

**Thursday**

**October 3, 2019**

**FSSA Secretary Dr. Sullivan All-Staff Update**

**10 A.M. - 11:30 A.M. EDT**

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**[Captioner standing by]**

**[Music]**

**[Music stopped]**

**>> DR. JENNIFER SULLIVAN: Okay, it's a little after 10:00 so we will go ahead and get started. Thank you so much for coming to join us for our fall All-Staff address today.**

**This is the longest All-Staff address I have every put together, so if any of you are currently tired, please leave now, get some coffee and come back, I'll still be talking.**

**>> [Laughter]**

**>> DR. JENNIFER SULLIVAN: I'm so excited about sharing some of these initiatives and kudos today and projects we have moving forward. And as I started to put this together, I realized there was no way we could**

encompass all of the work that you have doing in one presentation. And so there are so many things left out. But we will through the Hub and our Friday updates get everybody up to speed on the legacy, life-changing work you all are doing every day.

Just so set our base, if you recall back at the beginning of this year we re-did our mission, vision, and value statements. And we use that everywhere we go. And it becomes the guidebook for how we do our work and how we make decisions.

And so our Mission Statement is: To compassionately serve Hoosiers of all ages and connect them with Social Services, health care, and their communities.

Everything we talk about really drives back to what that Mission Statement is all about.

Here's what we're going to talk about: Healthy Opportunities updates, give kudos to our teams for the work they have been doing, talk about some big projects we have in place 2019. 2019 we have declared, as you remember, the year of getting things finished. So we're going to talk about the things that are being completed and what that does for launching us into 2020 for the next things we get started. We're going to go over our Staff survey results, the survey you took in May, make changes for the future. Do a showcase of mission, vision values that are being done at the division level. Talk about CSS season. And yesterday I got my formal wedding photos, so you will get a sneak peak of a couple of them.

>> [Laughter] [applause]

>> DR. JENNIFER SULLIVAN: So first of all, you may recall in the

All-Staff Meeting at the beginning of 2018 that I introduced to you the Office of Healthy Opportunities. Since then this group has continued to grow and work on weaving social context or social determinates of health into the work we do.

The team pictured here includes our entire Office of Healthy Opportunities Team. And if you had to pick a team to work on social determinants of health, this is who you want, executives in science, business, health, and advocacy. And this is not what we spread throughout just this team, but everything we do throughout the entirety of our agency.

So what do we understand what our members need, not just that we can provide them, but the global community, what do they need? How do we educate ourselves, not just so we understand those needs, but how we might address them better, face-to-face, one-on-one, but also at the larger policy and community level.

How do we build a network of referral that is bigger than us? That includes health care. That includes community organizations. That including uncommon partners we might not have thought of before.

And how do we build so we are creating community that is are healthy to begin with, which mitigates the need for all of this other stuff.

And then how do we prevent and become a little bit more trauma informed. And there's a reason this is a circle because then we have to go back and see if it worked and then start all over again.

So we are starting, as you know, with understanding. So when I created this office, I decided we weren't going to build solutions. We're tempting to say, oh, big problem, let's build a solution, but we may not fully understand

**the problem first. So we need to understand the problem and how do we better understand this problem of unmet needs?**

**You might remember that in August of last year, so August of 2018, we added these questions, so these are social risk questions, to the online Medicaid SNAP and TANF education. Questions that ask about social risks that we know influence health. Like, did you ever eat less than you should because you don't have enough money? These are really personal questions that we ask. So when we added these to the end of an already long online application and said we would love if you answered these, but you don't have to, we were not expecting very many people to respond to that. And guess what? We were wrong.**

**Of the people who apply online to these programs almost 20% filled out this assessment in its entirety. In the year this has been live this translates to over 150,000 responses. People want us to understand them more than we do now. They want us to understand. They want to engage in this type of conversation.**

**How are we using this information to understand the problem? We're making it public. By taking these answers and mapping responses by County we are better able to determine what the social needs of our members are and where those members are located. And we know we don't have all of the answers. This is why we will make this data aggregated and de-identified, of course, publicly available. With this we hope our partners around the state will be able to use this information to address problems in their communities and suggest ways we can help them as well.**

**Now the second step is education and empathy. And this is where we**

need your help. We need to know about your work and how it intersect was the social determinants of health. This is why you got the e-mail. If you responded, thank you. We have gotten a ton of responses. We are only as good as what we know. If not, if you could do it by tomorrow, that would make me really happy. We need your input to make this process happen.

Changing health care and what we think of health care will take all of us in what we do. Even if you think your job is completely unrelated to Medicaid or SNAP or TANF, how you intersect with the members is really critical. It's the first part of a two year process aimed at awareness and social determinants of health. We hope with this everyone will be able to identify and recognize and assist in their own way. As an agency we want to focus on the whole person and to do that requires an understanding of the whole person in front of us and also understanding ourselves.

In addition to understanding about social needs, to be person-centric, we must also understand their journey, what got them to be sitting in front of us in the first place? And an important part of that an acknowledging the role that trauma plays in people's lives. The single best test is the Adverse Childhood Experiences, ACE, test. It correlates with a variety of health outcomes.

For example, diabetes, substance use. After the age of 18, you can't change a person's score. That number is set. But what we don't want is for that number to be the fate of the future of that person's life. And so -- what you can change is how it influences their health and well-being. As part of that we are sending our Chief Advocacy Office, Peggy Welch to ACE's master training.

Now I absolutely adore this cartoon. It's the first time that the manifestation of the way I think about ACE's scores can be picture understand a graphic. What I would love is that we could all walk around with a little cartoon bubble above our head with our ACE score on it so people would understand how to interact with us a little better. That translates down to interpersonal relations in the grocery store. If you see someone who has a zero, they are rude, be rude right back.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: But if they have an eight, you may change the way you interact. You may have a little more patience, a little more interpersonal guidance, you may give them a hug.

What would happen if we treated everybody just at baseline with the assumption they had an eight? Wouldn't that be extraordinary? What we start is treating everybody like they're a zero. That's what we do at baseline now.

I'm hoping as we evolve as an agency and the way we think about Social Services, we will think about how ACE scores play into everything we do. I'm really excited about incorporating this work into our Office of Healthy students.

The next step, an area we are just beginning to work on, is referral. It's not enough to ask someone if they are hungry and when they say, yes, pat them on the shoulder and say, I'm so sorry. That doesn't work so well. We need to connect them and their family to food. Not just food, healthy food. To do that we need to understand the state of our community-based. Led by Rachel Lane and partnered with the School of Medicine, we have been

meeting with various agencies around the state and we want to connect persons in need with community organizations to fill that need. So stay tuned.

I also want to give a shout-out to our Chief Science Officer Amy Gilbert, she is involving in work relating to Medicaid receiving a grant. This work, along with all of the other work you are doing, is making a difference in the addiction epidemic. We have a long way to go, but we want to make a difference.

Now the horn tooting is about to begin. We could probably take everyone in this room and everyone online and tell an amazing story about the work they have done. Please don't feel diminished if you are not called out by name. This is really Representative of everybody.

Let's start with DFR. So, wow, DFR is doing some incredible work and you'll hear about their huge projects here in just a moment, but despite all of the work they do every day on the frontlines, the Division of Family Resources, on July 30th, the U.S. nutrition rates and Indiana achieved the lowest error rate among all states within USDA and best in the Midwest region. It was named best in the west in SNAP payment accuracy.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: Well, you might think, why do we clap? Maybe you clapped because other people clapped, I don't know.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: The reason we all clap is because our mantra is when people need something, we get it to them and we get to them fast because the quicker we get people what they need, they don't need it anymore. By being quicker our benefit of SNAP benefits, we get it to them in

the right period of time. This seems like a small thing, but it's really a big deal.

When we identify food and security across the state, SNAP is the number one Provider of food security in the state. People rely on us. So, again, congratulations to DFR for this really remarkable achievement.

Additionally, DFR is getting out in the community and doing incredible stuff. They created really fun gift baskets to be donated as prizes. Proceeds went to Gleaners food Bank and the conference attendees were able to raise \$1,400. Can you imagine getting that out of just a conference attendance? Providing 6500 meals to individuals, families, and children. This reinforces that we go from macro to micro really fast.

It's not just about big policy stuff, that's important, but the individuals we can effect on a daily basis, it's limitless what we can do when we put our minds to it.

On September 3, the Division of Family Resources Executive Team volunteered on the Department of Natural Resource at Benjamin Harrison State Park in Indianapolis. They repainted two of the parks picnic shelters and everyone really enjoyed working with DNR Staff and felt good about the positive difference they were able to make for the park and its guests.

If you recall, this is one of our initiatives we did last year around Staff recruitment and retention and this is volunteer opportunities. So DFR was the first to jump on this partnership with DNR to make this vision a reality.

One of my favorite projects of DFR is partnership across other agencies. So in order to provide next level, great government service to vulnerable Hoosiers and in partnership with the Department of Health, DFR

had the Mobile WIC Office on Thursday, September 26. During this first collaboration, WIC was able to certify a new prenatal family, and complete five reauthorization appointments for families already receiving WIC. We expect the families to participate to increase. That's a really good day.

Congratulations to the DFR Team.

Initially, DFR was the second division to redo and re-analyze their Mission Statement to align with our FSSA Mission and Vision Statement. Over a hundred Staff were involved and the mission is now for DFR to compassionately serve all Hoosiers with dignity. We will focus on meeting Hoosiers' needs today so they can focus on creating a better tomorrow.

The values are vital. Visibility. Hoosiers know who we are and where to find us. Initiative, inspire and collect data to take action that make a difference.

Teamwork, working together without borders and boundaries to celebrate with community, individuals, and partner.

Ownership, take ownership of our work every day, while adhering to the finest standards.

Congratulations to DFR on their vital work to serve Hoosiers.

>> [Applause]

>> DR. JENNIFER SULLIVAN: Now Medicaid has been busy. They now have to meet at the stadium. Their first meeting was held just a couple of months ago, and having more policies will help us avoid pitfalls for the work we need to do for vulnerable Hoosiers. Thank you for really enhancing the work of the Medicaid Advisory Committee.

Also, Medicaid and DFR are going to meet in Executive Leadership

sessions and focus on the work we are doing on pregnant women. As you know, please don't be offended, pregnancy is a time-limited illness, which means if you don't get your stuff, it's over. We know in particular we have an infant mortality initiative, so getting Medicaid initiatives in place for pregnant moms is really paramount. Kudos to Medicaid and DFR for working to serve this issue in a timely manner.

We will talk about the Mental Illness Waiver that was submitted in just a minute. We are among the first states in the country and maybe the first one to get this approved, I'll talk to you more about that. But really great work from the Medicaid work to submit the SMI waiver.

We also are working on our previous waiver, the Substance Use Waiver so it will meet all of its objectives from when it went live in March 2018. Participation growth in the optimization work group is huge. We have served in just this year and a half 50,000 members, \$200,000,000 in additional expenditures. So we can really build a safety net that enhances that transition.

Almost 2.7 million dollars to enhance substance use collaboration.

A couple of really great leadership examples that have come out of Medicaid. Number one, a big shout-out to Cathy Leonard. They had met the very first actuary. She is a unicorn. I said that because she is an actuary and, second, she is funny. If you go into meetings where you look at the slides and it's like, I'm going to need some coffee and she opens up with a joke. It's like, where are we? This is incredible. Kudos to Cathy. She did work in home and community-based services and she has really exemplified FSSA. She builds consensus and has extraordinary integrity. We are lucky to

have her.

Andrew Bean has been leading our LTTS work group. Having him take on such a task has been fun to watch. He brings in stakeholders that potentially might be a little contentious and really brings everyone along to meet the mission of this re-design.

Again, another welcome to a new member, Laura Dodson, is Allison Taylor's new assistant. She has been knocking it out of the park, really driving this work around big, complicated meetings and bringing people in at really record-level. So thank you to the Medicaid Team for all of these -- this incredible work.

>> [Applause]

>> DR. JENNIFER SULLIVAN: Division of Mental Health and Addiction, as you know, has been in the spotlight around the Substance Use Disorder, the opioid epidemic, and they have been knocking it out of the park. You will meet the new leaders in a minute.

Let me give a couple of comments here. I have had the privilege of being the Interim DMHA Director from May 1st until the first part of September. And I was a horrible Interim DMHA Director. The only reason they are still here is that the team was extraordinary. DMHA has an incredible group of people who are dedicated to making sure Substance Use Disorder and mental health for Hoosiers are premier and in the spotlight for the work we do.

We have at the national level, a renamed division, led not only here in Indiana, but at the national level by Amy Brinkley. I have to give a huge round of applause for her work. She is now the Chair of that division and assumed

that role in September.

>> [Applause]

>> DR. JENNIFER WALTALL: Additionally, the Recovery Cafe has made its way to Indiana. Recovery cafes are safe places for individuals in recovery and coaches to make sure they are supported throughout the process. This was started in California and the pilot was launched a few weeks ago at the Horizon House. It helps people experiencing homelessness with substance use and mental health illnesses. Recovery Cafe provides populations they serve by weekly meetings.

As of July 1st, we now reimburse recovery coaches. The entire continuum of care finds a home to support this work around recovery.

The Indiana Annual Recovery Month Symposium, just last week, had more than 400 attendees and 45 vendors which broke all records of previous attendees and vendor booths in its 11 years of hosting this conference. I think that means that people are paying attention to this work.

Additionally, our Lyft/2-1-1 partnership is providing a 1,000 every month to take people to treatment for Substance Use Disorder. Thank you to the team for the work they are doing.

A couple of leadership examples and shout-outs. First to Terry Cook, one of his team members said he looks to help, support, and educate without complaint. He has shown exemplary leadership and courage.

Also a shout-out to Eric Heater who maintains his positive attitude and humble character and has been the glue who held this team together when Jen was an idiot --

>> [Laughter]

**>> DR. JENNIFER SULLIVAN: -- without much recognition. A big round of applauses.**

**>> [Applause]**

**>> DR. JENNIFER SULLIVAN: Next some kudos for our Early Childhood Team. On My Way Pre-K has enrolled to date over 3300 children in a brand new, statewide pre-K program. That is absolutely incredible. If you think about where we started, ten pilot counties, 20 pilot counties, now a statewide program and looking to exceed the Governor's goal in its first five years. That really an accomplishment.**

**57 of our counties have had children enrolled. If you think about this process that has been only in place for five years, look at these numbers, 875 Providers and thinking about this as a priority in the State of Indiana. The Office of Early Childhood Education has issued almost 4 million dollars in capacity building grants to 43 different applicants, 37 counties, serving 99 locations in order to help them grow in their quality. So there's no pay in Indiana, that's the goal, no place in Indiana where you can't find quality early childcare. Really exciting work for the Office of Early Childhood Education. Give them a big round of applause.**

**>> [Applause]**

**>> DR. JENNIFER SULLIVAN: Aging has been busy as well. The Division of Aging completed its first Aged and Disabled Waiver rate methodology and rate setting project. This allows them to better align and be transparent about rate methods, establishing sustainable rates, and promoting person-centeredness by aligning needs.**

**Additionally, after more than five years of planning and design work,**

the Division of Aging launched a new Case Management System, so now you can actually see Case Management on the whole computer screen, not just the bottom right-hand corner, which is really kind of cool.

So this is used by Division Staff, area agencies on Aging Staff, and Independent Case Managers. And the Division of Aging anticipates rolling out several important enhancements to this system over the next two years.

The Adult Protective Services State Program is planning its first Multidisciplinary Team Meeting in October. So just a little later this month. This training will bring together for the first time leaders in the Division of Aging, the Division of Disability and Rehabilitative Services, the Office of Medicare, and the Ombudsman to make sure we protect our aging population much better tomorrow than we do today.

And finally, the Division of Aging hosting a Dementia Advisory Group Kick-Off Meeting to discuss stakeholder priorities and goals. This is the first time we highlighted our gaps in dementia care and said, not only are we going to recognize this as a problem, but doing something about it. So huge kudos to the Division of Aging.

>> [Applause]

>> DR. JENNIFER SULLIVAN: Now our long forgotten partner that we sometimes forget to highlight for the work that they are doing over on Shadeland Avenue. This is incredible work. This is the medical assessment for individuals for Social Security benefits. This is really important and aligned with everything that we do. And they really support and intersect with us in ways that before we really brought DDB into the fold at the executive level, we kind of forgot about. But this is incredible work and really

**extraordinary leaders in the room from DDB and out as DBB as well.**

**As of right now, DDB has made disability determinations on 86,200 claims for Social Security. That's an incredible number. They brought on and trained 29 new examiners and are slated for 37 additional hires in the next year to really continue this incredible work that they do.**

**Now in this last year, the Operations and Quality Team worked collaboratively to establish quality initiatives that focused on these things you see here. Number one, remembering the person behind the case.**

**Number two, remembering that we serve all citizens, not just those who have applied for benefits.**

**Having pride in our work and pride in our agency and team.**

**These sound pretty familiar, don't they? These transcend regardless of where you work, these are the priorities we should be working on.**

**Additionally, DDB is busy getting ready for the Disability Claims Processing System which is brand new and will be rolling out in Indiana next week.**

**And for leadership examples for DDB, they are countless, but they have worked extremely hard over the last couple of years to promote team work, especially among their Leadership Team. All of the work that you see here involves healthy doses of collaboration and problem-solving. They have embraced change and are constantly striving to improve customer service.**

**There has been emphasis on Staff development and continuing education and this really pays off in the outcomes you see from this incredible division that works behind the scenes. A big round of applause for DDB.**

Next in a little bit of a departure from our usual, I'm going to bring Jay and Rachel up to the stage. Welcome to Jay. And welcome to Rachel.

And Rachel, I'm going to embarrass you by leaving your picture up.

>> [Applause]

>> DR. JENNIFER SULLIVAN: You guys can pass this back and forth. I thought we would do a little fireside chat here. Have a seat.

So you may or may not know, the Division of Mental Health and Addiction, beloved Kevin Moore retired in May. Replacing him was not an easy task, he has been in service for 39 years and at the helm of DMHA for nine. We thought, how are we going to do it? How are we going to fill his shoes? It took more than one set of shoes, it took two.

We did a national search and had folks from all over the country, incredible number of applications for this really hard job, and the reason we have that many applications is because you guys have made it desirable to help people and help people in a tangible way. It turns out after that whole process of flying people in from all over the country, the answer to our question was right in the backyard.

Both Jay and Rachel are from central Indiana.

A couple of questions for you. First of all, Jay, give us the 30 second snapshot of your road to here.

>> JAY: Born in India. Moved around a lot as a kid, but I've been in Indiana for 21 years, so I'm a Hoosier, I suppose. I'm a lawyer. I was in Civil Legal Aid. I won't mention the name of the organization right now.

>> [Laughter]

>> JAY: And I've been dedicated to helping folks with substance use

and mental health issues my whole year and this seems like the perfect place to take it to the next level, which I'm told we're supposed to get into everything we say.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: All right, Rachel, same, give me a 30 second snapshot.

>> RACHEL: I was born and raised in a small town of 700 here in Indiana. I went to Hanover College for my Undergrad, lived in Louisville, and moved back to Indiana in 2008. I'm a Licensed Mental Health Counselor and Licensed Addiction Counselor.

While Jay is really well-versed on the legal side of the house, I have some boots on the ground experience that I think really helps us work together as a good balanced dyad in this endeavor.

>> DR. JENNIFER SULLIVAN: Okay, so what is your thing that you would share with these guys? The little known fact that you would want our agency to know about you. I didn't prep them on these questions.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: So your fun fact of sorts.

>> RACHEL: Well, this is a pretty cool party trick [laughter] but I am able to -- I don't know why I'm saying this -- I am able to blow air out of my tear duct.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: All right. That's good.

>> [Applause]

>> RACHEL: Beat that, Jay.

>> [Laughter]

>> JAY: I cannot, but I get very hangry, so if you have snacks and you see me in a bad mood, please share.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: All right, last but not least, what does success look like for you in the Division of Mental Health and Addiction as leaders?

>> JAY: Well, the word that keeps coming to mind over and over is resilience. You know, especially resilient communities because as we know, we don't provide direct services so we rely on the community and partners to do the work for us, in a way. And my hope and vision is for DMHA to be a catalyst for community resilience. And I think we have a great team in place to be able to do that.

>> RACHEL: To piggyback off what Jay said, I think when I was considering taking this position, I met with Jay and one of the first things that came out of his mouth was, in my opinion we are here to serve the clients that we serve and those are our main customers. At that point I was like, all right, we'll be able to do this together. I think we have a joint vision of intentionally measuring and looking at, how do we make sure that is what we're doing? So that's the baby steps in the beginning of evolution.

>> DR. JENNIFER SULLIVAN: Everybody give Jay and Rachel a round of applause.

>> [Applause]

>> DR. JENNIFER SULLIVAN: Yeah, everybody is now wanting to see the air in the tear ducts. Rachel, I hope that doesn't make your eyeball pop

out. You may be asked to do that multiple times. [Laughter]

Okay, so this next topic is a little bit sensitive, but it's important we all understand what is going on at the national landscape. I wanted to let you know in the news two weeks ago you may have seen that the Gateway to Work or the community engagement component of our Healthy Indiana Plan was targeted by Federal litigation. That came out on September 23rd, so just a couple of weeks ago.

It, unfortunately, challenged a couple of elements of the whole Healthy Indiana Plan, not just the Gateway to Work component, so we are working with our legal team, both in the Attorney General's Office and also another team of folks to make sure we continue and preserve health care coverage for all 400,000 individuals that receive coverage on their Healthy Indiana Plan.

So what that means is there is a possibility here in the next couple of weeks, couple of months, that the part of Gateway to Work that would potentially put people at risk for suspension of their benefits is most likely to be put on pause due to this Federal litigation.

However, we are committed to continuing the services that this program has allowed us to do. So, for example, there are over 500 community partners that are helping Hoosiers on HIP go to school, go to work, volunteer in their communities, and those partnerships are really important for us to maintain.

Additionally, we are paying our managed care partners, our four managed care entities we partner with you, to do this work with us. We will continue to do that because we think this, in partnership with the Governor's workforce initiatives and economic development initiatives, is really starting

to really bear some fruit. I get the privilege of seeing the success stories of individuals who sign up for the healthy plan, never thought they could go back to school, and then you partner them with all of these different resources, scholarships for certificates, transportation through our different programs to get to school, to get to work, and then this "stand up straight and have hope for the future" is really pretty extraordinary. We will keep that going and we will respond to the rest of it as we need to.

I want everyone to know this is not the end of the Healthy Indiana Program. HIP is here to stay. We have seen stabilization insured rates and we have started to see improvements in health outcomes, largely due to the fact people have access to health care.

The Commonwealth Fund, which is my kind of premier report on health outcomes, Indiana went up four rankings in year, up to 36. My goal is to be dead average. I know that sounds ridiculous, but if we can get to 25, we're going to be doing really well. So we've got a little ways to go. But the other thing we did, we went up 11 places in prevention and treatment. That's extraordinary. That means that will pay off in the big number of where we rank here really soon because if you do prevention and treatment well, then your outcomes improve.

In addition to wanting to get to number 25 in our health rankings, I want to get the most improved award. Did anybody get most improved for sports or anything? I did, but it was because I was really bad. Most improved means we are dedicated to working together for the final goal of improving health outcomes. We're going to keep this rolling, but wanted everybody to be aware of the Federal litigation and that we're all over it.

Now I'm going to roll through some of our 2019-2020 agency priorities. And we'll talk about what these look like for the future.

So first of all, we have the Division of Disability and Rehabilitative Services Home and Community-Based Services Waiver Re-Design. I just said a lot of words all squished together. That means kids and adults who are receiving the Waiver for Disability, they don't always get exactly what they need. Now we have some services we cover and providers that cover them, but we haven't fully embraced the idea of instead of giving people what we think they need, why don't we actually cover the things and engage with them in a way that they get what they think they need?

And so this Waiver Re-Design process impacts about 26,000 individuals. And the re-design will move to a person-centered family-driven system that promotes autonomy, choice, and control while still balancing the health and safety needs of participants.

It should improve outcomes for participants, enhance coordination of care for individuals and families, and increase access to their communities. This directly relates to at least one-third of the 1102 Task Force recommendations and is really important for us to improve efficiency and effectiveness within this waiver group.

Additionally, along with the Waiver Re-Design, the Bureau, BDDS Bureau, has received a five-year grant to assist with system change. This equation that is posted here depicts the components of the Living Well Grant, plus the Waiver Re-Design, to ensure well informed individuals end up with what we are calling a good life.

The next agency priority is the completion of IEDSS. It is the system

our employees use for eligibility across the entire state. With consultation and approval from our Federal partners, we are continuing to move forward with IEDSS on March 30th. You can see it moves clockwise throughout the state with a targeted completion date of next summer. This tool is extraordinary for the folks to communicate with DFR and be more efficient in the way we assign resources to those who are eligible.

Other agency priorities are in the collaboration between the Division of Aging and Medicaid. And this is planning around re-design of the structure of how we do long-term care.

So just to give you a quick example of what -- why we're doing this, if you are a person who has fallen at home and broken your hip and you go to hospital, you are feeling good and you are ready to go home, but you need a little extra support to kind of make it through that process, recovery through your post-hip surgery, you can get into a nursing facility in about 48 hours. And you can get home with services from us in about 6-8 weeks. So there's a little bit of a disconnect there.

So what we're doing with the process is our true north is that we should have access to transitions and services for every option within 48 hours. Now that's a big, big call to action. But our teams are working together to make sure that we have designed our systems, our eligibility programs, our processes, so we can build something that we can really be proud of. And as individuals transition and need extra help, that they can get the services exactly when and where they need them.

As you know, the Non-Emergency Medical Transportation Program has been in the news a lot lately, so I wanted to share with you some numbers

about how that program is growing and stabilizing over time.

For example, we have -- we serve about 50,000 rides a month. That's incredible. That's a huge number. So, again, as a reminder, this program uses a broker model for our fee-for-service Medicaid population. This is about 240,000 individuals who are in our waiver services who have transportation benefit.

In the past, before this brokered model, we only had about 3,000 unique individuals accessing this each month. Now we have 12,000. So really growing in awareness of this program and building out all of the different things to build capacity so we can serve the needs of all Hoosiers with transportation supports and not just those with the loudest voices.

I eluded earlier to the Serious Mental Illness Waiver, and, again, we are among the first in the country to apply through CMS. And our future state is that we are able to reimburse through Medicaid for short-term in-patient stays in an institute for mental disease or IMD. And those are big places with more than 16 beds for all Medicaid enrollees between 21 and 64.

This ensures comparable access to IMDs for enrollees regardless of managed care or fee-for-service coverage, which means it's cross the entirety of all of the Medicaid systems. The waiver goals are simple, reduced [indiscernible] and length of stay with serious mental illness or emotional disturbance. Reduce preventable re-admissions to acute hospitals and residential settings. Improve availability of crisis stabilization services using multiple service models to meet needs across the state. Improved access for community-based to help beneficiaries, including increased integration of primary and behavioral health care. Coordination and following care.

We are really excited to see this thing go live at the beginning of the year. I think this will be an incredible vehicle to enhance health care like we have seen with our Substance Use Disorder.

Additionally, we have sitting at CMS and now in negotiation phase, the HIP Bridge, which I have talked to you about a couple of times before. Now it is live and on air. As we know, Gateway to Work, goals are to increase employment and education for HIP members. What happens with that is our HIP members will have increased income and will need to transition to other forms of insurance, like commercial insurance or the marketplace. We know our HIP members face barriers when transitioning and that makes it daunting and they may feel like they have to make choices to not that promotion or not take that new job in order not to lose their health care coverage.

The HIP Bridge seeks to reduce the cost barrier and reduce the benefit cliff for members. To support their successful transmission to commercial or marketplace insurance and reducing the [indiscernible] into Medicaid, which helps mobility over the long-term.

This will be available, if approved by CMS, to all HIP enrolled members who have an increase in income and are no longer eligible for HIP. It gives everyone, whether they have spent the entire power account or not, everyone \$1,000, or one year, to cover health care and health insurance costs during their transition from hip to their other insurance.

And what this could do is cover premiums, it could cover prescription, it could cover hip covered services while waiting for their insurance to kick in, co-insurance, deductible cost, there's a gap between hip and starting the next thing and we named it HIP Bridge to bridge that.

**We are cautiously optimistic currently and we would be the first state in the country to have a program like this for health insurance that really addresses the benefits cliff we see in health insurance.**

**The next agency priority is the Preschool Development Grant. I'm so excited! The strategic plan has been submitted. And it is a thing of beauty.**

**A collaboration across multiple partnerships, over 1200 families provided comments to make sure that our birth to five plan for the State of Indiana reflected their perspectives and their needs.**

**We -- I'd like to thank the large stakeholder group that helped to support the writing of this grant and we'll make sure these slides are available if you want to take a look at updates to that, it's on the Bright Futures Indiana website.**

**There have been incredible things to come out of that, but more is to come because now we get to do round two. And so the next round is -- it has been released. And we are working with stakeholders in the writing of the new application that implements that strategic plan. It's one thing to have a plan, but it's really important to do the plan. And so that is our big work ahead over the next three years and application is due just in month.**

**Okay, these next couple of slides are really about talking to you on behalf of the Indiana State Department of Health Perinatal Quality Improvement Collaboration, or IPQIC, Committee. This is part of the work we are doing with the OB Navigator Program.**

**As you know in January, we will launch within, as partnership between Medicaid and ISDH, an enhanced benefit of pregnancy, if you are a Medicaid recipient, you will qualify for home visiting services. This is transformational**

in how we do our work. IPQIC was also charged with building a program to address perinatal substance use and they wanted you to know about, so I'm going to tell you a little about this program.

This program is meant to make sure we are delivering Neonatal Abstinence Syndrome services to every pregnant woman with Substance Use Disorder across the state. This is transitions of care, follow-up, and having bundled programs to make sure infants are receiving the best medical attention they can. We have worked to make sure the reimbursement for that is robust and in the right place.

Starting back in 2014, I'm really excited because this was me at the beginning of 2014 that got to get this project up and running. We started a pilot of just a couple of hospital that is were excited about screening babies for Neonatal Abstinence Syndrome. We started with four hospitals and now we have over 50 all screening, reporting in a standard manner, and referring moms for treatment.

Babies with Neonatal Abstinence Syndrome either have a positive test saying they have been exposed to a substance, or there is a maternal history, mom has been screened and says, yes, I had exposures to substances during my pregnancy, or mom has a positive toxicology test as well.

The clinical symptoms are baby is kind of jittery, difficult to console, so cries and cries and cries, nothing you can do to fix it, doesn't feed well or isn't sleeping well. These are the things that help us make that diagnosis in the clinical setting.

And so what we are doing is recommending that there are standardized actions that allow us to make connections for both mom for treatment and

sustained recovery and also make sure that babies get what they need for their treatment as well. And this is the very exciting clinical pathway for what that looks like.

So if you ever wanted to be a neonatologist, this is what you would have to do. Maybe that's a good reason for staying where you are.

But we have built through IPQIC bundled models for how to do this work. Giving medicine to babies to help them withdraw symptoms. And we have moved into what we call non-pharmacological care, not having to give medicine, but doing things like more cuddlers in the Neonatal ICU.

Any of you who really love babies, volunteering in your local hospital to go sit in the newborn unit or Neonatal ICU and learn how to be an NSS snuggler, that's a good activity.

If babies are having symptoms, there's a transfer package to make sure they get to a higher level of care. We are, again, reimbursing for those transfers and services as well.

So here is the plan. Again, as you think about how we support this work, it really transcends a lot that we do.

Let me give you a quick example. So our First Steps program, which is early intervention for infants zero to three who have risk for developmental disabilities, we have put every baby that has substance use exposure as an eligible baby for First Steps. That's pretty amazing to get those early interventions in the home and do screenings for these services. That connects with the Division of Mental Health and Substance Use Disorder, which connects with DFR and it's eligible for programs for SNAP and TANF, it works to make sure we are all working together, not just in the medical

setting, but also in the community.

And what we ask folks to do as part of this program is think about what the Healthy Opportunities Office would want us to do if they were standing right next to you in the doctor's office. To address things like smoking cessations, like recovery coach, like home health, like parenting classes, like transportation assistance, Legal Aid, all of the things we know that if we surround our moms and babies and families with all of these additional supports, their chances of sustained recovery and a baby's healthy life are enhanced extraordinarily.

Okay, now I get to move on to the next section of our talk and that is the 2019 FSSA Employee Engagement Survey. So as you recall, these are -- have been the same questions for a really long time so we can compare them year over year.

I'm really grateful for the engagement in it survey. So about 50% of you took the whole survey and I really appreciate that. There was a huge call at the beginning of the year that we can't make change until we know what you want, so thank you for listening to that and being engaged in that process.

So the survey questions are: Do you understand the strategic direction in which FSSA is headed? Do you understand your role in that process? Do you understand what results you are being measured on individually? Do you think we can do it? And have you thought about leaving us over the last year for another job?

And these are the questions that help us kind of understand, are we -- what are we doing? And are we doing it right?

So some really exciting stuff this year and some things to learn.

**First of all, this year we had a 10% increase in understanding the strategic direction in which FSSA is headed. So pretty exciting work. And that is really due to all of you and your engagement, I think, in our mission, vision, and values re-design.**

**Do you understand your role in helping FSSA meet its strategic goals? 7% increase, almost up to 80% this year, which means we've got a little ways to go, but we're starting to get there. And getting everybody engaged around how their individual work can be part of our collective impact.**

**Do you know what you are doing measured on? Sure, was the answer. [Laughter] So we're a little bit over 70%, but haven't seen much of an increase, so I think my next kind of call to action on this particular question is if you don't know, you should ask. And even more than that, you should tell.**

**So if you think that you should be measured on something because it's important to you and you think it's not being done or it's something you can do, I think the combination of, hey -- to your Supervisor, to your teams, what do you think I should be doing? How should I be measured? That's a question. The next thing to come right behind it should be, and here's what I think.**

**So let's try to be, for that, let's get that last 30%, let's try to be really actively engaged in, here's what I can do and here's what I would like to reflect my performance in this role.**

**So that's my call to action for you to really jump this number for our next survey.**

**Do you think we can do it? You know what you are doing, you know what you are being measured on, do you think you can do it? 5% increase**

from last year. Nearly at our highest level in our confidence, in our ability to achieve our goals, so almost 80%. I think that's pretty extraordinary and I would love to see that climb.

Have you considered leaving FSSA in the past year for another job? A 3% decrease in the yes answers for that. I'm hoping that a lot of that has to do with the fact we really have engaged in some initiatives to retain the incredible people that work here.

I know there's been no problems with our dress code change, which is really exciting. I love watching everybody walk around be happy and comfortable and, you know, professional, but here because they're kind of on their own terms as adult employees in the 21st century workforce that you are.

A lot of groups have taken on the alternative work schedule and I think that's been incredible for some. The stories I hear how that allows flexibility for childcare, engagement, taking care of ill parents or spouses or others, these are the things we want to continue to encourage.

If you have ideas for this work, please bring it to us. It's been really extraordinary.

We have accomplished five of the ten goals for employee retention. The next ones are still moving forward. Really excited about implementing those last five over the coming years.

Now what comes with big questions also is followed by comments. I get a little nervous to open the comments, I step back and hit open for fear they might explode.

Again, the percentage of survey takers that made comments this

year -- thank you, again, for listening to the call of, give us feedback. 50% of you took the survey and 20% of that 50% then made comments at the end of the survey. We're going to go through some themes of things that folks thought could get better. I'm not going to share with you the positive comments because those are great and make us feel good, but we learn from the negative comments.

We're going through the themes of negative comments. Remember 20% of 50% made comments and here are the themes that came out.

The first one is, hey, we work too hard, we work too much. And we have seen a decrease in that, down to 2% of the respondents said that was something that was a problem. So I'd like for that to be zero in the future, but this is, I think, a positive trend in the right direction. The highest of 3%, but down to 2% this year.

The next one is lack of appreciation or respect. So 4.2% of the commenters felt like this was an issue they see. So, again, a renewed request to you for civility and acknowledgement of your teammates for the incredible work that they do and that they bring every day. And that's up to us collectively as a team to continue to acknowledge and support and appreciate our co-workers because we do really hard work. And we're not going to get that validation from external places, so we've got to do it internally.

The next, lack of recognition or opportunities for promotion. So this, for whatever reason last year was not a problem, but this year kind of made its way back on to the radar.

So as you think about growing your teams and opportunities for speaking at conferences or leading groups or projects or finding ways for

people to, you know, get past that ceiling that they thought, if they have aspirations for the next role, really keep that in mind as you are thinking of building out your teams. Also for the individuals who said, hey, I'm not getting a lot of recognition or opportunities here, speak up. I know that sounds really hard. We don't really, as Hoosiers in particular, we are humble people, but in general, in public service, we are more humble than your regular Hoosier, so, you know, put on your big girl boots and ask for stuff. If you see something, say, I can do that. And make sure you start to think about how you can be engaged in your own opportunities for promotion and recognition.

The next one I'm really excited about, so this was, hey, the theme of, I'm not really sure where we are going as an agency, the plan is unclear, I don't know what our goals are has more than halved. So 3.2% of respondents said that was a problem. Now I'd like to get rid of that completely and make sure we are absolutely clear on what our directions but still a really great trend for this particular issue.

Then we have the best one, so we're back down to, we are not micromanagers anymore.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: Or at least we just didn't bother to write it down. [Laughter] Again, we always try to think about being leaders at a high level and giving people autonomy and authority and support to do their jobs well.

Micromanagement, we know has been studied to be the least important leadership style and never gets you where you need to go and so apparently

we don't do that anymore, which is pretty awesome.

Communication has also improved. We've tried to build multimodal communication across the mobile, the Hub, Hub Mobile, the way we share information through division newsletters, please follow us on Twitter. Did you guys know, I'm a little -- well, you know I like Twitter, did you know FSSA has a blue check now? I mean, that's a big deal.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: The FSSA Twitter handle is now verified on Twitter, which is a really hard accomplishment. It happened one day and I texted Jim, how did we get a blue check? He's like, I don't know. So follow FSSA's Twitter. You can really get a lot of great information about what we are doing in our initiatives by using this source of information as well.

The next one is kind of the no chance to succeed or set up to fail problem. We are holding steady since last year on that. About 6% of folks thought they were kind of stuck. So we're going to have to work creatively to think about how we address that. We have made some huge progress between 2017 and currently, but we're little bit stuck in this space, so how do we make sure everyone has the support, the mentoring, the development to really grow in this space?

I'll give you a quick example of how we do. Leslie Huckleberry has set up a Peer Mentoring Program in her office. She has a ton of new folks that are Junior Associates at her Staff level. Instead of letting them go off and figure out their job on their own, she said this is not the right time to do this, we are going to support each other in our growth and knowledge and build these folks up to what they are going to do next.

**So thinking of those types of things within your teams and divisions will be critical as we move forward.**

**Now last but not least, the ever increasing slide of, we don't pay you enough.**

**>> [Laughter]**

**>> DR. JENNIFER SULLIVAN: So this is a tough one. It's really tough. About 25% of the commenters said, it's really hard to look around and see an incredible economy and folks doing the same thing I do in a different sector and getting paid more for that. While I can't necessarily compete for that today, all of the other things we are trying to do make sure the content, meaning, and mission of the work we do makes it worth that pay gap.**

**Now that's not dismissive and it certainly isn't the end of the conversation. We are working really closely with SPD to make sure we assess our pay scales, that we keep in place pay for performance and make sure that is equitable, making sure that all of the benefits that come with being a public servant are meaningful to you. So continue to send this feedback. This is loud and clear. I mean, it doesn't really get more loud and clear than 2013 to 2019, 7% to 25%. So I hear you and we will keep working on it.**

**So some other comment themes of 2019 that didn't quite hit the radar of being 2% or more, but just mandatory overtime being a concern. Everybody being a little bit nervous about the roll out of [indiscernible] in IM2. You are in good company.**

**No chance to earn or exceeded expectation. Having to travel to work during a travel emergency. Pay versus benefits cost increases. And then the us/them mentality, us here in Indianapolis versus those out across the state,**

or state versus contractors, and making sure there is pay equity. These comments were certainly mentioned more than once in the comments, so worth acknowledging here for things we need to work on.

So what happens when you finish your employee survey and then you think, well, I still have to go back to work tomorrow and despite all of the things that could be better, I just, I still need to be engaged.

So the way I respond to that is to think about what I can do to help somebody else. And so we have an incredible opportunity coming up to be kind whenever possible, and it is always possible as said by Dalai Lama and that is our State Employee Community Campaign that was just launched September 26th.

I want to show you a couple of stats around how we have historically done in SECC and challenge you to do even better because we really are stand-outs.

Our participation rate across the entire agency, historically is somewhere around 30%. Okay? So about 30% of us participate in some way in this campaign. In 2018, we hit our record of participation from our total of \$178,581. That is absolutely extraordinary. You are such generous people. Just really amazing what this can do for our community partners that we donate to after the FECC.

These are our participation rates by division. You can see in the yellow the Medicaid one last year, but just by a little bit, with Aging closely to follow. And if you remember, Aging is like 1/8 of the size of Medicaid, so I'm not really sure that's a win for Medicaid.

>> [Laughter]

**>> DR. JENNIFER SULLIVAN: Yeah. See you have some work to do. So I put this up here as a shamer.**

**>> [Laughter]**

**>> DR. JENNIFER SULLIVAN: All right? So for those of you at the bottom, you've got some work to do. So let's see if we can't kick it up just a little bit to come up.**

**We don't do it for recognition, but, boy, we've gotten some recognition. Medicaid last year was the per capital Gold and Champion Award. Division of Aging was a per capita Gold. Madison State Hospital had a Champion Award. Division of Disability had a Champion Award. And Admin had a per capita Silver Award. We've done well, I think we can do better with creative stuff in the coming year.**

**So we're going to have a few things that are a little unexpected as part of CECC this year, including one being a competitive spelling bee. Very excited about that. That announcement will come very soon. But most importantly, we don't do this for awards, we do it because of the organizations that we support.**

**So our featured organization this year is Family Voices Indiana. This is our charity of choice. Their work aligns with our mission by informing, training, and supporting families of children and youth with special health care needs and the professionals who serve them. And you can donate to them by using our book code of 764500 on either a paper pledge or SECC website.**

**Now the theme for SECC this year is "Grease" and it turns out that I actually played Sandra Dee in my high school production of "Grease." I**

haven't gotten them the photos, but they will be coming and I'm not proud of them at all. They also made a cartoon, which I find highly entertaining, of that moment in time.

As part of our engagement process, I do want to do a little bit of a promotion of Hub Mobile. For those of you who have not signed up for this yet, it does not overwhelm your phone, the texts don't come all the time, just every once in a while when we have something really cool to highlight and the latest FSSA employee news, you can sign up. Just text "Get Hub" to 468311 to sign up for Hub Mobile.

Every once in a while when it comes across your screen, you'll say, oh, something cool is happening. So that's a quicker way to get information.

So we have to end these every time with a call to action. In 2018, we asked for civility within our agency and you've knocked that out of the park. Incredible work, we talk in the elevators, say hi in the halls, we share lunches together, get each other coffee, we respond kindly with "thank you" at the end of our e-mails. I want you to keep doing that.

In 2019 we refocused our vision on why we do what we do. This not only calls for civility, but participation in that work. So 2019 and 2020 is, hey, why not both? We can be passionate about the work we do and we can be kind in the way we deliver that and with those two things together, there is absolutely nothing that we can't do together.

And so with that, I'm going to share with you, hot off of the presses, probably one of the best days of my whole life [laughter] September 1, 2019 in the mountains of North Carolina a really cool thing happened. I married my buddy.

So here we are at our dance mat. On the right, his eldest son Kip played the trumpet, "My Funny Valentine." He's 15 and it sounded absolutely incredible. So there's picture number one.

This is our life. This is what we pretty much look like all the time, just absolutely cracking up. There is never a dull moment when Matt is around. I look forward to introducing you to him in the future.

This was taken in a moment when his best men were showing video clips of him falling down while skiing, which is a very, very common occurrence.

These are our four boys and so from right to left, Kip, Joey, Big Jack and Little Jack and they are now our family of four. Having four teenage boys in the house is very loud. Thankfully, we have sent one of them, Joey, second from the right, sent him off to college and he is a freshman at Franklin College and doing incredible things.

And then I think perhaps this may end up, I haven't looked at all of the pictures yet, but this may end up being my favorite photo from the entire wedding.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: And you may see this on billboards as an advertisement for why to work at FSSA.

>> [Laughter]

>> DR. JENNIFER SULLIVAN: And so with that, I thank you for your incredible engagement. We are almost three years into this adventure together and it continues to get better and better and better. You are all extraordinary people and extraordinary public servants and I couldn't be

more grateful to talk with you about these accomplishments today. Thank you for coming.

>> [Applause]

>> DR. JENNIFER SULLIVAN: For questions, we'll do a little Q&A, and also, I want everybody, if you can, to get your flu shots. We set them up in the hallway on purpose because there are a couple of things about influenza. The first is it happens in Australia first, so we can get a sense of how yucky our flu season is going to be by kind of what happens in Australia and they had a bad year. So I want everybody to be healthy.

The second is that we have already had a flu death and it's just now October. I think it's going to be a bad year and so even though you are probably reading in the news that this year's vaccination may not have a great coverage of the strains of Influenza, just remember even if it's not great coverage, it actually decreases the severity of influenza regardless of strain, so still worth getting. And that is my Public Service Announcement for today.

We have them set up in the hallway for you, you don't even need to go anywhere. I gave Michael his flu shot a little bit ago and he did not pass out, so we are winning.

Okay, let's take some questions.

>> Can we test this?

>> DR. JENNIFER SULLIVAN: Sure.

>> Does this work? It works. Can you stand at this?

>> DR. JENNIFER SULLIVAN: Sure.

>> Here's the microphone, open for questions if anybody has anything

they would like to ask Jen. Anybody online can type in a question as well and we'll get those relayed down. Nobody?

>> DR. JENNIFER SULLIVAN: Quiet group.

>> I guess you covered everything, in 86 slides it's pretty easy to cover everything. [Laughter] I didn't make that number up.

Do you have a question?

>> You mentioned we have completed about five of the ten employee incentives, what are the other five we are working on? Can you tell me that?

>> DR. JENNIFER SULLIVAN: It's a great question. I may not be able to remember all of them off the top of my head, but one of them was enhanced leadership development. So we've done the Natural Born Pilots. The next round of Natural Born Pilots will be for individuals who aren't in Indianapolis.

So we're going to have an online webinars and chat rooms and things like that and the team is doing a good job building the infrastructure for that. We've never done it before, so I'm excited about that.

We wanted to implement kind of broad-based management training. So Manager training and leadership development are often two different things so we haven't launch that had process yet, but are still working on, how does that look? How do we support Managers to be ready to do the things they do? Like have difficult conversations or do performance reviews or set up teams more effectively? So that's one.

The second is to support individuals to enhance their training. For example, if you decided you want to go back to school, how do we as FSSA support that process for tuition assistance or covering a new certificate that

you wanted to do to make it easier for you to do your job or maybe do the next job you are thinking about doing. That's number two.

Let's see -- I don't know the rest of them, but I will send them back out to everyone because I have a timeline of how we're going to get all of them up and running in a relatively short period of time.

The first five turned out not to be as hard as we thought they would be. So great work done.

>> Anyone else? Anyone else enjoying the fact that this pictures stays up during Q&A?

>> [Laughter]

>> DR. JENNIFER SULLIVAN: I'm never taking it down. It's going to stay here.

>> I can't hear the lady in the back yelling.

Tyson, are we getting any online? Let me check my phone.

How do people get involved in Natural Born Pilots?

>> DR. JENNIFER SULLIVAN: Natural Born Pilots right now is a program that your division lead nominates you for. There are some criteria that we look for for individuals that may be at any point in their career. It doesn't -- it's not based on title, it's not based on where you are in the team, but based on sort of some qualities that say, this person is destined to do the next thing.

And so how do we support them in their growth for that? So we have graduated three cohorts of Natural Born Pilots so far.

If you are interested in this, in being put in the cue for that process, please talk to your division or your Supervisor about being put in for that

**nomination process.**

**I have been absolutely thrilled, we have over 60 folks that have gone through. And if you look at the data around the things they have been able to accomplish since getting a little shot in the arm of "you got this" it's pretty amazing to watch what you all are capable of doing.**

**>> I will even bring the mic to you. That's how easy it is to ask questions if anybody has anything. If not, we can have lunch, I guess.**

**>> DR. JENNIFER SULLIVAN: Thank you, everyone, again. Have a great week!**

**>> [Applause]**

**[Meeting concluded]**

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