I want to start off today by asking a question and having us think through what could be when we think about the future of health and human services.

Through the examples in Illinois, Minneapolis and Ohio we will drill into what this really means at granular level. We started a transformation of behavioral health. It brought together 12 of the state agencies. So we talked about silos before. I would say we don’t have silos anymore. We may still have some fences, but not complete silos. We are going to talk about that regulated work, that stuff people really just don’t think about.

We are going to talk about two service transformations within the state of Connecticut.

We are going to talk about Medicaid transformation.

We are going to talk about eligibility enrollment transformation.

The regulatory work space is essential to form a foundation for ecosystem development. In 2012, Ohioans were spending more per person on healthcare than residents in all but 17 states, and often appeared in the last quarterly for health metrics that are often key indicator for the health of the population.

The office of Health Transformation tackled these challenges by breaking them down into three distinct tasks. Modernize medicaid. Streamline health and human services, and engage private sector partners to encourage overall health and performance.

You will be divided up into ideation teams. You will be addressing these three questions, these three challenges that are outlined in your agenda. It will be rapid fire Q-and-A to learn a little bit more about what is taking place, and then you will go to work.

You call 911 and a complete stranger will rush to your aid as quickly as they can and do everything they can to protect you. But they are enthusiastic amateurs when it comes to social services. So we had to look at the other 17 components at county government, and say to ourselves, “What could we be doing to really make the difference?” It is about using technology, and harnessing the power of technology to change how and what we can do in human services.

We believe virtual reality and immersive storytelling can make a difference in how we train and allow our caseworkers to learn and develop skills.

We are talking about outcomes that matter to patients. Not outcomes that are process measures, not structural measures, but true outcomes.

Leaders are not born; they are made.

Here is the real point: the world has never needed you to get better and better more than it does right now.