

It's really good to be with everyone today. Jen Sullivan here, your FSSA Secretary, entering the second quarter of term two of Governor Holcomb's administration. I have a lot of things to catch us up on today. The last time I spoke with you for an all-staff address was in October and the world looked very different than it does now. Today we're going to cover a few things, but most of all I'd like to highlight how FSSA has been an engine for good over 2020, and this first part of 2021 to help us into recovery for the health and well-being of Hoosiers. We have a few things we'll talk about today. In part one we're going to look back at what did we accomplish during COVID, what did our agency accomplish, and we're going to introduce a few new folks that you may or may not have heard about. In part two we'll look forward to agency priorities for the future. What our recovery approach will look like for the agency and our teams. Then part three; you sent me a lot of questions for today's address and I'm going to highlight a few of them, but I also promise to answer every last one of them and I'll have that document out to you here very soon. I really appreciate all the time and thoughtfulness you all put together in 27 pages of questions for us to have a conversation about, and also suggestions for how we can be better in the future. So, with that let's get rolling. Over this last year we had an opportunity to revise and update, yet again, our FSSA Mission and Vision and I'll tell you I could not be more proud of what those look like. First of all, our Mission Statement: To compassionately serve our diverse community of Hoosiers by dismantling long-standing, persistent inequity through deliberate human services system improvement.

And our Vision Statement: All Hoosiers live in fully engaged communities and reach their greatest emotional, mental, and physical well-being. I believe that our teams are poised to accomplish both of these and I know that all of you drive in whatever place you find yourselves within the agency toward these as your true north. So, let's look back. First of all, last year in our last legislative session Indiana 211 was passed unanimously as a Holcomb level agenda item by both the House and the Senate to become part of FSSA. That planned transition was supposed to happen in July of last summer, but because of the pandemic it happened a lot more quickly and with a lot more importance than we could have ever imagined.

So, Indiana 211 became fully integrated into FSSA as our eighth division on July 1 of last year and for those two on one team members who are watching today, welcome. We are so glad to have you and happy to have you as the outreach and additional human to human approach to human services and healthcare delivery. To celebrate one of the milestones of this integration on April 8, the vaccine line of 211 celebrated its one millionth call. So, as you know we brought 211 into the agency to be part of how we connect, not just state programs, but also local programs and resources and federal all together in a place where it's just as easy as calling 211. But 211 has become much more than that over the last year including the Be Well Helpline for individuals who are suffering crisis and mental health needs could call and talk to a trained counselor at 211. To the vaccine-frequently asked questions call line where individuals who were maybe concerned about what their personal situation looked like for vaccine eligibility they could call and talk to someone who was trained specifically to answer and listen. And then also one of our biggest projects the vaccine scheduling and registration call line which has been responsible for nearly a third of vaccine appointments and all reschedules and cancellations for the State of Indiana. So, thank you to 211 and the executive team that helps delete it.

Tara Morse is our executive director; her story of finding her way back to FSSA as a state employee last year and then into the executive director position for 211 is really extraordinary. She felt called to help as we were starting up the helpline over a year ago at the Department of Health, and as she drove in in the evening to volunteer for that work after a notice came out from the Hub. She knew that there was something big that was going to change her life coming up ahead and it certainly has. Thank you, Tara

for all the work that you do. And her associate director, Jamie Ferran, thank you Jamie. Jamie brings a wealth of knowledge and background with IN211 and is helping us grow this team to be bigger and stronger than ever before. And then Peggy Welch, who helped spearhead the transition of 211 from the 211 alliance to FSSA. So, we thank these three incredible wonderful women for their passion about helping Hoosiers achieve their greatest needs. I'd like to show you a video that came out during the pandemic about 211 that helped raise awareness among our fellow Hoosiers about this incredible program and how it's grown.

We're so excited to have 211 as the newest partner within the Family and Social Services Administration. 211 is a statewide call service for individuals who find themselves with an unmet need. 211 is a safe place that you can call, and we are available 24/7. You can talk to individuals who are highly skilled, highly trained and they can provide you information about resources in the community.

We do cover the whole State of Indiana, and they have a wide variety of services that they cover and that's why we always tell the caller, if you don't know who to call or where to turn to just call 211 because we definitely try to guide our callers as best as we could to get the assistance that they need. I think that 211 can be pivotal in people's life experiences no matter where they are. You don't have to have hit your rock bottom. You don't have to be in tears when you call us. You've maybe been sober for three years but you're looking for another group or maybe you're looking for a job opportunity and I think that one of the wonderful things about Indiana 211 is that it can help you anywhere along your journey. Everything that we document is completely confidential everything we talk about is completely confidential so it's a safe place that people can share what's going on and they can get the help they need. In times of uncertainty, you can go to In211.org or call 211. We'll help fill those unmet needs and get you back on your feet. Well, we thank you for calling 211 today. Please know that we are a 24-hour service if you need additional assistance you can call us at any time.

I'd also like to reintroduce you to Indiana FSSA's first Chief Health Equity and ADA officer, Dr. Breanca Merritt. Breanca joined us in January of this year and has been moving fast and if you haven't heard from her already you will. Her work within health equity across the agency and also in making sure that we are not just meeting but exceeding ADA requirements across the entire portfolio of our agency is pretty extraordinary. Breanca has a couple of things that she wants you to do with her as we strive to improve the reach of our agency and decrease gaps in outcomes based on lots of things that roll into equity. That may be race ethnicity, it may be gender, it may be geography between urban and rural areas. Lots of different things go into making sure that we raise the bar for our health outcomes for all of our members.

And what Breanca would like for me to tell you about today is our equity team. So, we launched last summer during a lot of the civil unrest and work that needed to happen around inequities in our social sphere. We launched a group of advisors from across the agency to help us dive into the places where we had gaps whether that was known or unknown and this group actually was one of the main reasons why we realized that we needed a chief health equity officer in the first place. What we'd like to do is really formalize this group over time so that people have an opportunity to engage in this work in addition to the work that I know you all are already doing and you're doing it very well. So, we are building these equity teams which will be hosted by FSSA's Office of Healthy Opportunities to

increase racial and social equity throughout our programs and divisions. This will help individuals have an opportunity to engage and give their feedback and learn without a ton of commitment that will take away from your daily activities. This will range from about two to five hours a month of commitment and I believe you will really enjoy thinking about and learning from your peers in this space and then you can roll off of the team after a year. It's just a short-term commitment to be part of making us a better agency for everyone. So here is how to join an Office of Healthy Opportunities Equity Team. First you can learn about this on the hot topic on the Hub that's coming out this week. You can also learn about the team description; skills desired for each team and then complete an interest form which should be in your inbox. Then your supervisor will be notified if you're selected and approve your participation so this will be part of your workday. We're really excited about everyone having an opportunity to participate in these health equity teams. Again, really driving toward our mission and vision for the future. We also last summer made our Hoosier Health and Well-being Atlas forward-facing for the public. This helps the public and local communities see what we see with unmet needs across the State of Indiana.

This is two years of applicant data for Medicaid, SNAP and TANF. So, over half a million responses that are geocoded so that we know what people are missing in their communities. This data is volunteered by Hoosiers when they apply for our coverage programs and we're using this tool to make sure that our programs align with real current needs of Hoosiers and also to initiate that dialogue with local communities who may think that they need to be working on transportation, but their community members say hey we need some assistance with food. And aligning those perceived versus unmet needs that real-time Hoosiers are asking about. This helps communities identify and prioritize emerging social needs and really align those federal state and local programs to making people's lives better. The Hoosier Health and Well-being Atlas is based on evidence-based social drivers of health questions from health leads, (there are 10 of them) and we're really thrilled with how many people go through and answer these questions as they fill out applications to help us learn about local unmet needs in real time. The well-being atlas looks a little bit like the slide that you see here so you can toggle by demographics, by income, or by education. There's a new feature on the atlas that you can compare one time frame to another time frame so that you might be able to see with an intervention between the two if you made a difference. This goes back to our data-driven approach to evaluation of programs, and this is yet another tool to help us do that.

When I think about these things and as I was putting these slides together, I'm not going to lie, I got a little teary. When you think about how far we've come from our stated goals four years ago about being more data driven, about incorporating social drivers of health as our true north for the agency, about meeting people and their unmet needs where they are and driving toward upstream. Understanding all the different things that contribute to health outcomes that aren't just health insurance, they're food insecurity, and transportation, and a safe place to live. We did it. Now the problems aren't solved but the mechanism, the team, the philosophy, and the infrastructure are in place to really knock it out of the park. One of the reasons and one through ten or maybe almost all of the reasons is you because you all embraced this concept and this science and changed the way that you looked at your day-to-day work. And I'm really proud of you. This is a big deal we are not just a bank anymore we are an integrated health and human services agency that's thinking about the people that we serve in a different way than I think we ever have. And this path that we talked about just a couple of years ago when we launched the Office of Healthy Opportunities in 2018 was to start by

understanding our members, to understand data that's where the Hoosier Health and Well-being Atlas came in. Then we started to educate ourselves in order to have empathy with the people that are sitting across the desk from us or on the other end of the phone or are represented in a spreadsheet. And that education process concluded this last year with the health is more than you realize campaign. Then we started to think about referring and building a network and so we brought in 211 as a new partner.

Then we began to build our systems, our policy, and the rollout of IEDDS this last year, which was completed beautifully in the field, (thank you DFR team), and our data team and Medicaid for making that happen so that we could talk with our members in a way that met them more in where they are rather than necessarily where we are. Where we are now is this moving forward post-pandemic, which was unexpected when we built these slides, but knowing that we need to move forward in prevention and mitigation of further trauma so that we can have resilient communities for the future and that's our ongoing path, the circle continues. And because of that the health is more than you realize campaign helps us frame in this really beautiful symbol of how we think about food, stigmas, bias, education, employment, childcare, housing, safety, transportation and belonging so that it feeds our future programming and helps us build that continual circle of evaluation so that we continue just to get better and better and better. Health is more than you realize and I'm proud of where we've been and even more proud of where we're going. So, let's pause for just a moment and reflect on the tragedies and the successes of 2020.

All of you have been affected by the COVID 19 pandemic. Whether you had someone in your family ill, yourself, you lost a loved one, you were worried about your job or you suffered the mental health effects of being isolated. All of those things come together and I'm incredibly proud of the resilience that you have shown as an agency to keep moving forward being part of the engine for good to getting us through this. We have been a support mechanism for this entire response for millions of people in many different ways. I will absolutely forget to talk about so many of the programs that you've all helped to support, but I'd like to highlight a few of them in the next few minutes. First of all, I'd just like to play a video that actually celebrated its one-year anniversary yesterday and this is a video that the Physician Executive Team for the Governor's COVID response put together for Hoosiers so that they would feel just a little bit safer getting health care in the middle of our shutdown.

And so, I'd like for you to watch it for its historical value from where we started just a year ago. COVID 19 is more deadly than the flu and there is no cure. And Hoosiers are dying every day. But we know that most of the people who get this virus will be okay. Most of the people who get this will survive, but some will face severe illnesses. This is why we have taken all of these unusual and drastic steps. And why this period of our lives feels like nothing most of us has ever experienced. If you are still scared, let me offer this. Indiana is home to more than 16,000 licensed physicians, and I am one of them. And I am one of them. And I am one of them. I'm Dr. Jen Sullivan your Indiana Family and Social Services Administration secretary, but I'm also an emergency room physician at Riley Hospital for Children and continue to work there every week. I am Dr. Dan Rusyniak, your chief medical officer at the Indiana Family and Social Services Administration, but I am also an emergency medicine physician at Eskenazi and continue to treat patients every week. I am Dr. Michael Kaufman your state EMS medical director with the Indiana Department of Homeland Security. I'm also an emergency and EMS physician with Ascension St. Vincent and continue to work clinically overseeing our EMS stat flight and critical care transport programs. I am Dr. Lindsey Weaver, your Indiana State Department of Health chief medical officer. I'm also an emergency room physician at IU Health and continue to work at least one shift a week. As a physician I will continue to show up. I will continue to show up. I will continue to show up. I

will continue to show up. We the entire frontline team will be there. If you need help the doctors, nurses, paramedics, and other healthcare professionals across the nation are going to be waiting at the door to make sure that we do everything we can to help you. We may look intimidating under all of our protective gear, but we are normal people under the mess who are trying to do everything we can for you. Thank you to our colleagues who are fighting this pandemic every day and thank you to Hoosiers who are hunkering down so we can come out stronger. And we will come out stronger. Thank you to the nearly 170,000 doctors and nurses who call Indiana home. I'm grateful to each and every one of you for the work that you do in all of our Hoosier communities every day. We are in this together.

But, after that we built some pretty incredible things. Just in the first week of our declaration of a public health emergency across the entire state, across multiple portfolios, including physical health, mental health, physical therapy, occupational therapy, and first steps program. We turned on telehealth in places we never thought it would work and it did. Telehealth is probably going to be one of the biggest success stories of the pandemic for the future of how healthcare delivery works. We've talked about how bringing people to healthcare the ivory tower of medicine is not necessarily always the way that people need to encounter healthcare. That going to people may be really helpful as well and we've seen that play out in so many different stories and so much data across our Medicaid team, our mental health and addiction team, across many of our programs and I'm excited about telehealth being here to stay so congratulations on that incredible turn around in the way that we think about delivery of health care.

We also went completely to in-person telephonic appointments for the Disability Determination Bureau, Division of Family Resources, and the Disability and Rehabilitation Service Division. This is incredible work that happened so quickly to continue to meet the needs of Hoosiers who need us in a in a really rapid manner without gaps. One of the biggest unsung success stories of our pandemic response was that we had just prior to covid in March inked the contract turning on the Wise Indiana Network. We talked about this a couple of all staff addresses ago that we were turning on a state academic partnership so that as we do more and more work and policy change in FSSA that we would have an independent partnership with our academic institutions across the state to help us do evaluations of those things. And not kind of after the fact, but really embedded into the design of programs from the beginning again to make us more data driven. If things are working let's evaluate those and keep them going and if they're not, we'll know more quickly so that we can pivot and be more nimble in policy change and response to people's needs. So, the wise network was new and then COVID happened, and we had so much coming at us because again with a novel virus we don't really know anything about it; even basic questions like how it is spread were unknown a year and a half ago. We've learned a ton since then and a lot of it was because of the work that medical librarians and experts across the state helped us to keep up to date literally every 24-hours with the most up-to-date scientific information so that we could make, at the executive level, really informed recommendations to the governor and his team for how our response should roll. I cannot thank the Wise team enough for that work. If you want to pick at or look through many of those topics that have been posted over the last year you can look up the COVID daily digest which is housed at the Clinical Translational Sciences Institute Monon Initiative, and you can look at all of these amazing questions that have been answered and researched and put together in a digestible way for people to make good decisions for the future. Now what we've learned from that is that when you bring state partnerships together with scientists you can do incredible things. That is not limited to COVID and that will be part of our future moving forward as well. We also launched a huge

statewide initiative under the great leadership of Rachel Lane, who called it Operation Food. I will spend a little bit more time in a moment highlighting some of the work that the Division of Family Resources and the SNAP team did to support operation food, but it was really the food bank network, FSSA, and our Indiana National Guard partners that made sure that individuals who usually go to get food from us, whether it's in a school setting or a congregate setting for individuals who are who are aging could get that food to them at home. I believe that operation food literally saved lives over the last year and has made us better in understanding what food delivery services and that network of unmet needs, needs to look like for the future of Indiana. We also opened safe recovery sites and now have a safe recovery site network that I think is a key to the winnable battle of homelessness in the state of Indiana. Safe recovery sites are a network of hotels or apartments or other housing for individuals experiencing homelessness or at risk of homelessness if they have to quarantine or isolate with coven. This network served over 2000 individuals across the state to help keep individuals and families safe while they were isolating or quarantining from COVID and the partners in this work really around social determinants of health to help secure permanent housing to get individuals and their families connected with primary care or mental health needs are incredibly heartwarming. So, thank you to the team, Dr.

Maria Fennell and Rachel Halleck for really spearheading this work and bringing this partnership together in a in a pretty impressive way. I'll show some photos of this in a minute, but just going out and securing an entire hotel to house individuals, just absolutely remarkable work. We also developed the be well Indiana, both website and crisis helpline, within 211. The website and the and the crisis line will be part of our future for many years, and I think is probably one of the most critical things mental health supports and expansion of access to mental health one of the most critical items for our future recovery. So, thank you to the mental health team for really innovative work. The national partners, our federal partners at SAMHSA came to review this work just a couple of months ago and were really overwhelmed with the thoughtfulness and the community connections that are happening within this project. Becky Buhner and her team also put together some incredible substance use disorder supports. We know that substance use disorder treatment is multi-factorial medication assisted treatment is part of it, but connectivity is a huge part of it and during those early days of our shutdown, not being able to access connection through treatment modalities was a big deal. So, turning on telehealth was a huge support for that but also making sure that individuals had access to their medication-assisted treatment at home through prolonged delivery of buprenorphine outside of opiate treatment programs was also really critical and then also making sure that naloxone was available to anyone in active substance use disorder treatment across the state, really critical to keep people alive. We have a long way to go to get back to where we were in substance use disorder and I know that this team is up for the task.

The childcare team, I really don't even have words for Nicole Norvell and her team, for the work that they did to make sure that our childcare network could stay open over the last year. You've heard lots of headlines about worries that as individuals had to go to work that they wouldn't have childcare supports and in Indiana they always did, and they will continue to do so, and the innovations that have happened within childcare to make sure that kids and families are getting what they need not just during the pandemic, but for the future are really pretty extraordinary and the future is very bright in early childhood education. The disability teams and the aging teams have been working with our Medicaid teams as well to make sure that every possible support that was available through

the federal government was delivered to members as they needed it. I think we issued over 110 Medicaid bulletins over the last year hitting several records out of the park. This slide does not even begin to encapsulate the work that you all have done to support Hoosiers during the pandemic, but it's a start and it just goes to show you that none of these things were actually in our job descriptions. And we did them anyway. It was the right thing to do, and you did them with extraordinary grace and elegance and you made us better thank you.

I'd like to illustrate just one highlight: a little bit more of a deep dive into our Division of Family Resources. Many of you who do not work in DFR may not have an idea of how busy these guys actually have been over the last year. I mean they're busy all the time anyway, but these folks that are working in field offices and then converting to homework and then going back to work and back and forth to work in a hybrid experience have really been resilient and flexible in making sure that people's needs were met despite some trying circumstances. DFR processed over 1.1 million applications just in not even the full year of 2020. April had the largest volume with over 159,000 applications. Our SNAP enrollment increased by 118 percent this last year. TANF enrollment by 74, and health coverage by 18. Pretty extraordinary. The DFR team led by Adrienne Shields, also implemented some pretty extraordinary and revolutionary policy changes. One of the first that went live last summer was the ability for SNAP recipients to purchase food and have it delivered online. We now have multiple partners for this. We have three actually now, Walmart, Amazon, and Aldi. With partnership with Instacart to help individuals who receive SNAP actually close those food deserts so again, just like healthcare, it's not always possible for individuals to go to food, but if we can bring food to them maybe we close that food insecurity gap a little bit faster than we did before.

One of the programs that I am most proud of DFR for in partnership with our data and analytics team and a huge shout out to Tim McFarlane for building some pretty amazing systems for this to also help us out with the Department of Education, is pandemic EBT. Pandemic EBT is an additional program that looks a little bit like SNAP, but it's for kids who qualify for free and reduced lunch at school. This was really critical, certainly while schools were closed, but even kids when school started to reopen in the hybrid experience and even now fully reopened still experience food insecurity. And so, the pandemic EBT program implemented by DFR allowed additional benefits that look a lot like SNAP to either go on existing SNAP card or come out in a new pandemic EBT card. I'll show you a map here in just a moment but just so that you know Indiana participated in every single opportunity to roll out pandemic EBT. The first spring issuance and a really tricky fall issuance last year where only six states actually successfully got it done. Another winter issuance just recently and then a new program that allows us to give EBT to early childhood so children under the age of six in addition to those in the K-12 space.

I'd just like to show a few pictures to you all about your team members doing special projects across the state. We have individuals who have been giving webinars every week on health guidance to childcare. We've had folks who helped in the safe recovery sites to make sure that individuals had plenty of personal protective equipment to be safe as they were finding their way into their new hotel rooms to make sure that they could recover safely. We had people not only getting shots like myself as you can see in this picture, but also giving shots. Peggy Welch has volunteered consistently down at her local

county health department to deliver vaccinations in Monroe County. We also had lots of teams who participated in Operation Food, helping to make sure that food banks and food pantries were well stocked and didn't run out of food for individuals who were really at their wits' end and maybe had never participated in programs like this in the past. Again, so proud of all of you for this work. But not only do we have really neat anecdotes and individual stories, but we are also recognized nationally for this extraordinary and heroic and really knocking it out of the park work you all have done. Very few states have done as much work as DFR has done to make sure that we were supporting food, Operation Food across the state. In fact, when we were approved for the possibility to get pandemic EBT benefits to children under the age of six, we were one of only five states to get that done. I've spent a little bit of extra time with DFR today, but you all should take this to heart as huge kudos. Now in addition to COVID, there's more than COVID in Indiana and the teams have also gotten a ton done in our regular agency work, to just be the best at getting better. First and foremost, another shout out to the DFR team. Our statewide Integrated Eligibility System went completely live during the pandemic, flawlessly. I'm really proud of this and thank you to all of you for making the IEDSS completion a reality. We also got the first of its kind, a 10-year renewal of the Healthy Indiana Plan that 1115 Waiver was approved and is now cemented in our future for Medicaid expansion for Indiana. We also have been diligent about partnerships with other agencies. Our Early Childhood Education team has been partnering, both with the Department of Child Services and the Department of Corrections, to provide CCDF funding for individuals so that they can support their kiddos with vouchers for early childcare. So, within DCS, any foster family who qualifies is put on the priority list for CCDF. And, also within the Department of Corrections, moms who are leaving correctional facilities get support through vouchers, so that they can go back to school or back to work and know that their kids are safe while they're doing that as they complete the re-entry process. First Steps also has gone live with its eligibility hub and we're excited about bringing that team even closer to modernization, excited for all the work that First Steps has done to be available for families across Indiana. CaMSS, our system for tracking cases within the Division of Aging, had its one-year anniversary and the Neurodiagnostic Institute also had, now its two-year anniversary, for our newest state psychiatric hospital in 50 years being built. And just a few months ago, we admitted our first patients into the only one of its kind, autism unit, in the Neurodiagnostic Institute for stabilization of individuals and for adolescents with autism. That new unit is one of less than a hundred beds, across the country, that does that super specialized work for teenagers with autism. I'm really proud of that innovative work that's happening in that space. I'm also, on the theme of being proud, proud of you. We had in 2020, we went ahead and had a State Employee Community Campaign and you participated in a way that, I really don't have words. You raised over \$187,000 despite being nearly completely virtual, and that's our second highest total ever. So, we weren't able to get together for dunk tanks or bake sales or any of those things and yet your generosity still shown through. And it was part of Operation Food, our charity of choice was the Indiana Charitable Food Distribution Network which consists of 12 food banks and about 1,750 pantries and community kitchens. So not only did you pledge funds, but you also held food drives of your own to help your own local food banks and this is pretty extraordinary and shows your heart. We also went ahead and had our Natural Born Pilots group, even though they were interrupted briefly, as they were starting across the state. We were able to bring 17 pilots safely to ground. They gave their final TED Talks back in the fall and if you haven't had a chance to watch them yet, they are truly inspiring. What an incredible group of leaders to go through this program. Our next cohort, Cohort Five will begin this summer and we'll keep on rolling. I'm incredibly proud of this team and the work that they did not only to navigate to the virtual world, but also to participate in leadership development in such a meaningful way.

So now we come to Part II, and that's looking forward. And the future is a little foggy, but I believe that it's a bright one, and so we're going to talk through a few things today. Not many of these things are set in stone, so this is just the beginning of a longer conversation that we'll have over the coming months. But, wanted to introduce just a few things to you and give you some updates on where we're going. So first of all, just last Thursday the Legislative Session for 2021, as you know which was a budget session, completed and FSSA came away with some incredible tools out of this legislative session that we'll be able to use in our recovery process moving forward. First of all, telehealth is part of the future of Indiana Medicaid and healthcare delivery so that legislation is in place so for physical health, behavioral health, physical therapy, occupational therapy, those things we've talked about where being part of a menu of healthcare delivery, those healthcare services are going to be available for the future. So, we've got our work cut out for us to make sure that we have plenty of broadband and that we think about how to pay for those things in a way that allows supports for both providers and patients as well. So, lots of work for the Medicaid team, but I know that they're thrilled to have this as part of our future landscape. Also, part of that legislation that came through this last session is that we are permanently expanding the number of take-home medicines that can be prescribed through an opiate treatment program. We saw that individuals actually really benefited from that and so it's a nice balance between making sure that folks have access to counseling in person but also, they have access to their medicines, and it doesn't become a barrier to their recovery but actually incentivizes that work as well. In addition, the long-term services and supports managed care moratorium expired and was not renewed. What this allows us to do as a multi-division, and actually multi-agency team, to bring home long-term services and supports reform for the state of Indiana. We have a lot of work to do but the stakeholder groups that have been meeting since January, have really gotten us a lot further down the path to do really four big things for long-term services and supports. One is to level the playing field between how individuals can get approved for home-based services versus institutional services. Right now, it's a lot faster to get approved for going to a nursing home, for example, than to have that same level of delivery of care happen in your own home. We're going to level that playing field using what we've learned during COVID to increase and expedite the eligibility process for those services. The second thing we're going to do is move the payment mechanism for long-term services and supports, that includes home-based services and institutional services, into a managed care platform. So, it'll look a lot more like the Healthy Indiana Plan and Hoosier Health-Wise and Hoosier Care Connect. Not exactly the same because it's a different group of people with really unique needs, but within that managed care platform that we do so well in the state of Indiana. The third thing we're going to do is enter into, on a more robust scale than we do right now, a supplemental payment program for nursing facilities and hospital partnerships that's built on a premise called value-based purchasing. And that means we pay for quality, so we help incentivize meeting high quality measures so that individuals as they're aging, regardless of where they are, are getting paid for a place that delivers the quality that we really have come to expect not just during COVID but certainly before. And then fourth, and one of my favorite parts of this project, is building out a data system that actually tracks where people's healthcare is delivered regardless of where they are. So right now we might only be able to see when you're in the hospital, but we actually need to integrate that with being able to see what's happening when you're in a nursing facility, or at your doctor's office, or you know in a home health program. So, building that continuum of data services for the electronic health record across this whole continuum is the fourth piece of long-term services

and supports. And now that we don't have a moratorium, we can move forward with our stakeholders in designing how we how we age in Indiana. One of the most exciting components of this last legislative session actually happened in the winding down, last few days of the session. Just last week, Allison Taylor our Medicaid Director, as part of the Medicaid forecast, announced that we would take advantage of an opportunity to really propel forward the best in the Midwest initiative, to make Indiana the best in the Midwest for infant mortality and maternal mortality. And in order to support that incredible initiative we will now be covering under Indiana Medicaid, moms in the postpartum, so post-delivery, for a full year after the delivery of their child. Pre-pandemic that has been 60 days. Right now, because of the public health emergency, everyone has extended coverage within Medicaid and as that expires next April, we'll begin that new policy of extending for one-year postpartum Medicaid services. So really a dream come true for a long time and I'm really proud of the team for that initiative and bringing that one home during this last session. We also found some increased funding to do two really important initiatives that have been brought to the forefront of the public's mind this last year. The first being increasing mental health funding and then also the first increase to our food bank network, in almost 15 years, with tripling of the state-supported budget for food banks across the state.

So, we've got some big goals for 2021 and 2022 and I want to highlight just a couple of them. First is our big project, Long-Term Services and Supports reform that I talked to you about before. The second is moving toward a more integrated and comprehensive quality program for case management for individuals with disabilities that are receiving one of our two disability waivers. We also are launching into the really sort of tricky and important and probably long, too long overlooked, problems that we see that is the gap between the criminal justice system and our mental health system. And so, bringing those two together so that we can support individuals who need all of us to be working together for them and for our communities. We also will complete the rollout of the OB Navigator project which is now called My Healthy Baby and supporting that through our DFR teams, our Medicaid teams, and our Data and Analytics team. We'll build out our new telehealth policy, as I talked about before, expand the role of community health workers within the health care delivery system, and then also work on mental health system enhancement. Our Division of Mental Health and Addiction team has said to me, I think really eloquently, we've always thought about our responsibility at DMHA of being kind of twofold. First is the serious mental illness individuals that we need to support. The second is our substance use disorder individuals that we need to support. Now post-pandemic, we have the whole state that we need to support. Again, all of us with the mental health effects of this pandemic and so making sure that that network is robust and accessible and without inequity so that we can all recover together. We also are building out, because of the Recovery Act that's coming down from the federal government, essentially an entirely new business unit within FSSA that I affectionately have termed FSSA2. This over two billion dollars of new funding that will be coming to all of your teams, needs to be managed really responsibly so that we don't inadvertently make things worse because of it than we found it. We've talked about the cliff effect before. Again, pouring one-time funding into fragmented systems without thought, and then that funding ending, puts people in a really delicate situation where they may not have had a chance to really get their feet under them. Or let's talk about the childcare space to grow in a way that the loss of that funding actually doesn't affect them negatively. So, we are doing an agency-wide format project management system for CARES III funding. We're amplifying existing initiatives we know that our priorities were in the right place and so we're going to continue moving forward with

them. We'll continue emergency funding. We're not out of the pandemic yet, so we know that a lot of people still need help. Then we'll move into stabilization funding and then infrastructure funding over the next three to five years to make sure that we use this responsibly and mitigate the cliff effect in the process.

And so now, why I suspect most of you are listening to this in the first place, is what does the future of FSSA actually look like and the answer is I can't tell you completely. But I do know that we're ready for the task. At some point we're going to have to figure out what the next version of work looks like. And for many of us it's going to be coming back to work. I'm in my office today, I know you can see that, and that will require planning and it will require conversation and it will require support. And I want to assure you that we are in constant communication with State Personnel and with the Governor's Office about what that looks like. There are some things that we've learned about what a hybrid work schedule looks like that show that you all are capable of doing incredible things regardless of where you are. And so, we really have to be thoughtful about what that looks like. But what I want you to do is, I want you to all start thinking about what that return to work would look like and what kind of things that you need to plan for. Do you need to plan for childcare? Do you need to plan for elder care? Do you need to plan for yourself, for some mental health supports that you might need? All of us are experiencing anxiety because this is all new. We had never done that before, but we've also never gone back to this before, so I do promise that it will look a little different and change will be upon us. I don't have the timeline for what that looks like but as soon as I do, you'll be the first to know and we'll work on it together. I would say roughly 60 percent of the 27 pages of questions that you all sent me were about return to work and they were both questions, but they were also comments. And the comments I really thought were helpful, because they give additional insights into what you need and what you value in the work that you do. And so we will be committed to what that looks like for the future and sharing that broadly. But I do want you to start planning for yourself and then for your families and your communities as well. And again, we'll share that timeline and what those policies and procedures will need to look like as soon as we have them which I suspect, will be fairly soon. I do have a couple of things I need to talk to you about though and this is kind of moving from secretary to doctor mode for just a second. I cannot thank you all enough for how many people responded to my Broken Pieces of a couple of weeks ago asking you to ask me questions about vaccination. It was potentially one of the most interactive experiences I've had in four-and-a-half years of writing those Friday emails. So many of you reached out not just for yourselves, but for your family members, your children, your neighbors, your loved ones with specific questions about vaccination and its safety and when to get it. I cannot be more strident about encouraging those of you who have not been immunized yet to go get it done. We've got plenty of supply. It's really convenient to get it done. And for the protection of yourself and your co-workers, coming back together is going to be a lot safer than more of us who are immunized. So, if you're on the fence please, that offer to get on the phone or have an email exchange about your personal situation, your personal questions, is still open without judgment. My job is not to talk you into it, it's to listen and answer questions and if you're not comfortable talking to me you can talk to anybody that's on our physician team -- Dr. Dan Rusyniak, Dr. Maria Fennell, Dr. Ann Zerr, all are willing to listen and answer questions as you have them. And in addition to that, if you want to talk to somebody that you don't know you can call 211. The vaccine frequently asked questions helpline is open eight to eight, seven days a week, and you can call and ask a highly trained individual any questions about vaccine that you have. But again, I cannot stress the importance of us getting immunized for our return-to-work process to be as safe as possible. It's really, really critical and there's an incredible respect that comes from not only protecting yourself but protecting your co-workers as well.

The other thing that I want to tell you, on the good news side, is that we really do have a lot more science now than we did a year ago. So we know that the Coronavirus is a respiratory droplet spread and so this incredible fear that we had around, you know, cleaning surfaces with bleach and wiping everything down all the time -- now I still want you to wash your hands, so please don't take me in the wrong way there -- but we don't have to do that. So this is not a hand-to-mouth spread of a virus and so all of those things that we did while we were still trying to figure this all out, we don't need to do those anymore. We'll be sending out some very detailed guidance at a statewide level, not just for FSSA, but a statewide level to make sure that everyone has this kind of ratcheted down guidance around cleaning that needs to happen so if there is an individual who has COVID or an exposure in a local office, or in the central office, we can kind of ramp down that fear about cleaning surfaces. We'll still do that of course, but it doesn't need to be quite as vigilant given that that's not the primary mode or even really the mode at all of spread of this virus. I do want to let everybody know that masks are going to be part of our future for a while. There are, and I'll have some specific guidance that will be in this packet that we'll all review around policy, but given that we probably won't achieve a hundred percent vaccination we'll still need to be respectful of each other when we're in meetings together and mask. Unless you're in a meeting where we know that everyone is vaccinated, you want to be kind of spread apart and not all crammed together, until we find ourselves in a little bit of a different space and I hope that will come actually you know within the next year or so as we get a larger and larger proportion of the community immunized. The other thing is that we're going to need a lot of mental health support. All of the things that I've been reading from the business community is that it doesn't matter who you are. Coming back to work in whatever space, whether it's completely on site or a little bit of a hybrid, is going to take us really thinking about our own anxiety and honestly despite the fact that this has been a really, really hard year there have been some silver linings. We've had some increased flexibility. We've had the opportunity to participate with our families in a different way than maybe we had in the past. Our pets are going to miss us when we're not home every day and so the grieving of that change is normal. And it's okay. But we shouldn't mistake it for something else, but we really should just identify it and acknowledge it for yet another change when we may be, you know, out of resilience for change. And so, we'll make sure that we provide that support for you in any way that you need it. We also going to manage toward metrics like we always have so we want to make sure that you are getting the support to do what you need to do. Whether that is equipment or access, wherever you are, and so we'll continue to keep track of how the agency is performing in all of our stated metrics over each of our programs.

And so now as we wind down our time together, I'd just like to answer a few of the questions that you asked me in your Q&A that you sent in in advance. And again, thank you for doing that and then also just remind everyone that I will answer every single one of them in written format and make sure that everyone has access to those here in the next week.

So, first question **'What has impressed you the most over the last year as it pertains to FSSA staff?'** And my simple and heartfelt answer to that is honestly your altruism. When I think everyone could have very easily reverted to thinking about oh my goodness how does this affect me, and I'm sure we all we all did that, what I saw was you all thinking about how does how do these changes affect other people? And how can I be thoughtful and creative about making sure that the sphere of influence that I have in my work is actually preserved so that individuals can keep getting what they need? Pushing the envelope thinking outside the box and truly built on a sense of altruism was pretty extraordinary and across the board.

The next question was **'What are the lessons learned from our response to the COVID outbreak? Is there anything we should have approached differently?'** We could answer this question over the next year and I think, hopefully, we will have a deep dive post pandemic to really cement the things that we've learned into how we operate for the future. One of the things though that I would say, we might have approached differently, and I think we will approach differently two things. First is the role of the mask and I know everyone's going to groan when I say that because I've talked to you about masks a lot. You know, I still work in the emergency department in the pediatric emergency department at Riley Hospital. And we had no influenza and up until last week actually almost zero respiratory syncytial virus, two additional droplet-borne viruses, that happen as you know throughout the winter. Because we all had our masks on during that time not only did, we protect each other from COVID but we protected each other from influenza and RSV. So, a couple of things that I think we'll do differently for the future is I will never work a shift in the ER without a mask on again because I'm protecting my patients from viruses that I might be carrying. And I might even think about putting on a mask in public, say if I'm sick with a respiratory illness, so I don't give it to someone else. There's lots of things to think about what the role of masks are for the future. Now I don't think we'll ever see a mask mandate again, but I certainly think that individually we might think about changing our behavior a bit for the future. The second thing I think I might have done differently, and I hope we think about for the future, is personal protective equipment and the gap that we saw in the supply chain that existed when we got started. We didn't have enough masks, we didn't have enough gowns, we didn't have enough gloves for everybody to be safe in different environments and because of that we had to make some really hard choices. They weren't wrong they were just sort of forced because of that supply chain issue that we had. And one of them that I'm hoping that we never have to do again is the visitor restrictions that we saw in hospitals and nursing facilities. Now I hope that what we see for the future is that by having a sufficient supply of masks and gowns and gloves that we can keep family members at the bedside of their loved ones, regardless of where they are, and protect them with enough personal protective equipment so that those you know heart-wrenching stories we heard about people being alone when they were ill will never happen again. And so those are the two things that I think I would have in different circumstances, love to have the opportunity to make a different choice in the spaces where we found ourselves.

Third question unrelated to COVID, **'Is tuition reimbursement an option that is still being looked into?'**

So, thank you for remembering our 10-point plan that we had three years ago about supporting the FSSA team. This was one of the items on that 10-point plan and we have worked our way -- it was so nice to go back and see this question and look back at that 10-point plan and see how many of them we've been able to check off -- this one has been on the back burner during the COVID response, but is not off the table and we'll bring that back up to the team and start looking at it again. So, thanks for bringing it up. I know that support for growth within the agency is really critical for satisfaction and retention and growth for our team members so thank you for asking the question and we'll keep it on the front burner now.

The next question **'Should I still be wearing a mask? When and where?'** And the answer is right now, absolutely. Eventhough we've seen a plateau in our positivity rate we still have lots of cases of COVID so you should still wear a mask. There are a couple of caveats though that now that we're starting to get more and more folks vaccinated that you can take it off. First is obviously in the places where you're already taking it off, so in your home with your, you know, immediate family. But you can also take your

mask off if you are with a group of individuals who are all also vaccinated and you can find that specific guidance on the CDC website. We also expect, and this is not public yet, but we think that tomorrow the Centers for Disease Control is going to publish some guidance about immunized individuals being able to take their masks off outside. And I'll give you an update on Friday in our Broken Pieces email with that specific guidance as it pertains to outdoor mask wearing for the future. But when you're around a big group of folks, or in a school environment, or in the grocery, right now it would be my strong recommendation to keep that mask on not only to protect yourself but to protect others as well.

Next question. **'May we add preferred pronouns to our email signatures?'** Absolutely. The folks at our state hospital facilities have already started doing this and so as you wish to do this, please feel free to add preferred pronouns. It is a gesture of respect and also of information for individuals as we interact with each other that we are treating each other with respect in the way that we talk and address each other, so please feel free to include that as you will.

The next question **'Will there be an opportunity for field staff to share our opinions and feedback over how the last year impacted our work?'** What a great way to phrase this question. So, I'm hoping that all of you always feel like that you can share your opinions and feedback over anything. I know that all of you who are working the field have had some webinars over the last couple of weeks from your team leads and from your division directors and had an opportunity to share feedback in that way, however, keep it coming. We make decisions so much better when we have information from our team, wherever they are and from whatever their perspective. So that can come to the Ask the Secretary inbox, that can come to me directly, it can come to your division director. However you feel comfortable sharing that feedback, we'll take it and we'll read it and we'll use it to make us better for the future. And with that I will close what has been a truly incredible time to be your secretary this last year. I think probably the most meaningful of my career for sure, to be part of such an extraordinary team. With a quote from Elvis Presley that ambition is a dream with a v8 engine, and you all are the v8 engine for good. And our ambition for recovery and growth for the future could not be stronger. And so with that, thank you for watching today and I look forward to talking with you again very soon. Thanks so much.