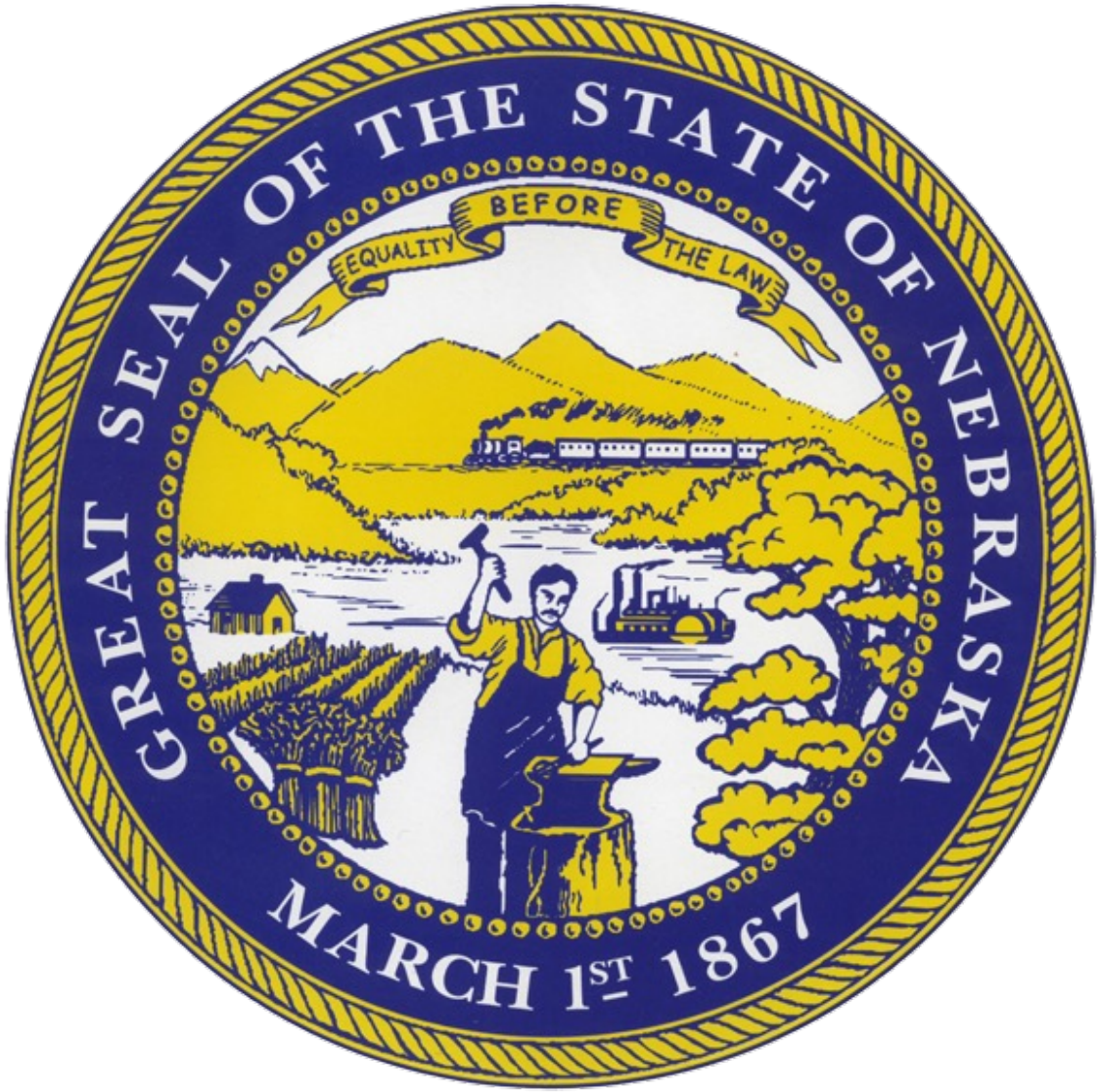
Nebraska LB 1173

Reimagining Child and Family Well-Being in Nebraska



Housekeeping

I. If you haven't yet, please sign in. We will circulate the sign-in sheets.
II. Mics are throughout the room and will capture side conversations, even whispers.
III. Identify yourself when speaking for the recorder and virtual attendees.

Workgroup Member Roll Call

Statutory Member Roll Call

I. Director of Behavioral Health of the Division of Behavioral Health or the director's designee: **Tony Green**
II. Director of Children and Family Services of the Division of Children and Family Services or the director's designee: **Tony Green**
III. Director of Developmental Disabilities of the Division of Developmental Disabilities or the director's designee: **Tony Green**
IV. Director of Medicaid and Long-Term Care of the Division of Medicaid and Long-Term Care or the director's designee: **Kevin Bagley**
V. Director of Public Health of the Division of Public Health or the director's designee: **Charity Menefee**
VI. Commissioner of Education or the commissioner's designee: **Commissioner Brian Maher**
VII. State Court Administrator: **Corey Steel**
VIII. Representative of the Supreme Court appointed by the Chief Justice: **Corey Steel**
IX. Representatives from each federally recognized Indian tribe within the State of Nebraska, appointed by each tribe's Tribal Council or Executive Committee:
    I. **Miskoo Petite**, Winnebago Tribe
    II. **Danielle LaPointe**, Santee Sioux Tribe
    III. **Alexis Zendejas**, Omaha Tribe
    IV. **Stephanie Pospisil**, Ponca Tribe

Agenda

I. Call to Order
II. Approval of Previous Month
a. Minutes
b. Status Report
III. New Emerging Themes, John Stephen, The Stephen Group
IV. Training Recommendations, John Cooper, The Stephen Group
V. Finance, David DeStefano, The Stephen Group
VI. Regional Behavioral Health System Overview, Tony Green, DHHS
VII. Professional Partners Program, Patti Jurjevich, Region 6 Behavioral Healthcare
VIII. Future State Front-End Prevention, John Stephen and David DeStefano, The Stephen Group

Approval of Minutes

Status Report Review

Themes

John Stephen

The Stephen Group

Common Themes – Western Nebraska

“…especially in the Western part of the State”

Themes – Scottsbluff

- Primary Prevention could support families more in the future
- Families need support and resources in Health Literacy
- Individuals, organizations and communities band together and maximize resources available
- BH services lacking and barriers to accessing Mental Health treatment
- Successful social worker model in the schools
- Situation Table – effective prevention practice – similar to 1184
- Community Collaborative strongly embedded in the community/leveraging funding from Nebraska Childrens Foundation
- Need for:
  - Peer Support
  - Expansion of EBPs
  - Training improvements
  - Housing support
  - Dental/vision access

Themes – North Platte

- Community Collaborative very engaged in community
- Need to build trust with families
- Peer to Peer Connection/family mentoring would be a plus
- Parenting Classes needed after age three with incentives to attend
- Need for more available Respite services and providers and available child care
- Building trust between case workers and families needs to be a top priority
- Need to focus on reducing dual filings between JJ and CFS systems
- More system training for courts/trauma informed training
- Need for uniform standards for family-centered case management/training
- Nebraska EDN program great resource for families
- Capitalize on education of Medical providers – asset that is untapped

Common Themes – Western Nebraska

- Cross system – need for better understanding of poverty (Bridges out of Poverty)
- Medicaid MCO Foundations contribute to the community, but MCO Care Coordination services not very accessible, understood by community or utilized
- Mobile Technology for case workers needed
- Workforce shortages have greater impact/CFS should revisit staff requirements for Bachelor degree
- Need for simplified and integrated eligibility system
- Need for a plan and policies that will address the Cliff Effect in meaningful way
- Reduce barriers to access funding, especially in the BH area
- Reduce EBP regulatory barriers while maintaining fidelity – very difficult to find masters level clinicians
- Professional Partnership program is a best practice and model should be accessible to more families
- Need to address service gaps for system involved children with developmental disabilities
- All systems aligned re: same messages and expectations to families
- Local control of funds; rural areas need flexible funding. Local communities know what is needed and what works best in their communities
- Improve Medicaid Transportation access and availability

Questions around the room?

Questions on Zoom?

Training Recommendations

John Cooper
The Stephen Group

New Worker Training

Strengths

1. **Relationship with the University of Nebraska (Lincoln) Center on Children, Families, and the Law (CCFL)**
2. **CCFL expertise and experience**
3. **Nationally recognized blended-learning model**
4. **Field Training Specialists**
5. **Service Area Learning Teams**
6. **Agility**

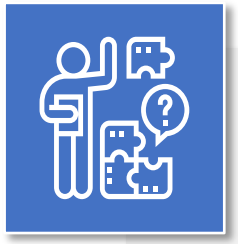
New Worker Training

Opportunities

1. Re-imagine the “Core” & “Specialty Tracks”
2. Training Duration
3. Alignment of the most prevalent skills for experiential learning opportunities
4. Develop and incorporate a worker wellness module
5. Create dedicated mentors for new workers
6. Implement testing & certification

New Worker Training

Recommendations



- Curriculum redesign using the adopted Nebraska child welfare practice to shape and inform the construction of the new worker training
- Development of a new “Core” training module that focuses on the foundational elements and knowledge all new workers should understand – the “Why” and “What” of the Nebraska child welfare system
- Add specialty tracks (Intake, Initial Assessment, On-going, Adoption) to streamline the training and allow workers to focus on their selected stage of service
- Include testing and require a passing score after the “Core” and “Specialty” training blocks to measure knowledge acquisition, training effectiveness, and worker preparedness
- Re-examine the existing blend of experiential and simulation training to include more “Real” field practice aligned with the most prevalent skills and practices required to prepare a new worker
- Modernize simulation training and incorporate virtual reality to augment role play
- Create dedicated mentors to assign to all new workers for a period of at least six months
- Rebrand the training model to include worker wellness throughout the training to prepare the workforce for the demands of the profession and increase retention rates
- Adopt an initial and ongoing professional certification process for the child welfare workforce

Finance Model
Preliminary Draft Recommendations

David DeStefano
The Stephen Group

Draft Fiscal Framework: Key Initiatives

Title IV-E

- Federal legislation to eliminate linkage to TANF income eligibility
- Increase licensing of relative & non-relative caregivers
- Claiming for children placed through LOAs
- Changes to agency contracts
- Continue improving eligibility-related documentation
- SLP utilization and licensing
- Kinship Navigator programming through CPAs
- Legislative changes to use IV-E funding for training to build provider capacity
- CCWIS development

System Collaboration

- IV-E claiming for DJJ and high-quality legal representation
- Medicaid / MCO collaboration for FFPSA EBPs
- Department of Education prevention collaboration
- Prevention pathway (Community Collaboratives and Tribal)
- Collaboration with RBHS
- Limiting the “benefits cliff”
- Investment in provider capacity through workforce development, recruitment, & retention
- Medicaid Waiver (SDOH & Children’s MH Wraparound)
- Leverage public health block grant funding / MIECHV
- TANF initiatives

Provider Contracts & Rates

- Administrative cost claiming (IV-E)
- Tribal contract and rate analysis
- Provider cost analysis and rate setting for all services
- Rates rebased biennially
- Performance-based contracting
- Enhanced review of Level 4 placements
- Technology enhancements to support system efficiencies and contract monitorins

Draft Fiscal Framework: Title IV-E

Recommendations to improve the Title IV-E penetration rate and state's ability to claim federal reimbursement

1. Work with federal legislative representatives to pursue change to Title IV-E lookback (AFDC) amount
   - Long term agenda across states and from advocates
2. Licensing of relative caregivers / kinship homes
   - Change to general mindset regarding licensing of relatives
   - Regulation change(s) to streamline licensing requirements for relative/kinship homes
     - Waiver of non-safety related standards federally allowed
     - Continue to incentivize licensed relative/kinship homes (incentive to licensed homes only, rate differential).
     - Funding to address safety concerns / home repairs
     - Pay for childcare during training for licensing relative/kinship
     - Training modifications to expedite licensing relative/kinship homes.

Draft Fiscal Framework: Title IV-E

3. Change to agency contracts
    - Relative/kinship home specific contract requirements for agencies
    - Specific language related to licensing homes (give some language about approved waivers for a reason why the home can't or won't become licensed)
    - Varied administrative rate for non-licensed homes or create an incentive for licensed homes
        - Potential technology change (Nfocus) to establish pay differentials
4. Claiming for children placed through Letters of Agreement
5. Continue to improve eligibility-related documentation
    - Court order language
        - Judicial outreach and training

Draft Fiscal Framework: Title IV-E

6. Shared Living Providers
    - Only send youth to SLPs who are DD Eligible (unlicensed)
    - Specialized License SLPs
    - Rate structure based around acuity with other wraparound supports as necessary
7. Integrate Kinship Navigation services into child placing agency (CPA) contracts
    - Claim Title IV-E Kinship Navigation for dependency cases when children are not eligible under traditional Title IV-E and/or placed with an unlicensed relative or non-relative caregiver
8. Pursue Expansion of Training & Educational Programs
    - Pathway to training for providers with varied educational backgrounds (high school, peers, bachelor's level, master's level, post-graduate, etc.)
    - Include workforce development and training of state and provider staff capable of providing evidence-based interventions
    - Leverage Title IV-E training dollars, other federal funding sources, and MCO investment
9. CCWIS development
    - Alignment of programmatic and technology to support systemic efficiencies

Draft Fiscal Framework: System Synergy

Recommendations to improve departmental and system collaboration to enhance the service delivery framework, leverage funding, and improve outcomes

1. Title IV-E claiming for Juvenile Probational Services and high-quality legal representation of children and families
   - Require updates to the state's Title IV-E plan and Cost Allocation Plan
   - Administrative burden / cost to collect expenditure data, implement time study (Random Moment Sample), and calculate claim
   - Need to investigate and verify ROI
   - B2i
2. Create blended and/or braided funding strategies to ensure Medicaid coverage for FFPSA evidence-based practices
   - Collaboration with Medicaid and MCOs to include EBPs as in-lieu-of or covered services

Draft Fiscal Framework: System Synergy

3. Collaboration and funding staff in schools to provide early intervention, prevention, and crisis-intervention
4. Community Pathway to Prevention
   - Partnership with Community Collaboratives and Tribal Nations
   - Develop approach, contractual responsibilities, create cost estimates, and determine eligible expenses for reimbursement as a Title IV-E (FFPSA) administrative costs
5. Regional Behavioral Health System of Care
   - Leverage funding to create a regional system providing mobile response, crisis intervention teams, family intensive treatment
   - Involve persons with lived experience to provide peer support and connection to prevention services through the Community Pathway

Draft Fiscal Framework: System Synergy

6. Create state legislation to eliminate or limit the “benefits cliff” for families in crisis receiving economic or concrete supports
7. Create investment in provider capacity to support the provision of high-quality services through workforce development and training, recruitment, and retention
8. Develop Medicaid Waiver(s) to support services to improve Social Determinates of Health (SDOH) and provide Children’s MH Wraparound
9. Leverage public health block grant funding / MIECHV

Draft Fiscal Framework: System Synergy

10. Leverage TANF surplus through investment in programs, systems, and supports
    - Warm line development
    - Statewide Family Resource Navigation and Support Coordination
    - Community Pathway to Prevention
    - Concrete and economic supports to families
    - Closed loop referral system
11. Collaboration with Developmental Disabilities
    - Cross-system claiming for DD homes
    - Remove licensing related barriers

Draft Fiscal Framework: Provider Rates & Contracts

Recommendations to ensure rate equity, contractual outcomes, provider accountability, and federal financial participation.

1. Claiming for Title IV-E Administrative costs
   - Child placing agency administrative cost
   - Potential for two-year retroactive claim
2. Review of tribal contracts and rates to ensure equity
3. Provider rate setting and claiming
   - Analyze and, if necessary, revise rates for all services
   - Strategies to capture costs, ensure eligible administrative costs are accounted for, and validate rates sufficient to support statewide service capacity
   - Equity in rates across different state systems
4. Biennial rate-setting exercise to align with state budget
   - Use of a Cost-of-Living Adjustment (COLA) based on a mixed Consumer Price Index (CPI) and Employment Cost Index (ECI) to adjust rates during the interim years

Draft Fiscal Framework: Provider Rates & Contracts

5. Performance-Based Contracting
   - Considerations and process for the development of agreed-upon outcome measures to be incentivized
   - Parameters for “shared risk”
6. Enhanced review of placements in Tier 4 Foster Care and higher
   - Ensure need and appropriateness of placement and services through increased review / audit
7. Technology enhancements to support monitoring and reporting of performance and outcomes
   - Daily cost tracking
   - Service efficiencies
   - Performance measures
   - Contractual outcomes

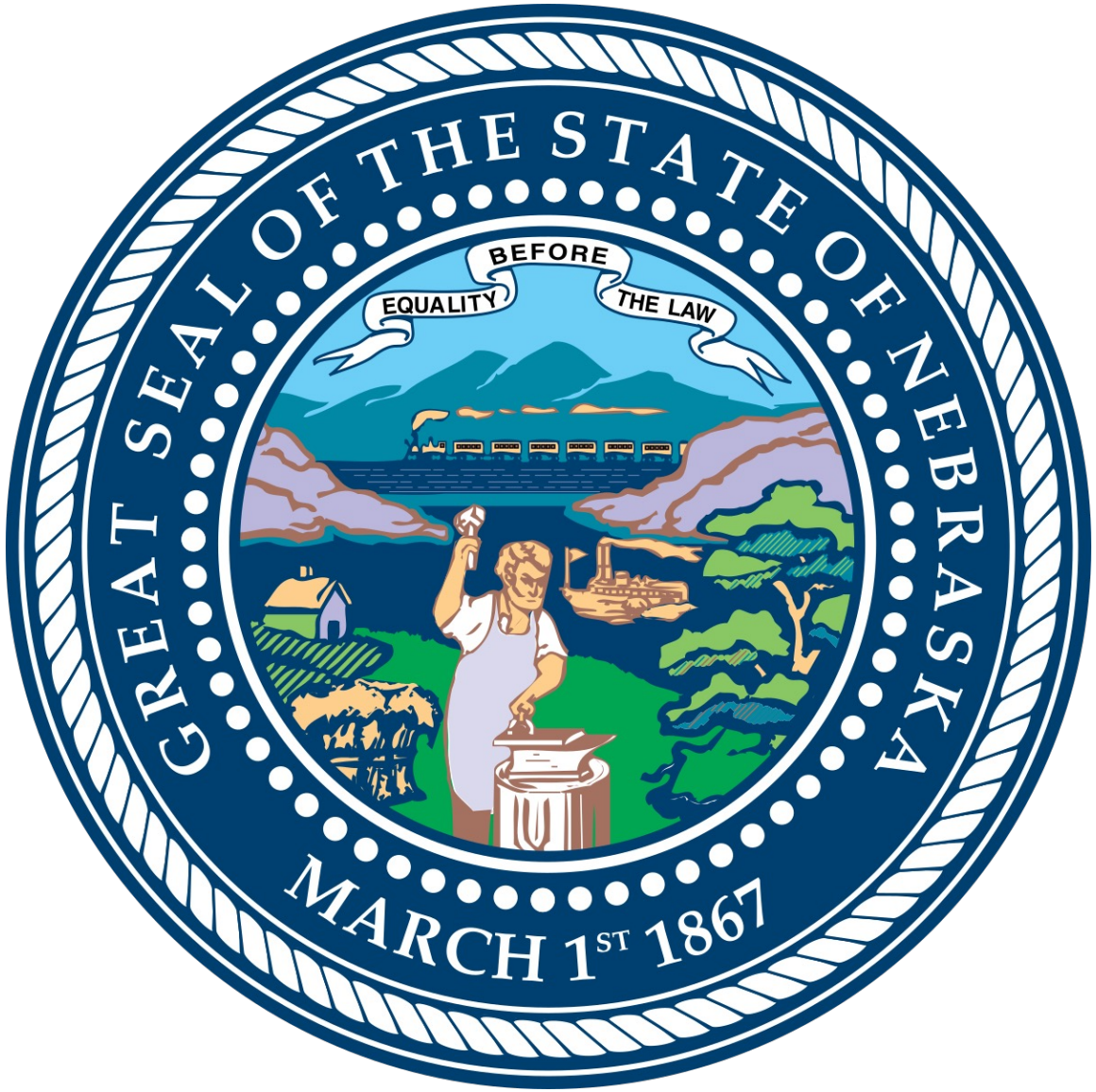
Other Areas Being Explored

- Education
- Department of Health
  - Leverage Healthy Families America
  - Early Childhood
  - MIECHV
  - Childcare Block Grant
- Behavioral Health
- Department of Labor
  - Workforce Innovation and Opportunity Act (WIOA)
    - ✓ Employment for youth aging out and other opportunities

Questions around the room?

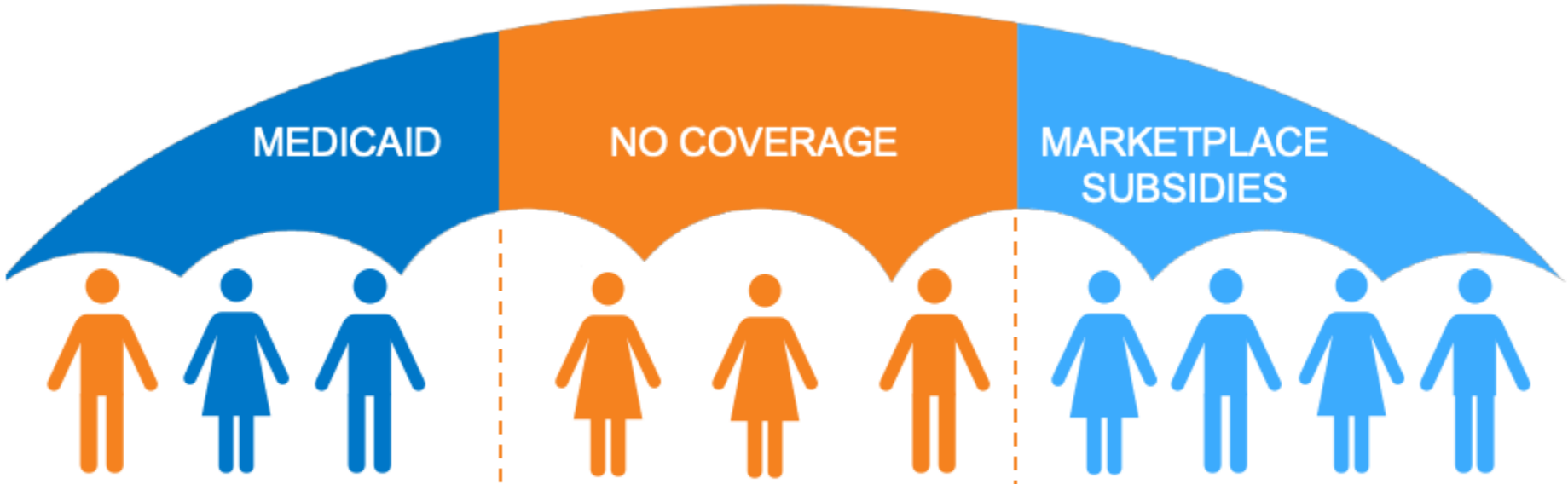
Questions on Zoom?

The Nebraska Division of Behavioral Health (DBH)



What is the Division of Behavioral Health?

- Primarily state-funded division that provides behavioral health services and supports the behavioral health infrastructure of Nebraska.
- Receives funding from federal mental health and substance use block grants.
- Works in partnership with Medicaid to fund medically necessary services for those who are Medicaid ineligible and create additional services to address service gaps not covered by Medicaid.



Services not available to Medicaid

DBH Coverage

Dually Covered Services

- Psychotherapy
- Community Support
- Peer Support
- Assertive Community Treatment
- Medical Crisis Stabilization
- Medication Management
- Withdrawal Management
- Dual Disorder Residential

Unique Services

- Crisis Response
- Mental Health Respite
- Hospital Diversion
- Therapeutic Consultation
- Emergency Community Support

Behavioral Health Infrastructure

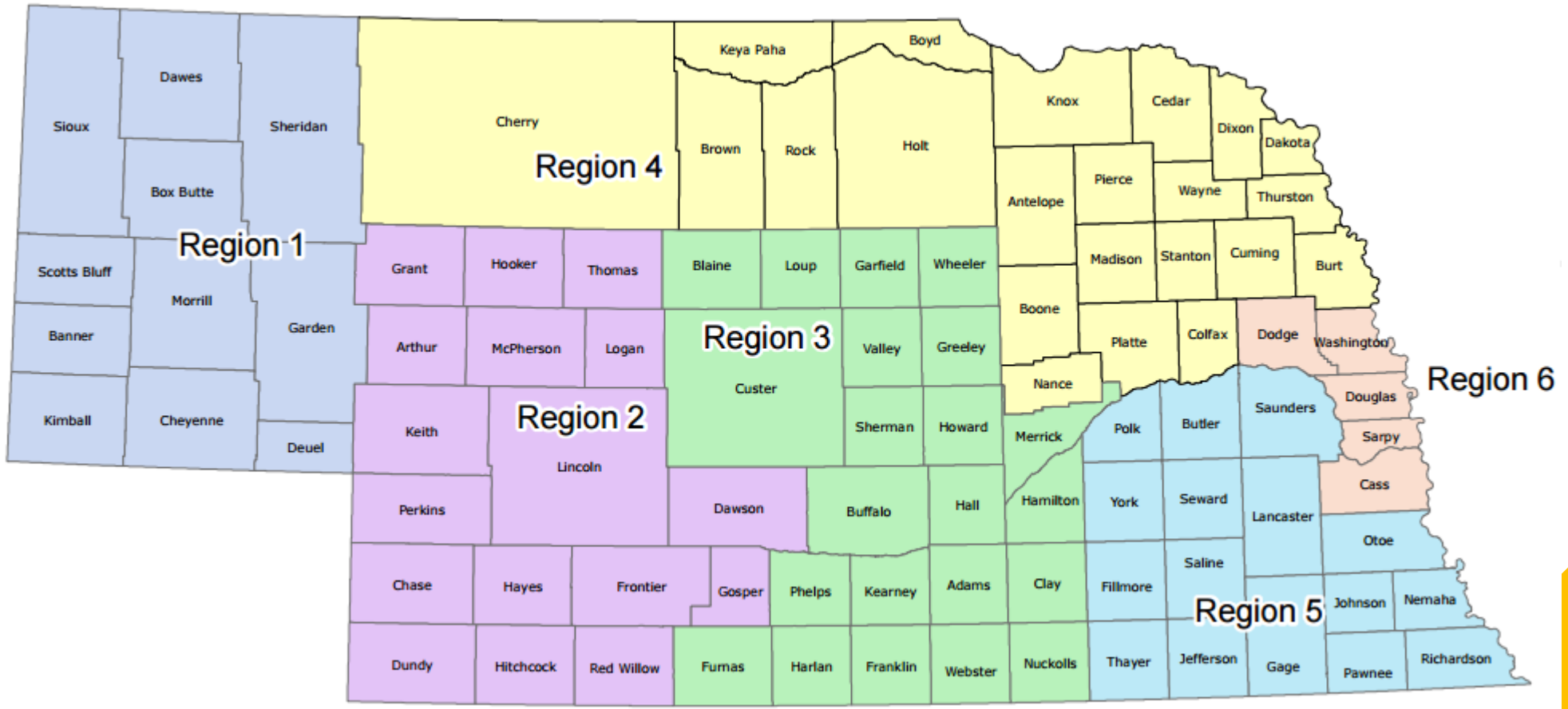
- 988 Suicide and Crisis Lifeline
- Nebraska Family Helpline
- Open Beds Database
- Integrated Care Development
- Workforce Development
- Specialized Discharge Planning for individuals in the Lincoln Regional Center

Prevention Initiatives

- The Division and its partners at the state and local levels are focusing efforts to reduce:
  - Underage drinking
  - Binge drinking
  - Prescription drug abuse
  - Marijuana use
  - Suicide attempts
  - Illegal sales of tobacco products to minors

Service Delivery Model

- In addition to direct contracts, DBH primarily delivers services in partnership with the six behavioral health regions of Nebraska.
- Some regions offer their own services, however they primarily offer services by subcontracting with community mental health providers


Region 1
Region 2
Region 3
Region 4
Region 5
Region 6
Sioux
Dawes
Sheridan
Box Butte
Scotts Bluff
Morrill
Garden
Banner
Kimball
Cheyenne
Deuel
Cherry
Keya Paha
Boyd
Brown
Rock
Holt
Grant
Hooker
Thomas
Arthur
McPherson
Logan
Keith
Lincoln
Perkins
Blaine
Loup
Garfield
Wheeler
Custer
Valley
Greeley
Sherman
Howard
Dawson
Buffalo
Hall
Chase
Hayes
Frontier
Gosper
Phelps
Kearney
Adams
Dundy
Hitchcock
Red Willow
Furnas
Harlan
Franklin
Webster
Knox
Cedar
Dixon
Dakota
Antelope
Pierce
Wayne
Thurston
Madison
Stanton
Cuming
Burt
Boone
Platte
Colfax
Dodge
Washington
Nance
Merrick
Polk
Butler
Saunders
Douglas
Sarpy
Hamilton
York
Seward
Lancaster
Cass
Otoe
Clay
Fillmore
Saline
Johnson
Nemaha
Nuckolls
Thayer
Jefferson
Gage
Pawnee
Richardson

Youth Served

- In CY 2022, DBH and Medicaid Served over 190,000 children across the state
- Frequent behavioral health diagnoses:
  - Adjustment Disorders
  - ADHD
  - Generalized Anxiety Disorder
  - Major Depressive Disorder
- 878 Youth accessed Crisis Services in CY2022

Specifically Assisting Youth

- Whereas Medicaid provides the majority of services to children. DBH assists with gap services and infrastructure.
- DBH partners across systems and with stakeholders to address gaps to grow and expand Nebraska's system of care for children and youth.
  - Service Navigation
  - Behavioral Health Technical Assistance

Future Opportunities

- Peer Navigation Services for Social Determinants of Health
- Early Intervention and Screening Services
- Community Education Programming
- Standardized training for Crisis Response Teams
- Community Crisis training for Youth

Questions around the room?

Questions on Zoom?

Region 6 Behavioral Healthcare: Professional Partner Program

Regional Behavioral Health Authorities – A Historical Perspective

- In 1974, the Nebraska Unicameral passed LB 302, *The Comprehensive Community Mental Health Services Act*. Given the diverse population, resources, and needs of the State, six regions were organized. The legislation established the governance structure, matching funds, and duties/ responsibilities.
- In 1977, LB 204 was passed extending public policy to include substance abuse services, as well.
- LB 1083, the *Nebraska Behavioral Health Services Act* (2004), provided the framework and funds to develop community-based services so that persons with behavioral health issues could be served closer to their home communities. This legislation confirms the authority of the Regions and the Regional Governing Boards, matching fund requirements and procedures, services, powers and duties of the Regional Behavioral Health Authorities.

Regional Behavioral Health Authorities – Roles and Responsibilities

- Regional dollars are capitated; federal and state funds are available, based upon legislative appropriation, through an annual contract with Division of Behavioral Health. A portion of the Legislative Appropriation is distributed to the six Regional Behavioral Health Authorities. Matching funds are provided by the counties. These are the non-Medicaid funds available in the state for publicly-funded behavioral health services and supports.

- Funds are intended to support treatment, rehabilitation, recovery, and prevention activities for indigent, uninsured, and underserved populations with behavioral health needs.

- The Regional system provides strategies for local participation and local autonomy in the development and delivery of behavioral health services.

- Success of the Regions is rooted in the ability to represent and respond to local needs.

- The Region's efforts are enhanced through the partnerships it has created with consumers, local service providers, State agencies, and other care systems.

Eligibility for Services

- Individuals eligible for services funded by the Public Behavioral Health System must meet:
  - Financial criteria – (income/family size)
  - Clinical criteria – (service definitions)
  - Citizenship – (U.S. legally)

- The Regions are the payer of last resort

Regional Behavioral Health Authorities—Funded Services for Youth

- Crisis Response (in-person, virtual, phone)
- Rental Assistance (19+)
- Assessment, Outpatient, and Therapeutic Consultation (includes school-based programs)
- Medication Management
- High Fidelity Wraparound (Professional Partners)
- Coordinated Specialty Care (First Episode Psychosis)

Professional Partner Program

- The Professional Partner Program provides youth and family driven Wraparound Care Coordination to individuals diagnosed with a Severe Emotional Disturbance (SED) or Serious Mental Illness (SMI) utilizing the Wraparound approach.
- The Professional Partner's job is to help facilitate the creation and maintenance of the team and the planning process, and to ensure that the family's "voice and choice" come through in the planning process in order to assist the family in realizing their hopes and dreams.
- The Wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family. The wraparound process also helps make sure children and youth grow up in their homes and communities.

Professional Partner Program, Who We Serve

- Youth/Young Adults ages 3-26
- The youth/young person must live in Nebraska
- Youth/Young Adults identified as or suspected of having a behavioral health concern
- Youth that have a mental health or behavioral health diagnosis current within the last year
- Family/Young Adult meets financial eligibility
- Youth is not a state ward

Professional Partner Program, Program Tracks

Traditional Program

- Serves youth ages 3 to 21
- Focus on improving youth functioning without the need for out of home placement.
- Referrals can come from anywhere person served, family, providers, etc.).

Transition Program

- Serves youth ages 16 to 26
- Focus on developing supports and services to ensure successful transition into adulthood.
- Referrals can come from anywhere (person served, family, providers, etc.).

Rapid Response

- Serves youth ages 3 to 19
- Focus on stabilizing the youth and home environment to minimize involvement in Child Welfare and Juvenile Justice Systems.

Who we are

- We are coordinators/facilitators of a team-based process called Wraparound
- We are advocates of family choice
- We help the family identify a vision for the future and develop a step-by-step plan to get there
- We help the families plan for crisis
- We take on a “do with” role
- We have flexible funding available for creative, strength-based ideas that will move the family towards their vision
- We help the parents be in the driver’s seat of their children’s services
- We collaborate with different systems and incorporate their mandates into one plan for the family

Who we are not

- We do not provide counseling or therapy
- Although we help connect people to supports, we are not case managers
- Although we have flexible funding available, we are not a financial assistance program
- We are not a housing assistance program
- We are not family support workers, parenting skill builders or Community Treatment Aides
- Because we seek to find services to keep the youth in the home/community, we are not the best resource if residential treatment or placement is sought
- Our role is not to enforce, regulate, oversee, monitor or supervise family or youth compliance

Professional Partner Program Outcomes*

- Key Measures:
  - 95% of youth served (FYs 19-23) remain in the home.
  - 78.5% of youth successfully discharged (FYs 19-23) from the program.
  - 81.1% of youth discharged (FYs 21-23) showed clinically significant reduction in symptomology in the areas of home, school, self-harm, behavior, mood, community, thinking, and substance use.
  - 0.3% of youth were discharged (FY20 & FY23) due to DHHS/State Ward involvement.

*Region 6 Professional Partner Program outcomes only.

Region 6 Behavioral Healthcare

Working together for a healthy Nebraska

Patti Jurjevich, Regional Administrator
4715 South 132nd Street
Omaha, NE 68137
(402) 444-6573
www.regionsix.com

Region 6 Behavioral Healthcare

Cass-Dodge-Douglas-Sarpy-Washington

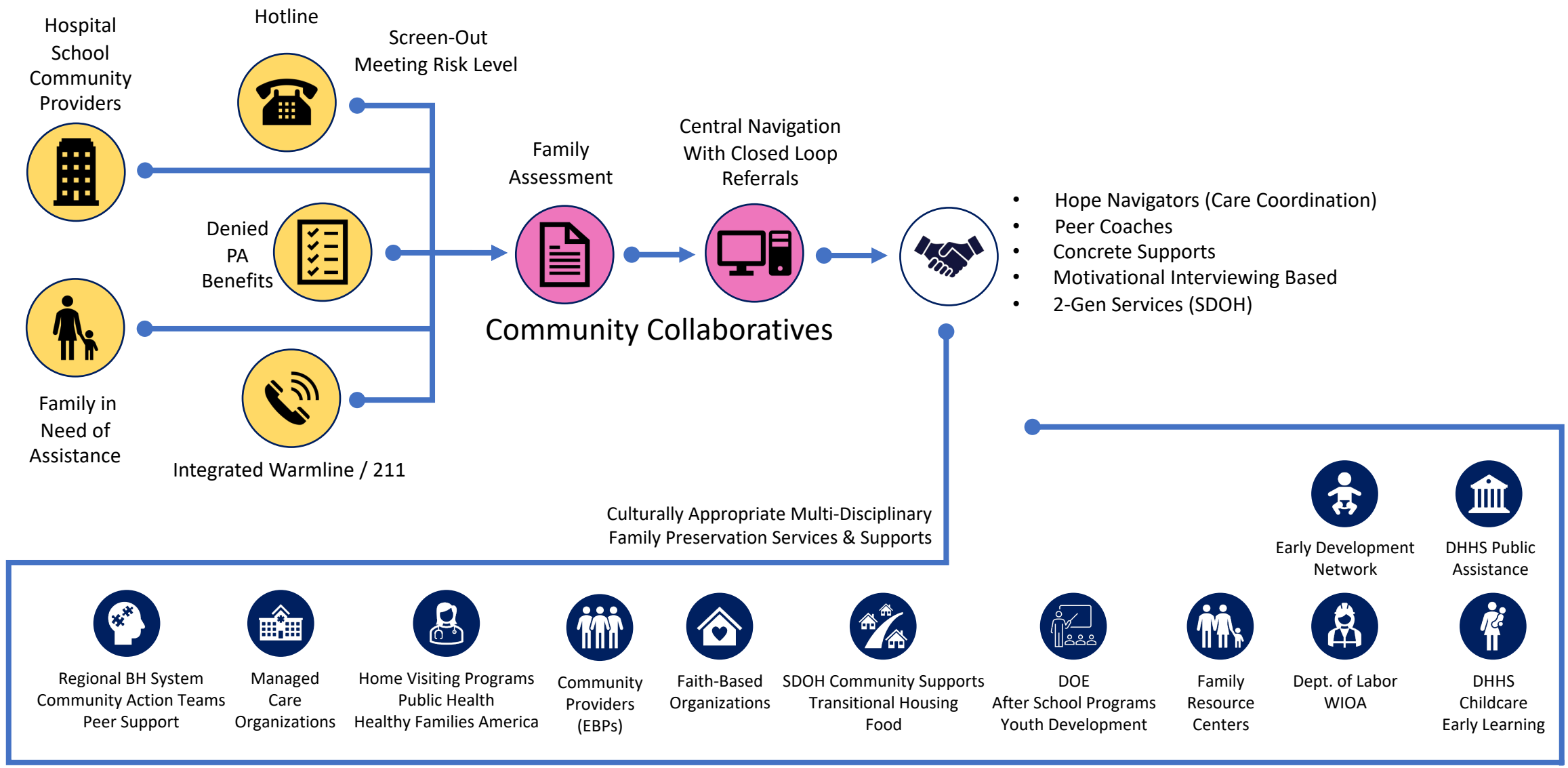
Questions around the room?

Questions on Zoom?

Future State

John Stephen and David DeStefano
The Stephen Group

Community Pathways Prevention: *Future State Prevention Model*



Upcoming 1173 Events

Community Forums

September 6, Lincoln

Workgroup Meetings

September 7
October 19
November 7