Our goal is to shape how services are managed for the challenges of tomorrow. Our priorities are to keep what is right, abandon what is wrong, integrate where possible and find solutions that emphasize responsibility and local control."

Lt. Governor Kim Robak
September 27, 1995

NEBRASKA PARTNERSHIP PROJECT

UNIFIED HEALTH AND HUMAN SERVICES FOR NEBRASKA'S FUTURE

PRELIMINARY REPORT
Executive Summary

In January 1995, Governor E. Benjamin Nelson asked Lt. Governor Kim Robak to review health and human services activities currently existing in five state agencies. The result is this Preliminary Report which, based on the findings, recommends the end of the Health Policy Project and the creation of the Nebraska Partnership Project. The Final Report will be issued by December 15, 1995, as required in Executive Order 95-2.

The vision of the Nebraska Partnership Project is a unified health and human services system that will:

- Use common sense business practices to ensure accountability and economy in the financing of government services
- Provide quality services in a competent, coordinated and caring manner
- Create a unified health and human services delivery system operating under consistent policy and responsible for specific results

Nebraska’s health and human services programs were not created as a unified system. Many of the critical health and human services issues Nebraska faces today are a result of uncoordinated and federally dominated growth in services and programs.

Today, Nebraskans have a rare opportunity to make significant, necessary and meaningful changes, changes in the structure of government that will ensure coordination, quality and accountability. Change is not an option — it is a necessity:
• The tax system will not sustain historic growth rates in health and human services expenditures.

• Federal reform is shutting off open-ended support for health and human services budgets.

• Federal reform offers significant opportunities to improve the way state governments organize health and human services.

• There is a growing frustration among the general public which is demanding demonstrated results, an end to spiraling costs and increased decision-making at the local level.

• Managed care concepts of promoting coordination, cost efficiencies and networks adopted by the health care industry offer new opportunities for state government to meet the needs of the state’s most vulnerable citizens.

Conclusions and Recommendations

The Nebraska Partnership Project recommends a dramatic departure from the fragmented programs of today. It recommends one system, a system that is unified, coordinated, competent and accountable.

• The Nebraska Partnership Project recommends a unified health and human services system in Nebraska that includes the following functions:
  - Health and Human Services Policy Council
  - Health and Human Services Delivery
  - Health and Human Services Standards and Evaluation
  - Health and Human Services Finance and Support

• A Policy Council will ensure unified health and human services policies and a delivery system with demonstrated results.

• Health and Human Services Delivery will be accountable for managing all services and programs, whether contracted or directly delivered by the state.

EXECUTIVE SUMMARY
• Standards and Evaluation will be responsible for compliance, licensing and assuring quality.

• Finance and Support will unify administrative activities, finance and information management functions.

The Nebraska Partnership Project recommendations will eliminate duplication, streamline efforts and consolidate operational support functions, thereby reducing costs.

Next Steps

The Nebraska Partnership Project recommends:

• That the agency directors form a transition Policy Council to develop and coordinate a blueprint to move the Project forward. Agencies involved will be the Departments on Aging, Health, Public Institutions, Social Services and the Office of Juvenile Services which is part of the Department of Correctional Services. Other agencies may become involved as the work of the Nebraska Partnership Project progresses.

• That legislation be prepared by the Policy Council for introduction in the 1996 Legislative Session to begin aligning functions, services, programs and appropriations and to sunset existing agencies.

• That the Policy Council provides for public participation in developing a unified health and human services system.

• That the Policy Council ensures ongoing evaluation of the implementation plan.
The vision of the Nebraska Partnership Project is a unified health and human services system that will:

- **Use common sense business practices to ensure accountability and economy in the financing of government services**
- **Provide quality services in a competent, coordinated and caring manner**
- **Create a unified health and human services delivery system operating under consistent policy and responsible for specific results**

In January 1995, Governor E. Benjamin Nelson established the Health Policy Project through Executive Order 95-2 and asked Lt. Governor Kim Robak to review health and human services activities currently existing in five state agencies. The result is this Preliminary Report which, based on the findings, recommends the end of the Health Policy Project and the creation of the Nebraska Partnership Project.

The Nebraska Partnership Project will reshape and simplify the organization of services under current state agencies. It will promote effective partnerships between state government and local communities for health and human services. And it will position Nebraska to ensure that the opportunities offered by federal reforms will be realized.

Under the direction of Lt. Governor Kim Robak, representatives from the Nebraska Departments on Aging, Health, Insurance, Public Institutions and Social Services participated in this review. As agency representatives began the work, it became increasingly apparent that
human services are so closely associated with health issues that the scope of the Project grew to include both. The Office of Juvenile Services, which is part of the Department of Correctional Services, has recently become involved in the Project. Other agencies may be added as the work continues. Findings and recommendations culminating in the Nebraska Partnership Project are presented in this Preliminary Report. The Final Report will be issued by December 15, 1995.
Findings

Nebraska’s health and human services programs have developed independently over time. They were not created as a unified system and, consequently, do not operate as one. Many of the critical health and human services issues Nebraska faces today are a result of this uncoordinated and federally dominated growth in services and programs.

Nebraska’s health and human services system is a series of programs added to agencies by Congress and the State Legislature. They are not organized in a coherent manner. People who need services must wade through a bureaucracy of agencies and uncoordinated programs. For example:

- A person or family may have as many as three different state case workers. These case workers may report to different agencies solely because the services and funds are uncoordinated.
• Nursing homes or day care centers may be independently inspected by as many as three different state agencies.

• Community organizations attempting to develop local services must navigate through a maze of inconsistent grant application procedures with different state agencies.

• It is difficult to access needed services for youth who have committed a law violation but also have serious mental health issues.

• Designating foster homes for specific agencies limits resources for other agencies who also need foster homes for children and youth.

• The maze of program requirements has in some cases become so complex that advocacy organizations have been created just to help the public navigate through them.

• An agency may pay private not-for-profit organizations to perform the same functions performed through another state agency.

• One agency's licensing policy is different from another agency's, prompting the question of whether the two populations were meant to be treated differently.

• Turf has become such an issue that in some cases neutral facilitators have been chosen to coordinate joint agency projects.

Today, Nebraskans have an opportunity to make significant, necessary and meaningful changes in the structure of state government. Such opportunities are rare and must be promptly and firmly seized. The intent is to more efficiently and effectively deliver health and human services. This goal will be achieved by reshaping and aligning programs and functions in Nebraska's health and human services system. Change is not an option; it is an urgent necessity. The time is now:

• The tax system will not sustain historic growth rates in health and human services expenditures. Nebraska is challenged with an increasing reliance on state government services due to the growing numbers of uninsured, elderly and people eligible for

FINDINGS

7
Medicaid. At a time of lower state and federal tax revenues, Nebraska must seize the opportunity to significantly change the way state government does business.

- There is growing frustration among members of the general public who are demanding government demonstrate results, end spiraling costs and increase decision-making at the local level. They want government to be more efficient, to reduce duplication and to show positive results with the use of tax dollars. Frustration is legitimate when the system encourages overlapping services and lack of coordination.

- Federal reform offers significant opportunity to improve the way state government organizes health and human services. Nebraska must be poised with a unified system in order to take advantage of these changes. States and communities have been constrained for too long by federal “one-size-fits-all” rules and regulations. Nebraska has the opportunity to create a system that is designed for Nebraskans.

- The health care industry is rapidly incorporating the managed care concepts of coordination, cost efficiencies and networks. State government must join this movement because of its responsibility to meet the needs of the state’s most vulnerable citizens. We must keep pace with changes in health delivery and in the private sector to ensure taxpayers benefit from these reforms.

- Technological changes allow for the collection of data and analysis of programs. It is imperative government be prepared to organize data and information on a system-wide basis to determine if programs are effective and worthwhile. Government must be accountable.
Conclusions and Recommendations

The Nebraska Partnership Project recommends a dramatic departure from the fragmented programs of today. It recommends one system — a system with unified and coordinated policy development, service provision, program management, evaluation, financial resources and support services.

This system will focus on creating new ways of delivering services, of licensing and ensuring quality and of coordinating financing and information. Approaches used in other states to address health and human services issues have been reviewed in an effort to create a system unique to Nebraska needs.

- By pooling available resources, the Nebraska Partnership Project avoids the pitfall of merely shuffling old boxes into a large agency. The Project eliminates the old federally mandated way of doing business and creates a flexible “common sense” Nebraska approach.
- Current agencies will be legislatively sunset after a period of time to allow for new system-wide services to be developed and implemented.
- The Project will work to combine data across the entire system with new technology that will provide the tools to ensure accountability.

In order to create a new system responsive to the needs of Nebraskans, the Nebraska Partnership Project recommends a unified health and human services system that includes a governing body and three functional areas:

- Health and Human Services Policy Council
• Health and Human Services Delivery
• Health and Human Services Standards and Evaluation
• Health and Human Services Finance and Support

The Nebraska Partnership Project recommends that the Policy Council ensure the system-wide creation and evaluation of unified health and human service policies. The Council will:

• Ensure coordination of health and human services programs and policies across the boundaries of agencies that exist today and across the needs of all Nebraskans
• Advise the Governor on policy issues and make recommendations on health and human services in Nebraska
• Recommend to the Governor budgets for health and human services programs
• Develop a strategic plan which incorporates on-going evaluation of health and human services needs and the degree to which these needs are being met
• Utilize public input to develop broad policies, priorities and goals that reflect the needs of the population and direct the delivery of services, programs and resource management

The Nebraska Partnership Project recommends a system-wide Health and Human Services Delivery function to manage all services and programs, whether contracted or directly delivered by the state. Services will be aligned around broad categories of results. It will:

• Serve Nebraskans in accordance with the broad policies, priorities and goals defined by the Policy Council
• Identify strategies for accomplishing the goals and results identified by the Policy Council
• Deliver or contract for all services

CONCLUSIONS AND RECOMMENDATIONS
• Emphasize community partnerships to ensure that needed services are available across Nebraska

• Ensure service coordination and access, through better public education and information systems, community resource development, improved technical assistance and coordinated service management

• Eliminate programs based on federal funding and create programs based on Nebraska needs and accountable to Nebraskans

• Eliminate duplication across existing agencies and ensure that overlaps are reduced and gaps are filled

The Nebraska Partnership Project recommends that the Standards and Evaluation function ensure system-wide responsibility for compliance, licensing and assuring quality. It will:

• Develop evaluation measurements and assess results across existing agencies

• Certify and license facilities and professionals

• Evaluate services or programs to determine compliance with state, federal or other contractual requirements

• Develop, review and revise rules and regulations based on policy and objectives set by the Policy Council

• Coordinate with the Health and Human Services Delivery function to develop appropriate technical assistance, education and training and joint problem-solving techniques

• Provide a common sense approach to regulation and licensing to focus on the goals of regulation and encourage compliance consistent with goals

CONCLUSIONS AND RECOMMENDATIONS
The Nebraska Partnership Project recommends that the Finance and Support function unifies administrative activities, finance and information management functions. It will:

- Integrate and manage information systems across programs and functions, providing meaningful data to determine whether desired results are achieved and to support policy development.
- Pool all health and human services financing wherever possible, including Medicaid and block grants, to accomplish desired results.
- Analyze and provide a system-wide view of financial status and impacts.
- Develop and manage a consistent accounting, contracting, disbursement and fiscal compliance system.
- Consolidate operational support services such as budget, information management, purchasing/procurement, personnel, audit, legal and contract management.
- Develop a flexible system to support the needs of a system-wide approach to health and human services.

CONCLUSIONS AND RECOMMENDATIONS
Results

Through the coordination, consolidation and creation of a fundamentally different health and human services system, it is the intention of the Nebraska Partnership Project to most effectively meet the needs of the state’s most vulnerable citizens, to give tools to those in need to help themselves, to develop independence in those who are able and to provide the greatest opportunity for self-sufficiency for all Nebraskans. The implementation of the Nebraska Partnership Project recommendations will eliminate duplication, streamline efforts and consolidate operational support functions, thereby reducing costs through:

- Decision-making by Nebraskans at the local level while loosening the tight controls of government
- Response to total needs rather than basing services on funding categories
- Direct resources to prevention and early intervention
- Public/private partnerships to better meet Nebraskans’ needs
- Capitalizing on the flexibility anticipated from changes at the federal level
- Streamlined and consolidated operations of the affected agencies into a cohesive whole
Next Steps

- Agency directors involved in the Nebraska Partnership Project will immediately function as a transition Policy Council to develop and coordinate a blueprint to move the Project forward. Initial members will include the directors of existing affected agencies, including the Departments on Aging, Health, Public Institutions, Social Services and the Office of Juvenile Services. Don Leuenberger, Director of the Department of Social Services, is chair of the Policy Council. The Council reports to Lt. Governor Kim Robak.

- The development of this blueprint will include a process of broad public input that involves the general public, Legislature, communities, advocacy groups, policy makers, business sector and state employees from October 1995 through December 1995.

- A Final Report will be completed by December 15, 1995, setting forth a further plan of action.

- Legislation will be introduced in 1996 to provide a general blueprint to begin aligning functions, services, programs and appropriations that will unify Nebraska’s health and human services and sunset existing agencies.

- The system will be evaluated on an on-going basis to assure a unified health and human services system that uses common sense business practices in the financing of government services, delivers quality services more efficiently in a customer-friendly manner and creates a unified health and human services policy. An initial evaluation is targeted for January 1998.