



Executive Office of Health & Human Services

**HHS Commission Presentation
November 16, 2021**

**RHODE
ISLAND**

Introduction to EOHHS

EOHHS is an umbrella organization and the Single State Authority for Medicaid in Rhode Island.

Our core functions support the agencies under the HHS umbrella:

- BHDDH
- DCYF
- RIDOH
- DHS
- Office of Healthy Aging
- Office of Veterans Services



EOHHS's Priorities

Our mission: Ensure access to high quality and cost-effective services that foster the health, safety, and independence of all Rhode Islanders. We accomplish our mission by:

ONE

Preserving and improving **access** to quality, cost-effective healthcare

TWO

Shifting systems and investments to prevention, value, choice, and **equity**

THREE

Curbing the opioid epidemic, addressing addiction, and **improving** mental health services

FOUR

Promoting efficient, effective and **fair** delivery of services

EOHHS's Guiding Principles

CHOICE



• Full Choice for Individuals and Families

- Every resident that we engage must be given the right to choose and influence what they receive. Options must exist.
- Whole person
- Respect and dignity

RACE EQUITY



• Race Equity

- We must ask ourselves every time we create a policy, procedure, practice or implement a plan “What role if any is race play in the decisions we make? Is this equitable? Is this fair?”
- We must ask ourselves every time we create/fill a position or look to promote “What role if any is race playing in our decision making?” Recruitment, retention, and promotion of people of color must be priority.

ENGAGEMENT



• Community Engagement

- We need to intentionally have community at the table from the onset and throughout. We must ensure that the community voice is heard and respected. Balance power.
- We must ask the community what they need before we act and not assume we know what is best or do what works best for government.
- We must engage community using a racial equity lens.

EOHHS Central Management Core Functions

These core functions help support the HHS agencies under our umbrella:

- Budget and Finance
- Data Management and Analysis
- Legal Division and Appeals Office
- Performance Management
- Policy Development and Analysis
- Public/Legislative Affairs

Our aims are to promote efficiencies, interagency coordination & alignment, collaboration, and accountability through performance management.

What's Working (1 of 3)

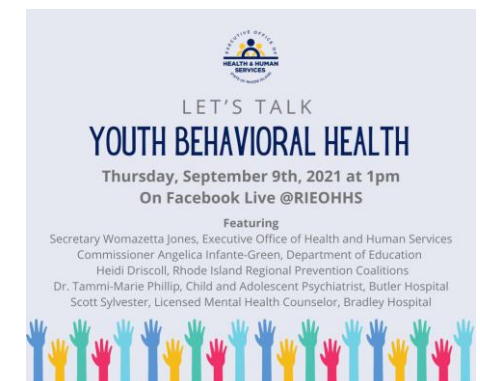
Using data to drive action, and inform policy and decision making. Examples include:

- State Data Ecosystem - Data and Evaluation Planning Processes
- Carrying Out the Evidence Update for the Governor's Overdose Prevention and Intervention Task Force
- Long Term Supports & Services Policy Development
- Behavioral Health System Transformation Planning Across the Lifespan
- Creating COVID-19 Data Dashboards

What's Working (2 of 3)

Public Affairs – interagency coordination of communication efforts with those we serve, our partners and stakeholders, and the RI General Assembly

- Communications and Legislative Coordination
- COVID-19 Equity Council Support
- Media Campaigns
 - Behavioral Health
 - Birth to 5 - Pre-K, Child Care, etc.
 - Medication Lock Up
 - Overdose Prevention
 - Safe Sleep
 - Substance Exposed Newborns



What's Working (3 of 3)

Public/private interagency policy alignment

- Long Term Services & Supports
- Behavioral Health System Transformation Planning Across the Lifespan
- Workforce Stabilization
- Telemedicine
- Race Equity Work
- Health System Transformation (e.g., State Innovation Model Test Grant, Integration of Physical and Behavioral Health, Hospital Capacity Planning, Health Information Technology, Accountable Entities)

EOHHS's Management of HHS Agencies

- One on One Meetings with Directors for oversight and direction
- PULSE Performance Management Meetings with Agencies
- Bi-Weekly Directors' Meetings, with all Health Cabinet Members
- CFO Monthly Group Meetings and One on Ones with the EOHHS CFO
- Executive Counsel Meetings and One on Ones with EOHHS Executive Legal Counsel
- Coordinated Race Equity Work Across the Secretariat
- Public Affairs Weekly Meetings during General Assembly Session
- Staff Deployment To HHS Agencies When Needed

Challenges With Current EOHHS Structure

Hybrid systems can lead to silos and fractured systems of care

- Resource Needs
- Responsibility and Accountability but Lack of Authority
- Reporting Structure
- Centralization of Public Affairs Staff
- Lack of Adequate Support Staff for Attorneys
- Department-Centric Policy:
 - Behavioral Health Data Sharing
 - Facility and Professional Licensure regulations not integrated with workforce planning and development

Mechanisms for Feedback

- Community engagement is one of the key EOHHS principles and we all prioritize and carry that out individually and within our structures, in a variety of ways:
 - Our Leadership Team at EOHHS holds ongoing discussions with community and residents
 - We hold regular formal meetings with community partners through public Steering Committees, Task Forces, and Work Groups
 - We participate in other agencies' meetings, structures, and coalitions – those we lead and organize and those we engage with organized by others
- We recruit and welcome Community Co-Chairs on key initiative workgroups

Top Recommendations for a Stronger, More Efficient Secretariat

- Maintain EOHHS as the single state authority for Medicaid
- Implement recommendations from EOHHS-wide Program Operational Review (currently underway)
- Maximize the Secretariat's work on equity and racial justice to build even stronger, more efficient, family- and community-centered services
- Formalizing the Health Cabinet, through alignment with EOHHS
- Legislative changes
- Resources

APPENDIX



EOHHS's Statutory Role (42-7.2-5)

Oversight, coordination, and cohesive direction of state-administered health and human services and in ensuring the laws are faithfully executed

Coordinate the administration and financing of healthcare benefits, human services, and programs including those authorized by the state's Medicaid section 1115 demonstration waiver and, as applicable, the Medicaid State Plan under Title XIX of the U.S. Social Security Act.

Implement service organization and delivery reforms that facilitate service integration, increase value, and improve quality and health outcomes.

Resolve administrative, jurisdictional, operational, program, or policy conflicts among departments and their executive staffs and make necessary recommendations to the governor.

Ensure continued progress toward **improving the quality, the economy, the accountability and the efficiency of state-administered health and human services**

Prepare and integrate comprehensive budgets for the health and human services departments and any other functions and duties assigned to the office.

Utilize objective data to evaluate health and human services policy goals, resource use and outcome evaluation and to perform short and long-term policy planning and development.

Establishment of an integrated approach to **interdepartmental information and data management** that complements and furthers the goals of the unified health infrastructure project initiative and that will facilitate the transition to a **consumer-centered integrated system** of state administered health and human services.

At the direction of the governor or the general assembly, **conduct independent reviews** of state-administered health and human services programs, policies and related agency actions and activities and assist the department directors in identifying strategies to address any issues or areas of concern that may emerge thereof. The department directors shall provide any information and assistance deemed necessary by the secretary when undertaking such independent reviews.

Provide regular and timely reports to the governor and make recommendations with respect to the state's health and human services agenda.

Employ such personnel and contract for such consulting services as may be required to perform the powers and duties lawfully conferred upon the secretary.

Assume responsibility for **complying with the provisions of any general or public law or regulation related to the disclosure, confidentiality and privacy of any information or records**, in the possession or under the control of the executive office or the departments assigned to the executive office, that may be developed or acquired or transferred at the direction of the governor or the secretary for purposes directly connected with the secretary's duties set forth herein.

Hold the director of each health and human services **department accountable for their administrative, fiscal and program actions in the conduct of the respective powers and duties of their agencies.**

Race, Equity, and Community Engagement

COVID-19 Response – COVID Equity Council

Core functions: Policy, Planning & Strategy; Performance Management; Data Analytics; Finances, HR, Legal; Public Affairs and Medicaid Program

Preserve and Improve Access to Quality, Cost-Effective Healthcare

Leads: EOHHS/Medicaid, RIDOH, DHS & OHIC

Health System Transformation

- MCO Re-Procurement
- Hospital + healthcare re-orientation
- Investments in primary care and Accountable Entities
- Early Intervention, Home Based Therapeutics, Family Home Visiting, Pediatric Care and Children's System of Care

Investments in social determinants & health equity

- HEZ expansion + Blue Meridian new grant
- AE/HEZ & Equity alignment
- Community Resource Platform and Rhode to Equity

Health Information Technology

Shift Systems and Investments to Prevention, Value, Choice, and Equity

Lead: EOHHS/Medicaid, DCYF and BHDDH

Long-Term Care Resiliency & Rebalancing

- Workforce and Provider Transformation Investments
- Self Directed / IP Model Expansion
- No-Wrong Door
- Nursing Home Repurposing
- Safe Staffing Implementation

DCYF Child Welfare Reform

- Update operational and practice model
- Expand Foster & Adoptive Capacity
- Reimaging of the Training School & Creation of Alternatives

DDD Consent Decree Exit

- Reinvestment in employment and integrated day programming

Curb the Opioid Epidemic, Address Addiction, and Improve Mental Health

Lead: EOHHS/Medicaid RIDOH & BHDDH

Behavioral Health & Substance Use Epidemic Planning

- More strategic dollar allocations + financial mapping
- Launch targeted campaign to address stigma amongst communities of color, indigenous communities and other marginalized communities
- Complete OD evidence refresh and implement recommendations + expand focus to substance addiction
- BH Planning + expanding focus to mental health more broadly and statewide system impact;
- Development of CCBHC practice and rate model

Community Engagement

Below is a sample of the many ways that EOHHS engages community in our work.

Secretary's Visits – Health Equity Zones, Community Health Centers, Provider Roundtables, etc.

Children's System of Care Planning Teams – 8 Workgroups meeting monthly

Governor's Overdose Task Force, including 10 Public/Private Workgroups, which EOHHS members attend

Medicaid Community Engagement – Consumer Advisory Council, Accountable Entities Meetings, etc.

Participation in the Governor's Behavioral Health Council and Long-Term Care Coordinating Council

Health Information Technology Steering Committee – public/private committee from the HIT Statewide Roadmap and Implementation Plan

Proposed Workforce Planning Interagency Public/Private Committee

COVID-19 Equity Council