



SB2012

Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

HHS Introduction to Detailed Budget Reviews | Jan. 26, 2023
HHS Commissioner Chris Jones



Health & Human Services

#1

Cite the North Dakota Century Code chapter(s) associated with the agency and list its major statutory responsibilities

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

- Public Health
- Behavioral Health
- Medical Services
- Human Services
- Finance
- Human Resources
- Communications
- Legal
- Operations (Deputy Commissioner)

- Chapter 19-24.1: Medical Marijuana
- Various chapters in Title 23: Health and Safety
- Various chapters in Title 25: Mental and Physical Illness of Disability
- Various chapters in Title 50: Public Welfare
- ND Food and Cosmetic Act 19-02.1: Food and Lodging unit

#2

Purpose of agency divisions, including
organizational chart

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

We'll focus on three actions to accomplish this:

Invest in the
FOUNDATIONS
of well-being



Economic
Health



Behavioral
Health



Physical
Health

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



Strong, Stable
Families



Services Closer
to Home



Early Childhood
Experiences

Efficiency
Through
Redesign

High-
Performing
Team

Give everyone the
OPPORTUNITY to
decide to:



Be Healthy



Be Active

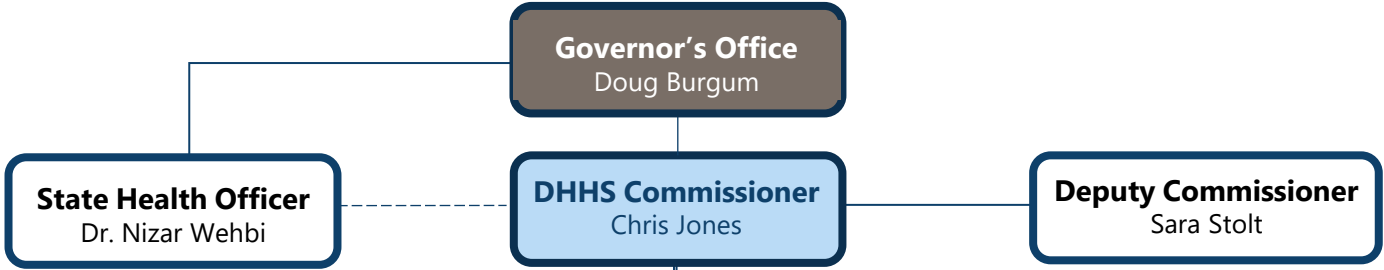


Find & Prevent
Disease Early

North Dakota Department of Health & Human Services

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

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



Executive Director Public Health
Dirk Wilke

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

Executive Director Medical Services
Krista Fremming, Interim

- Medicaid

Executive Director Behavioral Health
Pamela Sagness

- Human Service Centers
- State Hospital
- Behavioral Health Policy

Executive Director Human Services
Jessica Thomasson

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

Chief Financial Officer
Arnold Strebe

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

Chief Human Resources Officer
Marcie Wuitschick

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

Chief Communications Officer
Lynn Bargmann

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

Chief Legal Officer
Jon Alm

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

#3

Financial audit findings and actions

SFY21 Audit of DHS

Findings and Programmatic Recommendations

CHILD CARE

- Child Care Correction Orders Not Resolved. Improve procedures to ensure child care correction orders are resolved at the end of each allowed correction period. *New database was implemented August 2022, notifies when a reinspection is needed and escalates if not performed*

CHILD PROTECTION SERVICES

- Failure to timely contact suspected victims of child abuse and neglect. Ensure timely face-to-face contact with suspected victims of child abuse and neglect. *Requesting additional FTE in legislative session*

BEHAVIORAL HEALTH

- SUD Voucher Income Verification. Obtain acceptable documentation to verify income and expenses. *New system implemented that requires specific income verifications.*
- SUD Voucher Recipients also Approved for Medicaid. Implement procedures to verify and track individuals approved for SUD Vouchers that are also approved for Medicaid. *Hired an FTE to track and updated process was implemented in July 2021*

OTHER RESULTS

- Financial errors. Strengthen procedures surrounding the CAFR reporting process to ensure accurate amounts are reported to the Office of Management and Budget. *Continued collaboration with OMB and SAO.*
- Medicaid drug rebate system errors. Strengthen controls surrounding the Drug Rebate and Analysis Management System (DRAMS) to ensure receivables balances are properly calculated and interest is properly calculated for overdue drug rebate balances. *System updates in process*

SFY21 Audit of DHS

Findings and Programmatic Recommendations

OTHER RESULTS CONTINUED:

- Nonexempt Employee Payroll. Ensure proper payment and accurate and detailed compensation policies. *DHS disagreed with the recommendation that payments were incorrectly made, Policy document was modified to reflect actual practice.*
- Performance Bonus Noncompliance. Ensure compliance with performance bonus program requirements outlined in NDCC. *DHS disagreed with the recommendation. Bonuses were offered to employees working excessive hours in our two 24-hour facilities and the Department needed to compensate that work.*

#4

- Current biennium accomplishments and challenges
- Next biennium goals and plans will be covered in section's budget detail testimony to follow

HHS key accomplishments

Supported state's workforce with investments in child care infrastructure and increased qualifying income levels for Child Care Assistance Program.

Partnered with the Great Plains Tribal Leaders Health Board (GPTLHB) to implement the Cappa Health 360 platform, which provides individualized and culturally adapted chronic disease management and prevention programs.

Launched a mental health program directory to help North Dakotans better locate and access mental health resources was launched by HHS.

Launched new Children in Need of Services Team to divert children and youth from juvenile justice system and foster care, and connect children and families to support in communities.



HHS key accomplishments

Launched workforce incentive grants for agency and individual direct care professionals to expand access to in-home and community care services for people with disabilities.

Launched the Help for Homeowners program to support financial stability of homeowners who are struggling to pay their mortgage and other related housing costs.

Helped over 100 North Dakotans with disabilities move from institutions to homes in the community with support exceeding the two-year transition benchmark required in a settlement agreement with the Department of Justice.



HHS key accomplishments

Worked to expand Medicaid health care coverage from 60 days to 12 months for new moms after pregnancy.

Continued to support quality early learning experiences and school readiness by funding multiple rounds of “Best in Class” grants to programs serving children the year before kindergarten.

Collaborated with Governor Burgum and First Lady Kathryn Burgum who hosted the **sixth Recovery Reinvented event**.



#5

Compare the agency's request / recommendation totals, including full-time equivalent (FTE) positions, for the next biennium compared to the current biennium

Agency team member statistics

2500 + full-time team members

267 number of vacancies

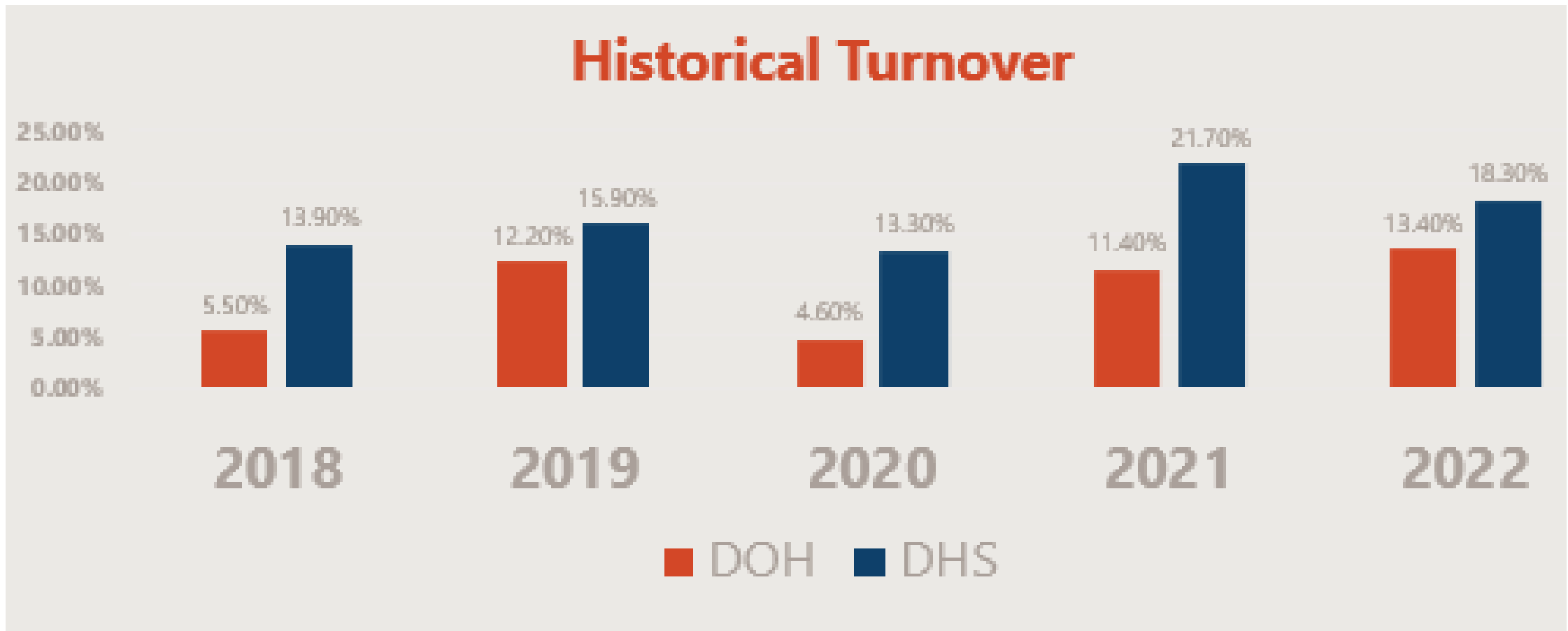
\$59k average annual salary

46 average age

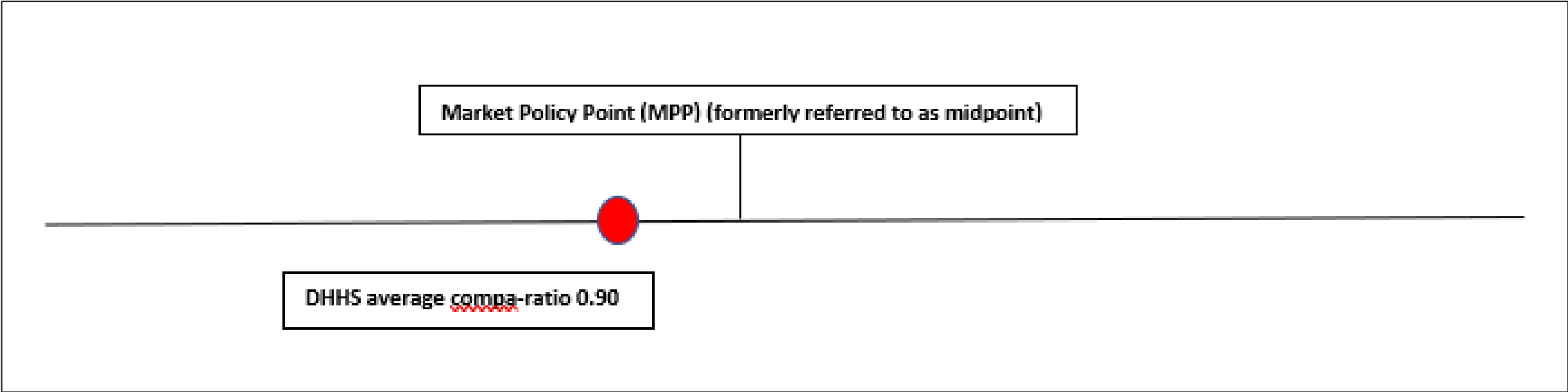
11 average years of service

214 retirement-eligible

Five-year turnover history

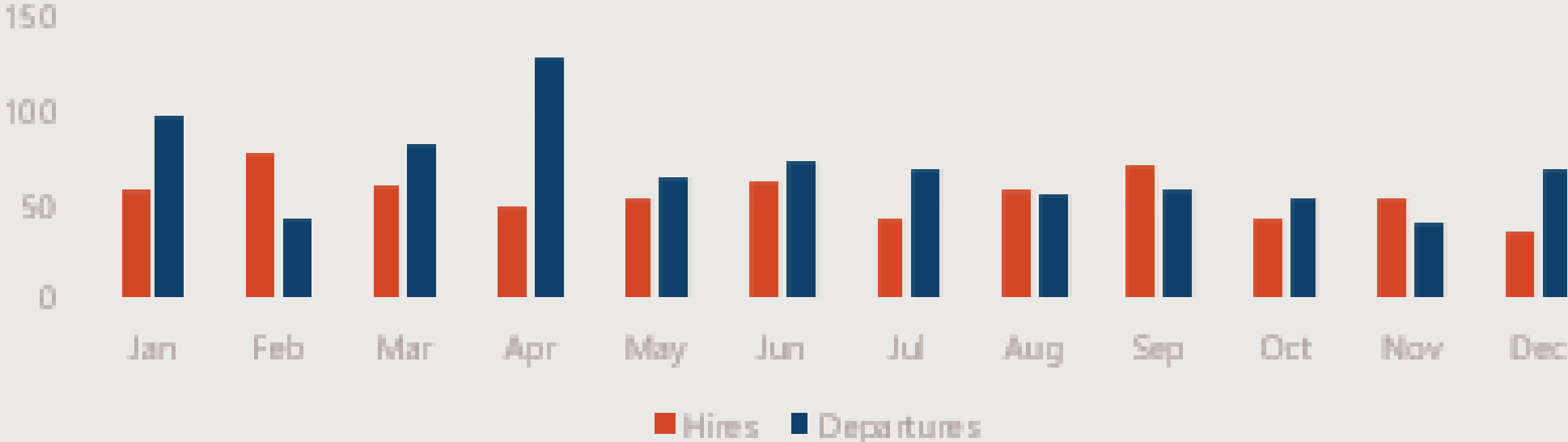


Compensation overall is below market



Vacancy rates

ND Department of Health & Human Services
Hires & Departures - 2022



#9

Agency collections that are deposited in the general fund or a special fund, and any anticipated changes from 2021 legislative session estimates during the 2021-23 biennium and estimated changes for the 2023-25 biennium

Human Service Center collections

2021-2023

\$26.7M

2023-2025

\$14.8M

#13

Comparison of agency major requests to those recommended in the executive budget

HHS decision packages

See HHS decision packages (handout) submitted to OMB as Executive Budget Recommendation

Department of Health and Human Services 2023-2025 OMB Submission and Executive Budget Recommendation Decision Packages by Rank and Description

Governor added budget items
Fully funded budget items
Partially or differently funded budget items
Unfunded budget items

Decision Packages	To OMB				Executive Budget Recommendation				
	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Special (23-25)	Sum of FTE	Sum of Total (23-25)	Sum of General (23-25)	Sum of Special (23-25)	
3 Crisis Support Services	27.0	12,841,658	12,841,658	-	21.0	11,518,400	11,518,400	-	
31 Crisis Services - Behavioral Modification Specialist	1.0	179,240	179,240	-	-	-	-	-	
Contract for General Physician position 24x 7 crisis services Statewide	-	142,000	142,000	-	-	142,000	142,000	-	
Contract for nursing for CRU's 24x7 crisis services Statewide	-	2,080,000	2,080,000	-	-	2,080,000	2,080,000	-	
Contract for clinical psychiatric 24x7 crisis services Statewide	-	3,479,500	3,479,500	-	-	3,479,500	3,479,500	-	
Expand Mobile Crisis Services Statewide	9.0	2,059,941	2,059,941	-	4.00	1,115,095	1,115,095	-	
LocumTenens contract cost changes	-	2,475,000	2,475,000	-	-	2,475,000	2,475,000	-	
NH Registered Nurse for Crisis Residential	1.0	194,500	194,500	-	1.00	194,500	194,500	-	
Peer Support Specialists (current temp)	16.0	1,966,475	1,966,475	-	16.00	1,966,475	1,966,475	-	
4 Home & Community Based care FOR ADULT POP MEMBERS (DC)	28.2	18,832,796	10,349,289	1,074,233	1,876,268	14.2	14,836,103	8,936,239	2,331,965
Adult Foster Care Rate (HCR55)	-	92,000	92,000	-	-	92,000	92,000	-	
Adult Foster Care Rate (HCR55) risk	-	1,536,672	779,605	779,777	-	1,536,674	779,607	779,607	
Bed hold days for Res. Halls and Comm. Supports (HCR54)	-	851,000	851,000	-	-	851,000	851,000	-	
Companionship Services (SPSD & HCR42) (HCR54)	-	182,910	86,882	96,028	-	182,910	86,882	96,028	
DDI Care Worker	1.0	280,000	280,000	-	1.00	280,000	280,000	-	
Family Home Care Rate (HCR56)	-	6,340,000	6,340,000	-	-	6,340,000	6,340,000	-	
HCR55 case mgmt to support increased volume in HCR55	12.0	2,432,980	-	-	2,002,980	10.00	2,450,289	-	
HCR55 Generalists	2.0	480,048	194,024	194,024	-	1.00	150,943	75,170	
HCR55 Service Navigators	4.0	187,600	93,800	93,800	-	2.00	150,943	75,170	
Increase Personal Benefit Allowance	-	8,496,800	1,818,100	1,536,700	-	8,496,800	1,818,100	1,536,700	
Increased access to HCR55 services thru addition of ODPs (using H02 FTE pool)	9.0	1,129,176	-	981,466	145,272	-	-	-	
Institute a base rate for Personal care services (HCR58)	-	100,000	100,000	-	-	100,000	100,000	-	
Strategic Conns partner to strategic agency initiatives (HCR5,DDI/month)	1.0	255,454	255,454	-	-	-	-	-	
5 Required	-	25,188,617	61,214,758	(20,897,940)	(14,330,201)	-	38,628,141	(20,897,940)	(14,330,201)
Funding for base community beh health svc delivered thru HCR4	-	13,118,475	47,429,290	(20,497,940)	(14,503,875)	-	44,200,815	(20,497,940)	(14,503,875)
Funding for safety net beh health svc delivered by State hospitals*	-	11,969,142	13,995,468	-	-	-	1,827,326	-	(1,827,326)
6 Community Based Behavioral Health svc & support	12.00	4,798,729	4,514,658	284,068	300,000	30.50	3,299,794	1,799,794	-
24/7 Navigators	2.0	294,027	322,026	322,026	-	1.00	321,764	321,764	-
24/7 Service Navigator	1.0	189,272	189,272	-	-	-	-	-	
Family Peer Support (First Episode Psychosis program)	4.0	489,584	489,584	-	-	-	-	-	
LH Behavioral Health FTE Temp to FTE	2.0	117,458	117,458	-	-	-	-	-	
Mental Health Specialist	1.0	182,642	-	182,642	-	-	-	-	
NH Behavioral Health FTE Temp to FTE	1.0	118,200	118,200	-	1.00	118,200	118,200	-	
NH Behavioral Health FTE Temp to FTE	8.0	146,876	146,876	-	4.00	321,270	321,270	-	
NH Medication Aide - Temp convert to FTE	1.0	44,628	44,628	-	-	-	-	-	
Pregnant Parenting Women Residential (occupancy/superwrtg) Special to NH Funds	-	1,000,000	1,000,000	-	-	1,000,000	1,000,000	-	
Professional Recruiter Contract, focus on NH needs	-	200,000	200,000	-	-	-	-	-	
SC Behavioral Health FTE Temp to FTE	5.0	238,942	238,942	-	2.00	85,578	85,578	-	
SE Temp converted to FTE Temp to FTE	39.5	416,186	416,186	-	39.00	893,611	893,611	-	
SUD Team FTE	1.0	174,402	174,402	-	-	-	-	-	
SUD/Resouche Processor FTE	1.0	94,674	94,674	-	1.00	94,674	94,674	-	
Tobacco Treatment Svc Expansion / NDOO Grant to NH Pharmacies	-	500,000	500,000	-	-	500,000	500,000	-	
WT Direct Care Associates (DCA) - Temp converted to FTE (new 7 full should be)	5.0	284,720	284,720	-	1.00	284,720	284,720	-	
8 Addressing Basic Needs of North Dakota - IDDP	-	15,172,185	15,172,185	-	-	3,496,388	3,496,388	-	
Shifting IDDP resources from child welfare to TANF-elig family supports	-	15,172,185	15,172,185	-	-	7,496,388	7,496,388	-	
9 Child Health, Safety and Well-Being	5.2	7,897,112	7,896,950	296,182	306,000	6.00	4,252,120	2,747,790	184,420
CAC Child advocacy center of ND	-	4,121,588	4,121,588	-	-	1,000,000	1,000,000	-	
Community Health Specialist (Childhood/Adult Obesity Prevention)	1.0	281,800	281,800	-	-	-	-	-	
Emergency Medical Services for Children Grant	1.0	11,670	-	11,670	-	-	-	-	
Funding for safe Haven / Safe Parenting Stays/Exchanges	-	1,775,000	1,775,000	-	-	-	-	-	
Mandated-related service infrastructure for maternal/infant health	8.0	557,034	557,034	278,512	-	-	-	-	
Unlicensed Relative caregiver assistance	-	940,000	940,000	-	-	940,000	940,000	-	
Youth Vaping and Nicotine Prevention Program	-	300,000	300,000	-	-	300,000	300,000	-	
Early Intervention Team	-	-	-	-	2.00	388,840	184,420	184,420	
Child Protection and Response Team	-	-	-	-	4.00	1,000,280	1,000,280	-	
7 Addressing Basic Needs of North Dakota - HEALTH INS / MA	-	42,788,328	22,736,117	20,018,209	-	-	15,196,794	7,875,070	7,320,664

#14

Identify the purpose and amount of federal state fiscal recovery funding appropriated to the agency during the November 2021 special legislative session, the amount of funds spent to date, the timeline for obligating and spending the remaining funds and any amounts that will not be obligated by Dec. 2024.

State fiscal relief funding

STATE FISCAL RELIEF FUNDING (AUTHORIZED BY THE AMERICAN RESCUE PLAN ACT)

	Budget Amount	Spent as of Dec. 2022	Remaining
SB 2345 Recruitment and Retention Grants	\$ 2,500,000	\$ 891,000	\$ 1,609,000
SB 2345 Long Term Care lost revenue grants	25,000,000	25,000,000	-
SB 2345 State Hospital Nursing Staff Retention	350,000	350,000	-
SB 2345 PHE Unwinding	5,000,000	264,000	4,736,000
SB 2345 Child Care Assistance Programs	17,000,000	1,871,000	15,129,000
SB 2345 Community Behavioral Health - Free Through Recovery and Community Connect	4,000,000	257,000	3,743,000
SB 2345 Additional Funding for SUD Voucher Grant	3,000,000	-	3,000,000
SB 2345 Alternative to Abortion Grants	1,500,000	948,000	552,000
	\$ 58,350,000	\$ 29,581,000	\$ 28,769,000

These questions will be answered as part of each section's detailed budget testimony

6. Explain the funding included in each program/line item either in total or by division depending on the size of the agency.
7. Discuss the purpose and use of any one-time funding items for the current biennium.
8. Identify and justify the need for any one-time funding being requested/recommended.
10. Discuss the need for any other sections that are included or are requested/recommended to be included in the agency appropriation bill.
11. Discuss any other bills being considered by the Legislative Assembly and their potential budgetary impact on the agency.
12. Provide a one-page itemized listing of the changes your agency is requesting the committee to make to the executive recommendation.
15. Identify the amount of federal funding available to your agency for the 2023-25 biennium, the purpose of the funding, federal deadlines for spending the funds, and your agency's plan for spending the funds.



Contact information

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