



## Request for Proposal



## RFP 113278 O3 – Child Welfare Strategy Consultant

**Submission Date: September 27, 2022 – 2:00 p.m. CDT**

**Dana Crawford-Smith, Mike St. Cin**

**Nebraska Department of Health and Human Services**

***Submitted By:***

**Alvarez & Marsal Public Sector Services, LLC**

**655 15<sup>th</sup> St NW – Suite 600**

**Washington, DC 20005**

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## Cover Letter

September 27, 2022

Dana Crawford-Smith, Mike St. Cin  
State of Nebraska Department of Health and Human Services  
301 Centennial Mall S  
Lincoln, NE 68508

Dear Ms. Crawford-Smith and Mr. St. Cin:

On behalf of Alvarez & Marsal Public Sector Services, LLC (“A&M”), please find our statement of qualifications and requested background materials in response to your request for proposal dated September 27, 2022.

We are excited about the opportunity to partner with the State of Nebraska to facilitate a workgroup that will develop a practice and finance model for the State’s child welfare system’s transformation. Over the last five years, A&M has successfully guided numerous state and local governments in achieving much needed process improvements, financial success and comprehensive system transformation in child welfare and other critical health and human service delivery systems.

In the following pages of this proposal submission, A&M will demonstrate our broad experience and proven success in assisting governments to develop innovative efficiency strategies, properly align policy with practice, navigate strategic change, and drive transformational service delivery across the entire jurisdiction, including child welfare systems. We combine these skills with a team of talented professionals with lived experience in child welfare who care deeply about the well-being of children and families and understand that a well-functioning child welfare system is a critical component of healthy communities in Nebraska and beyond.

In addition to the skills and experiences listed above, there are notably unique aspects of our team which apply directly to the needs of this project. They are:

- Over two decades of experience working with tribal governments, tribal social service agencies, and tribal communities;
- Extensive experience in child abuse and child death investigations, juvenile justice system transformation, and victim-centered multidisciplinary team development;
- Lived experience as a child in Nebraska’s child welfare system.

We look forward to discussing our approach and qualifications with you in the immediate future.

Respectfully Submitted,



Wanda Seiler  
Managing Director  
(605) 295-2591  
[wseiler@alvarezandmarsal.com](mailto:wseiler@alvarezandmarsal.com)

# Request for Proposal for Contractual Services Form

## REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

### CONTRACTOR MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the contractor guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_\_ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

\_\_\_\_\_ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

\_\_\_\_\_ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

### FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN.

FIRM:	Alvarez & Marsal Public Sector Services, LLC
COMPLETE ADDRESS:	655 15 <sup>th</sup> St NW, Suite 600, Washington, DC 20005
TELEPHONE NUMBER:	(202) 729-2100
FAX NUMBER:	(202) 729-2101
DATE:	9/27/22
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Wanda Seiler, Managing Director

# Form A – Contractor Proposal Point of Contact

## Form A

### Contractor Proposal Point of Contact Request for Proposal Number 113287 O3

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the contractor's name and address, and the specific person(s) who are responsible for preparation of the contractor's response.

Preparation of Response Contact Information	
Contractor Name:	Alvarez & Marsal Public Sector Services, LLC
Contractor Address:	6430 South Fiddlers Green Circle, Suite 300, Denver, Colorado 80111
Contact Person & Title:	Ernie Weyand, Senior Director
E-mail Address:	<a href="mailto:eweyand@alvarezandmarsal.com">eweyand@alvarezandmarsal.com</a>
Telephone Number (Office):	(303) 704-4242
Telephone Number (Cellular):	(208) 446-6943
Fax Number:	Not Available

Each contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Contractor Name:	Alvarez & Marsal Public Sector Services, LLC
Contractor Address:	655 15 <sup>th</sup> St NW, Suite 600, Washington, DC 20005
Contact Person & Title:	Wanda Seiler, Managing Director
E-mail Address:	<a href="mailto:wseiler@alvarezandmarsal.com">wseiler@alvarezandmarsal.com</a>
Telephone Number (Office):	(202) 729-2100
Telephone Number (Cellular):	(605) 295-2591
Fax Number:	(202) 729-2101

## II. Terms and Conditions

**Contractors should complete Sections II through VI as part of their proposal.** Contractor is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The contractor should also provide an explanation of why the contractor rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, contractor is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the contractor's commercial contracts and/or documents for this solicitation.

The contractors should submit with their proposal any license, user agreement, service level agreement, or similar documents that the contractor wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the contractor's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties

If a conflict or ambiguity arises after the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

### A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Contractor's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in

the State of Nebraska.

**B. NOTIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally, electronically or mailed. All notices, requests, or communications shall be deemed effective upon receipt.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

**C. NOTICE (POC)**

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

**D. GOVERNING LAW (Statutory)**

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

**E. BEGINNING OF WORK**

The contractor shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

**F. AMENDMENT**

This Contract may be amended in writing, within scope, upon the agreement of both parties.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

**G. CHANGE ORDERS OR SUBSTITUTIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

**\*\*\*Contractor will not substitute any item that has been awarded without prior written approval of DHHS\*\*\***

**H. VENDOR PERFORMANCE REPORT(S)**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

**I. NOTICE OF POTENTIAL CONTRACTOR BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

**J. BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		WS	Liability of Contractor is subject to a limitation of liability clause that was previously agreed in contract 92728-O4 between the State and Contractor.

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. The State may recover from the Contractor as damages the difference between the costs of covering the breach.

Notwithstanding any clause to the contrary, any liability of the Contractor under the contract is subject to Clause II.M.5 (Limitation of Liability) the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

**K. NON-WAIVER OF BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

**L. SEVERABILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

**M. INDEMNIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		WS	Alternative text as show was previously agreed in contract 92728-O4 between the State and Contractor.

**1. GENERAL**

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and reasonable

attorney fees and expenses (“the claims”), sustained or asserted against the State for personal injury, death, or ~~property~~ loss or damage to real and/or tangible personal property, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims. This sub-clause M.1, together with subclauses M.2 and M.3 below, sets forth the Contractor’s sole indemnity obligations to the indemnified parties in connection with this contract.

## **2. INTELLECTUAL PROPERTY**

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, or trademark, or confidential information of any third party in connection with eh deliverables provided to the State by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State’s use of the Licensed-Software deliverables without the State’s prior written consent, which consent may be withheld for any reason. The foregoing indemnity shall not apply to the extent the claim of infringement arises out of or is based upon: (i) the use of the deliverables other than in accordance with the terms of this agreement and any applicable documentation or instructions supplied to the State; (ii) any modification to the deliverables not expressly agreed to in writing by the parties; or (iii) the combination of the deliverables with any materials not provided or approved by the Contractor.

If judgement or settlement is obtained or reasonably anticipated against the State’s use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor’s sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State’s behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State’s election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this solicitation.

## **3. PERSONNEL**

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker’s compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor’s and their employees, provided by the Contractor.

## **4. SELF-INSURANCE**

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

**5. LIMITATION OF LIABILITY**

Notwithstanding anything to the contrary, in no event shall the Contractor, its affiliates, and their partners, principals, and personnel be liable to the State, whether a claim be in tort, contract or otherwise, for any amount in excess of the total professional fees paid pursuant to this agreement unless the damages were caused primarily and directly from the fraud or willful misconduct of the Contractor relating to such services. In no event shall the Contractor or its personnel be liable for any consequential, special, indirect, incidental, punitive, or exemplary loss, damage, or expense relating to this agreement (including, without limitation, loss of profit, data, business, goodwill, or similar damages) even if advised of the possibility of such damages.

The Contractor's limitation of liability in section 5(A) is subject to, and enforceable only to the extent permitted by, Article XIII, Section 3 of the Nebraska Constitution or any other applicable law.

**6.** The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General. This Section M shall survive the termination of this contract.

**N. ATTORNEY'S FEES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

**O. ASSIGNMENT, SALE, OR MERGER**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

**P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR**

**ANOTHER STATE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

**Q. FORCE MAJEURE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

**R. CONFIDENTIALITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

**S. OFFICE OF PUBLIC COUNSEL (Statutory)**

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

**T. LONG-TERM CARE OMBUDSMAN (Statutory)**

Contractor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

**U. EARLY TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		WS	Also add the text in subsection 4 below (previously agreed in contract 92728-O4 between the State and Contractor).

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
  - a. if directed to do so by statute;
  - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
  - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court
  - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
  - e. an involuntary proceeding has been commenced by any Party against the Contractor

- under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
- f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
  - g. Contractor intentionally discloses confidential information;
  - h. Contractor has or announces it will discontinue support of the deliverable; and,
  - i. In the event funding is no longer available.
4. The Contractor may terminate the contract at any time if the State fails to disclose material facts relevant to the engagement, or where the Contractor is required or otherwise obligated to do so under applicable laws, rules or regulations or professional ethics standards.

**V. CONTRACT CLOSEOUT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of the Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner

Nothing in this Section should be construed to require the contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

### III. Contractor Duties

#### A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by the Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the contractor proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

**B. EMPLOYEE WORK ELIGIBILITY STATUS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/bidopps.html>
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

**C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)**

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.

**D. COOPERATION WITH OTHER CONTRACTORS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

**E. PERMITS, REGULATIONS, LAWS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

**F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		WS	Also add the text as shown below (previously agreed in contract 92728-O4 between the State and Contractor).

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

Notwithstanding anything to the contrary, the Contractor shall retain all right, title and interest in all of its pre-existing intellectual property and all methodologies, processes, techniques, ideas, concepts, electronic and written workpapers, trade secrets, and know-how embodied in any deliverables developed as a result of this contract.

**G. INSURANCE REQUIREMENTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		<i>WS</i>	<p>The RFP indicates the insurance requirements are negotiable. A&amp;M proposes to remove the following terms:</p> <ul style="list-style-type: none"> <li>- Commercial general liability:               <ul style="list-style-type: none"> <li>o Contractual</li> <li>o XCU Liability (explosion, collapse, and underground damage)</li> <li>o Abuse and molestation</li> </ul> </li> <li>- Commercial auto liability               <ul style="list-style-type: none"> <li>o Hired or non-owned auto</li> <li>o Owned</li> </ul> </li> <li>- Benefits Coverage               <ul style="list-style-type: none"> <li>o Occupational Disease</li> <li>o Workers' compensation policy shall include a waiver of subrogation in favor of the State of Nebraska</li> </ul> </li> </ul>

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within five (5) years of termination or expiration of the contract, the contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and five (5) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

**1. WORKERS' COMPENSATION INSURANCE**

The Contractor shall take out and maintain during the life of this contract the statutory Workers; Compensation and Employer's Liability Insurance for all of the Contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

**2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

<b>REQUIRED INSURANCE COVERAGE</b>		
<b>COMMERCIAL GENERAL LIABILITY</b>		
General Aggregate		\$2,000,000
Products/Completed Operations Aggregate		\$2,000,000
Personal/Advertising Injury		\$1,000,000 per occurrence
Bodily Injury/Property Damage		\$1,000,000 per occurrence
Medical Payments		\$10,000 any one person
Damage to Rented Premises (Fire)		\$300,000 each occurrence
Contractual		Included
XCU Liability (Explosion, Collapse, and Underground Damage)		Included
Independent Contractors		Included
Abuse & Molestation		Included
<b>WORKER'S COMPENSATION</b>		
Employers Liability Limits		\$500K/\$500K/\$500K
Statutory Limits- All States		Statutory - State of Nebraska
USL&H Endorsement		Statutory
Voluntary Compensation		Statutory

<b>COMMERCIAL AUTOMOBILE LIABILITY</b>	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$5,000,000 per occurrence
<b>PROFESSIONAL LIABILITY</b>	
All Other Professional Liability (Errors & Omissions)	\$1,000,000 Per Claim / Aggregate
<b>COMMERCIAL CRIME</b>	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$1,000,000
<b>CYBER LIABILITY</b>	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$3,000,000
<b>MANDATORY COI SUBROGATION WAIVER LANGUAGE</b>	
"Workers Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska"	
<b>MANDATORY COI LIABILITY WAIVER LANGUAGE</b>	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured"	

**3. EVIDENCE OF COVERAGE**

The Contractor shall furnish the DHHS Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work. The awarded contractor will receive a notification from DHHS requesting the COI, once the Intent to Award is posted.

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

**4. DEVIATIONS**

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

**H. NOTICE OF POTENTIAL CONTRACTOR BREACH**

<b>Accept (Initial)</b>	<b>Reject (Initial)</b>	<b>Reject &amp; Provide Alternative within Solicitation Response (Initial)</b>	<b>NOTES/COMMENTS:</b>
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WS			This is duplicative of Section II.I
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If Contractor breaches the contract or anticipates breaching the contract the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, and may include a request for a waiver of the breach if so desired. The State may, at its discretion, temporarily or permanently waive the breach. By granting a temporary waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

**I. ANTITRUST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

**J. CONFLICT OF INTEREST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		WS	Clarification of what constitutes a conflict of interest. Insertion of last paragraph was previously agreed in contract 92728-04 between the State and Contractor.

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest (such term as used herein is further described in the Nebraska Policial Accountability and Disclosure Act) related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ assign any individual to perform its contractual obligations hereunder who is known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will cause any such individual to be in conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full

disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

Notwithstanding anything to the contrary, because Contractor and its affiliates and subsidiaries comprise a consulting firm (the "Firm") that serves clients on an international basis in numerous cases, both in and out of court, it is possible that the Firm may have rendered or will render services to, or have business associations with, other entities or people which had or have may have relationships with the State. The Firm will not be prevented or restricted by virtue of providing the services under this contract from providing services to other entities or individuals, including entities or individuals whose interests may be in competition or conflict with the State's, provided the Firm makes appropriate arrangements to ensure that the confidentiality of information is maintained and to ensure that any conflict of interest is mitigated.

**K. ADVERTISING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		WS	Also add the text as shown below (previously agreed in contract 92728-04) between the state and Contractor).

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

Notwithstanding anything to the contrary, the Contractor may disclose the State as a client in required relationship and conflicts disclosures in matters in which the Contractor or its affiliates are or seek to be engaged (i.e., in a matter before the United States Bankruptcy Court where the Contractor seeks retention as a professional and the State is a party in interest).

**L. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)**

Contractor shall review the Nebraska Technology Access Standards, found at <https://das.nebraska.gov/materiel/docs/pdf/Technology%20Access%20Clause%2020210608%20FINAL.pdf> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

**M. DISASTER RECOVERY/BACK UP PLAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and

transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

**N. DRUG POLICY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

**O. WARRANTY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		WS	Clarification of obligations arising from breach of warranty

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, ~~for~~ within a period of ninety (90) days from performance of the non-compliant service, ~~perform~~ remediate the services again, to be in compliance at no additional cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory non-compliant services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs, subject to Clause II.M.5 (Limitation of Liability).

**P. LOBBYING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

1. No federal or state funds paid under this RFP shall be paid for any lobbying costs as set forth herein.
2. Lobbying Prohibited by 31 U.S.C. § 1352 and 45 CFR §§ 93 et seq, and Required Disclosures.
  - a. Contractor certifies that no federal or state appropriated funds shall be paid, by or on behalf of Contractor, to any person for influencing or attempting to influence an officer or

employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this award for: (a) the awarding of any federal agreement; (b) the making of any federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any federal agreement, grant, loan, or cooperative agreement.

- b. If any funds, other than federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence: an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with Contractor, Contractor shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3. Lobbying Activities Prohibited under Federal Appropriations Bills.
  - a. No paid under this RFP shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government itself.
  - b. No funds paid under this RFP shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
  - c. The prohibitions in the two sections immediately above shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.
- 4. Lobbying Costs Unallowable Under the Cost Principles. In addition to the above, no funds shall be paid for executive lobbying costs as set forth in 45 CFR § 75.450(b). If Contractor is a nonprofit organization or an Institute of Higher Education, other costs of lobbying are also unallowable as set forth in 45 CFR § 75.450(c).

**Q. AMERICAN WITH DISABILITIES ACT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

Contractor shall comply with all applicable provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12131 12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub.L. 110 325, 122 Stat. 3553 (2008)), which prohibits discrimination on the basis of disability by public entities.

## IV. Payment

### A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §81-2403 states “[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency.” Standard Term is to pay after deliverables and that any alteration of that standard term should be carefully considered and used only when absolutely necessary to accommodate certain critical exceptions, i.e. insurance premiums, etc. that must be paid in advance.)

### B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor

### C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Contractor must submit monthly Invoices to Contract Manager, which will be provided upon contract execution. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

### D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		WS	Right to enter premises is not appropriate for the scope of work in this solicitation.

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to ~~enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to~~ inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

**E. PAYMENT (Statutory)**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
WS			

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

**F. LATE PAYMENT (Statutory)**

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

**G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)**

The State's obligation to pay amounts due on the Contract for a fiscal year following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

**H. RIGHT TO AUDIT (First Paragraph is Statutory)**

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:

		WS	Change as shown (previously agreed in contract 92728-O4 between the State and Contractor).
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The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds ~~one~~ **two and** one-half ~~of~~ **percent** (2.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

## **V. Project Description and Scope of Work**

### **V.A. Business Requirements**

For the purpose of garnering insights, the A&M team is expected to develop a project plan that will include focus groups, site visits, and other methods of qualitative data collection. The project plan should include recommendations for system assessment timelines, responsible partners, methods of engagement, and completion tracking. The A&M team demonstrates its understanding of the expected components of the project plan as outlined in this RFP in our response to the RFP Section “*VI.A.2.d. Detailed Project Work Plan,*” in this proposal.

### **V.B. Project Overview**

The A&M team is expected to facilitate a workgroup that will develop a practice and finance model for child welfare transformation in Nebraska with consultation, evaluation and input from key stakeholders (judges from separate juvenile courts, private child welfare providers, individuals with lived experience in the child welfare system, tribal partners, the Nebraska Children’s Commission, the Inspector General of Nebraska Child Welfare, the Foster Care Review Office, child advocacy centers, law enforcement, county attorneys and all Nebraska DHHS divisions). The A&M team demonstrates its understanding of the project overview and the components that are expected to be included in the practice and finance model in our response to the RFP Section “*VI.A.2.a. Understanding of the Project Requirements,*” in this proposal.

### **V.C. Scope of Work**

The A&M team demonstrates its understanding of the scope of works requirements as defined by this RFP in our response to the RFP Section “*VI.A.2.b. Proposed Development Approach,*” in this proposal. In this section of our response, the A&M team has organized its proposed approach by five phases of work. In each of these subsections, the A&M team developed a matrix to match each of this RFP’s scope of work requirements to the five phases and five focus areas that the A&M team proposes to organize the project by.

### **V.D. Recommendation for Transition of Current Training Model**

The A&M team demonstrates its understanding of the expectation to develop a recommendation for the transition of the current training model and provide input for an RFP for child welfare training as the current vendor’s contract ends in 2023. Our response is found in the RFP Section “*VI.A.2.b. Proposed Development Approach,*” in this proposal.

### **V.E. Deliverables**

The A&M team demonstrates its understanding of the content and timeline of the four deliverables outlined in this RFP in our response to the RFP Section “*VI.A.2.e. Deliverables and Due Dates.*”

## VI.A.1. Corporate Overview

### VI.A.1.a. Contractor Identification and Information

#### About A&M

Tony Alvarez II and Bryan Marsal founded Alvarez & Marsal, LLC (A&M) in 1983 with the intent of seamlessly linking operations, performance improvement, and value creation to best help clients turn areas of stagnation into growth to achieve sustainable results. A&M continues to provide radically different advice and hands-on support geared toward organizations facing mission-critical operational and financial hurdles—situations demanding leadership, action, clarity, objectivity, and results. Combining their skills and experience in public accounting and financial turnaround environments, A&M's founders helped pave the way for what has become a specialty area in professional services: turnaround management, corporate restructuring, and operational performance improvement for companies and governments for the benefit of their stakeholders and constituencies.

Today, A&M has more than 6,000 employees worldwide supporting clients across many industries and has offices in twenty-five states and the District of Columbia, with its headquarters in New York (600 Madison Ave, 8th Floor, New York, NY 10022). A&M is often engaged to handle the most complex situations. We have been recognized by the industry's leading association, Turnaround Management Association, for achievement of outstanding results in each of the last ten years. Our key differentiators are our bias to action and relentless focus on actual results, traits that benefit our clients in the public sector as well.

A&M's Public Sector Practice was launched in 2003 to focus on the unique needs of government organizations. Our practice delivers key services through a pragmatic and forward-looking approach. We help our clients:

- Manage crises and stabilize operations
- Strengthen and transform customer-facing service delivery
- Improve internal operations
- Establish sustainable financial strategies for the future

For the past twenty years, A&M's Public Sector Services (PSS) has supported service delivery system reforms, performance improvement, and program transformation services to federal, state, and local governments. A&M has been a Bronze Partner in good standing of the National Governor's Association (NGA) Partner Program since its inception. The NGA Partner Program provides unique opportunities for companies to demonstrate their commitment to governors and to support innovative leaders in solving the challenges facing state government today.

## Our Capabilities

Within A&M Public Sector Services, A&M has a Health and Human Services (HHS) team dedicated to serving state health and human services agencies. This team is composed of the nation's leading subject matter experts, many of whom have held executive-level or advisory positions in the public and/or private sector. Our HHS team has deep and broad expertise in the programs and services across the spectrum of health and human services. In this regard we are distinguished from our competitors in our ability to solve the complex problems that commonly occur between siloed programs and services.

Our HHS team has worked with over twenty state health and human services agencies on a broad range of projects and initiatives, including recent work with five state child welfare agencies.

Illustrative examples of this work include:

- In 2019, our HHS team served as a **crisis management team**, established by Executive Order of Oregon Governor Kate Brown, to address significant deficiencies identified by an audit and class action litigation. Prior to the A&M engagement, the issues within Oregon's child welfare system had been studied extensively. A&M conducted an expedited but comprehensive assessment before launching several workstreams to improve public transparency, address workforce shortages, improve performance of the centralized hotline, enhance training, improve access to medical and mental health services, review and refine organizational structure, and increase placement options with the focus on the needs of LGBTQ and other marginalized youth. During this twelve month engagement, A&M supported the state to implement and sustain systems to process public record requests timely, clearing the backlog of 500 requests in four weeks; **reduced the number of children in out of state placements by 64%; recruited over 7,000 applicants and completed a surge hire of 345 new caseworkers with a prolonged retention rate equal to regular hires**; significantly reduced the centralized hotline's abandoned call rates and wait times; and integrated mental health counselors within behavioral residential settings. In describing A&M's work, Katy Coba, Oregon's Chief Operating Officer, said, "A&M's collaboration with Oregon DHS and Child Welfare resulted in meaningful improvements for Oregon's children."
- Also in 2019, our HHS team was engaged by Nebraska DHHS through a subcontract with the Department's Actuary, Optumas, to document the structure and interaction between Child and Family Service rates for foster care and childcare agency services and Division of Developmental Disability payments and provide recommendations to align with Medicaid's payor of last resort requirements. Our team drew from our broad expertise across the spectrum of human service programs – Medicaid, 1915(c) waivers, intellectual and

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"From the scope of work to weekly check ins and everything in between, our expectations were met or exceeded. The Governor's Executive Order clearly laid out goals and benchmarks we needed to meet and A&M was able to work with DHS to meet them. They were incredibly professional and always had the Governor's needs front and center. We were impressed that they really embraced the work and worked seamlessly as a team to improve operations and systems that ultimately contributed to efficiencies at DHS."

*Katy Coba*  
*Former Oregon Chief Operating Officer*

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developmental disability services, foster care and IV-E funded services – to provide recommendations and an implementation plan for Center for Medicare and Medicaid Services (CMS) approval.

- In 2020, our HHS team was engaged to assist the Rhode Island Division of Children, Youth and Families (DCYF) to address a significant budget deficit through identifying operational changes to enhance Title IV-E penetration rates, optimize Medicaid funding for treatment services, and redesign foster care rates to reflect the acuity of children in care with the goal of increasing the supply of foster care placements and serving children in the least restrictive settings. In addition to their financial challenges, the agency was facing an extreme shortage of foster care placements and reeling from the negative press following a very tragic, highly publicized child fatality. The team helped DCYF identify annual savings of \$4 million (driven by Title IV-E and Medicaid opportunities) and provided analysis that led to a successful renegotiation of all private agency (treatment) foster care agency contracts to better support children and create a more equitable foster care system. Additionally, we supported the State through an investment in internal resources (additional staff for foster family support) meant to correct for some of the challenges observed across their agency network. When describing A&M's work, Jonathan Womer, the Director of RI's Office of Management and Budget, said, "The A&M team was thorough in their review delivering recommendations that were both theoretically-sound and executable, and I am confident that A&M can deliver results that will constitute much needed change for agencies and states that need it the most."
- In 2020, our team was engaged to assess the operational efficiency of New Hampshire's Department of Health and Human Services. For the division of Children Youth and Families, A&M focused on reviewing current business processes and workflows and understanding critical information systems and recommended that DCYF and the DHHS Fiscal Specialist Unit (FSU) address process-related issues to maximize IV-E funding. In NH, only 27% of eligible IV-E foster care placements were collecting IV-E funds compared to the average 41% of neighboring New England states. The A&M team reviewed the current process followed by the FSU to identify that of the top five reasons for ineligibility, four were related to a process gap or inefficiency and one was related to an information systems gap. **The State was able to effectively address these gaps, resulting in projected annual saving of \$4.5 million.** Concurrently, A&M was engaged to facilitate a workgroup, authorized by the New Hampshire Legislature, to study and provide a new program model for the Sununu Youth Detention Center, the State's only remaining juvenile correction center for youth charged with serious crimes. This work occurred in the midst of an investigation into alarming allegations of decades-long abuse by facility staff. A&M worked with Department leadership, advocates, legislators, juvenile justice experts, and people with lived experience to develop a model that will be used to inform the construction and transition to a new treatment-focused program.
- In 2021, our team was engaged by the Montana Department of Public Health and Human Services to survey Child Protection Workers to assess agency culture to better understand issues exacerbating alarmingly low employee retention rates. In the process of collecting and analyzing survey results, A&M identified deeper issues and was asked to conduct employee focus groups. These workers shared compelling experiences – what they had seen and work they had done to protect abused and neglected children. Our team managed

these difficult discussions compassionately and professionally and provided recommendations to address work/life balance issues and enhance employee assistance program benefits. **DPHHS reports that the workforce has stabilized and credits “hearing people’s concerns” for a dramatic and positive shift in culture.** Following the focus group, A&M received this message from the program’s leader, “Your job and the work we’ve done with A&M has been really rewarding and I’d love to learn more from you.”

Our progressive and empathetic approach to addressing the challenging issues facing public sector entities has been honed through extensive work with states – with governors, legislatures, state agency leaders, agency teams, and stakeholders, swiftly assessing and then implementing actionable change to positively impact the lives of people who state government has the responsibility to protect and serve.

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Governments struggle with execution for a myriad of reasons. For A&M, execution is a foundational strength. In Oregon, Governor Brown hired A&M to manage a child welfare crisis. In nine months, we, **“Reduced by 64% the number of children placed out of State, revamped the hiring process generating 7,000 applications, and conditionally [hired] 345 staff to support the system.”** “[A&M’s execution] was exceptional. Never seen anything like it.”

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### **A&M’s Differentiated Value Proposition:**

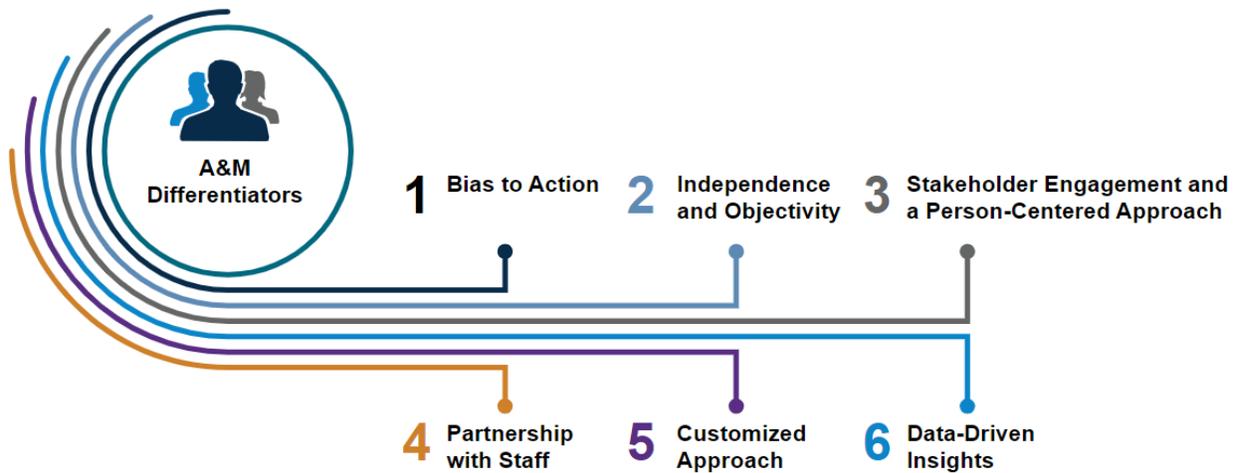
**Differentiators of our team will inform our approach and will be used to forge a successful partnership with CFS necessary to develop a revised practice and finance model which will improve the lives of children and families in Nebraska.** A&M brings value to each of our engagements through:

- **Our bias to action and focus on actual results** – not presentations with theoretical strategies that are politically or operationally infeasible, but rather recommendations built for action. Our recommendations are made to be put into practice, and our teams of subject matter experts and operators stand ready to assist in future implementation and/or with testimony.
- **Independent advice that is informed by experience and remains objective even when the message is unpopular.** Our team has extensive contacts in national organizations and in other states, relationships with subject matter experts, and exposure to a variety of approaches to child welfare practices and financial models. We have a reputation for delivering a frank, swift, and well-informed assessment; facilitating difficult discussions; and developing consensus through iterative discussion, insight, innovation, and compromise.
- **A dedicated health and human services practice** within a large multi-national firm that **values a person-centered approach to service delivery and lived experienced in assessing program performance.** A&M’s team understands the important role of stakeholders in providing input and feedback to help state government solve problems and find better ways to serve people. Our team’s approach to stakeholder engagement focuses on equity by identifying marginalized perspectives and providing a platform to be seen, heard, and supported; leverages plain language, data, and visual aids to make

complex concepts and issues easier to understand; and uses appreciative inquiry to ask the right questions, listen intently, and incorporate feedback into a workable plan of action.

- **A side-by-side partnership with your staff.** A&M’s approach aims to build capacity for clients to sustain and support the initiatives we recommend. Embedded within an organization, we share knowledge, skills, enthusiasm for the mission, and essential business tools and methods. This partnership with DHHS staff will build organizational change management capacity to maximize the agency’s return on investment.
- **A tailored approach that leverages proven methodologies.** We don’t force the facts to fit a preconceived framework, but rather we customize our tactics to best complement each client’s resources and deliver the desired results. We understand the value in starting with best practices and customizing to fit a client’s unique needs.
- **Data-driven organizational insights.** Data-driven insights are at the core of our approach. Through in-depth analysis, which includes information gathered in quantitative and qualitative assessments, we work with our clients to identify high value actions that will drive organization transformation, optimize performance, and achieve desired outcomes.

A&M’s ability to provide top-notch expertise and deliver practical and sustainable results within state organizations is evidenced by our successful current and past contracts. Our reputation for tackling wide-ranging issues, with a focus on maximizing enterprise value and aligning mission and goals, has facilitated consistent growth in our public sector practice over the past twenty years.



## VI.A.1.b. Financial Statements

Alvarez & Marsal Public Sector Services, LLC has not had any judgements, pending or expected litigation, or other real or potential financial reversals that might materially affect the viability or stability of the organization.

The following letter serves as A&M's financial statement as a non-publicly held company (see *Exhibit 1 - Financial Statement Standard of a Non-Publicly Held Company from A&M's Auditors.*)



*Exhibit 1 - Financial Statement Standard of a Non-Publicly Held Company from A&M's Auditors*

### **VI.A.1.c. Change of Ownership**

Alvarez & Marsal Public Sector Services, LLC does not anticipate any change in ownership or control of the company in the twelve months following the proposal due date.

### **VI.A.1.d. Office Location**

The A&M office responsible for performance pursuant to an award of a contract with the State of Nebraska is located in the District of Columbia.

**A&M Washington DC Office**

655 15th St NW

Suite 600

Washington, DC 20009

## **VI.A.1.e. Relationships with the State**

### **Alvarez & Marsal**

Alvarez & Marsal Public Sector Services, LLC served as a subcontractor to Schramm Health Partners, LLC DBA Optumas, the State's actuary, for Special Project 12/2016-12/2020, which was work done with DHHS. The contract number for this work was 55789 O4. The A&M employees engaged in this work were Wanda Seiler and Erin Leveton. Of those employees, only Wanda Seiler is included in the proposed project team for this RFP 113287 O3.

A&M has not had any other dealings with the State over the previous five years.

### **HealthTech Solutions**

HealthTech does not hold any contracts with the State of Nebraska.

HealthTech has recently completed an engagement to provide services to help implement a social determinants of health data platform for the Nebraska Health Information Initiative (NeHII). The goal of the engagement was to provide support to NeHII to utilize data analytics and outcomes data to integrate with care coordination systems that address social determinants comprehensively and with early intervention. Phase I of the engagement focused on completing project initiation activities and beginning work on the environmental scan initiatives at the regional, state, and national levels. During Phase II, HealthTech provided ongoing sustainability assistance including:

- Monitoring federal funding sources and providing guidance to NeHII on updates and changes in the programs.
- Assistance in developing annual IAPD updates for Nebraska Medicaid
- Identification of grant opportunities for NeHII and assistance in applying for funding
- Assistance to NeHII in developing alternative sustainability initiatives
- Assistance to NeHII in developing other sources of federal funding

### **Sivic Solutions Group**

Sivic Solutions Group (SSG) was selected as a qualified vendor for program evaluation services because of the DHHS's 2019 Request for Qualification for Contractual Services (RFQ # 97499 O3).

In addition, SSG proposed staff member, Lisa Rich, contracted with the State of Nebraska through Valaista, Inc., giving her invaluable experience working with the State. Valaista held two contracts with the State of Nebraska to provide child welfare consulting services in 2016 and 2017. In support of the first contract, Valaista provided an assessment of the child welfare service array and offered suggestions for enhancements. The second contract included support to implement recommendations from the assessment.

## **VI.A.1.f. Contractor's Employee Relations to State**

### **Alvarez & Marsal**

No employee of Alvarez & Marsal Public Sector Services, LLC was an employee of the State within the past twelve months.

### **HealthTech Solutions**

No employee of HealthTech Solutions, LLC was an employee of the State within the past twelve months.

### **Sivic Solutions Group**

SSG has not named any staff in this proposal who were employed by the State of Nebraska within the past twelve months. Neither SSG nor its parent company, Solix, Inc., employs or contracts with any current employees of the State of Nebraska.

## **VI.A.1.g. Contract Performance**

### **Alvarez & Marsal**

Alvarez & Marsal Public Sector Services, LLC has not had any contracts terminated for default in the last five years by any government entity.

### **HealthTech Solutions**

No contracts have been terminated for default during the past five years for HealthTech or any of its wholly owned subsidiaries — HTS India and Solaritech, LLC (Solarity).

### **Sivic Solutions Group**

Neither SSG nor Solix has had a contract terminate in the past five years.

## **VI.A.1.h. Summary of Contractor's Corporate Experience**

A&M's child welfare experience prepares us to support Nebraska through the development of a practice and finance model for child welfare services that will improve the lives of children and families in the State.

Below are three representative narrative project descriptions from current and recent state government partners in the child welfare space that can attest to our deliverables, quality of work, and impact. As A&M is expected to facilitate the Child Welfare (CW) Workgroup to develop a practice and finance model for child welfare system transformation in Nebraska, these recent projects demonstrate our experience in delivering system transformation and our intimate knowledge of the unique challenges that child welfare systems face. As former state and federal government employees, we understand the importance to present realistic and actionable recommendations and solutions. A&M will bring this commitment to actionable recommendations to the development of a practice and finance model that addresses the operational and systemic barriers to implementation and the impacts to child welfare practices, functions, conditions, and partners. We are also willing to meet with your Cabinet Members and Legislative Committee to present and testify to our findings and recommendations as necessary.

Please review References 1-3 for specific examples of how we have helped state child welfare agencies analyze and transform their finances and operations.

## Reference 1

# Advancing Child Welfare Outcomes through Program Enhancements

Oregon Department of Human Services

**Contact:** Rosa Klein: Human Services Policy Advisor, Office of Governor Kate Brown | Phone: (503) 378-8472 | Facsimile: unavailable | Email: unavailable

**Dates:** January 2019 – December 2019

### Responsibilities

A&M was contracted by the Oregon Department of Human Services (DHS) to **transform its Child Welfare system**. The Oregon Secretary of State released an audit finding significant deficiencies in the CW system within DHS. Concurrently, an Oregon-based advocacy group filed a class action lawsuit against the State and DHS, alleging that they had failed to provide necessary services through the foster care system. In response, the Governor issued an Executive Order to create a Child Welfare Oversight Board and hire a **crisis management team** to overhaul the CW system. A&M supported DHS and CW in four key areas: care capacity, data, communications, and workforce. A&M served as the crisis management team to assess the key deficiencies of the agency and implement operational improvements.

### Results

Partnering with CW, the DHS, the Child Welfare Oversight Board, and the Governor, A&M:

- Supported increasing the behavioral health providers to help **reduce the youth placed out of state by 64% in less than nine months**. This was accomplished by aligning with the Federal Families First Act to enhance the capability of in-state provider agencies through the creation of qualified residential treatment programs (QRTP).
- Revamped hiring processes resulting in **7,000+ applications that led to the conditional hires of 345 new staff members** who were notably more diverse than the State's population.
- Revised the Critical Incident Review Team (CIRT) process to align with the **reduced timeline, improved reporting of requirements** related to new legislation, and **reorganized the team structure** to ensure independence of fatality reviews.
- Helped establish the centralized public records team that **eliminated the over 500 Public Record request backlog within five weeks**.
- Partnered with the DHS Communications team to **revamp the Governor's Child Welfare Monthly Report and developed a dashboard** to track performance metrics for key initiatives.
- Leveraged data and performance management to drive more productive behaviors and decision making for Hotline staff to **improve quality, efficiency, and responsiveness**.

### The Bottom Line for Nebraska

A&M has proven results in child welfare system transformation work. The skills that led to success in our Oregon transformation work will be applied to our work in Nebraska to achieve the child welfare system outcomes that the State desires.

## Reference 2

# Strengthening Child Welfare Outcomes through Fiscal Analysis

### State of Rhode Island

**Contact:** Erik Godwin: Deputy Director, Office of Management and Budget | Phone: (401) 644-6964 | Facsimile: unavailable | Email: erik.godwin@omb.ri.gov

**Dates:** September 2019 – October 2021

#### Responsibilities

The State of Rhode Island contracted A&M to **provide a combination of finance, child welfare, and Medicaid subject expertise to assist in both improving child outcomes as well as preventing future overspending within the agency.** State-issued reports on the Rhode Island Department of Children, Youth, and Families (DCYF) showed the agency was on track to significantly overspend its budget by 13% (or nearly \$22 million) unless corrective action was taken. This project occurred in two discrete phases during which A&M:

- Conducted a budget to actuals variance analysis
- Identified financial opportunities and recommendations for the FY20 and FY21 budgets
- Identified revenue maximization opportunities for Home and Community Based Services (HCBS)
- Provided DCYF private agency (treatment foster care) contract negotiation support
- Implemented a redesign of foster care payment rates
- Initiative management support
- DCYF fiscal leadership transition support

#### Results

The analysis and recommendations made were critical to guide decision-making around future policies that would impact DCYF, its budget, providers, and families. The A&M team identified a variety of savings opportunities across various federal funding streams, and:

- Helped identify potential **savings of \$1.04 million** in FY20 and a **run-rate of \$4.37 million** by FY21.
- Provided analysis that led to a **successful renegotiation of all ten private agency foster care agencies** to better support children and create a more equitable foster care system.
- Supported the **successful implementation of new foster care payment rates** to reflect the acuity of children in care with the goal of increasing the supply of foster care placements and serving children in the least restrictive settings.
- Supported back claiming for some HCBS services and moving forward with a future Medicaid claiming structure for applicable HCBS services.

#### The Bottom Line for Nebraska

A&M has demonstrated the importance of budgetary and fiscal analysis in maintaining a successful child welfare system and has helped other states improve their child welfare outcomes via budget and fiscal support. We will provide the same analytical rigor for Nebraska's child welfare system.

## Reference 3

# Evaluating Child Welfare Worker Wellness

### State of Montana

**Contact:** Erica Johnston – Executive Director, Economic Services, Department of Public Health and Human Services | Phone: (406) 444-9773 | Facsimile: unavailable | Email: erica.johnston@mt.gov

**Dates:** July 2021 – December 2021

#### Responsibilities

A&M was contracted to assist with **creating a framework for understanding and assessing causes of low staff morale and high turnover** among child welfare workers (CWW) in Montana's Child and Family Services Division (CFSD), and to analyze the data collected to **develop a set of evidence-based recommendations**. The staff carried high caseloads, were reported to suffer from burnout and vicarious trauma, and were without sufficient support of professional development opportunities. The CFSD leadership sought to better understand the problem in a scientific and systematic way and to develop solutions to improve workforce satisfaction and retention. A&M:

- Worked with CFSD leadership to research and adopt a well-published survey instrument to measure CWW satisfaction across salary, professional development, workload impact, recognition, peer support, supervision, and accomplishment.
- Performed quantitative and qualitative analysis to assess CWW staff satisfaction across the different scales, and to understand specific factors that led to low/high satisfaction scores.
- Conducted focus groups by job role to gain more insight and to explore services and changes sought by the staff that might improve morale and work-life balance.
- Worked with CFSD leadership to create a set of CWW employee wellness programs and services, and to propose other organizational improvements to improve communication, inclusion, and training.

#### Results

The A&M team delivered the following outcomes:

- Worked with CFSD leadership to develop outreach strategies and materials to improve utilization of the State's existing employee assistance program.
- Developed a careful communication plan to encourage the CWW staff to respond to the survey, which resulted in a **70% response rate across all CWW staff statewide**.
- **Developed job requirements for a Wellness Program Coordinator** to manage the development and rollout of the wellness program.

#### The Bottom Line for Nebraska

A&M's work in helping Montana to maintain a supported child welfare workforce demonstrates our ability stabilize a workforce crisis. We will demonstrate this attention to and compassion for all players in the child welfare system in the Nebraska transformation work.

In addition to these three case studies, the A&M team has been involved in numerous projects of similar scopes with other state health and human service agencies. The following experience matrix, *Exhibit 2 - Experience Matrix of A&M's Qualifications in Previous Work with State Agencies*, demonstrates A&M's extensive experience in delivering similar components of the scope of work that this RFP outlines to a diverse range of partners and project environments.

State	Agency	Timeline	Strategic Visioning for Program and Practice Goals and Mission	System Transformation and/or Implementation	Stakeholder Engagement	Engagement with Tribal Partners	Integrating Lived Experiences	Understanding Impacts on Marginalized Communities	Change Management	Outcome Monitoring	Provider Rates Evaluation & Negotiation	Workforce Development	Training Implementation	Data and Policy Analysis	Child Welfare IV-E Claiming	Child Welfare Practice and/or Finance Model Assessment	Child Welfare Practice and/or Finance Model Development
OR	Department of Human Services (DHS)	Jan - Dec 2019	√	√	√		√	√	√	√	√	√	√	√		√	√
RI	Department of Children, Youth and Families (DCYF)	Sep 2019 - May 2020		√					√		√		√	√	√	√	√
MT	Child and Family Services Division (CFSD)	Jul - Dec 2021		√	√	√		√	√	√		√	√	√			
NH	Department of Health and Human Services (DHHS)	Sep 2020 - Ongoing	√	√	√		√	√	√	√				√	√	√	
NE	Department of Health and Human Services (DHHS)	Oct - Dec 2019						√			√			√		√	√
OR	Department of Early Learning and Care	Sep - July 2022	√	√	√				√	√				√			
RI	Department of Health	Jun 2020 - May 2022	√	√	√			√	√	√	√	√	√	√			
MT	Department of Public Health and Human Services	Mar 2022 - Ongoing	√	√	√			√	√	√	√	√	√	√			

State	Agency	Timeline	Strategic Visioning for Program and Practice Goals and Mission	System Transformation and/or Implementation	Stakeholder Engagement	Engagement with Tribal Partners	Integrating Lived Experiences	Understanding Impacts on Marginalized Communities	Change Management	Outcome Monitoring	Provider Rates Evaluation & Negotiation	Workforce Development	Training Implementation	Data and Policy Analysis	Child Welfare IV-E Claiming	Child Welfare Practice and/or Finance Model Assessment	Child Welfare Practice and/or Finance Model Development
MD	Developmental Disabilities Administration	Jan 2013 - Ongoing	√	√	√		√	√	√	√	√	√	√	√			
RI	Bureau of Healthcare, Developmental Disabilities and Hospitals	Jul 2020 - Jun 2021	√	√	√		√	√	√	√	√	√	√	√			
ND	Legislative Management Agency	Jan - June 2022	√	√	√	√	√	√				√		√			

Exhibit 2 - Experience Matrix of A&M's Qualifications in Previous Work with State Agencies

### VI.A.1.i. Summary of Contractor's Proposed Personnel/Management Approach

For this engagement, A&M proposes to utilize the following team to facilitate the development of a finance and practice model for the State's child welfare system. The proposed A&M team for this engagement includes experienced health and human services professionals who have worked in federal, state, and local government operations and have provided advisory consulting services to governments, including tribal governments, on various administrative policies and procedures, including health and human services delivery transformations and child welfare system improvements. Our proposed team is heavily weighted toward senior staff with experienced associates who have worked on multiple health and human services engagements, staff who have on-the-ground experience with a Native American tribes affiliated with Nebraska's tribes, and a workforce expert in diversity and inclusion who has lived experience in the Nebraska child welfare system.

We will also use two subcontracted organizations as described below to round out our team of experts. They bring additional state child welfare agency experience, knowledge, and contacts and provide depth and objectivity to test our analyses and recommendations. In addition to providing expert advice on the development of new child welfare financial and practice models, they will serve in a quality assurance role for all our deliverables.

Our project team is as follows:

- **Wanda Seiler**, who leads A&M's HHS team, will serve as the Project Executive, overseeing work. She will be responsible for the quality of all project deliverables. Wanda led A&M's crisis management team in Oregon and children welfare engagements in Montana, Nebraska, and New Hampshire. She is a veteran of state government in South Dakota, where she still resides, and previously worked as a social service caseworker, field office supervisor, Medicaid policy analyst, Assistant Director of Mental Health, and Director of Developmental Disabilities. In these positions she collaborated extensively with the nine sovereign Indian Nations located within the State's boundaries, notably co-founding Wakanyeja Owayanke Tipi, a Presidential Points of Life program nominee providing safe and reliable daycare to the children of the Rosebud Sioux Tribe in one of the nation's most impoverished counties. In Oregon, in addition to managing several workstreams, she provided litigation consultation, advising the State in responding to two class actions lawsuits – one regarding the State's practice of "hoteling" when foster care placements were unavailable and the other regarding the adequacy of foster care homes of LGBTQ youth and out of state placement. She will attend the project kick-off meeting and presentation of final deliverables, establish and maintain contact with Department leadership, review all deliverables, meet regularly with the team, and provide direction as needed.
- **Ernie Weyand**, who leads our Child Welfare cohort, will make day-to-day decisions, assigning tasks to team members, supporting task completion, and serving as the primary contact for DHHS' project sponsor and agency leadership. He will have responsibility for both the financial and practice model development and will work with team members developing the finance and practice models to ensure alignment. He will facilitate advisory committee meetings and other stakeholder engagement events. Ernie brings unique qualifications to this project, including over thirty years of public sector leadership experience, two decades of experience working with tribal governments, and private-sector project management experience. He spent twenty-two years as a Special Agent and supervisor with the Federal Bureau of Investigation (FBI), where he gained expertise in investigating crimes against children and child death investigations. He has investigated numerous child deaths, served on child fatality review panels, taught child homicide investigations nationwide, and published an article on Investigating Sudden, Unexplained Infant Death (Law Enforcement Bulletin, April 2004). Ernie served as the FBI's Unit Chief of its Crimes Against Children and Indian Country Units and was a founding member of a federal/tribal multi-disciplinary team that developed the first Indian Health Service Hospital-based Child Advocacy Center (CAC) in Indian Country. Most recently, Ernie served as a US Department of Justice Missing and Murdered Indigenous Person program coordinator and led a consulting group (7Shores Consulting, LLC) that worked with international clients from seventeen countries to build capacity to reform their juvenile justice systems and create western style CACs.
- **Tyler Stone** will serve as the Project Manager. He will be responsible for updating and managing the project plan, maintaining a risk and issue register, tracking and reporting progress against deliverables, and supporting A&M workstreams through the preparation of presentations and other artifacts. He will also support the development of

the financial model. In his most recent engagement at A&M, Tyler managed the development and statewide implementation of new behavioral health services for a State Department of Health and Human Services. Tyler led the statewide implementation of Critical Time Intervention (CTI), an evidence-based model that supports people with serious mental illness (SMI) as they return to the community after psychiatric inpatient hospitalization. This involved engaging and winning the support of critical stakeholders such as providers, hospitals, mental health advocates, government agencies, and state political authorities. Tyler managed the systematic collection and analysis of mixed claims, electronic health records, and community mental health center data to facilitate the implementation of the CTI model; he was also responsible for the analysis and dashboarding of the program's financial performance to ensure sustainability. Prior to this engagement, he advised a state I/DD Agency on budgeting, rate development and forecasting, and I/DD service utilization analysis, working closely with the agency's Chief Financial Officer. Tyler's combination of project management and analytical experience will facilitate consistent and measurable progress against the A&M team's project deliverables.

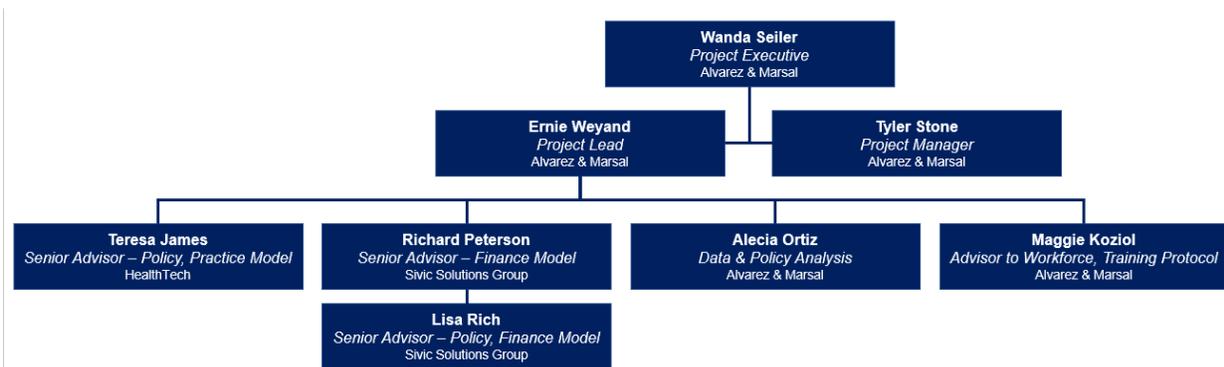
- **Alecia Ortiz** will develop and manage A&M's data request, provide policy and data analyses for both the financial and practice models, support advisory committee meetings and other stakeholder engagement events, and perform work on both financial and practice model deliverables. In her most recent engagement at A&M, Alecia has supported a major overhaul of a State's I/DD service system. Changes underway include significant rate and process adjustments. To support the work, Alecia has been instrumental in supporting stakeholder engagement with the I/DD community, including individual advocates, providers, industry groups, and other government partners. This has included designing meeting strategies, developing materials, facilitating workshops, developing talking points, providing presentation coaching, and tracking priorities and engagement across parties. Before working at A&M, Alecia served as a Senior Policy Analyst for Rhode Island state government. In this role she supported high-profile state initiatives, including the State Health Department's COVID-19 response and a strategic initiative to improve child welfare service delivery. In her Rhode Island roles, Alecia was a crisis management resource, providing additional leverage to the agencies and the Governor's office when projects were at risk.
- **Maggie Koziol**, a Nebraska native who was also a beneficiary of Nebraska's child welfare system, will focus on a review of and recommendations related to workforce development and training protocols that align, ultimately with A&M's practice model deliverable. Maggie's perspective from her lived experience is one of the strengths that sets this team apart – the A&M team understands that engaging people with lived experiences is essential to developing a practice and finance model that truly improves outcomes for children and families, and Maggie's lived experience will help our team to navigate the diverse nature of child welfare in Nebraska to ensure all voices are heard. Most recently, Maggie led an engagement at A&M for several regional and state governments looking to strategically respond to local industry hiring needs through holistic workforce development programs. This work resulted in large grant awards, and current, on-going work to implement awarded programming. Additionally, she led the design and implementation of a comprehensive, Diversity, Equity, and Inclusion-

centered skills-based hiring shift at a “Big 4” consulting firm. In that project, she led efforts to align hiring needs with internal and external upskilling and training providers to increase the quality and diversity of staff. She will advise on workforce development approaches and the engagement of diverse stakeholder perspectives, gather information from people with lived experience, and formulate strategies to address inequities and enhance cultural competence of A&M’s deliverables.

- **Teresa James (HealthTech)** will be a senior advisor to the project regarding the development of the practice model and will provide quality assurance of A&M’s practice model deliverable through her subject matter expertise in state child welfare operations, budget/fiscal management, practice model development and implementation, stakeholder engagement and supporting the process of change management. Teresa is a Senior Consultant for HealthTech Solutions and has over thirty-five years of experience in human services in both clinical and administrative settings. She is recognized as an expert in Health and Human Services programs with expertise in child welfare, adult protection, community-based services, and management and oversight of federal and state economic service programs. Prior to joining HealthTech Solutions, she served in executive roles as Commissioner and Deputy Commissioner with the Kentucky Department for Community Based Services. Teresa is a licensed clinical social worker with expertise in crisis intervention, clinical assessment and intervention, and case management. Teresa’s child welfare experience extends across a broad continuum that extends from experience as a frontline child protection investigator to executive leadership. She has extensive experience across all branches of government and in promoting stakeholder engagement to produce outcomes for children and their families. Teresa’s passion for the work of child welfare and experience provides a strong platform for working collaboratively with state agency staff to promote change. The A&M team has partnered previously with Teresa in our fiscal analysis with Rhode Island’s and New Hampshire’s DCYF.
- **Richard Peterson (Sivic Solutions Group)** will be a senior advisor to the project regarding the development of the finance model and will provide quality assurance of A&M’s financial model deliverable. Mr. Peterson has over twenty-six years of state government finance experience with a focus on federal revenue management, cost allocation, rate setting, budget development, and financial operations. Most recently, Mr. Peterson served as the Chief Financial Officer for the Indiana Department of Child Services (DCS). While at DCS, Mr. Peterson managed an \$850 million all-funds budget; led financial management of Indiana’s Title IV-E waiver demonstration project; and implemented \$15 million in Title IV-E, TANF, and Medicaid revenue enhancements. Mr. Peterson’s team at DCS successfully led Indiana’s preparations for its 2012 Title IV-E Foster Care eligibility review that resulted in ACF’s determination of substantial compliance. Mr. Peterson’s DCS team also developed annual cost-based payment and Title IV-E reimbursement rates for residential treatment facilities and child placing agencies and implemented new procedures for documenting and claiming Title IV-E Foster Care candidacy costs. The A&M team has partnered with Richard and other members of Sivic Solutions Group in Montana.
- **Lisa Rich (Sivic Solutions Group)** will be a senior advisor to the project regarding child welfare policy and the development of the practice model and will provide quality

assurance on A&M’s practice model deliverable. Ms. Rich joined Sivic Solutions Group, LLC, with more than twenty years of child welfare experience, specializing in state system improvement, streamlining service and business processes, and improving quality assurance methods. She has developed, implemented, monitored, and evaluated best practice and evidence-based services for families, children, and youth involved in the child welfare and mental health systems, as well as transformed business processes to ensure quality and maximize federal reimbursement. In addition, she has designed information systems in order to: utilize assessments, case information, and funding eligibility to match clients to appropriate services; support contracted service providers from RFP to contracting, service documentation, and invoicing; improve data quality and federal reporting; and support state workforce systems to align the skill needs of employers with education and training programs and job seekers. Ms. Rich is currently pursuing her PhD in Social Work.

See *Exhibit 3 - Proposed Personnel/Management Approach* for a visual representation of our proposed team.



*Exhibit 3 - Proposed Personnel/Management Approach*

See *Appendix – Resumes* for more information about each member of our team.

## VI.A.1.j. Subcontractors

A&M is intentional when partnering with subcontractors and proposes to complete this work in collaboration with two other companies. We have previously worked with these organizations to deliver high quality results to state government clients and seek to continue our partnership to deliver the expertise requested by Nebraska. With these vendors we have found shared values, work ethic, culture, and complementary skills and experience. Together, our cross organizational team offers child welfare practice expertise, rate expertise and large-scale health and human services transformation experience. In aggregate we have served over twenty-nine states, transformed systems, and improved service delivery. Our project team was thoughtfully crafted to offer Nebraska the best-possible mix of skills for this engagement.

### HealthTech Solutions

**Company Name:** HealthTech Solutions, LLC

**Address:** 2030 Hoover Blvd., Frankfort, KY, 40601

**Phone:** 859-533-3241

**Entity Organization:** Limited Liability Corporation

**State incorporated or otherwise organized to do business:** Kentucky

**Year first organized to do business:** 2011

HealthTech is a privately owned Limited Liability Corporation (LLC). HealthTech is headquartered in Frankfort, Kentucky, and has a branch office located in Denver, Colorado. HealthTech also has a wholly owned subsidiary: HTS India, LLP located in Bangalore, India. HealthTech has contracts with over thirty state agencies, with most of these contracts being health with health and human service agencies and related organizations.

**VI.1.j.viii Tasks:** HealthTech will provide subject matter expertise in child welfare system practice model development, quality assurance, State child welfare operations, budget/fiscal management, and child welfare policy alignment.

**VI.A.1.j.ix Total Percentage of Hours:** 13.8%

### Sivic Solutions Group

**Company Name:** Sivic Solutions Group, LLC

**Address:** 10 Lanidex Plaza West, Parsippany, NJ 07054

**Phone:** 315-737-3494

**Entity Organization:** Limited Liability Corporation

**State incorporated or otherwise organized to do business:** New York

**Year first organized to do business:** 1998

Sivic Solutions Group, LLC, a Solix, Inc. company, is incorporated in the State of New York as a Limited Liability Company. Founded in 1998, SSG provides consulting and systems services to state health and human service agencies, child welfare agencies, and school districts across the country. SSG assists our clients in recovering millions of dollars annually across a wide range of programs.

SSG provides consulting and systems services to state health and human services, child welfare agencies, and school districts across the country, and we are the leading provider of

Medicaid cost recovery in more than fifteen states. They provide consulting services and system solutions for federal revenue maximization and compliance for Medicaid, Title IV-E, CHIP, SSI, SNAP, and TANF. Additionally, our staff members have worked on numerous cost allocation projects that encompass both the allocation of direct and indirect costs. Many of these projects involved the development of allocation structures to distribute allowable allocable costs to Title IV-E, Title XIX, and other child welfare and aging department programs.

The SSG team has extensive experience developing and implementing cost-based rate setting solutions and systems for child welfare and aging service providers. They are well-versed in underlying cost principles, federal guidance, and applicable state laws, rules, and policies which drive rate setting processes in the health and human service arena. SSG brings a unique blend of financial and technical skills combined with first-hand financial management experience in state health and human service agencies.

SSG has never been subject to a disallowance by CMS, OIG, or any other agency.

**VI.1.j.viii Tasks:** SSG will provide project subject matter expertise in child welfare system finance model development, quality assurance, federal revenue management, cost allocation, rate setting, budget development, and financial operations.

**VI.A.1.j.ix Total Percentage of Hours:** 5.8%

### **Total Percentage of Subcontractor Performance Hours**

**VI.A.1.j.x. Total Percentage of Subcontractor performance hours:** 19.6.%

Across the duration of the project, our two subcontractors will contribute approximately 20% of the total project hours.

## VI.A.2. Technical Approach

### VI.A.2.a. Understanding of the Project Requirements

Nebraska seeks A&M to assist in the development of a practice and finance model for the Nebraska child welfare system transformation. This assistance will include the facilitation of an intersectoral workgroup and the completion of a comprehensive assessment of current child welfare practices, functions, conditions, and partners.

A&M recognizes the significance of this project on children, families, and child welfare staff throughout the State. We understand that program goals for this work include:

- Improving the wellbeing of children in CFS care,
- Improving permanency rates for children in CFS care,
- Improving safety of children and families, and
- Strengthening child welfare system integration and collaboration to better serve people.

The scope of work included in the solicitation is broad, cutting across many aspects of the child welfare system. We will orient our work around the idea that we are working to improve services for children and families, understanding that many different analytical findings or operational considerations will ultimately shape the final practice and finance model (and our accompanying reports). In alignment with the Theory of Change we will remain outcome-focused and values-driven as we work with Nebraska to establish the path that will build on the child welfare systems' existing strengths as it transforms into a stronger public asset and safety net. Specifically, in alignment with the scope of work, we will add value as we:

1. **Facilitate the CW Workgroup** – With inclusive, thorough, and consistent support, we will create spaces for authentic and action-oriented conversations.
2. **Facilitate strategic visioning for the system** – Informed by our perspective as national health and human services leaders, we will challenge our Nebraska partners to look beyond their current system and imagine new horizons for service delivery.
3. **Project manage and facilitate an assessment of the child welfare system** – We will pair rigorous quantitative analysis with empathy-based qualitative data gathering to help Nebraska develop new insights about the structure and performance of child welfare.
4. **Assess the impact of current practice on marginalized communities** – Our team's demonstrated ability to build relationships with tribal communities and improve services for indigenous people prepares us to assess Nebraska's child welfare practices' impact on marginalized communities.
5. **Provide best practice research, including research about child welfare practice models** – As past state government employees, we understand how valuable peer learning is, and we will quickly share information with the Nebraska team so that they can contextualize their system in the national perspective.
6. **Formalize our recommendations into a report with clear implementation steps and considerations** – To improve the lives of children and families in Nebraska, consensus must be reached about the next steps forward for the system. These steps cannot be developed effectively without a substantial focus on implementation details. A&M is

committed to incorporating implementation considerations into our recommendations, so that the final practice and finance model can be effectuated for the betterment of Nebraska.

- 7. Identify training needs to support the transition of the current training model** – We understand that good processes fail when the people responsible for completing those processes are inadequately prepared and supported. As Nebraska nears the transition of the State’s current training supports, we are prepared to assess workforce needs and identify training requirements for stakeholders across the system.

We look forward to the opportunity to work with Nebraska and improve services for some of the state’s most vulnerable populations. We believe that to accomplish the goals outlined above, you must partner with a vendor who possesses unparalleled analytical, facilitation, project management, and implementation skills. Additionally, given the substantial political interest that surrounds this project, Nebraska must engage with an unbiased vendor who demonstrates significant situational awareness. A&M is prepared to offer all these assets to the Nebraska effort.

### **Critical Requirement 1: Analytical Rigor to Assess Nebraska’s System**

A core component of this engagement will be the facilitation of an assessment of Nebraska’s child welfare system. Due to our background in crisis management, we prioritize developing key findings rapidly – leaving more time for socialization and recommendation development with our clients. As a result, this assessment and underlying analytics will be a key input to the CW Workgroup helping to driving considerations of a new practice and financial model for the State’s child welfare system.

Additionally, we believe our financial analysis skills, including subject-matter expertise in Medicaid and Title IV-E, should be of particular interest to Nebraska. State employees are tasked with managing limited dollars to achieve optimal outcomes. We can make that job easier by developing a sustainable financial strategy with CFS and the CW Workgroup.

### **Critical Requirement 2: Facilitation Expertise to Engage Nebraska’s Stakeholders**

Child welfare is a topic that elicits strong and passionate reactions from the people involved with the system. A&M is prepared to facilitate meetings and other interactions with stakeholders in a way that enhances their understanding of the system and builds consensus around the final practice and finance model.

*Exhibit 4- A&M's Understanding of CW Workgroup Members* provides a visual representation of our understanding of the Workgroup members and other stakeholders involved in this critical work.

A&M will facilitate this group's development of a practice and finance model.

Workgroup Members (As outlined in Section V)	Strategic Leadership Group	Other Stakeholders
<ul style="list-style-type: none"> <li>✓ Juvenile Court Judges</li> <li>✓ Private child welfare providers</li> <li>✓ Individuals with lived experience</li> <li>✓ Nebraska Children's Commission</li> <li>✓ Inspector General of Nebraska Child Welfare</li> <li>✓ Foster Care Review Office</li> <li>✓ Child Advocacy Center Representatives</li> <li>✓ Law Enforcement</li> <li>✓ Court Attorneys</li> <li>✓ All Nebraska DHHS Divisions</li> </ul>	<ul style="list-style-type: none"> <li>✓ Chairperson of the HHS Committee</li> <li>✓ Chairperson of the Judiciary Committee</li> <li>✓ Chief Justice</li> <li>✓ Chief Executive Officer of DHHS</li> </ul>	<ul style="list-style-type: none"> <li>✓ Division of Behavioral Health</li> <li>✓ Children and Family Services</li> <li>✓ Division of Developmental Disabilities</li> <li>✓ Division of Medicaid and Long-Term Care</li> <li>✓ Public Health</li> <li>✓ Commissioner of Education</li> <li>✓ State Court Administrator Office</li> <li>✓ Supreme Court representative</li> <li>✓ Representatives from each federally recognized Indian Tribe</li> </ul>

A&M recognizes that these other stakeholders are referenced in statute and will follow DHHS' direction into which stakeholder engagement to prioritize.

Exhibit 4- A&M's Understanding of CW Workgroup Members

**The A&M team brings decades of experience in interacting with and soliciting feedback from service providers, tribes, oversight bodies, individuals receiving services and more.** We will produce quality materials, facilitate interactive meetings, pursue transparent communication, and support engagement with historically isolated or uninvolved members of the system. We will bring the values of person-centered thinking and appreciative inquiry to this engagement.

### **Critical Requirement 3: Project Management Discipline to Ensure Quick, Quality Results for Nebraska's Families and their Children**

The A&M team is prepared to provide project management expertise to this project in a way that:

- **Supports our Nebraska team members.** Our state clients often take on a role in a special initiative in addition to their day jobs. We value the contributions and leadership that our clients provide, and we work to provide status updates, reports, work plans, and more in order to make their interaction with our work as efficient as possible. One of our project management goals is to better leverage *your* time.
- **Ensures timely completion of project goals.** When we consider project delays, we think about the impact that a delay will have on the population who our clients serve. We strategically balance quality with speed, so that initiatives can be tracked to completion in a way that feels like success for our clients.
- **Provides transparency to interested parties.** Child welfare agencies are often in receipt of harsh feedback from the public, and at times, other government institutions. We see project management as a tool to help our clients rebuild trust and manage relationships with stakeholders.

#### **Critical Requirement 4: Implementation Capability to Ensure Recommendations Can Be Effectuated**

Supporting the development of a practice and finance model will be a significant undertaking that requires operational and financial expertise. **The goal of the work is not to document best practice, but to outline an implementable path forward for the child welfare system. Any recommended model must reflect stakeholder perspective, state and federal regulations, and a realistic view of State budget constraints.**

Any contractor Nebraska selects for this work must have both extensive child welfare and state government experience. Our A&M team combines the two by including members who have worked across all levels of state government, including as the director of a state’s child welfare agency. When facilitating the development of the practice and finance model, A&M will marry best practice and operational realities in a way that our competitors cannot. Additionally, our direct experience as state government employees, makes us uniquely empathetic to the challenges Nebraska will face throughout this process.

The A&M team has the necessary skills to achieve the scope of work requirements and support Nebraska’s effort to reach these program goals. Our experience guarantees that we will not leave the State with another report outlining “nice to haves” for the system. We are committed to pairing data and financial analytics and operational expertise with the stakeholder engagement, change management, and facilitation skills necessary to establish a clear, achievable plan for the State. We will focus on implementation potential from the onset, and contextualize our recommendations based on the nuances of Nebraska’s system. We believe this focus on implementation is the most critical value that an outside partner can provide the State.

#### **Critical Requirement 5: Situational Awareness to Inform our Approach without Biasing our Recommendations**

**The A&M team understands that Nebraska is undergoing significant transformation following the recent reinstatement of state-administered case management services in Omaha and eastern Nebraska.** We recognize that this scope of work is an outgrowth of Nebraska LB1173 which was signed into law in April of 2022. This transformation will provide the State with the opportunity for improved oversight and administration of their child welfare services and supports for Nebraska’s families and their children.

The A&M team admires the commitment of the Nebraska bureaucracy to improving the child welfare system. The work of advocates and political partners is critical to advance initiatives like LB1173. Based on our experience in other states, we anticipate a heightened amount of political and press attention on this engagement. We are unphased by the increased attention and have helped states' respond to similar media-heavy engagements like large facility overhauls, unpopular amounts of out of state placements, and child fatalities.

Additionally, we believe that the intent of this work is to support Nebraska's child welfare system to overcome known challenges that have not been resolved in recent years. We think it is important that the vendor selected for this work provide an outside perspective – one that is not biased by preexisting ideas of Nebraska's service system. As case management services continue to transition, and as the COVID-19 pandemic reaches a steady-state, the time for system transformation emerges. A&M is ready to use data and operational expertise to capitalize on this moment and build the foundation of this system transformation with the Nebraska team.

## VI.A.2.b. Proposed Development Approach

### Our Approach Summary

**Based on our understanding of the project requirements, we propose a forty-two week facilitation project, organized across five phases.** However, our learnings from other assessment projects and large-scale implementation projects have shown that assessments of this kind can be completed on a more aggressive timeline ranging from sixteen to twenty-four weeks. We suggest Nebraska consider an expedited time frame to build momentum and establish this engagement as a priority across the stakeholder community. Our team would be happy to discuss this further with the State in the context of the identified stakeholders and other constraints. If Nebraska is committed to a nearly year-long engagement, A&M is prepared to deliver results in alignment with that timeline.

Using our approach and working quickly with the Nebraska team, we will deliver a thorough, actionable assessment in concert with the CW Workgroup that Nebraska can use as the foundation for its child welfare transformation. Using our approach and working quickly with the Nebraska team, we will deliver a thorough, actionable assessment in concert with the CW Workgroup that Nebraska can use as the foundation for its child welfare transformation. Given the substantial amount of political attention placed on this effort, and Nebraska's established history with assessment and study partners, we feel that the time to focus on action is *now*. Our approach is meant to help CFS drive their own narrative, develop a model with consensus support, and push forward implementable changes that will improve service quality.

**Our approach is based on our operational expertise and commitment to providing and supporting recommendations that can be implemented by public sector authorities.** As child welfare experts, we are prepared to assist the CW Workgroup analyze service, finance, and process information. We will intentionally mix quantitative and qualitative analysis, so that our findings are appropriately contextualized and validated for consideration by the CW Workgroup. Additionally, one of A&M's strongest capabilities is our financial expertise as it relates to federal fund usage (including Medicaid and Title IV-E).

To organize subject-matter specific components of our work, we propose to investigate five focus areas. These focus areas include:

- **Organizational structure.** This focus includes things like organizational models and operating models.
- **Practice.** This focus area includes activities like investigations, ongoing case management, service capacity and utilization planning.
- **Finance.** This focus area includes provider rates, funding sources, and federal funding practices.
- **Workforce development.** This focus area includes workforce supports, tenure and turnover trends, supervision, skills needs, etc.
- **Policy.** This focus area includes formal structures that codify processes and standards: standard operating procedures, Memorandum of Understanding, guidance manuals, rules, and statutes.

## A&M Proposed Phases & Focus Areas

Months	1 [Dec]	2 [Jan]	3 [Feb]	4 [Mar]	5 [Apr]	6 [May]	7 [Jun]	8 [Jul]	9 [Aug]	10 [Sep]	11 [Oct]
Phase I: Information Gathering											
Phase II: Current State Assessment											
Phase III: Future State Design											
Phase IV: Recommendation Development											
Phase V: Report Finalization											
Stakeholder Engagement											
Project Management											

### Assessment Focus Areas:

<b>Organizational Design</b> <ul style="list-style-type: none"> <li>Management Structure</li> <li>Service administration structure</li> <li>Decision Making Structure</li> </ul>	<b>Workforce</b> <ul style="list-style-type: none"> <li>Level of experience – average tenure</li> <li>Turnover (Recruitment &amp; Retention)</li> <li>Supervision structure</li> </ul>	<b>Practice</b> <ul style="list-style-type: none"> <li>Risk &amp; Safety assessment</li> <li>Case management practices</li> <li>Service/placement availability and</li> </ul>	<b>Finance</b> <ul style="list-style-type: none"> <li>Federal funding optimization</li> <li>Provider rates</li> </ul>	<b>Policy</b> <ul style="list-style-type: none"> <li>Foster family licensing</li> <li>Existing department requirements (state legislature and courts)</li> <li>Rules, guidance, standard operating</li> </ul>
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Exhibit 5- A&M Proposed Phases and Focus Areas

As shown in *Exhibit 5- A&M Proposed Phases and Focus Areas*, our work across our five phases will progress from information gathering to report finalization working hand-in-hand with the CW Workgroup and other stakeholders.

- **Phase I, Information Gathering** - We will establish a fact base about the Nebraska child welfare system.
- **Phase II, Current State Assessment** - We will use the established fact base to evaluate current operations and policy.
- **Phase III, Future State Design** - We will facilitate the development of a future state mission, vision, and values for the system.
- **Phase IV, Recommendation Development** - We will help Nebraska evaluate options and make final determinations.
- **Phase V, Report Finalization** - We will document the work and decisions of the CW Workgroup. A key deliverable of this approach will be a final report that formalizes an evidence-based, current state informed practice and finance model.

Most of our phases are overlapping, with a phase beginning before all work in the preceding phase has been completed. We believe this approach provides an iterative structure that allows for agile course corrections as new priorities develop and the new child welfare practice and finance model are progressively defined.

As we move forward into future state design (Phase III, Phase IV, and Phase V) we will incorporate Phase I and II learnings in all five focus areas to inform one unified vision of Nebraska's future state practice and finance model.

We anticipate facilitating ten CW Workgroup meetings. The content of these meetings will evolve over the course of the project, changing from meetings focused on prioritizing information collection to meetings focused on recommendation-related decision making. They

will serve as a place to share information, confirm our assessment/understanding and reach consensus about next steps.

Informational interviews across all focus areas will include questions related to the support and use of technology in supporting the specific workstream. Antiquated and ineffective computer systems can cause significant barriers to program success, including user frustration that may lead to workarounds resulting in non-compliant behavior. The technology analysis will cross all focus areas and user pain points and ideas for system improvements will be collected a part of the information gathering phase.

Throughout the duration of the project, A&M will provide project management, facilitation, and stakeholder engagement support. These supporting skills are critical to the success of this project, and the A&M team will continually adjust our approach to best meet the working style of Nebraska and key stakeholders. We will maintain A&M's rigorous project management best practices while offering flexibility to meet Nebraska's unique needs.

## Phase I – Information Gathering

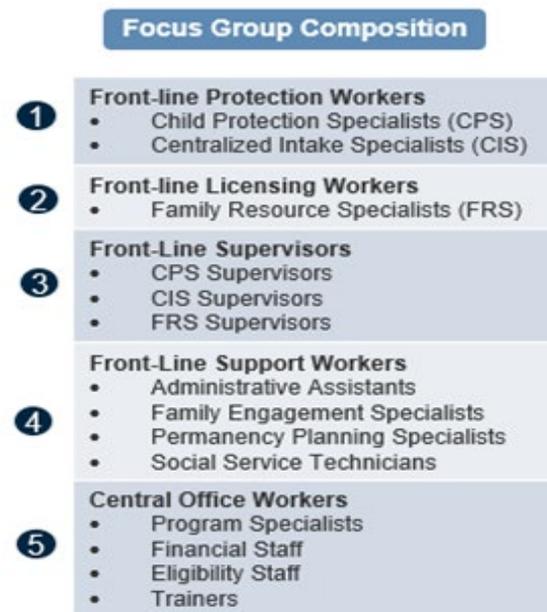
A&M’s first task in facilitating the CW Workgroup will be to gather information about Nebraska child welfare operations, which will include a mix of qualitative and quantitative data collection.

**The goal of this work is to develop a fact base upon which we will guide the CW Workgroup’s analysis. We will organize the information that we gather according to our five focus areas.**

During week two of the project, we will submit an initial data request to the Nebraska team. This will include, but is not limited to, requests for outcome and service data sets, memorandums of understanding, operational reports, previous assessment reports, finance information, and personnel data. Before submission, our team will work with Nebraska leads to vet the list and make updates as needed; we understand that data collection can be a time intensive process and will work to reduce the effort associated with our initial data request. As information is received, the A&M team will review, begin analysis, and supplement the initial request with more targeted asks for information. Collecting this information will support our development of a preliminary perspective on Nebraska’s child welfare system.

A&M prioritizes sharing detail around data collection and prefers to begin this process as early as possible with our clients. Work plan timelines and milestones are often heavily impacted by a delay in producing adequate data, a lack of focused resources dedicated to producing the request, or both. A mutual dedication to working through data requests increases our team’s ability to conduct analysis early in the assessment process. A&M will mitigate this risk of delays by submitting our request list early and by partnering with client leadership to ensure adequate resources are available to fulfill the request. We will also hold bi-weekly check-ins with project leadership where we will include this as an agenda item to monitor status and potential challenges.

In parallel with the data request process, the A&M team will facilitate a series of internal informational interviews (“one-on-ones”) with key DHHS staff. We will solicit direction from the CW Workgroup regarding which DHHS employees we should interview. We expect that the interviews will be completed with a mix of field staff, program staff, middle management, and executive leadership included. A&M will develop an interview protocol and approach these conversations systematically, so that the takeaways from this outreach are clearly documented. These conversations will support our collection of qualitative data about the key functions, strengths, and opportunities of the Nebraska child welfare system. Once A&M has developed a strong working understanding of the basic principles of Nebraska’s current child welfare operations and practices, our team will begin to facilitate focus groups (see *Exhibit 6 -*



*Exhibit 6 - Example Focus Group Composition (Workforce Development)*

*Example Focus Group Composition (Workforce Development)*). These focus groups provide an opportunity to gather more detailed information from staff and stakeholders and to develop actionable insights. They will include a mixture of internal and external stakeholders. We expect to include individuals such as people with lived experience, tribal partners, and partners from marginalized communities. A&M will develop guiding questions and interactive activities to solicit participation based on the discrete (or specific) topic areas to be explored in each focus group. We will keep detailed notes and use the qualitative information collected in focus groups to augment conclusions we make based on quantitative data analysis.

A&M recommendations will be further informed by a selection of on-location visits to child welfare service providers. These visits will provide unique insights into the inner workings and experience of various service locations and the families who are served.

### **Successful Information Gathering Relies on Successful Stakeholder Engagement**

The A&M project team is skilled in designing and facilitating efforts to meaningfully engage stakeholders at all levels. Through this engagement, our team builds a trusting relationship where stakeholders can share information, identify issues, offer, and vet solutions, create opportunities for double-loop learning (modification of goals or decisions in light of experience), and ultimately, build trust through sustained and transparent communication. This collaboration builds stronger buy-in to complex changes by developing trusting relationships focused on common goals.

Stakeholder group members are inevitably diverse, which helps ensure a broad array of experiences and recommendations are captured. A&M recognizes that the variation may require different levels and approaches to engagement. Our team is skilled in applying person-centered and empathy-based facilitation methods, anticipating group nuances and dynamics, and pivoting spontaneously during focus group sessions.

Through our information gathering work, we will seek to discover and highlight the experiences and perspectives of the people and families who use child welfare services. Engaging people with lived experience, along with current and potential partner organizations, is a key part of understanding the strengths and existing needs of community members across the State. This is crucial to ensuring that CFS' finance and practice model is truly influenced at all levels – planning, policy, implementation, research, and revision of the practices – by the people who interact with and benefit from child welfare programs.

To ensure that our engagement work is inclusive, A&M will consider cultural and linguistic competency in all aspects of our engagement, including recruitment of individuals with diverse experiences, meeting structure, and information dissemination. Some examples of how we have encouraged diverse participation in the past include: developing plain language (4<sup>th</sup> grade reading level) materials, developing 508 compliant presentations, mailing out hard copy materials in advance, supporting our clients through “pre meetings” with select participants, offering a mixture of virtual and in-person engagement opportunities, supporting our clients to develop translations of their work, and developing supporting informational materials like acronym guides.

To provide more specifics about our proposed approach, and to outline our proposed activities, we have included additional detail in Phase I - Information Gathering about our five focus areas.

The following sections describe what work we will complete to ensure a comprehensive fact base is established for Organizational Structure, Practice, Finance, Workforce Development, and Policy.

### *Information Gathering: Organizational Structure*

*We will ask, “How is the provision of child welfare services in Nebraska structured? Who does what?”*

Information gathering in this focus area will support the CW Workgroup’s assessment of CFS’ organizational structure and capacity, systemic factors affecting child outcomes, and recommendations related to leadership and support needed to implement a new practice and finance model.

We will gather information such as, but not limited to:

- Organizational charts
- Statutes that outline job requirements for CFS staff
- A personnel data file (FTE, salary, benefit, and role information)
- Qualitative descriptions of roles and responsibilities from staff
- Job descriptions

Our approach to collecting information related to Nebraska’s child welfare organizational structure is directly informed by our experiences leading health and human services agencies through major system and organizational changes. This includes the development of a new early learning focused agency and a system-wide engagement with the New Hampshire health and human service system.

Specifically, our work in Oregon provides a strong example of our ability to guide informational interviews with Nebraska’s DHHS and CFS leadership teams. These informational interviews will occur in one-on-one conversations with operational leads and management team members. We will ask questions about how various units within CFS are organized, including CFS’ field operations, the licensing unit, the organization’s back-office functions, CFS’ provider management team, and more. When completing this work in Oregon, we demonstrated thoroughness, an ability to analyze operations in the context of existing policy, and speed – we helped the agency meet several legislative deadlines regarding budgeting and reporting.

We also plan to conduct an organizational design focus group with members from related government entities. This focus group will explore not just the internal structure of CFS, but the broader organization of child welfare related service in Nebraska. Membership for this group is likely to include partners from the judicial system, advocacy groups, related health and human services agencies (mental health and developmental disabilities), and established commissions.

#### OR: Accelerating Agency Design

Oregon’s Early Learning Division’s (ELD) transformation into a new agency follows a national trend to elevate services to children. As part of our support for the design of this new agency, A&M reviewed the journey of four other states, identifying their key milestones, organization models, chosen systems, and policy changes, among other design decisions. Our review of key findings with the ELD team helped accelerate their case for change.

### *Information Gathering: Practice*

*We will ask, “What procedures are in place to deliver effective services to children and families? What standards set expectations for CFS staff and providers?”*

Information gathering for this focus area will include information that supports the CW Workgroup’s assessment of Nebraska’s child welfare practices and field operations, including some components that are closely linked to workforce (caseload management). This also will include information related to Nebraska’s approach to prevention services.

To inform recommendations related to these assessment components, we will gather information such as, but not limited to:

- Child Protective Services standard operating procedures
- Level of care data
- Risk and Safety Assessment procedures
- Placement and service availability and utilization data
- Recent outcome data related to children, families, and foster parents
- Process information regarding the transition from investigation to ongoing case management services
- Judiciary requirements
- Prevention and reunification resources, treatments, and services (capacity and utilization data)
- Caseload management data
- Foster care practices
- Documentation standards and compliance requirements for case managers
- Data management and IT system efficiency

Our approach to child welfare practice information gathering is informed by our transformational work with the Oregon child welfare system and our relevant experience in Rhode Island and New Hampshire. In all of these states, we were able to identify and implement practice changes such as developing additional service capacity and restructuring job roles to align with program priorities. This work, with complex child welfare systems across the country, prepares us to support Nebraska’s development of a practice and finance model.

To develop actionable insights about Nebraska’s child welfare practices, we will first gather data about the population who Nebraska serves. This means collecting information about referrals and investigations by age and other demographics. This information will help us understand what services and types of interventions will best serve Nebraska’s families and their children.

#### Case Study: System Transformation

In our role as the crisis management team to the Oregon Department of Human Services, A&M conducted assessments and implemented improvements in the key areas of **care capacity, data, communications, and workforce**. These focus areas encompassed issues that child welfare agencies across the country are facing. We helped DHS to:

- Increase the availability of behavioral health providers to reduce the number youth placed out of state
- Revise the Critical Incident Review Team to meet new legislative requirements
- Establish a centralized public records team that eliminated request backlogs
- Develop a dashboard to track performance metrics for key initiatives

Our second step will be to gather information about the services that are currently available and how they are used. This will include collecting data about prevention services, residential services (placement), and other youth and family supports. We will gather level of care data, as well as other individual characteristics, so that we can define which populations are accessing what types of services and for how long.

We will also work with CFS operational managers to gather process information about investigations and case management. This information will be obtained by reviewing any existing standard operating procedures, process maps, and training documentation; as well as conducting informational interviews as needed.

Finally, we will collect information about current outcomes. We will ask that CFS provide all performance data including time in care, repeat entries to the service system, and child fatalities from the past five years. We recognize that the sought-after data may not be easily accessible from the available computer systems. To accommodate this potential gap, we will use our experience to extrapolate conclusions within a reasonable margin of error. We will also rely on information gathered during focus groups, recognizing data obtained in these forums may be anecdotal and subjective.

To best understand current practice, we will conduct at least three focus groups. One focus group will explore investigation procedures and practices. The second will explore case management procedures and practices. The third will discuss the needs of the Nebraska population and how current services align and respond to those needs. We anticipate that a DHHS Medicaid subject matter expert will participate in the third focus group.

Finally, the A&M team recognizes the importance of observing and interacting with local service delivery options. We ask that the Nebraska team facilitate our participation in a series of site visits. Ideally, these site visits will be diverse, showing us multiple types of service providers across different regions with a diverse range of families and children.

#### *Information Gathering: Finance*

*We will ask, "How are child welfare services funded in Nebraska? What specifications define a service, who bills for the service, and how? How are providers paid and how does it relate to the needs of children in care?"*

Information gathering in this focus area will support the CW Workgroup's assessment of current funding practices and provider payment practices as a critical input to the development of a new finance model.

To inform recommendations related to these assessment components, we will gather information such as, but not limited to:

- Budget to actuals information, including a breakdown by type of cost and type of revenue
- Placement / service cost data
- Provider payment and rate tables
- Provider capacity
- Current Public Assistance Cost Allocation Plan (PACAP) narratives, including Random Moment Time Study (RMTS) sampling parameters and programs and activities

- Most recent quarters' cost allocation reports
- Listing of the Agency programs (federal, state and tribal)
- Detail on calculation of the penetration rate
- Title IV-E State Plan, including IV-E Prevention Plan
- Eligibility policies and procedures
- Any training contracts with state universities
- Other process information related to making federal reimbursement claims

Our approach to collecting information related to the financial strategy of Nebraska's child welfare system is based upon work completed for Rhode Island and New Hampshire. We helped both states identify opportunities for enhanced federal claiming which offered practice flexibility and the ability to transform service delivery.

To help Nebraska understand what financial opportunities might be available, we will first gather information about current funding sources. We will then gather information about how a service is delivered (to determine eligibility for reimbursement) and process information about billing.

We will also collect information about provider rates and provider activities/financials.

We will augment this budget data analysis and contract review with informational interviews with key finance and billing staff. We will also conduct a billing and rates focus group with the provider community.

#### *Information Gathering: Workforce Development*

*We will ask, "What are the workforce turnover trends? What are the challenges that the child welfare workforce faces and what supports are in place to help the workforce respond to those challenges?"*

Information for this focus area will support the CW Workgroup's assessment of the current workforce practices, caseload management, recruitment and training practices, and salary levels.

To inform recommendations related to these assessment components, we will gather information such as, but not limited to:

- Field staff turnover (average tenure, number of new hires per year, amount of attrition per year)
- Field staff salary, benefits, and benefits utilization
- Any temporary pay increase enacted using COVID stimulus funds and outcomes (if applicable)
- Supervision structure
- Recruitment practices
- Training practices

## Case Study: Employee Satisfaction

### **Survey Target:** Montana CFS Staff

Using data from surveys and focus groups, the Child and Family Service Division:

- Delivered better targeted EAP features
- Established and were able to address root causes of staff turnover
- Identified the prevalence and impact of vicarious trauma
- Determined specific training needs
- Discovered opportunities to enhance communication between leadership and line staff

Our approach is informed by our work in Montana where we conducted a workforce survey and completed focus groups to identify a suite of workforce development recommendations. At the time, Montana was grappling with high turnover rates and low employee morale. They wanted to better understand their employees before developing recommendations.

To help the CW Workgroup understand any workforce development opportunities, we will first gather information about field staff turnover. This data will later be used to complete a turnover analysis that allows us to document the average level of

experience and satisfaction across the workforce. We will also collect data about hiring levels and worker salaries and benefits.

In addition to this quantitative data, we will facilitate a series of workforce focus groups. In these groups, which will be comprised of field staff with varying levels of experience, we will discuss their recruitment experiences, their training experiences, supervision, job satisfaction, overall job perceptions, and what does (or does not) work well.

Additionally, we are prepared to advise on the administration of a statistically rigorous workforce survey if the CW Workgroup feels that type of data collection is needed to better understand the current workforce.

### *Information Gathering: Policy*

Information gathering for the policy focus area will support the CW Workgroup's assessment of policy, statute, licensing practices, and the development of recommendations to improve accountabilities across the entire child welfare system.

To inform recommendations related to these assessment components, we will gather information such as, but not limited to:

- Existing statutes, regulations, guidance, and standard operating procedures
- Feedback from individuals impacted by CFS policy, solicited through informational interviews or focus groups
- Feedback for individuals implementing policy, solicited through informational interviews or focus groups
- Outcomes data that support the analysis of policy effectiveness
- Review of current Federal Children and Families Services Review (CFSR)
- Review of previous efforts made to streamline policy and processes

A&M's approach to policy is informed by our work with several previous state agencies, including Oregon, Maryland, and New Hampshire. We have facilitated comprehensive reviews of multiple state agencies' policy structures with the goal of 1) aligning policy with the Departments' goals and 2) streamlining policy to reduce redundancy and contradicting provisions.

To begin this work in Nebraska, we will start by inventorying existing policy and familiarizing our team with Nebraska’s rulemaking process. We will collect information about the many policies that support CFS and create an excel-based database of key provisions by subject area. Our policy review will be targeted and informed by the priorities that emerge through the work in the practice focus area. We will also review statute, rules, and guidance provided by Nebraska’s Secretary of State about the rulemaking process.

Once we have documented existing policy, we will have informational interviews with policy leads within CFS. These leads might include a “rules coordinator” (or individual with a similar area of focus), various program leads (e.g., the licensing lead), and members of CFS’ leadership team. We will assist in the review of policy alignment with the in-development practice and finance model. We will focus on answering questions like, “What is the normative goal of this policy?” and “What is the implementing mechanism for the policy?”.

After we have gathered information about existing policies and their intent, we will support the CW Workgroup in gathering information from staff and impacted stakeholders about a policy’s impact on operations and its target population. This work will take place in focus groups, and we will ask four main questions:

- What currently exists in policy that is serving you well?
- What currently exists in policy that is not serving you well?
- What is missing from policy?
- What components of existing policy are consistently followed or implemented?

Finally, we will gather outcome data that allows us to understand if a policy is accomplishing its purpose.

Together, this information collection will help us understand what policies exist within a department, what the goals or intent of those policies are, how they work, the potential unintended consequences they cause, the public perception they have, and their impact on their target population.

The A&M team understands that outcome data may not exist for every policy that allows its impact to be easily assessed quantitatively. We will use the best data available and collect qualitative data and information about peer state best practices to inform our policy review.

A&M recognizes that a potential barrier to fulfilling data requests is that the system where the data reside is not equipped to supply the data in the format being requested. A&M is prepared to work closely with the State team to tailor requests in a way that the system can support, but also provides enough data for our analysts to glean and that informs conclusions and recommendations.

### *Information Gathering: Summary of Activities*

The following table, *Exhibit 7 – A&M Phase I Tasks and Corresponding Focus Areas*, captures the RFP tasks that will be completed during Phase I and indicates the focus area the tasks will support.

A&M Phase I – Information Gathering						
ID	RFP Project Description and Scope of Work Items	A&M Focus Area				
		Organizational Structure	Practice	Finance	Workforce Development	Policy
<b>C Scope of Work</b>						
<b>C.2</b>	<b>Produce a project plan to facilitate an assessment of current child welfare practices, functions, conditions, and partners to include:</b>					
<b>C.2.a</b>	Policy		X			X
<b>C.2.b</b>	Statute		X			X
<b>C.2.c</b>	Nebraska best practices	X	X		X	X
<b>C.2.d</b>	National best practices		X		X	
<b>C.2.e</b>	Quantitative data reports		X	X	X	X
<b>C.2.f</b>	Licensing of foster and resource homes		X	X		X
<b>C.2.g</b>	Prevention practices to support families at risk of entering the child welfare system to include following structures in Nebraska:		X	X		X
<b>C.2.g.i</b>	Families First Prevention and Services Act (FFPSA) implementation;		X	X		X
<b>C.2.g.ii</b>	Thriving Families Safer Children in Nebraska; and		X	X		X
<b>C.2.g.iii</b>	Community Collaborative models		X	X		X
<b>C.2.h</b>	Child welfare field practices, to include:		X	X	X	
<b>C.2.h.i</b>	Child Protective Services (CPS),		X	X	X	
<b>C.2.h.ii</b>	Preventative and CPS in-home services,		X	X	X	
<b>C.2.h.iii</b>	Child fatality review and oversight,		X			
<b>C.2.h.iv</b>	Placement of children in out-of-home care,		X	X		
<b>C.2.h.v</b>	Support of relative foster homes		X	X		
<b>C.2.h.vi</b>	Work with older youth		X			
<b>C.2.h.vii</b>	Services to children and families to achieve reunification,		X	X		
<b>C.2.h.viii</b>	Practices to achieve permanence including reunification, adoption and guardianship,		X	x		
<b>C.2.h.ix</b>	Provision of physical health, mental health, educational and development services for children in out-of-home care; and		X	X		
<b>C.2.h.x</b>	Mental health service array and gaps		X			
<b>C.2.h.xi</b>	Workforce and caseload recommendations to include training, educational requirements and staffing model recommendations.	X	X	X	X	
<b>C.2.i</b>	Children and Family Services (CFS) organizational structure and capacity, to additionally include recommendations of enhancing prevention design within FFPSA implementation,	X			X	
<b>C.2.j</b>	Training of child welfare staff and partner agency staff,			X	X	
<b>C.2.i.i</b>	Provider rates; and		X	X		X
<b>C.2.i.ii</b>	Title IV-E claiming		X	X		X

A&M Phase I – Information Gathering						
ID	RFP Project Description and Scope of Work Items	A&M Focus Area				
		Organizational Structure	Practice	Finance	Workforce Development	Policy
<b>C.2.n</b>	Experience of partners with lived experience,		X		X	X
<b>C.2.o</b>	Systemic factors affecting child wellbeing and permanency,	X				
<b>C.2.p</b>	Impacts of disproportionality on marginalized communities,		X			
<b>C.2.q</b>	Mandated boards and commissions related to the oversight and review of child welfare, including the Children’s Commission					X

*Exhibit 7 – A&M Phase I Tasks and Corresponding Focus Areas*

## Phase II – Current State Assessment

**Once a fact base has been established, the A&M team will progress to guiding the CW Workgroup’s evaluation of the current state of Nebraska’s child welfare system.** This evaluation will include analyzing components of the system to gauge the success and opportunities of various structures and processes.

Our approach to analysis relies on outlining initial hypotheses in the form of questions, which our team will set out to answer through the fact base established in the data collection phase of the assessment. A&M will follow a three-step process in conducting our analysis: (1) establish the fact base (as described in Phase I), (2) evaluate the current state of the Nebraska child welfare system, and (3) draw from subject matter expertise (ours and that of the CW Workgroup) and peer state models to identify additional considerations for Nebraska.

A&M’s approach to data gathering is unique because of its mixed methods approach. While we value the qualitative input that interviews, focus groups, and stakeholder engagement provide, we do not base our assessments on qualitative data alone. We challenge ourselves and our clients to test their assumptions about system opportunities by grounding conclusions in data which will be critical in our interactions with the CW Workgroup. We can leverage our clients’ data to produce new analysis that helps them develop and defend transformational policy changes. Illustrative examples from our past client work include:

- A level of care analysis that showed variation in reimbursement rates across families and providers (even when the services provided were similar);
- A provider fiscal analysis that showed the impacts of various rate changes on the provider network;
- A service utilization and billing analysis that revealed billing opportunities for additional federal reimbursement; and
- An extensive analysis of workforce survey data that showed how different workforce challenges impact specific units in unique ways.

Some of the conclusions that we reach may validate existing assumptions, while other conclusions are surprising to our clients or their stakeholders. Because we also collect qualitative information and invest heavily in stakeholder engagement, we can appropriately contextualize the findings of our data analysis in a way that helps our clients develop a shared understanding of the current system across even the most skeptical stakeholders. This shared understanding supports an early initiation of organizational change management, which has been shown to improve the probability of project success. Developing a shared understanding of the business case for change (the need for change) and engaging leaders, the broader workforce, and other stakeholders in creating a people-centered change experience journey are critical first steps.

Finally, when A&M conducts an assessment, we consider the local findings in the context of best practice research and national trends. We are prepared to do this based on our team’s work across the country with other states and research organizations. In addition to developing reports and conducting peer benchmarking research, we routinely connect our clients with peers in their fields. These candid conversations will offer Nebraska an opportunity to learn about the nuances of a peer’s service delivery system that may not be apparent based only on reports and research.

To provide more specifics about our proposed approach, and to outline our proposed activities, we have included additional detail in Phase II – Current State Assessment about our five focus areas. The following sections describe what work we will complete to ensure a comprehensive assessment is completed for Organizational Structure, Practice, Finance, Workforce Development, and Policy.

### *Current State Assessment: Organizational Structure*

Our facilitation of a current state assessment of the child welfare service organizational structure will inform conclusions about its capacity, limitations, and the impact of the current structure on child and family outcomes.

Some potential evaluative steps include, but are not limited to:

- Benchmark analysis of staffing levels with peer states
- Operating structure/organizational structure-based gap analysis
- Span of control assessments
- Developing a summary of key findings from the organizational design focus group

Once we have supported the documentation of the current state structure of CFS and the child welfare service delivery system, we will identify any discrepancies that exist between that structure and the State’s current child welfare goals.

First, we will focus on roles and responsibilities within the system. For example, we will facilitate the identification of things like vacancy patterns in leadership positions, units that are smaller or larger than peer models would lead us to expect, functions that are performed by atypical groups, functions that are not clearly defined, and units that have unclear (or conflicting) roles and responsibilities.

Then, we will guide the CW Workgroup’s analysis of the efficiency of decision-making and information sharing structures within the system. How are strategic decisions made and by whom? What technology supports exist across entities to improve the service experience for individuals and families? Families often intersect simultaneously with numerous state agencies. These multiple touchpoints can become highly confusing to citizens who think of “the State” as a single entity. If information is not shared across systems, families may not realize that they are responsible for providing updates and information in multiple places. We will gather information about these touchpoints and the systems involved to inform our later recommendations regarding system integration (see *Phase IV – Recommendation Development*). We will incorporate feedback from our focus groups in the development of a process map of the decision-making process to identify strengths and opportunities.

A&M’s work in this area is directly informed by our experiences in Oregon. While primarily a state-administered child welfare system, District offices were afforded significant autonomy and flexibility to meet the needs of their localities. Overtime, this well-intentioned local control led to disparities requiring the implementation of quality assurance measures to monitor fidelity to regulatory requirements and practice standards. A&M supported DHS in shifting operational responsibilities from a District to a Regional level to improve consistency and service delivery in key areas. Our team worked with DHS in a crisis management role, and the work we did to improve the Department’s operational decision-making produced measurably positive outcomes

– including reductions in foster care youth placed out of state and the elimination of the Public Record request backlog.

### *Current State Assessment: Practice*

Our facilitation of an assessment of Nebraska's child welfare practice will support the development of recommendations related to the State's child welfare practices and field operations.

Some potential evaluative steps include, but are not limited to:

- An assessment of the current implementation of Family First Prevention and Services Act (FFPSA)
- An assessment of the types of services and treatments by catchment area and population (capacity and utilization)
- An assessment of foster care placements by type and area (capacity and utilization)
- Intake/referral trend analysis
- Caseload data assessment
- Caseload assessment by Foster Care, In-home, Relative (kinship), or other types of placements
- Process evaluation of level of care determination
- Process evaluation of hotline and intake processes
- Assessment of children impacted by the juvenile justice system
- Supervision model evaluation
- A summary of operational barriers that staff, families, and children face

The first component of our practice assessment with the CW Workgroup will be to use data about intake trends, service and placement utilization, and level of care determination to complete an analysis of child welfare service demand in Nebraska. The goals will be to understand and clearly document the characteristics of families and children who are accessing services and the types of services that they need. We understand that service utilization is impacted by service availability and plan to include feedback from stakeholders about what service demand trends might not be apparent based on data alone.

An important aspect of this part of our work will be documenting the current process for level of care determination and identifying any trends related to this critical function. For example, we will support an evaluation of instances when the data suggest that the initial level of care determination is systematically too low or too high and investigate the operational practices that might be contributing to these trends. We will also evaluate the relationship between level of care, service utilization, and funding levels.

The second step of our practice assessment with the CW Workgroup will be to use data about service capacity and funding by provider and catchment area to outline Nebraska's current service availability. Our goal will be to document which kinds of services and placements are available in which areas of the State.

The third step of our practice assessment with the CW Workgroup will be to combine information about service need with service availability to evaluate which kinds of service and placement availability challenges exist in Nebraska. For example, A&M has previously helped

state agencies who have struggled to recruit foster families for youth with complex needs or foster families who match the diversity of the children in care. Other agencies have struggled to build capacity for “step down” options that would provide an alternative placement option for youth who might otherwise be served in a congregate facility. We will incorporate findings from our child welfare service focus group into our final assessment of Nebraska’s service availability.

A substantial amount of operational analysis will also occur as a part of the practice assessment. We will segment our facilitation of an operational assessment into two parts.

1. **Investigations.** We will work with operational leads to evaluate current procedures related to investigations and the agency’s safety and risk assessment. We will work toward the identification of process inefficiencies that negatively impact the child welfare staff and/or children and families.

We will analyze investigation timeliness, thoroughness, and success.

We will also analyze process handoffs, especially handoffs to Child Protective Services (CPS), and handoffs from CPS to ongoing case management. Finally, we will explore the supervision/support structures in place, decision-making review processes, and CPS staffing levels.

Our findings will be developed with the investigations focus group.

2. **Case Management.** We will work with operational leads to evaluate current case management and caseload procedures. We will complete a caseload analysis for all protection and safety field staff that we will use to evaluate current staffing levels. We will aim to understand what amount of work is required by Nebraska’s current caseload and what staffing structure might best support the completion of that work.

We will facilitate an assessment of current case management activities, including trends related to in-home visits and documentation standards. We will use peer state benchmarks to assess the strengths and opportunities of Nebraska’s case management operations.

We will also support an assessment of Nebraska’s Child Fatality Review Board. This will include an evaluation of the board’s meeting frequency, membership, thoroughness, rigor, and finding dissemination. We will assess the impact that child fatality review board findings have on Nebraska’s practices and policies. If the impact is either stronger or weaker than expected, we will facilitate an exploration of the root cause of this trend. A&M has experience participating on fatality review boards and will bring learnings derived from that experience to the Nebraska project.

Our findings will be developed with the case management focus group.

In summary, for all Protection and Safety Field Staff, A&M is prepared to review Nebraska’s statutory caseload mandates in relation to workload standards released by the Child Welfare League of America (CWLA). The first step of this work will be to complete a workload analysis. This analysis will help us better contextualize the differences between Nebraska’s law, CFS’

current operations, and the best practice recommendations put forth by CWLA or other child welfare leaders.

Finally, we will use existing outcome data to support a performance analysis of the child welfare system. We will leverage existing reports but will ultimately arrive at our own set of findings about child welfare system performance. This will include evaluating time in care, re-entry rates, the number of child fatalities, reunification rates, and other key performance indicators as identified in partnership with the Nebraska team.

### *Current State Assessment: Finance*

Our facilitation of a current state assessment of the existing financial model will support the development of recommendations related to federal claiming and rate structures.

Some potential evaluative steps include, but are not limited to:

- Budget to actuals analysis
- Revenue analysis by type of source
- Review of current services and rates
- Review of Nebraska's indirect cost rate proposal and PACAP
- Comparison of Nebraska's child welfare funding to best practices
- Developing a summary of billing practices across the system
- Developing a summary of CFS documentation processes that impact billing and reimbursement

Our approach to financial analysis is informed by our recent work in New Hampshire and Rhode Island. Our firm's financial background and strong Medicaid expertise prepares us to quickly assess funding opportunities in Nebraska. Additionally, our partner on this project, Sivic Solutions Group, brings experience with federal claiming, cost allocation, and rate setting.

To assist Nebraska in the assessment of current funding structures and federal claiming, we will first facilitate the identification of macro-level trends in CFS's budget in recent years. As a part of this analysis, we will collect information about Nebraska's child welfare revenue sources. We will compare Nebraska's spending and revenue trends with peer states. Our analysis will focus on answering questions like, "Where does Nebraska invest more heavily than its peers? Where does Nebraska invest less? How do these financial trends compare with the agency's priorities?" We will also compare current federal fund utilization for Nebraska with its peer states. A&M is experienced in this type of federal fund analysis; we recently helped a state identify that they operate with a Title IV-E penetration rate that is 13% below other states in their region.

### **High-Level Federal Funding Strategy Assessment**

One component of our financial support will be to assist in the completion of a high-level federal funding strategy assessment.

Once a summary of Nebraska's current budget is complete, we will then review information about the services that are provided to facilitate the assessment of the State's current federal funding strategy. Based on our subject matter expertise in Title IV-E and Medicaid, we will:

1. Review services that are being billed appropriately;

2. Identify services that are eligible for reimbursement, but are not being billed; and
3. Identify any barriers to pursuing additional reimbursement or billing.

**A targeted component of our financial assessment will be on Title IV-E funding.** We are especially skilled at supporting states through the identification of additional claiming opportunities. After completing the benchmarking exercise, where we compare Nebraska’s penetration rate to the penetration rate of its peers (adjusting for income as needed), we will work with operational leads to review the current process followed for determination of eligibility. We will then identify and share with the CW Workgroup the common reasons for ineligibility. The goal of this review will be to identify which reasons for an ineligibility determination are driven by either a process or a technology failure. Finally, based on our experience with child welfare systems and federal claiming, we will support the CW Workgroup’s analysis of potential opportunities to correct these process or technology deficiencies. See *Exhibit 8 - Illustrative Process and System Related Gaps That Lead to Title IV-E Ineligibility* for an example of a recent summary that we provided to a client.

#	Reason for IV-E Ineligibility	Process Related?	Systems Related?
1	Failure to Provider Financial Data	X	
2	Unable to Capture Wage Data	X	
3	Lack of interface with E&E system		X
4	Reasonable Effort	X	
5	Contrary to the Welfare	X	
6	Eligible children in ineligible home	X	

*Exhibit 8 - Illustrative Process and System Related Gaps That Lead to Title IV-E Ineligibility*

See *Exhibit 9 - Example Revenue Breakdown & Federal Fund Opportunity Identification* for an example of recent client work that illustrates our ability to perform this financial work.

While Title IV-E is an important funding source, we will also focus on:

- Medicaid & Social Security Insurance;
- Temporary Assistance for Needy Families;
- Comprehensive Child Welfare Information System (CCWIS) Cost Allocation;
- University Training claiming;
- Grant Management.

A key strength of our proposed team is that both A&M and Sivic Solutions Group team members have implemented Medicaid strategies across numerous types of state programs, including child welfare, juvenile justice, public health, mental health, intellectual and other developmental disabilities, substance abuse treatment, school-based services, early intervention, and nutrition-related programs. Additionally, the A&M team has extensive Medicaid experience, including helping states develop and submit waiver amendments and implement major rate changes.

## Executive Summary | Revenue Source Overview

In FY19, non-General Revenue funding made up 27.2% of the Agency's FY19 budget and the most significant sources of funding for the Agency included Medicaid, Title IV-E and TANF.

Fund Source	FY19 Actuals	FY20 Budget	FY20 - FY19 Variance
Total State Funds	\$180.7	\$165.1	\$(15.6)
Total Non-State Funds	\$67.5	\$64.7	\$(2.7)
Overall Funds	\$248.2	\$229.9	\$(18.3)

Fund Source Account	Type of Funding	FY19 Actuals	FY20 Budget	FY20 - FY19 Variance	% of Total FY19 Actuals
Medicaid Total	Federal	\$27.9	\$22.4	\$(5.5)	11.2%
Title IV-E Total	Federal	\$21.7	\$22.5	\$0.8	8.8%
TANF Total	Federal	\$10.5	\$10.7	\$0.2	4.2%
Social Security Income (SSI)	Restricted Receipts	\$1.7	\$1.6	\$(0.1)	0.7%
Title IV-B Total	Federal	\$1.6	\$1.5	\$(0.1)	0.7%
Other Awards/Grants Total	Federal	\$2.4	\$1.9	\$(0.5)	1.0%
Parental Contributions	Restricted Receipts	\$0.0	\$0.1	\$0.0	0.0%
Other Funds	Various	\$1.6	\$4.1	\$2.5	0.6%
<b>Total Non-State Fund Source</b>		<b>\$67.6</b>	<b>\$64.7</b>	<b>\$(2.7)</b>	<b>27.2%</b>

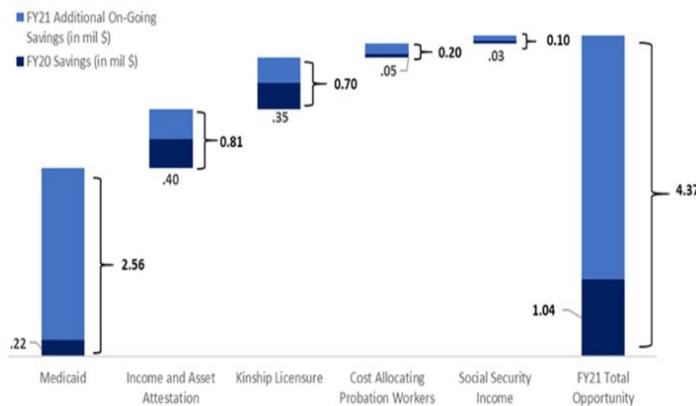
\*Source: Agency Finance data. Amounts are in millions of dollars

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## Executive Summary | Identified Opportunities

The A&M team, in conjunction with the Agency's FIT effort, has identified a variety of opportunities across the various federal funding streams with a potential value of **\$1.04M** in FY20 and a run-rate of **\$4.37M** by FY21. Support will be needed across the Agency to implement.



\*Source: FIT and A&M Calculations. Amounts are in millions of dollars

### FY20 Savings opportunities are limited by:

- Time required to implement the change
- The current point in the fiscal year
- Results of each identified effort

### FY20 Opportunity risks:

- Actual results of IV-E Eligibility Efforts (\$0.75M)
- Ability to work with providers and the Governor's agencies on claiming Medicaid for additional home and community-based services (\$0.22M)

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Exhibit 9 - Example Revenue Breakdown & Federal Fund Opportunity Identification

**An additional component of our facilitation of the CW Workgroup’s financial current state assessment will include the evaluation of Family First Prevention Services Act/Family First Transition Act Implementation in Nebraska.**

The passing of the Family First Prevention Services Act fundamentally changed the way child welfare services are provided and funded throughout the nation. As child welfare agencies embark on this transition, administrative cost recovery has changed and the potential for increased claiming exists. (One example is that FFPSA requires a revised approach to foster care candidacy claiming. FFPSA enables states to identify candidates, without regard to eligibility for Title IV-E foster care, as a basis for prevention services funded through the FFPSA.)

A&M will review DHS’s FFPSA implementation to date to assist in the development of findings about Nebraska’s approach. Some areas of review may include:

- **Title IV-E funding for Evidence Based Practices (EBP) to keep families intact**
  - States have the ability to determine which EBPs will be included in the Title IV-E Prevention Plan. There are administrative claiming benefits to having an expansive list of services, regardless of what funding source pays for the service. However, there are also administrative burdens that increase as the number of EBPs in the plan increase (e.g., reporting, evaluation, and continuous quality improvement efforts). These must be weighed to determine the right amount of services to meet the needs of families while staying within the administrative capabilities of the State.
  - Some jurisdictions choose to implement EBPs as part of their case management model for cases where children/youth are at home. In addition to improving outcomes for children and youth, this approach has the potential to greatly increase the number of Candidates for Foster Care and increase the Title IV-E claim both for Prevention Services as well as administrative costs. A&M’s partner Sivic Solutions Group is currently supporting several jurisdictions who are implementing Motivational Interviewing. This support includes developing policies and procedures to maximize federal claiming for their efforts.
- **Flexibility in the definition of Candidates for Foster Care**
  - States have the ability to further define “candidates for foster care” within the federal definition. The choice of population has fiscal impacts that should be considered.
- **Increased administrative claiming for Candidates for Foster Care (Title IV-E eligibility not required)**
  - States must determine how they will document administrative costs associated with candidates under the FFPSA verses the traditional candidacy definition. In some states, both definitions will need to be managed.
  - Traditional candidacy claiming has been an area of focus for the Administration for Children and Families in states that claim Title IV-E reimbursement for case management of their in-home caseload. States that are currently claiming for

candidates for foster care must address several items. The Sivic Solutions Group Team has extensive experience in claiming candidacy and will advise Nebraska on the most effective method of documenting candidacy (for traditional candidacy, FFPSA candidacy, or both) using the results of the most recent federal reviews and our knowledge and understanding of federal requirements.

- **Other**

- Administrative claiming for Pregnant and Parenting Youth in Foster Care who are not Title IV-E eligible. States may need to think creatively to identify these youth through existing data.
- Family First Transition Act funding to implement the FFPSA.
- Funding for evidence-based Kinship Navigator Programs.
- Provisions to Ensure the Necessity of Placement in Congregate Care and requirements for Qualified Residential Treatment Providers.

Maximizing claiming in the FFPSA environment will require complex analysis beyond Title IV-E. All services being accessed by families and children served through the Agency should be considered including those funded by MEICHV, Medicaid, TANF, CBCAP and other sources. Our team is prepared to help Nebraska consider maintenance of effort requirements, fund leveraging and payer of last resort requirements that need to be considered when ensuring the plan will properly leverage federal funding.

### **High-Level Rate Structure Strategy Assessment**

In addition to an assessment of federal claiming practices, the A&M team will support the analysis of service rates. We have demonstrated an ability to visualize trends in service utilization, cost, and population characteristics to illustrate how our clients' current service rate structure does or does not align with their practice goals. For example, we have worked with a child welfare agency to identify inequities in their foster care rates that resulted in similar families receiving varying amounts of financial support. An analysis finding like this often results in the exploration of an acuity-based rate structure, or revisions to an existing acuity-based rate structure in order to resolve the inequities.

Our partners at SSG have developed Title IV-E and Medicaid rates for a number of states. Together, we bring the right balance of rate development and implementation experience. The team will review rate setting methodologies and policies to identify potential alternative processes that could enhance Nebraska's rate setting process. Our analysis will include a review of trends, best practices, and state surveys of other states' procedures.

For cost-based rates, SSG will review caps on costs and other disallowances currently being utilized and advise on future cost caps, allowable costs, and cost disallowances that are appropriate and generally acceptable practice in other jurisdictions as well as consistent with federal guidelines and policy. As an example, our team developed a cost analysis template to use in determining if a proposed rate setting methodology conforms to Medicaid and Title IV-E federal rules.

### *Current State Assessment: Workforce Development*

Our facilitation of a current state assessment of workforce related activities will include an evaluation of caseload management strategies and recruitment and training practices, intertwined with the assessment work completed as a part of the practice focus area.

Some potential evaluative steps include, but are not limited to:

1. Recruitment procedures assessment (average time-to-hire and applicant education activities)
2. Training evaluation
3. Caseload analysis (See details in Practice focus area)
4. Salary analysis
5. Benefit and benefit utilization analysis
6. Tenure/turnover analysis/exit interview data

We will begin supporting the workforce assessment by completing a turnover analysis for child welfare staff. By unit, we will determine the average tenure for current staff. We will also compare the average turnover rates for workers hired in recent years. We will identify the percentage of workers who leave the agency within three, six, twelve, and twenty-four months. These turnover trends, coupled with exit interview data, will inform our investigation of recruitment and training practices. We will evaluate each of these to identify what impacts these processes have on turnover.

We will also conduct a salary analysis that displays average compensation by role, unit, and tenure. We will benchmark these compensation levels with Nebraska's peers.

A third piece of data analysis will be a caseload assessment, as described in *Current State Assessment: Practice that evaluate staffing levels based on caseload*.

We will also facilitate the analysis of feedback from the workforce focus group. This qualitative data will inform our final findings related to workforce development. Based on our experience in other states, we expect to learn about the challenges that the front-line staff face, their levels of burnout, and their perception of their role and the role of CFS. To review similar qualitative feedback collected in one of previous clients, see *Exhibit 10 - Example of Qualitative Data Analysis Conducted for an Agency*.

## What is the primary reason you would consider leaving this job?

We have identified below the main themes which appear to emerge from the employees' self-reported reasons for considering leaving this job: **314 Total Responses**

Themes	% of Related Responses	# of Related Responses
Low Salary / Pay / Compensation	49%	153
High Workload / Demand and Lack of Work-Life Balance	39%	123
Unreasonable Expectations; Lack of Support, Recognition, Accountability, System from Upper Management	29%	91
Burnout & Health Issues (Mental, Physical, Emotional) from High Stress	28%	89
Lack of Training / Advancement	16%	49
Toxic Culture / Environment & Low Morale	14%	43
Concerns with Supervisor	12%	37
Personal Reasons / Will Not Leave	8%	24
Retirement	5%	17

"The pay does not equal the stress and work load. The expectations continually grow higher with more duties added."

"I would take another position due to low wages. **I love this work but I also need to provide for my own family** and with the wages being this low without a chance of making more or being evaluated due to my work ethic and ability to earn more it is difficult staying. **I took a significant pay cut coming to work for the department.**"

"**Lack of appreciation for what we do through funding.** You can tell me you appreciate me but that really doesn't mean anything until you show me. **We need to be paid for what we do, we need to have an effective amount of staff so we can do a good job, and we need to have the supplies we need for this job.**"

...This job and life is nearly **impossible** to balance in a healthy way when one is **expected to be available 24/7**, or the emergency pulls you from your vacation time. Your either neglecting work to prioritize family/self or neglecting family/self to prioritize work...."

"**Money is a big part of it. There is no ability here to get a merit-based raise, ask for a raise, there is not a lot of opportunity for promotion to other positions to get a raise.**"

"**Pay is ridiculous...**"

"It takes a lot of family time and although the job is rewarding **the paychecks sometimes don't seem worth the level of family sacrifices.**"

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## What is the primary reason that you remain employed at this agency?

We have identified below the main themes which appear to emerge from the employees' self-reported reasons for remaining employed at this agency: **316 Total Responses**

Themes	% of Related Responses	# of Related Responses
Love and Enjoy the Work, Passionate about the Work, Satisfaction	63%	198
Continue to Help and Protect Children, Families and Communities	43%	135
Needed a Job/the Benefits or Need stability/security/flexibility or Near Retirement	34%	106
Have close relationships with co-workers and supervisors	28%	90
Have Concerns / Not Sure / Actually Planning On Leaving	17%	54
To Make A Difference and Positive Impact	15%	46

"I love the families I come into contact with, from resource families, birth families and children. I just love people discovering how to become a better version of themselves. I love seeing a child discover healing support and watching them blossom. A birth parent realize they hold value and aren't disposable. A resource family finding their footing in advocacy and making impacts as a team player in a struggling families life. I love community and developing relationship with others."

"**Feeling of satisfaction helping families** affected by chemical dependency and mental illness...helping to keep kids safe and help families to stay together."

"I'm passionate about the work and know it is important."

"I enjoy the people I work with every day and I enjoy the work I get to do and our unit is like a family now and I love going to work to see them every day."

"I love this job and I have the best supervisor who is always available and supportive and provides education and training as needed. My supervisor is willing to help in all areas and is respectful on every level. Every day is a learning experience. My supervisor looks for answers to every question."

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Exhibit 10 - Example of Qualitative Data Analysis Conducted for an Agency

### *Current State Assessment: Workforce Development Related Training Activities*

Additionally, in Phase II, A&M will begin to analyze information to support our recommendations for future training development for Nebraska's child welfare system. We will do this by refining our understanding of the current state of child welfare training in Nebraska, establishing a baseline of employee skill needs, and beginning to determine what a future state of training and upskilling may look like. A&M's priority for this phase of training design is to gain a thorough understanding of where Nebraska's workforce, skill needs, and training capacities stand so that future training practices are aligned with the newly identified practice and finance models to be recommended in Phase IV. Some of the steps we will take during this phase of work include:

- Understanding current skills necessary for roles across the agency, as well as beginning to identify future state based on process model development
- Evaluating existing training curricula for case workers, supervisory staff, and supporting personnel
- Reviewing current state training requirements and assessment methods, both from a regulatory and a workforce best practice standpoint
- Assessing training methods and modalities
- Examining existing training resources (personnel, equipment, materials)
- Examining time made available to employees for training
- Gathering qualitative data relating to training satisfaction among workers and supervisory staff
- Canvassing workers and supervisors on their roles and understanding of the necessary skills needed to perform their jobs (this work will occur as a part of the workforce focus group)
- Gaining an understanding of training status and skill levels of individual case workers, supervisory staff and supporting personnel

A&M's work in this area is informed by similar work with the child welfare workforce in Oregon where A&M assessed workforce needs and created baselines for worker skill levels based on role, which created the foundation for development of a new comprehensive workforce training program that improved worker skills levels and contributed to improved workforce retention in Oregon.

To deliver recommendations related to the transition of current training models by June of 2023, A&M will prioritize assessing workforce needs and the structure of the central office and evaluating workforce needs based on CWLA standards (as described in *Current State Assessment: Practice*). These activities are currently expected to be complete by April of 2023.

### *Current State Assessment: Policy*

Our facilitation of an assessment of current policy will include a study of how current policy does or does not successfully formalize the goals of the child welfare system.

Some potential evaluative steps include, but are not limited to:

- Targeted evaluation of CFS' rules, including licensing, provider requirements, and safety standards as they relate to the revised practice and finance model

- Evaluation of existing standard operating procedures, including the identification of gaps in documentation
- Evaluation of key mandates in state statute and federal law

Our approach to policy analysis is to ensure that we understand where policies are supporting Nebraska's vision and where they might be unintentionally creating barriers for the individuals impacted.

Our policy assessment with the CW Workgroup will result in the identification of specific policies that are not in alignment with current practice goals. These may include policies that are outdated, out-of-step with current operations, or overly prescriptive or punitive. For example, we are currently working with a state to update case management requirements in their administrative rules. These requirements have not been updated to match current operations and they have become very disconnected from the agency's goals and expectations. First, to assess the State's current rules in support of this work, we identified all case management related language across their administrative rules. Then we worked with their legal team and operational leads to identify the current case management related policy that is out-of-step with current operational practice and does not enforce a relevant standard for the Department. For Nebraska, we will adopt a similar approach, working with the policy focus group, to finalize these findings.

Additionally, we will identify gaps in existing policies. Some examples of documentation gaps we have identified for other clients include gaps in provider requirements and guidance and a lack of documentation regarding billing standard operating procedures.

An important aspect of the policy assessment will be to identify areas where policy is or is not adequately supporting **engagement strategies and accountabilities** across the entire child welfare system. Through interagency agreements and Memorandums of Understanding, as well as through rule and standard operating procedures, state agencies are able to formalize the partnerships and expectations that exist across their systems. In A&M's assessment of child welfare policy, we will identify gaps in the existing policy and areas where policy does exist but is not routinely adhered to. We will consider the role of key partners and the stakes associated with various operational and strategic commitments to collaboration. The result of this work will be a concise evaluation of the policy framework underlying engagement and accountabilities.

Finally, our A&M team is well-versed in federal requirements that govern child welfare funding and operations. Additionally, we recognize that each state has a unique suite of child welfare mandates and authorities codified in their statutes. We will note in the policy findings when current policy is driven by one of these state statute or federal requirements.

#### *Current State Assessment: Summary of Activities*

The following table, *Exhibit 11 – A&M Phase II Tasks and Corresponding Focus Areas*, captures the RFP tasks that will be completed during Phase II and indicates the focus area the tasks will support.

A&M Phase II – Current State Assessment						
ID	RFP Project Description and Scope of Work Requirements	A&M Focus Areas				
		Organizational Structure	Practice	Finance	Workforce Development	Policy
<b>C</b>	<b>Scope of Work</b>					
<b>C.2</b>	<b>Produce a project plan to facilitate an assessment of current child welfare practices, functions, conditions and partners to include:</b>					
<b>C.2.a</b>	Policy		X			X
<b>C.2.b</b>	Statute		X			X
<b>C.2.c</b>	Nebraska best practices	X	X		X	X
<b>C.2.d</b>	National best practices		X		X	
<b>C.2.e</b>	Quantitative data reports		X	X	X	X
<b>C.2.f</b>	Licensing of foster and resource homes		X	X		X
<b>C.2.g</b>	Prevention practices to support families at risk of entering the child welfare system to include following structures in Nebraska:		X	X		X
<b>C.2.g.i</b>	Families First Prevention and Services Act (FFSPA) implementation;		X	X		X
<b>C.2.g.ii</b>	Thriving Families Safer Children in Nebraska; and		X	X		X
<b>C.2.g.ii i</b>	Community Collaborative models		X	X		X
<b>C.2.h</b>	Child welfare field practices, to include:		X	X	X	
<b>C.2.h.i</b>	Child Protective Services (CPS),		X	X	X	
<b>C.2.h.ii</b>	Preventative and CPS in-home services,		X	X	x	
<b>C.2.h.ii i</b>	Child fatality review and oversight,		X			
<b>C.2.h.i v</b>	Placement of children in out-of-home care,		X	X		
<b>C.2.h.v</b>	Support of relative foster homes		X	X		
<b>C.2.h.v i</b>	Work with older youth		X			
<b>C.2.h.v ii</b>	Services to children and families to achieve reunification,		X	X		
<b>C.2.h.v iii</b>	Practices to achieve permanence including reunification, adoption and guardianship,		X	X		
<b>C.2.h.i x</b>	Provision of physical health, mental health, educational and development services for children in out-of-home care; and		X			
<b>C.2.h.x</b>	Mental health service array and gaps		X			
<b>C.2.h.x i</b>	Workforce and caseload recommendations to include training, educational requirements and staffing model recommendations.	X	X	X	X	
<b>C.2.i</b>	Children and Family Services (CFS) organizational structure and capacity, to additionally include recommendations of enhancing prevention design within FFPSA implementation,	X				
<b>C.2.j</b>	Training of child welfare staff and partner agency staff,			X	X	
<b>C.2.l</b>	Financing structure:			X		

A&M Phase II – Current State Assessment						
ID	RFP Project Description and Scope of Work Requirements	A&M Focus Areas				
		Organizational Structure	Practice	Finance	Workforce Development	Policy
C.2.l.i	Provider rates; and		X	X		X
C.2.l.ii	Title IV-E claiming		X	X		X
C.2.n	Experience of partners with lived experience,		X		X	X
C.2.o	Systemic factors affecting child wellbeing and permanency,	X				
C.2.p	Impacts of disproportionality on marginalized communities,		X			
C.2.q	Mandated boards and commissions related to the oversight and review of child welfare...					X
C.3	<b>Provide assessment of impact of current practice on disproportionality for minority children and recommendations to ensure access and belonging</b>		X			

Exhibit 11 – A&M Phase II Tasks and Corresponding Focus Areas

### Phase III – Future State Design

In Phase III, A&M will use information gained from the first two phases to guide the CW Workgroup through a strategic visioning process focused on holistic child welfare system transformation. **The objective of this work will be to facilitate the creation of a new statewide mission, vision, and values statements for Nebraska’s child welfare system and the outlining of new child welfare practice priorities and program goals to inform Nebraska’s future state child welfare system design.**

In weeks eighteen to thirty, A&M will build on its strong baseline assessment and fact base developed in prior phases to focus its efforts on facilitating the strategic visioning needed for transformational change of Nebraska’s child welfare system. This will be accomplished by:

- Guiding the CW Workgroup’s efforts in developing a statewide mission and vision statement for Nebraska’s child welfare system
- Creating child welfare system values
- Establishing practice priorities and statewide program goals
- Establishing goals for data collection and outcome monitoring

The goal of the newly created mission statement will be to provide a clear and concise explanation of the purpose and overall intention of Nebraska’s Division of Child and Family Services, while the vision statement will focus on communicating the ideal state that CFS wishes to achieve (i.e., Where will CFS be in five years?). The values statement will outline the core principles that will guide and direct CFS and its culture during and after this transformation. Finally, the practice priorities and program goals will provide the guidance and detail needed to plan and implement necessary organizational, workforce, practice, finance, and policy changes at all levels of Nebraska’s child welfare system. The critical work in this phase sets the tone and direction for all future work and outcomes.

Phase III will begin as A&M concludes the assessment completed as a part of Phase II. A&M is prepared to bring findings from the current state assessment to the beginning of visioning sessions with CFS and the CW Workgroup.

Our first activity will be to facilitate one to three large group visioning sessions with child welfare system partners. The focus of these larger workgroup sessions will be to identify important foundational components of the future state of child welfare in Nebraska. The large group sessions will consist of stakeholders from a variety of perspectives, to include state government, select state agencies, the juvenile justice system, community-based organizations, tribal communities, and individuals with lived experience. A&M expects that at least one of these sessions occurs as a meeting of the CW Workgroup; however, additional large group visioning sessions may be needed to make sure that diverse perspectives are accounted for. A&M intends to update the CW Workgroup through status reports and summaries about any visioning activities that occur in other settings. Ultimately, A&M expects that the CW Workgroup and CFS will be tasked with articulating a finalized vision.

A&M will consolidate themes from the visioning sessions to identify the foundational components of CFS future state. We will then facilitate smaller, targeted visioning sessions to inform the drafting of mission, vision, and values statements for the future state of Nebraska’s

child welfare system. Next, we will manage an iterative process of engaging CW Workgroup members, strategic leadership group members, and select stakeholders for review and input.

The next aspect of our Phase III work will be to help Nebraska align their stated priorities with best practice. We will compare the newly drafted mission, vision, and values statements to other state models which promote evidence-informed and industry-accepted standards of best practice in the child welfare field.

A&M is committed to building sustainable systems with our clients. To do that in Nebraska, we will work with the CW Workgroup to define goals for a data collection and outcome monitoring strategy. We believe it is important for Nebraska to define the child and family outcomes, as well as the operational metrics that they believe will best measure system performance, and we are prepared to help Nebraska establish short and long-term goals for outcome monitoring within their system. For example, the CW Workgroup may feel strongly that the system must have the capacity to measure a data point that is not currently available. The A&M team is skilled at helping groups think through the interim goals needed to achieve a larger outcome. (In this specific example, that might mean establishing proxy metrics for a short duration, developing a new data collection strategy, or establishing a system upgrade as a priority.)

At the end of this phase of work, we will deliver well-defined child welfare system values, distinct child welfare practice priorities, and provide a list of suggested key performance metrics that align with CFS' vision.

*Future State Design: Summary of Activities*

The following table, *Exhibit 12 – A&M Phase III Tasks and Corresponding Focus Areas*, captures the RFP tasks that will be completed during Phase III and indicates the focus area the tasks will support.

<b>A&amp;M Phase III – Future State Design</b>						
<b>ID</b>	<b>RFP Project Description and Scope of Work Items</b>	<b>A&amp;M Focus Area</b>				
		<b>Organizational Structure</b>	<b>Practice</b>	<b>Finance</b>	<b>Workforce Development</b>	<b>Policy</b>
<b>B</b>	<b>Project Overview</b>					
<b>B.1</b>	<b>Facilitate a workgroup that will develop a practice and finance model to include:</b>					
<b>B.1.a</b>	Development of statewide mission and vision	X	X	X	X	X
<b>B.1.b</b>	Development of values and practice priorities	X	X	X	X	X
<b>B.1.c</b>	Development of statewide program goals	X	X	X	X	X
<b>C</b>	<b>Scope of Work</b>					
<b>C.1</b>	<b>Facilitate strategic visioning for transformational change of the child welfare system to include:</b>					
<b>C.1.a</b>	Robust collaboration of system partners;	X	X			X
<b>C.1.b</b>	System accountability		X			X
<b>C.1.c</b>	Change management methodologies		X		X	
<b>C.1.d</b>	Key performance indicators for during period of change.		X		X	

<b>A&amp;M Phase III – Future State Design</b>						
<b>ID</b>	<b>RFP Project Description and Scope of Work Items</b>	<b>A&amp;M Focus Area</b>				
		<b>Organizational Structure</b>	<b>Practice</b>	<b>Finance</b>	<b>Workforce Development</b>	<b>Policy</b>
<b>C.4</b>	<b>Provide research and evaluation of multiple child welfare practice models; assess Nebraska’s capacity to implement each</b>		X			

*Exhibit 12 – A&M Phase III Tasks and Corresponding Focus Areas*

## Phase IV – Recommendation Development

**In Phase IV, A&M will facilitate the development of recommendations that align Nebraska’s future state mission, vision, and values with the strengths and opportunities identified throughout the current state assessment (Phase II).**

To begin the process of recommendation development, the A&M team will work with the CW Workgroup to identify a list of possible recommendations that would help CFS achieve the mission and vision developed in Phase III. These recommendations will be a combination of:

1. Recommendations developed as a result of the current state assessment
2. Direct suggestions made by focus group members (or other project team members)
3. Recommendations brought forth by the A&M team based on our knowledge of national best practices

Once an exhaustive list of potential options (recommendations) has been developed, the A&M team will support the CW Workgroup through an evaluation of the potential options. We have helped previous clients categorize options and determine evaluation criteria that facilitates a logical selection of final initiatives. Example evaluation criteria that we have helped clients apply throughout their decision-making process include expected impact on child and family outcomes, political feasibility, and cost effectiveness.

After we have helped Nebraska select evaluation criteria, we will facilitate decision-making meetings that offer various stakeholders the opportunity to weigh in on which recommendations are most appropriate to include in Nebraska’s revised practice and final model. Our team has experience facilitating large, complex decision-making workshops. We will prepare supporting material for Nebraska as needed. This supporting material might include future state outcome, staffing, or funding projections; visuals describing various options; or option-based memos. We are skilled at documenting complex system changes in a way that is easy to understand for field staff, operational leads, the public, policy staff, and agency leadership.

Our facilitation techniques have supported clients through critical decision making such as:

- Designing a new state agency
- Crisis management service delivery
- Large Information Technology redesigns
- Restructuring foster family support practices
- Developing new treatment and service capacity.

We expect the decisions made throughout this process to result in a final set of recommendations which we will include in our final report as documentation of Nebraska’s new practice and finance model.

We understand that recommendations related to interagency engagement and system accountabilities are especially important to the sustainability of the practice and finance model. With information gained in Phase II, A&M will work with the CW Workgroup to propose strategies to strengthen relationships across the courts system, probation, executive branch agencies, the State Department of Education, tribal partners, and community partners. The integration of these organizations is critical to ensure children entering Nebraska’s juvenile justice system are given every opportunity to succeed. The goal is to give youth opportunities

for early placement into supportive settings focused on growth and rehabilitation and to avoid incarceration. This can be accomplished by establishing improved channels of communication and coordination between all groups and ensuring these channels are sustainable. One option our team has worked on previously is the creation and formalization of intersectoral oversight teams that are responsible for monitoring the progress of all children entering a juvenile justice system. In Nebraska, these teams could be responsible for ensuring an adequate assessment of all youthful offenders is performed (e.g., social and family history, behavioral health assessment, education review, etc.) and ensuring coordinated child-centered intervention strategies are presented in a timely manner. Sustainability and accountability of all partners in this process can be strengthened by creating formal Memorandums of Agreements (MOAs) or through statute.

Many efforts to improve child welfare services or reform child welfare systems involve collaboration to enhance and integrate service delivery and ultimately improve outcomes for the children and families being served. Collaboration may occur among public agencies or between public and private agencies, communities, or families. The organizations to consider for this discussion and integration include, but are not limited to public agencies, juvenile justice agencies, health services, public assistance programs, education systems, and community-based organizations. Once again, the CW Workgroup's focus should be on improving communication and coordination between entities and ensuring sustainability of these efforts.

Improving communication and coordination promotes not only better outcomes for children but has the added benefit of reducing waste among agency resources and ensuring that all entities are working together. One way to improve coordination is through the use of technology and information-sharing across the enterprise. Key pieces of data, such as placement status, substance use history, level of care assessment, family assessment, intervention history, and/or offender history is useful to other state agencies and the courts to recognize that legal actions by other agencies, such as establishing a support order, are not needed. Building these interfaces containing key pieces of data assists staff in deciding the correct next actions and reduces the amount of time spent on data-entry or using more manual steps currently being taken to update case records.

Additional considerations related to collaboration for the team will be:

- Proper alignment of the intersectoral oversight team to create clear oversight responsibilities
- An effective accountability structure for risk and needs assessments of children
- Active oversight of transition support for youth leaving residential facilities
- Specialized Therapist options in residential facilities
- Having a strong quality assurance program
- Data integration
- Integrated Support Teams (ISTs)

To continue momentum under this effort, the A&M project team will collaborate with the State to identify additional opportunities and financial mechanisms for providers to pilot innovative solutions to meet program goals. Such opportunities and mechanisms may include, but are not limited to exploring alternative or value-based payment models to promote flexibility while periodizing performance, review of other federal programs in which program funding and

flexibilities may provide additional opportunity for piloting (for example, review of other Medicaid Waiver programs/structures) and/or additional review of additional, supplementary financial opportunities (i.e. external grants or other programs) that can infuse additional funding to promote innovation testing. This focus on innovation will be a logical step as previous program work has been completed to best position the State to continue to grow and evolve program outcomes and development.

Once preliminary decisions are made, we will review the conclusions with the Nebraska team and workshop various implementation considerations. A&M will bring forward findings from the current state assessment that relate to implementation. We will also share experiences with Nebraska from other state health and human services systems. Often, when our clients are considering the implementation of especially novel or complex initiatives, we also coordinate conversations between our clients and peers. Nebraska will have the opportunity to benefit from this knowledge sharing. To read more about how our team's past experiences prepare them to develop implementation steps alongside Nebraska, see *Exhibit 13- Developing Recommendations that Make a Difference (Implementation Plans That Consider Tribes and Marginalized Communities)*.

### Developing Recommendations that Make a Difference

**Our experience with tribal communities and their child welfare systems makes us uniquely qualified to help Nebraska think through the implementation considerations related to tribes.**

In early 2000, the Crow tribe experienced an unusually high number of cases involving child victims. These children required services which were often unavailable, untimely, or required the victim and his or her family to travel long distances. Often the services the children received caused additional trauma due to the unfamiliar service setting and/or lack of cultural awareness by the provider. This combination of factors detracted from favorable outcomes for victims, while also impacting the quality of the investigation and prosecution of the case.

To address this, the FBI (led by Ernie Weyand) worked with tribal police, tribal prosecutors, tribal/BIA/county social services, IHS Behavioral health personnel, IHS Pediatricians and federal prosecutors to create a survivor-centered multidisciplinary team (MDT) which focused on timely integration of services to support child victims.

The MDT met monthly and would come together to staff all emergent child abuse matters. Team members received specialized training and cross training to gain a better understanding of each member's roles. This increased communication and collaboration. For victims, service offerings improved. Specifically, they were placed in safe settings faster and received timely assessment and treatment. Investigation times decreased from an average of ninety days to less than thirty days and the number of successful prosecutions increased. More importantly, child victims experienced better outcomes due to timely introduction of safety plans and long-term treatment plans (behavioral health and medical). The MDT earned the trust and "buy-in" from Tribal Leadership who provided the resources to create the first Indian Health Service hospital-based Child Advocacy Center in the United States.

Reaching these outcomes required significant implementation savvy. We are prepared to offer the same service to Nebraska as the CW Workgroup considers the implementation steps associated with the practice and finance model. We are especially eager to help the State develop an implementation plan that accounts for the nuances of service delivery across marginalized communities.

*Exhibit 13- Developing Recommendations that Make a Difference (Implementation Plans That Consider Tribes and Marginalized Communities)*

#### *Recommendation Development: Training Activities*

A&M understands that well-designed training with specific and measurable learning objectives is essential for the health of a workforce and to successfully implement new programs. Thus, we recognize the importance of providing informed training development recommendations to ensure Nebraska's child welfare workforce, DHHS/CFS leadership, and supporting personnel have the skills required to effectively, safely, and efficiently implement and support Nebraska's new child welfare practice and finance models.

A&M's training goal in this phase is to properly align future training with Nebraska's newly identified child welfare practice and finance models. We will accomplish this by performing a rigorous role-based assessment of training needs based on, but not limited to, the skills needed to be successful and ensure the highest levels of customer service, efficiency and efficacy of training, and the critical need to achieve mission success in a timely manner. In addition, considering Nebraska's recent changes related to privatized child welfare case management transitioning back to State-run case management, A&M will consider the value of adding change management training recommendations to alleviate worker concerns and promote "buy-in" of the newly implemented finance and practice models across the workforce. Based on these and other factors, A&M will make recommendations regarding the modality by which training may be administered which may include, but is not limited to:

- eLearning
- On-The-Job Training
- Instructor-Led Training
- Role Playing and Simulation Training
- Coaching/Mentoring
- Group Activities
- Video Training
- Cross-Training
- Job Shadowing
- Case Studies

Since children and families will require ongoing support from DHHS/CFS during the transition period to the newly devised child welfare practice and finance models, it's important that planning for their training be the first priority. To this end, A&M expects to facilitate the finalization of training recommendations in a priority-based sequence. We will first bring to the CW Workgroup recommendations related to training CFS caseworkers and their supervisory staff. A&M will support the CW Workgroup through consideration of differing experience levels, job requirements and skill sets. For example, a specific training curriculum will be required for new hires and field staff with little experience, while another will be directed to field and supervisory personnel with more experience.

With knowledge gained from the review completed as a part of the current state assessment (Phase II), A&M will offer training recommendations to Nebraska on how to best prepare its workforce to adapt to the new job and skills requirements created by changes in its child welfare practice and finance models. A&M will make training recommendations in the following areas:

- Workforce skills assessments
- Gap analysis (worker skills vs. job requirements)
- Training topics
- Favorable training methods
- Efficient and effective training modalities/platforms
- Ideal training implementation timelines
- Trainee assessment and remediation training

Based on responses received to questions on September 22, 2022, A&M understands that Nebraska would prefer recommendations related to training to be delivered by June of 2023.<sup>1</sup> June is currently scheduled to be the last month of Phase III – Future State Design and the first month of Phase IV – Recommendation Development. The A&M team will prioritize bringing forward recommendations that will have large workforce training impacts early in Phase IV, so that preliminary recommendations regarding training can be developed by the end of Nebraska’s fiscal year. Workforce training will be an important aspect of institutionalizing Nebraska’s final practice and finance model, which will continue to be developed throughout Phase IV. As additional recommendations are finalized, A&M will update the workforce training deliverable.

### *Recommendation Development: Summary of Activities*

Key to successful implementation and goal attainment is building shared buy-in and supporting people through change management. A&M has relevant experience in change management consulting for human services organizations as well as systems redesign and reconfiguration. Our teams have led transformational redesign and reconfiguration projects across the human services spectrum, giving us a unique perspective of what it will take to transform DHHS to better serve wellbeing of children and families. This experience will help inform the change management recommendations for Nebraska. To review a sampling of potential recommendations by focus area, see

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<sup>1</sup><https://das.nebraska.gov/materiel/purchasing/113287%20O3/Addendum%20for%20Questions%20and%20Answers.pdf>

Potential Recommendations by Focus Area				
Organizational Design	Workforce	Practice	Finance	Policy
<ul style="list-style-type: none"> <li>Proposed organizational chart</li> <li>Proposed operating model</li> <li>Recs. to support training plans</li> </ul>	<ul style="list-style-type: none"> <li>Specific options for developing additional workforce supports</li> <li>Recruitment suggestions to improve retention</li> <li>Systems enhancements that reduce duplicate data entry</li> <li>Training recommendations</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations for additional capacity development across the provider network (e.g., plan for providing technical assistance or funding)</li> <li>Suggestions to improve NE's risk and safety model</li> <li>Training recommendations</li> <li>Systems enhancements that provide usable reports and support interagency third-party systems interfaces</li> </ul>	<ul style="list-style-type: none"> <li>Steps for enrolling more Medicaid providers</li> <li>Process suggestions to improve Title IV-E Claiming</li> <li>Structural recommendations related to current rate structure</li> </ul>	<ul style="list-style-type: none"> <li>List of rule revisions needed to formalize aspects of the finance and practice model</li> <li>List of guidance or standard operating procedures that should be developed</li> <li>Proposed timeline for policy updates</li> </ul>

Exhibit 14 - Potential Recommendations by Focus Area

The following table, *Exhibit 15 – A&M Phase IV Tasks and Corresponding Focus Areas*, captures the RFP tasks that will be completed during Phase IV and indicates the focus area the tasks will support.

A&M Phase IV – Recommendation Development						
ID	RFP Project Description and Scope of Work Items	A&M Focus Areas				
		Organizational Structure	Practice	Finance	Workforce Development	Policy
<b>B</b>	<b>Project Overview</b>					
<b>B.1</b>	<b>Facilitate a workgroup that will develop a practice and finance model to include:</b>					
<b>B.1.d</b>	Development of a practice model for child welfare		X			

A&M Phase IV – Recommendation Development						
ID	RFP Project Description and Scope of Work Items	A&M Focus Areas				
		Organizational Structure	Practice	Finance	Workforce Development	Policy
	system case management and service delivery					
B.1.e	Development of a finance model for child welfare services			X		
B.1.f	Development of engagement strategies to support community involvement		X			X
B.1.g	Development of strategies that strengthen relationships across the court system, probation, executive branch agencies, the State Department of Education and community partners	X	X			X
B.1.h	Development of strategies that support integration of programs across child and family serving agencies	X	X	X	X	X
B.1.i	Development of accountabilities across the entire child welfare system	X	X	X	X	X
B.1.j	Evaluation of the State's Title IV-E claiming practices and identification of steps to optimize federal reimbursement		X	X		
B.1.k	Opportunities and financial mechanisms for providers to pilot innovative solutions		X	X		X
B.1.l	Development of a strategy for data collection and outcome monitoring		X			X
<b>C</b>	<b>Scope of Work</b>					
<b>C.2</b>	<b>Produce a project plan to facilitate an assessment of current child welfare practices, functions, conditions and partners to include:</b>					
C.2.k	Technology needs to support practice,		X		X	
C.2.m	Organizational and systemic barriers to implementation of practice and finance models; and	X	X	X		
<b>C.5</b>	<b>Formalize recommendations and facilitate a theory of change model for implementation of child welfare practice model and finance model to include:</b>					
C.5.a	Leadership needed from three branches of government, identifying support needed to both implement finance and practice models; and create strategies and processes for shared accountability;	X	X	X		X
C.5.b	Strategies for phased implementation of practice model; and		X			
C.5.c	Strategies for phased implementation of finance model.			X		
C.5.d	Engagement and partnership with Tribal partners;		X			
C.5.e	External partnerships to promote improved outcomes for children and families;		X			X
C.5.f	Partnerships and shared strategies across all State agencies;		X			X
C.5.g	Workforce strategies for training, workloads, salaries and retention;		X		X	
C.5.h	Strategies to improve Nebraska fatality review process to review child fatalities with a suspicion of		X			

A&M Phase IV – Recommendation Development						
ID	RFP Project Description and Scope of Work Items	A&M Focus Areas				
		Organizational Structure	Practice	Finance	Workforce Development	Policy
	child abuse and neglect designed to develop learning and prevention strategies.					
<b>C.6</b>	<b>Identify training needs for child welfare staff to support recommended practice model and evaluate training Request for Proposal (RFP) language to ensure all aspects and identified needs are included.</b>		X			

*Exhibit 15 – A&M Phase IV Tasks and Corresponding Focus Areas*

## **Phase V – Report Finalization**

In this phase, the A&M team will document the approach, key findings, mission, vision, and values for the future state system, and summarize our final recommendations into a written report. This documentation will include clear articulation of a child welfare finance and practice model tailored to the strengths and opportunities of the Nebraska system. It will also include implementation considerations, such as strategies for a phased implementation of the model. The A&M team understands that documentation of this type is an important opportunity for policymakers to “tell the story of their system.” The A&M team will work closely with Nebraska leads to ensure our report aligns with their understanding of the work completed as a part of the project and their expectations for their system moving forward.

The stakeholder engagement process will influence the recommendations issued in the final report and will also provide the input and time needed for outlining the resources, stakeholder buy-in, and other criteria necessary for implementation. The final report, in contrast to preliminary recommendations, will consider a range of questions such as cost impact to the budget, time to implement, and provider capacity required.

We understand that two iterations of the final report are required.

### **Final Report 1 (See Section V.E.2 of the RFP)**

This report will include the recommendations for a practice and finance model and a summary of all activities, evaluations, and data analysis. Nebraska requires that this be delivered by November 1, 2023. On our proposed timeline, A&M expects completion of this deliverable by week forty-two of our project.

### **Final Report 2 (See Section V.E.3-4 of the RFP)**

This report will be delivered within thirty days of the delivery of Final Report 1 and will include the proposed practice and finance model. Rather than simply a summary of activities, evaluations, and data analysis completed, this report will provide a more detailed overview of the information collected, the evaluations, assessment activities, and the recommendations developed. Additionally, this report will include a recommended implementation timeline and theory of change steps.

This report must also include recommendations related to workforce, central office organizational structure, caseload, and child fatality reviews.

### *Report Finalization: Summary of Activities*

The following table, *Exhibit 16 – A&M Phase V Tasks and Corresponding Focus Areas*, captures the RFP tasks that will be completed during Phase V and indicates the focus area the tasks will support.

<b>A&amp;M Phase V – Report Finalization</b>						
<b>ID</b>	<b>RFP Project Description and Scope of Work Items</b>	<b>A&amp;M Focus Area</b>				
		<b>Organizational Structure</b>	<b>Practice</b>	<b>Finance</b>	<b>Workforce Development</b>	<b>Policy</b>
<b>C</b>	<b>Scope of Work</b>					
<b>C.5</b>	<b>Formalize recommendations and facilitate a theory of change model for implementation of child welfare practice model and finance model to include:</b>					
<b>C.5.a</b>	Leadership needed from three branches of government, identifying support needed to both implement finance and practice models; and create strategies and processes for shared accountability;	X				
<b>C.5.b</b>	Strategies for phased implementation of practice model; and		X			
<b>C.5.c</b>	Strategies for phased implementation of finance model.			X		
<b>C.5.d</b>	Engagement and partnership with Tribal partners;		X			
<b>C.5.e</b>	External partnerships to promote improved outcomes for children and families;		X			
<b>C.5.f</b>	Partnerships and shared strategies across all State agencies;		x			
<b>C.5.g</b>	Workforce strategies for training, workloads, salaries and retention;				X	
<b>C.5.h</b>	Strategies to improve Nebraska fatality review process to review child fatalities with a suspicion of child abuse and neglect designed to develop learning and prevention strategies.		X			

*Exhibit 16 – A&M Phase V Tasks and Corresponding Focus Areas*

## A&M's Approach to Stakeholder Engagement

**Stakeholder engagement is omnipresent in our work throughout phases I-V of this project because it offers Nebraska's key stakeholders a greater opportunity to contribute directly to child welfare practice and finance model development.**

A&M has extensive experience supporting health and human services agencies with successful stakeholder engagement that leads to more powerful impact through consensus. State governments thrive when they can build a strong base of support on key initiatives that fosters collaboration between agencies and the public. System transformation is most effective when the planning, policy, and implementation are all influenced by the people and families who are most impacted by the changes. In taking a person-centered approach to stakeholder engagement, the process is continually refined based upon learning.

This approach supports broad engagement across all levels of stakeholders brought together on a regular basis to effect meaningful and lasting change throughout the system.

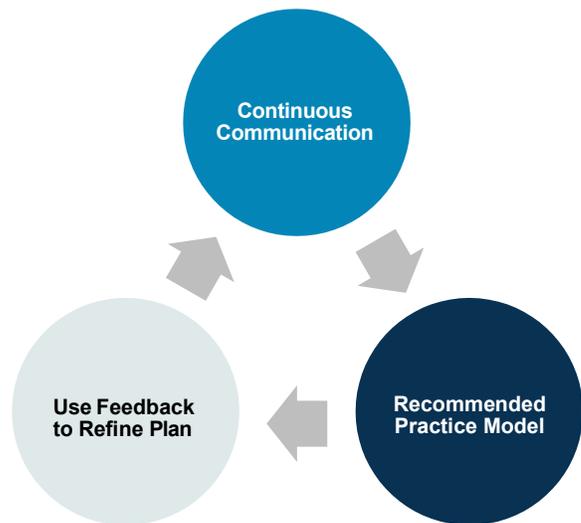
The A&M team will emphasize proper stakeholder engagement methods to promote and ensure the development of an integrated model that addresses all aspects of the CW system and supports strong partnerships among all branches of government, tribal partners, and key community stakeholders. One of A&M's core strengths is the facilitation of stakeholder engagement. Substantive and meaningful opportunities for stakeholders to provide initial input and critical-juncture feedback are key to reducing risk during the implementation stage.

Finally, sharing a vision for the future provides one of the most important contexts for effectuating change. When people are involved in this generation and use of knowledge, it enables them to act collectively in support of shared information and benefits. Through this engagement, our team will develop trusting relationships where stakeholders can share information, identify issues, offer, and vet solutions, create opportunities for double-loop learning, and ultimately, build trust through sustained and transparent communications. This collaboration builds stronger buy-in to the complex changes in the child welfare services by developing and maintaining trusting relationships focused on common goals.

A&M takes an inclusive hands-on approach to engaging stakeholders since we understand that a successful transformation is contingent upon the buy-in and trust of all affected. Our collective approach uses person-centered, planned, and collaborative measures to establish a regular cadence of communication and to ensure a two-way dialogue is maintained throughout the transformation.

Collaboratively, we will engage with stakeholders through the following high-level activities:

- Developing a Communications Plan with DHHS leadership for internal and external stakeholders



*Exhibit 17 - A&M's Approach to Stakeholder Engagement*

- Organizing workgroups to provide input on training and resource development
- Maintaining regular communications with key external stakeholders; and
- Collaborating with internal and external stakeholders to report the status and success of transformation phases.

Stakeholder engagement will be accomplished by:

- Managing and arranging focus groups and site visits with stakeholders from government, the courts, relevant state agencies, tribal partners, subject matter experts, and key community-based partners
- Developing and implementing effective intersectoral communication strategies to ensure maximum engagement of all project stakeholders
- Coordinating and directing regular working group meetings with the CW Workgroup
- Establishing a regular meeting cadence and deliverables with the CW Workgroup and the leadership group for input and to review project status and risk

### A&M Will Use Best Practice Strategies for Engagement

A&M’s approach to stakeholder engagement will be guided by five best practice strategies for engaging people who use health and human services<sup>2</sup>:

1. **Authentic Membership:** A&M will work to provide equal status and recognition of each person’s presence as a valued stakeholder. This includes sharing DHHS’ leadership’s commitment to listening and learning from stakeholders, forming partnerships to recruit participants, and sharing final recommendations that reflect stakeholder input.
2. **Full Participation:** A&M will provide stakeholders with the means to be present and engaged. We will work with DHHS to provide interpretation, translation, and captioning services, as needed. We will hold an optional pre-meeting for people who may benefit from additional explanation of the meeting materials in order to meaningfully contribute. We are skilled facilitators and will use a variety of techniques to allow everyone the opportunity to share information.
3. **Effective Communication Supports & Mentors:** A&M will provide stakeholders with the tools and opportunities to be prepared for and effective at meetings. We will offer multiple means of engagement, develop plain language documents, and share agendas in advance of meetings. We will work with DHHS to provide materials in a variety of languages and formats, as needed, and provide accommodations for people who may need them.



*Exhibit 18 - A&M Stakeholder Engagement Strategies*

<sup>2</sup> [Engaging People Who Receive Resources: A Best Practices Guide August 2020 \(https://ncapps.acl.gov/docs/Participant Engagement Guide 200904.pdf\)](https://ncapps.acl.gov/docs/Participant%20Engagement%20Guide%20200904.pdf)

4. **Meaningful Contributions:** A&M will support stakeholders to provide input and assistance in ways that utilize their ideas and lived experience, leveraging their context expertise so that they can share information in their preferred areas of input or concerns.
5. **True Influence:** True influence occurs when people enhance or alter the substance, direction, and outcomes of policymaking in ways that positively impact the lives of the people and families who receive services. This includes developing a vetting process to ensure that we have correctly captured their feedback, and to hear their perspectives on recommendations.

### *Child Welfare Workgroup Meeting Facilitation*

A&M will follow a meeting cadence with the CW Workgroup that collects stakeholder input throughout the project phases while providing project status on a routine schedule. The meeting cycle is depicted in *Exhibit 19 - Stakeholder Meeting Cycle*. We envision a cycle that is composed of small project team, project leadership, and executive leadership meetings in advance of the CW Workgroup meetings.

An important aspect of this process is the dedicated attention to ad hoc meetings. Based on our understanding of the work underway, we expect that the Workgroup members will have varying levels of confidence in DHHS and the Department's goals. We are experienced facilitating conversations with partners that have diverse perspectives, and we expect to see continuous collaboration improvement throughout the project. Hosting ad hoc meetings, reaching out to people where they're at (sometimes literally – we do not expect full tribal engagement without first visiting their tribal communities), has been critical to the success of our other stakeholder engagement efforts.

Throughout our ongoing support of a health and human service agency undergoing a large system transformation, we have consistently delivered thoughtful engagement support. Our past year of activity includes:

- Facilitation of approximately fifty stakeholder work group meetings,
- Facilitation of in-person, regional townhalls at every region in the State,
- Facilitation of virtual information sessions about key topics,
- Management of a dedicated website to house information and solicit feedback from the community,
- Recruiting individuals with lived experience to serve as work group members,
- Site visits across 30% of the regions in the State, and
- Developing communication strategies that are updated to reflect recent events and press activity.

Throughout this engagement we have supported the agency's leadership with executive coaching, talking points, quality meeting materials and agendas, accessible resources that describe the work, and presentation support. We understand the amount of work that accompanies meaningful stakeholder engagement, and we are prepared to partner with Nebraska through the management of the CW Workgroup and other stakeholder engagement efforts.

A&M proposes a meeting cycle that incorporates stakeholders at various levels and balances transparency with executive control of information sharing; A CW Workgroup meeting represents Step 4 in the process below.

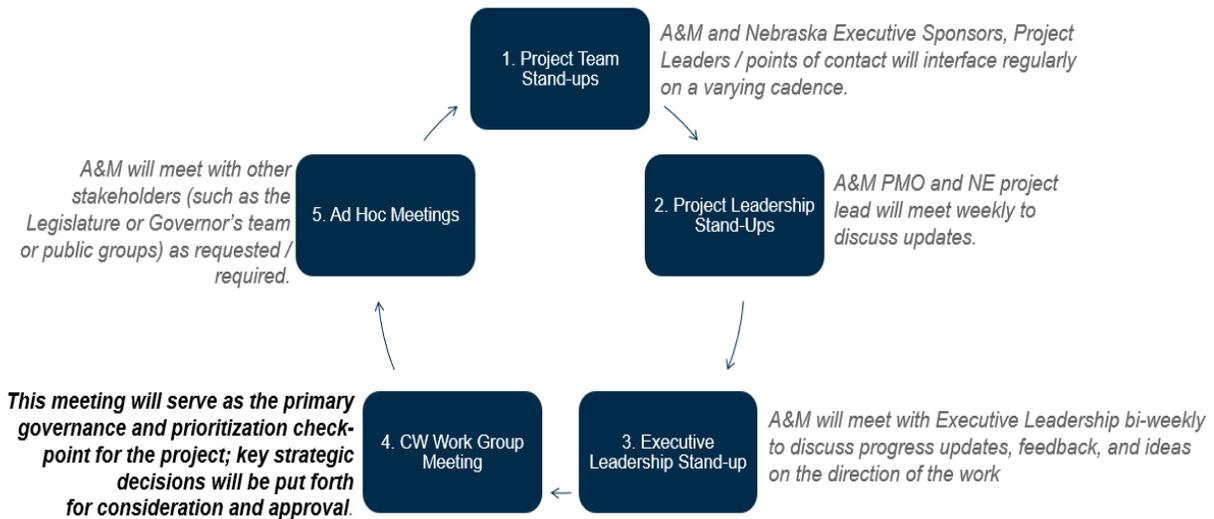


Exhibit 19 - Stakeholder Meeting Cycle

**The development of the CW Workgroup structure is an opportunity for Nebraska to create a new formalized process for soliciting input from stakeholders and making decisions with them.** Decisions will have to be made about what governance and process will exist for the CW Workgroup. Clearly articulated goals and roles will make the group more likely to succeed. A&M is prepared to offer recommendations regarding this governance framework.

We anticipate facilitating ten CW Workgroup meetings. Each meeting will last two to four hours. Each agenda will include a status update and a discussion of key inputs to the practice and financial model. Effective meeting management is critical to ensuring meetings are productive and meet the intended objectives. We have identified the following meetings and topics for the CW Workgroup to inform project goals (See *Exhibit 20 - Proposed Agendas for CW Workgroup Meetings*).

Meeting #	Meeting Topic
1	Kick-Off; Establish collaboration norms and guidelines
2	Investigation Priorities
3	Assessment Findings, Part I
4	Assessment Findings, Part II
5	Mission, Vision, Values Design, Part I
6	Mission, Vision, Values Design, Part II
7	Final Recommendation Decision-Making, Part I
8	Final Recommendation Decision-Making, Part II

Meeting #	Meeting Topic
9	Implementation Considerations
10	Final Presentation of Findings and Recommendations

*Exhibit 20 - Proposed Agendas for CW Workgroup Meetings*

The anticipated deliverables from this work include, but are not limited to:

- Documented findings from Workgroup interviews, focus groups and site visits to inform all project work
- Sustainable communication channels between relevant stakeholders in Nebraska’s child welfare system; some coordination activities may be best supported by interagency agreements, or Memorandums of Understanding
- Inputs for the practice and finance model (and final report)
- Monthly meeting materials that include a status update and phase-specific content
- Monthly meeting agendas that include discussion questions

## **A&M's Approach to Project Management**

**The A&M team will apply a rigorous approach to project management that ensures the Nebraska Child Welfare Strategy project will be delivered on time, on budget, and fully covers the scope of work. We are also prepared to share project-management best practices with the Nebraska team so that related efforts can be sustained after A&M's engagement with the State ends.** Initial planning will be used to establish a project governance model, communication protocols, and protocols for requesting and exchanging data. An initial meeting will be used to schedule initial interviews and confirm attendees to the project kick-off. A&M will review the project plan with the project sponsor and make necessary changes.

Shortly after project kick-off, the A&M project manager will meet with the State team to finalize project tasks; establish task durations; identify appropriate state resources and access, if any, needed for each task; and to reach agreement on project milestones, dates for key deliverables, and the cadence of any review cycles.

A&M's approach is rooted in the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK®), which provides a consistent, repeatable, and iterative process for project management. Moreover, our proposed project leadership brings in-depth experience managing a wide range of projects, including efficiency efforts, focused performance improvement initiatives, and large-scale operational transformations to return demonstrable results and value to our clients. With nearly two decades of leading complex public-sector efforts, A&M's approach to project management focuses on delivering practical results, not simply the creation of project management artifacts. Our approach empowers our experienced professionals to scale the depth and formality of project management tools to the task at hand, appropriately managing scope, cost, and schedule, while delivering the right resources and solutions to support DHHS' goals.

The A&M team's project leadership will maintain the Project Management Plan (PMP) and schedule developed in Phase I as a living document serving as our roadmap for our work with the State. As work is executed with DHHS, our project leaders will track variance against plan progress, controlling for scope creep and identifying and mitigating challenges associated with projected schedules.

A&M will define a Work Plan with work breakdown structures, highlighting key tasks, staff and deliverables, and a Gantt chart including schedule of tasks and time frames for all deliverables and milestones. Each task, its dependencies, interrelationships, and critical path items will be tracked and managed to ensure the logical, timely, and seamless execution of work. Through baselining techniques, A&M will track slippage and develop responses to changes in the schedule. As part of our processes, schedule performance across all tasks will be reported weekly, detailing the work accomplished during the period and the planned activities for the next period to track delivery against contractual deadlines and deliverables. Where slippage is identified, we will take corrective action and address any material schedule changes through the DHHS designated project sponsor.

Key to this effort will be a rigorous control of scope and ability to understand and address identified requirements. When potential changes to scope are identified, we will assess them by

comparing the requested change to the original scope, elevating the request as appropriate to DHHS leadership.

A&M will use agreed upon project management tools, such as MS Project and Smartsheet, to create a collaborative online environment to establish and maintain a project plan. Additionally, A&M will establish a PMO cadence and provide day-to-day project management leadership for this portfolio of DHHS projects and activities.

Successful project management will be accomplished through a variety of project controls and communication mechanisms.

#### Identifying and managing risks and issues

**Central to our project management approach is continuous risk management.** All projects have risks; however, successful projects are those that can effectively manage and mitigate risks before they inhibit project success. A&M's risk management process supports the proactive identification of potential problems to mitigate and resolve impacts to the project's objectives and timeline. Many of the focus and work groups may have varying perspectives and autonomy. Reaching consensus for a path forward can be difficult. Other risks include data availability, interagency cooperation, and availability of State personnel.

**Our strong project management will provide early indicators for when a task is likely to hit a delay** based upon unavailability or underperformance. We will escalate and attempt to mitigate, while remaining flexible, recognizing that these are among many items facing busy executives and stakeholders.

Early on, we will develop a risk register using tools such as Smartsheets to capture and track risks and issues. Risks will be assessed by assigning probability and impact percentages and identifying appropriate mitigation strategies. The A&M team will identify and pursue unique mitigation strategies for each risk. Risks that have been realized will be moved to an issues tracker where they will be prioritized and addressed.

#### Providing regular reports on project status

**A&M status reporting will provide a comprehensive, at-a-glance view of current project status.** Key to keeping a project on track is regular progress reporting and development and distribution of key performance indicators to enable course correction at any time within the project span. A standard reporting structure will be developed for sharing project status with the leadership group, as well as other designated stakeholder groups.

A&M has several customizable progress report templates. Our project manager will work with the project sponsor to select components that capture and convey essential information for this project. Our progress reports for precision, accuracy, and brevity, and with the State's approval, will offer the following standard features:

- Progress Report Agenda
- Executive Summary with Milestone Status Indicators (Red / Yellow / Green)
- Accomplishments
- Timeline

- Next Steps
- Risk / Issue Identification/Mitigation

An example of the project status reporting is provided in *Exhibit 21 - Example A&M Status Dashboard*

### NE DHHS Child Welfare Strategy Status

**A&M status dashboards captures the prior reporting cycle’s accomplishment, key next steps in the work plan, and emerging risks; the work stream status flag reflects progress against the work plan.**

**Work Stream Status**

●

 <b>Accomplishments</b>	 <b>Next Steps</b>	 <b>Risks &amp; Issues</b>
<ul style="list-style-type: none"> <li>Completed interviews of DCFS Staff</li> <li>Key processes documented in process maps.</li> <li>Training information received and analysis underway.</li> </ul>	<ul style="list-style-type: none"> <li>Complete review of applicable governing statutes and policies.</li> <li>Meet with key stakeholders to discuss gaps in available data.</li> <li>Complete training information analysis.</li> </ul>	<ul style="list-style-type: none"> <li>Data collection efforts delayed</li> <li>Scheduling conflicts arising for stakeholder facilitation meetings.</li> <li>Conflicting points of view emerging around initial recommendations.</li> </ul>

*Exhibit 21 - Example A&M Status Dashboard*

The A&M project manager will facilitate regular status meetings with project leadership to review status and risks. The team will establish a meeting cadence that centers around the tasks documented in the work plan and will allow us to regularly summarize progress against those tasks and seek input from DHHS. Regular status meetings cover recent accomplishments, upcoming project tasks, and pending risks or issues. Meeting frequency may adjust depending on the phase of the project and the needs of the team. Ad hoc meetings with key team members will be used as needed to facilitate project progress. These activities will overlap with the process flow described in *Exhibit 19 - Stakeholder Meeting Cycle* because we understand that much of the project management work will be heavily related to the structure and process for CW Workgroup facilitation.

### VI.A.2.c. Technical Considerations

To facilitate a productive assessment, evaluation, and analysis of Nebraska's child welfare system, A&M identifies the following technical considerations as important to the engagement.

- Timely access to information, including but not limited to internal assessments, non-public policy documents, financial reports, and quality management tools and outcomes. If deemed that the best source of information is via access to Nebraska's internal data system, provision of log-in and required equipment would be needed.
- Binding agreements that will govern the transmission and use of personal identifying information (PII) and personal health information (PHI) between Nebraska and A&M. Additionally, A&M will need access to a data analyst (or a similar SME) to help us develop queries and receive data from Nebraska.
- Dedicated on-site workspace for the A&M team and support in securing appropriate meeting spaces for CW Workgroup meetings. Both would preferably be equipped with technology for effective meeting facilitation, including projectors for presentations and whiteboards for activities such as brainstorming or process charting. Access to stable Internet is critical. If necessary, the A&M team would require appropriate credentialing to enter identified buildings/offices and log-in details for Wi-Fi and other intranet systems.
- A dedicated point of contact (POC) to facilitate meetings, leveraging existing knowledge of the stakeholders to support communication and assist with organizing stakeholder meetings.
- A high-level introduction to all stakeholder groups, introducing A&M's role and outlining the nature of the engagement, including expected outcomes. A&M can assist with the crafting of this message if requested.
- A clearly defined process to seek assistance to address roadblocks, such as technical problems, lack of needed access, unwarranted scheduling delays and if parties within or outside the DHHS are not meeting requirements or are slow to respond to requests.

## VI.A.2.d. Detailed Project Work Plan

A&M's proposed project schedule assumes a start date of December 1, 2022, with the week beginning December 5th being week one. Project work will be divided into five phases, with all phases overlapping. For example, assessment work in Phase II will begin as the information from Phase I is received.

- Phase I: Information Gathering (twelve weeks)
- Phase II: Current State Assessment (sixteen weeks)
- Phase III: Future State Design (twelve weeks)
- Phase IV: Recommendation Development (sixteen weeks)
- Phase V: Report Finalization (eight weeks)

This schedule is informed by A&M's experience in project management and policy/program expertise, including our previous work with child welfare agencies and human service departments in other states. We intentionally layer tasks so when there is an unexpected delay due to hard to access data sets or unavailability of key DHHS personnel or stakeholders, we can continually move forward. For example, we recognize that analysis tasks that occur in Phase II can begin immediately following the receipt of any information provided by the State in Phase I. Similar overlaps involving action items and delivery can be found in each phase of the project.

A&M's project plan reflects the expectation that recommendations will be developed, vetted, refined, and finalized through several discovery methods, including research and robust stakeholder engagement. To this end, A&M presents a plan and schedule to ensure efficiency, thoroughness, and timeliness as we complete discovery and finalize a proposed solution. As the solution is finalized, A&M will work collaboratively with DHHS to refine the strategies and recommendations; we are committed to partnering with the State to help vision the transformation and realize its results.

A high-level view of A&M's proposed project plan illustrates the application of project management across our proposed forty-two week project period. The first project milestone is planning for the kick-off meeting which will begin on the contract start date. We will work with DHHS to identify meeting attendees and solidify the agenda. A&M will be prepared to lead the discussion, creating a tailored approach for the initial meeting, and each subsequent status meeting. Additionally, we will create materials to facilitate meeting flow and assist in guiding fruitful discussion (e.g., PowerPoint presentation, Excel spreadsheets, Gantt charts, etc.). All meeting materials will be presented to DHHS leadership, or its designee, prior to the meeting for thorough vetting. A&M will fully document the meeting and share meeting notes/minutes which will highlight the topics of discussion, key points, and next steps. This practice will continue throughout A&M's project engagement to ensure meeting attendees and key stakeholders are fully informed. A&M anticipates the kick-off meeting will occur approximately one week after contract award.

## Project Management Work Breakdown Structure:

Task Name	Duration ①	Start Date	End Date
▣ Nebraska Child Welfare Transformation Assessment Project	266d	10/14/22	10/20/23
Notice of Intent to Award	0	10/14/22	10/14/22
Contract Start	0	12/01/22	12/01/22
▣ Project Management Tasks	113d	12/01/22	05/08/23
▣ Kickoff Meeting	6d	12/01/22	12/08/22
Identify individual attendees and key stakeholders	5d	12/01/22	12/07/22
Prepare meeting agenda and slidedeck	3d	12/02/22	12/06/22
Hold Kickoff Meeting	0	12/08/22	12/08/22
▣ Project Work Plan Development	23d	12/09/22	01/10/23
Meet to identify changes in work plan	5d	12/09/22	12/15/22
Finalize Work Plan	10d	12/16/22	12/29/22
Work Plan delivered with first month's report	0	01/10/23	01/10/23
<b>Deliverable: Monthly Status Reporting (10th of each month)</b>	17w	01/10/23	05/08/23
Facilitate CW Practice Model Work Group to review and provide input every three weeks	17w	12/30/22	04/27/23

### Phase I – Information Gathering Work Breakdown Structure

Phase I is focused on information gathering and will take place in the first twelve weeks of the project. The collection of relevant data, performing informational interviews, facilitating focus group/work groups, conducting site visits, and gathering feedback from other internal and external stakeholders will be time and effort intensive. Cooperation from DHHS, CFS, select government agencies, representatives from the juvenile justice system, community-based organizations, individuals with lived experience, tribal partners, and other key stakeholders will be critical to properly advance the work taking place. To this end, A&M will work with DHHS and/or designated Nebraska representatives to create a detailed scheduling of events, prepare and communicate clear agendas, and have a firm understanding of the outcomes sought.

Task Name	Duration ①	Start Date	End Date
- Phase I - Information Gathering	58d	12/09/22	02/28/23
Submit initial data request	0	12/09/22	12/09/22
- Organizational Structure	58d	12/09/22	02/28/23
- Data Gathering	55d	12/09/22	02/23/23
- Information Gathering	45d	12/09/22	02/09/23
Receive organizational charts	45d	12/09/22	02/09/23
Receive statutes	45d	12/09/22	02/09/23
Receive personnel data files	45d	12/09/22	02/09/23
Receive qualitative descriptions of roles and responsibilities	45d	12/09/22	02/09/23
Receive job descriptions	45d	12/09/22	02/09/23
- DHHS informational interviews	55d	12/09/22	02/23/23
Develop interview questions	5d	12/09/22	12/15/22
Identify interviewees	5d	01/20/23	01/26/23
Schedule interviews	10d	01/27/23	02/09/23
Conduct interviews	0	02/23/23	02/23/23
- Focus Groups	25d	01/20/23	02/23/23
- Central Office	25d	01/20/23	02/23/23
Identify participants	5d	01/20/23	01/26/23
Schedule focus groups	10d	01/27/23	02/09/23
Conduct focus groups	0	02/23/23	02/23/23
- Front-line Workers and Supervisors	25d	01/20/23	02/23/23
Identify participants	5d	01/20/23	01/26/23
Schedule focus groups	10d	01/27/23	02/09/23
Conduct focus groups	0	02/23/23	02/23/23
- Organizational design focus group	25d	01/20/23	02/23/23
Identify participants	5d	01/20/23	01/26/23
Schedule focus groups	10d	01/27/23	02/09/23
Conduct focus groups	0	02/23/23	02/23/23
- Site Visits	28d	01/20/23	02/28/23
Identify site visit locations	10d	01/20/23	02/02/23
Conduct site visits	18d	02/03/23	02/28/23

Task Name	Duration ①	Start Date	End Date
▣ Practice	45d	12/09/22	02/09/23
▣ Data Gathering	45d	12/09/22	02/09/23
Receive CPS standard operating procedures	45d	12/09/22	02/09/23
Receive level of care data	45d	12/09/22	02/09/23
Receive Risk and safety assessment procedures	45d	12/09/22	02/09/23
Receive placement and service availability and utilization data	45d	12/09/22	02/09/23
Receive recent outcome data	45d	12/09/22	02/09/23
Receive process information	45d	12/09/22	02/09/23
Receive judiciary requirements	45d	12/09/22	02/09/23
Receive prevention and reunification resources	45d	12/09/22	02/09/23
Receive caseload management data	45d	12/09/22	02/09/23
Receive foster care practices	45d	12/09/22	02/09/23
Receive documentation standards and case manager compliance requirements	45d	12/09/22	02/09/23
Receive data management and IT system efficiency	45d	12/09/22	02/09/23
▣ Three Focus Groups: Investigation, Case Management, NE Services and Needs	25d	12/23/22	01/26/23
Identify participants	5d	12/23/22	12/29/22
Schedule focus groups	10d	12/30/22	01/12/23
Conduct focus groups	0	01/26/23	01/26/23
▣ Finance	50d	12/09/22	02/16/23
▣ Data Gathering	50d	12/09/22	02/16/23
Receive budget to actuals information	45d	12/09/22	02/09/23
Receive placement/service cost data	45d	12/09/22	02/09/23
Receive provider contracts, capacity, and cost data	45d	12/09/22	02/09/23
Receive PACAP narratives and RMTS sampling	45d	12/09/22	02/09/23
Receive listing of agency programs	45d	12/09/22	02/09/23
Receive detail on calculation of penetration rate	45d	12/09/22	02/09/23
Receive most recent quarters' cost allocation reports	45d	12/09/22	02/09/23
Receive Title IV-E State Plan, including IV-E Prevention Plan	45d	12/09/22	02/09/23
Receive eligibility Policies and Procedures	45d	12/09/22	02/09/23
Receive training contracts with state universities	45d	12/09/22	02/09/23
Receive other process information related to federal reimbursement	45d	12/09/22	02/09/23

Task Name	Duration ①	Start Date	End Date
[-] Informational Interviews	20d	01/20/23	02/16/23
Develop interview questions	5d	01/20/23	01/26/23
Identify interviewees	5d	01/20/23	01/26/23
Schedule interviews	15d	01/27/23	02/16/23
Conduct interviews	0	02/16/23	02/16/23
[-] Focus Groups	20d	01/20/23	02/16/23
[-] Provider Billing and Rates	20d	01/20/23	02/16/23
Identify participants	5d	01/20/23	01/26/23
Schedule focus groups	15d	01/27/23	02/16/23
Conduct focus groups	0	02/16/23	02/16/23
[-] Workforce Development	55d	12/09/22	02/23/23
[-] Data Gathering	55d	12/09/22	02/23/23
Receive field staff turnover	45d	12/09/22	02/09/23
Receive field staff salary and benefits	45d	12/09/22	02/09/23
Receive supervision structure	45d	12/09/22	02/09/23
Receive recruitment practices	45d	12/09/22	02/09/23
Receive training practices	45d	12/09/22	02/09/23
[-] Workforce Focus Group	25d	01/20/23	02/23/23
Identify participants	5d	01/20/23	01/26/23
Schedule focus groups	10d	01/27/23	02/09/23
Conduct focus groups	0	02/23/23	02/23/23
[-] Policy	58d	12/09/22	02/28/23
[-] Data Gathering	45d	12/09/22	02/09/23
Receive statutes, regulations, and SOPs	45d	12/09/22	02/09/23
Receive outcomes data for policy effectiveness	45d	12/09/22	02/09/23
Receive review of current CFSR	45d	12/09/22	02/09/23
Receive policy and practice quality indicators data	45d	12/09/22	02/09/23
Receive review of previous efforts to streamline policy and process	45d	12/09/22	02/09/23
[-] Informational Interviews/Focus groups	28d	01/20/23	02/28/23
Identify individuals impacted by CFS policy	5d	01/20/23	01/26/23
Identify individuals implementing policy	5d	01/20/23	01/26/23
Schedule focus groups	10d	01/27/23	02/09/23
Conduct focus groups	23d	01/27/23	02/28/23

## **Phase II – Current State Assessment Work Breakdown Structure**

The current state assessment will last sixteen weeks and consist of synthesizing the information gathered in Phase I and using proven analysis methods to identify systemic trends and/or gaps that impact the wellbeing of children and families in Nebraska. Phase II is scheduled to begin in January 2023 and continue through April 2023. The overlap of Phase I and Phase II addresses the need for additional time to perform agency and stakeholder outreach, lead focus groups, and complete site visits. It is noted that many Phase II activities can begin as soon as the initial data and information from Phase I arrives. It is in Phase II that data will be gathered from peer states and national best practices to be used for comparison purposes.

Task Name	Duration ①	Start Date	End Date
- Phase II - Current State Assessment	80d	01/06/23	04/27/23
- Organizational Structure	80d	01/06/23	04/27/23
Compare staffing levels with peer states	80d	01/06/23	04/27/23
Operating structure/organizational structure-based gap analysis	80d	01/06/23	04/27/23
Develop summary of key findings from organizational design focus group	80d	01/06/23	04/27/23
Current spans of authority and control and decision making practices	80d	01/06/23	04/27/23
Examine alignment of operations resources	80d	01/06/23	04/27/23
- Practice	80d	01/06/23	04/27/23
Assess current implementation of FFPSA	80d	01/06/23	04/27/23
Assess types of services and treatments by catchment area (capacity and utilization)	80d	01/06/23	04/27/23
Assess foster care placements by type and area, capacity and utilization	80d	01/06/23	04/27/23
Intake/referral trend analysis	80d	01/06/23	04/27/23
Caseload data assessment	80d	01/06/23	04/27/23
Caseload assessment by Foster Care, In-home, Relative placements, or other types of placements	80d	01/06/23	04/27/23
Process evaluation of level of care determination	80d	01/06/23	04/27/23
Process evaluation of hotline and intake processes	80d	01/06/23	04/27/23
Supervision model evaluation	80d	01/06/23	04/27/23
A summary of operational barriers that staff, families, and children face	80d	01/06/23	04/27/23
Investigations focus group meeting	0	03/23/23	03/23/23
Case management focus group meeting	0	03/23/23	03/23/23
- Finance	80d	01/06/23	04/27/23
Budget to actuals analysis	80d	01/06/23	04/27/23
Revenue analysis by type of source	80d	01/06/23	04/27/23
Service definition and eligibility review	80d	01/06/23	04/27/23
Review of current services and rates	80d	01/06/23	04/27/23
Review of NE indirect cost rate proposal and PACAP	80d	01/06/23	04/27/23
Comparison of NE child welfare funding to best practices	80d	01/06/23	04/27/23
Develop summary of billing practices across the system	80d	01/06/23	04/27/23
Develop summary of CFS documentation processes that impact billing and reimbursement	80d	01/06/23	04/27/23

Task Name ①	Duration ①	Start Date	End Date
- Phase III - Future State Design	62d	04/05/23	06/29/23
- Large group visioning sessions	45d	04/05/23	06/06/23
Outline proposed future state finance model to maximize the claiming practices	45d	04/05/23	06/06/23
Develop engagement strategies to support community involvement	45d	04/05/23	06/06/23
Identify opportunities in service delivery network including contract structures	45d	04/05/23	06/06/23
Strategies to strengthen relationships and integrate across the court system, program executive branch agencies and community partners	45d	04/05/23	06/06/23
- Small group visioning sessions	1d	06/07/23	06/07/23
Drafting of mission, vision and value statements	1d	06/07/23	06/07/23
- Workgroup Facilitation	45d	04/28/23	06/29/23
Establish CW Mission and Vision Statement	45d	04/28/23	06/29/23
Establish statewide program goals	45d	04/28/23	06/29/23
Create child welfare system values and practice priorities	45d	04/28/23	06/29/23

### Phase III –Future State Design Work Breakdown Structure

In Phase III, A&M will begin focusing the CW Workgroup on the findings from Phase II to facilitate the development of a child welfare system mission statement, vision statement and outline the values that DHHS and CFS will operate under in their efforts to protect children and families in Nebraska. Additionally, A&M will assist the CW Workgroup in identifying its statewide program goals and practice priorities. These are foundational components of the future child welfare system practice and finance models, so substantial effort will be placed on identifying these guiding principles before delving into the practice/finance model discussion. Phase III will begin in April and extend through June and will overlap with the work occurring in both Phase II and Phase IV.

### Phase IV – Recommendation Development Work Breakdown Structure

The sixteen weeks of Phase IV tasks build on the foundational elements defined in Phase III and begins before the completion of Phase III. Phase IV tasks include the team developing an exhaustive list of recommendations and facilitating the CW Workgroup through decision-making. Final recommendations will be vetted for inclusion in the final report.

Task Name	Duration ①	Start Date	End Date
- Phase IV - Recommendation Development	110d	04/28/23	09/28/23
Develop evaluation criteria			
- Child Welfare Workgroup Facilitation	75d	06/16/23	09/28/23
Support development of recommended practice models	60d	06/16/23	09/07/23
Outline recommendations for enhance and sustained intergovernmental collaboration	60d	06/16/23	09/07/23
Recommendations related to data collection, system quality and monitoring	60d	06/16/23	09/07/23
Ongoing engagement with key stakeholders	60d	06/16/23	09/07/23
Review and document implementation considerations	15d	09/08/23	09/28/23
- Finance	75d	06/16/23	09/28/23
Support development of recommended finance models	60d	06/16/23	09/07/23
Develop plan to maximize Title IV-E claiming opportunities	60d	06/16/23	09/07/23
Ongoing engagement with key stakeholders	60d	06/16/23	09/07/23
Review and document implementation considerations	15d	09/08/23	09/28/23
- Workforce Development	110d	04/28/23	09/28/23
Recommendations for new worker training and in-service training, key stakeholder training	60d	06/16/23	09/07/23
Recommendations for workloads	60d	06/16/23	09/07/23
Recommendations for salaries and retention	60d	06/16/23	09/07/23
Review and document implementation considerations	15d	09/08/23	09/28/23
<b>Deliverable: Recommendations for Training to Implement the New Child Welfare Practice and Finance Models</b>	46d	04/28/23	06/30/23
- Practice	75d	06/16/23	09/28/23
Identify range of practice models	60d	06/16/23	09/07/23
Develop strategy for data collection and outcome monitoring	60d	06/16/23	09/07/23
Identify technology needs and solutions	60d	06/16/23	09/07/23
Develop strategies that support integration of programs across agencies	60d	06/16/23	09/07/23
Identify opportunities for provider pilot solutions	60d	06/16/23	09/07/23
Develop strategies to improve child fatality review process	60d	06/16/23	09/07/23
Review and document implementation considerations	15d	09/08/23	09/28/23
- Policy	75d	06/16/23	09/28/23
Identify policy misalignment with recommendations	60d	06/16/23	09/07/23
Determine policy amendment process	60d	06/16/23	09/07/23
Review and document implementation considerations	15d	09/08/23	09/28/23

## Phase V – Report Finalization Work Breakdown Structure

The final eight weeks of the project are devoted to developing and verifying the key findings and recommendations for implementation training and the practice and finance model for finalization in a summary report. The report will include implementation considerations, and correct timing

and order for implementation tasks. The final report will be delivered within 30 days of the end of the contract period.

<b>- Phase V - Report Finalization</b>	<b>15d</b>	<b>09/01/23</b>	<b>09/21/23</b>
Finalize approach, key findings	15d	09/01/23	09/21/23
Include mission, vision and values	15d	09/01/23	09/21/23
Implementation considerations	15d	09/01/23	09/21/23
<b>Deliverable: Final Report of Recommendations for Practice and Finance model, including updated training recommendations</b>	<b>0</b>	<b>09/21/23</b>	<b>09/21/23</b>
<b>Deliverable: Final report completed</b>	<b>0</b>	<b>10/19/23</b>	<b>10/19/23</b>

## VI.A.2.e. Deliverables and Due Dates

Deliverable	Brief Description	Due Date
<b>Monthly Status Reports</b>	A&M's first status report will include our final work plan with detailed project tasks and resources assigned and address which tasks require state resources. Task durations, milestones, and deliverable dates will be finalized in collaboration with DHHS. Subsequent status reports will be delivered by the tenth of each month in a method and format agreed to by DHHS.	1/10/2023
<b>Recommendations for Training to Implement the New Child Welfare Practice and Finance Models</b>	A&M will offer training recommendations to the CW Working Group on how to best prepare its workforce to adapt to the new job and skills requirements created by changes in its child welfare practice and finance models. A&M will make training recommendations in the areas of workforce skills assessments, gap analysis (worker skills vs. job requirements), training topics, favorable training methods, training modalities/platforms, and training implementation timelines.	6/30/2023*
<b>Report of Recommendations for Practice and Finance Model</b>	A&M's report to the CW Workgroup will consist of an outline of recommendations for Nebraska's new child welfare system finance and practice models. Additionally, A&M will include a summary of all activities conducted, as well as evaluations and data analysis that contributed to the proposed final recommendations.	9/21/2023
<b>Final Report of Proposed Practice and Finance Model</b>	A&M's final report to the CW Workgroup will outline the proposed child welfare system practice and finance model. The report will detail information collected from the evaluation, assessment and recommendations developed, and all supporting data analysis. It will also include: a recommended implementation timeline for all recommendations and theory of change steps; recommended workforce needs and structure of the central office to support implementation of the new practice and finance models; workforce caseload recommendations; and strategies to improve Nebraska's child fatality review process designed to develop learning and prevention strategies.	10/19/2023

Exhibit 22 - Expected Deliverables & Dates

*\* Based on work completed through June, A&M will provide high-level, directional recommendations related to training. As the practice and final model is developed, A&M will update these recommendations*

## Appendix – Resumes

### Wanda Seiler

Managing Director, Alvarez & Marsal  
*Team Role - Project Executive*

#### Professional Work History

##### **Alvarez and Marsal (A&M), Washington, D.C., Managing Director, January 2016–current**

Leads Public Sector Services Health and Human Services Team providing a broad range of consulting services to state human services agencies with a focus on Medicaid and other policy and programs that serve vulnerable populations. Specializes in program design, regulatory compliance and service transformation. Recent notable assignments include:

- NH: Leads a multi-year engagement to develop and implement an IMD waiver, implement Critical Time Intervention to reduce psychiatric hospital recidivism, transform intellectual and developmental disability services, and redesign juvenile justice programming;
- MT: Leads multiple teams to stabilize and right-size state operated facilities, assess and implement improvements to cost allocation protocols and survey child protection staff and make recommendations to stabilize workforce;
- MN: Provided expert witness testimony in an Olmstead lawsuit challenging the State protocols ensuring placement in the least restrictive setting;
- DC: Provided litigation consultation and expert witness testimony in an Olmstead lawsuit challenging the State's protocols for transition people out of nursing facilities;
- RI: Led multiple teams to right-size the State's long term care hospital and forensic unit, plan the privatization of state-operated group homes, and assess efficiencies within child welfare, child support, aging and disability waiver services;
- OR: Led a crisis management team established by Executive Order to address issues within the State's child welfare system, managed workstreams to transition children from out of state placement, improve access to mental health services, expand the continuum of treatment services, assess and streamline caseworker training, and create mobile crisis services; provided litigation consultation in two class action lawsuits regarding children in foster care;
- NE: As a subcontractor to Optumas, the State's Actuary of Record, conducted a cost analysis of I/DD services to inform a rate rebase and remodel, assessed I/DD and child welfare rates and payment protocols to align with Medicaid payor of last resort requirements, assessed/recommended improvements to disability waiver services quality management strategy, and reviewed level of care assessments and protocols and provided recommendations to address inconsistencies in eligibility determinations.

##### **FEi Systems, Inc, Columbia, MD, Principal, Product Owner, January 2014–December 2015**

As a Product Owner in a scaled Agile environment, led a team of developers and business analysts in gathering requirements to develop and implement a comprehensive case management system. Led a group of state stakeholders in creating and implementing a system of continuous quality improvement for long term services and supports.

**The Rushmore Group, LLC, Pierre, SD, Senior Consultant, March 2008–January 2014**

Led a team in the statewide implementation of a standardized assessment tool as the primary input to a reimbursement methodology for Medicaid services; facilitated stakeholder groups in the formulation of disability service transformation. Developed processes for and conducted PERM and TANF JOBS audits; Assessed and recommended changes to state agency licensing, oversight and monitoring of home and community-based services. Assessed and recommended changes to SNAP policy and processes; Provided expert witness testimony in civil lawsuits.

**State of SD, Department of Human Services, Director of the Division of Developmental Disabilities, May 2000–May of 2008**

Responsible for the provision of a comprehensive system of services and supports to 4,500 citizens with disabilities; Lead state agency division staff and stakeholders in continuous assessment and improvement of service quality; Automated information and monitoring systems; Provided oversight of critical incident management, investigations, and provider licensing and certification; Provided support to Governor and Governor's Office staff in responding to constituent concerns, speech and appearance preparation, staffing task forces and ad hoc working groups; Served as a public lobbyist appearing before House and Senate committees on appropriations, legislation, summer study and administrative rule matters.

Additional positions with the State of SD include:

- Assistant Director, Division of Mental Health (January 1996 – May 2000)
- Policy Analyst, Office Supervisor, and Caseworker, (October 1984 – December 1996)

**Education**

**South Dakota State University / University of South Dakota**

Bachelor's in Psychology, 1984 / Executive Master of Public Administration, 2013

**Certifications / Relevant Associations**

- Prosci Certified Change Management Specialist, AAIDD Certified Supports Intensity Scale Assessor and Trainer, NASDDDS Alum

**References**

**Rosa Klein**

Human Services Policy Advisor, Office of Governor Kate Brown  
900 Court Street NE, Salem, OR 97301  
Assistant: Katherine Bartlett – 503.378.8472

**Lori Weaver**

Deputy Commissioner, New Hampshire Department of Health and Human Services  
129 Pleasant Street, Concord, NH 03301  
Assistant: Kelly Cote 603.271.9300

**Erica Johnston**

Executive Director, Economic Services, Montana Department of Public Health and Human Services

111 N Sanders St, Helena, MT 59601

406.444.9773

## **Ernst H. Weyand**

Senior Director, Alvarez and Marsal  
*Team Role - Project Lead*

### **Professional Work History**

#### **ALVAREZ & MARSAL**

**2022 to Present**

**Senior Director, Denver, CO**

Senior executive in A&M's Public Sector Services (PSS) practice. Responsible for business development operations in a growing area of A&M's PSS practice and designing solutions for positive and sustainable change in government agencies, non-profits, and other public sector organizations. Primary areas of focus include creating effective management solutions/thought leadership, crisis management, identifying and resolving gaps in operational efficiency, and building teams to design and implement transformative organizational change.

#### **7SHORES CONSULTING, LLC**

**2019 to 2022**

**Co-founder and Managing Partner, Dallas, TX**

Led business development efforts, directed all business operations, and oversaw firm quality control/improvement efforts. Regularly consulted with foreign government officials and clients. Led a team of experienced and highly specialized professionals who provided consultation, training, and investigative services to a national and international clientele of law enforcement officers, prosecutors, child protection specialists and civil society organizations.

#### **UNITED STATES DEPARTMENT OF JUSTICE**

**2019 to 2021**

Selected as the US DOJ's first Missing and Murdered Indigenous Person (MMIP) Coordinator. Regularly collaborated with the Executive Director of the Presidential (Operation Lady Justice) Task Force to develop strategies to create/implement national guidelines to improve law enforcement and community response in cases involving missing and murdered American Indians/Alaskan Natives. Served as national coordinator of all US DOJ MMIP Coordinators and as principal MMIP Coordinator for the District of Montana.

#### **NATIONAL CRIMINAL JUSTICE TRAINING CENTER**

**2018 to 2022**

Developed and presented training curriculum and e-learning modules to a national audience on a variety of topics, to include Cold Case Team development, investigating missing persons, and combined law enforcement/community response in missing/abducted child cases.

#### **ODIN Enterprises, LLC**

**2018 to 2020**

Designed and delivered law enforcement and intelligence training to foreign officials. Created an employee assessment and selection process for a foreign-owned intelligence and security company. Recruited, assessed, and facilitated the hiring of hundreds of highly specialized law enforcement and intelligence professionals.

#### **FEDERAL BUREAU OF INVESTIGATION**

**1996 to 2018**

**Assistant Legal Attaché, Bangkok, Thailand, 2015-2018**

Improved capacity of host nation governments through threat/risk analysis, mitigation strategy consultation and training. Fostered effective working relationships with host government officials, foreign law enforcement officers and intelligence officials in Thailand, Laos, and Myanmar, resulting in the completion of successful investigations in support of the FBI's global mission.

**Supervisory Senior Resident Agent, Boise, ID, 2012-2015**

Responsible for administrative, operational, and investigative matters for multiple FBI offices in southern Idaho. Created strategic partnerships with private industry partners, local, state, and tribal leaders, Department of Defense officials, and intelligence community members. Served as a member of the FBI's national Child Abduction Rapid Deployment (CARD) Team.

**Special Agent, Billings, MT, 2007-2012**

Responsible for addressing violations of federal law. Primary duties included investigating violent incident crime impacting tribal communities. Provided national training on behalf of the FBI on topics relating to Homicide Investigation, Sudden, Unexplained Infant Death (SUID) Investigation, Crime Scene Management, and Interviewing.

**Supervisory Senior Resident Agent, Billings, MT, 2004-2007**

Responsible for administrative, operational, and investigative matters for three FBI offices in Montana primarily dedicated to addressing crimes impacting tribal communities. Developed key partnerships with law enforcement officials, private industry partners, and local, state, and tribal leaders in southern and eastern Montana.

**Unit Chief and Supervisory Special Agent, Indian Country and Violent Crimes Against Children Units, FBI Headquarters, Washington, DC, 2002-2004**

Served as Unit Chief for two of the FBI's busiest national criminal programs. Provided case support and consultation to 56 FBI Divisions and regularly provided input on crime mitigation strategies. Developed successful national initiatives to address changing crime problems in Indian gaming and child prostitution. Managed and directed spending of the FBI's Tribal Assistance Program (TAP) funds and dedicated Violent Crimes Against Children (VCAC) program funds.

**Special Agent, Pierre, SD, 1996-2002**

FBI Special Agent responsible for addressing violations of federal law. Primary duties included investigating violent crime, public corruption, civil rights matters, and financial crimes impacting tribal communities in South Dakota. Developed the FBI's national protocol for investigating Sudden, Unexplained Infant Death (SUIDs) cases.

**ATMS, INC.**

**1993 to 1996**

President and Chief Operating Officer responsible for the overall performance of personnel and business operations for a Hawaii based company specializing in computer assisted marketing of a variety of products and services.

**UNITED STATES ARMY**

**1987 to 1993**

## **Infantry Officer** (Lieutenant to Captain)

Served in variety of leadership/command roles, including Battalion Personnel Officer, Operations Officer, Executive Officer, Mortar Platoon Leader, and Light Infantry Platoon leader. Responsible for command, training, and the overall welfare of twenty seven to 170 soldiers. As Battalion Personnel Officer served as the principal personnel administrator of a rapid deployment light infantry battalion consisting of 570 soldiers.

## **Publications**

- January 2021, Department of Justice Journal, *“Enhancing Law Enforcement Response to Missing Person Cases in Tribal Communities”*
- April 2015, Law Enforcement Bulletin, *“Creating the Preferred Future Today for Law Enforcement Cooperation Tomorrow: A Case Study”*
- March 2004, Law Enforcement Bulletin, *“Sudden, Unexplained Infant Death Investigations”*
- April 1994, Infantry Magazine, *“Operation TOUCHDOWN: Using the Dynamics of Combat Power”*

## **Education**

### **United States Military Academy – West Point, NY**

Bachelor of Science, Political Science

“Managing Strategic Change,” Kellogg School of Management, Chicago, Illinois

FBI Executive Command College, West Yellowstone, Montana

## **Certifications / Relevant Associations**

- Member of the CDC’s National Steering Committee for the development of a national protocol for investigating sudden, unexplained infant death (SUID)
- Working Group Member - International Association of Forensic Nurses for the development of the National Protocol for Sexual Abuse Medical Forensic Examinations: Pediatric (Pediatric SAFE Protocol)

## **References**

### **Marcia Good**

Senior Counsel and Executive Director Operation Lady Justice - White house Task Force  
US Department of Justice, 950 Pennsylvania Avenue NW, Washington, DC 20530  
202-598-7704 (Mobile)

### **Ellie Bundy**

Tribal Council Member and Treasurer, Confederated Salish and Kootenai Tribes of the Flathead Reservation  
42487 Complex Blvd. Pablo, Montana 59855  
406-544-1735 (Mobile)

### **Terry Wade**

Executive Assistant Director (Retired), Federal Bureau of Investigation  
24680 N. MacArthur Blvd, Edmond, OK 73025  
928-607-8633 (Mobile)

## Maggie Koziol

Senior Director, Alvarez & Marsal

*Team Role - Advisor to Workforce, Training Protocol*

### Professional Work History

#### **ALVAREZ AND MARSAL, PUBLIC SECTOR | Washington, DC**

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##### **Senior Director, Public Sector**

April 2022 – Present

Lead workforce development, human capital, and training portfolios of work within the Education Team of A&M's Public Sector consulting group. Leading client delivery efforts for both public and commercial sector clients, while building out a rapidly growing team of consultants and experts.

- Create and execute go-to-market strategy for workforce development and human capital for the Education Practice
- Lead practice development around strategy and program design focused on skills-based hiring, apprenticeships, and training programs targeted at historically excluded populations
- Led project work focused on regional workforce development programming in 3 regions of the United States

#### **DELOITTE, LLP – PURPOSE OFFICE | Washington, DC**

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**National Education & Workforce Development Strategy and Programs Leader** Oct 2017 – Present

##### **Senior Manager, Policy & Government Relations**

Jan 2015 – Oct 2017

Established the education and workforce development (EDWFD) unit of the new Purpose Office to direct firm-wide alignment of strategy focused on inclusive growth and being a purpose-driven enterprise. Develop, drive, integrate, and measure strategies, investments, scaling efforts, and high-profile engagements. Lead and advise client efforts focused on workforce development.

- Coordinated train-to-hire program integration across 4 businesses – helped grow skills-based hiring by 100% over two years
- Designed and executed pilot programs to create registered apprenticeship program with non-profit talent developer
- Served as SME on client engagement in public sector, manufacturing, agriculture, and others to provide workforce transformation and change management advice
- Oversaw operations, strategy execution, and programming consisting of an \$8 million budget, and \$10 million in pro-bono investments
- Supervised and managed team of eight staff, including project oversight, learning & development, and training
- Led the internal policy work and data analysis that led to the firm creating a groundbreaking paid family leave policy
- Owned the firm's \$30 million partnership commitment to expanding economic opportunity for 500 Black Americans in ten years
- Published a report that was a template for consultants teaching Deloitte's internal EDWFD model to fifty+ companies

**USAID, BUREAU OF ECONOMIC GROWTH, EDUCATION, AND ENVIRONMENT | Washington, DC**

**Senior Policy Advisor, Office of Education**

Aug 2011 – Jan 2015

Influenced U.S. government agencies, officials, and members of Congress on international education priorities and budget issues. Led Congressional engagement strategy, messaging, and on-site collaboration efforts with policy stakeholders and service provider partners in countries across the globe. Designed programs and evaluations as a subject matter expert on issues related to program alignment with Agency priorities and policies, monitoring and evaluation, and donor collaboration and engagement.

- Managed budgets totaling over \$150 million and influenced USAID and Congressional agenda to best position education issues
- Worked with Field Missions on program design, drafting of scopes of work, results frameworks, and relevant procurement.
- Designed and oversaw \$27 million impact evaluation program to evaluate international education and workforce programming
- Headed the team that achieved increased federal contribution to the Global Partnership for Education from \$20 million to \$100 million
- Co-Chaired Interagency Working Group on post-2015 Education goals with U.S. State Department
- Authored the paper informing the official U.S. position on sustainable development goals for education
- Partnered with Senior Advisor for International Education on public policy, federal budget, and Congressional inquiries
- Authored policy notes, white papers, op-eds, and speeches for senior Agency leaders, including Senate-confirmed appointees

**THE WORLD BANK, HUMAN DEVELOPMENT NETWORK (HDN) | Washington, DC**

**Human Development Specialist, Office of the Chief Economist**

Mar 2008 – July 2011

Championed impact evaluation and monitoring systems design for health and education programs while working directly with the Human Development Chief Economist. Designed and delivered trainings on methodological implications and strategies for survey design, implementation, public expenditure tracking surveys, cost-benefit analysis, fiscal transparency, and other tools.

- Designed training and consulted on impact evaluation methodology development for twenty organizations in Africa and Asia
- Developed teams of program managers and global policy makers on incorporating impact evaluations into their programming
- Led effort in Latvia to design, implement, and evaluate national public works and unemployment insurance program
- Influenced *Results for Development* programming at start-up; company became a top global development contractor in DC
- Authored papers, guidance documents, and books on topics related to research conducted by the Chief Economist's Office

## Education

### **University of Michigan, Gerald R. Ford School of Public Policy**

Master of Public Policy, Economics and Policy Analysis

### **Tufts University**

Bachelor of Arts, Political Science and Russian & East European Studies

## Certifications / Relevant Associations

- **Policy Consultant** | Domestic Corps, University of Michigan Ross School of Business; Ann Arbor, MI
- **Policy Fellow** | EastWest Institute, Centre for Border Cooperation; Brussels, Belgium
- **Environmental Component Manager** | UNDP Chernobyl Recovery and Development Program (CRDP); Kyiv, Ukraine

## References

### **David Williams**

Principal, Deloitte  
30 Rockefeller Center  
917-297-0838

### **Penelope Bender**

Former Senior Education Advisor, USAID  
Address Unavailable  
703-507-5328

### **Ariel Fiszbein**

Former Chief Economist, World Bank  
Address Unavailable  
202-463-2923

## Tyler Stone

Manager, Alvarez & Marsal  
*Team Role - Project Manager*

### Professional Work History

**Alvarez & Marsal, Manager, New York, NY**

**2018 - Present**

Manager with A&M's Public Sector Services (PSS) group, focused on helping public sector organizations improve service delivery, outcomes, and operational efficiency within complex policy frameworks, with a particular focus on the health and human services policy domain. Key competencies include project management, change management, financial and data analysis, policy analysis, stakeholder engagement, program development, program management, and outcomes measurement.

Notable client work includes:

#### **New Hampshire Department of Health and Human Services (NH DHHS)**

- Evaluated DHHS care management spend and MMIS infrastructure; developed recommendation and high-level workplan to transform MMIS.
- Developed solutions for the ED boarding crisis in the State's mental health system, including Critical Time intervention (CTI).
- Led the statewide implementation, stakeholder engagement, data capture, financial analysis, and program development for DHHS's new CTI service.

#### **Arnold Ventures (AV)**

- Advised AV's policy leadership on future development and sustainable financing of the CTI model; developed a "five-year plan" to facilitate model growth and scale.

#### **New York Office for People with Developmental Disabilities (OPWDD)**

- Developed and regularly enhanced an I/DD rate forecasting model, giving OPWDD's CFO visibility into likely future costs of delivering I/DD services.
- Advised OPWDD's CFO on I/DD service utilization, enabling line of sight into trends driving OPWDD costs and service needs.
- During the COVID-19 pandemic, developed tools to assist OPWDD in procuring, managing, and delivering PPE (personal protective equipment) to mission-critical personnel around the State.

**ConveyIQ, Vice President of Customer Success, New York, NY**

**2015 - 2017**

Member of the executive team of ConveyIQ, a venture-funded startup company that aimed to transform recruiting and hiring using innovative videoconference and behavioral analysis tools. Responsible for revenue retention, customer experience, and account management. Led a team of seven people. ConveyIQ was acquired by Entelo.

**BetterCloud, Director of Customer Success, New York, NY**

**2014 - 2015**

Led the global customer success team (six people) of BetterCloud, a venture-funded startup company that provides businesses with a platform to manage their cloud IT infrastructure. Responsible for revenue retention and account management, as well as customer experience and growth. Consistently overperformed on key metrics, achieving record revenue growth and customer retention.

## **Education**

### **New York University, Robert F. Wagner School of Public Service**

Master of Public Administration, Specialization in Social Impact and Investment

### **Georgetown University**

Bachelor of Arts, Government and Political Philosophy

## **Certifications / Affiliations**

- Prosci-Certified Change Management Specialist
- Trained on Person-Centered Thinking

## **References**

### **Stephanie Cameron**

Director of Care Transitions, New Hampshire Department of Health and Human Services  
129 Pleasant Street, Concord, NH 03301  
Phone: 603-496-0630

### **Ann Landry**

Associate Commissioner, New Hampshire Department of Health and Human Services  
129 Pleasant Street, Concord, NH 03301  
Assistant: Leslie Bartlett, 603-271-4336

### **Kim Cassel**

Director of Evidence-Based Policy, Arnold Ventures  
1717 W Loop S, Suite 1800, Houston, TX 77027  
Phone: 630-881-4211

## Alecia Ortiz

Senior Consultant, Alvarez & Marsal  
*Team Role - Data and Policy Analysis*

### Professional Work History

#### **ALVAREZ & MARSAL**

**2021 to Present**

**Senior Consultant, Washington, DC**

Provides policy analysis, data analysis, and stakeholder engagement support to health and human services projects.

- New Hampshire – Manages the stakeholder engagement and policy transformation components of a multi-year effort to redesign the State’s Developmental Disabilities service system. This includes leading an effort to update the agency’s administrative rule set to ensure alignment between practice and policy.
- Oregon – Completed a current state assessment of the State’s subsidized childcare program to prepare for an organizational restructuring of childcare services.
- Montana – Developed materials to improve the utilization of existing employment support programs by the child welfare workforce. This work included supporting increased collaboration between the child welfare agency and the State’s Human Resources department.

#### **Rhode Island Office of Management and Budget**

**2018-2020 to Present**

**Senior Economic and Policy Analyst, Providence, RI**

Provided operational and policy leadership and project management support to strategic initiatives pursued by the Governor’s Office.

- Department of Children Youth & Families (DCYF) – Co-led an interagency effort to assess and transform the practice and financial structure of DCYF. This work included supporting the agency through emergency budget initiatives, working with the legislature to approve additional FTE for the agency, developing a new unit within DCYF to focus on recruiting and retaining foster families, and developing a contract renegotiation strategy for the agencies’ private foster care agencies.
- Department of Health – Led/ Project managed the Department’s COVID-19 operations including testing, case investigation, and contact tracing. This crisis management, operational work included reporting directly to the Governor on weekly operational challenges, developing new processes, rapidly hiring staff to scale up service delivery, managing vendor contracts, and using agile problem-solving skills to solve emerging problems in real time.

#### **Research Improving People’s Lives**

**2018**

**Research Assistant, Providence, RI**

Completed quantitative analysis with a team of researchers related to a child welfare policy change; explored the impacts of increasing the age of eligibility from eighteen to twenty one

- Reviewed relevant policy related to the change to further define the effective change for impacted individuals
- Used SQL and Stata to structure and clean a dataset based on queries from a linked administrative database
- Completed descriptive analysis of population trends
- Completed descriptive analysis of child outcome data in the years following the policy intervention including pregnancy rates, health outcomes, and interactions with the justice systems

## **Education**

### **Brown University**

Master of Public Administration – Data Driven Policy

### **Brown University**

Bachelor of Arts – Economics

## **References**

### **Timothy (Tim) Murphy**

Operations Manager, Rhode Island Department of Children Youth and Families  
101 Friendship St, Providence, RI 02903  
401.585.5722

### **Erica Johnston**

Executive Director, Economic Services, Montana Department of Public Health and Human Services  
111 N Sanders St, Helena, MT 59601  
406.444.9773

### **Jonathan Womer**

Senior Advisor, The Policy Lab, Brown University  
225 Dyer St, Providence, RI 02903  
919.610.9867

## **Teresa James**

Senior Consultant, HealthTech Solutions, LLC

*Team Role - Subject Matter Expert – Child Welfare Practice Model*

### **Professional Work History**

#### **HealthTech Solutions LLC, Frankfort KY, Senior Consultant, 2017-Present**

As a Senior Consultant at HealthTech, Teresa provides project management and strategic planning consultation for state social services agencies. She works collaboratively with state administrators and staff to coordinate strategic plans in coordination with Medicaid IT architecture state self-assessment and recommendations for systems integration. Teresa is skilled in developing and implementing plans for strategic planning follow-up and capacity building for agency, preparing agencies for organizational change while maintaining adherence to state and federal mandates, coordinating with state government agencies on behalf of shared services and interoperability across state government, and utilizing skills for reviewing and coordinating development of program planning responses for Request for Proposals.

Teresa led the Statement of Work for Delaware where she provided strategic advice and planning for the Supplemental Nutrition Assistance Program (SNAP) quality control unit to increase requirements with federal reporting guidelines. She completed an assessment of current processes and procedures, as well as subject matter expertise (SME) support. She engaged with leadership and staff to establish goals, objectives, and action steps and surveyed four states regarding SNAP practices to assist with considerations for strategic planning. She developed a fiscal note for strategic planning goals and a unit implementation plan to monitor and measure progress of strategic planning. Teresa provided similar services to the Rhode Island Department of Children, Youth, and Families. She provided surge leadership to the finance function with a focus on understanding costs to guide decision-making and inform future policy considerations. This included meeting with Department leadership, creating future models, and assisting leadership in performance improvement.

Teresa works with the Connecticut Department of Social Services (DSS) to create a strategic plan for the agency. This includes divisional objectives, strategies, and action plans to support the mission and vision of the agency. She helped to create a monitoring and review process that ensures plans are progressing and outcomes are being met. Teresa facilitates staff training through persona development to help them better serve their communities.

#### **Lexington-Fayette County Public Health Department, Lexington KY, Community Programs Manager, 2016-2017**

Teresa provided management and direction for public health programs such as Health Equity, Health Promotion, Health Access Nurturing Development Services, Maternal Child Health, and School Health Services. She managed highly complex and long-term public health grants, established program goals, developed and monitored performance metrics, and utilization outcome data to drive future program development and outreach services. She prepared and monitored program budgets and funding requests, provided direct supervision for team leaders, and worked closely with programs to promote quality outcomes and targeted program development strategies.

**Kentucky Department for Community Based Services, Frankfort KY, Commissioner, 2011-2015**

Teresa served as the chief administrator of the public agency charged with providing child and adult protection, foster care services, adoption, child care, Temporary Assistance for Needy Families, Supplemental Nutrition Assistance, and Medicaid eligibility. She provided executive level leadership for over 4,500 staff located statewide. Her principal responsibilities included management and oversight of the Department's \$1 billion annual budget. She guided the agency through departmental and cabinet leadership changes while developing strategic plans for improved transparency and collaboration. She testified before the State General Assembly during transition periods. She led efforts to establish a web-based reporting portal for professional reporting of abuse and neglect, instituted statewide workload reduction efforts to address issues of high caseloads, initiated Training Academy redesign for incoming and ongoing training of staff, implemented advanced supervisory training program, enhanced utilization of technology to reduce workload, and established efforts to address recruitment and retention of professional Social Work staff. All efforts were completed while addressing a significant departmental budget deficit.

**Kentucky Department for Community Based Services, Frankfort KY, Deputy Commissioner, 2008 – 2011**

Teresa served in an executive role with primary oversight of the protection and permanency services for children and vulnerable adults in Kentucky. She shared administration of the statewide agency with approximately 4,500 staff serving 60,000 clients each year. She was responsible for strategic planning and program development including oversight and implementation, staff development, and engagement with the executive, legislative, and judicial branches of government to insure compliance with all federal and state statutory and regulatory requirements. She participated in contract negotiations, provided budget oversight and administration, and sought to enhance community partnerships to strengthen Kentucky's child welfare continuum of care.

**Lake City Medical Center, Lake City FL, Clinical Social Worker, 2005 – 2008**

Teresa fostered the development of the clinical social work role in the hospital case management system. She provided clinical coordination of psychosocial assessment, clinical intervention, and coordinated discharge planning. Her clinical emphasis included geriatrics, life cycle changes, and end-of-life issues. She performed crisis intervention work within Intensive Care Units (ICU) and Emergency Care Center . She collaborated with patients, families, community partner agencies, private, state, and federal payers, hospital management, and medical staff.

**Hospice of North Central Florida, Gainesville FL, Senior Social Work Clinician, 2003 – 2005**

Teresa provided administrative and clinical direction for delivery of clinical social work services for regional sites. She assisted with clinical supervision of social work staff as well as monitoring compliance with Medicare guidelines and providing oversight of revenue accuracy and integrity for levels of patient care. She coordinated community bereavement services including counseling, facilitation of community bereavement groups, and educational presentations for community partners and civic organizations. She was a facilitator for bi-annual community bereavement programs. She developed policy and ensured implementation of financial resource

coordination programs for patients throughout the agency. She shared in the management and leadership for daily operations of the local office.

**Tampa General Hospital, Tampa FL, Care Coordinator/Clinical Pediatric Social Worker, 1999-2003**

Teresa was responsible for coordinating, monitoring, and evaluating options and services needed to meet medical/health needs of patients in Pediatrics, Pediatric Intensive Care, and Pediatric Dialysis Units. The work required successful collaboration with patient, families, payers, and a multidisciplinary healthcare team. Teresa maximized efficient utilization of services and resources to promote quality, and cost-effective outcomes. Teresa's specific responsibilities included utilization review, case management, and discharge planning. She provided psychosocial assessment and intervention with pediatric patients and their families, criminal and civil court depositions and court testimony in high profile child abuse cases, collaborated with the Child Protection Team and local law enforcement. Teresa provided Domestic Violence training to TGH employees, including hospital management and University of South Florida College of Medicine physicians

**Education**

**University of Kentucky**  
Master of Social Work

**Eastern Kentucky University**  
Bachelor of Social Work

**Certifications / Relevant Associations**

- Kentucky Licensed Clinical Social Worker (SW3255)
- Kentucky Child Fatality and Near Fatality External Review Panel
- Kentucky Unified Juvenile Justice Task Force
- Casey Family Programs Appalachian Child Welfare Leadership Roundtable
- Casey Family Programs Rural Child Welfare Administrators group
- College of Social Work Advisory Board, Asbury University
- Kentucky Statewide Interagency Council (SIAC) for Children and Youth
- Florida DCF District 6, Substance Exposed Newborn Committee
- Professional Development Committee, TGH Social Work Windows Server Administrator
- Kentucky Youth Advocate Champion for Children Award
- University of Kentucky College of Social Work Hall of Fame
- Eastern Kentucky University College of Safety and Justice Dean's Award
- Tampa General Hospital Teal Award for Outstanding Service
- Frist Humanitarian Award – Healthcare Corporation of America
- Commissioner's Award Kentucky Department of Community Based Services

**References**

**Patricia Wilson** Former Commissioner, KY Department for Community Based Services  
1204 Glenellen Street  
Danville, KY 40422  
(859) 516-8933

**Audrey Haynes** Former Secretary, KY Cabinet for Health and Family Services

9758 Mirabella Pt.  
Lone Tree, CO 80123  
(502) 604-0990

**Edith Karsky** Retired – Executive Director, CT Association for Community Action  
Address Unavailable  
(860) 306-4641

## Richard Peterson

Director – Health & Human Services, Sivic Solutions Group  
*Team Role - Senior Advisor – Finance Model*

### Relevant Work Experience/Projects

Mr. Peterson has more than 15 years of experience working for the States of Illinois and Indiana. Most recently, Mr. Peterson served as the Chief Financial Officer for the Indiana Department of Child Services (DCS). While at DCS, Mr. Peterson managed an \$850 million all-funds budget; led financial management of Indiana's Title IV-E waiver demonstration project; and implemented \$15 million in Title IV-E, TANF, and Medicaid revenue enhancements. Mr. Peterson's team at DCS successfully led Indiana's preparations for its 2012 Title IV-E Foster Care eligibility review that resulted in ACF's determination of substantial compliance. Mr. Peterson's DCS team also developed annual cost-based payment and Title IV-E reimbursement rates for residential treatment facilities and child placing agencies and implemented new procedures for documenting and claiming Title IV-E Foster Care candidacy costs.

While working for the State of Illinois, Mr. Peterson served as the Assistant to the Chief of the Bureau of Revenue Management and Federal Reporting for the State's human services agency with a \$5 billion annual budget. Prior to that, he focused on budget analysis and development for subsidized childcare and other welfare-to-work and grant programs, including their reorganization into an umbrella human services department in 1997 amidst federal welfare reform. Additionally, Mr. Peterson acquired considerable experience in revenue forecasting and operations budgeting while in this role.

### **District of Columbia (DC), Child and Family Services Agency (CFSA) - Web-based Cost Allocation System and PACAP Maintenance Consulting (Time Period Worked on Project: 8/2016-Present):**

For this project, Mr. Peterson works to configure and revise the SSG e-SivicCAP system to support the Agency's PACAP implementation, develop the quarterly Title IV-E claims, and supports the ongoing maintenance and negotiation of the Agency's PACAP. He also supports two annual RMTSs and revenue maximization initiatives for this project.

### **Washoe County, Nevada Human Services Agency - RMTS, Cost Allocation, & PACAP, including Medicaid Claiming (Time Period Worked on Project: 1/2018-Present):**

Mr. Peterson is the Project Director of the implementation of SSG's e-SivicMACS RMTS software for the Washoe County (Reno) Human Services Agency's Children's Services Division and Adult and Senior Services Division. SSG is also responsible for the implementation of SSG's e-SivicCAP cost allocation software and updating the Agency's Public Assistance Cost Allocation Plan (PACAP).

### **Indiana Family and Social Services Administration (FSSA) – RMTS (Time Period Worked on Project: 2002-2004):**

Mr. Peterson implemented the Email/web-based RMTS application for eligibility and child welfare staff and assisted with cost allocation issues concerning child welfare training; electronic benefits transfer administrative costs, RMS, and departmental reorganization.

**Human Service Finance Officers (HSFo) Child Welfare - Financial Training Project (Time Period Worked on Project: 11/2016-Present):**

Mr. Peterson conducted training to HSFo members on a variety of Child Welfare best practice topics including IV-E eligibility and claiming, Medicaid claiming, cost allocation practices, and impacts of legislative and regulatory changes.

**Indiana Department of Child Services (DCS) - PACAP Development and Cost Allocation (Time Period Worked on Project: 8/2008-7/2009)**

Mr. Peterson supported the development and negotiation of the DCS PACAP following DCS' separation from the Indiana Family and Social Services Administration (FSSA). Mr. Peterson's responsibilities included preparation of bi-weekly payroll data for cost allocation and quarterly allocations, and calculation of Title IV-E eligibility ratios.

**Texas Interagency Council on Early Childhood Intervention - RMTS Implementation (Time Period Worked on Project: 2002):**

Mr. Peterson assisted in the development, implementation, and training of State staff in a new RMTS process including sample selection of providers and provider/staff, development of the RMTS survey instrument, training of the RMTS sample universe, and the set-up of the RMTS software. Additionally, Mr. Peterson applied the time study results to cost and program data to develop potential Fee-for-Service (FFS) rates for use by the Council with its providers.

**Illinois Department of Central Management Services Cost Allocation Support:**

Mr. Peterson assisted with an assessment of cost allocation issues in support of an Information Technology (IT) centralization strategy.

**Travis County Texas, Juvenile Probation Training and Reporting:**

Mr. Peterson provided training for juvenile probation staff using time and effort reporting to capture activities eligible to drive Title IV-E claiming.

**Professional Work History**

- Sivic Solutions Group, LLC (SSG); Parsippany, NJ; Director – Health & Human Services; Utica, NY; 2016 – Present
- Indiana Department of Child Services; Indianapolis, IN; Chief Financial Officer; Indianapolis, IN; 2013 – 2016
- Indiana Department of Child Services; Indianapolis, IN; Deputy Chief Financial Officer; Indianapolis, IN; 2012 – 2013
- Indiana Department of Child Services; Assistant Deputy Director-Federal Financial Management; Indianapolis, IN; 2009 – 2012
- Sequoia Consulting Group; Avon, IN; Consultant; 2008 – 2009
- MAXIMUS, Inc.; Denver, CO; Principal Consultant; 2007 – 2008
- Illinois Department of Human Services; Springfield, IL; Assistant Bureau Chief-Revenue Management and Federal Reporting; 2005 – 2007
- MAXIMUS, Inc.; Springfield, IL; Consultant; 2002 – 2005

- Illinois Department of Human Services; Springfield, IL; Lead Budget Analyst; 1998 – 2002
- Illinois Economic and Fiscal Commission; Springfield, IL; Legislative Analyst; 1997 – 1998
- Illinois Bureau of the Budget; Springfield, IL; Budget Analyst; 1995 – 1997

## **Education**

### **University of Illinois at Urbana-Champaign, IL**

Master of Business Administration

### **Augsburg College**

Bachelor of Art in Political Science

## **References**

### **Delores Millhouse**

Special Assistant

DC Office of the Chief Executive Officer

Address Unavailable

Tel.: 202-671-4722

### **Brandi Johnson**

Fiscal Manager

Washoe County (NV) Human Services Agency

Address Unavailable

Tel.: 775-337-4489

### **John Simmons**

Administrator

Business Services Administration DC Children and Family Services Agency

200 I Street, SE, #3206

Washington, DC 20003

Tel.: 202-442-6165

## Lisa Rich

Senior Project Manager, Sivic Solutions Group  
*Senior Advisor – Policy, Finance Model*

### Relevant Work Experience/Projects

#### **Washoe County, Nevada Human Services Agency - RMTS, Cost Allocation, & PACAP – includes Medicaid Claiming (Time Period: 2019 – Present):**

Ms. Rich is a Project Consultant/Child Welfare SME for SSG's e-SivicMACS RMTS software for the Washoe County (Reno) Human Services Agency's Children's Services Division and Adult and Senior Services Division. Ms. Rich also provides support the e-SivicCAP cost allocation software and updates the Agency's Public Assistance Cost Allocation Plan (PACAP) as needed.

#### **District of Columbia (DC), Child and Family Services Agency (CFSA) Web-based Cost Allocation System and PACAP Maintenance Consulting (Time Period: 2019 – Present):**

Ms. Rich is the Project Manager for the e-SivicMACS RMTS and e-SivicCAP system. Ms. Rich serves as a child welfare SME and manages the ongoing updates to the agency's PACAP.

#### **Wyoming Department of Family Services Cost Allocation Services (Time Period: 2020 – Present):**

Ms. Rich is the Project Manager for the current evaluation of Wyoming DFS cost allocation processes and implementation of e-SivicCAP. In addition, Ms. Rich serves as a child welfare SME and manages the ongoing updates to the agency's PACAP.

Idaho Department of Labor and Department of Health and Welfare (Time Period: 2021 – Present):

Ms. Rich is the Project Manager for the current implementation of e-SivicCAP.

### Professional Work History

#### **Sivic Solutions Group, LLC, Senior Project Manager, April 2019 – Present:**

Ms. Rich serves as the primary point of contact for clients, working in a collaborative partnership. She is responsible for the development of Project Work Plans and management of activities and tasks for the delivery of high-quality service to SSG clients.

#### **Valaista, Inc., Founder and President, 2016 – 2019:**

- Provided system improvement support to government and private agencies.
- Developed the design aspects of child welfare technology solutions.
- Delivered business development support in child welfare.

#### **Department of Workforce Development, Director of IT Strategic Initiatives, 2018 – 2019:**

- Set vision and strategic direction for DWD IT projects to support the alignment of training programs and job seeker skills to the needs of employers.
- Supervised the Project Management and Business Analyst Teams.

- Ensured initiatives are coordinated into a cohesive system to support students, job seekers, educators, and employers.

**KHI Solutions, Inc.: Department of Workforce Development, Demand Driven Workforce System Consultant, 2016 – 2018:**

- Managed the system transformation to become a demand-driven workforce system, considering occupations in demand and necessary skills needed by the workforce to match that demand.
- Coordinated the development of new systems and the adjustment of existing systems to align with that demand.
- Supported the development of key performance indicators and program measures.

**Department of Child Services, Deputy Director of Services and Outcomes, 2009 – 2016:**

- Served on the Executive Team that administered operations and initiatives for a state agency with \$900 million budget and 3,400 staff members.
- Managed community-based and prevention contracts totaling more than \$150 million.
- Developed, implemented, and monitored best practice services statewide for Indiana families to prevent child abuse or neglect, preserve families, and reunify those who are out of their homes.
- Directed a change-oriented team of innovative staff and progressive providers who implemented new services and practices for the agency (e.g., extended foster care; implementation of evidence-based practices).
- Led the implementation of the Sobriety Treatment and Recovery Teams.
- Served as the DCS representative for the Court Improvement Program's Child Welfare Improvement Committee.
- Chaired the Community Mental Health Center partnership to improve services to child welfare-involved families.
- Developed a statewide network of services for children with serious mental health issues and developmental delays/intellectual disabilities who were not covered by Medicaid.
- Supervised the Research and Evaluation, Office of Data Management and Quality Assurance Teams.
- Led efforts to improve system processes through technology (e.g., proposal-to-contract processes, service mapping referral processes, service documentation to claiming).

**Department of Child Services, Local Office Director, Dearborn and Ohio Counties, 2007 – 2009**

- Managed the field operations in two local offices, including assessments of abuse and neglect and ongoing case management.
- Implemented a practice model focusing on team decision-making and client voice.
- Facilitated community and provider relationships to improve outcomes for families and children.
- Prepared and managed county budgets for services.

## **Ball State University; Assistant Director, Social Science Research Center; 1997 - 2007**

- Developed business relationships and proposal development to secure required external funding of the Center.
- Coordinated child welfare services in East Central Indiana, including federal proposal writing assistance, proposal review, screening, financial tracking, and outcome evaluation for approximately 50 programs annually.
- Developed and supervised a program to support college students who had formerly been in foster care.
- Managed staff and research projects including program evaluation, community needs assessments, and focus groups.

## **Education**

### **Indiana University School of Social Work**

Degree in progress – PhD

### **Ball State University**

Master of Art, Sociology

### **Temple University, Durban, South Africa**

Study Abroad

### **Ball State University**

Bachelor of Science, Psychology

## **References**

### **Colleen Quinn**

Chief Financial Officer

Wyoming Department of Family Services

2300 Capitol Avenue, Third Floor

Cheyenne, WY 82002

Tel.: 307-777-6100

### **Jay Murphy**

Revenue Maximization Program Manager

D.C. Child and Family Services Agency

400 6th Street, SW,

Washington, D.C. 20024

Tel.: 202-724-7048

### **Brandi Johnson**

Washoe County (NV) Human Services Agency

350 S. Center Street

Reno, NV 89501

Tel.: 775-337-4489



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**Request for Proposal**

**NEBRASKA**

Good Life. Great Mission.

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**DEPT. OF HEALTH AND HUMAN SERVICES**

**RFP 113278 03 – Child Welfare Strategy Consultant**

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**Submission Date: September 27, 2022 – 2:00 p.m. CDT**

**Dana Crawford-Smith, Mike St. Cin**

**Nebraska Department of Health and Human Services**

***Submitted By:***

**Alvarez & Marsal Public Sector Services, LLC**

**655 15<sup>th</sup> St NW – Suite 600**

**Washington, DC 20005**

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# Cost Proposal

## Cost Proposal Child Welfare Strategy Consultant Request for Proposal Number 113287 O3

Bidder Name: **Alvarez & Marsal**

Bidder must bid the Unit of Measure (UOM) pricing. Do not provide the extended cost. The State will calculate the extended cost by multiplying the quantity by the price bid for each line item.

Description	Quantity	UOM	Initial Contract Term Cost Date of Award – fifteen months
First Monthly Report incl timeline	1	EA	\$56,312.50
Monthly Reports (Quantity Estimated)	9	EA	\$56,312.50
Final Report and Timeline	1	YR*	\$132,500.00
Training Plan and Training for Stakeholders	1	YR*	\$99,375.00

\*For the contract term, the quantity for Year (YR) is from Date of Award through fifteen months.

# Request for Proposal for Contractual Services Form

## REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

### **CONTRACTOR MUST COMPLETE THE FOLLOWING**

By signing this Request for Proposal for Contractual Services form, the contractor guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

Per Nebraska’s Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_\_ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. “Nebraska Contractor” shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

\_\_\_\_\_ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

\_\_\_\_\_ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

### **FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN.**

FIRM:	Alvarez & Marsal Public Sector Services, LLC
COMPLETE ADDRESS:	655 15 <sup>th</sup> St NW, Suite 600, Washington, DC 20005
TELEPHONE NUMBER:	(202) 729-2100
FAX NUMBER:	(202) 729-2101
DATE:	9/27/22
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Wanda Seiler, Managing Director

# Form A – Contractor Proposal Point of Contact

## Form A Contractor Proposal Point of Contact Request for Proposal Number 113287 O3

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the contractor's name and address, and the specific person(s) who are responsible for preparation of the contractor's response.

Preparation of Response Contact Information	
Contractor Name:	Alvarez & Marsal Public Sector Services, LLC
Contractor Address:	6430 South Fiddlers Green Circle, Suite 300, Denver, Colorado 80111
Contact Person & Title:	Ernie Weyand, Senior Director
E-mail Address:	<a href="mailto:eweyand@alvarezandmarsal.com">eweyand@alvarezandmarsal.com</a>
Telephone Number (Office):	(303) 704-4242
Telephone Number (Cellular):	(208) 446-6943
Fax Number:	Not Available

Each contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Contractor Name:	Alvarez & Marsal Public Sector Services, LLC
Contractor Address:	655 15 <sup>th</sup> St NW, Suite 600, Washington, DC 20005
Contact Person & Title:	Wanda Seiler, Managing Director
E-mail Address:	<a href="mailto:wseiler@alvarezandmarsal.com">wseiler@alvarezandmarsal.com</a>
Telephone Number (Office):	(202) 729-2100
Telephone Number (Cellular):	(605) 295-2591
Fax Number:	(202) 729-2101