



# **RI Health Care System Planning - Behavioral Health Workgroup Meeting #2: Discussion of National and State Landscapes**

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**October 8, 2024**

**RHODE  
ISLAND**

# Welcome, Introductions, and Meeting Goals



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Deputy Director DiDino (DCYF) & LeClerc (BHDDH)  
& Co-Facilitator: Sandra Victorino  
(RI Commissioner of Health Advocacy and Equity)

# Agenda / Primary Meeting Goals

- Welcome, introductions, and review of agenda/goals of meeting
- Quick review of Purpose, Goals, Key Areas of Inquiry, and HCSP Expectations
- Review work group purpose, key deliverables, and timeline
- Breakout Group Discussions (Children’s Behavioral Health and Adult Behavioral Health)
  - Review leading Behavioral Health Priorities
  - Discuss range of possible Strategic Actions for each Priority
  - Discuss Areas of Overlap, Collaboration, or Collective Action Across Workgroups
- Next Steps
- Public Comment

# Review Purpose, Goals, Key Areas of Inquiry, and Expectations of the RI HCSP

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Alec McKinney, JSI

# Purpose and Goals of RI Health Care System Planning Initiative

**Overarching Goal:** High-quality, affordable, equitable, accessible, culturally and linguistically appropriate health care system

**The HCSP will be developed through a comprehensive planning process that:**

- Applies quality data for actionable health care policy, oversight, and accountability
- Engages a broad and inclusive group of stakeholders, including residents/health care consumers
- Coordinates with other health and human service systems to ensure continuity of care, supportive service delivery and basic needs
- Aligns current and future needs
- Is overseen by the Health Care System Planning Cabinet (HCSP Cabinet) with the support and cooperation of all departments, offices, boards and agencies

# Health Care System Planning Goals

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- Ensure **solvency** of the health care system
- Foster an **integrated delivery system that coordinates care** across the health care continuum focused on population health, care transitions, and patient-centered care
- Ensure **access to affordable, quality, easy to navigate, and comprehensive care**
- Ensure **health equity and reduce disparities** in access and outcomes
- Incentivize **investments in system transformation** to promote innovation
- Strengthen **preventive, and primary physical & behavioral health services** to maintain appropriate utilization & promote efficiencies
- Invest in efforts to address the **social factors that impact health**
- Establish state infrastructure to **oversee health system performance**, improvement, and equity, as well as promote transparency

# Health Care System Planning Structure

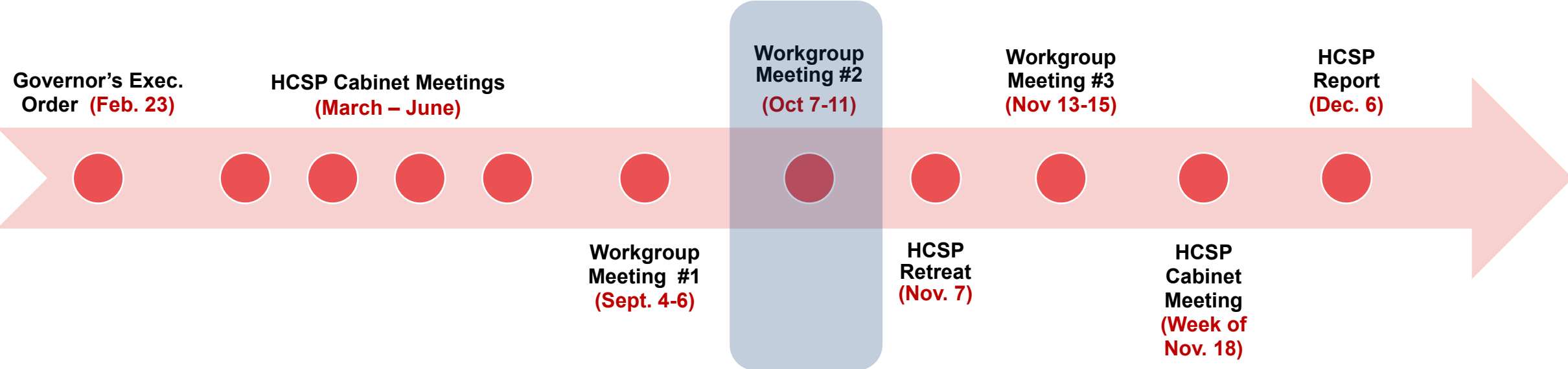
## Health System Sectors

- Long-Term Care and Healthy Aging
- Hospitals
- Behavioral Health
- Primary Care
- Health Related Social Needs

## Cross-Cutting Strategies

- Workforce
- Value-based Payment
- Data Systems/Structures for Analysis, Decision, Making and Transparency
- Health Information Exchange

# Rhode Island HCSP Initiative Timeline



# **Review Leading Behavioral Health Priorities and Identified Strategic Action Steps To Date**

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**Adult Behavioral Health  
&  
Children's Behavioral Health**

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# Framework for Discussion of Priorities and Action Steps

- Health-Related Social Needs
- Prevention and Early Connection to Care
- Crisis Assessment, Initial Treatment/Intervention, and Linkages to Care
- Comprehensive Care, Treatment, Ongoing Support and Recovery



# Children's Behavioral Health Subgroup – Draft Recommendations for Review

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Co-Facilitators: Erin Boles Welsh, JSI

Marti Rosenberg, EOHHS

Ellie Rosen, EOHHS

Chris Strnad, DCYF

# Draft: Leading Behavioral Health Action Items – Children/Youth



**Health Related Social Needs:** Address health-related social needs to support recovery, facilitate access to care, and help address underlying root causes of behavioral health issues.

- Continue to support programs that enhance screening, assessment, and referrals related to addressing health-related social needs and the workforce needed to support families with children in navigating the social services and related systems.
- Invest in and support the development of a comprehensive continuum of housing programs, including affordable, publicly subsidized housing as well as low-barrier, supportive, transitional, and respite housing for families with children with a particular emphasis on families at risk of or involved with the child welfare system, pregnant individuals and families caring for young children.
- Address the high prevalence of food insecurity in low-income families with children in Rhode Island by leveraging an upstream approach focused on raising wages, improving government income-support programs for struggling families, and improving access to and strengthening the federal nutrition programs, including pursuing new Medicaid opportunities to provide nutritional supports.

# Draft: Leading Behavioral Health Action Items – Children/Youth



**Health Related Social Needs:** Address health-related social needs to support recovery, facilitate access to care, and help address underlying root causes of behavioral health issues.

- Introduce and promote policies that reduce children's exposure to toxic stress and enhance community-based interventions that strengthen neighborhood-level resources to buffer the impact of toxic stress on children.
- To address delays in care and lack of early connection to care leading to greater involvement with the Criminal Justice/ACI system, continue, build, and/or expand partnerships and 48 innovative evidence-based programming to prevent and/or transition out of justice system involvement for Rhode Island children.
- Increase wraparound care that addresses HRSN and navigating BH system for children/families before they are at risk for DCYF involvement - this could be done out of pediatric offices or expansion of family home visiting programs.

# Draft: Leading Behavioral Health Action Items – Children/Youth



**Prevention & Early Connection to Care:** Develop a comprehensive array of primary, secondary, and tertiary prevention programming focused on education, raising awareness, and preventing onset, escalation, relapse, or the worsening of behavioral health issues for those across the lifespan.

- Develop and begin implementation of a comprehensive awareness and outreach plan to educate, train, and reduce stigma on mental health and wellness—with a specific focus on reaching marginalized populations and/or those underutilizing the system of care
- Increase visibility of and no-barrier access to existing community-based recreational activities that are children-, youth-, and family-engaging
- Expand substance use prevention efforts for pregnant persons, youth, parents, and schools.
- Determine and provide the most appropriate services to address the needs and issues of the large number of children living with their grandparents, due to their parents being deceased, separated, or incarcerated

# Draft: Leading Behavioral Health Action Items – Children/Youth



**Prevention and Early Connection to Care:** Develop a comprehensive array of primary, secondary, and tertiary prevention programming focused on education, raising awareness, and preventing onset, escalation, relapse, or the worsening of behavioral health issues for those across the lifespan.

- Implement strategies to sustain, expand, and coordinate prevention services, resources, and opportunities for systemically marginalized populations within early childhood environments.
- Develop a sustainable funding plan to continue and/or scale up community-level interventions and critical substance use prevention activities that meet a demonstrated need or builds upon best practice.
- Scale up investments in social emotional learning, peer support, school-based therapeutic groups for student trauma and acute depression, and mental health first aid resources within all school districts in Rhode Island.

# Draft: Leading Behavioral Health Action Items – Children/Youth



## **Crisis Assessment, Mobile Response and Stabilization, and Linkages to Care:**

Ensure access to immediate support for individuals experiencing acute behavioral health crisis, or who are on the verge of crisis, ensuring that they are assessed and receive timely, appropriate care to stabilize their crisis, including referrals to long-term, person-centered treatment.

- Ensure the continuation of Mobile Response and Stabilization Services (MRSS) to fidelity (with a focus on stabilization services), through their implementation within CCBHCs
- Develop an outreach and engagement plan for educating families, caregivers, behavioral health and pediatric providers, and youth about the unique needs of transition-aged youth, services available, and resources that exist to ensure no gaps in needed services arise.

# Draft: Leading Behavioral Health Action Items – Children/Youth



**Care, Treatment, On-going Support, and Recovery:** Ensure access to comprehensive, patient-centered services that ensures individuals, families, and caregivers receive the full breadth of necessary interventions, supports, and resources they need to achieve and maintain mental health and well-being.

- Support and expand strong treatment and programmatic family-centered, trauma-informed, age-/developmentally-/culturally-appropriate services that are aligned with the educational system and available in schools.
- Also support and expand strong treatment and programmatic family-centered, trauma-informed, age-/developmentally-/culturally-appropriate services that are available in the community.
- Ensure that there is a range of funding (federal, state, and private) for these services to support the provision of Evidence-Based Services
- Focus on communicating the services that exist, including all tiers of services available to children and families and the service array newly procured by DCYF

# Draft: Leading Behavioral Health Action Items – Children/Youth



**Care, Treatment, On-going Support, and Recovery:** Ensure access to comprehensive, patient-centered services that ensures individuals, families, and caregivers receive the full breadth of necessary interventions, supports, and resources they need to achieve and maintain mental health and well-being.

- Better develop flexible access to services so that families can receive care without overly rigorous eligibility requirements, time restraints, or restrictions on the location of services.
- Ensure adequate access to higher level care for children and youth in-state.
- Honor patient choice, as much as possible, when determining facility or home-based services.

# Draft: Leading Behavioral Health Action Items – Children/Youth

**Community Engagement, Collaboration, and Partnership:** Enhance community engagement activities by promoting partnership and collaboration and ensuring the bi-directional flow of information between state agencies and key community partners.

- Be intentional about who is invited into decision-making bodies, prioritizing the inclusion of diverse community partners and youth/family and advocates.
- Match peers with youth and families who share cultural and language backgrounds to increase trust within communities where behavioral and mental health are stigmatized or understood through a non-dominant cultural lens.
- Place greater emphasis on lived experience as a qualification for professional roles within the CBHSOC. Expand wellness initiatives that ensure providers can cultivate self-awareness and self-knowledge so that the challenges they face become personal growth, creating stronger bonds with youth and families, and strengthening the connections within the system.

# Draft: Leading Behavioral Health Action Items – Children/Youth

**Community Engagement, Collaboration, and Partnership:** Enhance community engagement activities by promoting partnership and collaboration and ensuring the bi-directional flow of information between state agencies and key community partners.

- Create partnerships with non-traditional behavioral health support systems
- Increase access to non-clinical supports (e.g. parenting classes) and peer accompaniment for families because they provide education, knowledge about, and connection to needed supports. Peers and non-clinical supports also serve to bridge communication between behavioral health and pediatric providers and youth/families in crisis.
- Align community needs and advocacy. Seek out and nurture mutually beneficial relationships between state and direct service agencies to facilitate sustainable public/private collaboration.
- Engage youth in planning, education, and communications activities through student associations and parent groups, especially including youth alumna of behavioral health programs and services

# Draft: Leading Behavioral Health Action Items – Children/Youth

**Data and evaluation:** Incorporate mechanisms to ensure that systems and services are data-driven, with continuous accountability and quality improvement to track, monitor, and manage the achievement of goals and fidelity to System of Care (SOC) values and principles.

- Start evaluation planning when systems planning begins. To build a data-driven system, evaluation and monitoring must be integrated with every aspect of systems transformation.
- Use data to understand which initiatives are creating more equity and achieving the highest quality outcomes. Expand them with dedicated, sustained funding.
- Engage in collecting ongoing feedback from families about access to services.
- Map out which data sources exist and create sustainable policies and processes for overlaying data.
- Facilitate agreements between state and federal agencies that will enable data sharing between platforms that house geolocation, crisis data, and referral capacity data.

# Draft: Leading Behavioral Health Action Items – Children/Youth

**Data and evaluation:** Incorporate mechanisms to ensure that systems and services are data-driven, with continuous accountability and quality improvement to track, monitor, and manage the achievement of goals and fidelity to System of Care (SOC) values and principles.

- Hold community focus groups to better understand behavioral health needs of all Rhode Island children and youth
- Develop and distribute data, information, and personal testimony to policy makers to improve understanding of the importance of early infant childhood mental health among decision-makers.

# Draft: Leading Behavioral Health Action Items – Children/Youth

**Equity:** Provide equitable services and supports that are accessible to young people and families irrespective of race, ethnicity, religion, national origin, age, gender identity, sexual orientation, disability, socioeconomic status, geography, language, immigration status, or other characteristics. Eliminate disparities in access and quality of services and ensure that services are sensitive and responsive to all individuals.

- Develop the cultural competencies of behavioral health and pediatric providers that underscore cultural norms of diverse populations, address both explicit and implicit biases, and include holistic approaches.
- Implement provider education to ensure safe spaces in health care offices for those who have historically been discriminated against.
- Engage diverse communities in behavioral health planning conversations, prioritizing those with lived experience.
- Increase the diversity of the overall provider population.

# Draft: Leading Behavioral Health Action Items – Children/Youth

**Equity:** Provide equitable services and supports that are accessible to young people and families irrespective of race, ethnicity, religion, national origin, age, gender identity, sexual orientation, disability, socioeconomic status, geography, language, immigration status, or other characteristics. Eliminate disparities in access and quality of services and ensure that services are sensitive and responsive to all individuals.

- Reduce inappropriate criminalization of behaviors and social groups by ensuring that providers understand and are self-aware of racial, ethnic, sex/gender, religious and other biases
- Outline equity gaps in foster care/adoption that lead to loss of relationships, identity struggles, and loss of culture/history, and promote a more trauma-informed understanding of the foster youth and adoptee experience.
- Work to reduce bias against youth and family members with a criminal background – not letting the behavior define the person

# Draft: Leading Behavioral Health Action Items – Children/Youth

**Equity:** Provide equitable services and supports that are accessible to young people and families irrespective of race, ethnicity, religion, national origin, age, gender identity, sexual orientation, disability, socioeconomic status, geography, language, immigration status, or other characteristics. Eliminate disparities in access and quality of services and ensure that services are sensitive and responsive to all individuals.

- Ensure behavioral health, disability services, and pediatric healthcare providers are effectively able to navigate and normalize trauma-informed conversations about:
  - Diverse sexual and gender identities and expressions, including minors' rights to confidential gender and sexuality health care services without parent/guardian consent.
  - The needs of former foster youth, current foster youth, and adoptees.
  - Youth involved in the juvenile justice system.
  - Racism and discrimination

# Draft: Leading Behavioral Health Action Items – Children/Youth

**Workforce:** As Rhode Island’s health and human services partners continually strive to transform and improve care and services for all Rhode Island children and youth, so must we continue to assess and improve how we train, deploy, and support our health and human service workforce via building a robust and adaptive workforce, ensuring equity, and focusing on improvements to system sustainability.

- Strengthen the children's behavioral health workforce by taking steps to recruit community health workers, peer-support workers, and other behavioral health specialists with lived experience with behavioral health.
- Teach principles of equity rooted in anti-racism to behavioral healthcare and pediatric providers within the children’s behavioral health system of care.
- Increase the diversity, including linguistic diversity, of the provider population.
- Equip state agencies responsible for children’s behavioral health oversight with a child psychologist or psychiatrist FTE.

# Draft: Leading Behavioral Health Action Items – Children/Youth

**Workforce:** As Rhode Island’s health and human services partners continually strive to transform and improve care and services for all Rhode Island children and youth, so must we continue to assess and improve how we train, deploy, and support our health and human service workforce via building a robust and adaptive workforce, ensuring equity, and focusing on improvements to system sustainability.

- Strengthen family-friendly workplace policies such as paid family medical leave and economic support for families and increasing access to high-quality early care and learning.
- Assess, evaluate, and recommend changes to the diversity, availability, and awareness of vocational, career, and technical programs in Rhode Island.
- Train peers in leadership processes as a strategy to avoid overly depending on one individual to be a point of connection in the System of Care.

# Opportunities for Overlap, Collaboration and Collective Action

**Workgroup Overlap and Collaboration:** It is critical that the RI HCSP initiative identify opportunities for collective action across the workgroups to integrate and leverage resources, promote coordination, and breakdown silos.

- **The following are a series of examples posed to-date:**
  - Behavioral Health and Pediatric Primary Care Integration
  - Hospital discharge planning and transitions to behavioral health Home and Community-Based Services
  - Efforts to provide timely, appropriate behavioral health services in any pediatric long-term care settings
  - Screening, assessment, and links to Health-Related Social Needs Services for those engaged in behavioral health services

**Brainstorm: What are key opportunities for collective action and collaboration between the Behavioral Health Workgroup and the other HCSP Workgroups?**

# Adult Behavioral Health Subgroup – Draft Recommendations for Review

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Co-Facilitators: Alec McKinney & Sandra Victorino  
RI Commissioner of Health Advocacy and Equity

# Draft: Leading Behavioral Health Action Steps - Adults



**Health Related Social Needs:** Address health-related social needs to support recovery, facilitate access to care, and help address underlying root causes of behavioral health issues

- Invest in and support the development of a [comprehensive continuum of housing programs](#), including affordable, publicly subsidized housing as well as low-barrier, supportive, transitional, and respite housing for those with BH issues, with a particular emphasis on those who are justice involved, recently incarcerated, and have an IDD.
- Enhance [employment and training supports](#) and targeted workforce initiatives for those in recovery.
- Address the impacts of [structural racism and ableism](#) to achieve health equity for individuals with behavioral health conditions.
- Continue to support programs that [enhance screening, assessment, and referrals](#) related to addressing health-related social needs.

# Draft: Leading Behavioral Health Action Steps - Adults



**Health Related Social Needs:** Address health-related social needs to support recovery, facilitate access to care, and help address underlying root causes of behavioral health issues

- Implement ongoing training programs and **resources to reinforce linguistic and cultural responsiveness and humility** among all staff, ensuring that primary care providers can deliver equitable, patient-centered care that respects and meets the diverse cultural, linguistic, and social needs of all patients, particularly those from historically underserved populations.

# Draft: Leading Behavioral Health Action Steps - Adults



**Prevention and Early Connection to Care:** Develop a comprehensive array of primary, secondary, and tertiary prevention programming focused on education, raising awareness, and preventing onset, escalation, relapse, or the worsening of behavioral health issues for those across the lifespan

- Invest in comprehensive, broadly focused and more targeted **prevention and education campaigns** to raise awareness, encourage early intervention, and reduce stigma, with special emphasis on changing attitudes towards those who are homeless, in poverty, in behavioral health treatment, and those with lived experience with BH.
- Continue to promote and support **universal behavioral health screening activities in clinical and non-clinical settings**, ensuring that these efforts come with clear referral pathways for those identified as needing further support or treatment.

# Draft: Leading Behavioral Health Action Steps - Adults



**Prevention and Early Connection to Care:** Develop a comprehensive array of primary, secondary, and tertiary prevention programming focused on education, raising awareness, and preventing onset, escalation, relapse, or the worsening of behavioral health issues for those across the lifespan

- Review existing and create new **sustainable funding streams to support preventive services** that will ensure robust prevention activities for the progression of serious mental illness and substance use disorders—including those with I/DD and those that may result in suicide or overdose.
- Expand activities in **community-based** organizations, faith-based groups, elder services agencies, and social service agencies that provide **behavioral health education, resilience-building programs, and early intervention services**.
- Promote and provide **supports that help families, caregivers, and those in the community** to recognize early signs of behavioral health issues and provide tools to assist those in need to access care.

# Draft: Leading Behavioral Health Action Steps - Adults



**Crisis Assessment, Treatment, & Linkages to Care:** Ensure access to immediate support for individuals experiencing acute behavioral health crisis, or who are on the verge of crisis, ensuring that they are assessed and receive timely, appropriate care to stabilize their crisis, including referrals to long-term, person-centered treatment.

- **Support, track, and evaluate the implementation of RI's CCBHCs** to ensure that everyone in need has access to 24/7 crisis support (inc. Mobile crisis) screening/assessment, care planning/coordination, peer supports, and comprehensive behavioral health treatment services, including connections to social services regardless of ability to pay.
- Expand and enhance the **State's Behavioral Health Response Team (BHRT) and Crisis Intervention Teams (CIT)** by increasing funding for additional personnel and training, enhancing program guidelines/protocols, and establishing 24/7 response capabilities.

# Draft: Leading Behavioral Health Action Steps - Adults



**Crisis Assessment, Treatment, & Linkages to Care:** Ensure access to immediate support for individuals experiencing acute behavioral health crisis, or who are on the verge of crisis, ensuring that they are assessed and receive timely, appropriate care to stabilize their crisis, including referrals to long-term, person-centered treatment.

- Enhance existing capacity, training activities, and triage protocols in hospital emergency departments, community health centers, and other community agencies where those in behavioral health crisis present themselves, including efforts to support law enforcement with **pre-arrest diversion**.
- Expand access to **low-barrier, respite housing programs available to those in crisis**, awaiting appropriate treatment services, so as to avoid arrest and incarceration.
- Continue emphasis on **universal screening across medical, mental health, substance use, social, and long-term care settings** for physical and behavioral health conditions and risk factors.

# Draft: Leading Behavioral Health Action Steps - Adults



**Care, Treatment, On-going Support and Recovery:** Ensure access to comprehensive, patient-centered services that ensures individuals, families, and caregivers receive the full breadth of necessary interventions, supports, and resources they need to achieve and maintain mental health and well-being.

- Ensure that **Medicaid reimbursement rates and funding levels** keep pace with inflation and allow service providers to implement and sustain quality, person-centered services, recruit necessary workforce shortages, meet wage increases, and innovate.
- Address **gaps in intensive, long-term care services** (e.g., hospital-based care, partial hospitalization, group homes), particularly for older adults, intellectually and developmentally disabled, and justice involved population segments.
- Implement initiatives focused on increasing **behavioral health workforce** capacity with respect to psychiatrists, therapists, CHWs, peer-support staff, and other behavioral health specialists

# Draft: Leading Behavioral Health Action Steps - Adults



**Care, Treatment, On-going Support and Recovery:** Ensure access to comprehensive, patient-centered services that ensures individuals, families, and caregivers receive the full breadth of necessary interventions, supports, and resources they need to achieve and maintain mental health and well-being.

- Address gaps in **behavioral health services for older adults and IDD populations** in nursing homes to ensure that residents receive timely, person-centered care, including the ability to transition to more intensive services within their existing facilities or in other, more appropriate settings.
- Support hospital **timely hospital discharges for those with acute behavioral health issues** to reduce hospital boarding stays including home and community-based supports, placements into lower levels of care, and/or into long-term services or institutions.
- Invest in and support the development of a **comprehensive continuum of supportive housing programs**, including low-barrier, transitional, and respite housing for those with severe and acute BH issues, with a particular emphasis on those who are justice involved, recently incarcerated, and have an IDD.

# Draft: Leading Behavioral Health Action Steps - Adults



**Care, Treatment, On-going Support and Recovery:** Ensure access to comprehensive, patient-centered services that ensures individuals, families, and caregivers receive the full breadth of necessary interventions, supports, and resources they need to achieve and maintain mental health and well-being.

- Expand and integrate **harm reduction strategies** into all behavioral health settings, ensuring that harm reduction is a foundational component of a comprehensive care continuum.
- Ensure seamless, **efficient transitions between systems of care**, for transition-aged youth entering the adult system and older adults who may transition to long-term services and supports.
- Expand **low-barrier access to all medications** that have proven to be successful in treating substance use disorders.
- Provide **robust community supports for individuals in recovery**—including housing, social and peer capital, basic needs, economic supports and workforce opportunity.

# Draft: Leading Behavioral Health Action Steps - Adults



**Care, Treatment, On-going Support and Recovery:** Ensure access to comprehensive, patient-centered services that ensures individuals, families, and caregivers receive the full breadth of necessary interventions, supports, and resources they need to achieve and maintain mental health and well-being.

- Promote the adoption and use of **tele-behavioral health approaches** to expand access, address the maldistribution of services, support staff retention, and expand the health care workforce.
- Continue to implement programs that further promote **behavioral health integration into primary care and other clinical settings** to expand access and promote engagement in care.

# Draft: Leading Behavioral Health Action Steps - Adults

**Community Engagement, Collaboration, and Partnership:** Enhance community engagement activities, including with residents, service organizations, and individuals with lived experience, to promote partnership and collaboration and ensure the bi-directional flow of information between state agencies, residents, and the state's network of service providers.

- Develop a **BHDDH Service Provider Advisory Council aimed at** fostering collaboration between state agencies and the state's network of service providers to enhance access, build capacity, strengthen programs, and promote the sharing of best practices, ultimately ensuring that the services provided are comprehensive, responsive, and able to meet the growing and diverse needs of communities across the state.

# Opportunities for Overlap, Collaboration and Collective Action

**Workgroup Overlap and Collaboration:** It is critical that the RI HCSP initiative identify opportunities for collective action across the workgroups to integrate and leverage resources, promote coordination, and breakdown silos.

- The following are a series of examples posed to-date:
  - Behavioral Health and Primary Care Service Integration
  - Hospital Discharge Planning and Transitions to BH Home and Community-Based Services
  - Efforts to Provide Timely, Appropriate Behavioral Health Services in the Long-Term Care Setting
  - Screening, Assessment, and Linkage to HRSN Services for Those Engaged in BH Services

**Brainstorm: What are the leading opportunities for collective action and collaboration between the Behavioral Health Workgroup and the other HCSP Workgroups?**

# Review Next Steps



Alec McKinney (JSI)

# Review Next Steps

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- RI Health Care System Planning Retreat – November 7, 2024; 8:30am – 3:00pm
- Focus of next meeting will be on reaching agreement on priorities and strategic action steps.
- JSI will send out notes and a summary of today’s discussion within the week.
- JSI will distribute materials before the retreat, including proposed list of priorities and action steps for workgroup members to review, refine, and agree on.

**If anyone has questions or ideas to share or wants to schedule an individual meeting, please be in contact with Alec McKinney/JSI at [amckinney@jsi.com](mailto:amckinney@jsi.com)**

# Thank you, Closing Remarks, and Public Comment

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Deputy Director DiDino (DCYF)