Modernization Initiative
Full Committee

12/2/09
Meeting Minutes

Directors: Gary Alexander (EOHHS), Craig Stenning (MHRH), Patricia Martinez (DCYF), Corrine Calise Russo (DEA), Helen Drew (HEALTH) for Dr. David Gifford.

Co-Chairs: Elizabeth Burke Bryant, Linda Katz

State Agency staff: Deborah Buffi, Jane Morgan, Gerry Bedrick (EOHHS), Donalda Carlson, Art Schnure, Diana Beaton (DHS), Maria Sansiveri (MHRH), George Bowen, Leon Saunders (DoIT).

In Attendance: Joanne McGunagle (CCAP), Rebecca Kislak (RIHCA), Jill Beckwith (RI Kids Count), Donna Martin (CPNRI), Linda Ward (Opportunities Unlimited), Bob McDonough (Food Access Project), Katheryn Tavares (United Way), Cristina Amedeo (United Way/211), Paula McFarland (RICAA), Sarah Griffin (Casey Foundation), Bert Cooper (City of Providence), Maureen Maigret (Senior Agenda), Stephanie Geller (RI Kids Count), Jennifer Woods (Lt.Gov's Office).

G. Alexander- Welcome.

L. Katz - The Steering Committee has met two times. We want to put together a process to get the work done. The work that we are doing comes directly from legislation from the General Assembly. "To encourage the EOHHS departments to utilize consumer-centered approaches to service design and delivery that expand their capacity to respond efficiently and responsibly to the diverse and changing needs of the people and communities they serve."

1) The Steering Committee developed a survey that was sent out to EOHHS directors asking them for information on their programs and services. See the attached documents.
2) Not all the surveys are back yet, but once they are, we will have a better idea of what our map looks like.

S. Geller- This is a repeat of the presentation that was given to the Steering Committee on 11/18/09. Please see the 2 attached documents on what other states have implemented to address access to health and human service programs.

1) Handout #1: State Efforts at Internet Based Program Screening and Enrollment and Modernization/ Access

   This handout is a summary of 24 states with their websites listed. The states are in varying stages of development and have a range of different programs that may be accessed by the internet. They provide: information, benefit screeners, and/or online applications. Some states post applications that can be printed down, or applications that can be typed on and saved and sent back to the state, or actual "online applications" where the information goes directly to the state's database. There are many variations. I indicated with a star (*) or two (**) next to the states that I thought were more promising.

2) Handout # 2: Summary of Select States (Pennsylvania, Wisconsin, Utah, W.Virginia)
   You can find these 2 handouts under the 12/2/09 Modernization meeting date.

In speaking with staff at the Center on Budget & Policy Priorities (CBPP), they recommended:

- a step-by-step approach and starting with a small number of programs to start;
- rolling out the application (online) process slowly, possibly taking a year;
- using scanning capabilities when possible and sharing documents with other programs.

Some states make their online applications available in multiple languages.

Q – Bob McDonough- Was CBPP aware of the work we have done here in RI? What did they think?

S. Geller- They knew we had a SNAP application online.

E. Burke Bryant – We don't want to reinvent the wheel. The Steering Committee will look at the work that is already done and utilize that and build on wheat we have already.

Q- D. Carlson- Do all these 24 states have an online application?

S. Geller- No. They are all at various levels. Not all these 24 states have online applications. For a more updated information, please see CBPP latest review of states efforts at: http://www.cbpp.org/cms/index.cfm?fa=view&id=1414

D. Carlson- I'd like to see RI on this list, what we have done.

L.Katz- Remember we have to look at it in terms of: information, screening and eligibility. Some of the states have more comprehensive information on their websites, than we have, even if they don't have applications online.

G. Alexander- We're talking about just the web-based access. This isn't the only way to get access. Also, I just want to thank Paula for bringing the food today. And Stephanie Geller for doing all this research on other states' efforts. At some point, we may need some assistance in getting this work done. The National Governor's Association, may have staff and expertise that we may be able to access. We need a set of goals and deliverables. We need a project manager for this project.

S. Geller – Continued with presentation on Handout #2, see above.

Q- N. Corkery- Where can people go if they don't have a computer?

S. Geller- A community-based agency can help.

L. Katz- Workgroups. The Steering Committee discussed having 5 workgroups, as follows:

Simplification/ Access Workgroups

1. **For DHS Programs**-The task would be- how to simplify access to programs in DHS. The Core Programs (Medicaid, SNAP, RI Works, Child Care Assistance) was discussed as a starting point. You need to streamline and simplify before you even get to the web part.
2. **For MHRH Programs**- Same task as above, but for MHRH programs. (Behavioral health and DD should also include DHS and DCYF.) We don't want to do this in silos. This group needs some discussion with Director Stenning, Liz Earls, Ann Mulherny. People who have an interest or serve people with disabilities. The tasks of this workgroup need to be fleshed out with Directors Stenning and Martinez re: the continuum of care from child to adult systems.
3. **For LTC Programs**- This workgroup would also work on simplification and access and include the recommendations (and some members?) of the GW Taskforce workgroup on LTC. This should include DHS, DEA, and MHRH. Maureen Maigret's LTC group did a lot of work on simplification and has already submitted recommendations.

4. **Information Workgroup**- How do people get information about EOHHS programs? This group would begin the work of getting information on EOHHS programs and services and looking at the EOHHS websites.
5. **Medium and Long Term Planning Workgroup-**This would be the group that would work on suggestions for the longer term aspects of this initiative, like researching and following up on the computer software, what other states have done and some of the planning.

How does the Department of Health fit in- the WIC program and Women's Cancer Screening Program should be included.

E. Burke Bryant- I'm like to hear from the Directors about their reactions to what we've heard so far.

Director C. Calise Russo (DEA)-These workgroups fit in with planning we are doing now. We have a new grant for the ADRC (Aging and Disabilities Resource Center) coming in. I agree that Florida is really advanced…I'd be happy to help Maureen M. and this LTC group. There's a lot of work being done on the aging side.

Director P. Martinez (DCYF)-We are connecting the dots, under Gary's leadership. We don't have applications per se at DCYF but certainly, the opportunity for families to connect with available programs and services in the community would be very helpful. Having this group of stakeholders is useful to help us move forward.

Director Russo- For example, we receive funding from AOA National Caregiver Association to provide camp for kids whose grandparents take care of them. It would be great to let people know about this program.

Director Martinez- Efficiencies will make the services available immediately.

D. Martin- The Department of Education website connection would be good.

G. Alexander- The school-based system is very important.

H. Drew (for Director Gifford) - So many of the programs at health are not eligibility based; but WIC, Women's Cancer Screening Program and HIV are specific populations where people are eligible. Also, thank you for the compliment on our website.

G. Alexander- We have to do this in incremental stages, we can't bite it all off at once.

H. Drew- What are the first increments? We should get the low hanging fruit first.

G. Alexander- For the web-based systems, it should be a symphony, a tapestry. People should be able to access it at different points in their life.

C. Stenning- Similar to HEALTH, we have a community-based delivery system. We have tens of thousands of people in the system. They have different eligibility criteria that are defined in statute. Behavioral health is determined at the community level. On our website www.mhrh.ri.gov we have comprehensive information on our 3 programs areas.

In DD, we have been working on a web-based system that goes directly into the state. Some of our programs require a lot of documentation from physicians, etc. I strongly believe DOE should be involved with this.

G. Alexander- Staff development and education is extremely important but they are siloed and don't know other systems. We'd like to see one-stop shopping around the state. All Health and Human Services employees should receive the same basic training (on all the programs).

Q. **N. Corkery**- How have the other states addressed confidentiality?

L. Katz- Most of the programs do not have these issues. (no protected health information) This will have to be addressed in the future.

S. Geller- We can look into this further.

G. Alexander- We have to be sensitive to these issues.

C. Russo- We have a web-based case management system where only certain providers can get information.

J. Woods- Applicants have to give consent.

G. Bedrick- We have to have people have a "better experience" not only dealing with web based, can we do something now?

D. Carlson- You are talking about true human services. You're talking about process issues. What happens to us is, we have federal requirements and traditional ways we do things. The worker wants it to go well. This group can help me alleviate some of the non-essential things we do. Their work would go better if we had this system.

L.Katz- When working on the survey, I thought to put in, how do the agencies overlap, do they collaborate. It took 1½ years to get through a small policy done at DCYF. Looking at policies is a whole other level. Regarding staff development, we could ask: What kind of staff development do you offer now? We should be building in these other pieces.

S.Geller- When talking with CBPP, applications online is not the whole answer… reducing back office functions….using less forms. Idaho and New Mexico have done work in this area. There may be funds available to help with this simplification work.

P. McFarland – Maybe we can look at the timeframe again.

E. Burke Bryant- I'm sending around forms to sign up for the workgroups.

L. Katz- Meeting schedule:
For the larger group, Modernization Initiative (or RI Reds), we'll meet quarterly, the 2nd Wed of the month from 12-2 pm. For the Steering Committee, it will meet the 1st Wed. of the month from 9-11 am (LP Building, West Wing Conference Rm.) We will send out the dates.

If other people are interested in being on a workgroup, you can email Sue Buontempo at sbuontempo@dhs.ri.gov

E. Burke Bryant- G. Alexander has to report back to the General Assembly. We will emphasize work in the short term as well as gains and longer tem goals later in the Spring 2010.

D. Buffi- we will post meeting minutes, meeting dates and other information on the websites. www.eohhs.ri.gov and www.dhs.ri.gov

M. Maigret- This initiative has not been widely publicized.

G. Alexander- We can certainly present this at the next GW Taskforce meeting.

E. Burke Bryant- Just wanted to mention Sarah Griffin. She is doing a rough draft of a flow chart. We will present this at a later meeting.