Division of Children and Family Services Policy/Process Development Project Bid

Bidder name *

Health Management Associates, Inc.

Email Address *

proposals@healthmanagement.com

Deliverable 1 Cost *

$63,901.00

Deliverable 2 Cost *

$63,901.00

Deliverable 3 Cost *

$30,520.00

Deliverable 4 Cost *

$36,750.00

Deliverable 5 Cost *

$32,428.00

Deliverable 6 Cost *

$22,470.00

Total Cost

$249,970.00

1. Provide a narrative of how bidder proposes to review existing processes for:

a. **Contract development and approval;**
b. **A business process and best practice recommendations for unique provider agreements serving individual youth;**
c. **Grant writing and program development;**

d. **Policy development;**
e. **Central Registry / Expungement of records Expungement of records; and,**
f. **Constituent complaints**

In 2016, Nebraska had a total of 32,605 referrals for child abuse and neglect, with 11,806 of those forwarded for investigation(1). With an extensive onsite presence and with our nationwide subject matter experts, Health Management Associates, Inc. (HMA) stands ready to support the Division of Children and Family Services' (DCFS') work to develop and refine business practices to ensure the best possible outcomes in every referral. Our team brings in-depth knowledge of child welfare agencies, best practices, laws, and regulations and comprises former state and local government employees with extensive backgrounds working with state agency systems, structures, and operations. To provide the highest quality and least disruptive services that ensure the safety and well-being of children and families, it is important to understand the myriad of issues related to the child welfare system. Designed as a temporary resource, the system was never intended to provide the comprehensive range of social services that are demanded of it today. Substance abuse, inadequate housing, health needs, parental incarceration, and racial discrimination are just some of the issues that challenge the capacity of the system and its staff to provide adequate services to families. A combination of understanding these many complicated issues affecting children and families today, and the technical expertise to evaluate and improve business operations uniquely qualifies HMA to assist DCFS in moving forward in its internal improvement processes. Our review of your 2016 Child and Family Services Review Performance Improvement Plan (CSFR PIP) data showed that approximately 22,845 children are involved in an investigation; 11,246 children receive services and 2,454 children enter foster care. The majority of children entered foster care due to neglect. From 2015–2017, of all accepted intakes for abuse/neglect, 37 percent included a child age 0–5 years. From 2015–2017, 45 percent of children removed from the home were ages 0–5 years. Chronic neglect was a contributing factor for more than half of children who entered out-of-home care. As of January 2019, approximately 60 percent of all children served by the DCFS are in out-of-home care and 40 percent are receiving in-home services. In 2017, of the total children ages 0–5 who entered out-of-home care, 47 percent were age one or younger. Approximately 46 percent of children who entered out-of-home care ages 0¬–5 had at least one parent who was previously in the state's custody. In July 2018, 40 percent of all children involved in an ongoing services case had a parent who was also involved with DCFS as a child. For each of the priority areas, HMA will engage in a methodical process of partnering with DCFS staff to complete a comprehensive review of current policies and procedures and develop road maps for bringing those policies and procedures into alignment with best practices in the field and state and federal regulations. This process will include the following steps for all priority areas: 1. Partner with DCFS staff to identify and map the current state for each functional area 2. Conduct a review of best practices, statutory requirements, and regulations 3. Identify opportunities for better alignment of current policy with best practices, statutory requirements, and regulations 4. Design "ideal state" state maps for each functional area 5. Develop training and technical assistance resources to ensure a clear path for implementation of optimal processes 6. Develop communication

resources for engaging stakeholders in the improvement process HMA will work with DCFS to create new written policy manuals and toolkits that will include templates to guide the alignment of operations and policies across DCFS programs. Each template will include: 1. Purpose of the policy 2. Regulatory references 3. Policy language 4. Authorizing authority 5. Expiration and sunsetting details 6. Responsible and accountable staff 7. Process steps and detailed guidance 8. Review process timeline We will create electronic versions of the manual to support dissemination and allow for more efficient updating. HMA will approach the development and refinement of DCFS policies from a client-centered perspective supported by our knowledge of the child welfare system and the needs of providers, families, and children. Considering each component from this vantagepoint will allow our team of experts to identify how social and systemic inequities, like those described above, can be addressed throughout operations to lead to better practice in the field. The current global pandemic caused by COVID-19 will present novel and unique challenges to the project of conducting a comprehensive business process review for DCFS. As the course of the COVID-19 pandemic continues, HMA is prepared to shift our approach, timelines, and expectations to adapt to new and emerging information and the potentially changing needs of DCFS and its partners and communities. COVID-19-related job layoffs, work and school closures, housing instability, food scarcity, limited social services and resources, and the impacts of social isolation are likely to affect rates of child maltreatment and the experiences of children and families experiencing violence and neglect. These health impacts will extend beyond physical health to mental and emotional health. As evidence suggests, when communities face significant stress and trauma (including re-traumatization and vicarious trauma), the impacts are complex. This reality makes the need for effectively functioning state safety net systems more important than ever. We have seen client and stakeholder engagement practices shift, including increased use of web-based and remote engagement platforms, such as Zoom. As states have begun to reopen and virus numbers continue to spike in some areas, we know flexibility with timelines, processes, and activities will be required. As we move forward, we recognize there will continue to be challenges associated with conducting in-person meetings. While we are prepared to engage in careful and responsible travel and in-person work whenever possible, HMA is also highly skilled at the use of virtual strategies to complete the work of mapping and process development, conduct interviews and focus groups, and work through reviews and revisions as needed. For purposes of this project, HMA will use all available engagement platforms to ensure highly interactive meetings can still take place to develop process maps, engage in effective feedback loops, and provide recommendations and project updates. Specifically, and if necessary, we will conduct virtual or phone-in meetings using Zoom to engage with DCFS staff and leadership. HMA staff will use Zoom’s many engagement features, including breakout rooms, polling, chat features, and whiteboarding to recreate our typical facilitation practices for in-person meetings. Catherine Guerrero, project lead, has recent experience facilitating a large group stakeholder engagement process in Arizona. She also recently completed a stakeholder gathering comprising participants from Alaska to Vermont with a goal of developing a 20-year strategy to guide the work of the Center for Disease Control and Prevention’s National Center for Injury Prevention and Control. HMA will also use options that are less reliant on technology, such as phone interviews,

to engage with individuals who are less comfortable with and/or do not have access to computers and/or internet if necessary. a. Contract development and approval; CONTRACT DEVELOPMENT AND APPROVAL REVIEW HMA's review methodology consists of three primary steps: documentation and data review, key stakeholder engagement, and value stream mapping. The proposed project team understands child welfare system operations as well as best practices for business processes and how those practices relate and lead to high-quality child welfare practice. We will rely on this knowledge and our familiarity with the contracting requirements unique to the placement of children to guide a comprehensive review of DCFS's contract development and approval process. We will review and chart processes for all contracts, including goods and services, programming support, and facilities and capital projects, as well as any other existing categories, and document all existing steps. To begin, HMA will work with DCFS to gather and examine all existing written policies, policy manuals, and background documentation for review. Once we have completed a comprehensive review of written policies and background documents, we will meet with appropriate DCFS staff and leadership to determine how written policies are currently being implemented and conduct a value-stream mapping process to develop an accurate current state map for this functional area. Value-stream mapping, also known as material- and information-flow mapping, is a lean-management method for analyzing the current state and designing an optimal state for the series of events that take a service from the beginning of the specific process until it reaches the client. This is an iterative process of developing initial current state and ideal state maps. These flow charts follow each process sequence from beginning to end. HMA uses a simple structure where process beginning and end nodes are represented by ovals, and rectangles represent basic process steps that typically make up most of a process flow. A decision point is depicted as a diamond shape using only "yes" or "no" answers to keep the flow as simple as possible. We use the parallelogram shape to show a process step that involves using information technology (IT) or other system. Visio is an ideal platform in which to develop these documents and we will be using it for this project. For contract development and approval, HMA will bring together key staff and leadership to work through a facilitated, collaborative process of mapping current practices in a half-day meeting. to elicit information needed to document processes, as well as identify points of inconsistency and breakdown within the systems. For the review of the contract process, we will be guided by the following questions: 1. How many contracting processes exist? 2. Are state procurement processes centralized or federated? 3. How are contractual relationships identified and built? 4. Where does the scope of work design originate? Who is responsible? Who must approve? 5. Where does the budget design originate? Who is responsible? Who must approve? 6. What business flow and procurement rules guide the process? Which are changeable? Which create bottlenecks? 7. How is performance reviewed and measured for contracts? How are renewal decisions made? 8. How are these processes similar or different for different types of contract action? a. Competitive contracts b. Non-competitive contracts c. Renewals d. Grant awards e. Small and Minority Business Reserve Program 9. Is the contracting process compliant with all rules and regulations? 10. Is the contracting process in line with best practice? 11. How do contracts address confidentiality, privacy, and data sharing rules? We will discuss additional questions with DCFS staff and

leadership and add them to the analysis as appropriate. The HMA team will use answers from DCFS leaders, key staff, and providers to help develop the contract development and approval value stream maps from beginning to end. One of the key outcomes of this process is the identification of redundancies and bottlenecks. This is an iterative process that requires review to clarify the steps in the flow charts by engaging DCFS staff at various intervals. Upon completion of the document reviews, staff interviews, and process mapping, HMA will draft a summary report of the existing processes for contract development and approval. We will review this with DCFS leaders and key staff, make revisions accordingly, and provide a final set of process maps and narrative summary of current contract development and approval practices to DCFS. As we describe in more detail our responses to subsequent questions, once we have completed our assessment of existing contract development and approval practices, we will identify best practices already being implemented within the current state, document gaps, barriers, strengths, and opportunities, and compare process maps and other findings to all state and federal requirements and regulations for compliance. HMA further will use this information in consideration of similar functions in other state departments, as well as a review of the Nebraska Child and Family Services Plan, the Nebraska CSFR PIP, and the Nebraska Family First Prevention Services Act (FFPSA) Plan. We will follow this same structure for our review and assessment of existing practices for each of the other functional areas noted below. b. A business process and best practice recommendations for unique provider agreements serving individual youth BUSINESS PROCESS AND BEST PRACTICE RECOMMENDATIONS REVIEW Consistency and clarity are essential for the administration and enforcement of provider agreements. To ensure provider agreements serving individual youth are as effective as possible, HMA will work with DCFS to engage in a comprehensive review of existing practices as described in Section 1a. We will begin with background documentation and data review of all existing agreements and policy manuals. HMA will detail similarities and differences among provider agreement types. This will entail developing a detailed grid that outlines each of the business processes and verifies each requirement and process across each provider. We also will review the DCFS policy manual to understand the DCFS Standard Operating Procedures. The review of the unique provider agreements will be guided by the following questions: 1. What types of provider agreements exist? 2. Is the agreement process, and the agreements themselves, compliant with all regulations and rules? 3. Is the agreement process in line with best practice? 4. What is the process for developing provider agreements? Who is responsible? Who writes the agreement? 5. What business flow and procurement rules guide the process? Which are changeable? Which create bottlenecks? 6. Are the agreements consistent across providers? Why or why not? 7. Do the requirements in the agreement comply with regulations and policies? 8. How is performance reviewed for agreements? Is this consistent? 9. How are renewal decisions made? 10. Who manages the provider agreements? 11. How do these agreements address confidentiality, privacy, and data sharing rules? We will discuss additional questions with DCFS staff and leadership and add them to the analysis as appropriate. Once we understand the details of the current state of provider agreements, we will conduct a value stream mapping process as described in detail under Section 1, again bringing together key leadership and staff in a half-day, facilitated meeting to develop the value

stream maps from beginning to end. This will help to identify redundancies and bottlenecks in processes. Upon completion of the document reviews, staff interviews, and process mapping, HMA will draft a summary report of the existing processes for provider agreements. We will review this with DCFS leaders and key staff, make revisions accordingly, and provide a final set of process maps and narrative summary of current provider agreement practices to DCFS. c. <<How we will conduct a review of existing processes for…>>Grant writing and program development; GRANT WRITING AND PROGRAM DEVELOPMENT REVIEW Ensuring a flow of resources supporting aligned outcomes is fundamental to the effective operation of any human service effort. Unpredictability of funding, low levels of collaboration, and the absence of clear priorities can undermine innovation and work toward existing organizational goals. We will design a process for grant writing and program development that takes into account DCFS' work under Families First, the Nebraska Performance Improvement Plan, and other priority efforts. Our experience working in state agencies, including state child welfare agencies, will assist us in working with DCSF staff to identify challenges associated with accessing grants and funding through state systems. Bottlenecks in review and approval processes, difficulties in budgeting and budget tracking, and extreme administrative burdens can all negatively impact innovation and program implementation. To make certain we have a complete understanding of the current state of grant writing and program development, HMA will review all current funding sources, funded work plans, and application processes. We will meet with appropriate DCFS staff to map existing process, as described in Section 1a, as well as to understand where opportunities for improvement exist for each aspect of the program development and grant writing function. This will allow us to create realistic and feasible ideal state maps once we have documented the existing processes. Review of the program development and grant review processes will be guided by the following questions: 1. Who initiates program developments ideas? Grant applications? 2. How are assessments of grant opportunities done to explore alignment with leadership and state priorities? 3. How is statutory and regulatory requirements and authority assessed? 4. Who is responsible for overseeing a grant application process? Who develops scopes of work? Who develops program budgets? 5. Are current staff resources sufficient for grant writing efforts? 6. How are potential impacts on DCFS staff, clients, and providers determined? 7. What is the grant proposal assembly, approval and submission, and award process? Is there a dollar threshold that changes the approval requirements and application submission process? 8. How many signatories are required on a grant document? 9. What is the grant proposal assembly, approval and submission, and award process timeline? 10. How is performance assessed? What outcomes are tracked? What is the system for tracking outcomes? 11. How are decisions about renewal and reapplication made? 12. Are the processes in this functional area compliant with all rules and regulations? 13. Are the processes in this functional area in line with best practice? We will discuss additional questions with DCFS staff and leadership and add them to the analysis as appropriate. Once we understand the details of the current state of grant writing and program development, we will conduct value stream mapping as described in detail under Section 1a. This process will include bringing together DCFS leaders and key providers to develop end-to-end process maps to document existing process steps and to identify redundancies and bottlenecks. Upon

completion of the document reviews, staff interviews, and process mapping, HMA will draft a summary report of the existing processes for grant writing and program development. We will review this with DCFS leaders and key staff, make revisions accordingly, and provide a final set of process maps and narrative summary of current grant writing and program development practices to DCFS. d. <<How we will conduct a review of existing processes for…>>Policy development; POLICY DEVELOPMENT REVIEW Many of our HMA consulting staff have held executive-level positions in federal, state, and county governments and have extensive knowledge of policy and regulatory environments including in state and local child welfare agencies. We understand the workflow involved in drafting regulation from legislation and in developing policies from regulation and as stand-alone documents. We recognize that regulation and policy are critical for standardizing and building fidelity to practice in the field, as well as for reducing risk and managing the core mission of state agencies. We will meet with DCFS staff to gather information and documentation about existing practices and policies. This will entail developing a detailed grid that outlines various policies and their implications. Once we have produced our detailed grid, we will seek to clarify our understanding of the current state by engaging a cross section of DHCS staff as described in Section 1a. The review of this functional area will be guided by the following questions: 1. Who initiates policy development activities? How are needs identified? 2. How are policy development efforts prioritized? How does DCFS consider workforce issues, family engagement, recruitment and retention of foster and adoptive parents, reporting, concurrent planning, permanency planning, prevention, and community-based strategies and collaborations? 3. What is the process for developing policy strategy and content? Who must be involved? 4. What are the limits on policy work? 5. What types of policy are required for specific systems of care mechanisms? 6. How is the policy development process informed by data? 7. How is performance, or success, measured? 8. Are the processes in this functional area compliant with all rules and regulations? 9. Are the processes in this functional area in line with best practice? We will discuss additional questions with DCFS staff and leadership and add them to the analysis as appropriate. Once we have a clear understanding of policy development practices, we will conduct process mapping sessions in collaboration with DCFS staff, as described in Section 1a. We will develop end-to-end process maps to document existing policy development steps and to identify redundancies and bottlenecks. Once we finish the document reviews, staff interviews, and process mapping, HMA will draft a summary report of the existing policy development practices. We will review this with DCFS leaders and key staff, make revisions accordingly, and provide a final set of process maps and narrative summary of current policy development practices to DCFS. e. <<How we will conduct a review of existing processes for…>>Central Registry / Expungement of records; and CENTRAL REGISTRY AND EXPUNGEMENT OF RECORDS REVIEW The Child Abuse Prevention and Treatment Act (CAPTA) specifies central registry and expungement requirements for states. It particularly specifies the Rights of the Reported Person of a child abuse or neglect charge to review and challenge investigative records and findings. The premise behind these due process rights are predicated on several factors. For example, all states use the records of substantiated reports, which are maintained in central registries or other record-keeping systems, for background checks for persons seeking employment to work with children

or for prospective foster and adoptive parents. Therefore, several due-process and protection issues arise when a state maintains a central registry that identifies individuals accused of and found to have committed child abuse or neglect. The State of Nebraska has recognized the severity of these consequences and has developed its regulatory and policy environment to comply with federal requirements. To ensure DCFS reaches its goals within the functional area of expungement of records, we will follow our review methodology steps: documentation and data review, key stakeholder engagement, and value stream mapping described in Section 1a. The team will use its knowledge of federal and state child welfare statutes and regulations including CAPTA, the Adoption and Safe Families Act (ASFA), FFPSA and others, and will work with child welfare and the Child Abuse and Neglect program staff to review all existing processes and the policy manual related to expungement. This review will be guided by the following questions: 1. What are the requirements set out in regulation for due process around findings of child abuse and neglect? What are the rules of operation, including entries and maintenance of data schedules, in the central registry and expungement schedules as laid out in law, regulation, and policy? 2. What are the current business processes related to central registry and expungement? 3. Who oversees the process of expungement? Who is responsible for ensuring the timeliness of the system? Accuracy of the system? Responsiveness of the system? 4. What is the current backlog in the central registry? Who monitors this? 5. How often is the system reviewed? How is performance measured? 6. Are the processes in this functional area compliant with all rules and regulations? 7. Are the processes in this functional area in line with best practice? We will discuss additional questions with DCFS staff and leadership and add them to the analysis as appropriate. Once we have a clear understanding of the details of the current state of the functional area of central registry and expungement of records, we will conduct process mapping sessions as described in detail under Section 1a, to identify current process steps, bottlenecks and redundancies. HMA will determine the level of compliance with state and federal regulations and requirements for central registry and expungement of records, as well as determine the level of current backlog, if any, within the system. Upon completion of document reviews, staff interviews, and process mapping, HMA will draft a summary report of the existing constituent complaint practices and will review it with DCFS leaders and key staff. We will revise the draft based on input from DCFS staff and submit a final set of process maps and narrative summary of current central registry and expungement of records practices to DCFS. f. <<How we will conduct a review of existing processes for…>>Constituent Complaints: CONSTITUTIONAL COMPLAINTS REVIEW HMA recognizes an open process for review of all constituent complaints is a critical component to a system’s transparency and to improving organizational performance. The Child Information Gateway requires that each state designate a special office to monitor the delivery of child welfare services and handle related customer complaints. Nebraska’s Office of the Public Counsel (also known as the State Ombudsman’s Office) is an independent, complaint-handling office citizens may contact for assistance with complaints about the actions of administrative agencies of state government. In 2012, the legislature created the Office of Inspector General of Nebraska Child Welfare within the Ombudsman’s Office. The office is authorized to investigate allegations of possible misconduct, death, or serious injury in foster homes, private agencies, childcare facilities, or programs. It is also

responsible for reviewing the role and effectiveness of the state's youth rehabilitation and treatment centers. Using HMA's review methodology described in Section 1a, we will complete a comprehensive and step-by-step review of Nebraska's constituent complaint (or grievance) process and compare it to best practices. Nebraska's "Request for Grievance Review" is an open-ended form that constituents wishing to make a complaint must complete. HMA will work with the state to review available data systems that capture the aggregate constituent complaint process outcomes. The review of this functional area will be guided by the following questions: 1. What is the response time for complaints received? 2. What are the current agency response actions to constituent complaints? What response actions are required and/or permitted by Nebraska code and policy? 3. What is the internal agency follow-up post complaint? What is the current process following closure of complaint? 4. What are the critical benchmarks for addressing complaints? 5. What is the level of performance tracking currently happening for the complaint process? 6. How often is the system reviewed? 7. Are the processes in this functional area compliant with all rules and regulations? 8. Are the processes in this functional area in line with best practice? We will discuss additional questions with DCFS staff and leadership and add them to the analysis as appropriate. Upon gaining an understanding of the details of the current state of constituent complaints practices, we will conduct process mapping sessions as described in detail under Section 1a. This also will help us to identify any bottlenecks and redundancies in current practices. When we have completed document reviews, staff interviews, and process mapping, HMA will draft a summary report of the existing constituent complaint practices and will review it with DCFS leaders and key staff. We will make revisions per DCFS input and provide a final set of process maps and narrative summary of current constituent complaint practices to DCFS. (1). US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). Child Maltreatment 2016: Reports from the States to the National Child Abuse and Neglect Data System: Table 2-1: Screened-In and Screened-Out Referrals, 2016. Retrieved February 06, 2018 from https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf.

2. Provide a narrative of how bidder proposes to provide review of regulation, statute, policy, best practice, federal guidance and policy.*

REWIEWING REGULATION, STATUTE, POLICY, BEST PRACTICE, FEDERAL GUIDANCE, AND POLICY HMA's team knows from experience the importance of understanding federal and state regulations, policies and guidance. We have directly worked in state and local government agencies where regulatory compliance was critical and alignment of agency policies and rules to federal and state policies and regulations helped to ensure continued funding, as well as mitigation of sanctions or loss of funding. We will perform an environmental scan of federal requirements, other states' policies and practices, Nebraska statutes and policies related to: < Child Protective Services (CPS) < In-home and out-of-home services < Family engagement < Recruitment and retention of foster and adoptive parents, reporting < Concurrent planning < Permanency planning < Prevention, and community-based strategies and collaborations < Collaborations Our team will research best practices for incorporating

the values and principles of evidence-based systems of care and integrated service delivery models into child welfare systems and programs, as well as the infrastructure necessary to support those best practices. This will include information technology, workforce, organizational structures, and program alignment. Our approach will be systematic and follow the steps outlined below: 1. For each functional area of the project, we will collect information from the DCFS director, managers, and staff for regulations, statutes, and state/federal policies and guidelines that should be included in the review process. We will create a catalogue of all the information collected and reviewed for DCFS's future reference. 2. We will organize our review and record our findings by functional area and type of documentation, for example: federal policy and regulation, state policy and regulation, department policy and rules, best practices (national and from other states). 3. We will conduct a scan of child welfare best practices currently operational in Nebraska and also national best practices to provide a comparative benchmark for where improvements might be needed. This scan will also identify opportunities for spread and scale of established best practices to improve outcomes. 4. We will identify areas where DCFS current practices, as determined through the processes detailed above in Section 1, are out of alignment with any of the policies, regulations, rules, or best practices we have identified. This will include collaboration with DCFS staff through interviews and meetings to ensure we are interpreting information accurately and appropriately based on their knowledge and experience. 5. We will produce summary reports for each functional area of the findings from our reviews. These will include a brief overview of the documentation reviewed, a detailed list of processes that do not align with federal/state policies and regulations, and a synopsis of best practices that DCFS should consider implementing. As with all of the other deliverables, we will coordinate closely with DCFS staff to review our findings and drafts, incorporating their feedback to produce an approved final report of all federal/state regulations, statutes, policies, and guidance reviewed, and best practices identified as relevant and of value to Nebraska DCFS.

3. Provide a narrative of how bidder proposes to develop best practice and recommendations for each area. *

APPROACH TO DEVELOPING BEST PRACTICE AND RECOMMENDATIONS FOR EACH AREA Using data and information gathered through review of current state practices, coupled with our systematic review of regulation, statute, policy, best practice, federal guidance and policy, HMA will work with the DCFS director and managerial and staff leads for each functional area to identify opportunities to incorporate best practices and more effectively align processes with state and federal regulation and policy. Child welfare practice is a complicated and high-risk operation in any state. Increasing protective factors and the socio-emotional well-being of children involves both public and private partners and the community at large. Having a strong regulatory and policy environment with effective monitoring practices helps mitigate safety and audit risk. Managing contract execution and monitoring of contracts with fidelity; ensuring best practices in the implementation of child welfare programming especially around the FFPSA priorities of prevention and permanency; and compliance with statute and regulation will strengthen Nebraska's response to the new FFPSA rollout and the CSFR

PIP. Through interviews and meetings, we will engage DCFS functional area leads to review our findings from current state process maps and our existing processes assessment as detailed in Section 1, plus our policy, regulation, and best practice review described in Section 2. In collaboration with DCFS, we will identify where and how to best incorporate process improvements that fully align with policy and regulation and then build best practices that are responsive to both the strengths and opportunities in the system. This will be an iterative and agile process to revise, refine, and improve policies and practices based on a collective, person-centered design approach involving DCFS staff and any key partners identified by the state. We first will work with DCFS leads to lay the foundation for recommended changes in each functional area by using the following approach: < Documenting why the functional area needs to be modified or revised, based on the policy, regulatory, and best practices review < Prioritizing changes based on 1) policy and regulatory alignment, 2) program efficiency gains, 3) how effective they will be (e.g., improving client outcomes, reducing barriers, reducing costs), and 4) how feasible they are to implement (e.g., required statutory or rule changes, resources required to implement) < Verifying proposed changes will ensure each functional area meets its stated purpose Based on the outcomes of these discussions, HMA will facilitate sessions for teams to start with the current state process maps to identify the specific process steps in each functional area where changes should be made, what those changes should be, how the changes should be accomplished, when they should be accomplished, and who will be responsible for implementing the changes. The goal of these efforts is to develop the ideal state process maps and the more detailed policies and procedures documentation for each functional area. Once these questions have been answered, HMA will work with DCFS leads and their teams to redesign each functional area in ways that are responsive to the following factors critical to operations and delivery of high-quality services: < < The policy framework governing each functional area < The practice model for the delivery of services < The infrastructure supports needed to deliver services, such as contracting, technology, business processes, facility needs, and budget < The staffing and competencies needed to deliver the services with fidelity < The key public and private partnerships needed to support services and provider engagement requirements and performance monitoring approaches This structured approach to building on each stage of the project will help ensure the recommended program changes are responsive to policies and regulations while also incorporating fidelity to best practices. These efforts will result in DCFS having a complete set of updated process maps and policy and procedures documents that provide clear, concise, detailed guidance for each functional area. Additionally, DCFS will have a road map for implementing recommended policy and regulatory changes and best practices. HMA will review with state staff the current online policy manuals and update them as new policies are drafted and attach process maps, implementation toolkits, and user guides as they are developed and available. Training staff and contractors will be critical for use and adoption of these policies in the field with fidelity. As the state commits to ensuring both fidelity monitoring and best practices implementation, dashboarding and accountability are critical. Without a strong quality assurance/quality improvement process that includes continuous training, improvement practices, and a well-articulated quality monitoring approach, there is often slippage, and fidelity to process and practice is

compromised which in turn affects client outcomes and staff satisfaction. HMA will support the state through this review process to create dashboarding and accountability practices and will identify the following for the state to apply in its efforts: < Methodology for electronic tracking versus manual < Process measures around timeliness, execution, etc. < Measures around outputs such as numbers served, wait lists, etc. < Measures around outcomes such as recidivism, safety, well-being, and permanency decisions < Develop a framework for the state to continue to articulate the child welfare transformation value proposition Finally, a critical component of program and practice redesign is the implementation of a dashboarding and accountability system to ensure continuous quality and performance improvement. In addition to the above, revised policies and practices for each functional area should include target populations, required resources, intended activities, expected results, and measurable outcomes. HMA will work with DCFS to create a process for developing meaningful outcomes that incorporate input from front-line staff and clients, and that use relevant, accessible data.

4. Provide a narrative of how bidder proposes to outline best practice, business process, and procedures for policy and expungement of records. *

APPROACH TO OUTLINING BEST PRACTICE, BUSINESS PROCESS, AND PROCEDURES FOR POLICY AND EXPUNGEMENT OF RECORDS CAPTA specifies central registry and expungement requirements for states. It particularly specifies the Rights of the Reported Person of a child abuse or neglect charge to review and challenge investigative records and findings. The premise behind these due process rights are predicated on the fact that all states use the records of substantiated reports, which are maintained in central registries or other record-keeping systems, for background checks for persons seeking employment to work with children and for prospective foster and adoptive parents. Therefore, several due-process and protection issues arise when a state maintains a central registry that identifies individuals accused of and found to have committed child abuse or neglect. The State of Nebraska has recognized the severity of these consequences and has developed its regulatory and policy environment to comply with federal requirements. Our process to review the expungement functional area will follow the process laid out for the other functional areas. We will engage in the following activities: 1. Partner with DCFS staff to identify and map the current state for the central registry and expungement functional area 2. Conduct a review of best practices, statutory requirements, and regulations 3. Identify opportunities for better alignment of current central registry and expungement policy with best practices, statutory requirements, and regulations 4. Design optimal state maps for each priority function area 5. Develop training and technical assistance resources to ensure a clear path for implementation of optimal processes 6. Develop communications resources for engaging stakeholders in the improvement process The HMA team will follow its comprehensive review methodology described above. Once we complete the current state analysis of the central registry and expungement processes, we will work with key state staff to develop the ideal state mapping exercise and develop recommendations: < Recommend policy and process improvements for the central registry operations and business processes and protocols < Develop with CPS and central registry program staff new process maps that reflect recommended

improvements < Develop with CPS and central registry program staff revised policies to reflect new process improvements < Identify any technology builds to the state child welfare information system to automate these central registry and expungement processes based on identified triggers and protocols < Develop the training modules that incorporate these revised central registry and expungement policies, protocols, and business processes CONDUCTING THE CROSSWALK: The safety, well-being, and permanency of children are at the core of a state child welfare agency's work. Programs offered by child welfare agencies are intended to strengthen families and help keep families intact while ensuring children are safe and thriving. In instances where despite best efforts this is not possible, an agency may place the children into foster care while ensuring the episode of care is rare, brief, and non-recurring. The child welfare agency will make every effort to reunify children with their families or to place them in kinship situations to maintain their safety by sustaining family and community connections. If reunification is not possible, finding permanent placements for children through adoption or guardianship becomes the strategy. It is now largely recognized that children need to grow up in permanent families to be safe and to thrive. Nebraska has submitted the many required plans such as the Child and Family Services Plan (CFSP), CSFR PIP, and FFPSA plans to the Federal Administration of Children and Families within the US Department of Health and Human Services. They are all intended to improve outcomes for children and families involved with the child welfare system. The plans outline the state's efforts to offer prevention, out-of-home care and permanency services intended to improve safety, and well-being and permanency for Nebraska's children and their families. These plans provide a window into Nebraska's delivery system, best practices, and the policy and regulatory environment that governs them. They also outline areas where the state is committed to making improvements to meet and exceed federal benchmarks and outcomes and priorities the state has set for itself. Child welfare reform and transformation is challenging and hard work. Alignment of plans and the intentionality with which all partners are moving the system toward shared outcomes are critical for success. The HMA team understands child welfare practice and the current legislative, financial, and best practice trends in the field. We will bring this expertise to evaluating current plans, highlighting any inconsistencies or missed opportunities, and work with our state colleagues in their efforts to strengthen Nebraska's child welfare system. We believe this deliverable will be critical to Nebraska's continued efforts to support children and families as FFPSA rolls out. Our process for reviewing these plans with an eye toward increasing alignment will include: 1. Reviewing the state's vision for children and families involved with the child welfare system 2. Mapping outcomes the state is striving to achieve 3. Understanding the state public-private delivery system 4. Reviewing all state plans for alignment with the vision and outcomes 5. Identifying areas of inconsistency and/or opportunity 6. Developing recommendations for increased alignment that address policy, practice, infrastructure, and workforce strategies and for dashboarding and tracking progress HMA will provide DCFS a crosswalk report containing our findings and recommendations giving the state a road map that builds on the child welfare transformation efforts already underway.

5. Provide a narrative of the bidder's past experience with management of a project that involved the review of regulations, statutes, and federal guidance from multiple oversight entities. *

HMA's PAST EXPERIENCE WITH SIMILAR PROJECTS HMA staff are proficient in business process re-engineering, workflow mapping, and assessing operational effectiveness and integrity. We are skilled at evaluating and improving policy, practice, infrastructure, and human capital and have successfully accomplished these tasks with many clients. Our team members have served as subject matter experts to agencies and make recommendations for improving the efficiency and effectiveness of program operations. The projects below offer examples of our experience. Each of these projects required reviewing and analyzing regulations and policies across multiple oversight entities. Casey Family Program - Child Welfare Collaborative Technical Assistance. Through a contract with Casey Family Program, the Seattle-based foundation, HMA staff member Uma Ahluwalia is helping the State of Maryland address the placement and treatment needs of children with serious mental and somatic illnesses, with a goal of reducing the number of youths in foster care by 50 percent. Our assistance is focused on governance, infrastructure, data sharing, capacity building, resource sharing, and performance dashboarding that will support children and families in need of a robust behavioral health continuum of care. This project involves a review of the entire system of care, especially for children in the care and custody of the state. The review encompasses reviews of regulations, policies, practices, and resources such as bed availability and evidence-based practices, financing strategies, and contractual relationships. Delaware Department of Services for Children, Youth and their Families (DSCYF) Strategic Planning. HMA staff member Ms. Ahluwalia is working with the Delaware DSCYF to develop a strategic plan that provides a road map to a coordinated DSCYF infrastructure that supports the provision of high-quality services in all Delaware communities. The plan will reflect the DSCYF's collective mission to improve the quality of life for all Delawarean children, youth, and their families and will be designed to increase efficiencies by streamlining practices, reducing duplicative processes, and using meaningful data to inform decisions. The project includes supports to manage activities related to change management efforts, communication of the plan, and governance to implement with fidelity. Specific activities include completion of an environmental needs analysis assessment, development of a strategic plan including completion of a strengths, weaknesses, opportunities, and threats analysis, development of an implementation plan, and evaluation and monitoring including dashboarding and development of tools and protocols for data-driven decision-making. Colorado Department of Health Care Policy & Financing (HCPF) - System of Care Analysis. In 2017, HMA began work to 1) conduct an analysis of the current systems of care that provide services to children and youth with intellectual and developmental disabilities (IDD), and (2) develop recommendations to address the needs of youth with IDD and co-occurring behavioral health issues and/or who are involved in the child welfare system. The system of care encompasses HCPF, behavioral health organizations, community center boards (CCBs), providers, child welfare workers, and other key stakeholders. We conducted stakeholder interviews and focus groups, analyzed findings, conducted an environmental scan, researched industry best

practices, and reviewed similar analyses completed for the state. Our review encompassed public programs and available funding, such as Health First Colorado, state general fund programs for individuals with IDD, and local CCB services, and an analysis of the existing infrastructure in place that meets the needs of children and youth with mental health and IDD dual diagnoses. Recommendations based on the analysis included: creating a statewide coordinated approach to serve the population, implementing a statewide approach to behavioral crisis prevention and response planning, implementing lessons learned related to a crisis response pilot program, continuing efforts to streamline programs and processes initiated by a Governor's Advisory Group, aligning current care coordination activities with national policy best practice recommendations, and modifying provider qualifications for specific services. Colorado Department of Health Care Policy & Financing (HCPF) - Compliance with Dual Eligible Special Needs Plans (D-SNP) Federal Requirements. Colorado's HCPF department recently contracted with HMA to develop a plan for compliance with the new federal requirements for D-SNPs. We will be assisting HCPF by providing guidance and recommendations to comply with new requirements that D-SNPs notify the state Medicaid agencies they contract with (or the state's designee) when their enrollees are admitted to a hospital or skilled nursing facility. HMA subject matter experts will review other state's efforts to comply with these requirements, including through their D-SNP contracts; recommend a notification process for high-risk individuals that supports care coordination and information sharing; develop a process for monitoring and evaluating care transitions; and develop proposed contract language and identify cost drivers related to implementation, including HCPF's costs for additional staffing, system expenses, oversight and monitoring, and evaluation activities. South Dakota Victims' Services Program (SDVSP). From late 2017 into 2018, HMA provided program support for the SDVSP team within the Department of Social Services. Work included project management, grant writing and reporting, policy and procedure review/revision, IT system needs analysis, grantee management support, and federal and state reporting. With HMA support, SDVSP implemented updated policies and procedures for each program, implemented new processes for subgrantees, submitted all its federal grant reports and new applications, hired and trained new staff, and transitioned to a new state agency, the Department of Public Safety. South Dakota Department of Social Services (DSS). From 2013 through early 2020, HMA assisted DSS with a range of activities related to their eligibility and assistance (EA) programs and IT systems. Specific activities included: < Project management of Patient Protection and Affordable Care Act compliance activities < Business process and policy and procedure updates and revisions < Research and assessment of new federal and state policies for Medicaid and all other EA programs (Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Child Care, and Low Income Energy Assistance) < Support for development of a request for proposal for a modern eligibility and enrollment system for all EA programs Colorado Office of Behavioral Health and Colorado Correctional Treatment Board - Behavioral Health Program Evaluation. HMA conducted a program evaluation of the state's jail-based behavioral health program in 2018 and 2019. We used a mixed-method approach to complete a process evaluation that documented how the program was implemented across counties and an outcomes evaluation that assessed the impact of services provided. We identified program

strengths, as well as opportunities for improvement. We made recommendations to enhance measurement of client outcomes and impact to be able to more firmly demonstrate effectiveness in the future. Colorado's Office of Behavioral Health made the evaluation publicly available and re-engaged HMA to assist with the implementation of our recommendation related to improving standardization of the program across counties. Indiana Family and Social Services Administration (FSSA) - Policy, Operations and Regulation Improvement. Since 2002, HMA has provided a range of Medicaid policy and operational support services to the FSSA. Our role included designing key program features of the state's Section 1115 demonstration waiver and all associated public notices, supporting waiver negotiations with the Centers for Medicare & Medicaid Services, and drafting special terms and conditions. In addition, HMA has provided ongoing implementation support such as drafting administrative regulations, developing communications, providing ongoing policy and operational support, and developing policy and procedure manuals.

6. Identify the specific professionals who will work this project. The names and titles of the team proposed for assignment to the project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified. The contractor should provide relevant work experience for all personnel proposed by the bidder to work on the project. *

HMA's PROJECT TEAM For 35 years, HMA has completed numerous projects of varying size across multiple systems for state government entities. HMA has the expertise, staffing, and thought leadership to assist the Nebraska Department of Health and Human Services DFCS in accomplishing its mission of building healthier families and safer, more prosperous communities through the improvement of its business practices. Our team of professionals has years of real-world experience in federal, state, and local government, social service and provider organizations, regulatory bodies, health plans, and privatized delivery systems working to optimize the efficiency and effectiveness of their operations. Our proposed team are proficient in business process re-engineering, workflow mapping, and assessing operational effectiveness and integrity. We are skilled at evaluating and improving policy, practice, infrastructure, and human capital and have successfully accomplished these tasks with many clients. Our operational and strategic expertise enables us to execute on operations and programming alignment and improve and sustain effective delivery systems. The following professionals will work on this project: Catherine Guerrero: Ms. Guerrero will serve as the project director. She will oversee the budget and timeline and serve as the primary point of contact. Ms. Guerrero will work with team members to conduct reviews and ensure the timely production of high-quality deliverables. She will also serve as a subject matter expert and support the review and the development of training curricula and communications plans. Uma Ahluwalia: Uma Ahluwalia is a nationally regarded child welfare expert who has worked for many years in the field. She will function as a subject matter expert providing consultation on multiple deliverables and will be Lead for the deliverables related to policy development, central registry and expungement of records and the multiple federal plan crosswalk. Charles Robbins: Mr. Robbins will

serve a subject matter expert for this project providing consultation on multiple deliverables including the review of process for constituent complaints and recommend structural and process changes. Marc Richman: Dr. Richman will serve as a subject matter expert for this project. He will work with team members to assist in aligning Nebraska's current multiple plans addressing child welfare with best practices. HMA will cross walk all of the plans with the aim of identifying areas of strength and opportunity. Dr. Richman will be part of the team making state-specific recommendations to align Nebraska with federal guideline and best practices. Stephanie Denning: Ms. Denning will be a subject matter expert for this project providing consultation on multiple deliverables. She will work with the team on the review of business processes, and oversee the design of the process maps in Visio. Rob Muschler: Rob Muschler will serve as an Associate for this project and be primarily responsible for the onsite review of policies and procedure. Mr. Muschler will conduct research on best practices and assist in the identification of regulations and requirements and compliance checks for each topic area. Mr. Muschler will also support the design of the process maps in Visio. Caitlyn Loyd: Ms. Loyd will serve as an Associate for this project and be primarily responsible for the onsite review of policies and procedure. She will conduct research on best practices and assist in the identification of regulations and requirements and compliance checks for each topic area. Ms. Loyd will also support the design of the process maps in Visio. TEAM MEMBER BIOGRAPHIES Catherine Guerrero, Principal Catherine Guerrero is an accomplished leader with experience spearheading public health and social change initiatives to address social determinants of health. Ms. Guerrero has worked in nonprofits and state government for more than 25 years. Her work has focused on a broad range of issues including child maltreatment, child exposure to domestic violence, sexual and domestic violence prevention, housing/homelessness, and food security. Many of these efforts included the design and implementation of programming for specific populations, including African American women, Latina communities, and LGBTQ+ populations. Before joining HMA, Ms. Guerrero served as the associate director and chief strategy officer for the North Carolina Coalition Against Domestic Violence, where she over saw statewide programming focused on the co-occurrence of domestic violence and child maltreatment. As a nonprofit and public service leader, she oversaw organizational change processes focused on integrating a health equity and anti-oppression lens into the full breadth of organization activities, including programming and evaluation, community engagement, partnership development, and internal human resource processes and policies. Ms. Guerrero has also worked with health departments in Colorado and North Carolina to build programs designed to improve individual and community well-being. In her roles at health departments, she was responsible for designing business process that included program development and grant writing, contract development, and vendor selection. She has direct experience executing needs assessments and evaluations, developing community surveys, and building community and organizational programming based on quantitative and qualitative data. She managed and facilitated workgroups, expert panels, and advisory boards throughout her career. Ms. Guerrero served as the lead evaluator on multiple public health prevention programs, facilitating the development of formative and outcome evaluation and continuous improvement processes. Her experience includes developing

theories of change, defining indicators of success, designing measurement strategies, engaging in data collection, and building programs based on data and community input. Ms. Guerrero earned her master's degree in public administration and a graduate certificate in women's studies from the University of Colorado, Denver. Uma Ahluwalia, Principal Uma S. Ahluwalia is a respected health care and human services professional with extensive experience leading key growth initiatives in demanding political and legislative environments. She is an expert in delivering innovative, reliable, cost-effective solutions and public policy strategies that improve operations and productivity with more than 25 years of child welfare experience. Prior to joining HMA, she served as director of the Montgomery County Department of Health and Human Services in Maryland. During her 12-year tenure, she led implementation of the Affordable Care Act, oversaw the move to a more integrated and interoperable health and human services enterprise, and managed public-private partnerships and programs. Ms. Ahluwalia was responsible for Montgomery County, Maryland becoming one of the few jurisdictions recognized as a national model for integrating public health with human services and behavioral health to address population health and well-being. This integration across both public and private agencies involved strong community-based organization partnerships and innovative contracting models. Ms. Ahluwalia's work experience also includes leadership in child welfare as the interim director in the Child and Family Services Agency in Washington, DC and assistant secretary of the Department of Social and Health Services in the State of Washington for the Children's Administration. She earned a master's degree in social work from the University of Delhi in India and a specialist, post-master's in health services administration from George Washington University. Over her 28-year career in human services, she has progressively moved from case-carrying social work to executive leadership at the state and local levels. Charles Robbins, Principal Charles Robbins is an accomplished C-suite executive who has been transforming communities for the past three decades. His extensive community-based organization career spans child welfare, health care, homelessness, behavioral health, suicide prevention, and substance use disorder, with a forte in HIV and LGBTQ+ populations. He is adept in needs assessment, strategic planning, evaluation, leadership development, change management, capacity building, and community engagement, uniting people and processes around shared values, common goals, and evidence-based solutions to achieve lasting results. Mr. Robbins has vast experience with vulnerable/at-risk children and youth. He serves as a Los Angeles county commissioner for the Inter-Agency Council on Child Abuse and Neglect. As a county commissioner, Mr. Robbins provides direction and forms policy, reviews the work of commission subcommittees, and votes on major issues relating to the child welfare system. Los Angeles' child welfare agency is the largest in the nation, serving more than 34,000 children, almost 21,000 of whom are placed in out-of-home foster care. He also serves as a court-appointed special advocate in Los Angeles and is the former co-chair of the Los Angeles Coalition to End Youth Homelessness. Mr. Robbins' relevant experience includes providing subject matter expertise on social determinants of health, trauma-informed approaches, cultural responsiveness, and harm reduction to advance health equity and improve social justice. Recently, Neighborworks America engaged Mr. Robbins to facilitate an eight-month learning collaborative that brought together six community development organizations to build their capacity to prevent and

respond to trauma. Other recent projects include research for the State of Arizona's LGBTQ+ health survey; community engagement for the City of Austin's LGBTQ+ quality-of-life study; research on examining child care needs of families experiencing homelessness for the Child Care Resource Center; evaluation of the County of Los Angeles' homeless strategies; and cross-sector collaboration and partnership development for the City of Los Angeles' poverty prevention efforts. He has also conducted business process development for the San Francisco AIDS Foundation and the Desert AIDS Project. He is part of the HMA team who has been working with the State of California to expand medication-assisted treatment and transform the substance abuse disorder treatment ecosystem including training and technical assistance. Prior to joining HMA in October 2017, Mr. Robbins served as the chief advancement officer at APLA Health, a federally qualified health center providing health care and social services to the HIV, LGBTQ+, and low-income populations in Los Angeles. He also served as vice president at The Village Family Services, a child welfare and behavioral health agency. Mr. Robbins was instrumental in the planning and launch of programs to serve homeless transition age youth including street outreach (funded by the Administration of Children and Families), drop-in center, crisis housing, and transitional housing. Mr. Robbins also advocated for and received Mental Health Services Act funding to produce a publication and training program Strategies for Working with LGBTQ Transitional Age Youth: Outreach & Engagement Best-Practices. Prior to this, as chief executive officer of The Trevor Project, a national nonprofit organization providing suicide prevention efforts among LGBTQ+ and questioning youth, Mr. Robbins led the organization through a substantial period of fiscal growth, national expansion, and accreditation from the American Association of Suicidology. His early career work included executive leadership positions at the National LGBT Task Force, GLAAD, and the founding of Project Angel Heart, a home delivered meal program in Denver. Mr. Robbins holds an MBA in health care management from Western Governors University and a certificate in nonprofit administration from the University of Colorado, Denver. Marc Richman, Principal A licensed and practicing psychologist for more than 30 years, Marc Richman is a strong clinical, systems and policy leader who believes merging his clinical and policy knowledge have made him stronger in both areas. Prior to joining HMA, Dr. Richman held executive leadership positions throughout the State of Delaware before retiring after 27 years of state service. He spent the majority of his career in the child mental health division, spending his last five years there as the division deputy director. While there, his primary focus was incorporating mental health and substance use into an integrated and holistic system. He led the children's department's efforts in creating a department-wide (Child Welfare, Youth Rehabilitative and Mental Health) assessment tool for all children no matter what door they entered the system. Dr. Richman also served as the chief liaison between the children's mental health division and Delaware's family court. Dr. Richman served on the adult side of the behavioral health system as an assistant director of community mental health and substance abuse services. Among other initiatives, he co-led expansion of the Substance Use Disorder Continuum to address the rising opioid epidemic ravaging the community, public, and private behavioral health systems. He also oversaw the statewide case management and assessment system for individuals with behavioral health challenges who were involved in the adult judicial system. He

was appointed bureau chief of health care services for the Delaware Department of Correction and administered all the medical, behavioral health, and pharmacy contracts for the statewide prison system. He earned a doctorate in clinical and school psychology and a master's degree in psychology, both from Hofstra University in Hempstead, New York, and a bachelor's degree in psychology from Gettysburg College in Gettysburg, Pennsylvania. Stephanie Denning Stephanie Denning has worked in the health care and human services field for more than 25 years. Her experience ranges across the public, nonprofit, and private sectors and includes expertise in publicly funded health and social care programs and systems, organizational and operations assessment, business process improvement, stakeholder engagement and facilitation, public policy, and research and report writing. Since joining HMA, Ms. Denning's work for clients has included business process assessment and improvement, organizational assessment and operational improvements; data collection and analysis; policy research and reports; stakeholder engagement and meeting facilitation. Ms. Denning has extensive writing and editing experience, including work on training and billing manuals. Prior to joining HMA, Ms. Denning oversaw the Medicaid, Child Health Plan and Charitable Health Coverage lines of business for Kaiser Permanente Colorado. There, her responsibilities included managing business operations such as contract administration, claims management, membership, marketing and outreach, and consulting on care delivery operations and innovations. She helped design a care management model for high-risk/high-cost Medicaid members that served as a precursor to Colorado's Accountable Care Collaborative Medicaid program. Ms. Denning also worked in the private sector for Policy Studies, Inc. (PSI), a company that provided outsourcing solutions to state and local governments for health care, child support, and workforce operations. At PSI, Ms. Denning managed state client relationships, provided technical assistance and business improvement support for operations, helped to create policies and procedures, and provided guidance on policy issues with state clients, operations teams, and site managers. She also managed the contract with the State of Colorado for administration of the Child Health Plan Plus program, Colorado's State Children's Health Insurance Program, which included oversight of marketing and outreach, customer service, eligibility and enrollment, and mailroom and distribution. Before her work in the private sector, Ms. Denning served as the director of marketing and public relations for Denver Health, Colorado's largest public hospital and health system. There, she oversaw numerous marketing campaigns, patient education efforts, and relationships with other community organizations. She also managed all media relations and served as the primary public information officer for the system, including for all emergency management operations. Ms. Denning also worked as a reporter for the Longmont Times Call newspaper, where she covered stories focused on women's and children's issues, as well as public school board and city council meetings in Boulder County. Ms. Denning earned her master's degree in public administration in health policy from the University of Colorado, Denver and a bachelor's degree in journalism from the University of Colorado, Boulder. In 2016, she completed a certificate of achievement training for Six Sigma Green Belt in health care from Villanova University. Rob Muschler, Associate Rob Muschler has in-depth experience designing and executing strategy development and capacity building for nonprofit organizations and has worked with more than 50 organizations to enhance

their impact. Mr. Muschler specializes in strategic planning, strategic restructuring, and the development of community needs assessments. He has led or co-led numerous engagements working directly with nonprofit executives, boards of directors, and staff on a wide variety of strategy-related projects. He has engaged clients ranging in industry and scale, from start-up stage agencies still formalizing their operations to organizations with multimillion-dollar budgets and more than 100 years of working in the community. Mr. Muschler's work has focused on behavioral health nonprofits, as well as organizations addressing youth development and early childhood education. Mr. Muschler earned a master's degree in public administration from the University of Southern California and a bachelor's degree from St. Cloud State University.

7. Provide a Draft Project Work Plan that successfully completes the deliverables outlined above within the project timeframe. The Draft Project Work Plan must include details on what project tasks will be performed face-to-face and what project tasks will be performed virtually. *

DRAFT WORK PLAN Our proposal combines on-the-ground support at the DCFS offices with virtual strategies. This combination gives DCFS the maximum benefit of our national experts while also providing in-person connectivity with HMA staff. Our work plan clearly outlines our virtual and in-person activities. This two-dimensional response impacts all areas of work and the identified deliverables. Below is an overview of our draft workplan that incorporates HMA's general approach and methodology for conducting the scope of work described in the RFP, and our best estimate of the timeline for accomplishing each of the tasks. ATTACHMENT 1: A detailed draft work plan (Attachment 1) is provided via a separate email in accordance with instructions from Central Procurement Services received by HMA on July 14 , 2020. Both tasks and timeline assume timely access to DCFS staff, materials and information, and timely turn-around of draft deliverables for revisions. These tasks and timelines may change based on additional information that HMA gathers once the project is started, and on any issues or risks that may further impact timely completion of tasks. HMA will work with DCFS to develop a more robust and detailed workplan with upon contract award. Where appropriate, we have noted the HMA staff who will lead a task and those who will be onsite. All scopes of work will be supported by a project Research Assistant. Many of the tasks will include consultation with and input from the HMA project team. Leads and onsite resources for each functional area include: < Contract development and approval – Lead: Stephanie Denning; onsite: Caitlin Loyd < Agreements with providers serving individual youth – Lead: Charles Robbins; onsite: Rob Muschler < Grant writing and program development – Lead: Catherine Guerrero; onsite: Caitlin Loyd < Policy development – Lead: Uma Ahluwalia; onsite: Rob Muschler < Central registry/expungement of records – Lead: Uma Ahluwalia; onsite: Caitlin Loyd < Constituent complaints – Lead: Marc Richman; onsite: Rob Muschler 1. Project Management and Administration. Includes onsite time for kickoff meeting: 8/1/20 – 1/31/21. 1.1 Project Kickoff: 8/4/20 1.2 Regular status meetings at least monthly, ongoing 1.3 HMA team meetings as needed, ongoing 2. Review & Documentation of Existing Policies and Practices. Includes onsite work for meeting DCFS leads, document review, and process mapping: 8/10/20 – 10/23 2.1 Identify and meet with

leads/teams for each functional area: 8/10/20 – 8/21/20 2.2 Gather documents and review artifacts for each functional area: 8/10/20 – 8/28/20 2.3 Assess current practices and create process maps for each functional area: 9/7/20 – 9/23/20 2.4 Summarize document review and “current state” process mapping findings: 9/24/20 – 10/23/20 3. Research and Review of Federal/State Regulation, Policy and Guidance and National Best Practices. Includes onsite work for collecting documentation and meeting with DCFS staff: 8/24/20 – 10/30/20 3.1 Conduct Research for each functional area: 8/24/20 – 10/30/20 4. Develop Best Practices and Recommendations to Policies & Practices for Each Functional Area. Includes onsite work for meeting DCFS leads, document review, and revised process mapping: 11/2/20 – 12/22/20 4.1 Create foundation for recommended changes for each functional area: 11/2/20 – 11/6/20 4.2 Develop written guidance documents for each functional area: 11/9/20 – 11/18/20 4.3 Develop Written Guidance Documents for Each Functional Area: 11/18/20 – 12/22/20 5. Develop Training and Communications Plans. Includes onsite work for collecting documentation and meeting with DCFS staff: 12/28/20 – 1/18/21 5.1 Identify areas of change and impact to training and communications for each functional area: 12/28/20 – 1/8/21 5.2 Create Training Plan: 1/4/21 – 1/18/21 5.3 Create a Communications Plan: 1/4/21 – 1/18/21 6. Recommendations for Alignment Across Programs and Continuous Review. Includes onsite work for meeting with DCFS and other program staff: 12/14/20 – 1/15/21 6.1 Identify leads from other programs across Protection, Safety and Economic Assistance: 12/14/20 – 1/8/21 6.2 Create a structured process and timeline for regular, ongoing review and updates to regulations, policies and practices, and communications: 1/4/21 – 1/15/21 7. Crosswalk of Nebraska Child Welfare Plans. May include onsite work if/as needed: 10/5/20 – 1/8/21 7.1 Gather and review state’s Federal Child Welfare Plans, reports and artifacts: 10/5/20 – 1/8/21 8. Project Close Out. Includes onsite time for final close out meeting with DCFS director: 1/22/21 – 1/31/21 8.1 Meet with DCFS Director and functional area leads to close out project: 1/22/21 – 1/31/21

#	Position	Value
1	Principal	285
2	Associate	165

ATTACHMENT 1: NEBRASKA DIVISION OF CHILD & FAMILY SERVICES POLICY PROCESS DEVELOPMENT WORK PLAN

Below is a draft workplan that incorporates HMA's general approach and methodology for conducting the scope of work described in the RFP, and our best estimate of the timeline for accomplishing each of the tasks. Both tasks and timeline assume timely access to DCFS staff, materials and information, and timely turn-around of draft deliverables for revisions. These tasks and timelines may change based on additional information HMA gathers once the project is started, and on any issues or risks that may further impact timely completion of tasks. HMA will work with DCFS to develop a more robust and detailed workplan upon contract award. Where appropriate, we have noted the HMA staff who will lead a task and those who will be onsite. All scopes of work will be supported by a project research assistant. Many of the tasks will include consultation with and input from the HMA project team.

ID	Task Name	Resources/Timeline
1	**Project Management & Administration**	**8/1/20 – 1/31/21**
1.1	**Project Kickoff Meeting (all)**	DCFS Team HMA Team
1.2	**Regular Status Meetings – NE Leadership Engagement (schedule TBD)**	DCFS Director HMA Project Director
1.3	**Monthly HMA Team Meetings**	HMA Team
2	**Review & Document Existing Policies & Practices**	
2.1 Identify & Meet with Leads/Teams for Each Functional Area		**8/10/20 – 8/21/20**
2.1.1	Contract development & approval	DCFS Team. Lead: Stephanie Denning Onsite: Caitlin Loyd
2.1.2	Agreements with providers serving individual youth	DCFS Team Lead: Charles Robbins Onsite: Rob Muschler
2.1.3	Grant writing and program development	DCFS Team Lead: Catherine Guerrero Onsite: Caitlin Loyd
2.1.4	Policy development	DCFS Team Lead: Uma Ahluwalia Onsite: Rob Muschler
2.1.5	Central registry/expungement of records	DCFS Team Lead: Uma Ahluwalia Onsite: Caitlin Loyd
2.1.6	Constituent complaints	DCFS Team Lead: Marc Richman Onsite: Rob Muschler
2.2 Gather Documents & Review Artifacts for Each Functional Area		**8/10/20 – 8/28/20**
2.2.1	Review alignment of current policy with statutory requirements & regulations	HMA Leads Onsite: Caitlin Loyd, Rob Muschler

ID	Task Name	Resources/Timeline
2.2.2	Policies & procedures	HMA Leads Onsite: Caitlin Loyd, Rob Muschler
2.2.3	IT systems documentation and user manuals	HMA Leads. Onsite: Caitlin Loyd, Rob Muschler
2.2.4	Trainings & desk guides	HMA Leads. Onsite: Caitlin Loyd, Rob Muschler
2.2.5	Other	HMA Leads. Onsite: Caitlin Loyd, Rob Muschler
2.3 Assess Current Practices & Create Process Maps for Each Functional Area		**9/7/20 – 9/23/20**
2.3.1	Conduct process mapping sessions with lead & team from each functional area	DCFS Team, HMA Leads Onsite: Stephanie Denning, Caitlin Loyd, Rob Muschler
2.3.2	Create draft "current state" process maps for staff review	Stephanie Denning, Caitlin Loyd, Rob Muschler
2.3.4	Conduct review sessions and revisions of "current state" process maps with staff	DCFS Team, HMA Leads, Stephanie Denning, Caitlin Loyd, Rob Muschler
2.3.5	Finalize "current state" process maps for submission to DCFS	Stephanie Denning, Caitlin Loyd, Rob Muschler
2.4 Summarize Document Review & "Current State" Process Mapping Findings		**9/24/20 – 10/23/20**
2.4.1	Draft initial findings of document review and process mapping for each functional area, including recommendations for changes & revisions	HMA Leads, Caitlin Loyd, Rob Muschler
2.4.2	Review findings & recommendations with DCFS Director & leads for each functional area	DCFS Team, HMA Leads, Caitlin Loyd, Rob Muschler
2.4.3	Revise draft findings & recommendations per DCFS input	Stephanie Denning, Uma Ahluwalia, Catherine Guerrero
2.4.4	Finalize summary report of existing policies & procedures & recommendations for changes & revisions for submission to DCFS	Stephanie Denning, Uma Ahluwalia, Catherine Guerrero
3	**Research & Review of Federal/State Regulation, Policy & Guidance, & National Best Practices**	
3.1	**Conduct Research for Each Functional Area**	**8/24/20 – 10/30/20**
3.1.1	Collect & catalog relevant information from DCFS staff, HMA team, other relevant stakeholders for each functional area	DCFS Team, HMA Team
3.1.1.1	Contract development & approval	Lead: Stephanie Denning Onsite: Caitlin Loyd
3.1.1.2	Agreements with providers serving individual youth	Lead: Charles Robbins Onsite: Rob Muschler
3.1.1.3	Grant writing and program development	Lead: Catherine Guerrero Onsite: Caitlin Loyd
3.1.1.4	Policy development	Lead: Uma Ahluwalia Onsite: Rob Muschler
3.1.1.5	Central registry/expungement of records	Lead: Uma Ahluwalia Onsite: Caitlin Loyd

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3.1.1.6	Constituent complaints	Lead: Marc Richman Onsite: Rob Muschler
3.1.2	Organize review & findings by functional area and type of documentation (federal, state, best practice, etc.)	Caitlin Loyd, Rob Muschler
3.1.3	Identify areas where functional areas are out of alignment with any federal/state regulation or policy, & opportunities for incorporating best practices	HMA Leads, Caitlin Loyd, Rob Muschler
3.1.4	Draft summary of regulatory/policy & best practices reviews for each functional area	HMA Leads, Caitlin Loyd, Rob Muschler
3.1.5	Review summary of regulatory/policy & best practices review with DCFS director & leads for each functional area	DCFS Team HMA Leads, Caitlin Loyd, Rob Muschler
3.1.6	Revise summary of regulatory/policy & best practices review per input from DCFS director & leads for each functional area	Uma Ahluwalia, Catherine Guerrero, Caitlin Loyd, Rob Muschler
3.1.7	Finalize regulatory/policy & best practices review summary report for submission to DCFS	Uma Ahluwalia, Catherine Guerrero
4	**Develop Best Practices & Recommendations to Policies & Practices for Each Functional Area**	
4.1	**Create Foundation for Recommended Changes for Each Functional Area**	**11/2/20 – 11/6/20**
4.1.1	Document need for modifications to current practices for each functional area	DCFS Team, HMA Team
4.1.1.1	Contract development & approval	Lead: Stephanie Denning Onsite: Caitlin Loyd
4.1.1.2	Agreements with providers serving individual youth	Lead: Charles Robbins Onsite: Rob Muschler
4.1.1.3	Grant writing and program development	Lead: Catherine Guerrero Onsite: Caitlin Loyd
4.1.1.4	Policy development	Lead: Uma Ahluwalia Onsite: Rob Muschler
4.1.1.5	Central registry/expungement of records	Lead: Uma Ahluwalia Onsite: Caitlin Loyd
4.1.1.6	Constituent complaints	Lead: Marc Richman Onsite: Rob Muschler
4.1.2	Prioritize changes & verify stated purpose of each functional area	DCFS Team, HMA Leads
4.2	**Develop "Ideal State" Process Maps with Leads/Teams for Each Functional Area**	**11/9/20 – 11/18/20**
4.2.1	Conduct "ideal state" process mapping sessions with lead & team from each functional area	DCFS Team, HMA Leads Onsite: Stephanie Denning, Caitlin Loyd, Rob Muschler
4.2.2	Create draft "ideal state" process maps for staff review	Stephanie Denning, Caitlin Loyd, Rob Muschler
4.2.3	Conduct review sessions and revisions of "ideal state" process maps with staff	DCFS Team, HMA Leads Caitlin Loyd, Rob Muschler
4.2.4	Finalize "ideal state" process maps for submission to DCFS	Stephanie Denning, Caitlin Loyd, Rob Muschler

ID	Task Name	Resources/Timeline
4.3	**Develop Written Guidance Documents for Each Functional Area**	**11/18/20 - 12/22/20**
4.3.1	Review draft guidance documents with functional area leads & teams	DCFS Team, HMA Leads Onsite: Caitlin Loyd, Rob Muschler
4.3.2	Revise draft guidance documents per input from functional area leads & teams	Caitlin Loyd, Rob Muschler
4.3.3	Review final guidance drafts with functional area leads & DCFS Director	DCFS Team, HMA Leads Onsite: Caitlin Loyd, Rob Muschler
4.3.4	Finalize guidance documents per input from functional area leads & DCFS Director for submission	Catherine Guerrero, Uma Ahluwalia, Caitlin Loyd, Rob Muschler
5	**Develop Training & Communications Plans**	
5.1	**Identify Areas of Change & Impact to Training & Communications for Each Functional Area**	**12/28/20 – 1/8/21**
5.1.1	Identify areas of change impacts for each functional area: staffing, IT systems, internal partnerships, external partnerships	DCFS Team Uma Ahluwalia, Catherine Guerrero Onsite: Caitlin Loyd, Rob Muschler
5.1.2	Collect all current training & communications materials & tools for each functional area	Onsite: Caitlin Loyd, Rob Muschler
5.2	**Create a Training Plan**	**1/4/21 – 1/18/21**
5.2.1	Identify where changes need to be made in all training materials & tools for each functional area	DCFS Team HMA Leads Onsite: Caitlin Loyd, Rob Muschler
5.2.2	Identify new required training competencies, tools & materials that are needed	DCFS Team, HMA Leads Onsite: Caitlin Loyd, Rob Muschler
5.2.3	Edit training materials & tools as needed to update with appropriate changes	Caitlin Loyd, Rob Muschler
5.2.4	Draft new training tools & materials	HMA Leads. Onsite: Caitlin Loyd, Rob Muschler
5.2.5	Review edited & new training tools & materials with DCFS functional area leads & Director	DCFS Team, Catherine Guerrero, Uma Ahluwalia Onsite: Caitlin Loyd, Rob Muschler
5.2.6	Revise edited & new training tools & materials per input from DCFS, including training competencies & curricula	Caitlin Loyd, Rob Muschler
5.2.7	Finalize edited & new training tools & materials for submission, including training competencies & curricula, to DCFS	Uma Ahluwalia, Catherine Guerrero
5.3	**Create a Communications Plan for Field Dissemination**	**1/4/21 – 1/18/21**
5.3.1	Identify internal & external audiences for communications, including field staff	DCFS Team. Uma Ahluwalia, Stephanie Denning

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5.3.2	Draft Communications Plan to address each audience	Uma Ahluwalia, Stephanie Denning
5.3.3	Review draft Communications Plan with DCFS director and functional area leads	DCFS Team Uma Ahluwalia, Stephanie Denning
5.3.4	Revise Communications Plan per input from DCFS	Uma Ahluwalia, Stephanie Denning
5.3.5	Finalize Communications Plan for submission to DCFS	Uma Ahluwalia, Stephanie Denning
6	**Recommendations for Alignment Across Programs & Continuous Review**	
6.1	**Identify Leads from Other Programs Across Protection, Safety & Economic Assistance**	**12/14/20 – 1/8/21**
6.1.1	Review opportunities for alignment with DCFS director and leads for each functional area	DCFS Team HMA Leads Onsite: Caitlin Loyd or Rob Muschler
6.1.2	Meet with DCFS director & leads from each identified area/program across Protection & Safety & Economic Assistance to determine optimal opportunities for alignment	DCFS Team Uma Ahluwalia Onsite: Caitlin Loyd or Rob Muschler
6.1.3	Draft guidance for alignment across Protection & Safety & Economic Assistance	Uma Ahluwalia, Caitlin Loyd or Rob Muschler
6.1.4	Review guidance for alignment with DCFS director, leads from each functional area, & leads from across Protection, Safety & Economic Assistance	DCFS Team Uma Ahluwalia, Caitlin Loyd or Rob Muschler
6.1.5	Revise guidance for alignment per input from DCFS director, leads from each functional area, & leads from across Protection, Safety & Economic Assistance	Uma Ahluwalia, Caitlin Loyd or Rob Muschler
6.1.6	Finalize guidance for alignment for submission to DCFS	Uma Ahluwalia, Caitlin Loyd or Rob Muschler
6.2	**Create a Structured Process & Timeline for Regular, Ongoing Review & Updates to Regulations, Policies & Practices, Communications**	**1/4/21 – 1/15/21**
6.2.1	Develop a process for timely & regular review of policies & procedures	Catherine Guerrero, Stephanie Denning
6.2.1.1	Create a process for review and updates of policies & procedures due to regulatory and program changes	Catherine Guerrero, Stephanie Denning
6.2.1.2	Establish a calendar for regular review of all policies & procedures	Catherine Guerrero, Stephanie Denning
6.2.1.3	Determine staff who are responsible & accountable for timely and regular review and updates to all policies & procedures	Catherine Guerrero, Stephanie Denning
6.2.2	Review draft processes for timely & regular review of policies & procedures with DCFS director and leads from each functional area	DCFS Team. Catherine Guerrero, Stephanie Denning
6.2.3	Revise processes for timely & regular review of policies & procedures per DCFS director and leads from each functional area	Catherine Guerrero, Stephanie Denning
6.2.4	Finalize processes for timely & regular review of policies & procedures for each functional area for submission to DCFS	Catherine Guerrero, Stephanie Denning

ID	Task Name	Resources/Timeline
7	**Crosswalk of Nebraska Child Welfare Plans**	
7.1	**Gather and Review State's Federal Child Welfare Plans, Reports & Artifacts**	**10/5/20 – 1/8/21**
7.1.1	Compile & review information related to Nebraska's Child and Family Services Plan, the Child and Family Services Review Performance Improvement Plan, & the Family First Prevention Services Act Plan	Caitlin Loyd, Rob Muschler
7.1.2	Create a tool to crosswalk the state's child welfare plans & initiatives to ensure unified goals	Caitlin Loyd, Rob Muschler
7.1.3	Populate tool with information from plans, reports & artifacts	Caitlin Loyd, Rob Muschler
7.1.4	Analyze tool to identify areas of inconsistency and opportunity for better alignment & create summary report	Caitlin Loyd, Rob Muschler, Uma Ahluwalia, Catherine Guerrero
7.1.5	Review crosswalk tool & analysis summary with DCFS director & leads for each functional area	DCFS Team Uma Ahluwalia, Catherine Guerrero
7.1.6	Develop recommendations for increased alignment of policy, practice, infrastructure & workforce across plans	Uma Ahluwalia, Catherine Guerrero, Caitlin Loyd, Rob Muschler
7.1.7	Review recommendations for increased alignment of policy, practice, infrastructure & workforce across plans with DCFS director & leads for each functional area	DCFS Team. Uma Ahluwalia, Catherine Guerrero, Caitlin Loyd, Rob Muschler
7.1.8	Revise crosswalk tool & analysis summary, recommendations for increased alignment per input from DCFS director & leads for each functional area	Uma Ahluwalia, Catherine Guerrero, Caitlin Loyd, Rob Muschler
7.1.9	Finalize crosswalk tool & analysis summary, recommendations for increased alignment for each functional area for submission to DCFS	Uma Ahluwalia, Catherine Guerrero
8	**Project Close Out**	
8.1	**Meet with DCFS director and Functional Area Leads to Close Out Project**	**1/22/21 – 1/31/21**
8.1.1	Conduct closeout meetings with DCFS director & other DCFS staff, as needed	DCFS Team. Uma Ahluwalia, Catherine Guerrero
8.1.2	Identify any outstanding deliverables or activities not completed & approved	DCFS Team Uma Ahluwalia, Catherine Guerrero
8.1.3	Finalize and submit any outstanding deliverables or activities not completed & obtain approval	Uma Ahluwalia, Catherine Guerrero
8.1.4	Close project	DCFS Director