

FFPSA Implementation in Nebraska

April 6, 2023

LB 1173



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Discussion Points

Prior to FFPSA

Continuum of
Prevention

Collaboration
with Chapin Hall

Where We Are
Now

Implementation

Future Planning

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Prevention in Nebraska

In the years leading up to FFPSA, Nebraska worked on the following:

- Title IV-E Waiver Demonstration Project in 2013
- The Bridge to Independence Program
- Collaboration with the Nebraska Children and Families Foundation
- Released the Nebraska Community Opportunity Map in 2018



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FFPSA: Continuum of Prevention in Nebraska

Kinship Navigator Program/LB-1173/
CARA/TFSC/Bring Up
Nebraska/NCFF/TANF/DBH/DPH/MLTC/Early
Childhood/EA/IV-B programs/Fatherhood
Initiatives

• Primary Prevention

- Prevent child welfare involvement
- Services provided in communities without an intake being called into the Hotline
- “Warm” transfer from the Hotline to communities
- Support to kinship caregivers outside of child welfare

FFPSA /AR/Family Team Meetings/
QIC-EY/TANF/Evident
Change/CARA/TANF/DPH/DBH/MLTC/EA/Early
Childhood/CIP/Quality Legal Representation/IV-
B Programs/Fatherhood Initiatives

• Secondary Prevention

- Prevent foster care placement
- Reduce congregate care
- Promote family based placements
- Collaboration with communities to ensure point of contact post case closure

Bridge to Independence/Post Adoption-
Guardianship Services/Aftercare in
Communities/HFA Pilot

• Tertiary Prevention

- Prevent generational child welfare involvement
- Reduce disruption of post adoptions and guardianships
- Continued FFPSA program provision after child welfare case closes

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Chapin Hall Assessment and Recommendations

Readiness Assessment

- Systemic inequities
- Needed support within the communities to prevent system involvement
- Need for inclusion, engagement and communication

Gaps/Needs Analysis

- Increase caseload capacity for adult mental health, substance use and in home family services in ESA, CSA and WSA
- Increase capacity to provide services in languages other than English
- Increase capacity of HFA, MST, PCIT and TF-CBT
- Reduce barriers to prevention services
- Increase tele-health where appropriate
- Strengthen the service system

Business Process Map

- Modify the existing referral process
- Reduce assessment redundancy
- Create integrated services plans
- Additional training and professional development to ensure the workforce is equipped and has the resources/tools to be effective in their role
- Internal review of statute regarding the required LE notification for all A/N reports (specific to AR)
- Conduct statute, regulation, policy and SOP scan to ensure impacts are identified and adjustments made
- CQI: incorporate tools that allow for tracking, monitoring, and evaluating outcomes required, monitor provider compliance and performance
- Community Pathways

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Where We Are Now

Expansion of HFA

HFA Community Pathway Pilot

Strategizing to build capacity of Family Centered Treatment

CQI/Data/Fidelity infrastructure

Posting of RFQ for TF-CBT, FCT and Familias Unidas

Consistent communication between FFPSA and Thriving Families

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Implementing Evidence Based Programs

Healthy Families
America

The Division of Public
Health and CFS's
individual assessments
identified home visiting
services as a need.

Available across
Nebraska, except for
the Central Service
Area

Pilot of HFA Prevention
Track

Family Centered
Treatment

Recommended
through a Needs
Assessment in 2017

Available in the
Western Service Area

Utilize "braided"
funding through
Medicaid, MIECHV and
state funds.

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Nebraska's Current Implementation Work

- Chapin Hall continues to provide guidance to build capacity and deepen/expand community partnership for implementation.
- Identify strategies that are “outside of the box” to further availability of evidence-based programs and to create a community pathway.
- Ensuring the voice of lived expertise is lifted
- Continued collaboration with sister Divisions to engage with communities to expand prevention programs
- Aligning FFPA with other prevention innovations to ensure a continuum of prevention

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Future Planning

- Amend and submit the FFPSA Plan
- Broaden Nebraska's candidacy definition to include community pathways
- Build capacity and implement services that are equitable and accessible
- Establish logic model in the IT system that meets FFPSA requirements
- Align with other prevention innovations and system partners for a continuous system of care

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