applications. Its efficacy hinges on continual dissemination and the cultivation of brand familiarity. As it circulates for longer periods, its impact grows, with more healthcare providers citing it as a motivating factor in choosing rural practice. This positive association and brand recognition are pivotal not only for healthcare professionals considering rural careers but also for prospective state partners, as it facilitates discussions about extending the campaign’s reach.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Secure additional campaign funding.	September	2024
Complete campaign planning and prep work.	December	2024
Initiate campaign relaunch.	January	2025



TECHNOLOGY FIRST TRAINING INITIATIVE FOR HCBS

Goal 33: Establish resources and skill-based training for provider staff, self-advocates, families and case managers to promote technology supports for people receiving developmental disability services.

Assistive technology gives people with intellectual and developmental disabilities the opportunity to be actively engaged in person-centered activities, assist with daily living tasks, exercise their rights, control their environment and foster independence and self-determination. Assistive technology includes, but is not limited to: mobility devices, voice-activated devices, medication dispensers, communication devices, environmental modifications, etc.

Over the years, there has been a growth and improvement in assistive technology products, including improved physical environment modifications as well as smart home technology and a range of artificial

intelligence (AI)-powered products. Historically, paid in-person supports (e.g. a direct support professional through a service provider) have been the primary service delivery method for people with disabilities. However, workforce shortages have raised awareness for the need to further explore the use of assistive technology to provide support services while still meeting the person-centered support needs of people and supporting people to live in community-based settings.

Providing technology solutions and training support are essential to ensuring the effective use of assistive technology and ultimate adoption of this as a modified approach to service. Even the most advanced technology can be rendered ineffective without adequate user knowledge and skills.

Technology training and resources will define and describe available assistive technology approaches, provide education, skill development and knowledge to provider staff, self-advocates, families and case managers to increase and adopt the utilization of technology solutions for person-centered supports. Resources and training may be offered through a variety of modalities, such as curriculum, courses, webinars, modules, guides, case studies, certification and more.

Together, technology resources and comprehensive training will focus on teaching and empowering people to embrace and use technology supports as a safe and effective form of natural support.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Approve funding for adaptive and assistive technology pilot projects.	February	2024
Make training available to HCBS early adopters via HHS funded pilot.	August	2024
Evaluate project outcomes and progress.	March	2025
Integrate project outcomes into service delivery system and ongoing operations.	June	2025



Optimize disaster and epidemic response and recovery.

As we confront the escalating global challenges posed by natural disasters, epidemics and cyber threats, the need for a groundbreaking, integrated approach to disaster response and recovery has never been more urgent. Amid any emergency, every second counts.

Our emergency preparedness and response teams must be positioned to act immediately, with medical support and operations equipment in hand to ensure that local hospitals are able to maintain their critical operations and residents of long-term care facilities can shelter in place or be evacuated, if required.

Communication and coordination of information and data are critical at these times and traditional methods of gathering and sharing data often fall short. Information can be fragmented and stored in isolated systems across various organizations, leading to delays that can mean the difference between life and death. By improving our communication and public notification systems, we can ensure timely dissemination of crucial information and improve our overall resilience against all forms of disasters.

It is also essential that organizations can recover critical systems quickly to maintain operational continuity and provide necessary support during emergencies. HHS will prioritize:

- Implementing advanced analytics that enable predictive modeling, allowing us to anticipate needs and allocate medical and other resources more effectively.
- Advancing integrated and seamless data exchange between agencies, partners and supporting organizations.
- Enhancing collaboration across various sectors, including state and federal agencies, non-profits and health care providers.
- Improving communication and public notification models to ensure timely dissemination of information.
- Strengthening comprehensive system and business continuity strategies to minimize service disruptions and expedite response and recovery efforts.

We are committed to transforming how we respond to crises, ensuring that every second counts and every resource is utilized to its fullest potential.





Goal 34: Implement an electronic system that allows for efficient and standardized collection and storage of forensic medical examiner data, allowing for improved reporting and data sharing between coroners, medical examiners, law enforcement, laboratories and public health.

Currently, the North Dakota Forensic Medical Examiner’s Office utilizes paper charts to store and manage the data collected through the official death investigation process. As the volume of cases, along with the number of data requests, continues to increase, a modern secure solution is needed.

Medical examiner and coroner offices play a key role in the investigation of suspicious, unexplained or unexpected deaths. Additionally, in North Dakota, law enforcement, toxicology laboratories and Vital Statistics also contribute data important to the death investigation. All contributors must have a way to disseminate data to other stakeholders, courts, families and the public.

An electronic case management system that collects, reports and stores structured case-related data provides significant benefits over traditional paper-based storage systems. Data contributors can enter case information directly into the system thereby creating a single source of information for all to use. Ultimately, the goal is to improve performance on specific tasks within the death investigation for all involved.

The system would allow cross jurisdictional data sharing, creating a more efficient and standardized data collection process. It would also provide a clear channel of communication between coroners/medical examiners, law enforcement and public health, which is critical for collaboration, information-sharing and coordinating response activities.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Deadline for vendor submission.	October	2024
Review proposals and demonstrations.	November	2024
Issue Notice of Intent to Award.	January	2025
Execute contract.	February	2025
Implement new system.	January	2026



Goal 35: Enhance and increase capacity of the electronic disease surveillance system (EDSS) to detect, respond, prevent and control known, emerging and re-emerging infectious diseases.

Functionalities of this system are to produce, transmit, manage and analyze timely, high-quality data that is critical to carrying out key public health reporting and prevention functions. HHS is soliciting proposals for the implementation, operational support services and hosting of an integrated electronic disease surveillance and outbreak management system that is interoperable

with other health information systems, including Health Information Exchanges, Immunization Information Systems and Vital Records Information Systems, as well as federal reporting standards including the National Notifiable Disease Surveillance System (NNDSS). This process will increase our ability to prevent disease and promote wellbeing among North Dakotans.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Issue request for proposals.	May	2024
Complete initial evaluations.	June	2024
Complete demonstration evaluations.	July	2024
Issue notice of intent to award.	September	2024
Issue EDSS contract.	November	2024
Finalize enhanced EDSS implementation plan.	January	2025
Implement enhanced EDSS.	May	2026
Launch enhanced EDSS.	June	2026





Goal 36: Enhance the state’s ability to monitor, regulate and respond to infectious diseases and environmental challenges, while also supporting research, education and economic development.

HHS and the Department of Environmental Quality (DEQ) are excited to announce the construction of a new state-of-the-art laboratory. This new expansion will increase the state’s ability to serve the citizens of North Dakota. A new HHS and DEQ laboratory focused on public health and environmental quality will provide critical infrastructure for safeguarding public health and the environment.

1. Benefits of a New Facility

Enhanced Safety and Compliance

- **Modern Standards:** The new facility is designed to meet current health, safety and environmental standards, ensuring a safer working environment for employees and compliance with regulations.
- **Improved Air Quality:** A state-of-the-art air handling system will provide better filtration and ventilation, reducing the risk of contamination and exposure to hazardous substances.

Operational Efficiency

- **Advanced Technology:** New laboratories will be equipped with the latest technology and equipment, increasing the efficiency and accuracy of testing and research.
- **Energy Efficiency:** Modern buildings are designed with energy efficiency in mind, incorporating advanced HVAC systems, insulation and energy-saving technologies, leading to long-term cost savings.

Capacity and Future Growth

- **Space Optimization:** The new building was designed to optimize space utilization, allowing for better workflow and collaboration among departments.

- **Scalability:** The facility can be built with future expansion in mind, accommodating growth in staff, equipment and research activities.

2. Impact on Public Health and Environmental Quality

Timely and Accurate Testing

- **Improved Testing Capabilities:** With modern equipment and facilities, the HHS and DEQ can conduct more accurate and timely testing, crucial for public health and environmental monitoring.
- **Rapid Response:** Enhanced laboratory capabilities mean quicker responses to public health threats and environmental hazards, mitigating risks to the community.

Public Trust and Confidence

- **Transparency and Reliability:** A new, state-of-the-art facility demonstrates a commitment to public health and environmental protection, fostering trust and confidence in the department’s ability to safeguard the community.
- **Educational Opportunities:** A modern laboratory can also serve as a training and educational center, enhancing the skills of current staff and attracting top talent in the field.

Investing in a new HHS and DEQ laboratory is not just about replacing an old building; it is about ensuring the safety, efficiency and effectiveness of critical public health and environmental services. A new building will provide a safer, more efficient and future-proof environment, ultimately benefiting public health, environmental quality and operational sustainability.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Host ground-breaking ceremony and begin construction.	April	2024
Complete construction.	July	2026
Transfer equipment and instruments.	August	2026
Host ribbon cutting ceremony.	November	2026
Validate all test methods and instrumentation.	December	2026



Goal 37: Optimize and enhance emergency response capabilities through technological advancement and excellence.

The Emergency Preparedness and Response Unit in North Dakota oversees the management of public health and medical emergencies. The current data management systems must be upgraded to enhance efficiency in data centralization and retrieval during emergencies. The project involves consolidating multiple systems into a single, streamlined platform. Specifically, we will replace the existing medical bed tracking system, patient/staff/vehicle tracking system, and the platform for Health

Alert Network messages and mass communications coordination. Additionally, we aim to enhance the registration and coordination process for Medical Reserve Corp volunteers. These improvements will not only optimize day-to-day reporting and information retrieval for stakeholders and emergency response partners but also enhance our capabilities during emergencies.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Start vendor contract negotiations.	May	2024
Issue notice of intent to award.	June	2024
Execute new contract.	June	2024
Install technology upgrades and train staff.	July	2024
Complete stakeholder training.	September	2024
Conduct first exercise with stakeholders.	December	2024
Conduct follow-up exercise with stakeholders.	February	2025





STRATEGIC PRIORITY 4

Advance excellence in agency infrastructure and operations.

Advancing excellence in our agency infrastructure is more than a goal, it is a journey we will embark on this business year to create an environment where governance, efficiency and technology come together allowing us to realize the power of our potential as an integrated agency. Our commitment to this journey ensures we deliver unparalleled service and outcomes to individuals, families and the communities we serve.

This year, we will establish robust governance structures, ensuring clear accountability, transparency and strategic direction. This solid foundation will allow us to navigate challenges with confidence and purpose, ensuring that every decision aligns with our mission, vision and strategic priorities. HHS will prioritize:

- Developing an efficiency roadmap that will guide us in streamlining processes and eliminating redundancies. By embracing best practices and innovative solutions, we will allocate resources more effectively, reducing waste and maximizing impact. This roadmap is not just a plan but a dynamic strategy that evolves with our needs and the needs of those we serve.
- Enabling technology as a critical aspect of our infrastructure. By leveraging cutting-edge technologies, we will enhance our ability to deliver services quickly, accurately and efficiently. From modernizing IT systems to adopting advanced data analytics, technology will empower us to serve North Dakotans better.
- Ensuring every department and individual is working towards common goals. By fostering collaboration and communication, we will create a unified workforce that is motivated and aligned with our strategic priorities.
- Advancing the implementation of a robust data strategy to inform decision-making. By harnessing the power of data, we will gain insights that drive better outcomes and enable us to respond proactively to emerging needs and trends.
- Effective resource management to ensure we have the right people, tools and processes in place to achieve our goals.
- Setting clear performance metrics to measure our success and identify areas for improvement. By establishing measurable targets, we can track our progress and make data-driven adjustments to enhance our effectiveness.

Our focus on process improvement will be an ongoing effort to refine and enhance our operations. Through continuous evaluation and innovation, we will improve service delivery and operational efficiency.

Together, these initiatives will create a resilient and efficient agency infrastructure, enabling us to deliver exceptional service and achieve our vision of excellence.





Goal 38: Increase the efficiencies of the Behavioral Health Division operational business functions and processes within the broader HHS structures to better support the behavioral health needs of ND citizens.

Prior to 2022 there were three distinct teams within DHS that had behavioral health as their primary focus. Funding and policy work was housed in the Behavioral Health Division. Direct services were provided by the regional Human Service Centers and by the State Hospital.

In alignment with the broader legislative directive to integrate the legacy Department of Human Services and the Department of Health, the behavioral health teams initiated additional integration efforts to enhance collaboration and improve service delivery.

To kick off the work of integrating these teams, an operational assessment was conducted, which identified several opportunities to streamline processes to improve how people would access behavioral health care through this statewide system.

The necessary first steps included very practical operational work-including leadership structure, unified budgeting and staffing and cross-team integration of

data that enables better patient care.

People who are seeking behavioral health care often struggle to know where to get help and/or determine what kind of help they might need. Unfortunately they often fall through the cracks. The vision for this Behavioral Health Division Integration is to remove barriers to care that are created by the historically disconnected organizational structure. By creating a combined approach to budgets, staffing and patient continuum, the new integrated Behavioral Health Division will be better able to sync the work, connecting people to the care they need, at the right time, regardless of where they enter.

In addition to the immediate work of operational alignment, the Behavioral Health Division integration work will support the transformation of the delivery of behavioral healthcare through adoption of the Certified Community Behavioral Health Clinic (CCBHC) model. The team will work across systems to align entry and access points, and improve training and qualifications of professionals to support people in achieving their behavioral health goals.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Develop a unified Behavioral Health Division budget proposal for 2025-27 biennium.	February	2024
Identify Century Code changes needed to support operational integration.	April	2024
Implement operational system changes to support unified budget and staffing.	July	2024
Develop unified processes to support integrated Behavioral Health Division.	October	2024
Engage with consultant (MTM) to complete EHR/IT Assessment.	August	2024
Engage with EHR vendor (Netsmart) to complete Operational Process Analysis of all EHR workflows.	October	2024
Develop EHR Improvement Action Plan using EHR/IT Assessment and Operational Process Analysis findings and recommendations.	November	2024
Begin implementing EHR Improvement Action Plan objectives	December	2024



BEHAVIORAL HEALTH DIVISION REVENUE CYCLE DEVELOPMENT

Goal 39: Create a strong revenue cycle foundation for a positive client experience and long-term financial sustainability.

Revenue cycle management, a critical function of healthcare operations, encompasses the financial processes used to manage the collection of information used for claims processing, payment and revenue generation.

The Behavioral Health Division operates eight Community Behavioral Health Centers and the State Hospital. In 2022, the Division contracted with Eide Bailly to evaluate the revenue cycle to identify potential efficiency opportunities. This evaluation resulted in a comprehensive report of findings which outlined extensive need for standardization of workflows across all nine service locations.

While the benefits of standardized workflows have long been embraced, they are now recognized as the driving influence in increasing revenue and delivering value to the client. This project aims to evaluate and identify workflow standardization and improvement opportunities in the following areas:

- Client scheduling and registration
- Service documentation and coding
- Billing and collections

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Implement financial counseling for uninsured and underinsured clients for options of coverage.	October	2024
Plan, organize and implement a revenue cycle structure to provide support services to clients and providers to generate revenue, a positive client experience and governance.	October	2024
Research, prioritize and optimize electronic health record (EHR) revenue cycle modules and capabilities to support revenue growth.	December	2024
Identify, prioritize and implement software technology that works and interfaces with EHR for efficient and effective outcomes.	December	2024
Provide data analytics of key performance indicators to leaders enabling them to make informed decisions on strategies, operations and performance.	December	2024
Improve patient literacy within our market by educating clients on their options in healthcare and the self-driven tools to manage their own accounts online.	December	2024



Goal 40: Increase access to employment services for people with disabilities.

Over the last few years, it has become widely understood that workforce challenges are the primary barrier to economic growth. People with disabilities currently participate in the workforce at much lower rates than people without disabilities. In ND, the percentage of people with disabilities who are employed is the second highest in the nation at 54.5%. However, people without disabilities are employed at 82.7%. If we work to bring these in alignment, we would add approximately 100,000 people to the ND workforce. To address workforce challenges that plague every industry, we need to find ways to activate untapped talent.

Vocational Rehabilitation (VR) has a dual-customer approach serving both employers and individuals seeking employment.

VR has undertaken a system-wide redesign of service delivery to maximize access to services. The team has:

- Revised the way the agency determines the payment obligation a client may have for receiving VR services by adjusting its sliding fee scale.
- Launched revised eligibility guidelines, including an expedited eligibility option to decrease eligibility timeframes.
- Implemented tiered payments to providers to incentivize services to individuals who experience layered barriers to employment.
- Established regional goals for approved ND Customized Employment/Supported Employment (CESE) tax credit to encourage discussion with participants and employers.

Enhancing Employer Services

To optimize impact, VR is focusing on a more clearly defined approach to employer-oriented services and a systemic effort to streamline and improve our client services.

In the last two federal fiscal years we provided services to just over 1,800 businesses each year which is less than three percent of ND businesses. We aspire to increase this each year so all of ND businesses who hire employees can be aware of the services VR offers to support their business.

By strengthening our employer-oriented services, VR will be able to understand current employer specific needs and concerns to provide necessary education, training and services. Additionally, we will be able to efficiently help employers maintain their current employees and fill vacancies with eager and qualified candidates.

Enhancing Job Seekers' Experience

While supporting businesses, we must focus on improving our service delivery to individuals by streamlining and improving client services to meet the needs of ND citizens who need VR services to obtain, maintain and advance in employment.





Preparing Students for Work

The Workforce Innovation and Opportunity Act (WIOA) requires VR to set aside at least 15% of federal funds to provide pre-employment transition services to students with disabilities who are eligible or potentially eligible. The intent of these services is to:

- Improve the transition of students with disabilities from school to postsecondary education or to an employment outcome.
- Increase opportunities for students with disabilities to practice and improve workplace readiness skills, through work-based learning experiences in a competitive, integrated work setting.
- Increase opportunities for students with disabilities to explore post-secondary training options, leading to more industry recognized credentials, and meaningful post-secondary employment.

In 2023, VR partnered with 77 schools to provide these services through contracts, which was an increase of six schools from the prior year. We hope to continue to add new contracts, increasing the number of schools to 95 within the next three years. VR also saw almost a 13% increase in the number of students served through contracts and by VR counselor services. VR will work on a method to evaluate the services provided to students through these contracts to ensure students are getting quality services that meet the intent of WIOA and provide person centered service delivery.

On the Horizon

VR is currently working to implement FileNet to ensure all staff have access to their case files when they are working remotely. This will ensure they can keep cases moving forward in a timely manner and allow them to work more efficiently. This is expected to occur by June 30, 2025.

VR is exploring a new case management system due to a current aging system that hasn't functionally changed for at least a decade.

Success

We have a goal of seeing year over year increases in labor force participation rates for people with disabilities until they equal labor force participation rates for people without disabilities.

A 3.5% increase in the number of people with disabilities who are successfully employed would put ND at the highest percentage of people with disabilities employed in the nation and the first to reach a labor force participation rate of 60%.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Implement enhanced case notes process statewide.	July	2024
Outline best practices to increase the number of employers who are aware and able to take advantage of the tax credit.	October	2024
Design and deliver three employer training modules related to ADA.	October	2024
Redefine VR Business Service team roles to align to new service delivery approach.	March	2025
Create policies and procedures that provide guidance to staff on how to effectively serve clients needing VR services to maintain employment.	July	2025
Create and distribute Business Services Handbook.	December	2025





CHILD WELFARE CASE MANAGEMENT REDESIGN

Goal 41: Increase the opportunity for parents and children to live and be well together by re-imagining case management practices to be more timely, effective and evidence based.

The most effective way to ensure safety, permanency, and well-being is to provide services that engage, involve, strengthen, and support the families. Most often, the best way to help children thrive involves keeping them home with people they know and love.

North Dakota has been undergoing a holistic transformation of its child welfare system since 2018, with the adoption of strategies related to the Family First Preservation Act starting in 2018-19, redesign of child protective services in 2019, the adoption of the safety framework practice model in 2020 and the implementation of a centralized abuse and neglect intake line in 2021. The next step in this river of change is the redesign of the way case management services are delivered and our engagement and partnership with families.

A unified approach to child welfare case management

In the past our child welfare practice was siloed because agencies typically divided case management into two distinct programs – In-Home and Foster Care. Separating these two programs often resulted in the family experiencing unnecessary changes in their assigned case manager as they progressed through various types of intervention. These changes created barriers to the family’s engagement with the agency as well as progress in services, impacting overall outcomes.

By pivoting to a unified approach to case management,

a family will have a partnership with one worker regardless of the level of intervention. This will involve a terminology adjustment as well: 1) In-home safety plan (not in-home case management); 2) Out-of-home safety plan (not foster care case management); and 3) Hybrid safety plan (combination of in-home and out-of-home).

For example, if the safety plan for a family needs to move to a higher level of intrusion such as children being placed in the custody of the Zone or vice versa if the family is moving from a higher level of intrusion to an in-home safety plan, their worker relationship will remain the same.

Safety Planning vs. Case Planning

Safety planning and case planning are separate core responsibilities of child welfare agencies. It is critically important that the workforce understands the purpose and process for each. By closely monitoring the implementation of Safety Framework Practice Model (launched December 2020), it has become clear the workforce needs more technical assistance and training to ensure collaborative and individualized case planning that enhances parent/caregiver protective capacities and supports meaningful, longstanding change in families.

Level of Intervention, Safe/Stable Placements, and Timely Permanency

When the workforce creates a safety plan with the family, it should be specifically targeted to manage the identified danger threats in the least intrusive manner necessary to assure child safety. In so doing, we ensure every effort is being made to keep children safely in their homes with their parents.

If children must be removed from their homes, we will first seek to find kin as placement resources. When this isn’t possible, we will look to alternative placement options per family and child circumstances.

Whenever a child is placed outside his/her home, we must ensure ongoing reassessment to confirm the placement remains appropriate, is stable and safe, and is





temporary – utilized only as long as necessary, with the level of intervention routinely reassessed.

When reunification is not an option, we will work diligently to accomplish permanency for children in the least amount of time possible.

Well Trained and Supported Workforce

We must ensure that all child welfare workers understand their role and their responsibilities and that they have the competencies necessary to meet these expectations. This includes responsive technical assistance and both initial and ongoing training opportunities that build/enhance their skills as supervisors and case managers. Additionally, we need to sustain a process for assessing and growing fidelity to case practice requirements that includes a peer review/collaboration model.

On the horizon

Case management redesign is just one of the exciting and innovative projects occurring in our child welfare transformation. The Adoption Redesign began in August 2023, with implementation going live in February 2024. The Adoption Redesign is now in phase two of its implementation project. The OCEANS project, which is currently underway, will be an exciting and welcome change that will modernize the technology platform we currently utilize in child welfare.

Success

Parents will grow their capacity to be protective of their children and successful case closure will occur within 12 months of case opening in 75% of families served through our child welfare system. “Successful” is defined as achieving their case plan goals.

Families that have successfully closed through case management will not experience the reopening of case management due to identified danger threats at a rate of less than 15% within 2 years of the case closure date.

95% of families served through case management will experience the appropriate level of intervention. This means that even though children are identified as unsafe that doesn’t always mean removal from the home. Our focus is on surrounding the family with supports to keep their children in their home and only entering out of home care when necessary to assure child safety.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Redesign kickoff.	May	2024
Revise approach to unified child welfare case management for families.	August	2025
Develop competency assessment for workers.	September	2025
Restructure HSZ staffing models.	October	2025
Complete training for HSZ team members.	October	2025
Develop communication plan for partners and stakeholders.	October	2025
Full implementation and roll out.	December	2025



Goal 42: Increase awareness, management and accountability of resources.

In a recent initiative, HHS reviewed all phone line expenditures to find potential cost savings. This review successfully exceeded the goal of reducing annual spending by 10% on phone line expenditures, encouraging HHS to explore further cost-saving opportunities in other areas.

These areas include:

- Purchases made with state-issued credit cards
- Telecommunications expenses
- Software licensing usage
- Procurement of computer accessories and printers
- Utilization of state fleet and travel expenditures

The next steps involve implementing regular reviews and analysis to identify more savings.

This includes:

- Monthly reviews of credit card spending
- Detailed bimonthly or monthly analysis of telecommunication systems such as cell phones, office lines, and computer licenses
- Annual reviews and coordination of state fleet vehicle requirements

By expanding upon this project, HHS aims to increase awareness and accountability of its resources. The goals are to reduce underutilized resources and duplication, identify efficiencies and recover funds that can be reallocated to other critical areas. This proactive approach will help ensure that HHS maximizes its budget efficiency and improves overall resource management.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Review actual spending and determine recommendations for managing resources.	August	2024
Expand telecom review to include software utilization and office phones.	August	2024
Analyze usage of state fleet vehicles, determine metrics to use for collection.	September	2024
Analyze current usage of office printers, determine metrics to provide policy and procedures for use of printers.	September	2024
Determine amount of state fleet vehicles needed for the next year.	November	2024
Issue communication and guidance for policy and procedures regarding state fleet vehicles.	January	2025



Goal 43: Foster a culture of continuous improvement through the development of a Quality Improvement Council.

To ensure top-notch services and efficiency, the Quality Improvement Council, including at least one representative from each section in the Public Health Division, was created to develop and carry out a comprehensive quality improvement (QI) plan for the Public Health Division (PHD). This plan serves as a roadmap, guiding everyone in the PHD with respect to goals, timelines, activities and the importance of maintaining high quality within the agency. It demonstrates a commitment to quality and management support, reinforcing the agency’s dedication to continuous improvement in public health services. Additionally, the QI plan is a requirement to maintain PHAB (Public Health Accreditation Board) Accreditation and will be reviewed annually to capture up-to-date best practices.

By continuously tracking and measuring key performance indicators in each section within the Public Health Division, an efficient feedback loop will be created, leading to agency-wide improvement. Quality improvement is an essential piece of the performance management system and is critical to building and sustaining a high-quality system. This focus on quality, and implementation of the Quality Improvement Plan, will be crucial as the Public Health Division begins work on the priorities outlined in the State Health Improvement Plan (SHIP) and the PHD’s strategic plan.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Provide training for Quality Improvement (QI) Council members.	October	2024
Develop QI training plan for Public Health Division team members and leadership.	October	2024
Develop QI Plan for Public Health Division.	October	2024
Create welcome kit to onboard new QI Council members - Member rotation to occur every 2-3 years.	November	2024
Prepare QI Council members to lead QI projects.	December	2024
Begin to implement QI Plan for Public Health Division.	January	2025



EFFICIENCY ROADMAP

Goal 44: Identify opportunities to improve citizen and team member experiences through development of an Efficiency Roadmap.

HHS is responsible for the management of many processes and programs, for which there are currently no standardized processes for evaluating efficiency. Efficiencies are defined as opportunities to reduce red tape for constituents, eliminating unnecessary touchpoints in a process or workflow, creating employee and constituent friendly policies, decreasing time or cost to complete work products, increasing quality of work output, and managing resources effectively.

This project will create an Efficiency Roadmap, which is a plan for implementing policies, processes and projects that support increased efficiencies throughout HHS. This will include development of a process for identifying opportunities for efficiency, development of performance metrics for operations and programs, and development of an implementation plan for all HHS efficiency efforts.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Identify efficiency cohort.	October	2024
Identify performance metrics.	October	2024
Use metrics to identify opportunities for efficiency.	November	2024
Plot out opportunities in order of impact.	December	2024
Build out efficiency roadmap.	January	2025





Goal 45: Ensure financial transparency and responsible stewardship by publishing monthly Statement of Financials.

As the state’s largest agency, HHS is responsible for sharing timely financial data about its budget and spending. By posting monthly financial updates on its public website, HHS will provide valuable data for its team members and offer transparency to the public about how taxpayer money is being used to make North Dakota the healthiest state in the nation. With new term limits for legislators, the HHS website can serve as a resource for legislators to learn about the services HHS offers, and review its services, budgets and expenses.

Currently, HHS posts Quarterly Budget Insights (QBI) that detail the budget, expenses and usage for specific areas within HHS (Finance Data | Health and Human Services North Dakota). However, the QBI does not include the HHS budget and spending for the biennium. The Economic Assistance (EA) Section also has a dashboard where the public can view monthly totals and costs for its programs, but it doesn’t provide a comprehensive view of the full biennium.

As we continue to improve, HHS will add more information to the Financial Data page. This will include details about large IT projects, Capital Improvement projects and major program initiatives.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Assign team members to financial transparency.	June	2024
Determine metrics and data and define deliverables.	September	2024
Provide monthly financial updates on public website.	November	2024
Develop expanded QBI reports.	December	2024



Goal 46: Procure and implement a new child support computer system to improve service to parents and children and increase efficiency of child support team members.

The existing child support case management system is a 30-year-old mainframe application that no longer supports program activities and objectives.

A new computer system will not only replace the fully automated child support enforcement system but will also include an integrated electronic document solution and support document generation that is appealing to the reader and less likely to be ignored as a form letter. A new computer system will also support contemporary methods of communicating with customers such as text and email.

The new computer system will proactively bring new or updated case information to the attention of the assigned worker for an appropriate decision and any needed action. This will improve program performance and efficiency.

By leveraging current development platforms, new child support workers will have an easier time learning and navigating the child support computer system as the tool for case management.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Adopt project charter.	June	2024
Hire project readiness contractor.	October	2024
Submit federal feasibility study.	February	2025
Provide draft of the design development and implementation request for proposal to project executive committee.	April	2025
Enter contract for system design, development, and implementation.	August	2025
Implement new computer system.	August	2027



Goal 47: Increase registration efficiencies for birth, death and fetal death records.

Modernizing the Electronic Vital Event Registration System (EVERS) will increase efficiencies and automation for rapid data exchange.

The first step is to upgrade the current system to increase efficiencies and reduce the amount of manual staff time required through more data edits and added

requirements for all vital events. The next step will be improving exchange of data with state and national partners with the implementation of Fast Healthcare Interoperability Resources (FHIR). These improvements will provide more complete and accurate data for our data partners and researchers and offer a better user experience.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Vendor begins development of updating system messaging.	March	2024
Go live with EVERS modernization changes.	January	2025
Implement messaging for exchanging death data.	January	2025
Implement messaging for exchanging birth data.	July	2025
Implement messaging for exchanging fetal death data.	October	2025
Begin exchanging vital records data with state partners systems.	January	2026
Begin extracting birth information from hospital EMRs using data exchange.	October	2026
Initiate integration of data exchange with new ME system.	December	2026
Initiate integration of data exchange with NDHIN.	June	2027





MES MODERNIZATION

Goal 48: Transform the Medicaid Enterprise System (MES) into a technologically advanced, efficient and equitable platform that ensures better access to quality healthcare services for all stakeholders while optimizing resource utilization and administrative processes.

The MES Modernization efforts will increase flexibility to support individual changes as business needs evolve, automate services to eliminate manual paper processes for internal and external users and ensure processes are consistent, accurate and efficient across the system.

The modernization will occur over approximately ten years, through several phases, by systematically procuring and implementing new applications to

replace the current Medicaid Management Information System (MMIS). Phase one is to implement a System Integrator (SI) which is the hub to connect the individual specialized applications. The subsequent phases will be procuring and implementing the individual applications. The modernization efforts will benefit Medicaid clients, providers and HHS staff by increasing automation to improve user experience and shorten turnaround time.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Hold SI platform kickoff meeting.	May	2024
Develop plan.	July	2024
Perform gap analysis.	August	2024
Implement application configuration.	April	2025
Develop data management strategy.	December	2024
Implement data conversion.	February	2025
Implement interface plan.	May	2024
Perform installation, setup and configuration.	September	2025
Perform testing of management plan.	October	2024
Perform acceptance testing.	October	2025
Develop training management plan.	January	2025
Implement training.	October	2025
Implement system documentation.	October	2025
Perform compliance checks.	November	2025
Implement and transition the plan.	April	2025
Continue with implementation.	November	2025
Prepare post implementation report.	December	2025
Accept first phase of modernization efforts.	December	2025



Goal 49: Create a modernized management information system that supports child safety, permanency, and well-being of families and children in North Dakota.

The Organized Child Electronic Assessment, Needs, and Services (OCEANS) project will modernize the technology platform that will guide North Dakota’s child welfare system. It will sunset a 30-year-old mainframe-based payment system CCWIPS and a case management system FRAME that was not streamlined for the frontend user and requires a considerable amount of time to enter pertinent clinical information.

The project furthers HHS strategic priorities, including the advancement of strong, stable, healthy families and communities and advancing the foundations of well-being through access to high-quality services and supports closer to home.

OCEANS must be compliant with all federal requirements, as published by Administration of Children and Families (ACF) for Comprehensive Child Welfare Information System (CCWIS) systems.

OCEANS will improve workflow efficiency, which will save workers time spent on data collection, allowing

them to spend more time with families and improve families’ access to the services they need. We are replacing two outdated systems and many ancillary systems to create one new system across Children and Family Services.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Secure Implementation Readiness Vendor.	April	2024
Release Implementation Partner Request for Proposals (RFP).	February	2025
Complete RFP evaluations.	July	2025
New contract executed.	November	2025
Finalize system implementation plan.	January	2026
New OCEANS system operational.	October	2027



NDIIS MODERNIZATION

Goal 50: Create a modernized immunization platform to support, monitor and promote increased health and wellbeing for North Dakota residents

The North Dakota Immunization Information System (NDIIS) is a secure, population-based system that consolidates immunization information for healthcare providers, public health and North Dakotans. This immunization information is critical to guide patient care, reduce healthcare costs, improve immunization rates and reduce vaccine-preventable diseases. The NDIIS offers a range of services such as Certificates of Immunization, managing vaccine orders, conducting forecasts, facilitating reminder/recall notification, generating reports and data sharing with other applicable systems to support immunization operations.

The benefits of NDIIS modernization include:

- Enhanced security to ensure compatibility with current security standards and authentication methods.
- Increased stability to provide a back-up and

disaster recovery solution that is faster, simple and scalable.

- Improved interconnectivity and compatibility to build interfaces to securely connect to other applicable applications and resources.
- Streamlining of updates by spending less time on setup and maintenance of infrastructure.
- Improved user experience by refining the user interface and making changes based on user feedback and needs.
- Increased automation will reduce staff time and support immunization activities.

The NDIIS will be upgraded to be easy, reliable and convenient for HHS and healthcare providers complete their work. A modernized system will facilitate data intake, management and analysis. The system will be easier to maintain and sustain into the future.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Gather requirements to ensure a modernized NDIIS customer experience.	May	2024
Complete development of the modernized NDIIS customer experience.	July	2024
Conduct customer acceptance testing.	September	2024
Conduct testing with provider electronic health record systems and the North Dakota Health Information Network.	October	2024
Train current NDIIS customers.	October	2024
Go-live for the modernized NDIIS.	November	2024
Go-live with the connection between NDIIS and CDC’s vaccine order system for the automated submission of vaccine orders.	March	2025



Goal 51: Improve customer service and response times through enhanced correspondence management.

During the Economic Assistance (EA) Eligibility Redesign initiative, which was completed in February 2023, HHS significantly modified the EA mail process by consolidating all mail to a central office, digitizing mail documents, and implementing a document queue for team members to pull from. This has freed up capacity at each of the 43 zone offices, which has enabled team members at those sites to focus on completing eligibility

determinations and providing customer service. This has saved hours across the state per month.

This project would explore expanding the digitized, centralized mail process to all of HHS, allowing all mail to be scanned into a central storage, managed by each program, and assigned out using a workflow.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Kick off mail digitization project.	June	2025
Conduct problem analysis.	July	2025
Conduct pilot process with mail group.	September	2025
Launch expanded digitized mail process to HHS.	November	2025





DEVELOP INTERNAL SLA

Goal 52: Develop internal service level agreements to clearly identify the defined services, responsibilities and response times that programmatic divisions can expect from operational divisions.

HHS is comprised of programmatic divisions that are supported by several operational divisions including Human Resources, Finance, Legal and Communications. Currently, there is a need to identify and improve the expectations for the level of support provided by the operational divisions. This project aims to develop and implement service level agreements (SLA) between the operational and programmatic divisions within HHS by December 2024.

During the integration of legacy Department of Health and Department of Human Services, best practices in each area were identified as well as opportunities to improve response times, services and to clearly define

resources needed to meet the needs of the programmatic divisions.

SLAs clearly identify the roles and responsibilities, deliverables and performance metrics to be expected from a business partner and assist operations in creating priorities and understanding their resource needs. Without SLAs, organizations can struggle with resource management due to a lack of standardization and role clarity.

By implementing SLAs, we aim to improve intra-agency coordination and poise HHS to respond more effectively and flexibly to changing constituent needs.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Initiate stakeholder input sessions.	September	2024
Complete SLA drafts.	December	2024
Implement SLAs.	January	2025



Goal 53: Implement Standards of Administration for programs administered by the Human Service Zones to increase quality service delivery.

Historically, county social services were primarily funded with local (county) funds. In 2019, the administration of the county social services was placed under the umbrella of the Department of Human Services (now known as the Department of Health and Human Services or HHS). The county social service offices were consolidated in some counties and became Human Service Zones, which continue to be responsible for the administration of Human Service Programs, including economic assistance programs and child welfare programs. HHS became responsible for the salaries, benefits, and direct costs of local human service delivery by the zones using state dollars rather than county funds. In addition to funding, this change also provided for additional oversight of the delivery of human services beyond the existing oversight

that characterizes a state-administered county delivered human service system.

With the change in agency structure, an expectation was established in law to develop performance standards for each human service zone, to ensure consistent quality of care, eligibility criteria and administration of program resources. These standards cover child welfare programs, economic assistance programs and overall operations of the zone. The zones work closely with state administrators of these programs to ensure they are in compliance with state laws, policies and standards. They will report quarterly to each Zone Director and Zone Advisory Board to measure performance, areas for improvement, progress and the development of improvement plans.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Create dashboards to communicate numeric measures.	March	2024
Release external facing dashboard to provide standards report for each Human Service Zone quarterly.	May	2024
First quarterly data snapshot available to Human Service Zones.	June	2024
Communication to Zone Advisory Boards Standards of Administration.	July	2024
Regular cadence for quarterly snapshots (snapshot available in the month following the calendar quarter).	July	2024
Evaluate Standards of Administration and adjust as appropriate.	December	2024



CONTRACT GOVERNANCE AND SYSTEM SUPPORT

Goal 54: Enhance operational efficiency and reduce contract processing time through implementation of a new contract governance framework and contract management system.

HHS manages over 3,500 contracts each biennium. Contract management is a lengthy and complicated process that involves:

- Planning programs
- Procuring services
- Overseeing deliverables
- Processing payments
- Managing vendors

Currently, HHS lacks a well-organized system for contract governance. Much of the work relies on a mainframe system that is over 25 years old, along with manual and paper-based processes.

In August 2024, HHS will partner with a vendor to design and implement a streamlined contract governance. This governance will cover conceptualization, procurement, contract execution and

vendor management. A new contract system expected to be in place by July 2025 will cover many aspects of contract governance.

The new system and governance structure aims to:

- Automate workflows
- Reduce errors
- Increase efficiency in managing contracts and making payments
- Improve the experience for grantees, vendors, and partners
- Standardize training for new team members
- Reduce contracting delays through enhanced planning and prioritization
- Increase cross-divisional communication and collaboration

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Scan and move all contracts into electronic format in a SharePoint library for all contract governance team members to access.	July	2024
Define contract governance, roles, rules, and responsibilities.	August	2024
Develop new toolsets to include intake and prioritization of new contracts.	October	2024
Plan and schedule new regularly occurring contract governance meetings.	December	2024
Update internal intranet site for all internal documents.	December	2024
Replace current HHS contract management and payment systems.	July	2025
Automate all current contract Excel spreadsheets and Word document.	July	2025
Automate current procurement process.	July	2025
Implement electronic signing of contracts, and submission of payment requests.	July	2025
Enable electronic drafting, redlining, and executing of all HHS contracts.	July	2025



Goal 55: Improve utilization of information technology (IT) resources by establishing an IT governance framework.

Currently, HHS does not have a formal process in place to assist team members with the development of business requirements or implementation planning for technical projects. The ability to effectively plan, manage, and allocate resources to support and enhance the agency’s technology needs is essential for program success and customer service excellence. This project aims to streamline the process of submitting IT requests to NDIT, ensuring that these requests align with the agency’s strategic priorities, are internally prioritized, and provide a clear, prioritized roadmap for IT partners to execute.

HHS will contract with an external vendor to assist with improving the HHS IT Governance process, which will include:

- Establishment of an IT Intake Review Committee to provide for consistent review and prioritization of IT initiatives
- Establishment of an IT Change Advisory Board, which will include NDIT representation and will be designed to ensure satisfactory implementation of all technical solutions

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Issue statement of work award to vendor.	June	2024
Complete deliverables included in the statement of work.	September	2024
Launch project governance framework to HHS team.	October	2024
Conduct review to ensure adherence to framework; adjust process if needed.	January	2025





PROJECT GOVERNANCE MODEL AND INTAKE REVIEW

Goal 56: Design and implement a project management and change management governance framework to build capacity to efficiently manage HHS projects for success and deliver value.



Project management and change management are crucial to project success and guiding organizations through change. Ninety percent of global senior executives ranked project management methods as either critical or somewhat important to their ability to deliver successful projects (PMI, 2010), while projects applying excellent change management have shown a significantly higher chance of exceeding or meeting project expectations (Prosci, 2024).

While HHS is made up of highly skilled team members who are experienced in their program, policy, or operational area, very few team members are trained project managers or change practitioners. HHS aims to bridge this gap through development of a Project Portfolio and Change Management Enhancement Roadmap, which encompasses a multi-phased approach to improving HHS capabilities in these areas:

- Develop a Project Governance Model to reinforce standard practices and ensure project success to consistently deliver value.
- Implement robust, cross-agency training to establish sustainable and value-driven approaches.
- Enhance existing HHS project management software and reporting to provide a fully integrated approach.
- Establish an Intake Review Committee to provide for consistent review and prioritization of large projects across HHS.

By ensuring the valuable projects undertaken by HHS are more successful through standard project and great change management practices, we will be able to better serve the people of North Dakota.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Engage vendor to develop the project governance model and establish the intake review committee.	June	2024
Identify division level representatives and conduct current and future state assessments.	August	2024
Develop the governance plan and establish the intake review committee.	September	2024
Implement project governance across HHS.	October	2024



Deliver best in class customer centered experiences.

Delivering best-in-class customer-centered experiences is not just our goal, it is our mission this year. Best-in-class client experiences enhance our reputation, drive positive change and support our efforts to improve lives and build stronger communities.

Our journey begins with system modernizations and procedure reforms. By leveraging the latest technologies and industry recognized best practices, we aim to create seamless and efficient platforms and processes that simplify access to our services. These modernized systems will be designed with the user in mind, making it easier for individuals and families to find the information and support they need, when they need it.

Customer education will be a cornerstone of our approach. We believe that informed customers are empowered customers. Through comprehensive education programs, we will equip people with the knowledge and resources they need to make the best decisions for themselves and their loved ones. This focus on education and easy access to information will ensure that every individual feels confident and capable navigating our services. HHS will prioritize:

- Continuously evaluating and refining our processes to eliminate barriers and enhance the customer experience.
- Streamlining procedures and cutting through red tape to create a more responsive and agile system that better serves North Dakotans' needs.
- Collaborating with local organizations, businesses and stakeholders to create a network of support that extends beyond our services and holistically address the diverse needs of our communities.

Through system and procedure modernizations, customer education and community partnerships, we aim to build an infrastructure where navigating our services is seamless and empowering. Our success as an agency is inextricably linked to the well-being and trust of those we serve, and we are committed to going above and beyond to support and empower them to thrive.





Goal 57: Maintain accreditation status within the Public Health Division by successfully demonstrating excellence when evaluated against a comprehensive set of national public health standards.

The Public Health Accreditation Board (PHAB) seeks to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation. HHS' Public Health Division endeavors to maintain current PHAB accreditation status by continuing to meet the PHAB accreditation standards and focusing on the following work:

- Identifying and addressing health priorities to improve health outcomes in North Dakota's communities
- Building partnerships in the state
- Addressing training gaps and developing our workforce
- Preparing for emergencies
- Improving utilization of resources and access to funding opportunities
- Enhancing quality improvement and performance management, and
- Demonstrating accountability and transparency

PHAB's accreditation standards are grouped into 10 domains, which are aligned to the 10 Essential Public Health Services framework. Each domain is a group of standards that pertain to a broad group of public

health services. Public health department accreditation standards address a range of core public health programs and activities, including access to clinical services, community health, chronic disease prevention and control, environmental public health, governance, health education and health promotion, infectious disease, injury prevention, maternal and child health, public health emergency preparedness, public health laboratory services, vital records and health statistics and management/administration.

The Public Health Division will begin to prepare for the reaccreditation assessment in 2027 by assembling domain teams in 2024 and establishing a quarterly meeting cadence for each team. They will also identify activities/projects meeting each accreditation standard, complete the appropriate documentation for each standard and submit annual accreditation reports.

PHAB accreditation is a five-year, iterative process. By successfully achieving reaccreditation in 2022 and demonstrating a continued achievement of all the standards in 2027, the Public Health Division demonstrates adequate assurance that the range of public health services provided in the state of North Dakota meet the 10 domains of PHAB accreditation and showcases our commitment to promoting public health for all North Dakotans.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Assemble domain teams for each domain 1-10.	June	2024
Conduct documentation training with all domain teams.	October	2024
Conduct quarterly meetings with the 10 assembled Domain teams to identify projects meeting the 61 required Measures for Reaccreditation.	December	2025
Prepare and submit annual reports.	September	2026
Apply for reaccreditation readiness.	January	2027



Goal 58: The vital records unit will achieve national accreditation.

The Vital Records Unit (VRU) has three main functions, which are the registration and certification of all vital events that occur in our state, which include births, deaths, fetal deaths, marriages, divorces and induced terminations of pregnancy, and to provide statistical services based on that vital event information.

Accreditation provides a means for the Vital Records Unit (VRU) to identify performance improvement opportunities, enhance management, develop leadership, improve documentation and strengthen relationships with members of the Vital Records community. Engaging in the accreditation process will challenge the VRU to think about its roles and responsibilities and how it fulfills them. It will encourage and stimulate quality and performance improvement based on standards and measures initially developed by the National Association for Public Health Statistics and Information Systems (NAPHSIS), the national member association of state and territorial vital records office in the United States.

The VRHS accreditation program is voluntary and based on principles of quality improvement and performance management. The Public Health Division will work with the VRU to prepare for, achieve and maintain accreditation. It is also anticipated that their mutual efforts in quality improvement and performance management will result in stronger overall services to their jurisdictions.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Train and prepare for Public Health Accreditation Board (PHAB) accreditation process.	May	2024
Apply to the PHAB for accreditation.	June	2024
Submit all required documentation to PHAB for review.	February	2025
Host PHAB for site visit to document compliance with standards.	March	2025
Receive site visit report from PHAB.	April	2025
Receive final accreditation evaluation status from PHAB.	May	2025



Goal 59: Create a unified, customer-friendly resource that provides North Dakotans with streamlined access for all Health and Human Services (HHS) programs and services.

HHS aims to enhance the online experience for North Dakotans, making it easier and faster for them to access help and information. This will be achieved through improved navigation, updated content, enhanced accessibility and a modern, engaging design. Ultimately, our goal is to provide an elevated experience that meets the diverse needs of our community, fostering better service delivery, stronger community connections and increased customer satisfaction.

Key Features:

- **Mega Menu:** This new expandable navigation feature will help people find the information they need faster and more easily.
- **Unified Website:** By combining various HHS websites into one, people will have a single point of access for all programs and services, making searching simpler and more efficient.
- **Policy Manuals Migration:** Policy manuals will be easier to find and more transparent, providing better access to important information.
- **Enhanced Design & Accessibility:** The new design will include improved storytelling, clearer data presentation and key messages. It will also focus on being accessible to everyone, including those with disabilities, through Americans with Disabilities Act (ADA) compliance and user-friendly design.

Benefits to All:

- **One-Stop Access:** Instead of visiting multiple websites, everything can be found in one place.
- **Better User Experience:** A modern, seamless design will make navigating the site easier and more intuitive.
- **Improved Accessibility:** The site will be designed to meet ADA standards, making it accessible to everyone, including those with disabilities.
- **Stronger Community Connections:** The redesign aims to enhance service delivery and foster a stronger sense of community by making it easier to connect with the services you need.

- **Increased Efficiency:** With a more efficient website, people will have alternatives to in-person visits and call center support, saving time and effort.

With these improvements, HHS will monitor the metrics, to gain a comprehensive understanding of website traffic and user engagement, helping identify areas for improvement and measure the success of the design as more people turn to the online platform for their needs. We aim to create a digital space that truly serves the community, ensuring that everyone has easy access to health and human services.

The redesigned HHS website is a vital step toward making services more accessible, customer-friendly and efficient for all North Dakotans.





DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Research website technology platforms and customer support tools.	May	2024
Research funding requirements and include additional needs in budget request for 2025-2027 biennium.	August	2024
Issue Request for Proposal for website redesign work.	September	2024
Launch HHS Website Design Committee.	November	2024
Select vendor to implement redesign upgrades.	December	2024
Begin work to implement upgrades.	January	2025
Launch mega menu.	June	2025
Unify websites.	June	2025
Enhance access to policy manuals.	December	2025
Enhance ADA accessibility.	April	2026
Monitor and track metrics to measure success and identify areas for continued improvement.	May	2026



Goal 60: Support expectant families, new parents and providers by promoting valuable resources through the life.nd.gov website.

Making the transition to parenthood can be joyous, exhausting and anxiety producing. There are many different resources and tools available; however, these resources are often not available in one single location.

In August of 2023, the life.nd.gov website launched for the public. The website provides information on social services, financial assistance, parenting information, maternal and childbirth life services, planning guidance, care centers and agencies and other available public and private resources for expectant families and new parents.

To increase awareness of this valuable resource, HHS is developing a communications and media campaign. This media campaign will drive families and healthcare providers to the website. Through this marketing effort, HHS aims to increase awareness of the life.nd.gov website and the valuable information and resources that are available for expectant families and new parents by 10%.



Legislative Spotlight:

life.nd.gov was developed, at the request of the 2023 legislative assembly, as an information hub for pregnancy and parenting resources.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Procure media vendor and complete task order.	April	2024
Media planning and messaging development.	July	2024
Media planning and buying.	August	2024
Launch paid advertising.	December	2024
Deliver final report to legislature.	January	2025



Goal 61: Increase the active user adoption rate of the SPACES self-service portal.

SPACES is the technology platform that facilitates access to HHS programs, supporting more than 150,000 North Dakotans each year with their basic needs. The SPACES self-service portal (SSP) provides individuals and families the ability to apply for and manage their information necessary to receive support through the:

- Child Care Assistance Program (CCAP)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Medicaid Program
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF) Program

Self-service portals empower individuals and families by allowing them the freedom to access information and carry out tasks at their convenience. In the case of the SPACES SSP, the efficiency of documentation exchange is also a significant benefit as SSP removes the time lags that accompany physical exchange of documents through the mail or in person.

In May 2024, there were 42,158 unique user IDs associated with the SSP, which represents 37% of the 113,000+ active users. While this represents an 1,800%+ increase since Jan 2023, when 2,160 users were using SSP, we know there’s tremendous potential that comes with a steady state level of user adoption.

Understanding the significance of this portal in facilitating access to vital assistance, this project aims to transform the user experience and drive significant improvements in adoption rates. The project was informed by a comprehensive in-person usability study involving individuals seeking services and trusted partners who assist with applications.

The SPACES SSP adoption project will leverage findings from the study to implement targeted improvements that will not only streamline the user experience but also empower individuals and families to access financial assistance efficiently and effectively, improving outcomes for economic health and community well-being.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Conduct on-site usability testing with applicants to identify pain points and changes that would have high impact for users.	February	2024
Summarize findings from user testing inputs that can increase the human-centeredness of the interface design.	April	2024
Review and prioritize Human Centered Design (HCD) recommendations.	May	2024
Complete planning needed to implement prioritized HCD-oriented enhancements to SSP.	June	2024
Release SSP enhancements that focus on improved user experience.	December	2024



QSP PROVIDER ENROLLMENT PORTAL

Goal 62: Empower individuals and families in selecting qualified care providers to enhance access and choice in long term service and support options through a modernized provider enrollment process.



When an adverse event occurs, impacting a person’s ability to meet their daily care needs, they may have only a few days to decide where and from whom they will receive care. Qualified Service Providers (QSP) provide in-home and community-based services such as housekeeping and personal care tasks to eligible older adults and adults with physical disabilities who may otherwise receive their care in a skilled nursing facility. This initiative has revolutionized the QSP enrollment experience, transitioning it from a time-consuming paper-based process that took a long time to complete, to a customer-service-focused online portal. This portal aids the Home and Community Based Services (HCBS) enrollment team in swiftly enrolling providers who are prepared to serve eligible individuals in less than 14 days. Quicker provider enrollment times allow eligible individuals better access to the care they need so they can remain in their home and enjoy the benefits of community living.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Begin accepting new applications via streamlined QSP Provider Enrollment portal.	January	2024
Initiate data exchange between QSP Provider Enrollment Portal and Connect to Care ND.	May	2024
Invite existing QSPs to claim accounts in the provider enrollment portal to facilitate maintenance and recertification.	June	2024
Open the provider enrollment portal to Family Caregivers.	July	2024
Enable in-portal employee screening service for agency QSP applicants.	July	2024



Goal 63: Increase first contact call resolution and maintain high response standards for the state’s economic assistance/eligibility customer support center.

The Customer Support Center (CSC) is the first point of contact for many North Dakotans applying for Health and Human Services programs like Medicaid, the Supplemental Assistance Nutrition Program (SNAP), Child Care Assistance and the Low Income Energy Assistance Program (LIEAP). To streamline and simplify the experience for customers, HHS and Human Service Zones redesigned eligibility processes in February 2023, including moving to a state-wide call center, unified email address and new eligibility determination processes. Since implementation in February 2023, additional staff have been added to the CSC in response to increased call volume. The CSC receives approximately 38,000 calls per month and is currently staffed with a combination of contracted and seasoned zone eligibility staff.

a no wrong door approach to customer service delivery in the call center to ensure that customers receive a timely and accurate response to questions about HHS programs through a positive interaction with support center staff. To improve the customer experience, HHS is analyzing call volumes and aligning staffing to support peak call times, improving training for call center staff on HHS programs and common questions and implementing process changes for interactions with specific programs that support behavioral health needs, and transportation assistance for customers. HHS is also working towards implementation of a new call center platform to allow for more monitoring of customer service interactions and metrics to allow for additional continuous process improvement as HHS continues to improve the customer experience and refine CSC operations.

HHS has closely monitored feedback about the CSC and the current customer experience. HHS seeks to implement

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Create CSC coordinator role within HHS.	December	2024
Implementation of a holiday rotating schedule for Human Service Zone call agents.	January	2025
Complete analysis of current call agent staffing coverage to align with monthly call volume.	August	2024
Complete analysis of broad approach to staffing and process improvements to support CSC effectiveness (including SNAP-related process changes, support specialists, 1915i, transportation coordination).	November	2024
Transition to new call center platform.	November	2024
Go live of dashboard that allows easier monitoring of CSC performance.	January	2025



PROVIDER CUSTOMER SERVICE SUPPORT

Goal 64: Enhance provider enrollment to become more efficient and timelier to allow providers to focus on providing more time to the care of our Medicaid members.

Enhance and deliver a best-in-class customer experience for Medicaid providers by enhancing the current provider enrollment process.

Primary focuses will include:

- Implementation of a provider enrollment customer support call center.
- Streamlining current processes to better align with Medicare for dually enrolled providers. This will allow for more automation and less provider involvement.
- Reduce the number of barriers for providers to complete enrollment initial and revalidation applications. Implement a request for information process to outreach providers within a couple of business days of their submission to let them know what is missing.
- Continuation of enhancing the provider enrollment website, resource material, provider checklists, state forms, etc.

The above changes will allow provider enrollment to become more efficient and timelier to ensure providers are able to focus more time providing care to Medicaid members.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Implement provider enrollment customer support call center.	July	2024
Implement request for information process so providers know immediately what is missing from their submission.	July	2024
Enhance provider enrollment website.	January	2025
Finalize the streamlining of Medicare/Medicaid provider enrollment processes.	March	2025



Goal 65: Simplify the background check process to increase positive customer experience.

The HHS Criminal Background Check Unit (CBCU) provides background checks (BGC) for the purposes of adoption, childcare, child advocacy centers, foster care, guardianship of children, licensed child placement agency employment, residential facilities, shelter care employment and HHS personnel applicants.

In 2019, the CBCU transitioned from paper case files to electronic case files, which eliminated the use of an outdated access program, and manual tracking of BGC status. This transition greatly reduced time spent by CBCU staff in the overall processing and completion of BGCs.

There are still additional opportunities to improve the current BGC process which involves individuals completing electronic fillable forms, then printing the forms for submission to the CBCU. Instructions are available to guide subjects, however, there is no built-in mistake proofing. This process results in 30% of forms being rejected due to incomplete or inconsistent/conflicting information. An automated system will improve the overall experience by providing a user-friendly, simplified, error-proof process in which results are provided in a timely manner.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Issue request for proposal.	June	2024
Select vendor.	August	2024
Complete design and development of CBCU automation project.	June	2025
Go live of CBCU automation.	July	2025



ADOPTION SUBSIDIZED ADOPTION REDESIGN

Goal 66: Create pathways that give families and children the opportunity to successfully complete timely and safe adoptions.

North Dakota HHS, together with Human Service Zones, support safety, wellbeing and permanency for children in foster care. 55% of children in ND foster care have a permanency plan of reunification; 31% have a permanency plan of adoption. Catholic Charities ND (CCND) manages the adoption program contract, through the Adults Adopting Special Kids (AASK) program.

Since August 2022, Children and Family Services has been facilitating discussions with AASK and the CFS Licensing Unit to better streamline the foster care and adoption home study efforts.

Streamlining the adoption process

In August 2023, HHS assembled the formal adoption redesign process. Changes proposed through the redesign were implemented February 1, 2024.

We determined our primary customer as children in foster care who have a permanency goal that includes adoption.

Our goal is timely and safe adoption finalization with a permanent family with an ambitious target of finalization within 60 days of termination of parental rights.

Our purpose is clearly defined timelines and standards that are followed across the state, clearly defined guidelines for TPR, key stakeholders at the table to help design and implement the new processes and adoptive parents should understand the process (transparency exists about the process and the child).

The group identified four workstreams through which most of the actual work of redesign was accomplished: 1. adoption home study/foster care licensing, 2. referral process paperwork/custodial team meeting, 3. relative search/active efforts and 4. termination of parental rights.

On the Horizon

The group anticipated an implementation date of February 1, 2024, for phase one changes and that was accomplished. Data tracking regarding the fidelity to the adoption redesign changes are being developed and will be posted on the adoption redesign intranet page.

Many of the next steps, identified as phase two of the project, will rely on the upcoming replacement of the child welfare technology platform. Phase two items related to relative search have been taken on by the Zone Directors group; guidance related to the use of social media for relative search and the possibility of a unit for intensive relative search efforts (a family finder unit).



Legislative Spotlight:

The 2023 Legislative Assembly agreed with our need to offer efficiencies for foster care providers who are later asked or identified to adopt a child from foster care. SB 2080 gives preference to foster care providers, and presumes they are suitable for adoption, with custodial consent.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Implement phase one adoption redesign policies, practices, guidance and forms revision (relative search, TPR, AASK referral processes, and adoption study).	February	2024
Develop requirements for the new child welfare technology platform (OCEANS) to accommodate the redesigned subsidized adoption process.	May	2024
Complete review of NDAC and NDCC language related to subsidized adoption to identify relevant recommendations.	July	2024
Migrate HSZ adoption referred case files to SharePoint.	August	2024
Work with HSZ Directors to implement relative search strategies.	December	2024



HCBS TRAINING SYSTEM REDESIGN

Goal 67: Modernize the training system and upgrade technology that support all Medicaid home and community-based service (HCBS) providers by creating a unified learning management system and curriculum to be used by those providing services.

Ensuring that direct care and professional staff working with individuals receiving home and community-based services are properly trained is crucial for providing quality care and maintaining health and safety standards. Given the diverse range of individuals who may receive services from HHS, including adults, the elderly, those needing mental health support and individuals with disabilities, it’s essential that staff are equipped with the appropriate skills and knowledge to meet the specific needs of each group.

The current training landscape is fragmented, with sometimes conflicting or outdated resources and varying standards across HHS. Similarly, the current training platform and approach does not take advantage of recent advances in both technology platforms and opportunities for effective front line professional development.

By modernizing the training system, provider staff will be equipped with the necessary knowledge and skills to effectively support individuals receiving services. The project will redesign and re-evaluate curriculum, centralize training resources, streamline enrollment and completion procedures and provide tools service providers can use to monitor staff training and competency.

The redesigned system will serve as a centralized hub for all training materials and resources, catering to the needs of staff across various HCBS delivery models. Key components include a unified training platform, specialized modules and training materials, self-paced learning and customizable materials.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Identify core training requirements across HCBS systems.	April	2024
Select learning management system (LMS).	July	2024
Secure vendor to develop training curriculum.	August	2024
Update training policies and practices.	March	2025
Provide training to end users on new LMS.	May	2025
Implement new LMS and curriculum.	July	2025



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

At HHS, we are passionately dedicated to fostering a culture of excellence where every team member's voice is heard, every contribution is valued and everyone is empowered to make a meaningful difference. This unwavering commitment is the heartbeat of our organization and the cornerstone of our success in serving our communities.

Our inclusive approach ensures that all team members, regardless of their role, are heard and respected. We believe that every individual brings a unique perspective that enriches our services and enhances outcomes for those we serve. Excellence and empowerment begin with open and effective communication. When communication flows freely, ideas flourish, innovation thrives and team members soar to new heights. HHS is committed to:

- Prioritizing the well-being of our team through supportive work structures, leadership engagement supportive of work-life balance and peer-to-peer support opportunities.
- Investing in professional development and continuous learning opportunities that encourage team members to pursue their passions.
- Fostering a culture where innovation and cutting-edge is the organizational norm.
- Celebrating and recognizing the incredible contributions of our team through meaningful incentives.

In this environment, we transform challenges into opportunities and drive impactful change. Together, we build bridges of hope for North Dakotans, united by our dedication to excellence and the power of every voice within our team.





Goal 68: Develop a multi-level leadership academy for emerging leaders, new supervisors and seasoned managers to create a strong leadership culture.

In the pursuit of organizational growth and excellence, our mission is clear: to cultivate a dynamic leadership culture that transcends hierarchy and nurtures potential at every level. Our goal is to develop a comprehensive, multi-level Leadership Academy tailored to the needs of emerging HHS leaders, new supervisors and seasoned managers alike. At the same time, invitations will also be extended to local public health and tribal public health partners.

At the core of our vision lies the recognition that leadership is not confined to titles or tenure; rather, it is a mindset, a skill set and a commitment to continuous growth. With this understanding, our Leadership Academy will serve as a transformative platform, empowering individuals to unlock their full potential and lead with confidence, compassion and integrity.

For emerging leaders, the Academy will offer a robust curriculum designed to instill foundational leadership principles, foster critical thinking and cultivate effective communication and collaboration skills. Through interactive workshops, mentoring programs and real-world simulations, participants will embark on a journey of self-discovery and personal development, equipping them with the tools and insights needed to navigate the complexities of leadership in the modern world.

For new supervisors transitioning into their roles, the Academy will provide targeted training modules focused

on practical leadership skills, such as team building, conflict resolution, and performance management.

For seasoned managers seeking to refine their leadership approach and adapt to changing organizational dynamics, the Academy will offer advanced seminars, executive coaching and peer learning forums. Drawing upon the latest research and industry best practices, these programs will enable experienced leaders to stay ahead of the curve, inspire innovation and drive sustainable growth within their teams and across the organization.

For public health professionals, the program will create a cohesive statewide cohort of public health leaders ready to collaborate and solve public health issues across our state.

Central to our approach is the belief that leadership development is not a one-size-fits-all endeavor. Instead, it requires a tailored and inclusive approach that acknowledges the unique strengths, aspirations and challenges of everyone. By fostering a culture of continuous learning and collaboration, our Leadership Academy will serve as a catalyst for organizational excellence, driving innovation, fostering resilience and cultivating a new generation of purpose-driven leaders poised to make a lasting impact on the world.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Conduct surveys, interviews and focus groups to assess the leadership gaps, needs and desired outcomes.	July	2025
Develop a leadership competency model defining the key skills, behaviors and mindsets that align with HHS strategy and culture.	September	2025
Define learning objectives based on the competencies and design the curriculum to meet those objectives.	November	2025
Create the learning materials including presentations, case studies, e-learning modules and supporting documents.	December	2025
Launch program, including to develop a launch strategy and communication plan to build awareness and interest in the leadership development program.	February	2026



Goal 69: Advance team excellence by implementing an onboarding and knowledge transfer program to build and maintain the knowledge of all HHS Finance team members through regular and consistent trainings, which will result in continuity of services provided to North Dakotans.

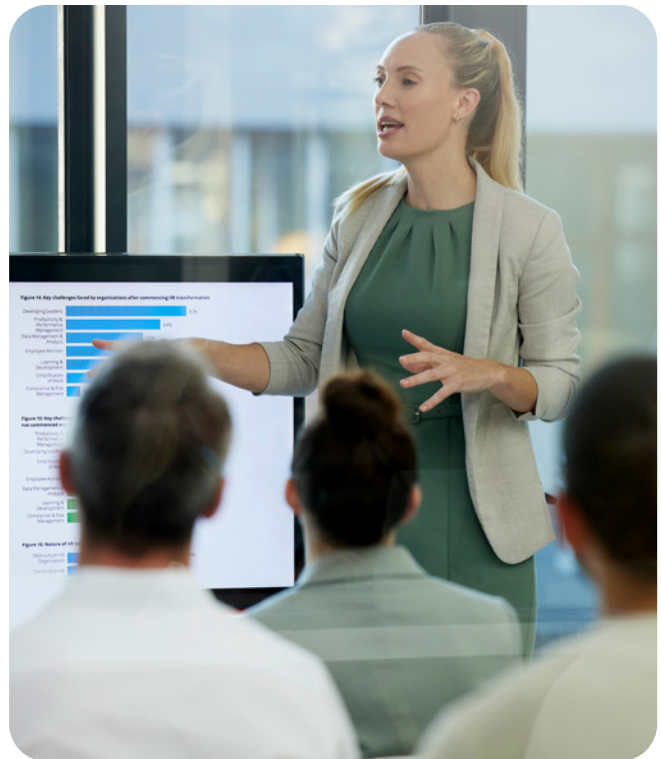
HHS strives to be the top employer among state agencies for professional accounting team members. Over the past two years, around 40% of the team members were either new to the team or new to their current roles. Additionally, 25% of the team is eligible for retirement in the next five years. To maintain excellence in managing state resources, current, new, and future team members must receive comprehensive training and preparation.

To achieve this, HHS will implement a strategic and documented onboarding plan. This plan will facilitate effective and efficient collaboration within the department and with all stakeholders. Proper onboarding ensures that new team members quickly acclimate to their roles, understand the department’s procedures, and can contribute effectively to the team’s objectives.

All team member duties need to be assessed using best practice compliance metrics. The metrics serve as benchmarks to evaluate whether the training provided is sufficient and if team members are performing at their best. Regular reviews of these compliance metrics are essential to ensure ongoing adherence to best practices and to identify areas for improvement.

It is vital to employ strategies that guarantee team members comprehend and retain all aspects of their training. These strategies will include various teaching methods and periodic assessments to reinforce learning. Moreover, maintaining thorough documentation is

critical, providing team members with a reliable reference to support their tasks and responsibilities. This approach ensures that all team members have access to the information they need to perform their roles effectively and uphold the high standards expected by HHS.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Identify best practice compliance metrics.	December	2024
Complete comprehensive onboarding plan.	March	2025
Review and standardize job descriptions and set role performance metrics.	May	2025
Review, align and document standard operations for key annual finance events.	July	2025



MEDICAL RESERVE CORP LEADERSHIP DEVELOPMENT

Goal 70: Increase Medical Reserve Corp Capacity.

The Medical Reserve Corp is comprised of medical professionals that have registered to become part of an emergency response resource when called upon. The entire database has been solicited for interest in participation in additional training to become leaders in the field during an emergency. Those that have expressed interest attend additional training offered by the Emergency Preparedness and Response Unit. Through the knowledge gained during the training, these individuals will become leaders in setting up assets from the State Medical Cache. They will be able to coordinate teams of volunteers/responders through the proper set up and operational procedures for emergency medical equipment from the State Medical Cache during an emergency. Continuous training sessions are being conducted with Medical Reserve Corp (MRC) volunteers to cultivate informed and skilled leadership within the realm of emergency response. These sessions aim to equip 50 MRC members with the necessary knowledge and expertise to effectively lead in various health and medical emergency scenarios such as setup and operation of medical shelters, patient evacuation and transportation, setup of the states Mobile Medical Unit and operation of mobile heating and airequipment. By providing ongoing training opportunities, we ensure that our volunteers stay up to date with the latest protocols, techniques and best practices, thereby enhancing their capacity to respond swiftly and decisively with equipment from the State Medical Cache during crisis. This commitment to ongoing education fosters a strong

and capable cadre of leaders who are prepared to handle the challenges of emergency response with confidence and competence. These 50 MRC volunteers will receive eight-hours of training monthly over a period of 12 months. The volunteers will receive an honorarium and reimbursement of travel expenses in exchange for their participation at the Bismarck location. We will also be creating a website/communications page for on-going messaging and announcements to keep this group involved in the mission.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Recruit Medical Reserve Corp.	June	2024
Conduct first 8-hour training.	September	2024
Conduct exercise to test skills.	November	2024
Prepare on-going MRC messaging.	December	2024
MRC webpage is live.	January	2025



Goal 71: Increase team member engagement and retention through an enhanced focus on team member growth and development, recognition and performance.

HHS is committed to the well-being of our employees. Recognizing the crucial role of employee engagement in fostering a culture of excellence and service, the department will create a strategy that will not only embrace feedback but also inspire a collective commitment to growth and collaboration.

HHS has participated in the Gallup Employee Engagement survey for the last three years. Significant growth in participation occurred from 2022 to 2023, with almost a 15% increase. Elements within the Gallup Employee Engagement survey that are key for HHS and signify a strong culture include:

- Knowing what’s expected of you at work.
- Having the tools to do your job well.
- Receiving recognition and praise.
- Knowing that someone at work cares about you as a person.
- Having a voice and that your opinions count.
- Opportunities for learning and development.
- Peers who care about doing quality work; and
- Receiving feedback about your work regularly.

Armed with insights from the survey and through partnership with an external consulting firm, our leadership team will develop a culture of engagement by implementing the following strategies:

- Rewards and recognition
- Increasing team culture and engagement
- Division-specific engagement plans (Business and Program)
- Employee committees
- Professional and personal development planning
- Leadership development
- Performance management



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Engage a vendor to develop a culture and engagement strategy.	July	2024
Hire talent management specialist.	July	2024
Launch Gallup Survey implementation.	October	2024
Launch a new leadership development program.	July	2025



WORKFORCE DEVELOPMENT PLAN AND ANNUAL TRAINING PLAN

Goal 72: Strategically support the development of a competent, multi-disciplinary public health workforce by developing a Workforce Development Plan for the PHD’s team members.

HHS’ Public Health Division (PHD) aims to identify current and future public health workforce needs and develop a Workforce Development (WFD) Plan to address training gaps, to recruit, train and retain individuals in public health roles, and to strengthen our organizational culture.

Three survey tools will be used to build the PHD’s Workforce Development (WFD) Plan, including the:

1. National Public Health Workforce Infrastructure and Needs Survey (PH WINS)
2. Gallup Employee Engagement Survey
3. Qualtrix internal training needs surveys for team members and the PHD leadership team

The results of these surveys not only inform the WFD plan, but also serve as a blueprint for the quarterly themed-training series developed for 2024 and the workforce strategy plan for 2025.

Due to the impact the results of these surveys have on workforce development in the Public Health Division, it is crucial to increase survey participation rates. In the

September 2024 PH WINS, we aim to increase the Public Health Division’s team member participation rate by 5-10% compared to the 2021 PH WINS rate. We also aim to increase the participation rate in our internal surveys by 5-10% within the next year.

A workforce development workgroup has been assembled and will assess the current workforce environment. This will include a review of the workforce capacity, capabilities, culture and well-being, assessment of current and future training needs, setting priorities and developing the WFD plan. Once developed, the WFD plan will be implemented, tracked, reviewed and adapted as necessary.

Investing in our Public Health Division’s team members provides opportunities to increase the quality of services, maximize organizational performance, enhance workplace culture, improve recruitment and retention rates, increase employee satisfaction and allow for the agency to adapt and change. Each team member’s insights and active participation are crucial in building a robust and adaptable public health workforce as we shape our division’s future together!

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Enable in-portal employee screening service for agency QSP applicants.	December	2024
Identify key training gaps during Workforce Strategy meeting with Public Health Division leadership team.	April	2024
Survey Senior Leadership team of Public Health Division to identify specific training needs.	August	2024
Demonstrate increased PHD team member participation rate in PH WINS survey.	October	2024
Demonstrate increased PHD team member participation rate for internal training needs survey.	December	2024
Deliver monthly training based on quarterly themes informed by PHD team member and leadership survey results.	December	2025



Goal 73: Promote workforce stability, growth and development through the establishment of a career ladder within the Public Health Division.

Career ladders provide a structured framework that benefits not only individual employees but also contributes to a thriving workforce and organizational success. Career ladders benefit both employers and

employees by providing clear growth paths, fostering employee development, enhancing talent acquisition, creating a positive work culture, and boosting engagement and productivity.

DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Convene cross-sector group with other programs/teams that are developing projects that align with career ladder frameworks as to not duplicate efforts (e.g., Human Resources Talent Acquisition).	July	2024
Identify core planning team.	August	2024
Determine career ladder framework.	December	2024
Apply for technical assistance through the Public Health Infrastructure Grant (PHIG).	January	2025
Development of framework.	December	2025
Implementation of career ladder.	December	2026





WORKFORCE OF EXCELLENCE

Goal 74: Generate a sustainable workforce that can meet the changing needs of North Dakotans through smart acquisition, team member development and retention, and a culture of wellbeing.

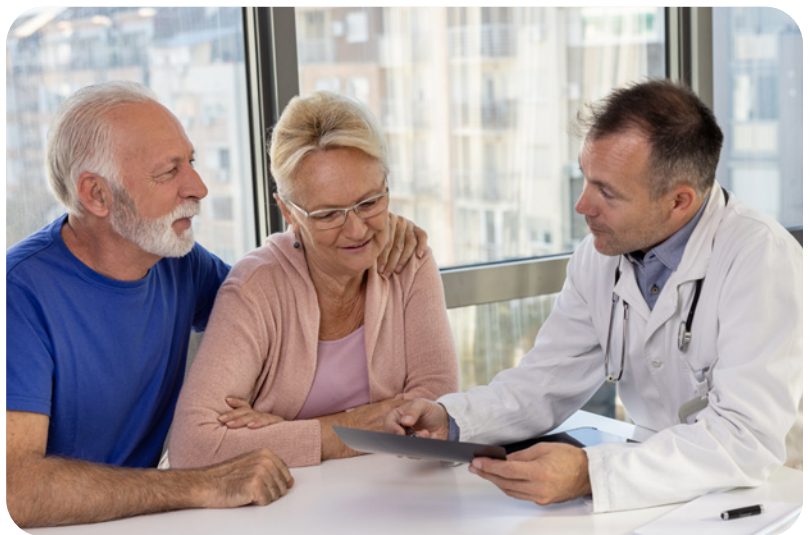
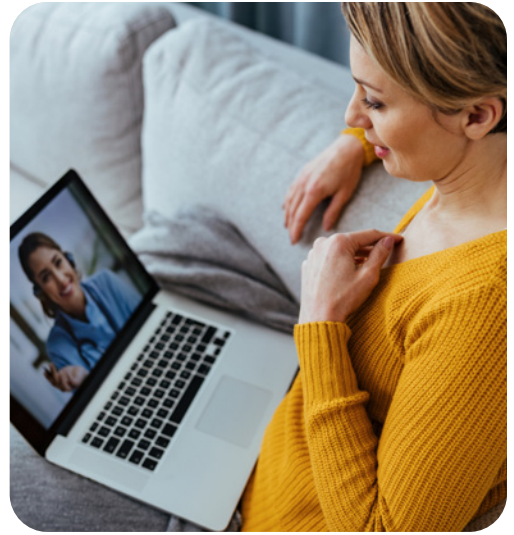
We are experiencing a national and statewide healthcare workforce shortage. North Dakota has had an unemployment rate below 3% for more than a year and the lowest in the country for many months. There are 2-3 jobs for every person seeking employment and the state’s workforce participation rate is the second highest in the country at nearly 70%. There simply are not enough people in North Dakota to fill our vacancies. Furthermore, nearly 6% of HHS team members are eligible for retirement today with another 5% not far behind. HHS has more than 250 open positions and turnover above 10%.

To meet the growing demand for services, HHS must increase the speed and effectiveness of hiring, reduce first-year turnover, prepare for numerous retirements and strengthen the resilience of team members.

Gallup research shows that the projects identified will lead HHS to its goal – a workforce that can meet the needs of evolving North Dakotans. Talent acquisition focuses on the candidate experience and skilled hiring managers is key to filling vacancies effectively. A strong, comprehensive onboarding significantly increases the likelihood that a new hire will stay past the first year. Identifying and developing high performers not only increases retention, it future-proofs the agency. And across the generations and employee tenure, a culture of wellbeing is essential to retention and productivity.



DELIVERABLES	TARGET COMPLETION DATE:	
	MONTH	YEAR
Develop targeted hiring manager training; offer to all HHS people managers.	October	2024
Enhance manager toolkit to include automation of interview scoring process; introduce and train all HHS people managers.	December	2024
Create succession planning philosophy, model and playbook; roll out to all HHS people managers.	June	2025





HHS VISION

North Dakota is the healthiest state in the nation.





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