DHS/DoH HB 1247 shared responsibilities 2021

1. DHS could benefit from connection with State Health Officer. (Dr. Andrew McLean is missed.)

2. New State Health Officer should have input into plan.

3. All CDC funding goes to DoH, because the federal office is Dept. of Health & Human Services. DHS needs to go through channels to get the funding for the programs they do.

4. Long term care facilities inspections are in DOH, all services are managed by DHS.

5. DoH has suicide data, DHS has the program in Behavioral Health, but the data is not easily available to DHS.

6. DoH has prevention of traumatic brain injury, DHS has the services, including Medicaid, but DoH has special health services.

7. Regional Human Service Centers could be encouraged to interact more with zones and both could interact with local public health units.

8. DoH applied for CDC pediatric mental health grant, but without the resources to do the work.

9. DoH has HIV data, DHS has programs for drug users.

10. Tobacco compliance is in the behavioral health block grant, but tobacco cessation is in DoH. If there is a 20% increase in youth smoking, the grant is lost.

11. State Hospital – nurse workforce staff is in DoH, hospital is under DHS.

12. Not a DHS/DoH issue, but human trafficking is in the Attorney General's office, and Behavioral Health should be involved with victims in order to provide services.

13. Communication not only can be enhanced between DHS and DoH, but also should include the autonomous local public health units who should be locally controlled, but who work with DoH and DHS on some services, such as establishing residences for homeless victims of COVID.

Dr. Josh Wynne re: 1247, blending of the 2 departments:
Concept is attractive
Reducing entry points for clients
Likes idea of consultant to assist with implementation.
Keep strategic plan for ND Health going
Rather than telling what is going to happen, charge with developing a plan to optimize efficiency, reduce costs, improve satisfaction.