

Transcript: Wisconsin START Initiative Report Briefing

June 17, 2024

>> Alicia: Welcome, everyone. We're just going to wait a few minutes as folks join. Looks like folks are still joining. We'll just take another few moments.

>> Welcome to the START Initiative Phase 2 Wrap-up Webinar.

My name is Alicia Boehme, Division of Medicaid Services.

Today we will present recommendations to improve systems and services for people who have intellectual and developmental disabilities, IDD, and mental health needs across their lifespan.

Thank you all for being here and your interest in work on improving people with mental health needs.

We are very excited to share the recommendations with you and to review next steps.

This process was incredibly collaborative, and we could not have done it without you.

To review the agenda, we want to remind you of the background of the start initiative and how we got here.

Review the purpose of Phase Two.

Highlight the many recommendations that have come out of this phase of the project that will be in the report.

Identify next steps of where we go from there.

And recognize those who have participated in this project over the past eight months.

At the end, there will be time for questions and answers just highlighting that at the bottom of your screen, there is a Q&A button.

Feel free at any point in time to submit a question by clicking on that button and typing in your question.

We may be able to identify and respond to your question right away.



Otherwise there will be time at the end of the webinar for us to answer your questions.

All right.

So we want to learn where you're from, what part of Wisconsin you are from.

This initiative impacts the entire state of Wisconsin, so we're going to put up a poll to see where you are from so we can see if we have representation from across the state.

All right.

So hopefully here soon, we'll have the responses pop up.

It looks like we have 6% from the northern region, 5% from the western region, welcome.

The northeastern region, we have 18%.

40% from the southern region, and 31% from the southeastern region.

Welcome!

We also want to identify who was here for the September 14th, 2023, kickoff webinar.

So we're going to ask another question and see who has been following this over the course of the past number of months.

So feel free to respond yes or no.

We should be receiving these results very soon.

It looks about half and half.

49% was at the webinar on September 14th, and about 51% was not.

So welcome to those who were able to attend in September, and those who were not able to attend in September.

Thank you for responding to the survey.

All right.

Next slide.

Wanting to make sure that everyone knows about the start webpage.

It is located at dhs.wi.gov/dms/start.htm.

And you'll see that another poll just popped up, have you visited the start webpage since our last meeting?

So feel free to answer yes if you're familiar with this webpage and no if not.

This webpage is where all the information on this topic is located and we encourage folks to visit it and revisit it.

This is where the start report will be located as well when it's published.

It looks like about 41% have been to this website and 59% have not.

So again, feel free to frequently visit this website, attach to your favorites and come back to it frequently.

[Dhs.wi.gov/dms/start.htm](https://dhs.wi.gov/dms/start.htm). So wonderful.

Thank you all again.

Welcome, and I'm going to pass this now off to Bill Hanna, who is the Medicaid director for DMS.

Bill?

> > Bill: Thanks, Alicia.

Welcome.

I'm so glad you took some time out of your day to join this webinar.

We have over 150 people attending this, so again, thank you for taking time out to come and hear the recommendations and for those who participated throughout this process, either on a work group or responding to many of the surveys that we put out in the field, the feedback, the engagement with this project has been tremendous.

As I said, my name is Bill Hanna, I'm the Medicaid director as of January of this year.

I was previously the deputy and I recognize many names of folks participating today as I also worked for the Department in 2013 to 2016, and this issue continues, we continue to make progress on some of these challenges and really excited to share with you the recommendations that this broader community has come up with.

First, to share that over the past number of years, we have referred to this work as the start initiative.

This was because the national center for start services conducted the initial evaluation for the department of health services about the effectiveness of services for individuals with dual needs in Wisconsin.

Start is a trademark name of that organization, and that was our first phase, and from here on out, we're going to be referring to this as the Wisconsin IDD Mental Health System Improvement project.

Why is this work important?

Well, one, it affects people every day.

Right?

It affects where people live, how they interact with the community, and their quality of life.

Second of all, these are statewide challenges.

This isn't unique to Milwaukee, this isn't unique to rural areas, this isn't unique to any one part of the state.

We know there are individuals throughout our state that we are working to make the system work better for them and improve their quality of life.

And third, this is complex work.

This is systems-level work.

This is change, and this takes many partners to be aligned to continue to make that progress in a very complex system with very complex issues.

So what's next?

What is this report and the recommendations?

First, the final report will be released this month, later in June.

A couple key points to highlight is that this report is not created -- not owned by the Department of Health Services.

This was intentionally created very collaboratively.

As I said before, these are complex systems, complex problems, and while the Department plays a large role in it, they are not the only player, they cannot be the only player.

Similarly, the solutions must be owned by all of us.

The Department, yes, has a lot of resources, but for this next phase to work, for the implementation phase, we need the support from all of the organizations that contributed to the recommendations to make sure that these are successfully launched, and they're successfully launched in each community the way that best fits that community.

And then fourth, you will see in the written recommendation, there are dozens of recommendations.

We have asked the committee to priority advertise those recommendations so that we are targeting sort of the -- what the committee found as the most important first, and then continue to do this work, we can't do all the recommendations all at once, so we're focusing on what the committee found is the most critical to do immediately.

Now I'm going to pass it off to my colleague, Gynger Steele, from the Division of Care and Treatment Services.

> > Gynger: all right.

Thank you, Bill.

Hi, everyone.

My name is Gynger Steele, administrator for the Division of Care and Treatment Services otherwise known as DCTS.

Bill Hanna, who you just heard from, is the other co-sponsor.

So just a little background about DCTS.

Within our division, there are -- and underneath this umbrella, there are seven facilities.

So two of these facilities provide treatment within secure settings.

This includes the Wisconsin resource center and the sand rich secure treatment centers.

Also encapsulated are two mental health institutes, Winnebago and mental health institutes, as well as there's three centers serving individuals with intellectual and developmental disabilities or related needs and that's the northern, central and southern Wisconsin centers.

Then I'll also mention that within the DCTS divisions are the Bureaus of Prevention Treatment and Recovery, the Bureau of Community Forensic Services, and the Client Rights Office.

I do want to say -- echo what Bill said again, really thank you for taking the time to join us today.

I know for many, carving out an hour with such busy schedules can be challenging and we're grateful for your interest and support, so many thanks for tuning in today.

For those of you who have not had the opportunity to follow the work related to the start initiative, the poll gave us a pretty good indication today, we'd like to provide a bit of context setting so folks can follow the trajectory of how we got to where we are today.

So this project, or Phase 1, began with the Department of Health Services contracting with the National Center for START Services, which is based out of the University of New Hampshire, and really we were looking to do an evaluation of how we are doing in Wisconsin and serving people with IDD and mental health needs.

We knew the system was not working.

We already knew that.

So we certainly weren't surprised by the results.

But I will say the evaluation did give us the foundation to look at what needs to be done to really make some meaningful changes.

And the report looked at how the system was functioning for children and adults, so across the lifespan, and the evaluation was completed in the summer of 2022, and nearly 1,400 people provided feedback to the National Center for START Services in one way or another, so for example, some folks responded to an online survey and others participated in interviews.

We refer to this evaluation or report as Alicia mentioned as the start scan, and this can be found on the DHS website that was shared by Alicia on an earlier slide.

And then moving on to Phase two.

Phase 2 is the phase we are currently in now.

And the purpose of developing was to create specific recommendations that address the five themes that start scan identified that really needed to be changed in Wisconsin.

And this particular phase, Phase 2, started in June of 2023, when DHS gathered names of those interested in participating in and creating and prioritizing recommendations based on Phase 1 findings.

Then a formal kickoff meeting for Phase 2 was held in August of 2023, and then we also had, within this Phase 2, a goal of connecting really with a wide range of partners with a variety of perspectives to participate in this phase, and so amazingly, the current work group is really made up of about 1,300 members.

So here are the five themes the start scan highlighted that are really needing change.

So it's improving crisis services, expanding training and education of providers, increasing the availability of outpatient and preventive mental health services, improving coordination between service systems, and improving supports for those with intellectual and mental health disabilities and mental health needs, so they can have a better quality of life.

And we base them on the themes you see here and associated findings identified in that original scan.

I will now hand it over to Jackie, who will talk about the important work that took place, more specifically during Phase 2.

>> Jackie: Good afternoon, everyone.

My name is Jackie Neurohr, and I've been the project consultant working on this phase of the START evaluation or the start scan process.

As Gynger mentioned earlier, the primary role of Phase 2 was to gather folks together to work on developing the recommendations based on the start scan findings.

We started really in earnest in June of 2023 trying to gather folks together to participate in this activity.

As Gynger mentioned, we had the initial kickoffs of both the steering commit -- steering committee and subcommittees in August of 2023, then this group had a kickoff meeting in September.

So this slide gives you the sense of all the different partners who were necessary and supportive in developing the work that we've accomplished in Phase 2.

We sent out a survey last June to approximately 26,000 people throughout Wisconsin, trying to solicit interest in this project.

And we received over 400 respondents.

And those folks were telling us that they wanted to participate either as a member of the work group at large or a member of one of the subcommittees that we developed.

Later on through the website, we were able to solicit more interest and as Gynger mentioned over 1,300 people have become a part of this movement, I would call it, and they represent all of the different partner groups.

We realize that the issues that we're dealing with in trying to improve our systems really require the expertise and the experience of all of these different partners in order to really make meaningful change.

We also need their support in order to continue that interest going forward because as Bill mentioned, this change is going to take some time and so we need all of us working together and keeping that momentum going.

So this shows you the structure that we put together to basically take care of Phase 2 of this initiative.

We had a 16-member steering committee made up of DHS folks as well as individuals who were representing our partner groups in the areas of people with lived experience, parents and guardians, mental health professionals, residential providers, we have representatives from both a large and a small county, advocacy groups, and the managed care organizations in iris.

So each of the steering committee members, the outside DHS members, also paired with one of the -- to focus on facilitating our subcommittees.

You'll see within the circle on this visual, we have the five subcommittees that were organized around the five themes that came from the start scan.

So the crisis response subcommittee, training and education subcommittee, outpatient services subcommittee, system coordination subcommittee, and the improve IDD supports subcommittee.

Then the 1,300 members were available to provide information and responses, ideas, to each of the subcommittees, and we gained a lot of that information through the use and the development of smaller surveys that Jen will be talking about a little bit later.

So I'd like to take an opportunity to introduce two of our steering committee members who are non-DHS representatives.

They each cofacilitated one of our subcommittees and they're going to be sharing the next several slides with us.

We have Jen Harrison, who is the chief program officer from Lakeland Care, incorporated, and she's representing the MCO and IRIS partner groups.

She has also been the co-chair of our systems coordination subcommittee.

We also have Jeff Kaphengst, the principal in Kaphengst Consulting.

He's also been the co-chair of the subcommittee who was looking at improving residential and IDD supports so I'd like to introduce both of them and Jen will be taking the next slides.

> > Jen: Thank you, Jackie, and hello, everybody.

I'm really pleased to be able to share with you just a little bit about this process, and some of the activity that we took on.

So as Jackie and others have said, we had five subcommittees that were formed, and each of them had about 15 to 20 members.

I think there were so many people interested, if we could have had 30 or 40 members, that would have been fantastic but we knew we had time limits that we will to work within.

So we took our time and found the right people.

Some of the things I think we really looked at closely were having shared experiences but different experiences.

Did they come from the service tree, did they have a lived experience, were they a guardian of someone or perhaps were they from a certain part of the state.

We didn't want everyone to be from Madison or Milwaukee, we wanted really strong representation across the state but also we wanted people who could commit because we knew this would be a fairly large chunk of work.

I think one of the things from my perspective as a committee lead and member was, we really had some robust conversations with the people on our committees, and I think Jeff would agree with that.

Didn't always agree, but always agreed to kind of walk out with the best product.

And I appreciated that.

I feel like we got some great perspectives and came up with some great recommendations.

So as we developed these recommendations, we knew that we needed to do some reach outs and develop some surveys and find out what the general population as well as people who are interested in this work were think, and I just want to say thank you again as someone outside of DHS, we got some great feedback, and I know there was a period there where there was a lot of survey fatigue.

I was impressed that so many people did respond.

So each subcommittee developed specific questions and launched that survey.

And we had some really, really good information back, so again, thank you.

Let's go to the next slide.

We're curious how many of you responded to at least one of those five surveys put out by these subcommittees.

If you could just take a second and respond, we would really appreciate it.

And then we should be seeing responses, I would think, in the next few seconds.

Okay, great.

We had at least 23% responding to one, a quarter of you responding to more than one, and wow, 17% of you responded to all four -- or all five.

You should get a gold star for sure.

And if you didn't respond but are still interested in knowing what those survey responses showed, read some of those reports, read some of the information on the website Alicia pointed out earlier, some really good data, some really good information out there.

So next slide, please.

So the surveys were posted on the webpage and we got all of the feedback from the group at large members via email, and we really did use the survey feedback.

What I think was really interesting to me was that even though we had five unique subcommittees, there was a lot of overlap between the subcommittees with what was important to people.

And some very unique things.

And some things that we looked at that we said, what were some of the areas we could effectuate change on relatively quickly?

What are some of the things we know are going to take a year or longer to effectuate change?

And we talked about that at the front end of this as well.

So just really excited to be able to submit those initial recommendations the first part of this year, and I know that a lot of work has been going into identifying the next key steps in Phase 3.

Jeff, I'm going to hand it off to you now.

Thank you, everybody.

> > Jeff: Thanks, Jen.

Thank you for everybody who attended today.

It's nice to see so many people signing into the webinar.

So basically with the recommendations, the steering committee received actually 37 recommendations related to all the work that was done, so then a smaller group of the steering committee got together to just really look at the overall recommendations and look at how those fit together.

There were many discussions across work groups, when we found through the process that different subgroups were having similar discussions with other subgroups and so there was discussions that occurred between committees to see ways of -- were there pieces that either one of the committees were missing that they wanted to expand on in the recommendation.

So then ultimately when the 37 recommendations were presented back to the steering committee, then as a smaller group, we looked at those and kind of discussed them, looked at ways of organizing them, combining similar recommendations, and then prioritizing the recommendations.

Basically we came to a system of prioritization that involved looking at the recommendation and determining its impact, low, medium, high, its effort, the effort needed to roll out the recommendation, low, medium, high, and the feasibility of actually rolling out that recommendation, low, medium and high.

And that helped us in that prioritization process of the 37 recommendations.

And ultimately, through the process, it was narrowed down that there was really eight focus areas for the different recommendations, and all five of those focus areas did correspond with the start scan themes that were discussed in the initial phases of the process.

So as we kind of looked at those eight focus areas, because we had the 37 recommendations, the group decided that rather than rating them, like taking just the top 10 recommendations, that that rating system that we would use would help us to kind of do some prioritizations, but there were certain recommendations that actually may already be somewhat in process in different work that's being done by DHS in different areas, and so rather than just kind of picking the top 10, it was felt that the work groups and the steering committee should include all of the recommendation noose these eight focus areas just so they were down somewhere on paper, and as we move forward and working through those things, that other recommendations that may, based on our prioritization, weren't, you know, a high priority right now, that they wouldn't be lost.

Into the future.

And as we started working through some of the different recommendations, then gradually over time, we could look at some of the other recommendations and possibly expand those currently.

And again, some of the things that we looked at is, were things able to be -- were they short-term recommendations that could either -- could be done fairly quickly or were they long-term recommendations, what levels of resources were needed for those recommendations, resources both in financial resources as well as resources in possibly multiple stakeholders, multiple areas being involved in the process to work through those recommendations.

And like I said, other areas where recommendations may fit currently into projects that are currently going on within the state.

So the eight focus areas, number one was regional supports.

This was bringing more resources and supports closer to where people are living to help them avoid crises and help them if crises happen, so again, prevention, working from prevention as well as to when the crisis situations are occurring.

Number two is expanding access to psychiatric and behavioral health services.

So to increase the number of available doctors, mental health, behavioral health providers who understand how to best serve individuals with IDD and mental health needs.

Focus area number three was rate and billing code improvements, improving the ways - so that more providers are interested and able to serve people who have IDD and mental health needs.

Number four was technology related recommendations, how to use or improve technology to make it easier for people to find information and help for the situations they're experiencing.

Number five was the IDD mental health specific training.

This was a very broad focus area.

It involved providing training to families, providers, leaders, mental health, and IDD staff. Clinical staff.

So they can learn more about people with IDD and mental health needs and how to support them better.

Number six was basically systems review, making it easier to get the right supports and the right services at the right times.

Number seven was system navigation, helping people get the services and supports they need when their needs change or when they are moving from different -- whether it be from children's services to adult services, or if they're moving within adult services from one support area to another support area.

And number eight was oversight and process improvement, so improving services and making sure that the best methods are being used.

So with that, I'll turn it back over to Jackie.

>> Jackie: Thank you, Jeff.

So the next several slides that we're going to go through are going to give you examples of the recommendations that were made in each of the eight focus areas.

As Jeff said, there were 37 individual recommendations that came out of all of the work that everyone did, and we really didn't want to lose that information.

And so you will be able to find all 37 of those recommendations in the written report when it's released.

We also in the report have highlighted the top 10 recommendations based on a survey that the steering committee members took.

So it's the top 10 as judged by the steering committee.

So we'll be talking about that, and you'll be able to read more of that in the written report when that comes out.

Our recommendation, we wanted to make sure that they focused both on prevention as well as crisis response.

Obviously the best response to a crisis is not having one in the first place, and so we really wanted to make sure that we were offering up ideas of how we could prevent crises from occurring and to help folks to have more enriched lives.

We also wanted to make sure throughout this initiative that we were focusing on the needs of individuals who have IDD and mental health needs across their lifespan, so addressing both issues related to children and children services as well as the adult service system.

So the first area or the first recommendation was to improve regional supports, and in doing that, the recommendation suggests creating regional teams that would be available throughout the state to support families, providers and other individuals in a way that could be responded to quickly.

So having regionally placed clinical staff that could respond and help folks.

We've had a model of this in the state in the past.

We've actually had two successful models, and this had been a very, very highly recommended recommendation.

It was one of our top 10 from the steering committee.

It also was rated number one on a survey sent out by the group subcommittee number three that was focusing on improving outpatient and mental health services.

It was also rated number two on the survey that was sent out to the training subcommittee.

So we've had a lot of folks across the state that are interested in this recommendation coming to fruition.

And the idea is, to provide that information and support close to home so that before big problems become big, we address issues when they're smaller and try to give people supports they need so that crisis doesn't develop.

The next area under the expand access to psychiatric and behavioral health services.

Throughout all of the work that we did in this phase of the survey or phase of the initiative, it's been very apparent that psychiatric and mental health services are really not readily available across the state.

There just aren't enough mental health providers and psychiatrists.

So this recommendation looks at trying to figure out how to expand those practitioners who can provide those services.

So this idea is to increase the number of psychiatric nurse practitioners and physician assistants who are specifically trained to serve people with IDD and mental health needs.

There was a lot of discussion in this about this throughout all five of our subcommittees.

We recognize that there just are not that many psychiatrists in the state and even fewer who are specifically trained to work with the IDD and mental health population.

And one way in order to expand that is to use physician extenders, so teaming psychiatrists and working directly with nurse practitioners and physician assistants who are coming at a larger number into the field, that that could give a relief valve to the need that is so highly out there that we really have to have those services available, people can't be waiting for months at a time to receive their psychiatric and mental health services.

So as the goal here states, it's to increase the education and training for new professionals, to include IDD and mental health-specific training, clinical practice opportunities, mentoring, and internships.

And this also was rated one of the top 10 recommendations by the steering committee.

So this recommendation is directly looking at trying to improve rate and billing codes.

We tried to talk about a lot of different incentives to draw more people into the field, specifically of serving this population.

And so this recommendation was to provide a tiered rate pay structure for providers who served people with IDD and mental health needs and to pay that enhanced rate to

address the acuity and the care complexity that often comes with serving individuals who have these co-occurring needs, IDD and mental health.

So the overall goal was to increase the number of mental health providers with those specific skills to several individuals who have IDD and mental health needs.

This, too, was rated among the top 10 recommendations by the steering committee.

We know that more and more technology is in everyone's daily lives, and that certainly holds true for services provided to folks with IDD and mental health needs.

What this recommendation seeks to do is to expand the use of health information exchange systems by counties, crisis workers and first responders.

The idea being particularly with first responders that if an individual with IDD and mental health needs is in a crisis situation, those people who are responding to that crisis really need to know about that person and the relevant ways of helping them to make it through their crisis to help them to return to their normal setting or their normal life as quickly as possible.

And so the overall goal here was to make important information more easily accessible to responders who need it in a crisis situation.

This recommendation is about expanding IDD and mental health training across pretty much any type of provider, and individuals who have these needs.

So we were looking at ways to focus in on professional training programs, as well as supporting individuals who directly support as direct care staff, folks who have IDD and mental health needs, helping parents to receive more information and training.

In general, there's just not enough training specific to this population and across all areas we look to increase that specific training.

So this recommendation is looking at expanding the DHS Certified Direct Care Professional training program, and that's in existence right now, it's the DCDP, and that is specifically to train to serve individuals with IDD, and what we are suggesting is that there become an IDD mental health training module that gets added to that training program, so that we have staff who are more ready and able to serve this population.

And this, again, was one of the top 10 recommendations of the steering committee.

So this is in relation to systems review.

We had a lot of discussion across all of the subcommittees and in the steering committee about the competing needs and requirements of different programs that serve this population, and feeling that there are many times where parents or individuals themselves have to do repeated assessments or fill out additional forms that seem to sometimes not have a lot of value added, and so what this recommendation is looking at is really taking a deep dive to analyze our administrative rules and regulations to see what barriers we're putting in place that could be removed to make the system -- make moving through the system and receiving services much more accessible to individuals and their families.

So as the goal here suggests, this recommendation is looking to review the processes and policies, find duplication and unnecessary steps, remove them, simplify and streamline the process.

This one has to do with systems navigation.

We looked at that not only from navigating from the adult to the children's system, we looked at navigating the mental health system for folks who also have IDD needs.

So this recommendation is looking at creating a transition team or multiple transition teams that can help children and their families move from children's to adult services, and making sure that the families have the support that they need and the individuals have the support that they need to understand what those programs are, to understand what they qualify for and how to move into making those changes into that service system.

Our final area is looking at recommendations that look at oversight and process improvement.

What we really want to do is make certain that we have ongoing review and improvement happening to the services and supports that are in place or are being developed to serve this population.

So this recommendation is looking at establishing a community of practice of IDD and mental health partners for Phase 3 and beyond, and that essentially is similar to what we did in Phase 2 in terms of reaching out to all of the different partners in this area, and really trying to make sure that we have a group of people that is going to continue to assure that the recommendations that are suggested through this phase of the process are implemented and that policies and procedures being developed can really be best focused to the needs of the people who have IDD and mental health issues.

So again, the goal for this recommendation is to create an ongoing group of IDD and mental health partners to consult with and to be connected to the third phase of this project, and then other system improvements beyond Phase three.

So at this point, Alicia is going to come back and tell us a little bit about and sharing and using the momentum that we've gained from this section of the phase.

Alicia?

> > Alicia: Thank you, Jackie.

So this slide really highlight where we already have momentum and where it might be easy to gain momentum. So when it comes to quick wins in the report, an example is the recommendation that Jackie highlighted earlier, which is that there is already DHS certified direct care professionals training program, how can we add modules in for training IDD and mental health issues?

So that's one place that would be a quick and easy win.

Community partners.

This really highlights where can the community partnerships kind of jump in and address some of the recommendations.

For example, one recommendation is to provide training and mentoring and ongoing collaboration between psychiatrists and other prescribing professionals when it comes to IDD and mental health individuals.

So are there psychiatrists and prescribing professionals out there now who are already connected and can expand that collaboration and community of practice in how can they connect and encourage other folks to connect to receive support?

That's an example of community partnership.

It does not need to wait for DHS to initiate that.

And then ongoing work, where are we already involved that is something we've already started the process for one of the recommendations.

An example of this is enhancing Wisconsin's crisis response to include access to crisis triage centers and stabilization homes.

That's already happening right now.

Sore the report as was mentioned earlier will be coming out sometime in June here.

The report contains the full set of recommendations.

We only went through a few of them today.

There was a priority we had to ensure that the report itself was easy to read and accessible.

One highlight of that is that there are spaces in the report for each of the recommendations that pulls out a breakout box that highlights the recommendation in plain language.

Each recommendation describes the goal of the recommendation.

What are the measures of success?

What partners might be involved?

What resources might be needed to accomplish the recommendation?

And then it also highlights the list of the steering committee's top 10 prioritized recommendations for everyone.

So very excited for that to come out.

Watch for that on the website that we highlighted earlier.

So again, we plan to publish and distribute the report in June.

And that will kind of conclude Phase 2 of the process.

And we will then organize and kick off the Phase 3, which is the implementation phase, later on this summer, into the fall, we'll be looking at determining what recommendations, quick wins, what we might want to implement, and that group will be a process that consists of individuals broader than just the department of health services.

Again, as was highlighted earlier, this was not just a DHS issue.

There are -- the system is very complex and we all need to be a part of it.

So we will continue to have that collaboration, a wide variety of partners being involved in this process.

And then begin the implementation process.

So those are the next steps as we move into the next phase, Phase 3 of this project.

I will transfer it over to Bill.

>> Bill: As you've heard throughout this, it really does take a village to make this happen.

I want to first say thank you to those of you that joined today to hear the recommendations, and those that participated in the many surveys that we issued.

I specifically want to recognize and thank the members of our steering committee who put in many hours reviewing the recommendations, collating those recommendations, reviewing the survey, and really narrowing it down.

Gladys, if you want to go to the next slide so we can recognize those individuals that put in really the heavy lifting as you heard.

So I want to recognize Geri and Joannette and Tom, Cindy, Nancy, Colleen, Julie, Lynn, Jeremy, Nicole, Ann, and on the second page, Jen, Leslie, Jeff, Dan, Alicia, and Jackie.

Thank you for all the time and the commitment to this project to come out with a very excellent report with wonderful recommendations.

And then I also want to thank our internal DHS team that were instrumental in producing the final report, making sure it was comprehensible, it was accessible for putting together this webinar and all of the technical work that went in to making this next phase a success.

So I want to thank Tom and Elizabeth and Gladys and Laura and Dan, Ann, Alicia, Nicole and Jackie, thank you for the work you've done on this and looking forward to the continued work as we move into the next phase.

And I'll turn it over to Gynger for a last few comments.

>> Gynger: Thanks, Bill.

The subcommittees were made up of about 100 people throughout the state representing people across the lifespan, and so to our subcommittee members, we are so very grateful for the time and the expertise and the passion and the commitment that you've contributed to this initiative.

You've really been an important piece to the puzzle and we absolutely could not have done this work without you.

You know, I think having expertise shared from the subcommittees across the continuum of care provided a more well-rounded, holistic view of the services available, and really those that are missing or desperately needed.

So again, thank you for your participation.

Next slide, Gladys.

So also, thank you to the work group at large.

Your interest and feedback, passion and commitment are very much valued, so again, thank you for your participation.

So what are the next steps?

And what do we need from you?

The final report will be distributed this month, so the month of June, and it will be posted on the DHS website.

I think the report, we also plan to send to the start focused email distribution list, so that will come around the same time.

It's posted on the website.

So please share this information with others.

The more others are informed, the more momentum we'll gain in this space.

We're also in the process of establishing a framework for Phase 3 of this project, and Phase 3 will involve recommendations for moving forward.

So please continue to visit the DHS website for updates on the start related goings on.

We've made great progress and we have no intention of letting off the gas now.

We are 100% committed to thoughtfully moving into Phase three and working with our partners all of you to really keep this work in motion.

And the last slide.

Next slide, Gladys.

So we'd now like to take the opportunity to answer any questions related to this information that was shared today.

I'll turn it over to the moderators to assist with fielding those questions, if I may.

Thanks again, everyone.

> > Ann: We have one question from Emily that asked will those involved in Phase 2 be extended an invite to Phase 3 or are you just choosing your participants?

And I believe, Gynger, you just answered that question.

> > Gynger: That's right.

We will be sending out information in the upcoming probably month, and we'll be having a call for action probably posted on our website as well for next steps.

So those who are interested in participating, please do put your names forward.

I think the more participation we can have, the better.

> > we do not have any other questions in the chat right now.

There are no follow-up questions.

> > wonderful.

We want to thank you all for joining us today.

We appreciate your time and commitment and energy to this topic.

It is a priority for us to continue this work and we really appreciate all the recommendations that came out of this.

We feel like it's a great kind of blueprint for moving forward.

So please be looking out for ways to participate in Phase 3, and again, the report will be coming out here in June, and so -- and if you have any questions or concerns, there is a way to reach us through that webpage that we identified earlier.

So thank you very much, and we hope you have a great afternoon.