



Saint Francis Ministries
Attn: Jodie Austin, Regional Vice President
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Omaha, NE 68134

**RE: Eastern Service Area Full Service Case Management
Contract Monitoring Summary
Quarter 1, 2020**

The foundation for the Eastern Service Area (ESA) contract is the provision of services by Saint Francis to be able to offer case management, a continuum of case oversight quality community/paid services and evidence-based or well-supported services in responsive to the needs of the families served. The Contract Monitoring team, with the assistance of The Stephens Group, developed a compliance tracking system that covers 12 performance areas and contains 112 items over the first quarter, January through March 2020. Below is a summary of Saint Francis' contract compliance in the 12 performance areas.

A. Case Transfer/Assessment

Informal reports from Service Area Administrator, Camas Holder, indicate no issues noted from the Service Area during this quarter regarding the transfer of cases. Contract Monitoring is currently establishing a system to track Saint Francis' timely response to referrals from DHHS as well as capacity for services, interventions and strategies to address safety concerns identified by DHHS. Improvement in areas of tracking are needed in order

B. Case Management/Supervision – Saint Francis has provided policies and procedures related to case management and supervision. Saint Francis is in the process of training all case managers and supervisors in the Safety Organized Practice Model. This training will be captured in ongoing training files.

Items of concern within this performance areas are:

- CQI data indicated less than 95% of children have received monthly caseworker visits for January, February, and March.
- Case Plans not completed within 60 days. A corrective action plan has been requested.
- Saint Francis Policies, that guide when a child is placed out of the home, were complete except for items "l." and "m." in the Contract Monitoring Tool (ESA Contract Monitor Tool April 2020). Saint Francis provided work instruction for licensing approved homes has recently been implemented in practice.
- Caseload size and ratios indicated 40% within standards for January, 39% for February, 47% for March. A corrective action plan will be needed in order to recruit and retain case management positions.
- ICPC team reported 5 violations and 2 concerns during this reporting period.
- Twenty five files reviewed for PFR, 3 files out of compliance with transportation requirements, two of the issues were corrected after the review and are now in compliance.

- Out of the 9 PIP items, 5 did not meet the statewide target.
- Although the Tribal consultation process is outlined in the Quarterly Report, the Contract Monitor was unable to determine the level of Saint Francis engagement with tribes for this quarter. The Contract Monitor is currently waiting for tribal information from Central Office.

C. **Service Array** - Saint Francis provided policies and procedures related to its service array for the Eastern Service Area.

Items of concern in the performance area include:

- Saint Francis has not implemented any FFPSA services to this point in the Eastern Service Area through contract with any agencies. Although Saint Francis is in process of contracting for FFPSA services, no referrals have been made at this time for services;
- Central Office indicated out of 14 NYTD surveys that needed to be administered and reported for this quarter, Saint Francis was able to report that seven were completed;
- CQI data indicated 56.6% children placed in relative/kinship homes in January, 57.4% in February, and 58.2% in March. This is below the target of 58.5%;
- DHHS has requested a copy of a subcontract template from Saint Francis to determine if its contractual requirements in place as indicated in C5 of the Contract Monitoring tool. To date, DHHS has not received a response to this request.

D. **Service Monitoring** - Saint Francis sub-contractors are monitored for contract compliance and are required to submit supporting documentation. No performance issues by Saint Francis subcontractors were noted in the Quarterly Report. Network monitoring surveys have been developed and will be distributed to subcontractors starting April 2020. The Contract Monitor will review results at next quarterly report. Saint Francis has delayed file reviews for subcontractors due to the COVID-19 situation. Additionally, Saint Francis coordinating efforts with DHHS Contract Monitoring to jointly conduct file reviews.

E. **Educational Opportunities** - Saint Francis has provided policies and procedures that demonstrate an effort to ensure educational opportunities and attainment, including maintaining and achieving educational outcomes for children it serves through case management.

F. **Community Engagement** – Saint Francis’ community engagement efforts and meetings were mentioned in the Quarterly Report however a specific listing of community-based organizations was not included. A Resource Guide was referenced in the Quarterly Report, but was not provided. The Contract Monitor requested the Resource Guide from Saint Francis on 4/20/20 but the Resource Guide has not been provided to DHHS to date. Data was provided by CQI team regarding Saint Francis’ community engagement. This performance item (F1), may need further clarity to determine details on community resources.

G. **Resource Family/Foster Parent Homes** –

Items of concern for this performance area include:

- Saint Francis did CQI data indicated an average of 1359 children in foster care for the review period with an average bed capacity of 2400. This indicates each child in foster care has a bed available however does not meet the contractual requirement of 2 licensed beds per foster child in ESA.
- Saint Francis has more work to do with its subcontractors to build foster homes to meet the needs of historically difficult to place children.

Despite the low percentage in this performance area, Saint Francis has had some noted successes in this area.

- According to reports from DHHS Foster Care staff, home studies completed by Saint Francis and its subcontractors met the requirements for compliance with all laws, policies and contractual requirements.
- Saint Francis developed a number of emergency placement homes in response to concern with overnight stays at the Project Harmony Triage Center. This type of placement allows for a more family like setting and support for youth who have high behavior and placement needs.
- Saint Francis added Professional Foster Care to their array with 25 foster homes currently providing this service.

H. **Workforce** – The file review conducted on 3/31/20 revealed no issues with documentation of staff meeting educational requirements or training. The Saint Francis Case Manager Competency Assessment is detailed and was included in staff files. The Saint Francis initial employment policy was provided to the Contract Monitor and the Quarterly report detailed the processes in place regarding hiring and retention efforts.

Item of concern: Saint Francis is experiencing a turnover rate in staff higher than the national average during this review period: 42% in January, 49% in February, and 41% in March. Connected with this concern is that Saint Francis is not providing separation notices to DHHS to terminate NFOCUS access.

I. **Maximizing Public and Private Funds** – Saint Francis provided policies and procedures for assisting families by accessing Public and Private funds. DHHS is currently working with Saint Francis on reporting system for any issues with any Medicaid Managed Care Organization that was non-compliant.

Items of concern:

- Saint Francis did not provide data for families who were offered services through Economic Assistance programs and Medicaid, and did not report out on exercised diligence in increasing the array of non-paid service providers.
- The Saint Francis Quarterly report lacked details regarding array of non-paid service providers. The Quarterly Report made reference to ESA Resource Guide, this has been requested by DHHS to determine compliance.

J. **Utilization Management** - Saint Francis will provide a summary of its Utilization Management practices and system in the annual report.

K. **Administrative Review** – Saint Francis has policies in place to ensure compliance with DHHS established policy to report abuse and neglect, emergent issues, risks to child safety, and critical incident information. Saint Francis has produced documentation showing rate of grievances for the quarter and has follows a standard complaint and grievance process and practice within its organization.

Items of concerns:

- Vendor Performance Report submitted to the Department of Administrative Services – Issues regarding timeliness and completeness of monthly financial reporting by Saint Francis as required under 86793 O4; Saint Francis' failure to follow the prescribed terms of the Business Associate Agreement within the DHHS agreement for Full-Service Case Management.
- Saint Francis is experiencing problems with timely payment to subcontractors.

- Saint Francis needs to provide documentation detailing all expenses during the quarter and expenses have been reviewed for reasonableness and allowability
- The first file review revealed that files in the sample were missing the E-verify at time of the file review on March 31, 2020. A corrective action plan was requested on and April 7, 2020 and was received on on April 20, 2020.
- Saint Francis hasn't completed any file reviews of their subcontractors at time of quarterly report due to COVID-19 situation .

L. **Information Systems** - Contractor has documented policies and procedures related to appropriate privacy and security safeguards for its employees accessing information systems and information created, collected, processed and stored by and on behalf of DHHS under the terms and conditions defined in the contract.

Other general requirements reviewed this period, including any related to compliance with most recently updated and agreed to Operations Manual:

Court Performance – Court reports submitted timely to court and all legal parties; change of placement notices submitted timely to court and all legal parties; consulting with DHHS Legal staff regarding court cases when issues arise.

Conclusion:

In an overall view of Saint Francis' performance, there are several areas that are acceptable but warrant attention by Saint Francis. While corrective action plans have been requested for performance issues, it should be noted that there are 14 items within the monitoring tool, shown in the table below, that are marked as "Needs Attention, out of compliance".

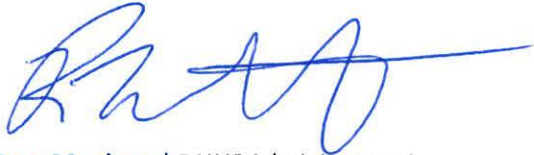
B. Case Management/ Supervision	1. Contractor has demonstrated that 95% of children have received monthly caseworker visits.
B. Case Management/ Supervision	3. Contractor has demonstrated that it has completed case plans within 60 days, as required by contract.
B. Case Management/ Supervision	13. Contractor has demonstrated that it has the staffing capacity to be in compliance with state statutes and has reported caseload size and supervisory caseload ratios in aggregate form to DHHS upon request (See Neb. Rev. Stat. §68-1207).
B. Case Management/ Supervision	15. Contractor has policies and procedures in place to assure compliance with the Interstate Compact on the Placement of Children (ICPC) and has demonstrated that it has complied with all the provisions of the ICPC for any child placed from ESA to another state during the review period.

<p>B. Case Management/ Supervision</p>	<p>17. Contractor will contribute and provide documentation to show they are participating in the identified items in the Nebraska Child and Family Services Review Program Improvement Plan:</p> <ul style="list-style-type: none"> • Item 2: Services to Family to Protect Children In-Home • Item 3: Risk and Safety Assessment and Management • Item 4: Stability of Foster Care Placement • Item 5: Permanency Goal for Child • Item 6: Achieving Permanency • Item 12: Needs and Services • Item 13: Child and Family Involvement in Case Planning • Item 14: Caseworker Visits with Child • Item 15: Caseworker Visits with Parents
<p>C. Service Array</p>	<p>4. Contractor has documentation to demonstrate that its FFPSA compliant service array is available and utilized for the following populations:</p> <ul style="list-style-type: none"> • For children and families, 24 hours a day, 7 days a week, 365 days a year, during the time that DHHS is conducting the Initial Assessment of safety and risk; • Children ages birth to five (5); • Infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Bidder's Response; • Children who have a developmental disability, Autism Spectrum Disorder, or who demonstrate behaviors consistent with children who have a developmental disability; • Children who have been exposed to domestic violence; • Children who have extensive histories of trauma; • Children who have limited connections with supportive adults; • Youth that intersect both the child welfare and juvenile justice systems; • Youth identified as survivors of sexual abuse and/or sex trafficking; • Youth who are near the age of majority and preparing to transition to adulthood
<p>C. Service Array</p>	<p>8. Contractor has policies and procedures in place that support relative and kinship homes in the ESA and, as a result, have demonstrated an increase in percentage of children and youth placed in kinship homes</p>
<p>C. Service Array</p>	<p>10. Contractor has shown sufficient documentation that it has administered and reported on the National Youth in Transition Data (NYTD) Survey</p>

G. Resource Family/Foster Parent Homes	1. Contractor has documentation that it has developed a sufficient capacity of foster care home families including relative and non-relative caregivers and resource families, that are available to foster and adopt children in the ESA upon immediate notice by DHHS and has met established agreed upon performance targets.
G. Resource Family/Foster Parent Homes	2. Contractor has demonstrated compliance with or exceeding the contractual requirement of 2 licensed beds per foster child in the ESA
G. Resource Family/Foster Parent Homes	3. Contractor has documentation that it has developed and implemented specific strategies to recruit foster care home families for historically difficult to place children (teenagers and children with medical and behavioral challenges) and has retained an adequate number of resource families and foster parents in the ESA that meet the unique and special needs of children and children's caretakers under the contract to reduce placement disruption and use of triage.
I. Maximizing Public and Private Funds	2. Contractor has produced documentation and evidence that it has assisted eligible families with accessing the services and supports offered through DHHS's Division of Children and Family Services, Economic Assistance Programs such as SNAP; LIHEAP; Medicaid, TANF, and EA and that families have applied for such services and services available from non-profit and community organizations prior to utilization of State General Funding for payment of services
I. Maximizing Public and Private Funds	6. Request documentation from the Contractor verifying the efforts made to increase the array of non-paid service providers available to the Contractor for the service period. Obtain a list which should include at a minimum the following information: <ul style="list-style-type: none"> • Types of services sought • Efforts/contacts made • Strategies used (community forums, webinars, agency specific meeting, etc.)
I. Maximizing Public and Private Funds	7. Contractor has produced documentation that it has exercised diligence in increasing the array of non-paid service providers

These items will require increased monitoring and it is expected that Saint Francis will take concrete steps to improve these items for the next quarterly review. Saint Francis should also be prepared to provide regular updates until these items come into compliance.

DHHS is dedicated to the partnership with Saint Francis and continuous communication in these performance areas will be important for the success of not only Saint Francis, but the families served through this agreement.



Ross Manhart | *DHHS Administrator I*

CHILDREN & FAMILY SERVICES

Nebraska Department of Health and Human Services

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