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Strategize.
Activate.

Public Policy Changes Impacting Children, Family, and Youth

September 2019

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Medicaid Managed Care Timeline Updated

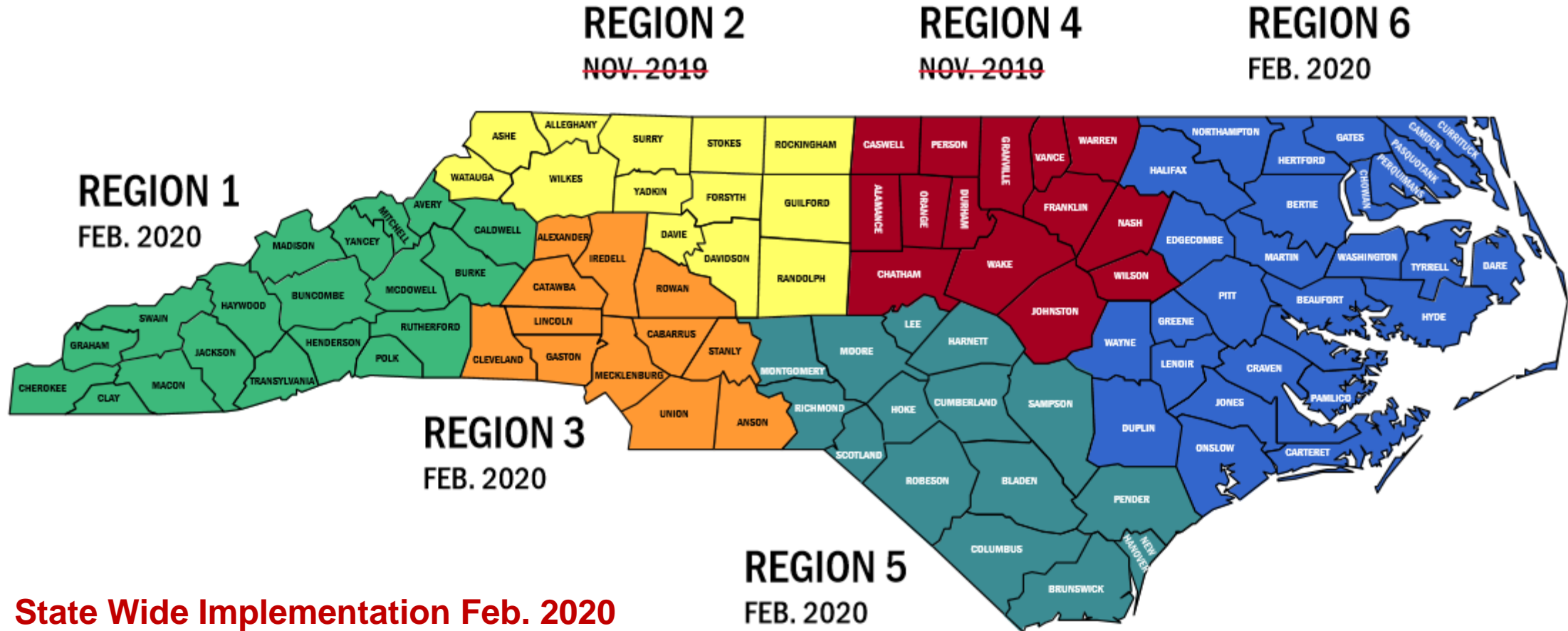
Medicaid Managed Care Implementation Milestones

Milestone	Regions 2, 4	Regions 1, 3, 5, 6
Enrollment Packets Mailed	6/28/2019	10/1/2019
Open Enrollment Begins	7/15/2019	10/14/2019
Open Enrollment Ends	12/13/19	
Auto-Assignment	12/16/19	
Health Plan Effective Date	2/1/2020	

Dates are approximate and subject to change.

Source: NC DHHS

NC Medicaid Managed Care Regions and Rollout Dates



Health Plan Contact Information

Health Plan	Website	Phone
 WellCare Beyond Healthcare. A Better You.	<u>www.WellCare.com/nc</u>	1-866-799-5318 (TTY: 711)
 UnitedHealthcare Community Plan	<u>www.UHCCommunityPlan.com/NC.html</u>	1-800-349-1855 (TTY: 711)
 HealthyBlue	<u>www.HealthyBlueNC.com</u>	1-844-594-5070 (TTY: 711)
 AmeriHealth Caritas North Carolina	<u>www.AmeriHealthCaritasNC.com</u>	1-855-375-8811 (TTY: 1-866-209-6421)
 carolina complete health	<u>www.CarolinaCompleteHealth.com</u>	1-833-552-3876 (TTY: 711 or 1-833-552-2962)

Are Services the Same Across the PHPs?

Health Plan Responsibilities

Health Plans will:

- Ensure their Members receive the same services as they did under NC Medicaid Direct
- Provide Non-Emergent Medical Transportation (NEMT) Services for Managed Care Members
- Assist Members with primary care provider (PCP) information and complete PCP Auto-Assignment if no PCP is selected
- Supply NC Medicaid Managed Care Medicaid Card/Replacement Cards
- Conduct Care Needs Screening for Members
- Operate a Call Center/Member Service Lines
- Facilitate Appeals and Grievances
- Provide Health Plan Welcome Packets, including Welcome Letter, Medicaid Card and Member Handbook

Standard Plan Benefit Package

Medical Benefits and Services

Allergies	Ambulance services	Anesthesia
Auditory implant external parts	Burn treatment and skin substitutes	Cardiac procedures
Certified pediatric and family nurse practitioner services		Chiropractic services
Clinic services	Dietary evaluation and counseling and medical lactation services	
Durable medical equipment	Early and periodic screening, diagnostic and treatment services (EPSDT)	
Family planning services	Federally qualified health center services	
Freestanding birth center services (when licensed or otherwise recognized by the North Carolina Department of Health and Human Services)		
Hearing aids	Home health services	Home infusion therapy
Hospice	Inpatient psychiatric services for under 21	Inpatient hospital services
Laboratory and X-ray services	Limited inpatient and outpatient BH services	Maternal support services
Non-emergent transportation to medical care	Nursing facility services	Obstetrics and gynecology
Occupational therapy	Ophthalmological services	Optometry services
Other diagnostic, screening, preventive and rehabilitative services		Outpatient hospital services
Personal care	Pharmacy services	Physical therapy
Physician services	Podiatry services	Prescription drugs/med management
Private duty nursing services	Prosthetics, orthotics and supplies	Reconstructive surgery
Respiratory care services	Rural health clinic services	Services for 65+ in IMD
Speech, hearing and language disorder services		Telemedicine
Tobacco cessation counseling for pregnant women		Transplants and related services
Ventricular assist device	Vision services	

Behavioral Health Benefits and Services

Ambulatory detoxification services

Diagnostic assessment services

Early and periodic screening, diagnostic and treatment services (EPSDT) for members under age 20

Facility-based crisis services for children and adolescents

Inpatient behavioral health services

Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization

Mobile crisis management services

Non-hospital medical detoxification services

Outpatient behavioral health emergency room services

Outpatient behavioral health services provided by direct-enrolled providers

Outpatient opioid treatment services

Partial hospitalization






Professional treatment services in a facility-based crisis program

Research-based intensive behavioral health treatment

Standard Plans Do NOT Include [but Medicaid Beneficiaries Can Get the Services Outside of their Plans with Medicaid Providers]:

- Dental Services
- Services Provided by Local Education Agencies
- Services provided by children's developmental agencies that are included in your child's Individualized Family Service Plan
- Fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses and ophthalmic frames
- Services provided through the Program of All-Inclusive Care for the Elderly (PACE)

Added services: Use this chart to compare the added services that each health plan offers. Some services may be only for members who qualify.
For questions, call **1-833-870-5500** (TTY: 1-833-870-5558)

				
<p>Education</p> <ul style="list-style-type: none"> ▪ \$120 GED voucher <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$450 in rewards for baby products <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 yearly in rewards gift cards ▪ 20% CVS discount card ▪ 24-week voucher for Weight Watchers® <p>Youth</p> <ul style="list-style-type: none"> ▪ Boy Scouts, Girl Scouts or 4-H Club membership <p>Other</p> <ul style="list-style-type: none"> ▪ Hearing aid (up to \$300 value) ▪ Up to \$120 yearly value for over-the-counter drugs ▪ Cell phone with 1,000 monthly minutes, free texts and 1GB of data ▪ Rides to classes and events 	<p>Education</p> <ul style="list-style-type: none"> ▪ Life skills training <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Free breast pump ▪ Up to \$100 in rewards for baby products <p>Wellness</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly in rewards gift cards ▪ 13-week voucher for Weight Watchers® <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for youth club membership <p>Other</p> <ul style="list-style-type: none"> ▪ \$100 yearly value in alternative healing, acupuncture, massage therapy ▪ Up to \$150 for hypoallergenic mattress cover and pillowcase for asthma ▪ Cell phone with 350 monthly minutes, free texts ▪ Free meal delivery up to 14 days, if qualify 	<p>Education</p> <ul style="list-style-type: none"> ▪ \$50 annual gift card for school supplies ▪ GED exam voucher (up to \$160 value) ▪ 24 hours of online tutoring for members ages 6-18, if qualify <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly rewards for doctor visits <p>Wellness</p> <ul style="list-style-type: none"> ▪ Yearly adult dental exam and cleaning ▪ \$40 a month for groceries, if qualify ▪ 13-week voucher for Weight Watchers® <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for youth club membership <p>Other</p> <ul style="list-style-type: none"> ▪ Cell phone with monthly data, minutes and bonus minutes ▪ \$20 Uber or Lyft gift card for college students for grocery stores, local events 	<p>Education</p> <ul style="list-style-type: none"> ▪ GED exam voucher <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Home visits for high-risk pregnancy <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 yearly in rewards gift cards ▪ 13-week voucher for Weight Watchers® <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership at participating locations for members under 19 <p>Other</p> <ul style="list-style-type: none"> ▪ Acupuncture, massage therapy, biofeedback ▪ Extra pair of glasses and eye exam every 2 years for members ages 21 and older ▪ Free meal delivery up to 7 days after hospital stay, if qualify ▪ Home visits and supplies such as pillow case covers for asthma ▪ Cell phone with 1,000 monthly minutes, free texts 	<p>Education</p> <ul style="list-style-type: none"> ▪ GED exam practice supplies <p>Wellness</p> <ul style="list-style-type: none"> ▪ Virtual care visits ▪ \$75 yearly value in rewards ▪ \$20 monthly for approved foods ▪ YMCA membership ▪ 10-week voucher for Weight Watchers® with 14 weeks of online tools <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership for members ages 6-18 <p>Other</p> <ul style="list-style-type: none"> ▪ \$125 yearly for vision items for members ages 21 and older ▪ \$30 quarterly value per household for over-the-counter drugs ▪ Home visits and supplies such as air filters and mattress covers for asthma

Who Will Collaboratives Be Serving?

“The primary mission of the Community Collaborative is to become the governing body and the community voice for the behavioral health of all children in the community.”

Populations Served

Mild to Moderate Population

Population Group	Detailed Population Group
Aged, Blind, Disabled (ABD)	Aged
	Blind
	Disabled
Temporary Assistance for Needy Families (TANF) and Other Related Children/Adults	Aid to Families with Dependent Children (AFDC)
	Other Children
	Pregnant Women
	Infants and Children
	Breast and Cervical Cancer (BCC)
	Legal Aliens (Full Medicaid)
NC Health Choice (NCHC)	NCHC
	NCHC — Extended Coverage
Medicaid-Children's Health Insurance Program (M-CHIP)	N/A
Maternity/Delivery	N/A

Exempt and Excluded Populations

Exempt populations include members of federally recognized tribes, including EBCI. They will “opt in.”

Populations excluded from Medicaid Managed Care:

- Beneficiaries who are enrolled in both Medicare and Medicaid for whom North Carolina Medicaid coverage is limited to the coverage of Medicare premiums and cost sharing;
- Qualified aliens subject to the five-year bar for means-tested public assistance under 8 U.S.C. § 1613 who qualify for emergency services under 8 U.S.C. § 1611;
- Medically needy North Carolina Medicaid beneficiaries;
- Presumptively eligible beneficiaries, during the period of presumptive eligibility;
- Beneficiaries participating in the NC Health Insurance Premium Payment (HIPP) program;
- Beneficiaries enrolled under the Medicaid Family planning program;
- Beneficiaries who are inmates of prisons;
- Beneficiaries being served through the Community Alternatives Program for Children (CAP/C);
- Beneficiaries being served through the Community Alternatives Program for Disabled Adults (CAP/DA); and
- Program of All-Inclusive Care for the Elderly (PACE) participants.

Delayed Mandatory Managed Care

- **Year 3:** Children in foster care and adoptive placements (NC DHHS expected to publish concept paper this fall)
- **Year 3:** Certain Medicaid and NC Health Choice beneficiaries with an SMI, SUD or I/DD diagnosis and those enrolled in the TBI waiver
- **No earlier than Year 5:** Medicaid-only beneficiaries receiving long-stay nursing home services
- **No earlier than Year 5:** Medicaid-only CAP/C and CAP/DA waiver beneficiaries
- **No earlier than Year 5:** Individuals who are dually-eligible for Medicare and Medicaid

Tailored Plan Eligibility

Tailored Plan Eligibility

Utilization of Medicaid service only available in BH I/DD Tailored Plan

Utilization of BH, I/DD or TBI Services Funded with State, Local, Federal or Other Non-Medicaid Funds

Children with Complex Needs (CWCN)

SMI/SED--SED diagnosis list is applied to beneficiaries under age 18. Diagnoses of schizophrenia and schizophrenia spectrum disorder do not require the beneficiary to have also accessed an enhanced BH service.

Electroconvulsive Therapy

Use of clozapine or long-acting injectable antipsychotics

SUD Diagnosis + Enhanced BH Service

Two or More Psychiatric Hospitalizations or Readmissions

Admission to State Psychiatric Hospitals or Alcohol and Drug Abuse Treatment Centers (ADATCs)

Two or More Visits to the Emergency Department for a Psychiatric Problem

Two or More Episodes using BH Crisis Services

Transition to Community Living Initiative (TCLI)

I/DD Diagnosis

Innovations

Innovations Waiver Waitlist

TBI Waiver

TBI Waiver Waitlist

Tailored Plan Benefit Package

Medical Benefits and Services

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Additional Services ONLY in the Tailored Plan

Substance Abuse (SA) Non-Medical Community Residential Treatment

SA Medically Monitored Community Residential Treatment

SA Intensive Outpatient Program

ACTT

Community Support

Multi-Systemic Therapy

Psychosocial Rehabilitation

ICF/IID

All b(3) Services

HRI Residential (includes several codes)

Child/Adolescent Day Treatment

Intensive In-Home Services

SA Comprehensive Outpatient Tx Program

PRTF

All Innovations Waiver Services

Source: NC DHHS



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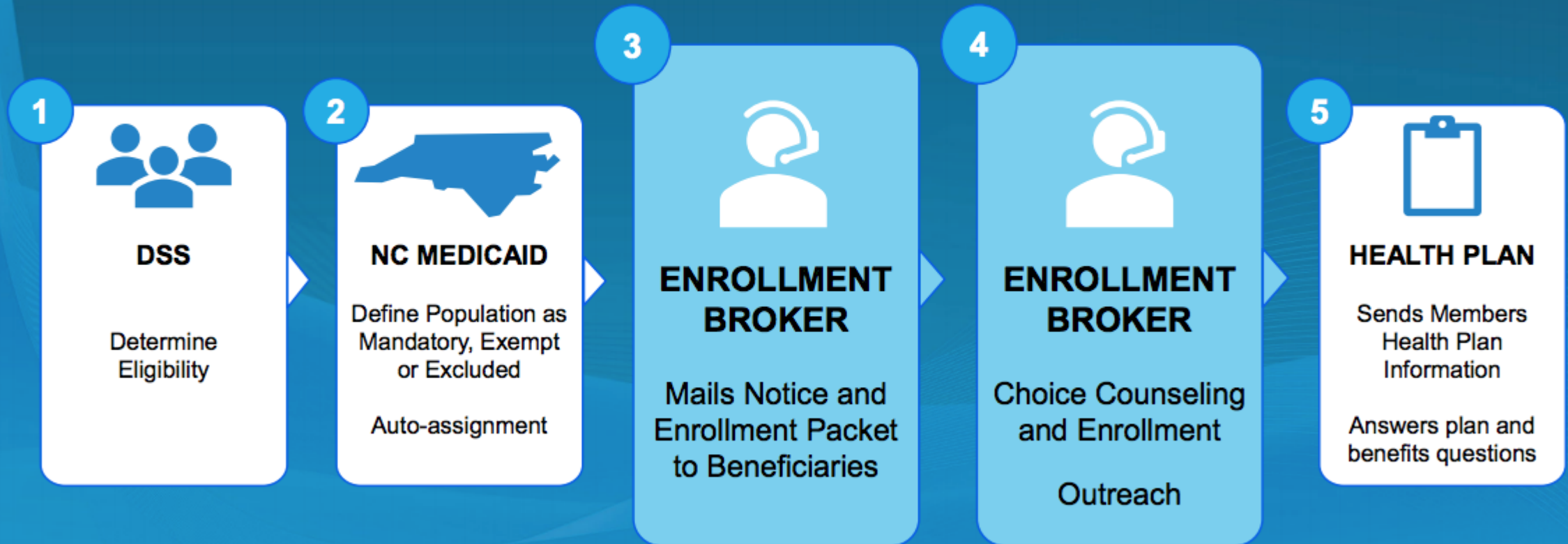
Key System of Care Collaborative Connections

- Enrollment Broker
- Local Departments of Social Services
- Advanced Medical Homes

Enrollment Broker

Enrollment Broker

Roles and Responsibilities



Enrollment Broker Services in North Carolina



Communications hub



Outreach and education



Website and mobile app



Partnering with DSS
and local organizations



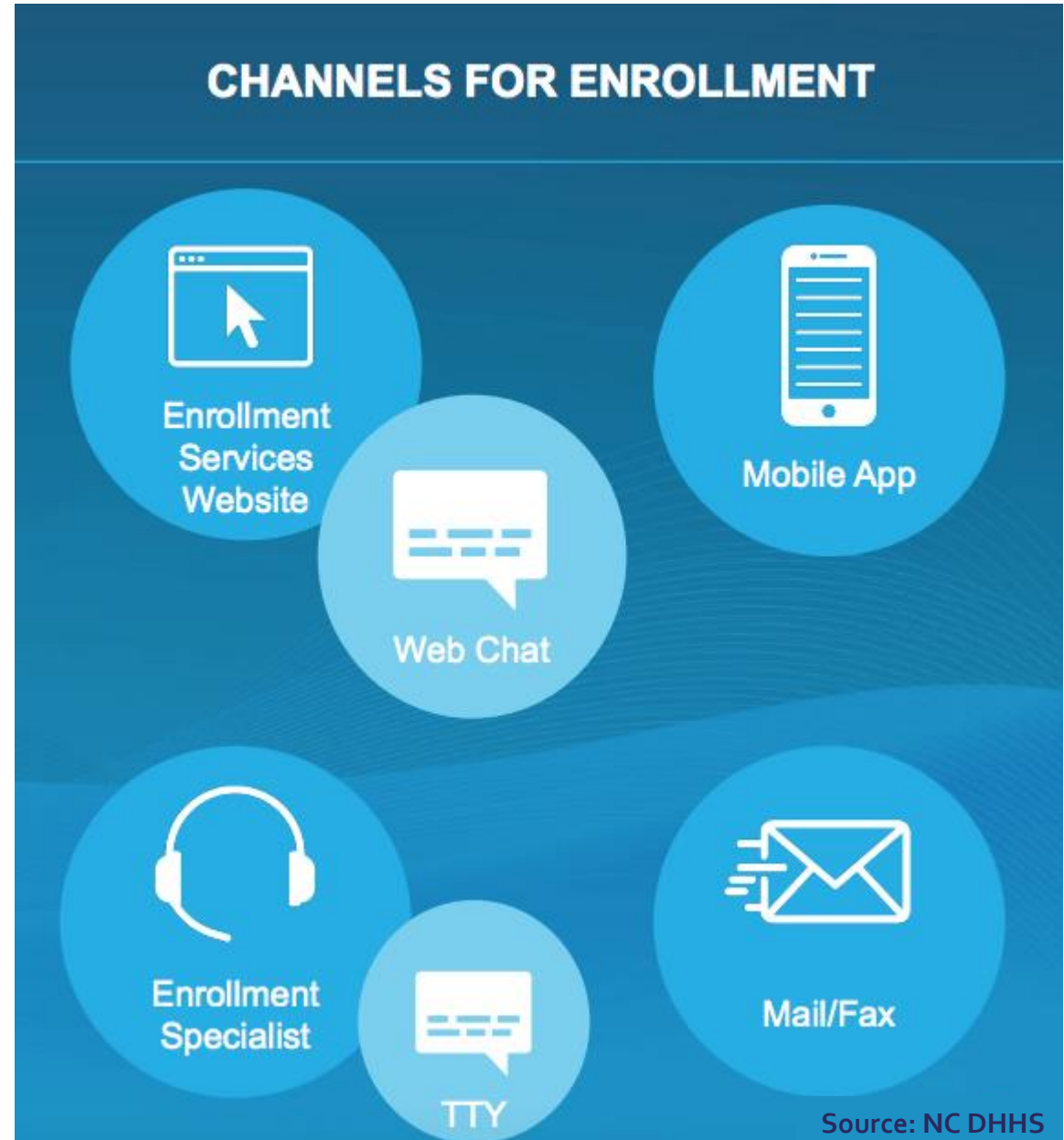
Choice counseling



Enrollment

Options for Beneficiaries

1. Direct them to ncmedicaidplans.gov to learn more
2. Direct them to ncmedicaidplans.gov to chat with an Enrollment Specialist
3. Direct them to download and use the NC Medicaid Managed Care mobile app
4. Tell them to call 1-833-870-5500 to speak with an Enrollment Specialist. The call is free.
5. Individuals with hearing impairments may contact an Enrollment Specialist via the TTY line 1-833-870-5588.
6. Beneficiaries can also enroll by mailing or faxing their completed enrollment form





**ALL OTHER TIMES:
Monday – Saturday,
7 a.m. – 5 p.m.**

Source: NC DHHS

Enrollment Call Center



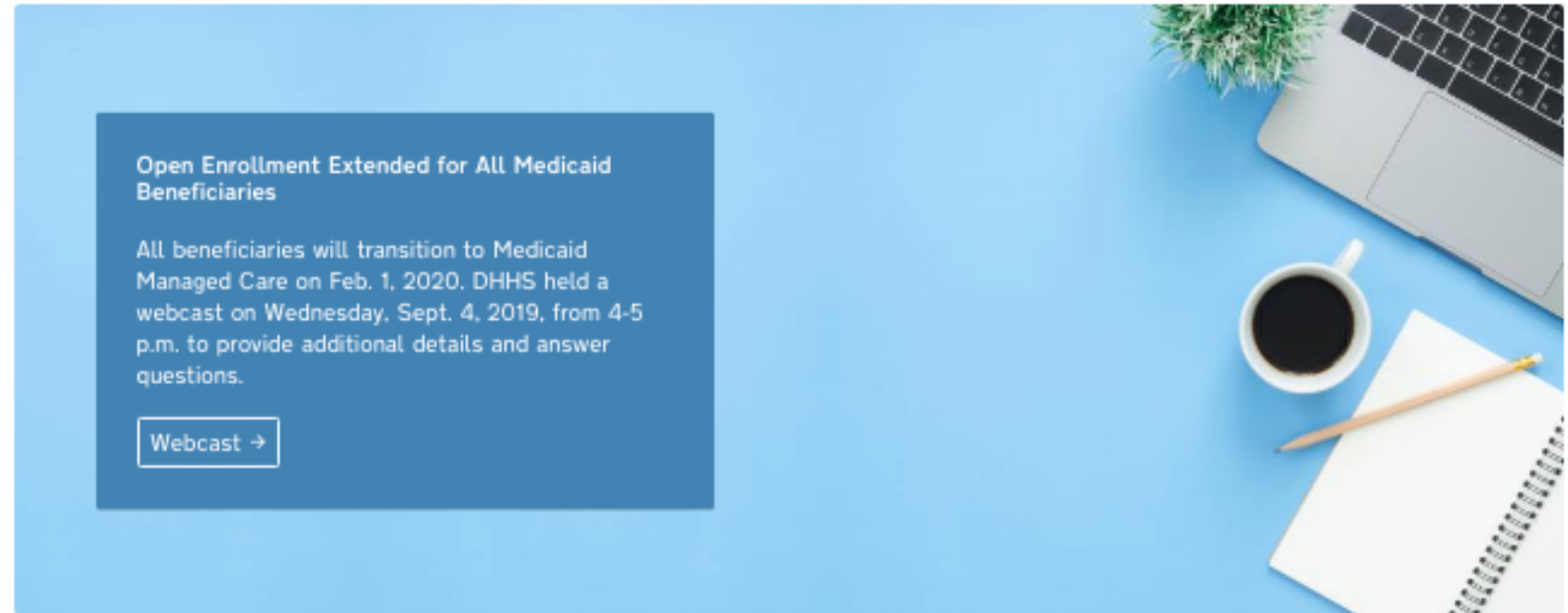
Enrollment Specialists are available at the call center for support. Beneficiaries can call toll free: 1-833-870-5500.

We are available to:


- Provide choice counseling
- Support search for preferred PCP
- Compare Health Plan services
- Enroll members in selected Health Plan
- Assist with some demographic changes
- Disenroll members as needed
- Process Enrollment Broker complaints and grievances
- Facilitate appeals process
- Receive warm transfers
- Provide support for the website and mobile app
- Provide assistance for deaf, blind and non-English speaking beneficiaries

Local Departments of Social Services

- Responsible for Medicaid Eligibility Determinations
- DSS Resources Provided by NC DHHS
- County Playbook: Medicaid Managed Care



The Department of Health and Human Services is committed to providing our county partners with resources to help Medicaid beneficiaries smoothly transition to managed care. This webpage is your "County Playbook," a place where general and detailed information will be stored to help you support North Carolina's transformation to Medicaid Managed Care. Visit your County Playbook often for new additions.

<p><u>Readiness</u></p> <p>Fact sheets, guides and workbooks to get ready for NC Medicaid Managed Care.</p>	<p><u>Beneficiary Outreach</u></p> <p>Posters, flyers and other materials to educate beneficiaries about NC Medicaid Managed Care.</p>	<p><u>Enrollment Materials</u></p> <p>Population descriptions, enrollment packet contents, notices.</p>	<p>Quick Links</p> <hr/> <p>Medicaid County DSS Website</p> <p>Health Plan Contact Information</p> <p>Member Health Plan Enrollment Website </p> <p>Medicaid Transformation Website</p>
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Advanced Medical Homes

Advanced Medical Homes are the primary vehicle for delivering care management as the state transitions to Medicaid managed care. There are tiers of Advanced Medical Homes and Tiers 3 and 4 are the levels that will predominantly provide care management.

Advanced Medical Homes

- AMHs will be in place for the February 2020 statewide implementation of the Standard Plans.
- AMHs will coordinate services for Medicaid beneficiaries that could include the following areas of the beneficiary's life:
 - Physical healthcare needs
 - Behavioral healthcare needs
 - Pharmacy
 - Unmet health needs

Advanced Medical Homes

- Advanced Medical Homes only work with Medicaid beneficiaries in the Standard Plans.
- All beneficiaries will have access to care management in the Standard Plans.
- Some beneficiaries with more complex needs will receive “high-intensity care management” through the Standard Plans.
- For the most part, PHPs cannot be the care managers/Advanced Medical Homes.
- The BH/IDD Tailored Plans will include a higher level of care management provided through Advanced Medical Home +, Care Management Agencies or the BH/IDD Tailored Plan.

Opportunity Knocks!



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Updates on Other Public Policy Issues



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Family First Prevention Services Act

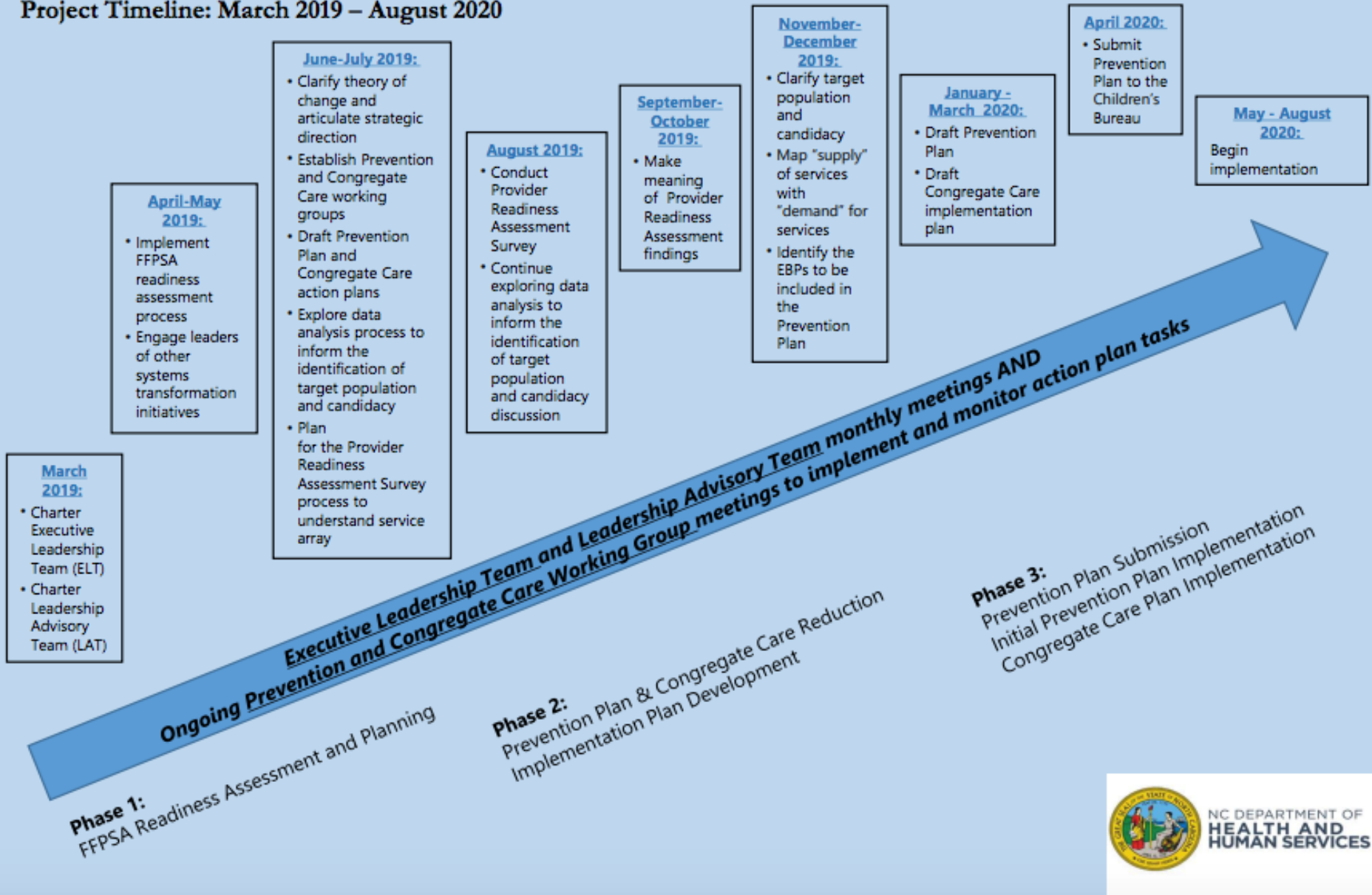
Legislative Update

- North Carolina has opted to extend federal reimbursement to implement prevention and congregate care provisions until September 2021
- Congregate care service and funding are limited to the first two weeks of placement
- The act continues to allow states to cover costs related to foster care and adoption assistance

North Carolina DHHS Family First Readiness Assessment, Planning and Initial Implementation

Project Timeline: March 2019 – August 2020

DRAFT



Where can we make Connections?

NC DHHS has partnered with the University of Chicago-Chapin Hall with Duke Endowment funding to receive implementation support for prevention and congregate care provisions in working groups.

- Working groups are a diverse collection of parents, youth, providers and DHHS representatives across divisions
- Members work together to solve problems, achieve goals, and use available resources
- Groups work together to access NC's readiness for Family First Implementation

Takeaway: A community of diverse stakeholders are problem solving to address foster care implementation and provide resources to the community.

<https://files.nc.gov/ncdhhs/NC-Integrated-FFPSA-ELT-LAT-Charter--FINAL.pdf>

Child Welfare Reform

Rylan's Law and Social Services Restructuring

- NC DHHS created a new position, "Assistant Secretary for County Operations" and hired Susan Osborne, former Alamance County DSS Director
- Child Well-Being Transformation Council,

<https://www.ncleg.gov/documentsites/committees/BCCI-6724/Homepage/index.html>

Responsible for recommendations to coordinate health and human services for children.

- Social Services Regional Supervision and Collaboration Work Group,

<https://www.sog.unc.edu/resources/microsites/social-services>

Responsible for recommendations on regionalization of social services

H935, Social Services Reform

- Requires criminal background checks for employees of child care institutions
- Defines “conflicts of interest” for employees of departments of social services and processes when a conflict of interest is identified
- Extends the work of the Social Services Regional Supervision and Collaboration Work Group and further directs them to study public guardianship (final report due February 2021)
- Placed on House calendar

Child and Family Services Performance Improvement Plan Updates

North Carolina was approved to use the On-Site Review Instrument in partnership with 10 counties to:

- Follow federal welfare requirements
- Determine what is actually happening to children and families engaged in child welfare services
- Assist in enhancing positive outcomes for these children and families

The 10 counties are: Buncombe, Craven, Cumberland, Durham, Hoke, Mecklenburg, Pitt, Scotland, Wake, and Wilson.

The Program Improvement Plan was to take place starting Jan. 1, 2017 for two years.

No single assessment could be done to address all the performance aspects.

Early Childhood Action Plan

<https://www.ncdhhs.gov/about/departments-initiatives/early-childhood/early-childhood-action-plan>

The North Carolina Early Childhood Action Plan outlines a cohesive vision, sets benchmarks for impact by the year 2025, and establishes shared stakeholder accountability to achieve statewide goals for young children from birth through age 8.

- Three themes: Children's health, safety and well-being, developmental and academic readiness
- 10 data-informed goals that will grow and develop over time, features a measure of accountability
- Data for each goal includes statewide and county information
- Online data dashboard provides public access for over 50 measures
- DHHS worked with over 350 stakeholders and 1500 people provided feedback.

Updates

- **April 24, 2019**- Free online parenting support groups were implemented to create positive home environments using the Triple P Online and Teen Triple P Online course. It was rolled out to 100 counties on the same day. Free access was made available for the first 25000 North Carolinian parents on a first come, first serve basis.
- **May 23, 2019**: Paid parental leave granted to an estimated 56,000 state employees who work in agencies reporting to the governor. This gives full-time workers 8 weeks of paid time off and spouses receive four weeks off, effective September 1, 2019.
- **August 28, 2019**: Wake County begins implementation of Best Babies Zone for African American babies to decrease the infant mortality in black infants, which is much higher than the white infant mortality. A team of community members will look to develop solutions to improve the social and economic factors over three years.

Where can we make Connections?

The Best Babies Zone is an example of the System of Care Coordination.

- Neighborhoods are a critical part of the team and will consider the role of racism in black infant deaths to address the infant mortality rates in Wake County.
- This team includes representatives from the Crosby Garfield Center, the Southeast Raleigh YMCA, the community organization Southeast Raleigh Promise, Wake human services department staff, two local residents, and the County Commissioners Chairwoman Jessica Holmes.
- The key to the success of baby zones is community-based decision making because the community knows what it needs. Solutions to improve social and economic factors of vulnerable communities.

School Mental Health Initiative

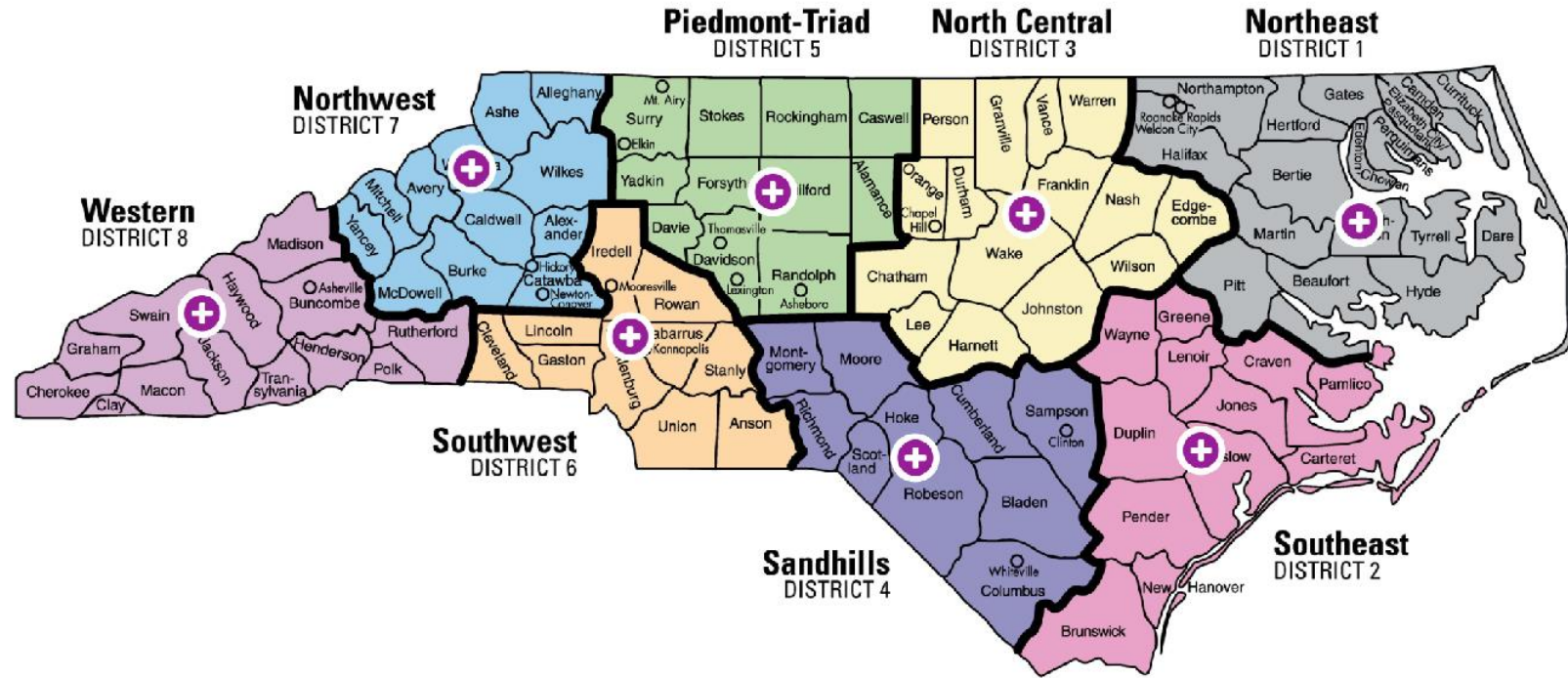
8 Regional Networks

4 Work Groups: Continuum, Community and visibility, Research and evaluation, Professional learning

Projects:

NC Project Activate**

- New director, empty DHHS co-director chair position
- Local project directors



Source: SMHI Website

**\$8.8 million federal grant for 5 year program, NC Project Activate, to increase K-12 mental health awareness and supports, prevention plans for substance abuse, and more. Several local projects are being coordinated

Updates and Resources

Updates

- **September 10, 2019** – updated tracking of House and Senate Bills related to school safety and mental health
- **September 11, 2019** – Most recent committee meeting
- **November 8, 2019** – next meeting at Wilkes County Agricultural Center, Wilkesboro, NC
- **June TBD, 2020** – Southeastern Project AWARE Summit

Resources

- Website: bit.ly/NCSMHIWebsite
- SHAPE System 2.0: <https://www.theshapesystem.com/>

Where can we make Connections?

- Website offers regional networks and integrative maps with contact information for : LME/MCOs, DPI Liaisons, and SOC Coordinators
- Local resources are available for use to support the district implementation of school mental health supports and services such as the Threat Assessment and Response Protocol
- National Resources include: sample forms, provider contracts, screening tools, standard protocols, request for proposals, and threat assessment practices
- Meetings throughout the state are open to the public

bit.ly/NCSMHIWebsite

Raise the Age

Raise the Age Update

Raise the Age becomes effective on December 1, 2019.

- Administrative Office of the Courts has authorized policies for school-justice partnerships statewide.
- The Development and implementation of new juvenile justice training requirements for law enforcement has been commissioned.
- The Juvenile Justice Advisory Committee will implement the Raise the Age Plan and monitor the implementation with recommendations until January 2023.
- Budget includes \$26 million + funding for new judicial branch positions and other work in preparation for the influx of juveniles in the juvenile justice system.

Where can we make Connections?

Juvenile Crime Prevention Councils are advisory committees in each county filled with a diverse stakeholder group: victim advocacy communities, the police department, attorneys, counselors, and judges.

The Councils will partner with N.C. Department of Public Safety to convene community leaders monthly in open meetings to:

- review the needs of at-risk juveniles
- review resources available
- prioritize risk factors
- determine services needed
- develop request for proposal
- evaluate program performance
- develop interventions
- And provide funds for services

izi Resource Page



<https://izicenter.org/project/public-policy-changes-impacting-system-of-care-for-children-youth-families/>

Pre-Con Tuesday Dec 3

Understanding Medicaid Transformation for
Community Leaders

Wednesday Dec 4- Friday Dec 6

The Ombudsman – Your New Advocate in
Managed Care

Community Connections Model: Engaging and
Improving Care

www.i2icenter.org



Gallery Discussion

What's a Gallery Discussion?

This discussion technique allows participants to be actively engaged as they walk throughout the facilitation space.

Participants work together in small groups to share ideas and respond to meaningful questions, documents, images, problem-solving situations or texts.

Gallery Discussion Overview

Phase 1: Create

Phase 2: Analyze

Phase 3: Generate

OBJECTIVES

- Be familiar with current policy related to Medicaid managed care implementation, social services, education and juvenile justice.
- Assess and identify additional resources/reps needed to support Collaborative work given recent policy changes.
- Develop strategies for outreach to key stakeholders.

Prompt Statements

- My Local Collaborative understands these public policy changes and what they mean. My Local Collaborative has adequate knowledge of: integrated behavioral and physical healthcare; social services; education and juvenile justice.
- My Local Collaborative evaluates assets in the community related to these topics. My Local Collaborative knows who and what is in our community to support these changes.
- I am ready to lead through these changes. As a Collaborative Leader, I have the information and tools to serve as a resource to my Local Collaborative on these topics.

PHASE 1: Create

- Grab some sticker dots!
- Respond to each poster question
 - 1 -- strongly agree
 - 2 -- agree
 - 3 -- disagree
 - 4 -- strongly disagree

Phase 2:

1. Choose a poster you'll like to discuss further
 - *choose carefully, you'll be stuck there for *phase 3*

Phase 2: Analyze

2. In your small group discuss:

- What does the response distribution tell you/make you think?
- What issues surface with these responses?

Large group Discussion

Phase 3: Generate

1. Create a goal based on one of the issues your group identified in *phase 2*
2. Include:
 - List of key stakeholders
 - Resources needed
 - Potential timeline
 - Measures of success
 - Opportunities to include persons with lived experience or target population

Large group Discussion

Your izi Center Resources

Mary Hooper, Executive Director

mary@izicenter.org

Ann Rodriguez, Assistant Director

ann@izicenter.org

izicenter.org

<https://izicenter.org/project/public-policy-changes-impacting-system-of-care-for-children-youth-families/>