

GRANITE STATE EMPLOYMENT PROJECT EMPLOYMENT DATA SYSTEM

OVERSIGHT BOARD MEETING

MARCH 26TH 2010
South Function Room

Minutes~revised

Oversight Board Members Present: *Chip Maltais(BBH), Alan Greene (CSNI), Brian Collins (Mental Health Association), Lisa Hatz (NHVR), Michael Bilson (Office of Consumer Affairs), Marty Fuller (Family Member), Mary Cahill (NH Rehab Assoc)*

AD Hoc Members Present: Emily Manire(Linkabilites), Tobey Patch-Davies(UNH), Sheila Mahon (MDS), Ken Young (NHVR), Cris Philipson (CSNI), Sheila Lambert (NHVR), Denise Sleeper (BDS)

Absent: Private Provider Network, Self-Advocates, Community Rehab Provider

Denise Sleeper provided a brief overview of the project history and reviewed the purpose of the Oversight Board. The Board will govern decisions regarding the data system and appropriate uses of the data. It must be clearly understood that this Board will have significant responsibility and should not be taken lightly. Decisions from this Board will have tremendous impact to New Hampshire's access to employment information within developmental services, behavioral health and vocational rehabilitation.

The Boards most immediate task will be to begin the process of selecting a contracting entity. The Employment Data System cannot go live due to legal implications until a formal entity is identified that will maintain Business Associate Agreements with all agencies participating in the Data System. In December, the HIPAA Attorney secured for this project made it very clear that this was required in order to be in compliance with all federal and state laws pertaining to data collection and critical for implementation.

Denise discussed the preliminary exploration of a contracting candidate by the Bureau of Developmental Services. Matthew Ertas, Administrator BDS, Denise Sleeper, MIG Director and Tobey Patch-Davies, Project Manager, met with the Institute on Health Policy & Practice at UNH to explore such a relationship. *(Note: although not discussed in the meeting, it is important for the Board to know why this step was taken. Prior to the Oversight Board being established and knowing that a contracting entity needed to be identified: BBH, BDS & VR leadership met to begin the process of identifying appropriate candidates. CSNI was understood as only a short-term solution because all three systems understood that the contracting entity needed to not have any real or perceived bias towards any one*

part of our system. It was understood that in order to create buy-in and be sensitive to the needs of all of our diverse stakeholders, a neutral party needed to be identified. From that discussion, The Carsey Institute and the IOD were considered due to perceived alignment with mission and hypersensitivity to timelines and thresholds that need to be met to keep moving the project forward. The IOD was quickly eliminated as an option as there was strong opposition because their mission and focus appears to be more aligned with developmental services more than any other system. The Carsey Institute was pursued, but they turned down the project because they did not feel it was a good fit for their mission and scope of work. Conversations with the IOD brought the Institute for Health Policy & Practice into consideration for the project. It was also understood that this did not mean that this had to be a permanent solution. There is a real need to move forward with this process otherwise the project is stalled which threatens the success of this significant project.)

The Board raised reasonable issues and concerns that need to be further articulated and explored.. Denise reminded the board that they would set the parameters of the contract that would stipulate the scope of services, details of the relationships & use of appropriate use of data, and concerns identified. The Board expressed the need to have more details information about this option as well as having the opportunity to compare it to other options including using an Independent Agency for technical capacity and the exploration of a CSNI partnership as a short-term solution (or possibly long term) for moving forward with the project. The issues that need to be considered are timelines, sustainability, appeal to broad stakeholders, competence and contract definition.

The Next Steps identified were:

- Development of Criteria for Contractor Selection – Denise & Tobey
- Present more detailed information on three options:
 - Independent Entity – Alan Green
 - CSNI Partnership – Cris Philipson
 - Institute for Health Policy & Practice- Jo Porter & Ned Helms
- Next Meeting: April 14th 12PM - 3PM
South Function Room
Lunch Provided

GRANITE STATE EMPLOYMENT PROJECT
EMPLOYMENT DATA SYSTEM

OVERSIGHT BOARD MEETING

April 14, 2010
South Function Room

Minutes

Oversight Board Members Present: Alan Greene, Brian Collins, Marty Fuller, Lisa Hatz, Mary Cahill, and Matthew Ertas

Ad Hoc Members: Emily Manire, Sheila Mahon, Ken Young, Cris Phillipson, Sheila Lambert, Tobey Patch-Davies, and Denise Sleeper

Absent: Chip Maltais, Michael Bilson, PPN Representative, Janet Hunt, Kirsten Murphy, Robin Raycraft

Note Taker: Denise Bolduc

Denise Sleeper opened the meeting. Introductions were made and followed by a brief explanation of the 3/26/10 minutes. Brian made reference to the words 'serious' concerns used in the minutes and requested the language be changed to more accurately reflect the theme of the group: "Reasonable issues of interest that would need to be articulated and explored further".

Denise explained the purpose of today's meeting was for members to review the three options offered as contracting entities. A contracting entity is required to maintain Business Associate Agreements with all agencies participating in the Employment Indicator Data System. Sheila Lambert said a critical step from VR perspective is the MOU with this entity. VR must seek the approval of the Attorney General's Office that cannot be done until an entity is selected.

Tobey Davies presented the rubric tool to assist with evaluating contracting entities, including the outline for scope of services. Introducing tool/rubric to come up with the criteria to evaluate any option. Three potential options were discussed. It is a beginning point; want to review to make sure it captures everything. Are there other things you want to add we haven't put in place yet? Today is not a decision-making day. Does the group want modifications to the tool?

Denise indicated that Tobey's role would continue as project manager until full system implementation and utilization have been achieved statewide. This is estimated at 2-3 years with the support and availability of MIG funding. Tobey explained the distinction with the role of system administrator, referenced the functions and responsibilities as listed on the handout, and said this is person responsible for adding persons to an

agency's user management pool. The intermediary will have account with Quick base. An unrestricted license was purchased with no annual maintenance fee. An hourly rate for professional services would be applied. Training and technical assistance will be provided to get sites up to speed. (Refer to handout titled Overview of Role & Responsibilities)

Brian mentioned an e-mail from Manchester region on changes to HIPPA HiTech, which he said was not embedded in document. Tobey said she would follow-up with Brian to discuss the issues raised and will involve the projects HIPAA attorney.

The three options were presented:

Role of CSNI - Chris Phillipson asked what would this option bring if contracting done thru CSNI, and consideration for an entity handling the financial side, hiring new users vs. not handling the statistical analysis. Reference was made on managing the system, but without owning the content.

Lisa said she liked the feel of separating this out. She supported doing research value to obtain what data is telling us at one year and 2 year points. Tobey made a distinction between outcome reporting and research. Matthew supported the two phases. He said the first three years are about rooting versus looking five years ahead with different activities and challenges, and added that scope and cost of service being purchased could help answer Brian's question about getting a sense of what goes on administratively.

Matthew doesn't want to complicate things, but he is saying CSNI and the IOD are strongly identified with the DD system that could create some challenges and bring about concern for some of the partners.

Sheila Lambert felt that having an entity that was disability neutral should be considered. Marty asked if the Institute for Health Policy & Practice (IHPP) could do it all. Brian added that Behavioral Health has a good relationship with the IOD due to consumer survey and could be strengthened by talking to Eric. NHVR expressed concern over the IOD and CSNI as an option as they are strongly identified with developmental services.

Denise recapped that the IHPP's intent today is to present information about this option and that this was not a proposal.

Institute for Health Policy & Practice –

Jo Porter and Amy Costello were present with a handout of slides about their organization's strategic intention, etc. and that they did not represent a direct service agency. Jo said that they were not a research shop but are practice based and analyze and disseminate data to support policy work. She said there were no formal ties to the Carsey Institute, IOD, or other institutions. They've done evaluations for the Transformation Grant.

Sheila asked why they were interested. Jo said they were data geeks at heart. Amy Costello, a Community Data Analyst said it was also about making data useful to tell a story. “We teach people to use data effectively. If there is an issue in my community; how to prove it is an issue; how to I solve it; how to I demonstrate change has occurred. Our specialty is in translating data into useful, actionable stuff.”

Sheila asked about technical capacity to help support the project. Jo responded using an example with NH HealthWRQS. Ken asked about the day-to-day management providing support and three months from now who would we call. Jo said they have the ability to put in place whatever the projects needs, but success lies in a detailed well-thought out scope of services. Amy said they support DHHS/Office of Medicaid Business & Policy (OMBP) with user interface with in-house data and have HIPPA compliance.

Brian asked about how priorities would fit in. Jo said they expect to be fluid and flexible and are receptive to prioritizing deadlines and being able to make suggestions to rebuild when a project shows restrictions from what had been intended. With questions on confidentiality and publishing, Jo said they have authority to publish only if permission is granted from the contracting entity/Oversight Board.

Amy said information presented on slides regarding meeting HIPPA and contractual compliances is only showing samples of language and is not a policy, as there are all kinds of data use agreement that can be referenced.

Jo said that this proposed data system is not an area they are familiar with and would need to rely on Board or individual agencies for what system is suppose to do. Brian commented that neutrality is their strength. Marty liked their ability to think outside the box and appreciated their enthusiasm.

Alan referenced the handout he had brought titled Employment IDS and raised the question of whether IHPP could meet all the objectives listed. Matthew said this needs to be spelled out and added to the scope of services, and it may be that they would need to hire people they need to do day-to-day activities. Sheila Mahon suggested breaking out management versus research piece for range of services and what could be covered. She said she had heard that IHPP was expensive. Ken said he did not see on list the users or system support and who would do grunt work if system doesn't work.

Denise will work with Tobey to revise and add items to scope of services so that IHPP can get the information they need to respond with a proposal. Matthew said that there are challenges in using CSNI but establishing another entity pushes us into a corner. Tobey said that IHPP would not be influenced because they don't work with employment.

Denise suggested being able to scope short-term costs for project implementation. Matthew asked who else was out there. A suggestion was made on the NH Center for Public Studies headed by Steve Norton, a former Medicaid Director, but Matthew had heard that they were too busy. Brian suggested moving forward with a backup plan, a homegrown plan may be needed if not other logical entity found.

Matthew asked if everyone on the board feels that we could work with IHPP. Does everyone feel that they can? Everyone agreed that they feel they can work with the organization. Tobey and Denise will create a detailed scope of services/contract incorporating scope from Alan's proposal. The information will be circulated to the Board for feedback before sending to IHPP. Does it make sense?

Matthew will engage Eric. Brian will discuss with CMHC directors and email Tobey info re: HIPAA/HITECH issue that came up with GMMHC.

Next Luncheon Meeting: May 12th from 12 to 3.

Reported by:
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DHHS/Bureau of Developmental Services