



DAY 1 QUICK START GUIDE

North Dakota Health and Human Services



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NOTE FROM THE COMMISSIONER

When the North Dakota House and Senate passed HB1247, and Gov. Burgum signed it on April 28, 2021, they created a great opportunity for our agencies and the people of North Dakota. Creating one unified, Better Together health and human services team on Sept. 1, 2022, will streamline and strengthen programs and services for North Dakotans.

Today, we have two agencies with multiple citizen, provider and partner touchpoints, and various processes, systems and tools. Our two teams have a long history of working together to serve citizens. The integration will align and leverage our combined team's knowledge, expertise, and resources. This transformative change will support collaboration and will create new levels of flexibility so that we can deliver quality, effective, and efficient health and human services.

While Health and Human Services will exist as a unified agency on Sept. 1, 2022, Sept. 1 is not an end date – rather, it's the beginning of our HHS team's story. I am thrilled to serve as your Commissioner as we navigate this next chapter together. Thank you for your ongoing commitment and dedication to North Dakotans and for your continued participation in our journey toward one team HHS.

Chris Jones
HHS Commissioner

PURPOSE OF THE DAY 1 QUICK START GUIDE

The Day 1 Quick Start Guide (QSG) is one of the primary resources that all HHS team members may reference to understand how the integration of the Department of Health (DoH) and Department of Human Services (DHS) will impact team members' day-to-day job functions. The goals of the Day 1 QSG are to:

1. Provide HHS team members with clarity around the key objectives of the integration
2. Showcase the key functions and operating models of each Division, including how each Division contributes to the overall success of HHS
3. Spotlight important-to-know HHS policies and processes
4. Create an accessible, easy-to-understand resource for team members to quickly address inquiries or questions related to the integration

As Health and Human Services, we are **Better Together**, one united team with a shared passion for service. We hope you find the Day 1 Quick Start Guide to be a useful resource as we navigate our shared path forward in transforming how we provide health and human services for all North Dakotans.



WHAT'S DRIVING THE INTEGRATION?

At the core of the integration is our mission to transform health and human services for North Dakotans. Our new integrated agency structure will allow HHS to:

- ✓ Own and lead strategic policy direction statewide
- ✓ Achieve operational excellence
- ✓ Build a high-performing Better Together team
- ✓ Lead state agencies in implementing an innovative organizational design

Together, we will learn from our past to build one collective future full of opportunity for team members and North Dakotans.

INTEGRATION GUIDING PRINCIPLE AND GOALS	
<i>North Dakota becomes the healthiest state in the nation by reinforcing the foundations of well-being</i>	
INTEGRATION GOALS	EXAMPLE OBJECTIVES
1. Deliver one streamlined path to quality and equitable programs and services	1. <i>Simplify the customer journey to HHS programs</i>
2. Continue to improve quality, effective and efficient health and human services	2. <i>Improve timeliness and access to services</i>
3. Create career growth and development opportunities for team members and build a new one-team culture	3. <i>Define an agreed-upon culture; create the foundation for a workplace that honors autonomy and empowers individuals to contribute</i>

Figure 1: HHS Integration Guiding Principles

DEFINING THE HHS CULTURE

Throughout our Integration journey, we've used feedback tools like our Culture Survey and focus group sessions to hear from team members about how we should define our HHS culture. The results were energizing – we confirmed just how much team members across DoH and DHS have in common! These shared values are reflected in the HHS Culture Wheel and Key Behaviors described below.

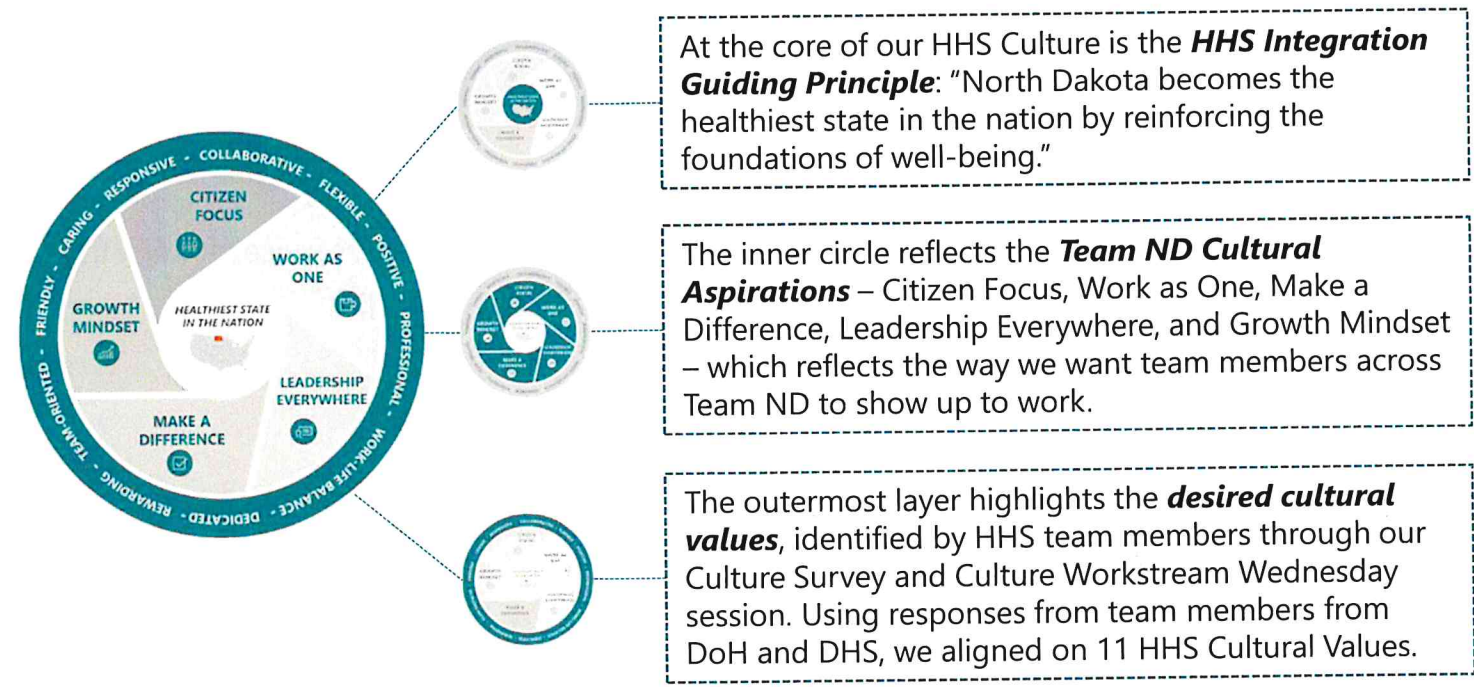


Figure 2: HHS Culture Wheel

Culture Key Behaviors

Our key behaviors build off our **HHS Integration Guiding Principle, Team ND Cultural Aspirations, and cultural values**, demonstrating how we want HHS team members to show up to work.



Figure 3: HHS Culture Key Behaviors



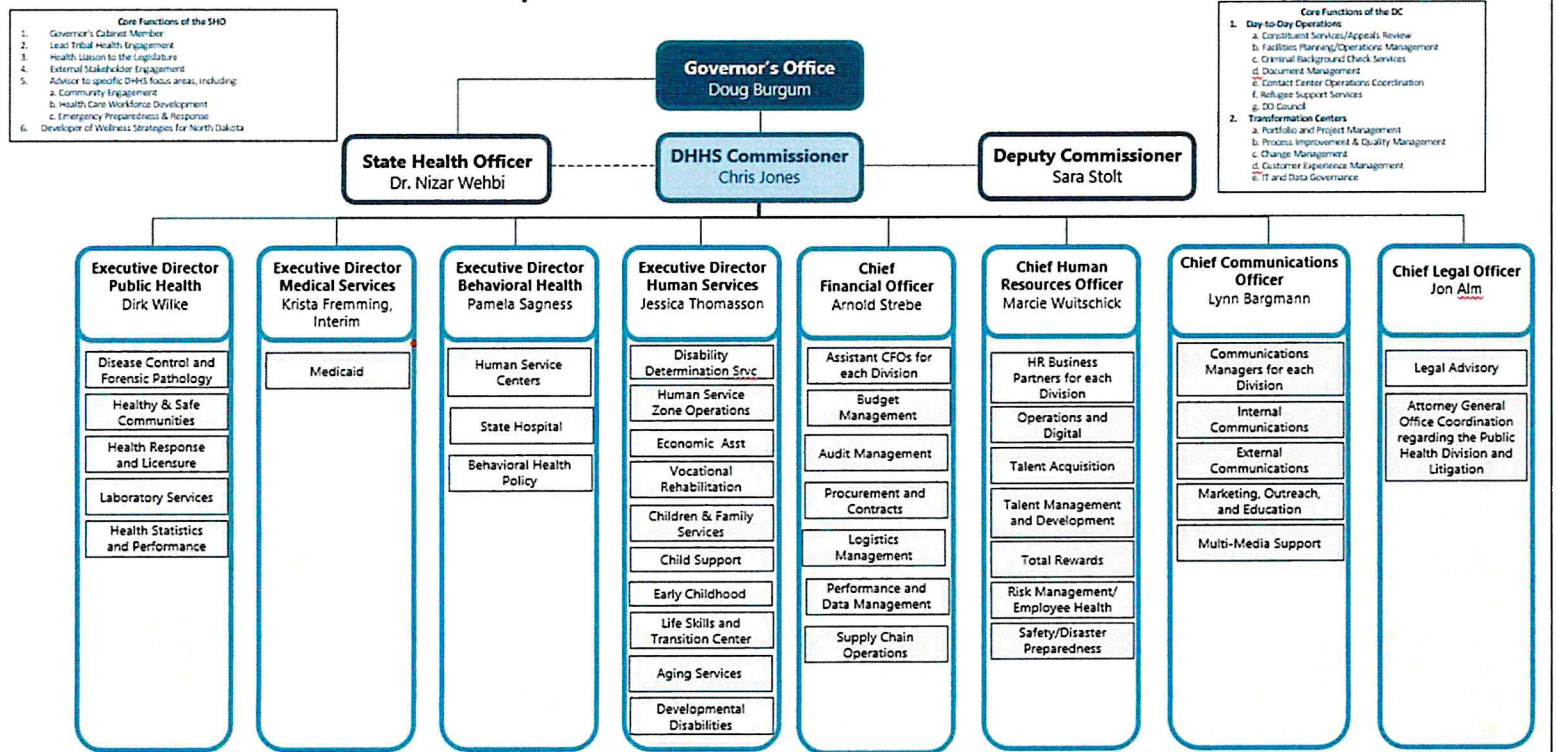
HHS LEADERSHIP

HHS Leadership Team

The unified HHS structure reflects the long history of partnership between the DoH and DHS teams. The Executive Leadership Team was built intentionally to emphasize the strengths of each agency and is better aligned to support you, our team members, as we transform health and human services! Together we will:

- ✓ **Leverage our strengths.** Draw on the best practices from each agency.
- ✓ **Add more value.** Prioritize efficiency when determining how to meet citizen needs.
- ✓ **Embrace innovation.** Use the integration to improve processes and/or functions.

North Dakota Department of Health & Human Services



Please note: The boxes under each of the Green divisions indicate future state functions, not sections. The functions outlined here may not all be operational by 9/1/22.

CHRIS JONES, COMMISSIONER

Previously appointed by Governor Doug Burgum to serve as the Executive Director of DHS in February 2017, Chris Jones will now lead the unified Health and Human Services as the agency's Commissioner, effective Sept. 1. In his role as Commissioner, Jones will oversee all Divisions within HHS.



Jones brings extensive experience in health service operations, strategy, technology and consulting to the role of HHS Commissioner. He previously was a division senior vice president of strategy and business development for Catholic Health Initiatives (CHI).

A graduate of Bismarck Century High School, Jones earned his undergraduate degrees in health care administration and Scandinavian studies from Concordia College in Moorhead, Minn., and his MBA from the University of St. Thomas in Minneapolis.

Prior to his role as CHI senior vice president, he spent several years as a manager, director, and analyst in CHI's Strategy and Business Development function and worked as a consultant for Allina Health System and Vizient.

Jones has been active in community health, serving as a board member of the Bismarck Cancer Center and Bismarck-Mandan Face It Together, an initiative that engages various stakeholders and sectors to fight drug and alcohol addiction. He also chaired the Bismarck-Mandan Chamber of Commerce's subcommittee on behavioral health.

Health and Human Services is the state's largest agency in terms of both budget and employees, operating eight regional human service centers, as well as the Life Skills and Transition Center in Grafton and the State Hospital in Jamestown.

Services provided by HHS include disease control, health response and licensure, aging services, behavioral health services, children and family services, developmental disability services, child support, economic assistance, medical services, and vocational rehabilitation.

COMMISSIONER: KEY RESPONSIBILITIES

- ✓ **HHS Executive Team:** Leads the HHS Executive Team to advise, support the divisions, and advocate for the HHS mission, vision, and goals
- ✓ **Governor's Cabinet:** Serves as an appointed member of the Governor's Cabinet, including collaborating and partnering with other cabinet members to advance the mission of HHS
- ✓ **Other External Stakeholders:** Provides continuous and ongoing interaction with external stakeholders to support the state's health and wellness vision and goals
- ✓ **North Dakotans:** Serves North Dakotans by overseeing the provision of quality, efficient, and effective health and human services that improve the lives of people

DR. NIZAR WEHBI, STATE HEALTH OFFICER

As North Dakota's State Health Officer, Dr. Wehbi will provide the strategic vision, collaboration, and leadership to protect and improve the health and well-being of all North Dakotans, spanning from health promotion and disease prevention through service delivery. Dr. Wehbi will continue to provide expertise on health topics to the legislature, Governor, and interagency partners.









He began his career in clinical medicine caring for patients, and later, as an instructor of surgery at UNMC, he joined a research team to identify biomarkers for early detection and risk assessment of bladder and prostate cancers.

In addition to his medical degree, Dr. Wehbi has a master's degree in public health and an MBA from the University of Nebraska. He also holds a graduate certificate in quality, patient safety, and outcomes research from the Johns Hopkins Bloomberg School of Public Health. He is a fellow of the American College of Healthcare Executives (ACHE) and currently serves a three-year term on the Board of Governors of ACHE. Dr. Wehbi has served on the National Board of Public Health Examiners since 2013 and on the Board of Directors of Clarkson College, in Omaha, since 2019.

STATE HEALTH OFFICER: CORE FUNCTIONS

The State Health Officer will support team members and the citizens we serve in these core functions:

- 
Governor's Cabinet
 Collaborate and partner with other cabinet members to enhance the health and wellness of North Dakotans.
- 
HHS Executive Team
 Work in partnership with the Executive Team to advise on health strategy and support key HHS focus areas including health equity, workforce, and emergency preparedness and response.
- 
Lead Tribal Engagement
 Strengthen the partnership between HHS and Tribal leadership to improve the health of Tribal populations.
- 
Health Liaison to the Legislature
 Serve as a policy advisor on health topics for the HHS Executive team and testify on health topics on behalf of other agencies as needed.
- 
External Stakeholder Engagement
 Convene external stakeholders (e.g., community organizations, university systems, professional organizations) to support North Dakota's health and wellness vision and goals.
- 
Developer of Wellness Strategies for North Dakota
 Serve as the Chief Wellness Officer for the state and provide leadership to improve the health status of every North Dakotan through strategic planning.

Additional information detailing how the State Health Officer operates can be found in the Appendix section of the Day 1 QSG.

SARA STOLT, DEPUTY COMMISSIONER

As Deputy Commissioner of HHS, Sara Stolt will coordinate the strategic planning process across the agency, including priorities for each of the Programmatic Divisions within HHS. In this role, Sara will oversee the day-to-day operations of the agency and support key decision-making in the absence of the Commissioner.



Sara founded The Project Company and has spent nearly 20 years working on internal operations for nonprofits and businesses, including the Dakota Medical Foundation, Blue Cross Blue Shield of North Dakota, YWCA Cass Clay, and United Way. Sara joined DHS as transformation manager in 2019. She worked primarily with DHS colleagues, the North Dakota Association of Counties, and county social service leaders to support the transition from a county to a human service zone administrative structure and to develop pilot programs redesigning child welfare processes, childcare licensing, and other service areas to achieve efficiencies and better outcomes for clients.

Sara earned her bachelor's degree in speech and mass communications from North Dakota State University and a master's degree in strategic leadership from the University of Mary in Bismarck.

OFFICE OF THE DEPUTY COMMISSIONER: CORE FUNCTIONS

In the absence of the HHS Commissioner, the Deputy Commissioner serves as the Delegated Authority. The Office of the Deputy Commissioner is designed to deliver the following for team members and the citizens we serve:



Strategic Alignment

Deliver a Portfolio-wide view of the agency to maintain alignment against our goals and strategic priorities.



Internal Teaming

Work alongside Programmatic and Business Division team members to drive cross-agency collaboration and facilitate resource allocation to support strategic initiatives



Centers of Excellence (CoE)

Maintain quality and efficiency of programs and services by operating internal cross-agency centers of excellence in functions including change management, quality management, and portfolio/performance management



Knowledge Management

Create and maintain methodologies and tools to foster and deliver capability across the organization



Project Management

Support strategic initiative execution by providing project management services

Additional information detailing how the Office of the Deputy Commissioner operates can be found in the Appendix section of the Day 1 QSG.

PROGRAMMATIC DIVISIONS

TRANSFORMING THE CITIZEN EXPERIENCE

Team members in each of our Programmatic Divisions - Public Health, Medical Services, Behavioral Health, and Human Services - provide services that help vulnerable North Dakotans of all ages to maintain or enhance their quality of life, which may be threatened by lack of financial resources, emotional crises, disabling conditions, or an inability to protect themselves. These divisions help provide services and care as close to home as possible to maximize each person's independence while preserving the dignity of all individuals and respecting their constitutional and civil rights.

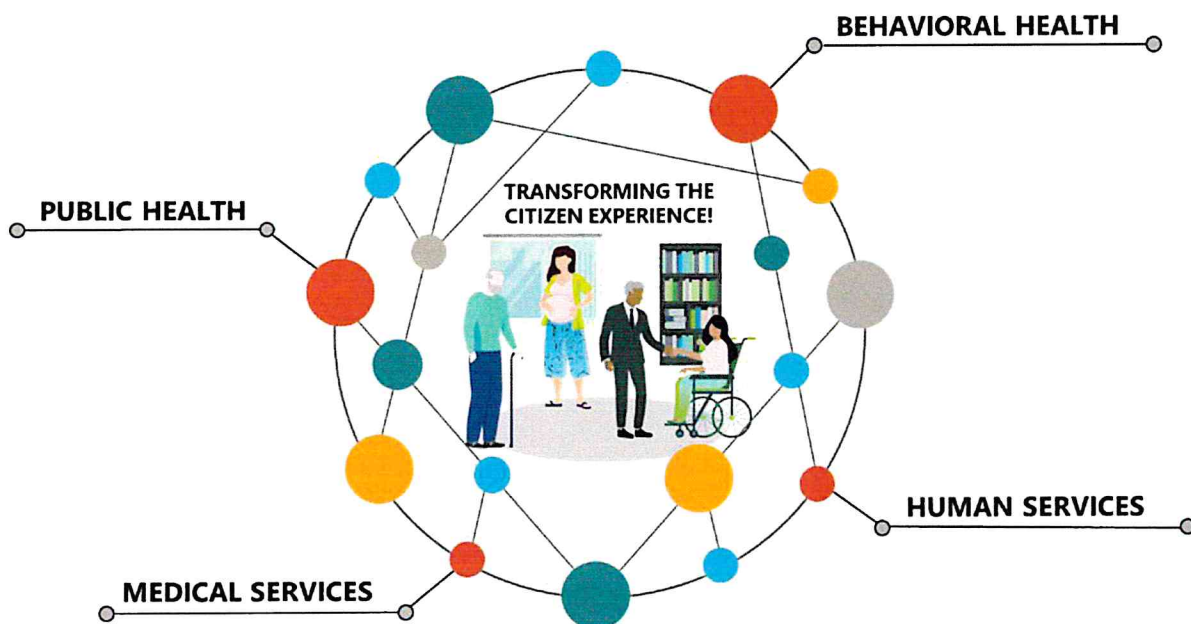


Figure 4: Programmatic Divisions Delivery

Team members should use this section of the Day 1 QSG to help improve your understanding of each of our Programmatic Divisions and the important role they play in delivering programs and services to North Dakotans, with the support of our partners and providers!

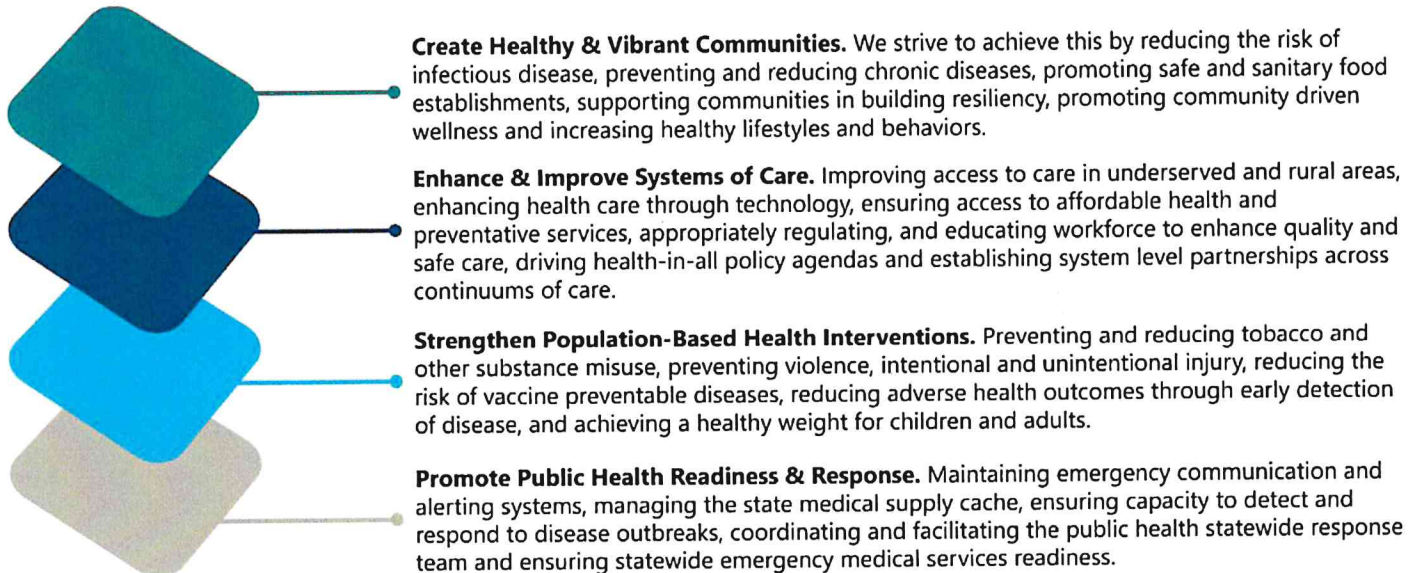
PUBLIC HEALTH DIVISION

The Public Health Division's mission is to improve the length and quality of life for all North Dakotans. To accomplish our mission, we focus on six goals including two cross-cutting goals that help guide our work division-wide. These cross-cutting principles are to *Improve Health Equity* and *Use Evidence-based Practices to Make Data-Driven Decisions*.



Key Functions

The Public Health Division aligns each of our functions to these four goals:



LEADERSHIP SNAPSHOT



DIRK WILKE

EXECUTIVE DIRECTOR PUBLIC HEALTH

As the Executive Director for the Public Health Division, Dirk will oversee day-to-day operations including disease control and prevention, improving access to and delivery of quality health care and wellness services, and managing licensure and certification. A two-time graduate from the University of Mary, Dirk received his bachelor's degree in communications and his master's degree in business administration. He also received his juris doctorate degree from the University of North Dakota School of Law. He is a native of Helena, Montana.

Team Structure

The Public Health Division is comprised of 5 sections:

- **Disease Control and Forensic Pathology** – Supports disease prevention, surveillance, and identification as well as epidemiologic investigation and forensic examinations.
- **Healthy & Safe Communities (HSC)** – Provides support for individuals, families, and communities by providing quality programs that protect and enhance the health and safety of all North Dakotans.
- **Health Response and Licensure** – Leads the planning and coordination of the public health and medical response as well as the implementation of regulation programs that protect the health and safety of North Dakotans, including ensuring North Dakota’s inpatient care facilities, outpatient programs, and staff-provided-services meet relevant health care standards.
- **Laboratory Services** – Provides rapid, accurate detection and identification of organisms that may threaten the public’s health.
- **Health Statistics and Performance** – Coordinates epidemiological studies, investigations, and surveillance activities; conducts data analysis; manages the registration and certification of vital events in ND and provides expertise and consultation on disease surveillance, data acquisition, database management, quality improvement, and health intervention activities.

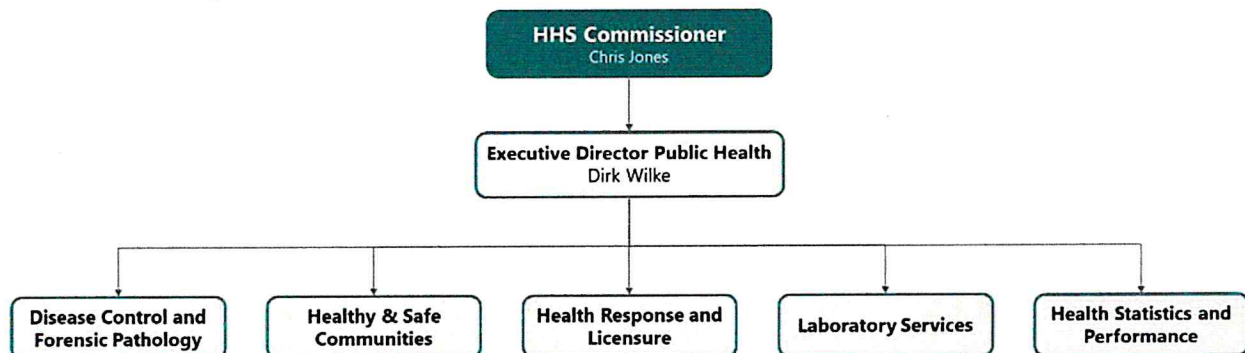


Figure 5: Public Health Division Organizational Chart

Programs & Services We Deliver

Here are some of the many programs and services the Public Health Division administers to support the health and well-being of all North Dakotans:

NDQuits

NDQuits provides resources for North Dakotans seeking assistance to quit smoking or using smokeless tobacco products, including vapes or electronic cigarettes.

FOOD SAFETY

The food and lodging division provides education in safe food handling, provides consultation and reviews plans for new establishments and extensive remodeling projects, and helps investigate complaints and foodborne illness outbreaks.

IMMUNIZATION PROGRAM

The mission of the Immunization Program is to protect the health of North Dakotans by preventing and mitigating vaccine preventable diseases through immunization, by managing immunization resources and immunization information systems, and by identifying and promoting evidence based public health best practices.

Additional information on programs and services can be found on the Public Health Division website health.nd.gov.

MEDICAL SERVICES DIVISION

The Medical Services Division administers Title XIX (Medicaid) and Title XXI (CHIP) for all North Dakotans. Policy priorities for the Division include:

- ✓ Transition from paying for volume to paying for quality
- ✓ Unwinding of the federal Public Health Emergency
- ✓ Diversion and transition of individuals from institutional care to home and community-based care



Operational priorities include:

- ✓ Modernizing the Medicaid Enterprise technology system
- ✓ Streamlining operations of the call center, provider enrollment, and utilization management
- ✓ Improving infrastructure for home and community-based providers
- ✓ Focusing on data analytics, particularly quality measures

Key Functions

The Medical Services Division has two primary functions: to act as a payer and to act as a program administrator. As a payer, the Medical Services Division operates like a health insurance organization. This includes provider enrollment, billing and payment, clinical management, and program integrity. As a program administrator, the Division designs, implements, and evaluates programs for targeted populations. Examples of these programs include Home and Community Based Waivers for the aged and disabled, Medicaid expansion for adults, and the Early, Periodic, Screening, Diagnostic, and Treatment program for children.

LEADERSHIP SNAPSHOT



KRISA FREMMING

EXECUTIVE DIRECTOR MEDICAL SERVICES

As the Interim Director of the Medical Services Division, Krista will maintain oversight of the ND Medicaid program, including Title XIX and Title XXI programs and services. Krista earned her master's degree in public administration from the University of North Dakota and has served in a variety of leadership roles in Medicaid, public health chronic disease prevention programs and non-profit health advocacy organizations.

Team Structure

The Medical Services Division is comprised of 1 section:

- **Medicaid** – Providing comprehensive and uniform medical services that enable persons limited by their circumstances to receive needed medical care.

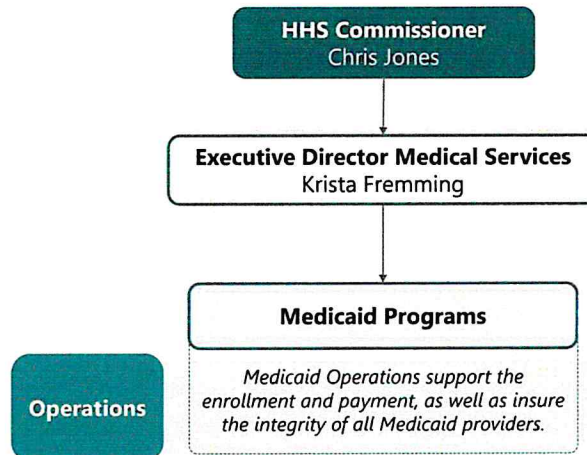


Figure 6: Medical Services Division Organizational Chart

Please Note: As DoH and DHS continue to fully integrate programs and services, additional changes to the Medical Services Division will occur.

Programs & Services We Deliver

Here are some of the many programs and services the Medical Services Division administers to support the health and well-being of all North Dakotans:



The Medicaid Program in North Dakota provides health care coverage for qualifying children, individuals and families. Health care providers enroll with Medicaid and submit claims for services provided to ND Medicaid members. Medicaid Expansion coverage and benefits are administered through a managed care organization, which is currently Blue Cross Blue Shield of North Dakota. The remainder of ND Medicaid members are covered through the Department's fee-for-service coverage program.



The Children's Health Insurance Program (CHIP) is authorized under Title XXI of the Social Security Act. Children from birth through age 18 who are ineligible for Medicaid because of income may qualify for coverage under the CHIP program.

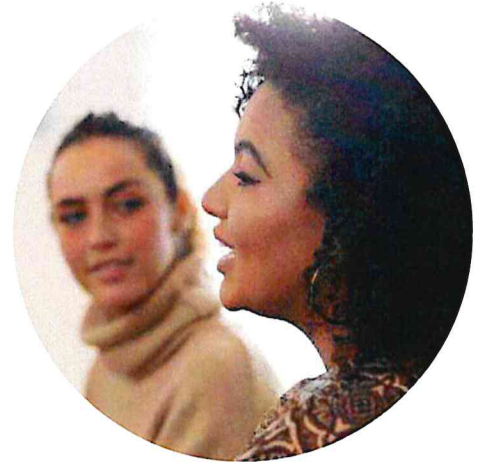


The Medical Services Division administers programs to enable members to live in the least restrictive setting. The Program of All-Inclusive Care for the Elderly (PACE) enables older adults to live at home and receive all care and services through PACE. The Medicaid Autism Waiver, Children's Medically Fragile Waiver and Children's Hospice Waiver enable children to receive care and services in their homes and communities.

Additional information on programs and services can be found on the Medical Services Division website nd.gov/dhs/services/medicalserv.

BEHAVIORAL HEALTH DIVISION

The Behavioral Health Division works to improve access to services, address behavioral health workforce needs, develop behavioral health policies, and ensure quality services are available for those with behavioral health needs. The Division aims to provide a full range of high-quality services, including promotion, prevention, treatment, and recovery to all North Dakotans, leveraging behavioral health professionals in each of our human service centers (HSCs) and the State Hospital. We accomplish each of these priorities by leaning on the strengths of our partnerships with public and private entities across North Dakota.



Key Functions

The Behavioral Health Division grounds our services in the Institute of Medicine’s Continuum of Care Model: Promotion, Prevention, Treatment, and Recovery. To carry out this mission, we partner with public and private entities to carry out each of the following functions:

- ✓

ADMINISTRATION

Administering funding through the state for programs including *Community and Behavioral Health Promotion, Children’s Behavioral Health, Adult Mental Health, and Addiction Services.*
- ✓

COLLABORATION AND PARTNERSHIPS

Working collaboratively with state and local partnerships to achieve shared goals focusing on the behavioral health system.
- ✓

REGULATION

Ensuring the health and safety of individuals receiving services in certain levels of behavioral health treatment by licensing of facilities including *Substance Use Disorder Treatment Facilities, Regional Human Service Centers, Psychiatric Residential Treatment Facilities (PRTF) for Children, and Opioid Treatment Programs (OTP).*
- ✓

TRAINING AND TECHNICAL ASSISTANCE

Providing training and technical assistance with a goal to support individuals, providers and communities in building capacity and implementing evidence-based strategies including hosting training events and providing free prevention resources to the community.

LEADERSHIP SNAPSHOT



PAMELA SAGNESS
EXECUTIVE DIRECTOR BEHAVIORAL HEALTH

As the Executive Director for the Behavioral Health Division, Pamela will be responsible for steering HHS’s behavioral health services. This includes working with state and local partners to improve access to services, address behavioral health workforce needs, develop policies, and ensure quality services are available for those with behavioral health needs.

Team Structure

The Behavioral Health Division is comprised of 2 sections:

- **State Hospital / Human Service Centers** – Providing counseling and mental health services, substance abuse treatment, disability services, and other human services through each of the eight human service centers and the State Hospital.
- **Behavioral Health Policy** – Providing strategic behavioral health policy guidance in areas including children’s behavioral health, addiction, and mental health.

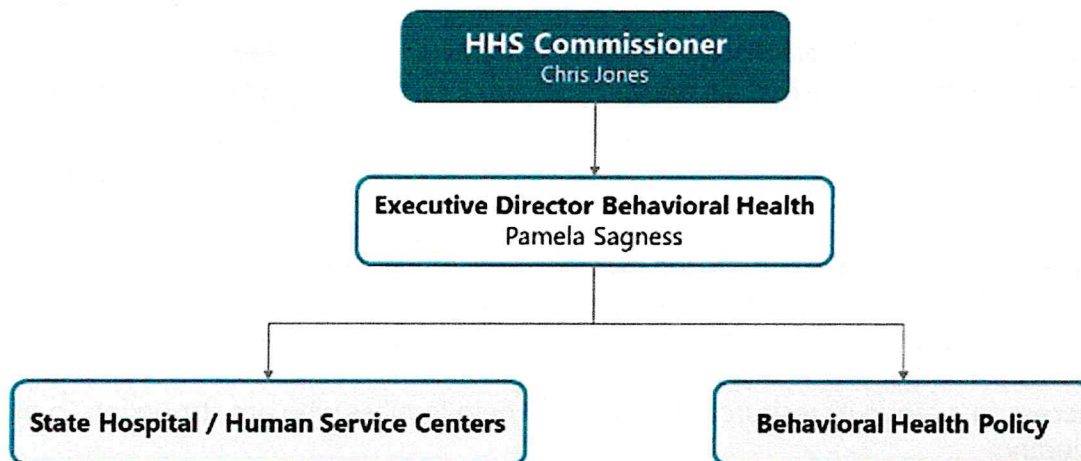


Figure 7: Behavioral Health Division Organizational Chart

Programs & Services We Deliver

Here are some of the many programs and services the Behavioral Health Division administers to support the health and well-being of all North Dakotans:



Parents Lead is an evidence-based prevention program that provides parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health.



Help is Here offers a link to a wide variety of resources, from learning some new self-care practices to finding behavioral health treatment options, to economic assistance options and rent help.



Opioids Fill with Care provides resources to understand the risks and benefits of pain medications, knowing the signs of addiction, and recognizing an overdose and knowing how to help.

Additional information on programs and services can be found on the Behavioral Health Division website behavioralhealth.nd.gov.

HUMAN SERVICES DIVISION

The Human Services Division is driven by the belief that communities are stronger when everyone has a chance to realize their full potential. The teams that make up the Human Services Division, together with the state's Human Service Zones, strive to make appropriate services and supports available when and where people need them. Our every action centers on the person and on helping that person find their way forward. Our Division is a frontline resource for North Dakotans encountering circumstances that threaten their family's stability.



Key Functions

Together with our state and local partners, the Human Services Division provides resources that help North Dakotans avoid crisis and experience greater stability. Among the key priorities for the Division are:

1. Deliver child protection, permanency and family wellbeing services through the network of Human Service Zones and other public and private partners
2. Provide access to a range of resources designed to help families who are struggling to make ends meet, including:
 - A. Direct assistance for basic household budget expenses (food, utilities, housing, child care)
 - B. Access to child support resources
 - C. Eligibility for health insurance via Medicaid and/or financial support via SSI/SSDI
 - D. Employment supports both for people with disabilities and others who are actively working to improve their employment situation.
3. Serve as a stabilizing resource for youth and adults with intellectual and/or developmental disabilities through LSTC's facility- and community-based services.
4. Work together with private partners to create robust options for non-institutional living, allowing older adults and people with disabilities (physical, developmental, intellectual) to choose housing and services that are right for them.
5. Help assure that young families have access to high quality experiences for their children by supporting people and programs who provide early childhood services.

LEADERSHIP SNAPSHOT



JESSICA THOMASSON
EXECUTIVE DIRECTOR HUMAN SERVICES

As the Executive Director for the Human Services Division, Jessica will provide oversight and direction for a wide range of economic health and family wellbeing services and programs within the department. Jessica holds bachelor's degrees in political science and economics from the University of North Dakota and master's degrees from the University of Wisconsin-Madison in public policy analysis and urban/regional planning, with an emphasis on rural community development.

Team Structure

The Human Services Division is comprised of 10 sections:

- **Human Service Zone Operations** – Support the work of the Human Service Zones and Human Service Zone Boards, including review of HSZ Plans, as well as infrastructure support related to various HR and payroll functions.
- **Life Skills Transition Center** - Serve as a specialized crisis and stabilization resource to the network of private residential facilities and the thousands of families who are caregivers for a loved one with intellectual and/or developmental disabilities.
- **Economic Assistance** – Facilitate delivery of federal and state resources that support household economic health, including nutrition (SNAP), utility (LIHEAP), child care (CCAP) and housing stability assistance; eligibility for Medicaid coverage; and Temporary Assistance for Needy Families (TANF).
- **Child Support** – Provide support to parents, employers, and other partners to help ensure children receive court-ordered financial and medical support to reduce child impoverishment.
- **Vocational Rehabilitation** – Help both high school students and adults with disabilities improve both their immediate job opportunities and long-term career planning. Partner with businesses to find creative ways to hire or retain employees with disabilities.
- **Disability Determination Services** – Determine eligibility for medical disability (SSDI and/or SSI), using Social Security Administration (SSA) guidelines, for people who are unable to work.
- **Early Childhood** – Build greater access to quality early childhood experiences, so children ages zero to five from all backgrounds and circumstances have the opportunity to realize their potential.
- **Children & Family Services** – Facilitate delivery of programs and services that support child safety, child permanency and wellbeing, which together are designed to prevent and reduce incidence of child abuse and neglect and support family reunification and stability wherever possible.
- **Aging and Adult Services** – Programs and services that help older adults and adults with physical disabilities to live safely and productively in the least restrictive, appropriate setting.
- **Developmental Disabilities** – Support and training to individuals and families in order to maximize community and family inclusion, independence, and self-sufficiency; to prevent institutionalization; and to enable institutionalized individuals to return to the community.

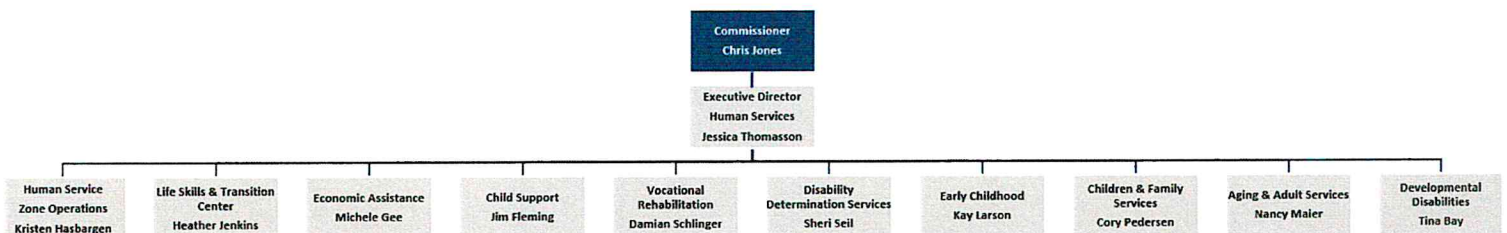


Figure 8: Human Services Division Organizational Chart

Programmatic Divisions | Human Services

Programs & Services We Deliver

Here are some of the programs and services in the Human Services Division, many of which are administered across each of our Human Service Zones to support the health and well-being of all North Dakotans:

SNAP

The Supplemental Nutrition Assistance Program (SNAP) helps low-income North Dakotans access healthy food and basic household supplies while also supporting employment and education goals.



The Adaptive Equipment Center (AEC), operated by LSTC, designs and builds custom, individualized equipment that helps children and adults with disabilities maximize mobility and integration in their homes, schools and communities.

CHILD CARE ASSISTANCE PROGRAM

The Child Care Assistance Program uses a sliding fee scale to help eligible families pay for child care while they work or attend school or training.

Additional information on programs and services can be found on the Human Services Division website nd.gov/dhs.



BUSINESS DIVISIONS

PARTNERING TO SUPPORT PROGRAM & SERVICE DELIVERY

Our four Business Divisions - Finance, Human Resources, Communications, and Legal - will provide strategic business functions across HHS. Centralizing how we provide these services will help us achieve our integration goals and build stronger capabilities. These four divisions will integrate current DoH and DHS teams to improve the quality, effectiveness, and efficiency of our health and human services teams.

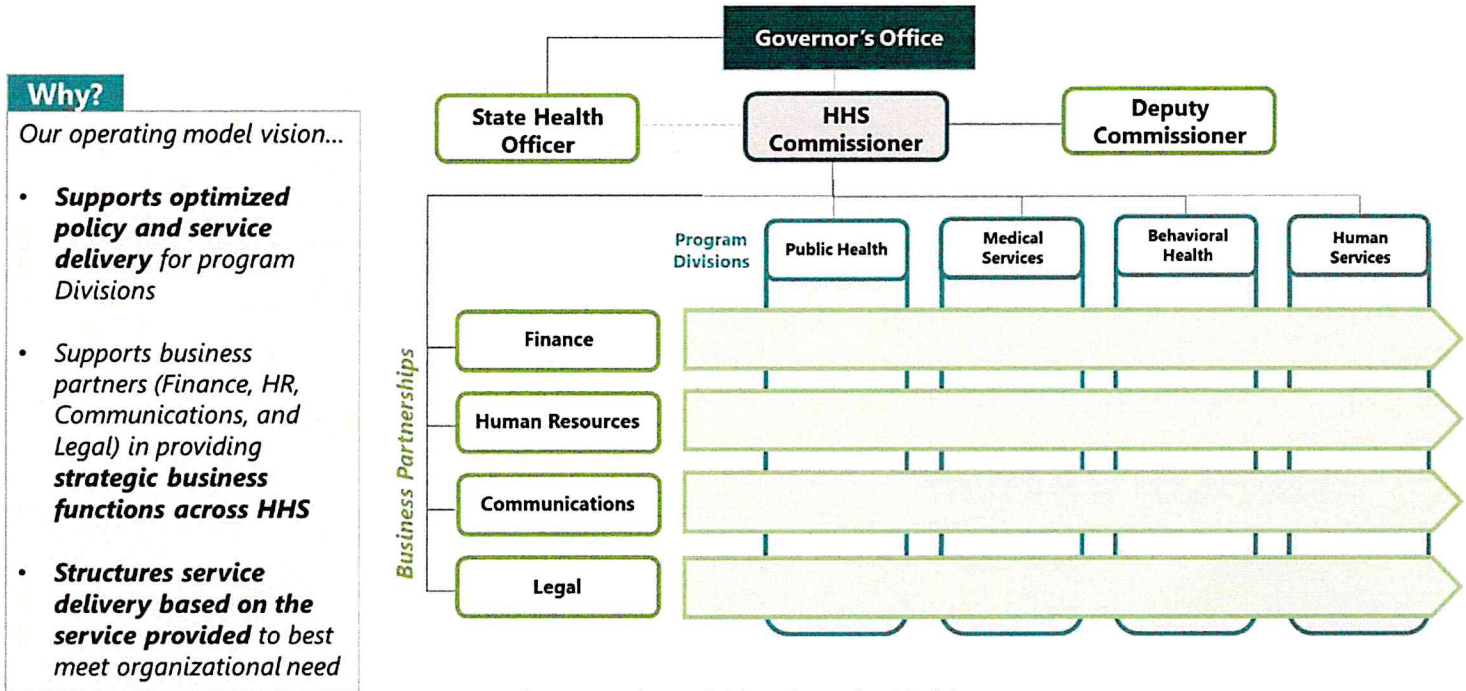


Figure 9: Business Divisions Operating Model

Team members should use this section of the Day 1 QSG as a resource to understand the Business Divisions and how your teams can best utilize their support. Examples detailing how specific functions within each Business Division work can be found in the Appendix section of the Day 1 QSG.

FINANCE DIVISION

Prior to the integration of DoH and DHS, the Finance Division was a shared business partner for both agencies. Under the HHS structure, all Finance full-time employees (FTEs) and functions will be centralized. This will enable the Finance Division to:

- ✓ Improve oversight of budget and expenditures
- ✓ Drive effectiveness and efficiency in financial processes
- ✓ Enable programs to focus on policy and strategy by providing technical skills necessary to manage program finances and contracts.



Finance Key Functions

Whether it's developing budget requests for the Legislature or ensuring our field sites are supplied with the life-saving resources needed for the people we serve, the Finance Division provides key strategic and financial services that help our program divisions provide the policies and services they are responsible for.

- ✓ **BUDGET MANAGEMENT**
Forecast and Planning, Budget Preparation, System Management, Fund Appropriation, Performance Monitoring
- ✓ **AUDIT MANAGEMENT**
Audit Strategy, External Auditor Vendor Management, Findings Review and Recommendation, Audit Compliance, Subrecipient Monitoring
- ✓ **PROCUREMENTS & CONTRACTS**
Procurement Strategy, Bid/Proposal Management, Supplier Maintenance and Evaluation, Manage Contracts
- ✓ **LOGISTICS MANAGEMENT**
Procure Supplies, Centralized Purchasing, Internal Audit and Analysis, Procurement Logistics, Partner Agency Coordination, Property and Facilities, Inventory Management
- ✓ **PERFORMANCE AND DATA MANAGEMENT**
Analytics, Special Projects, Dashboards and Reporting, BCIP within Finance functions, KPIs
- ✓ **SUPPLY CHAIN OPERATIONS**
Long Term New Function

LEADERSHIP SNAPSHOT



ARNOLD (ARNIE) STREBE
CHIEF FINANCIAL OFFICER

As the Chief Financial Officer, Arnie will oversee the budget and accounting functions across HHS. In support of HHS's strategic priorities, Arnie will support supply chain, logistics, audit, and procurement and contracts functions across HHS, among other priorities. Arnie is a former Airborne Ranger and served in the U.S. Army as a non-commissioned and commissioned officer. He earned a bachelor's degree in education from Minot State University and a master's degree in education from Jones International University.

Team Structure

The Finance Division is designed to provide optimal fiscal guidance and decision-making across HHS. Each Programmatic Division or, in some cases, functions within each Division will be aligned to an Assistant CFO in order to deliver efficient fiscal services.

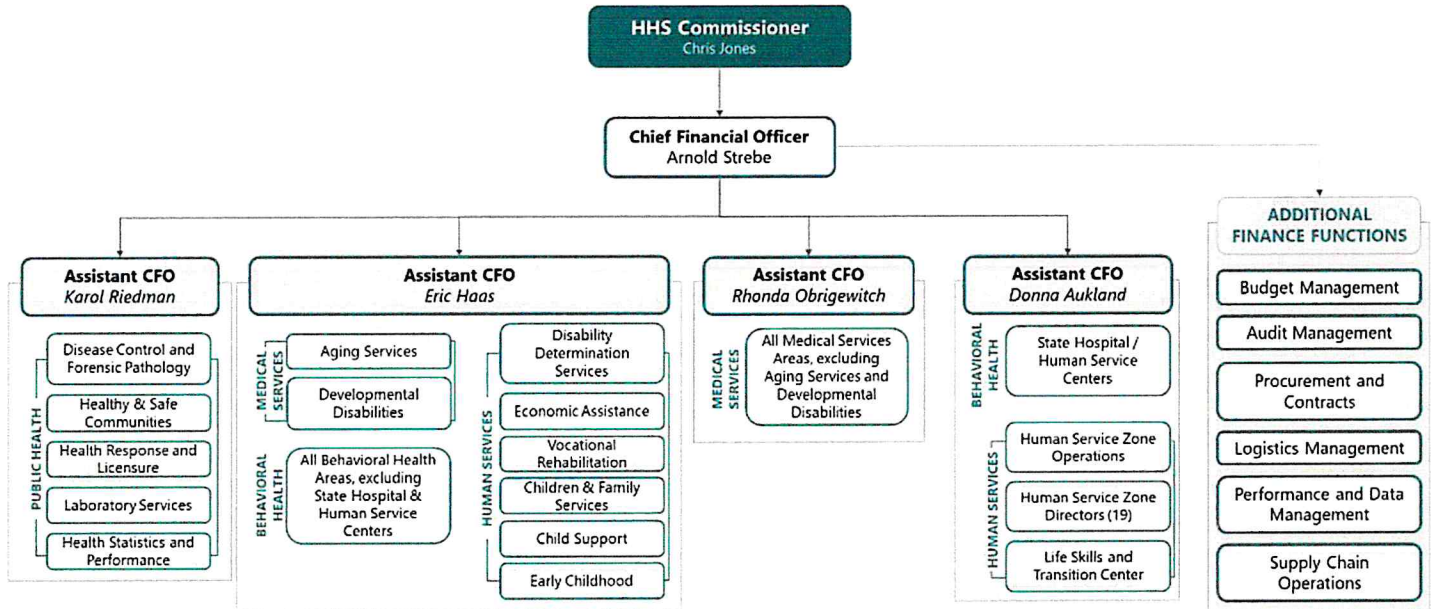
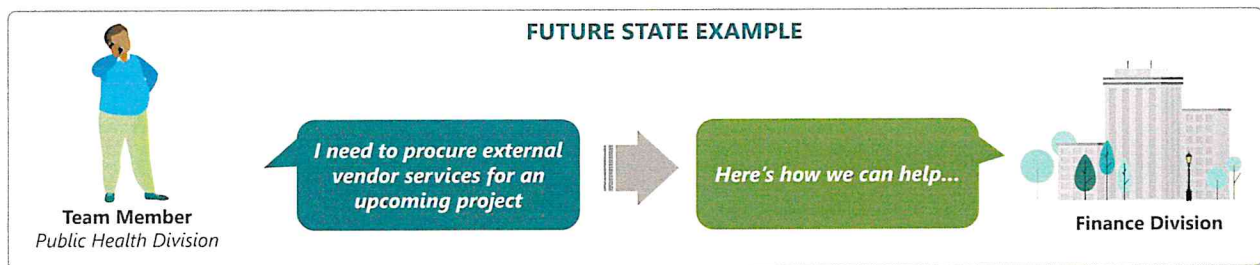


Figure 10: Finance Division Organizational Chart

How We Deliver

As a strategic business partner to the Programmatic Divisions, the Finance Division, and specifically the Assistant CFOs will provide subject matter knowledge on the unique fiscal needs of each Programmatic Division.



In this example, a Public Health team member needs to initiate the procurement process for a vendor to provide new services to the agency. To do so, they share the need with their Assistant CFO and connect with the Procurement and Contracts team within the Finance Division. The Procurement and Contracts team partners with Public Health to determine the procurement strategy, issue the RFP, gather responses, and ultimately support contract negotiation and execution.

HUMAN RESOURCES DIVISION

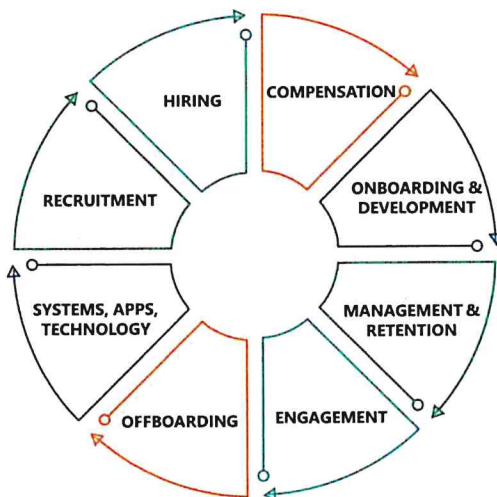
DHS and DoH were two of the first agencies to implement the HR 2.0 operating model, aimed at streamlining and centralizing HR functions within the verticals of Business Partners, Operations & Digital, Talent Acquisition, Talent Management/Learning & Development, and Total Rewards.

The integration of DHS and DoH formalizes our pre-existing partnership



HR Key Functions

The Human Resources Division will support a variety of functions across HHS, including:



- **Recruitment** – Assisting managers with identifying talent to fill vacant roles.
- **Hiring** – Supporting prospective team members as they navigate the hiring process.
- **Total Rewards** – Managing rewards, benefits, and compensation for team members across HHS.
- **Onboarding & Development** – Supporting the onboarding process and professional development of team members.
- **Management & Retention** – Assisting managers with talent management decisions, including retention.
- **Engagement** – Driving the development of employee engagement opportunities.
- **Offboarding** – Aiding team members' transition from HHS.
- **Systems, Apps, & Technology** – Oversight of people management tools including PeopleSoft and Workforce.

LEADERSHIP SNAPSHOT



MARCIE WUITSCHICK

CHIEF HUMAN RESOURCES OFFICER

As the Chief Human Resources Officer, Marcie will oversee all HHS HR programs and practices, including, but not limited to, team member relations, labor relations, performance management, training, policy application, organizational development, workforce planning, and compensation. Wuitschick holds a Bachelor's Degree in Management from Minot State University as well as a Master's Degree from the University of Mary in Management with a focus in Human Resources.

Team Structure

Teams within the Human Resources Division will cross-collaborate to ensure managers and team members across HHS are provided with timely and efficient HR support.

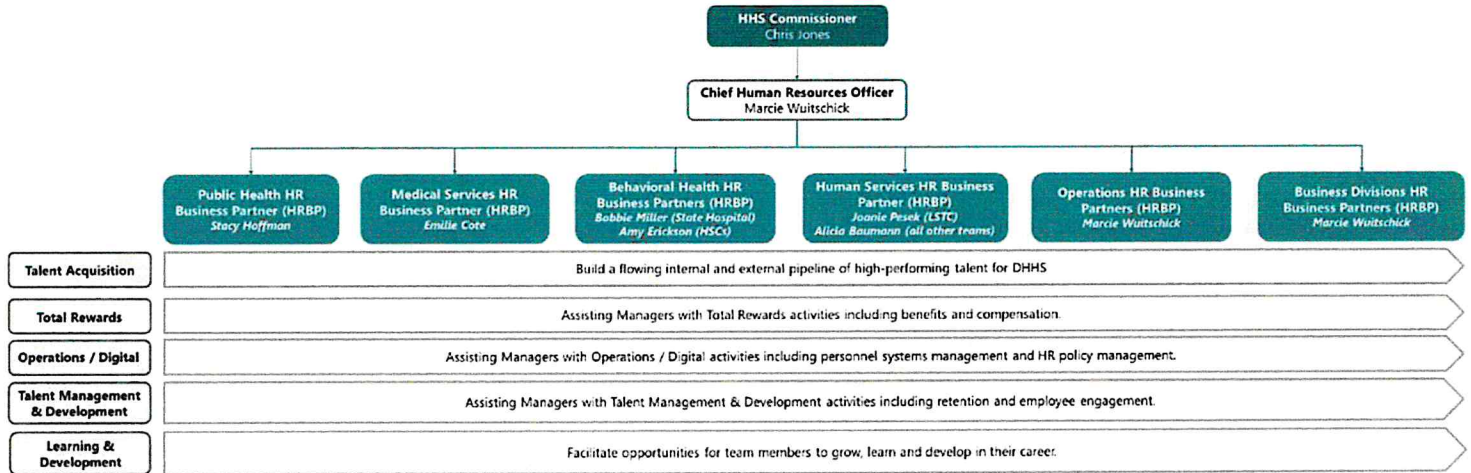
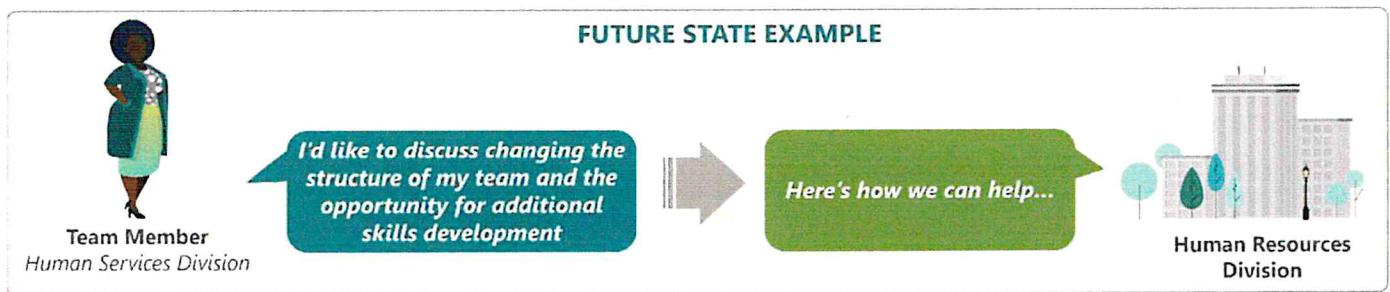


Figure 11: Human Resources Division Organizational Chart

How We Deliver

Whether supporting the onboarding of new team members or creating opportunities for employee engagement, the HR Division is committed to providing the key services needed to help our team members grow and develop in their careers.



In this example, a Human Services manager reaches out to their HR Business Partner to let them know they'd like to discuss changing the structure of their team and are considering additional skills development in a particular area. The HR Business Partner will partner with Talent Management and the Learning and Development team to identify resources and develop a plan tailored to the team.

COMMUNICATIONS DIVISION

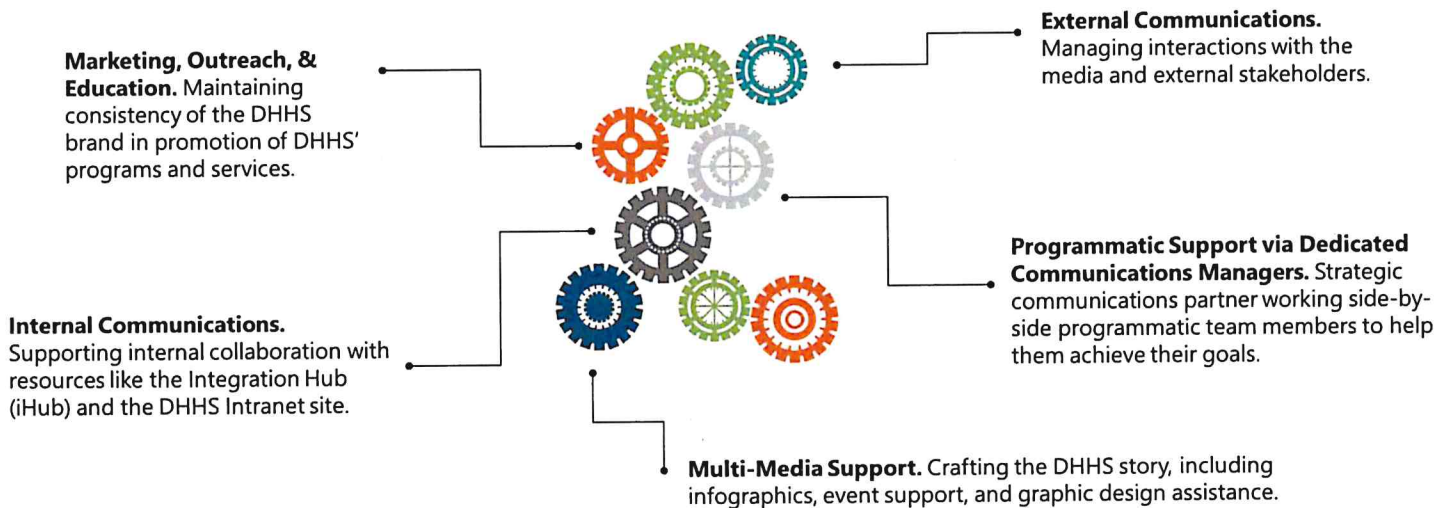
The Communications Division oversees all internal and external communications, helping to promote and support the programs and services HHS provides. As HHS, the Communications Division will support each of our HHS teams in stakeholder engagement and reputation management, agency branding, and strategic communications.

The Communications Division will be a strategic partner to the Programmatic Divisions in crafting the messaging around our programs and services. We will work alongside team members in the Programmatic Divisions to develop resources that help increase access to and awareness of the programs and services our partners, providers, and people we serve rely on!



Communications Key Functions

The Communications Division will support a variety of functions across HHS, including:



LEADERSHIP SNAPSHOT



LYNN BARGMANN
CHIEF COMMUNICATIONS OFFICER

As the Chief Communications Officer, Lynn will lead the efforts to strengthen HHS's brand story among external stakeholders, mobilize and engage team members with targeted internal communications, and develop and execute communications strategies while driving cross-agency story telling. Lynn holds a bachelor's degree in English from the University of North Dakota and a master's degree in communications studies from the University of North Texas.

Team Structure

The Communications Division will deliver timely and efficient support to our internal Programmatic Divisions while engaging externally with our partners, providers, and the North Dakotans we serve.

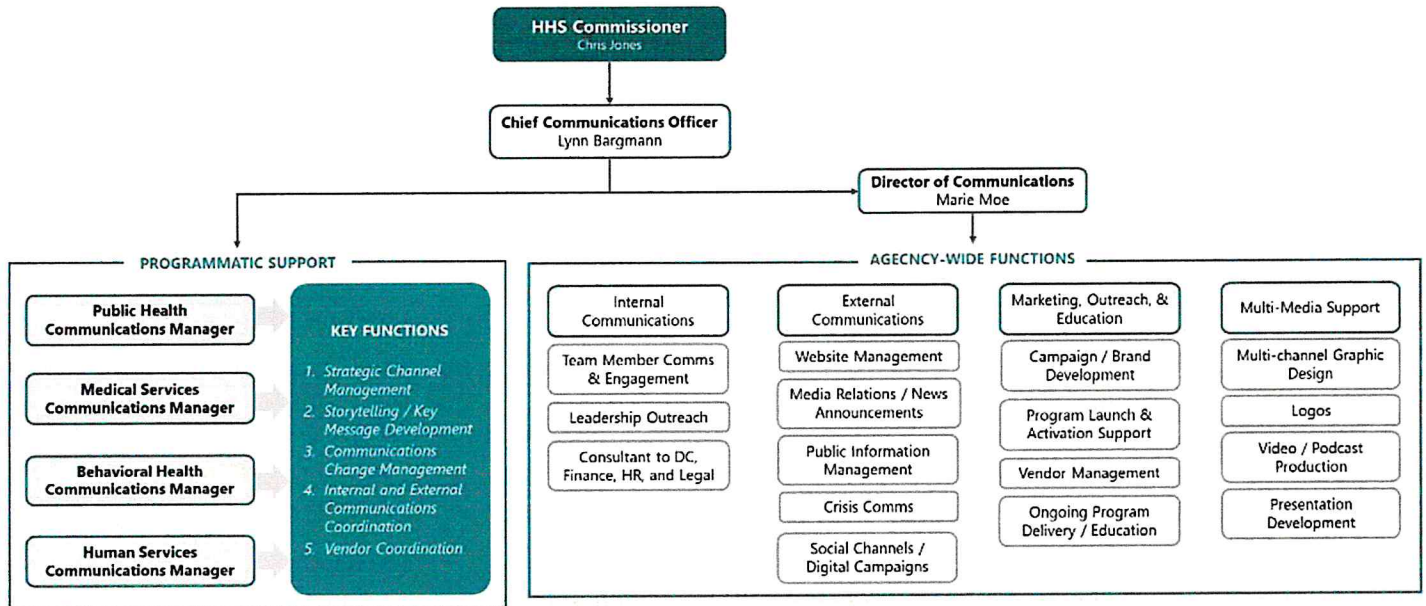
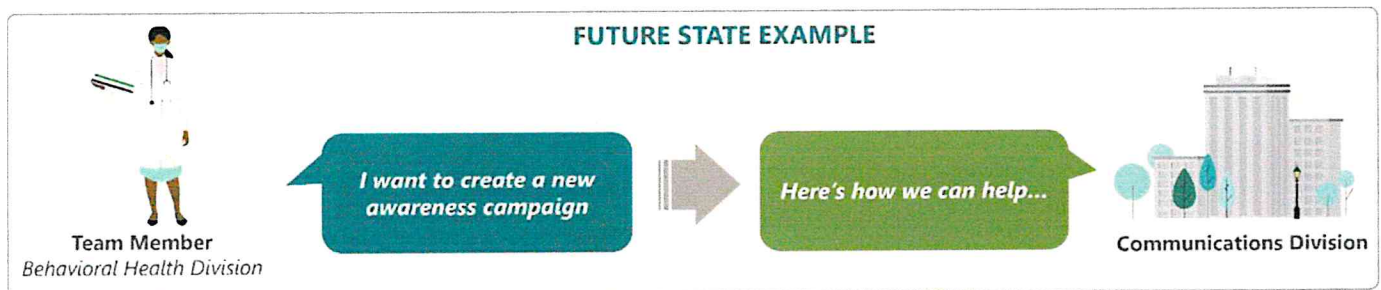


Figure 12: Communications Division Organizational Chart

Please Note: As DoH and DHS continue to fully integrate programs and services, additional changes to the Communications Division may occur.

How We Deliver

A centralized HHS Communications Division will help build and strengthen HHS's brand story, driving awareness of and activation for programs and services. At the same time, it will create more career growth and learning opportunities for team members in our Communications Division.



In this example, a Behavioral Health (BH) team member raises the need for a new awareness campaign to the BH Communications Manager (who is already familiar with the need as a participant in BH meetings). The BH Communications Manager quickly socializes internally with the Marketing, Outreach, and Education; and Multi-Media Specialists. With additional support as needed, these functions would develop the awareness campaign, working closely with the BH team member who requested the campaign, as well as the BH Communications Manager, along the way.

LEGAL DIVISION

The Legal Division is responsible for providing legal counsel and strategic advice to all former DHS Divisions. As programs and services adjust to changing federal and administrative policy requirements, our Division, along with the Office of Attorney General, ensures HHS and our team members remain in compliance and can continue providing essential service to our partners, providers, and people we serve.



Key Functions

The Legal Division supports HHS with a host of legal and administrative functions. Among the support provided by the Legal Division are:

- General legal counsel, including contract-related issues to various HHS divisions
- Preparation of administrative rules, proposed legislation, and amendments
- Trust and assets reviews for program eligibility, estate recovery, and third-party liability recovery
- Processing appeals and intentional program violations
- ADA and civil rights compliance
- Records management and compliance
- Dedicated staff member serving as the HIPAA privacy officer

The Legal Division does not provide legal advice to the public, human service zones, or to other State agencies.

LEADERSHIP SNAPSHOT



JONATHAN ALM
CHIEF LEGAL OFFICER

As the Chief Legal Officer, Jonathan will serve as the chief legal advisor and general counsel to HHS. In this role, Jonathan will develop policy analysis for HHS Administrators, monitor rulemaking, and consult with government partners, including the Office of the Attorney General, as necessary.

Team Structure

The Legal Division will continue to provide support to teams formerly aligned to the legacy DHS structure. For HHS teams not formerly aligned to the legacy DHS structure, the Office of the Attorney General will continue to provide legal counsel and strategic advice.

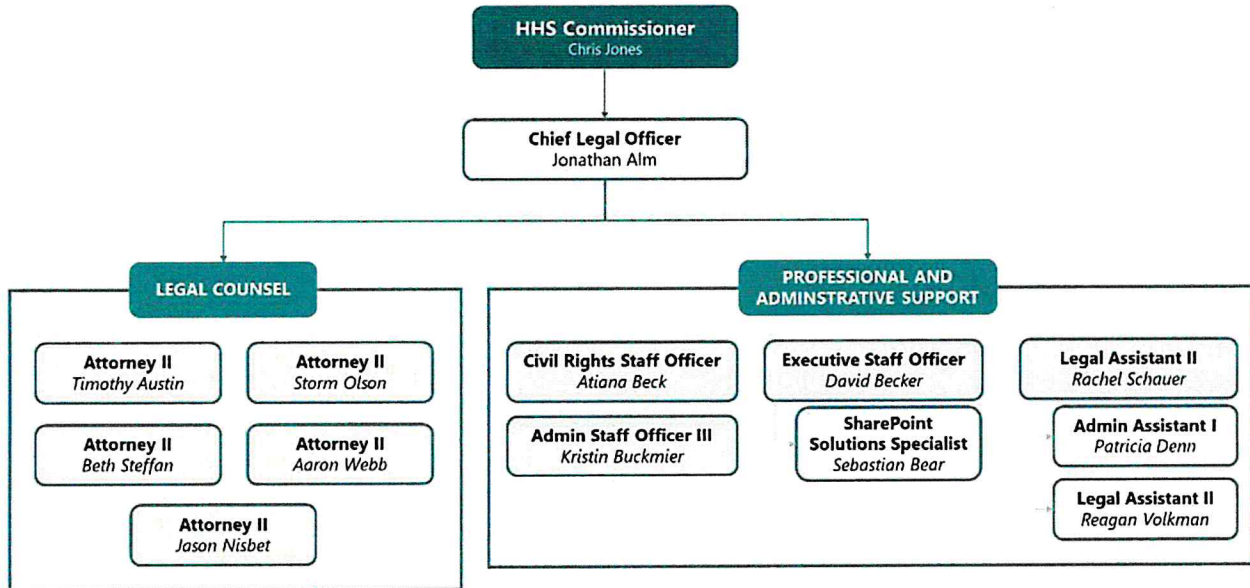
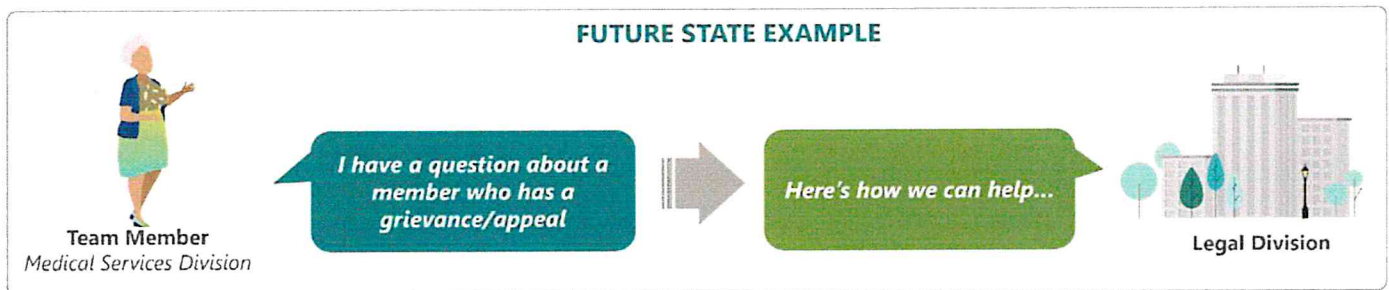


Figure 13: Legal Division Organizational Chart

How We Deliver

For legacy DHS teams, the Legal Division will provide support across a range of functions, including appeals, as indicated below.



In this scenario, a Medical Services team member has a question regarding a Medicaid recipient's appeal. To better understand the status of the Medicaid recipient's appeal, the Medical Services team member contacts our Legal Division and the appeals process supervisor.



KEY POLICY & PROCESS GUIDANCE

WHAT'S CHANGING ON DAY 1?

As part of the integration, our DoH and DHS teams have been evaluating how to merge some of the legacy programs and services into our unified HHS agency. As a result, some of our HR policies and processes will be updated and aligned to provide all team members with a consistent HR experience.

Below are a few key changes to legacy DoH and DHS HR policies team members should know about that will be in effect on Sept. 1, 2022. For specific policy guidance, team members should reference the HR Manual [here](#) or contact your Manager/HR Business Partner. Details on HR procedures can be found [here](#) on the HR Intranet page.

Family Medical Leave Act (FMLA)

FMLA is a federal law that provides eligible team members with unpaid, job-protected leave for specified family and medical reasons, with continued health insurance coverage, as if working. **HHS will adopt a concurrent FMLA policy, with FMLA leave running at the same time as an employee's paid leave, beginning at the start of the qualifying leave.** Regular and temporary team members are eligible for FMLA leave if they have been employed with HHS or the State of North Dakota for at least 12 months and have worked 1,250 hours during the last 12-months. Training on how to guide team members with utilizing FMLA will be provided to employees and managers.

BIRTH / ADOPTION / PLACEMENT OF CHILD	The birth of a child or placement of a child for adoption or foster care, including bonding time (up to 12 months from birth or placement of child).
SERIOUS HEALTH CONDITION	A serious health condition that makes the team member unable to perform the essential job functions of their position.
SERIOUS HEALTH CONDITION OF A FAMILY MEMBER	The need to care for a spouse, child, or parent who is incapacitated with a serious health condition.
MILITARY EXIGENCY OR INJURY/ILLNESS	A spouse, child or parent receives orders of current or impending call to covered active-duty military status (up to 12 weeks); or due to the need to care for a spouse, child or parent who's a covered service member, with a serious military related injury or illness (up to 26 weeks).

Last Day

Beginning Day 1, **HHS will not allow annual leave to be utilized to extend the team member's last day of work.** All earned and unused annual leave is payable upon termination of employment, regardless of the reason for termination.



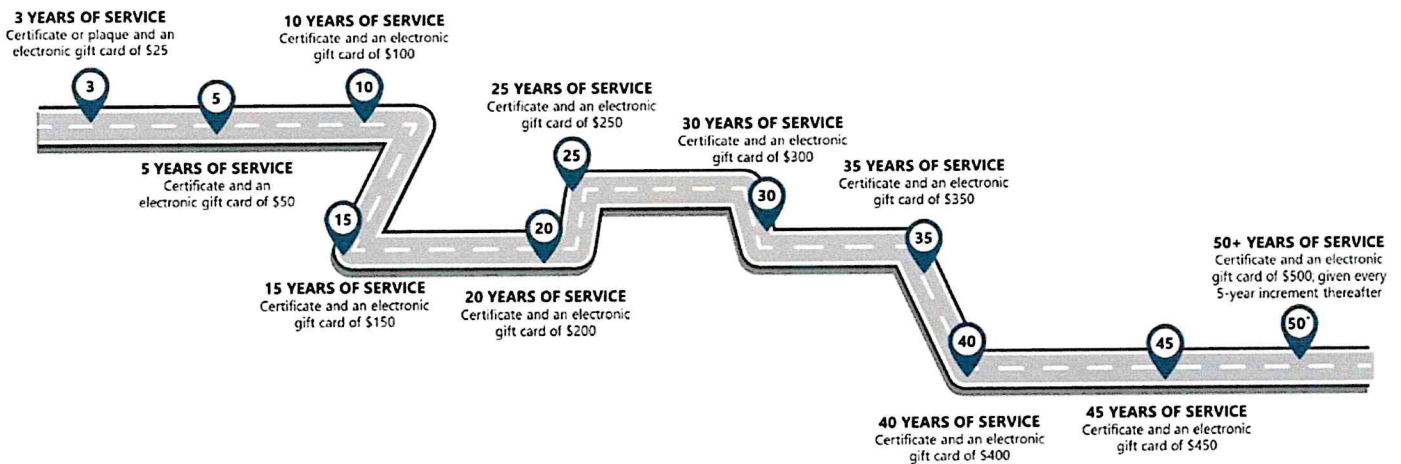
Employee Assistance Program

EAP is available to team members who are experiencing problems relating to mental or emotional illness, marital or family stress, Chemical dependency, and other concerns such that the team member's job performance is or may be impaired. **EAP at HHS will be administered through NexGen. Team members using CHI/St. Alexius will be transitioned to NexGen.** Specific details on how team members can access EAP resources can be found at ndpers.nd.gov under the "Active Members: Insurance Plans" page or [here](#).



Service Award Program

HHS follows the ND Service Award Program policy. **Team members receiving service awards will be provided electronic gift cards in lieu of physical gift cards previously mailed to recipients.** The years of service awards apply to all regular and appointed team members who have completed milestones of full-time employment with the State of ND. The type of awards given to team members is as follows:



***Please note:** Service award gift cards are taxable.

Recognition Awards

HHS strives to create an environment where team members are recognized for their work performance. Annually, **HHS team members will be recognized through the HHS Recognition Award Program.** Stay tuned for additional guidance as we finalize the details of this program.



Key Policy & Process Guidance

Flexible Workday

Consistent with existing practice at DoH and DHS, **HHS will adopt a flexible work schedule policy that allows managers to accommodate a team member's schedule as situations arise.** For example, if a team member works extra hours one day, the team member may be approved to be absent the same number of hours later in the week. Flexible schedules are not permanent arrangements and should be used on rare occasions. **Please Note:** *This policy may not be applicable to all positions at HHS.*

Talent Referral Program

The best recruitment tool at HHS is our team members! In special circumstances, team members across HHS will be eligible for a talent referral bonus of \$1,000:

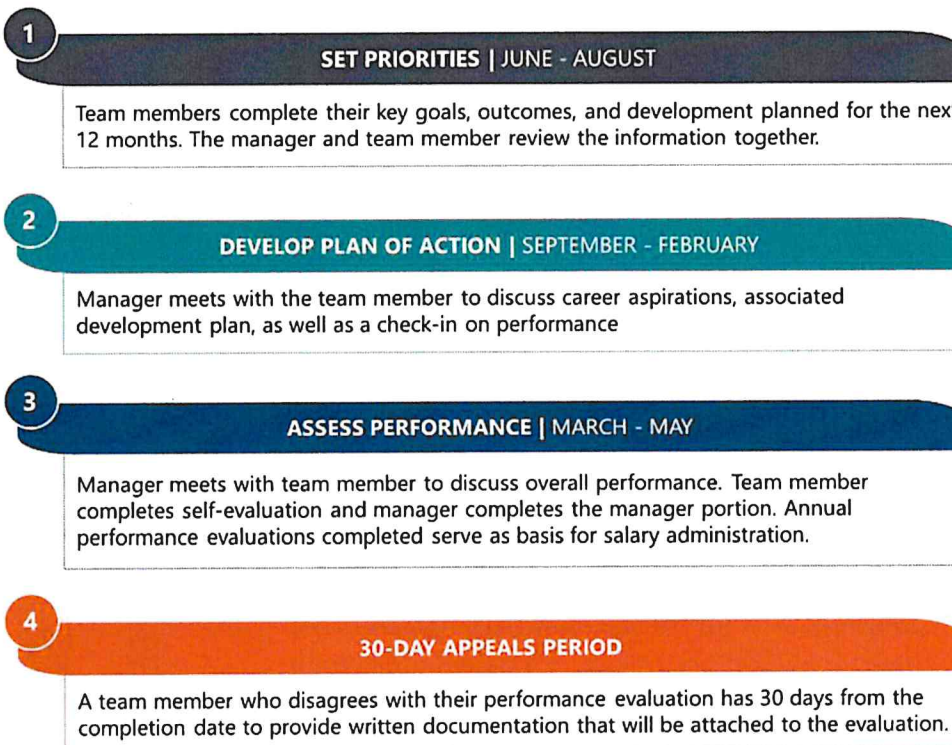
- **\$300 to be paid out upon hiring of candidate**
- **\$200 to be paid out once the new hire completes 6 months at HHS**
- **\$500 to be paid out after the new hire completes 1 year at HHS**



Identification of eligible positions or occupations considered hard to fill will be made by the Human Resources department.

Performance Evaluation Timeline

HHS conducts performance evaluations with team members to ensure team members are adequately performing the assigned job duties and to provide a basis for employee development discussions. **The performance evaluation period will run annually from June 1 to May 30.**

**THROUGHOUT THE YEAR**

The team member and manager meet regularly. Discussions should include:

- *Job expectations*
- *Opportunities for growth*
- *Long term goals*
- *Progress*

The team member and manager can keep notes of progress using Performance Notes in PeopleSoft.

DAY 1 QUICK START GUIDE GLOSSARY

INTERNAL IDENTIFIERS

The following are commonly used terms referring to the HHS organizational structure:

Business Partner – Team members within the Business Divisions that provide strategic business functions across HHS. These include the Finance Division, Human Resources Division, Communications Division, and Legal Division.

Center of Excellence – A body that provides leadership, best practices, research, support and/or training around a specific focus area across program the Program and Business Divisions. The Department has Centers of Excellence for functions including Project Management, Process Improvement, Change Management, and Quality Management.

Division – Program and policy or business vertical; collection of sections or functions (e.g., Public Health Division, Human Resources Division).

Executive Director – Leader of a Programmatic or Business division within HHS.

Function – Subunit of business division (e.g., External Communications function within the Communications Division, Budget Management function within the Finance Division).

Office of Transformation – A function within the Deputy Commissioner's Office that is responsible for the improvement of existing workflows or processes in the Department.

Section – A singular subset of a division (e.g., Early Childhood Section, Aging Services Section).

PARTNERS, PROVIDERS AND PEOPLE WE SERVE

The following are commonly used terms referring to the partners, providers, and people we serve:

Basic Care Facility – Licensed residential facility that provides room and board and services to individuals who need health, social, or personal care services but do not require extensive medical services.

Care Coordinator (child welfare) – Case manager in a child and family case involving severe emotional disturbance.

Child Care Provider – Person, group of persons, or agency responsible for the education and supervision of the child/children in their care in exchange for money, goods, or services.

CNA – Certified Nurse Aide. An individual who has successfully complete the requirements for the certified nurse aide training and competency evaluation program to provide nursing services to residents. CNAs must be entered on the Public Health Division nurse aide registry as a certified nurse aide.

Community Health Worker – Members of the communities they live in who work either for pay or as volunteers in association with the local health care system. Community health workers often provide services such as case management, client education, follow-up care, health screening, informal counseling, and more.

Childcare Licensor – Authorized agent responsible for processing childcare licensure applications, completing onsite facility inspections, and issuing licenses as appropriate

CMS – Centers for Medicare & Medicaid Services - Federal agency which oversees Medicare, Medicaid, and the Children’s Health Insurance (CHIP).

Eligibility Worker – Person responsible for gathering information and determining whether an individual is eligible to various public assistance programs.

Human Service Centers – There are eight regional human service centers that provide counseling and mental health services, substance abuse treatment, disability services, and other human services to a multi-county area.

Human Service Zones – Local offices in the counties (formerly known as county social service offices) that have professionals on site who can help people who need these services and supports: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), heating assistance, Medicaid, including children's health services; basic care assistance; child care assistance; in-home and community-based services and supports for elderly and disabled individuals; personal care assistance; child welfare (foster care, child protection services, child care licensing and related services); and referrals to other local resources and programs.

ICF/IID – Intermediate Care Facility for Individuals with Intellectual Disabilities. Institution that provides, in a protected residential setting, evaluation, supervision, coordination, and health/rehabilitative services to individuals with intellectual disabilities to help each individual function at their greatest ability.

Licensed Child Care Providers – Facilities required to maintain at least minimum standards related to physical size of the facility, safety features, cleanliness, staff qualifications, and staff-to-child ratios. See the definitions of the licensed childcare provider categories: licensed family childcare, licensed group childcare, licensed child center, licensed preschools, licensed school-age programs, and multiple license facility. (Unlicensed childcare provider categories include self-declared providers, formerly called “self-certified,” approved relative providers, and registered in-home providers).

Licensed Child Care Center – Provider of care for 19 or more children in a facility, depending on usable space and staff-to-child ratio. Children are often grouped by age.

Licensed Family Child Care – Provider of care for seven or fewer (plus two additional school age children) children in a private residence.

Licensed Group Child Care – Provider of care for up to 30 children in a home or other type of facility, depending on usable space and staff-to-child ratio.

Licensed Preschools – Provider of part-time educational and socialization experiences for children aged two years to kindergarten for no more than three hours per day.

Licensed School-Age Programs – Provider of care for 19 or more school-age children when school is not in session.

Life Skills and Transition Center – State-operated, comprehensive support agency serving people with intellectual and developmental disabilities in Grafton.

LPHU – Local Public Health Unit. One of 28 independent units working in partnership with the North Dakota Department of Health to provide personal and population-based health services to residents in their city and/or county jurisdictions.

MCO – Managed Care Organization. Health care company or a health plan that provides for the delivery of health benefits and additional services to Medicaid beneficiaries through contracted arrangements with Medical Services. This contract helps to improve health plan performance, health care quality, and outcomes while reducing Medicaid program costs.

Peer Support Specialist – Person that uses their lived experience to assist others on their journey to recovery and wellness related to recovery from a mental health disorder, substance use disorder, brain injury, or any combination thereof. They work to help others become and stay engaged in the recovery process by using their lived experience, and skills learned in formal Peer Support training.

PRTF – Psychiatric Residential Treatment Facility. One of six facilities that provide children and adolescents with a comprehensive 24-hour therapeutic environment integrating group living, educational services, and a clinical program based upon an interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family.

Qualified Service Provider (QSP) – Agency or independent contractor that agrees to meet standards for services and operations established by the Department to provide home and community-based long-term care services to older people and individuals with physical or intellectual disabilities.

Registered Providers – Child care providers who are eligible to participate in the Child Care Assistance Program (CCAP) and who are generally registered by tribal entities. These child care providers may be licensed by tribal entities and subject to their licensing criteria but are not licensed by the state.

SNF – Skilled Nursing Facility. A facility which provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital. SNFs are licensed by the state and certified by the Centers for Medicare & Medicaid Services (CMS) to participate in the Medicare/Medicaid programs.

State Child Protection Team – Multidisciplinary team of staff members from public and private agencies (determined by law) that makes the determination whether child abuse or neglect is indicated in cases of suspected institutional child abuse or neglect.

Self-Declared Child Care Providers – Providers of care for five or fewer children of which no more than three may be under the age of 24 months. These providers are not licensed. They are eligible to participate in the Child Care Assistance Program and the USDA Child and Adult Food Program after meeting some basic training requirements and after a pre-approval inspection.

State Hospital – Hospital that provides short-term acute inpatient psychiatric and substance abuse treatment, intermediate psycho-social rehabilitation services, forensic services, and safety net services for adults. The hospital also provides residential addiction treatment services for adult male and female clients referred to the Tompkins Rehabilitation Center.

Substance Abuse Treatment Provider – Provider who is licensed by the Behavioral Health Division to operate addiction treatment programs.

Substance Exposed Newborn – Infant younger than 28 days of age at the time of the initial report of child abuse or neglect who is identified as being affected by substance abuse or withdrawal symptoms or as having a fetal alcohol spectrum disorder.

Obligee – Person to whom a child support obligation is owed. It may also be an entity to which a child support obligation is owed.

Obligor – Person who is obliged to pay child support.

Partner – Refers to individuals rendering medical care, including physicians, nurse practitioners, physician assistants, and others.

People Served – Previously used to refer to clients, customers, patients.

Provider – Refers to organizations providing health and/or human services to one or more patients.

PROGRAMS AND SERVICES

The following are commonly used terms referring to the programs and services administered by HHS:

CARES – Coalition of over 40 service providers and partners who provide a network of support to Service Members, Veterans, Families, and Survivors. ND CARES attempts to resolve barriers or gaps in services to ensure those serving, who has served, families and survivors receive the behavior health care and assistance they need.

CCAP – Child Care Assistance Program. Program that provides help paying for child care costs to low-income families that are working or participating in education or training activities.

CFS – Children and Family Services Division of the Department. CFS has administrative responsibility for the policies and procedures relating to children and families and is responsible for program supervision and technical assistance for the delivery of public child welfare services.

CHIP – Children’s Health Insurance Program. Comprehensive health coverage for children 18 years of age and younger. To qualify, a child’s family must have a modified adjusted gross income that is greater than the Medicaid eligibility level but does not exceed 175 percent of the federal poverty level.

CPS – Child Protection Services. Services intended to protect the health and welfare of children by encouraging the reporting of children known to be or suspected of being abused or neglected and providing services for the protection and treatment of abused and neglected children to safeguard them from further harm.

Diversion Assistance – Program that provides short-term emergency benefits and services during a “specific crisis or episode of need” for up to four months to families that would otherwise qualify for Temporary Assistance for Needy Families (TANF).

Early Childhood Services (ECS) – Team of Department employees that develops and co-administers the Child Care and Development Fund and reviews and maintains state regulations and policies. ECS supervisors, review and approve licensing studies, issue approved licenses, assess licensing violations, issue appropriate corrective action and supervise licensing specialists. ECS licensing specialists assist potential child care providers through the child care licensing process, conduct child care licensing studies, assess program concerns and work with child care providers to create healthy and safe child care programming.

EA – Economic Assistance. Division of the Department that administers policy for the following programs: Child Care Assistance Program (CCAP), Low Income Home Energy Assistance (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF), including Diversion Assistance and Job Opportunities and Basic Skills (JOBS). EA policy is also responsible for Alternative to Abortion services, Quality Control/Quality Assurance unit, Policy and System Support unit.

FMAP – Federal Medical Assistance Percentage. Federal matching rate for the Medicaid program. FMAP is evaluated annually on October 1 and is based on the three-year average of North Dakota’s per capita personal income as compared to the three-year average of the national per capita personal income.

Food and Nutrition Services (FNS) – Federal agency of the United States Department of Agriculture that, among other duties, administers the Supplemental Nutrition Assistance Program (SNAP).

FTR – Free Through Recovery. Community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns; administered by the Behavioral Health Division of the Department in partnership with the ND Department of Corrections and Rehabilitation.

GA – General Assistance. County program designed to cover emergency needs of low-income individuals or families. The covered needs may include rent, fuel and utilities, medical, and burial expenses.

HCBS – Home and Community-Based Services. Array of services that are essential and appropriate to sustain people in their homes and communities and to delay or prevent institutional care.

LIHEAP – Low Income Home Energy Assistance Program. Program that helps qualifying households pay a portion of their home heating costs, covers furnace repair and weatherization services, and provides cooling assistance in the summertime.

MA – Medical Assistance. Program commonly referred to as “Medicaid” that provides medical assistance to certain specified groups of needy low-income individuals as defined by federal law.

MIECHV – Maternal, Infant, and Early Childhood Home Visiting. Federal grant program supporting home visiting efforts in North Dakota, administered by Prevent Child Abuse North Dakota.

ND Quits – Program administered by the Public Health Division that provides resources for North Dakotans seeking assistance to quit smoking or using smokeless tobacco products, including vapes or electronic cigarettes.

NDWORKS – Employment and training program that provides SNAP recipients with opportunities to overcome barriers and gain skills, training or experience to improve their employment prospects. Participants receive support through job placement and retention services in order to reduce their reliance on SNAP benefits. The department contracts with Community Options, Inc. to provide the program services.

Oral Health Program – Program administered by the Public Health Division that aims to prevent and reduce oral disease and improve the oral health of all North Dakotans.

OTP – Opioid Treatment Programs. Program that provides medication-assisted treatment to patients diagnosed with opioid use disorder, including regular counseling with a licensed addiction counselor. OTPs must be certified by the SAMHSA.

PHEP – Public Health Emergency Preparedness & Response Program. This program provides local and state public health guidance, planning, coordination, response and funding for large scale emergencies. These activities include coordination and funding of incident command and control, disease control, laboratory services, communications systems, public information, medical supplies, equipment and pharmaceuticals and training.

PMHCA – Pediatric Mental Health Care Access Program. Program through the Public Health Division that supports behavioral health integration in primary care through new and expanding telehealth access programs – including screening, providing clinical behavioral health consultation, care coordination support, and training – with a focus on rural and underserved areas.

PRIDE – Parental Responsibility Initiative for the Development of Employment. Collaborative effort involving the Department, Job Service of North Dakota, and district courts to address nonpayment of child support resulting from the unemployment or underemployment of the obligor. PRIDE provides case management, job skills improvement, and job placement to help obligors obtain or improve their employment in order to pay child support.

SAMHSA – Substance Abuse and Mental Health Services Administration. Agency within the US Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The agency's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SNAP – Supplemental Nutrition Assistance Program. Federally funded USDA program intended to raise levels of nutrition among low-income households by supplementing their food purchasing power with monthly benefits distributed through an electronic benefit card. Formerly called the Food Stamp program.

TANF – Temporary Assistance for Needy Families. Federal block grant program established under Title IV-A of the Social Security Act that provides cash assistance to low-income families with children who are deprived of the support of at least one parent while promoting self-sufficiency through work readiness training and job placement services.

VR – Vocational Rehabilitation. Training and employment services provided to individuals with disabilities so that they can become and/or remain employed. Services are designed to assist business owners and employers in developing short and long-term strategies regarding disability-related issues including staffing; education; tapping into financial incentives associated with hiring an individual who has a permanent injury, illness, or impairment; or ensuring accessibility to goods or services.

Vulnerable Adult Protective Services (VAPS) – Program to address the safety of vulnerable adults who are at-risk of harm due to the presence or threat of abuse, neglect or exploitation.

WIC – Special Supplemental Nutrition Program for Women, Infants, and Children. This program offers healthy food for proper growth and development and helps families choose healthier ways of eating. WIC is for eligible pregnant, breastfeeding and postpartum women, infants, and children under 5 years and is available in all North Dakota counties.

SYSTEMS AND TOOLS

The following define commonly used systems and tools across HHS:

CCWIPS – Comprehensive Child Welfare, Information, and Payment System. Computerized case management and payment system for foster care and adoption services

FACSES – Fully Automated Child Support Enforcement System. Federally certified computer system that supports the processing of child support cases in North Dakota and supports the State Disbursement Unit (SDU) in processing child support payments.

FRAME – The Department’s child welfare computer system used to capture case management activities and collect child welfare data.

Intranet – Private network internal to HHS based on the SharePoint platform that is used to host and share pertinent information.

MAVEN – North Dakota’s Electronic Disease Surveillance system. This system allows tracking disease diagnosis and other information for a single person across different reportable conditions and surveillance models within the system

MMIS – Medicaid Management Information System. Computer system that processes all Medicaid claims, monitors utilization, and provides information needed to manage the Medicaid program. The system was implemented October 2015.

myAvatar – Video conferencing software that provides expanded access to telehealth services at the eight regional behavioral health clinics and four satellite clinics in North Dakota.

PeopleSoft – Suite of applications used to support workforce functions including personnel and financial management.

SharePoint – Web-based platform for document management and storage systems. The Intranet is built on the SharePoint platform.

SPACES – Self-Service Portal and Combined Eligibility System. The Department’s integrated eligibility system used by human service zones to determine eligibility for the CCAP, Medicaid, SNAP and TANF Programs. SPACES also streamlines the application process for economic assistance benefits and offers a self-service portal allowing individuals 24/7 access to check their benefit status, review their case history, report changes and complete reviews, view correspondence and upload documents securely.

TECS – Technical Eligibility Computer System. Computer system currently used by human service zones to manage some Medicaid cases.

Workforce – The Department’s workforce management software used by both HR and Fiscal for time, attendance, payroll, and other functions.

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