



LB 1173 Statutory Workgroup Meeting

MINUTES

June 1, 2023

The Nebraska LB 1173 Workgroup as established by the Nebraska Legislature met June 1st at DHHS offices, 5220 South 16th Street, Lincoln Nebraska, and via Zoom for the purpose of conducting business consistent with the statutory language of LB 1173, having given notice through release to news media and official public notices published in the Lincoln Journal Star.

The meeting was called to order at 2:03 PM CST. John Stephen from The Stephen Group, the consultant hired pursuant to LB 1173 to assist the Workgroup in meeting its deliverables, called the meeting to order and advised that the meeting was held as a public meeting and was being recorded.

LB 1173 Voting Workgroup members present: DHHS Division Director of Children and Family Services (Interim) and DHHS CEO Danette R. Smith; DHHS Division Director of Behavioral Health (Interim) and DHHS Division Director of Developmental Disabilities Tony Green; Winnebago Tribe of Nebraska representative Miskoo Petite (virtual); Commissioner of Education designee LaDonna Jones-Dunlap; Omaha Tribe of Nebraska Attorney Alexis Zendejas; DHHS Director of Medicaid and Long-Term Care Kevin Bagley; State Court Administrator and representative of the State Judicial Branch Corey Steel; Ponca Tribe of Nebraska representative Stephanie Pospisil; DHHS Director of Public Health designee Sara Morgan.

An LB 1173 Voting Workgroup Member representative for Santee Sioux Nation was absent.

LB 1173 Ex-Officio (Non-Voting) Members present: Deb VanDyke-Ries, Court Improvement Project; Jaquala Yarbro (virtual); Jenny Skala, NCFF (virtual); Peggy Siemek-Ache, Nova (virtual); Ryan Stanton, Compass; Jennifer Carter, Office of the Inspector General; and Monika Gross, FCRO.

Internal CFS staff present were Greg Brockmeier, DHHS; Andrew Keck, DHHS; Cedric Perkins, DHHS; Kasey Boes, DHHS; Amanda Docter, DHHS; Laura Opfer, DHHS; Camas Holder, DHHS (virtual); Dr. Alger Studstill, DHHS; Jeff Powell, DHHS (virtual); and Khalilah LeGrand, DHHS (virtual); and Michaela Hirschman, DHHS.

Others present were: Maralee Bradley, adoptive/foster parent; David Haskell, Casey Family Programs; Kimberly Ricketts, Casey Family Programs; Felicia Kellum, Annie E. Casey Foundation; Carisa Sweitzer Masek, DHHS; Lisa Battenhorst, Boys Town Nebraska (virtual); Ivy Svoboda, NE Alliance of Child Advocacy Centers; Laura Osborne (virtual); Jerry Milner, Family Justice Group (virtual); David Kelly, Family Justice Group (virtual); Lana-Temple Plotz, Nebraska Children's Home Society; John Stephen, The Stephen Group; Richard Kellogg, The Stephen Group; Brooke Holton, The Stephen Group (virtual); David DeStefano, The Stephen Group (virtual); and Austin Kupke, The Stephen Group (virtual)

The agenda proceeded as follows.



- **Approval of the Agenda/Minutes (Action Item)**
 - A request was made to edit the May 2 LB 1173 Work Group minutes to include the recorded attendance of David Haskell and Kimberly Ricketts, both from Casey Family Programs, at this meeting.
 - **A motion was made by Corey Steel to accept the agenda and minutes, with the added amendment, which was seconded by Stephanie Pospisil and approved by vote, with all voting aye and none voting nay.**

- **Review of Status Report**
 - No comments or questions were made on the May Status Report.

- **Finance Update**
 - David DeStefano from The Stephen Group provided an update on Finance Workgroup activities and the four primary objectives developed by the Finance Work Group for the Finance Plan
 - Current Use of Federal Funding
 - Nebraska invests a high percentage of state funds in the provision of Child Welfare-related services, there is significant opportunity to leverage additional federal funding and invest in front-end services
 - Finance plan focused on four primary objectives:
 1. Title IV-E maximization
 2. Cross-system collaboration & leveraging
 3. Payment rates and contracts
 4. Performance based contracting
 - Potential actions, considerations, and models for change, among other Finance Workgroup findings, were shared on each of the objectives above.
 - **Objective One: Title IV-E Maximization:** Recommendations designed to improve the Title IV-E penetration rate and state's ability to claim federal reimbursement
 - Possible actions include working with federal legislative representatives to pursue change to Title IV-E lookback (AFDC) amount; licensing of relative caregivers / kinship homes; claiming for children placed through Letters of Agreement; changing agency contracts, including relative/kinship home-specific contract language and specific language related to licensing homes; rate setting to ensure appropriate payment; improving eligibility-related documentation, such as court order language and caseworker documentation; and exploring options for Shared Living Providers
 1. Discussion occurred on the "eligibility-related documentation" and the need to use standardized language in court orders. The Court Improvement Project has been discussing this and doing judicial education on Title IVE language.
 2. Casey Family Programs to provide national best practice review & standardized language – to be discussed/presented at next consultant meeting
 - **Objective 2 related to Cross-System Collaboration: Coordination of Services and claiming (blended and braided funding) across divisions:** Possible courses of action to address cross-over youth, community pathways to prevention, Medicaid claiming for behavioral health and substance abuse services, legal expenses for



youth, claiming for developmental disabilities, cost sharing and claiming for education especially as they relate to prevention, and additional strategies including 1. Federal grants to support EB service implementation and training; 2. Leveraging TANF dollars; and 3. Examining examples like Kentucky, where an increase in prevention expenditures led to decrease in OHC costs

- **Objectives 3 & 4 related to Provider Rates and Contracts:** Plan will include:
 - Developing recommendations to complete rate review across services and departments;
 - recommending strategies to capture costs, ensure eligible administrative costs are accounted for, and validate rates sufficient to support statewide service capacity; developing a schedule for rate recalculation (biennial);
 - creating recommendations for performance-based contracting, parameters for shared risk; and considerations and process for the development of agreed-upon outcome measures to be incentivized;
 - enhancing review of placements in Tier 4 Foster Care and Higher
 - technology enhancements to support monitoring and reporting of performance and outcomes
- The update also included a “Reduction to Out of Home Care” Return on Investment calculation demonstrating a potential ability to invest and leverage an ongoing annual cost reduction estimated at \$38.6m, and an estimated state funds available for annual reinvestment: \$33m
- The Finance subgroup has the following timeline for the Finance Model Development as required by LB 1173:
 - Finance subgroup finalizes and prioritizes fiscal recommendations (June – July 2023)
 - Finance subgroup submits preliminary recommendations for finance model to LB 1173 Workgroup (August 2023)
 - Written final financial recommendations submitted with outline of practice model to LB 1173 Workgroup (October 6, 2023)
 - Draft Practice Model and Financial Framework submitted to LB1173 Workgroup (November 3, 2023)
- **TSG Presentation on Themes**
 - John Stephen from The Stephen Group gave a presentation of Themes that have emerged throughout the LB 1173 Work Group process of meeting with diverse stakeholders across the spectrum of the child welfare system through community forums, conducting individual interviews, and attending stakeholder meetings
 - Themes presented included Lack of mental health and substance abuse services (especially in rural areas); Need robust community-based prevention system; Build trust among all system players; Listen to families - co-creation of plans of care; Value lived experience; Value peer support services; and Enhance support for social determinants of health (housing, transportation, food) amongst many others
 - Cedric Perkins, DHHS, commented that during the Kearney Community Forum held 5/31 a youth gave input that the group needs to talk to young people and include youth voice in development of this process. Felicia Kellum, Annie E. Casey Foundation added that youth voice was something that she would like to see added to the process.



- Lana Temple-Platz, CEO NE Children’s Home Society indicated she had heard these themes before, but she’s also excited to see what happens next. Wants to see how different branches of government can work together and is excited as a provider to see how providers are re-imagining what delivery of child welfare looks like.
- Discussion occurred on the community-based perspective, Jaquala Yarbro from community perspective wants to know how to plug into this work and effectively tie it into the court improvement project—a lot of this work is overlapping and they are working as a community to build capacity to resolve these issues being seen—need to be part of the solution development and want to know how community-based providers can be more involved.
 - There has been a strong effort to address disproportionality, but want to hear other ideas
 - Child welfare reform work in Nebraska is being done within existing system with existing resources. Need to efficiently and effectively improve existing system and free up funding to re-imagine how to use it.
 - With re-imagining, the state becomes not the center of the bubble, but a spoke in a wheel. Community collaboratives are community-based, get some funding from state but also get private dollars through their own philanthropy. Want to connect community-based organizations to the Bridge; for providers, for community-based work, there are community grants to do innovative work that don’t require state funds or state involvement. Can’t just wait until DHHS fixes its system.
 - Need to truly consider top down even with involvement of community collaboratives: non-profit was contracted through NE Children and Families Foundation for Thriving Families, Safer Communities work to do race equity analysis and produced racial impact report; one finding was that community collaboratives are not always reflective of “community based.” Community-based is connection from stop to bottom, throughout all bureaucratic system need to have communities involved. From community-based standpoint, they have presence “in the room,” but equity is not having a “room.”
 - Andrew Keck response: A finance model can be put in place with policies, including bundling services and that’s not necessarily re-imagining. State piece/funding piece is on back end—it’s the front end funding regarding issues facing individuals in the communities that is really the re-imagining.
- **Case Study: Behavioral Health**
 - John Stephen and Richard Kellogg from The Stephen Group gave a presentation of State best practices in Children’s Behavioral Health models based on research they have done. These are systems that may not work in Nebraska, but hearing themes, are looking are what other states are doing to address these themes successfully. Overview of Florida’s Mobile Response system, New Jersey’s System of Care, Washington’s WISe Program for Wrap Around with Intensive Services, Virginia’s Children’s Services Act, a Community Based System of Care, Youth Peer Support models, and Closed Loop Referral Navigation.



- Discussion related to Florida Closed Loop Referral system that is being used today by Child Welfare and Eligibility staff. They use findhelp and CarePortal – a combined platform that state navigators and investigators use to connect individual and families to social services and faith communities. In addition, school social workers, case workers, any other organization can input a need of family like housing. UniteUs also a system that is available to help with social needs. Systems like these are technology that are available to the states to help with data and can even help with drawing down federal funds and reporting.

Dr. Alger Studstill commented that he was in Florida when they developed the Closed Loop Referral system there and that this was a good model to connect families to resources.

- **Future State of Data**

- Greg Brockmeier, CFS Deputy Director Analytics, Planning and Evaluation for DHHS' CFS presented on how data can be used to improve work of CFS
- CFS Case Managers, Supervisors, Administrators need real time data available at their finger-tips, to view Dashboards, Backlogs, Performance. Needs to be available within the case management system
- Second piece is needing data Sharing/Inter-Connectivity between systems: DHHS (CFS, Medicaid, Behavioral Health, Public Health, etc.), Other Government Agencies (Courts, Probation, Dept. of Ed, etc.), Service Providers, Community Agencies need streamlined information without needing to jump from system to system. Providers and state need to know how they're performing together. Not just spewing information, sharing information and using it together.
 - Medicaid and child welfare data is not merged in any way to generate case management data like prescriptions filled, etc. There is currently a lot of duplication. Can legally share the data, very sensitive data, but it's often lookback data on all claims data in foster care. Data on kids on any given day harder to get. Seeing individual level data rather than reacting on backend is very important
- Need expanded use of modern tools for business intelligence/analytics (e.g., Tableau)—some progress but these tools have opportunity for child welfare data for Key Performance Indicators, Drill downs for regions and staff, Data Driven Decision, Predictive Analytics
- Publicly Available Data/Dashboards using historical and recent Data can be useful for case managers/providers—Florida has a model that is really good with this and beneficial to see state/Regional performance and also to get statistics information
- Case management on court side: currently have a homegrown system. Looking for off-shelf vendor who can meet needs for case management and also extract data on how they're doing. Court case management system (COBALT system) and probation system (more advanced, 15 years old) do not talk to each other. Difficult to have system that enabled case management and assessment for courts and probation and also deliver the data that is requested by Legislature and other stakeholders.
- This discussion about systems that can communicate have been ongoing for 15 years; even new legislation about getting together to figure out a system that can work across state agencies

- **Discussion of Community Forum Schedule**



- Dr. Alger Studsill, DHHS seeks consensus to move October 18th Scottsbluff Community Forum meeting to July 31st to better fit with LB 1173 report deadlines. The Work Group agreed to this change.
- **Public Comment**
 - No public comment was offered
- **Adjourn (Action Item)**
 - **A motion was made to adjourn the June 1 LB 1173 Workgroup meeting, which was seconded and approved by vote, with all voting aye and none voting nay.**
 - The Workgroup adjourned the meeting at 4:05 PM CST.
 - The next workgroup meeting will be held July 11th at 5220 South 16th Street, Lincoln Nebraska from 2 to 4 PM CST.

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