

History of Health and Human Service Organization in Rhode Island State Government

Jane Hayward, President & CEO
Rhode Island Health Center Association
October 25, 2021

History of Health and Human Service Organization Rhode Island State Government 1935-1970

Boards & Commissions

- Department of Public Welfare 1935-1939
- Department of Social Welfare 1939 -1970

Decentralization of Services

- Department of Social and Rehabilitative Services,
- Department of Mental Health, Developmental Disabilities, and Hospitals;
- Department of Children Youth and Families,
- Department of Corrections

Call for Business Approach to Government

December 1, 2005, Executive Order

- Governor Carcieri created the **Executive Office of Health and Human Services (EOHHS)**
- Codified in statute in the 2006 General Assembly session

Intent

- Fiscal Fitness Initiative
- Desire to consolidate like functions across the Executive Branch to achieve increased efficiency as well as coordinate policy agenda and direction.
- Initial discussions focused on creating Secretariats for Health and Human Services, Transportation and Public Safety
- Health and Human Services consolidation was the only consolidation to move forward at that time.

Structure EOHHS

Patterned after similar structure in the states of Virginia and Massachusetts

Umbrella structure

Designed for interdepartmental policy coordination and the consolidation of administrative support functions i.e., budget and finance, legal, human resource, information technology

Centralize the single state agency authority for Medicaid

Secretary has limited authority over departments

Departmental Directors continued to be appointed by the Governor with advice and consent of the Senate

Statutory authority and framework for the respective departments remained intact

Initial Implementation Priorities

EOHHS Structure cont.

- Initial staff of the Executive Office was under 10 FTEs
- Creation of collaboration model among the Office and the Departments
- Designating the Office as the single state agency for Medicaid

Long Term Opportunity

- Reorganize by functional areas i.e., behavioral health, long term care services and supports
- Cradle to grave continuum of services

Limitations of the Model

Dependent on the engagement and commitment of the Governor to support the structure

Ongoing framework of statutory authority remains in the respective departments

Vulnerable to resistance to change and the efforts and energy employed to retain the status quo