**Minutes**

**Governor’s Non-Profit Health and Human Services Cabinet**

**October 11, 2011**

**10:00 a.m.**

**Legislative Office Building, Room 2b**

**Hartford. CT**

**Members Present:** Co-Chairwoman Deb Heinrich, Robert Dakers, Deputy Commissioner Elizabeth Graham, Commissioner Leo Arnone, Commissioner Terrence Macy, Commissioner Patricia Rehmer, Commissioner Chris Andresen, William Carbone, Deborah Chernoff, Nancy Roberts, Daniel J. O’Connell, Roberta Cook, Patrick J. Johnson, Jr., Yvette H. Bello, Anne L. Ruwet, Maureen Price-Boreland.

**Members Absent:** Peter S. DeBiasi, Co-Chairman, State Representative Patricia Miller, Commissioner Roderick Bremby, Commissioner George Coleman, Marcie Dimenstein, Teresa Santoro

I. Co-Chair Welcome and Introductions

Co-chair Heinrich called the meeting to order at 10:07 a.m.

The Co-chair welcomed the members of the Cabinet to the first meeting and introduced herself to the group. Ms. Heinrich advised the members that Co-chair Peter DeBiasi, sent his apologies for not being able to make the first meeting due to a family emergency, Ms. Heinrich also introduced Susan Simmat, OPM Policy Development Coordinator who will be overseeing the administration of the Cabinet, and Carol F. Polsky, an intern with Ms. Heinrich. Cabinet members then introduced themselves.

II. Discussion of Cabinet’s Charge

Co-chair Heinrich explained the purpose of the Cabinet. The work done by the Cabinet will build on the work of the Commission on Nonprofit Health and Human Services which issued its final report in March 2011. While the Commission had an end date the Cabinet will be ongoing and look for long term solutions. “How can we better serve the people?”

There will be four working groups, each addressing one of the following:

* How payment rates to providers are determined by the agencies and make suggestions for standardizing the methodology where appropriate. Examine how the methods of setting rate reflect/do not reflect the costs involved with providing services and how that can be improved.
* The RFP and procurement processes and how they can be used to incentivize strategic partnerships in service delivery.
* The appropriate use and timing of competitively bidding contracts and how that will affect program outcomes and innovative programming.
* Common cross-agency outcome goals and measures which will provide strong coordinated health and human service delivery models focused on the benefits.

III. Discussion of Cabinet’s Process

Co-chair Heinrich explained the format for the Cabinet. There will be periodic full cabinet meetings with more frequent working group meetings. Each member was asked to select a first, second, and third choice of the working groups they would like to serve on and indicate if he/she would be willing to co-chair the group. Each working group will have a co-chair from a state department and a co-chair from the nonprofit sector. Each co-chair can select one other person from outside the Cabinet to assist their working group. Members are to report their selections to Susan Simmat (susan.simmat@ct.gov).

Co-chair Heinrich advised that the Cabinet must submit a report to the Governor no later than September 1, 2012 and in each subsequent year to include recommendations for budget, policy and statutory changes in the areas the Cabinet has been charged with addressing.

Some questions from the members were:

* Are there external resources available to support the Cabinet’s work? Co-chair Heinrich asked the former co-chair of the Commission on Non-Profit Health and Human Services, Robert Dakers how the resource issue was addressed by the Commission. Mr. Dakers responded that there were no funds available for consultants and that the state agencies and nonprofits had relied on their existing staff to provide support to the Commission and its workgroups.
* How will Communication/Information Sharing take place? A website is planned for the Cabinet. Once it is up and running all agenda, minutes, and information provided to or by the Cabinet will be posted. Notice will be sent out when the site is available with the address.
* Can Cabinet members assign appropriate staff to workgroup membership? The members expressed that their knowledge regarding each of the working groups’ charges is at a “high” level. It is members of their staff that know the detail and would be more appropriate for membership in the working groups. Ms. Heinrich agreed with this comment. Members may select appropriate staff to represent them at the workgroup meetings.
* What is the expectation from the Cabinet related to goals as outlined in Cabinet charges? Ms. Heinrich responded it is looking at larger picture goals as there is much crossover between agencies.

IV. Meeting Schedule

The Cabinet will meet again at a date to be determined by the work conducted in the working groups. Co-chair Heinrich stated each working group will be responsible for their agendas, minutes and meeting schedules/locations and would be meeting much more often than the Cabinet.

Members discussed the best days/times for Cabinet meetings and settled on Friday mornings. It was noted that once per month the Medicaid Managed Care Council meets on Friday mornings so Cabinet meetings will be scheduled so as not to conflict with these meetings.

V. Adjournment: The meeting was adjourned at 10:32 a.m.