HEALTH MANAGEMENT ASSOCIATES

Proposal to Provide

Child Welfare System Transformation

Presented to

State of Nebraska, Department of Health and Human Services

Technical Proposal
RFP#: 113287 O3

September 27, 2022

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September 27, 2022

Dana Crawford-Smith
Mike St. Cin
State of Nebraska
Department of Health and Human Services
301 Centennial Mall S, 5th Floor
Lincoln, NE 68508

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

Health Management Associates, Inc. (HMA) is pleased to submit our proposal to the State of Nebraska, Department of Health and Human Services to provide **Child Welfare System Transformation** in response to **RFP 113287 O3.**

HMA is a leading independent, national research and consulting firm providing technical assistance and analytical services to clients across a broad spectrum of healthcare and social services programs, with 22 office locations in 19 states and Washington, DC.

For this engagement, HMA is partnering with the Child Welfare League of America (CWLA), a national leader in supporting improvements in child welfare practice since the 1920s. For more than 80 years, CWLA has established and published the CWLA Standards of Excellence and its newest volume, the National Blueprint for Excellence in Child Welfare Services. The CWLA Standards of Excellence have played a unique national role in shaping quality child welfare practice. In addition to their policy work, CWLA helps states develop viable workload and caseload algorithms for child welfare agencies.

In addition to our years of experience partnering within state and county child welfare agencies, HMA and CWLA have worked with tribes on their unique child welfare issues. For example, our consultants have worked on state-tribal child welfare partnerships. We will work with the state to identify and prioritize any disparate outcomes experienced by children and families of color in the child welfare system.

We will partner with state child welfare staff and stakeholders to complete a comprehensive child welfare organizational assessment with findings, recommendations, and actionable strategies that the Division of Children and Family Services can take to transform child welfare services in Nebraska and implement the Family First Prevention Services Act.

Please contact our proposals director, Ann Filiault, at proposals@healthmanagement.com or 518-801-0003 if you have any questions regarding this response. For contracting matters, please contact our contracts director, Jeff DeVries, at 517-482-9236 or contracts@healthmanagement.com. As chief administrative officer, I am authorized to bind HMA contractually with this bid.

We are excited about the prospect of completing this critical work for Nebraska, and we are confident that HMA and CWLA will provide exemplary service on this project. Thank you for the opportunity to bid on this very important work. We look forward to your decision.

Sincerely,

Kelly Johnson
Chief Administrative Officer

Table of Contents

Corporate Overview

Contractor Identification and Information

TABLE 1. COMPANY INFORMATION

Company Name	Health Management Associates, Inc.
Address	120 N. Washington Square Suite 705 Lansing, MI 48933
Company Type	C Corporation
State of Incorporation	Michigan
Date of Incorporation	June 13, 1985
Changes Since Organized	N/A

Financial Statements

As a private consulting firm established 37 years ago, Health Management Associates, Inc. (HMA) has, throughout its history, maintained financial solvency and sustained continued growth as the result of sound financial management, utilizing fiscally responsible practices and procedures. Annual revenues totaled $94.7 million in 2019, $104.5 million in 2020, and $151.5 million in 2021. We are happy to provide additional details upon request.

HMA intends to continue providing services not only through the proposed contract period, but also indefinitely into the future. The current strategy of HMA management includes continuous improvement in the service delivery process, strong leadership, ethical practices, and sound financial management of the firm's resources.

Table 2 provides our bank reference.

TABLE 2. BANKING REFERENCE

Contact	Scott R. DeMeester
Contact Position	Market Executive West & Central Michigan, Business Banking
Company Name	Bank of America
Branch Address	MI9-250-05-30, 250 Monroe Avenue NW Suite 550, Grand Rapids, MI 49503
Phone	616-451-7914
Fax	312-453-5032
Email	scott.demeester@bofa.com

Change of Ownership

There is no anticipated change of ownership in the 12 months following the submittal of this proposal.

Office Location

HMA's team includes nearly 600 consulting colleagues and more than 700 total employees across all HMA companies, who have provided services in all 50 states. Our offices are headquartered in Lansing, Michigan, and we maintain offices in 19 states and Washington, DC.

Proposed staff in this proposal are based out of the following offices:

- Chicago, IL
- Indianapolis, IN
- Minneapolis, MN
- New York, NY
- Phoenix, AZ
- Washington, DC

The Child Welfare League of America (CWLA), HMA's subcontractor on this proposal, is based out of Washington, DC.

Relationships with the State

In the last five years, HMA has had two contracts with the State of Nebraska:

- Nebraska Department of Education, Contract #42076
  - HMA conducted a rate study to update payment rates for Nebraska Vocational Rehabilitation's Benefits Services.
- Nebraska Department of Human Services, Contract #87762 O4
  - HMA was awarded a contract to be a part of a prequalified pool of contractors to support the Department of Human Services in conducting evaluations on department services.

As of September 22, 2022, HMA has two proposals that are pending with the state.

CWLA, HMA's subcontractor on this proposal, does not have any contracts with the state.

Employee Relations with the State

No party named in this proposal is or was an employee of the State of Nebraska within the last 12 months.

Contract Performance

HMA has had projects end earlier than scheduled due to changes in the clients' leadership, budget, strategy, or recently, the COVID pandemic. However, in the past five years, we have not had any contracts terminated due to lack of performance or non-performance (e.g., insufficient work product, missed deadlines, inadequate deliverables, etc.).

Summary of Contractor's Corporate Experience

The following project examples provide representative experience:

Nevada Child Welfare	
Contact Person	Dylan Nall
Contact Telephone	775-684-4471
Contact Email	dnall@dcfs.nv.gov
Contract Start and End Dates	August 2021–August 2023
Actual Start and End Dates	August 2021–present
Prime or Subcontractor	Prime
Budget	$249,269
Detailed Description of Services Provided	

The Nevada Department of Administration has engaged HMA to provide workforce training and education on domestic violence, including how domestic violence intersects with the child welfare system and how the child welfare workforce can most effectively manage cases that involve domestic violence to produce the best outcomes for Nevada children and families. The scope of work includes:

- Ensuring that the domestic violence training and education program is fully integrated into Nevada's current child welfare practice model and cross walking all current practices so the new domestic violence practices are seamlessly embedded into the practice model
- A needs and strengths assessment of Nevada's current practices around child welfare and domestic violence and use of the assessment to develop an implementation strategy and provide the necessary training and education

Delaware Department of Services for Children, Youth and Their Families	
Contact Person	Josette Manning, Cabinet Secretary
Contact Telephone	302-633-2509
Contact Email	josette.manning@delaware.gov
Contract Start and End Dates	June 2020–June 2021
Actual Start and End Dates	June 2020–June 2021
Prime or Subcontractor	Prime
Budget	$360,277; $227,732.50 actual
Detailed Description of Services Provided	

HMA worked with the Department of Services for Children, Youth and Their Families to develop a strategic plan that provides a roadmap to a coordinated department infrastructure and reflects the department's collective mission to improve the quality of life for all Delawarean children, youth, and their families. We designed the strategic plan to increase efficiencies by streamlining practices, reducing duplicative processes, and using meaningful data to inform decisions. The project includes support to manage activities related to change management efforts, communication of the plan, and governance to implement it with fidelity. Specific activities include completing an environmental needs analysis assessment; developing a strategic plan, including completing a SWOT (strengths, weaknesses, opportunities, and threats) analysis; developing an implementation plan; and evaluating and monitoring the plan, including developing a dashboard, tools, and protocols for data-driven decision-making.

Maryland Children's Behavioral Health	
Contact Person	Maria Rodowski Stanco
Contact Telephone	410-402-3230
Contact Email	maria.rodowski-stanco@maryland.gov
Contract Start and End Dates	July 2021–September 2023
Actual Start and End Dates	July 2021–present
Prime or Subcontractor	Prime
Budget	$600,000
Detailed Description of Services Provided	

The Anne Arundel County Mental Health Agency engaged HMA to provide Medicaid expertise to state behavioral health and the Anne Arundel County local behavioral health team to develop a state plan amendment or a waiver opportunity around mobile crisis and stabilization, including evidence-based practices. HMA is also supporting the Maryland Behavioral Health Administration in developing a seamless children's behavioral health system of care.

TABLE 3. SNAPSHOT OF RELEVANT HMA PROJECT EXPERIENCE

		Child Welfare Practices and Practice Model(s)	Strengthening Partners	Visioning	Best Practices	Theory of Change	Child Welfare Financing	Community Engagement	Child Welfare Organizational Structure	Technology	Equity and Lived Experience
CORE REFERENCE PROJECTS	**Nevada Department of Administration** Addressing the Intersectionality of Domestic Violence and Child Welfare (August 2021–present)	✓		✓	✓				✓		
	Delaware Department of Services for Children, Youth and Their Families Strategic Plan (June 2020–June 2021)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Maryland, Anne Arundel County Mental Health Agency State Plan Amendment/Waiver Development for Behavioral Health (July 2021–present)		✓	✓	✓		✓	✓			✓

		Child Welfare Practices and Practice Model(s)	Strengthening Partners	Visioning	Best Practices	Theory of Change	Child Welfare Financing	Community Engagement	Child Welfare Organizational Structure	Technology	Equity and Lived Experience
ADDITIONAL PROJECT EXPERIENCE	**South Dakota Department of Health, Division of Family and Community Health** Organizational Assessment and Project Management for the Office of Child and Family Services (November 2019–May 2021)	✓		✓	✓	✓			✓		
	Maryland State Department of Human Services, Social Services Administration (Child Welfare Division) Casey Family Programs Acute Child Placement (April 2020–December 2020)	✓	✓	✓	✓		✓	✓	✓	✓	✓
	City of Richmond (VA) Human Services Integration (November 2019–December 2020)	✓	✓	✓	✓	✓			✓		
	Colorado Department of Health Care Policy & Financing System of Care Analysis (2017–present)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Summary of Subcontractor Child Welfare League of America Project Experience

CWLA has been providing training to the Maryland Department of Human Services as well as other state and county staff and their providers on CWLA's PRIDE Model of Practice. CWLA currently has contracts with states, counties, and city public child welfare agencies to provide technical expertise for partial or comprehensive reviews of their child welfare-related operations, including examining their workload and providing recommendations for the changes they need to make to successfully shift and implement new practices and operations. CWLA is not currently able to provide specific details of this work due to its confidential nature. These types of reviews can be as short as six months to a year, or longer and encompass multiple years. CWLA will bring this technical expertise to the work they will do as part of this contract.

Summary of Contractor's Proposed Personnel/Management Approach

Our approach to project management emphasizes straightforward, transparent communication and lays the groundwork for successful implementation while recognizing the need to be efficient and respectful of the Department of Health and Human Services' (DHHS') resources. Our process includes streamlined oversight of the planning process, an efficient project management approach, and a thoughtful communication process. HMA assumes there will be DHHS-appointed project leadership that will work closely with our core team. We will partner with this leadership to define the communication plan to ensure our approach meets DHHS' needs and preferences.

Project Management Approach

Our approach to project management always emphasizes accountability, frequent contact with our client's project leadership, the early identification of project risks and constraints, strategies for proactively countering potential obstacles, and mechanisms to identify, alleviate, and resolve issues before they become barriers to the successful and timely completion of work. HMA ensures our clients are continuously aware of the project status during regular status meetings and ongoing project updates.

HMA has experience managing complex projects, implementing internal controls to ensure all deliverables and responsibilities are met on time, on budget, and with attention to quality. Effective project management (Figure 2) is at the core and will be critical to the successful completion of any work with DHHS. Every project has a dedicated project manager who works closely with the client to ensure the services we deliver conform to what has been agreed to in the proposal and work plan. Our engagement lead and project manager work closely with the client's leadership to ensure adherence to the project schedule and budget and that all evaluation tasks are completed and deliverables are submitted in a timely manner.

FIGURE 1. PROJECT MANAGEMENT PROCESS

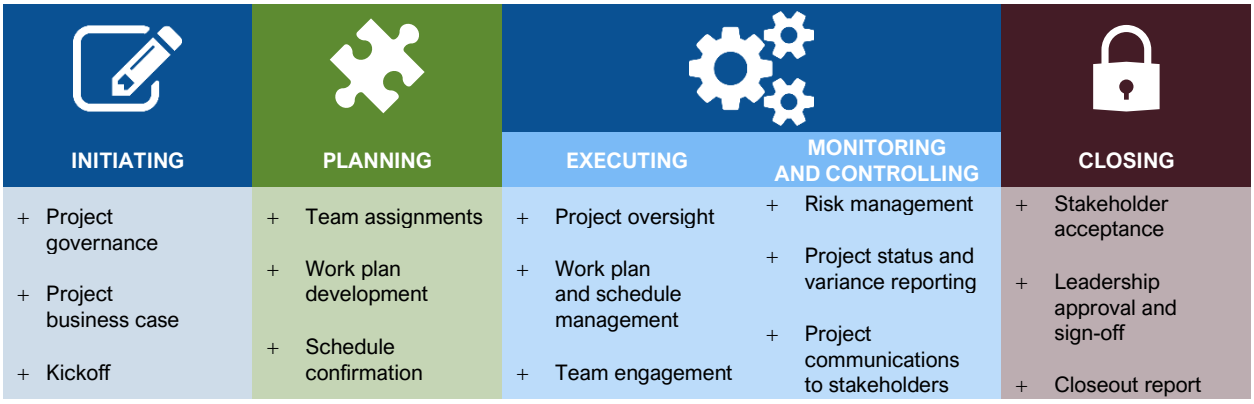


FIGURE 2. PROJECT MANAGEMENT PRINCIPLES AND METHODOLOGY

Project Management Principle	Methodology
Project planning and status reporting	■ Assure all aspects of the evaluation project are defined in scope and efficiently sequenced for timely completion ■ Manage the project plan and monthly reporting of progress
Staffing, cost, and schedule management	■ Assure staff assigned to the project are appropriate to meet project demands and experience requirements ■ Manage and adhere to the project schedule and budget as established for each project task ■ Manage any issues that may cause a delay or excess expenditure

Project Management Principle	Methodology
Quality management	■ Review and manage quality control, including review and approval of work products, as appropriate, for each product
Communications management	■ Assure communications are effective in meeting project goals ■ Manage communications with key stakeholders ■ Coordinate with all parties, as necessary, to resolve issues that may arise

A key component of our project management methodology is comprehensive documentation, including project plans, meeting agendas and minutes, action items, risk and issue logs, and regular status reports for project team members and leadership.

Understanding that proactive escalation and risk communication are preferable to unpleasant surprises, we have established procedures to address problem escalation, including planning for, preventing, responding to, and recovering from a disruptive event that could affect project management and execution. We focus on resolving problems at the lowest level possible without disrupting the project schedule and have procedures in place to address problems requiring higher-level intervention. The project manager resolves any concerns as they arise. If a project challenge requires additional attention, the project manager brings the concern to their vice president's attention, and together they work with the client to resolve any issues. Problem resolution is a collaborative process, and we work with the client to develop and implement satisfactory solutions for the client quickly.

Proposed Team

HMA and its partner, CWLA, have the experience and knowledge to substantiate our collective commitment to transform the child welfare system. We have carefully selected a combination of content experts with knowledge and understanding of the child welfare system, including its strengths and challenges, as well as its policies.

We have decades of experience—both as individuals and as a firm—envisioning a better way to serve populations that rely on the child welfare system, and we can provide DHHS with the tools to plan, finance, restructure, and implement a transformed child welfare system. We know success in these types of reform efforts requires an understanding of context, data-driven decision-making, and implementing tried and tested tools and best practices. It also requires a comprehensive engagement of system partners involved in the child welfare ecosystem and those most impacted by the system. Our team includes:

- **Recognized leaders in the field** who have provided child welfare consulting across the country and presented at national and state speaking engagements and conferences for organizations such as the American Public Human Services Association (including its Information Technology Solutions Management for Human Services conference), the National Association of Public Child Welfare Administrators, the CWLA, the National Council of Juvenile and Family Court Judges, the Harvard Leadership for a Networked World, the Convening by the Assistant Secretary for Policy and Evaluation, the Administration for Children and Families, the US Department of Health and Human Services, the National Association for Welfare Research and Statistics, and the National Council on Mental Well Being.
- **Certified Lean Six Sigma process and PROSCI change management professionals** with significant field experience.

- **Child Welfare expertise** gained through decades of experiences in leadership roles in child welfare jurisdictions across the country and through consulting experiences with states and counties, from Maine to California. Through these experiences, we have gained a comprehensive understanding of the complexities of child welfare systems from across the country and their integration with other support systems.
- **Experience leading complex program redesign engagements** related to the delivery and administration of child welfare services, which offer tremendous opportunities for best practices, as well as acknowledging how/if it would work in Nebraska.
- **A commitment to equity and inclusion practices** throughout our review of systems, policies, and practices, recognizing the ways in which racism and oppression have created persistent and intractable obstacles for communities of color and those disproportionately in need of social supports.

Brief overviews of the qualifications and experience of our proposed staff are included on the following pages. Resumes for proposed staff and their personal references can be found in **Appendix A.**

PROJECT TEAM

Uma Ahluwalia, MSW, MHA
Managing Principal

Project role:
Project Director

Heidi Arthur, LMSW
Principal

Project role:
Child Welfare/Well-Being SME

Annalisa Baker, MPH, MSW, LCSW
Senior Consultant

Project role:
Project Manager
Well-Being SME

Michelle L. Ford, MBA
Principal

Project role:
CBO/Equity SME

Sarah Oachs, MA
Senior Consultant

Project role:
Organization Change Management SME

Doris B.B. Tolliver, JD, MA
Principal

Project role:
Child Welfare/Equity SME

Erin Henderlight, MPP
Principal

Project role:
Organization Change Management SME

Andrew Rudebusch
Senior Actuarial Consultant

Project role:
Finance SME

Julie Collins MSW LCSW
Child Welfare League of America (Subcontractor)

Project role:
Organization Change Management SME

Marcus Stallworth, LMSW
Child Welfare League of America (Subcontractor)

Project role:
Child Welfare/Equity SME

FIGURE 3. HMA PROPOSED TEAM/ORGANIZATION CHART

FIGURE 4. SNAPSHOT OF RELEVANT HMA TEAM EXPERIENCE

	Child Welfare Practices and Practice Model(s)	Strengthening Partners	Visioning	Best Practices	Theory of Change	Child Welfare Financing	Community Engagement	Child Welfare Organizational Structure	Technology	Equity and Lived Experience
Uma Ahluwalia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heidi Arthur	✓	✓	✓	✓			✓	✓		✓
Annalisa Baker	✓	✓	✓	✓	✓		✓			✓
Michelle Ford		✓					✓			✓
Sarah Oachs	✓	✓	✓	✓	✓		✓	✓	✓	✓
Doris Tolliver	✓	✓	✓	✓	✓		✓	✓	✓	✓
Erin Henderlight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Rudebusch						✓			✓	

Uma S. Ahluwalia, MSW, MHA, Managing Principal

Uma S. Ahluwalia is a respected healthcare and human services professional with extensive experience leading key growth initiatives in demanding political and legislative environments.

She is an expert in delivering innovative, reliable, cost-effective solutions and public policy strategies that improve operations and productivity.

Prior to joining HMA, she served as director of the Montgomery County Department of Health and Human Services in Maryland. During her 12-year tenure, she led implementation of the Affordable Care Act, oversaw the move to a more integrated and interoperable health and human services enterprise, and managed public-private partnerships and programs.

Montgomery County, Maryland, is one of the few jurisdictions with a nationally recognized model for integrating public health with human services and behavioral health to address population health and well-being. This integration across both public and private agencies involved strong community-based organization (CBO) partnerships and innovative contracting models. During her tenure, Ms. Ahluwalia worked closely with the Montgomery County Public

Schools to address early warning indicators of school success, and the two agencies worked collaboratively to strengthen the socioemotional learning needs of children, youth, and their families from pre-school to higher education and vocational training. A major accomplishment during her leadership was the sharing of data and the handling of confidentiality and privacy to better use data to serve children, youth, and families.

Ms. Ahluwalia's work experience also includes leadership in child welfare as the interim director of the Child and Family Services Agency in Washington, DC, and as assistant secretary of the Department of Social and Health Services in the State of Washington for the Children's Administration.

Ms. Ahluwalia earned a master's degree in social work from the University of Delhi in India and a specialist, post-master's in health services administration from George Washington University. Over her 32-year career in human services, she has progressively moved from case-carrying social work to executive leadership at the state and local levels.

Heidi Arthur, LMSW, Principal

Heidi Arthur has more than 20 years of experience in delivery system redesign to promote health equity and build access to community-based health and human services. Her projects have expanded integrated care, enhanced clinical models to maximize new financing options, and supported CBO engagement in the healthcare system. During the past four years, she has assisted multiple CBO collectives to convene and build their capacity to engage in healthcare contracts, supported planning for contracted partnerships between CBOs and healthcare organizations, and assisted in network development, including customizing the Pathways Community HUB model for multiple regional networks.

She has helped numerous behavioral health providers prepare for managed care, value-based payment, health homes, and new Medicaid-funded services. Her recent work has focused on developing service delivery models for managed care organizations (MCOs) and behavioral health provider networks serving foster children. She previously held grants management positions for the New York City Department of Health and Mental Hygiene and the New York State Office of Mental Health, where she oversaw the implementation of post-9/11 trauma response programming within schools throughout the New York City Department of Education. She formerly led a public/private partnership to provide training and technical assistance to child welfare workers throughout the New York Administration for Children's Services, and she started her career by implementing one of the country's early systems of care initiatives, serving families affected by substance abuse. She has also held positions in child welfare, including positions in investigation, foster care, and adoption.

Ms. Arthur earned her master's degree in social work from the Columbia University School of Social Work, where she has also served as a field instructor and an adjunct lecturer since 2009. She is a frequent conference presenter and the co-editor and author of the book *Service Delivery for Vulnerable Populations: New Directions in Behavioral Health*.

Annalisa Baker, MPH, MSW, LCSW, Senior Consultant

Annalisa Baker is a senior consultant in HMA's New York office with more than 25 years of experience in health and behavioral healthcare. Along with a comprehensive understanding of the behavioral healthcare continuum, Ms. Baker's experience includes business operations, project management, and finance, as well as direct clinical social work practice. She is a member of HMA's Behavioral Health Team that provides policy and operational expertise to nonprofit providers, government agencies, and a variety of healthcare stakeholders to navigate value-based financing and integrate best practices into healthcare system reform efforts. Her

clinical background enables her to incorporate a culturally sensitive, recovery-oriented, trauma-informed, and equity-informed framework into her work.

Ms. Baker has led strategic planning efforts for a range of organizations, including the Delaware Department of Children, Youth and Their Families, as well as smaller nonprofit organizations. Her facilitation framework aims to guide healthcare and human service organizations to identify, define, and prioritize their value in support of quality services to recipients, collaborative partners, and internal staff. She also works with a range of community-based agencies that are not traditionally part of the healthcare service delivery system but provide the social services that impact health and drive progress toward health equity.

Prior to joining HMA, Ms. Baker served in the New York City Department of Health and Mental Hygiene as director of administration and operations in the Bureau of Mental Health, overseeing a budget of more than $300 million, which included approximately 300 service provider contracts. Prior to her service with New York City, she worked with children and adolescents in foster care as a licensed clinical social worker.

Ms. Baker earned her master's degree in public health from Columbia University and her master's degree in social work from New York University.

Michelle L. Ford, MBA, Principal

Michelle Ford has more than 20 years of executive leadership, change management, and fund development experience across several industries, including corporate, nonprofit, healthcare, and foundations.

Prior to joining HMA, she served as the director of health and well-being with the Alliance for Strong Families and Communities and the Council on Accreditation. She worked to position the organization's strategic action network of CBOs as a central resource and authority for achieving health equity by addressing the social determinants of health, building organizational capacity to contract with the health industry, and developing best practices, necessary systems, and respective policy change.

Serving in a series of executive positions with nonprofit organizations, Ms. Ford is the former executive director of the United Neighborhood Centers of Milwaukee. She managed organizational operations and financial oversight while working to advance the organization's mission, culture, goals, and outcomes, serving as a spokesperson and community representative.

Ms. Ford served as director of regional corporate relations, senior director of community engagement, and director of community partnerships for the American Cancer Society in the Midwest division. Additionally, she managed community partnerships and fund development for Wisconsin's largest hospital system, Aurora Health Care, and led its annual giving campaign.

Ms. Ford serves as a national thought leader, working on several advisory boards, including the Morehouse School of Medicine's National Resiliency Network, the Camden Coalition's National Center for Complex Health and Social Needs, the Field Coordinating Committee, the Social Interventions Research Evaluation Network, the Root Cause Coalition, and the Expert Advisory Group for Raising the Bar through the National Partnership for Women and Families.

She is an active servant-leader in the greater Milwaukee area and dedicates her time and talents to several local and national organizations, including the Alpha Kappa Alpha, Inc., the African American Women's Fund, the Cardinal Stritch University School of Nursing, and the Board of America's Black Holocaust Museum.

Ms. Ford was recently awarded an honorary doctorate in humanities from the Medical College of Wisconsin. She earned a master's degree in business administration from Cardinal Stritch

University and served as an adjunct instructor in the College of Business and Management. She earned a bachelor's degree in business management and communications from Alverno College.

Sarah Oachs, MA, Senior Consultant

A collaborative health and human services professional, Sarah Oachs is experienced in organizational leadership and assessments, operations management, and process and systems integration, improvement, and strategic management.

She joins HMA after serving in Olmsted County, Minnesota, for more than a decade in increasingly senior roles. Most recently, she was the division administrator overseeing the Division of Health, Housing, and Human Services, where she led departments, established budgets, directed community services, and provided consultation to executives and other departments to ensure cohesive program integration and operations.

Ms. Oachs possesses the ability to navigate complex stakeholder dynamics, overcome cultural resistance to change, and deliver results aligned with strategic and organizational goals. She served the Division of Health, Housing, and Human Services in several other roles, including administrative director, evaluation and analysis manager, continuous improvement facilitator, and quality improvement specialist. She is skilled at policy interpretation and implementation and creating solutions and operational supports across sectors that seek to address social determinants of health and serve marginalized populations. She has used the Baldrige Performance Excellence framework and Lean Six Sigma certification throughout her career to help organizations achieve these changes.

Ms. Oachs is a seasoned social worker and has provided intake, adoption, licensing, and care management services in child protective services, family services, and public and private social service organizations. She continues to serve children and families through volunteer community board positions.

Ms. Oachs earned a master's degree in health and human services administration from St. Mary's University and a bachelor's degree in psychology from Augustana University.

Doris B.B. Tolliver, JD, MA, Principal

Doris Tolliver is a strategic thinker specializing in racial and ethnic equity, organizational effectiveness, change management, and business strategy development. She has spent her career working to advance the interests of marginalized populations, serving in programmatic and leadership roles in both the private and public sectors.

Prior to joining HMA, Ms. Tolliver served as the inaugural managing director of Equitable Impact for the Foster America team, focused on transforming life outcomes for underserved children. Dedicated to serving those in need, she served as a child welfare consultant for the Child Welfare Strategy Group at the Annie E. Casey Foundation.

She also spent more than a decade in public service at the Indiana Department of Child Services in various leadership roles, including chief of staff and human resources director. While serving as chief of staff, she provided operations and policy leadership and transformed the organizational structure and culture to integrate outcomes, technology, and strategic planning at the organization and program levels.

Her child welfare experience is complemented by her work in community service and with educational and training organizations. Through her work experience, she has prioritized diversity, equity, and inclusion while providing executive oversight to various organizations.

Ms. Tolliver is an expert in federal and state regulatory compliance and has a strong track record of organizational restructuring and change management. Her background in child welfare, human resources, and law aid her in partnering with cross-sector stakeholders to improve outcomes for children and families.

Ms. Tolliver earned her juris doctor from the Indiana University Robert H. McKinney School of Law, her master's degree in human resources management from Webster University, and her bachelor's degree in psychology and sociology from the University of California, Davis. She earned an executive certificate in information sharing from the Georgetown University McCourt School of Public Policy. She is licensed to practice law in the state of Indiana.

Erin Henderlight, MPP, Principal

Erin Henderlight is a human services professional with more than 15 years of experience providing project management, policy guidance, strategic planning, process redesign, and organizational change management to state and local agencies. She has comprehensive programmatic and funding experience in and across a broad portfolio of programs, including child welfare, public assistance programs, child care subsidies, and veterans' services.

At HMA, Ms. Henderlight both leads and supports consulting engagements for health and human services agencies across the country. Prior to joining HMA, Ms. Henderlight spent close to a decade in consulting roles of increasing responsibility at Public Consulting Group. While at Public Consulting Group, she led or supported organizational assessments and/or major system reform/integration projects in both states and individual counties across the breadth of social services programs, including leading the firm's three-month assessment of the entirety of Maine's child welfare system. In her consulting experience, she has delivered strategic leadership, comprehensive subject matter expertise, and operational management to 35+ human services engagements across the country, leading teams to thoroughly analyze complex systems (and system needs) to develop and implement actionable improvement strategies.

Her expertise includes understanding federal and state human services funding, program requirements, policies, and the implications for operationalizing changes. She has led or supported projects that have been aimed at helping states and counties improve processes, staffing, information technology systems, and revenue maximization across both the breadth of human services programs, but also specific programs such as child welfare and public assistance benefits. She has led performance management initiatives to help agencies improve data collection, benchmarking, and build public-facing dashboards. She has also led collective impact efforts aimed at meaningful community/stakeholder engagement, coalition building, and the development and leveraging of strategic partnerships. She's led or served as a subject matter expert in several projects across North Carolina focused on improving child welfare. This includes a Child Protective Services assessment with the North Carolina Department of Health and Human Services and a review of children in foster care for Cumberland County (NC). In addition, she led a 75-day complete assessment of the state of Maine's child welfare system, including staffing, practice models, technology, funding, partnerships, and change management.

Ms. Henderlight started her career in public service working for Buncombe County (NC) Health and Human Services, where she managed projects to integrate and improve the delivery of the county's social services, public health, child care, and workforce programs.

Ms. Henderlight earned a master's degree in public policy from the Sanford School at Duke University and a bachelor's degree in physics from Rhodes College. Prior to her time at Duke, she was a physicist at the US Naval Research Laboratory.

Andrew Rudebusch, Senior Actuarial Consultant

Andrew Rudebusch is a seasoned actuarial consultant with more than eight years of experience in Medicaid capitation rate setting and managed care project leadership.

He is experienced in the creation of data visualization tools and performance metrics, data analysis, risk adjustment, and risk mitigation design and monitoring. He is a skilled project manager with experience training and developing internal actuarial and analytics teams. A skilled communicator, Mr. Rudebusch fosters strong client relationships and has successfully led numerous stakeholder presentations.

Prior to joining HMA, Mr. Rudebusch served as a principal and project leader at Mercer. There, he developed managed care capitation rates for California's Medicaid program, managed projects to create and maintain actuarial models, and worked closely with clients to identify and build solutions to actuarial problems.

Mr. Rudebusch has introduced and reviewed metrics to monitor encounter data completeness and quality, monitored claim cost and utilization trends by service and population, and has experience reviewing and performing efficiency adjustment analyses for pharmacy, professional, and emergency services.

Mr. Rudebusch earned his bachelor of science degree in mathematics from Northern Arizona University.

Julie Collins, MSW, LCSW, Child Welfare League of America

Julie Collins is an accomplished social work professional with more than 40 years of experience in the fields of child welfare, mental health, substance abuse, and managed care.

She came to CWLA to capitalize on her expertise in these areas, where she has focused on providing training and technical assistance to public and private child welfare-related agencies around cross-systems collaboration in child welfare, in particular with mental health and child abuse and neglect prevention; program and organizational assessments; program and system reform and transformation; the identification of best practices; and the preparation for and implementation of evidence-informed and evidence-based programs and practices.

Ms. Collins is currently leading CWLA's work to update its nationally and internationally recognized Standards of Excellence, which establish best practices across the spectrum of child welfare-related services. This effort includes the creation of a new framework for outcome-based workload/caseload standards with the input of leadership from the state and county levels of public child welfare agencies as well as their nonprofit providers and other key stakeholders.

She is involved in providing technical assistance to states, counties, and providers around the Family First Prevention Services Act (FFPSA) through her consultation and technical assistance work with the Building Bridges Initiative, which focuses on quality residential interventions and supports the states' efforts to prepare their providers to meet the Qualified Residential Treatment Program requirements, as well as her CWLA-specific work on FFPSA. Ms. Collins is CWLA's lead investigator on a policy research grant from the William T. Grant Foundation, recently awarded to the University of Georgia to conduct an analysis of the early implementation of FFPSA as part of a larger research project to determine the unintended consequences of this legislation for families of color.

Her role as CWLA's project director for FRIENDS National Center for Community-Based Child Abuse Prevention (one of the HHS, Children's Bureau technical assistance resource centers) over the 10 years of the contract allowed her to work with various levels of the federal government as well as the state lead agencies and their grantees around effective collaboration in the prevention of child abuse and neglect and child welfare for improved outcomes for

children and families; best practices for effectively engaging and working with diverse populations at risk of child abuse and neglect, including tribes; and effective ways of funding to sustain these prevention programs.

Her prior experience at ValueOptions (formerly known as Options, Inc.) allowed her to develop skills in designing and implementing responsive and culturally appropriate clinical programs, benefit packages, and models of care delivery for both mental health/substance abuse and child welfare-related services for children, adults, and families for the military as well as at the state and county level in many parts of the country.

An accomplished author, Ms. Collins has written or edited numerous articles, journals, book chapters, monographs, and e-learning courses on child welfare and mental health and managed care-related topics, including trauma-informed care and secondary traumatic stress. She is often sought after to sit on advisory committees and currently serves on the Quality Improvement Center (QIC) for Domestic Violence and Child Welfare National Advisory Committee. Ms. Collins previously served on the former QIC for Research-Based Infant-Toddler Court Teams National Advisory Committee and on an expert panel to provide input to the Assistant Secretary on Planning and Evaluation at HHS regarding the issues surrounding prenatal alcohol and other drugs and where they should be focusing their research going forward. She has more than 20 years of experience providing expert input into the child and family services accreditation standards of the Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation, and The Joint Commission that are used in the United States and internationally. She is involved with the CARF International Advisory Council.

Ms. Collins earned her master's degree in social work in social administration and policy from the University of Ottawa and a bachelor of arts degree in psychology from McMaster University in Canada. She is also a licensed clinical social worker in Virginia. She has worked in both Canada and the United States.

Marcus Stallworth, LMSW, Child Welfare League of America

Marcus Stallworth, LMSW, operates with a strength-based, hands-on approach. Spending close to 20 years providing child protective services, he is recognized by the State of Connecticut as an expert witness for Superior Court for Juvenile Matters. He has spearheaded several initiatives to promote the engagement of fathers, identify the dangers of social media, and raise awareness for equity and inclusion. He has direct experience educating and supporting human trafficking and sexually exploited victims, including those in foster care. He played a leadership role in Connecticut's Disaster Behavioral Health Response Network and oversaw recovery efforts in Newtown, Connecticut, after the events of December 14, 2012.

Mr. Stallworth is also co-owner of Welcome 2 Reality, LLC, which focuses on providing media literacy and education for students and parents regarding social media and technology. Mr. Stallworth and his team are credited for getting Public Act 17-67 passed into Connecticut law, mandating statewide standards be developed to ensure media literacy, internet safety, and digital citizenship are taught in all public schools. His advocacy provided him the opportunity to develop a self-created elective titled "Social Media: The Good, Bad, and the Ugly" at the University of Bridgeport. He has also taught courses at Post University, the University of Connecticut, and the University of South Florida. He currently teaches in the Graduate School of Social Work at Fordham University.

Mr. Stallworth has spent the last several years working with CWLA and now serves as director of training and implementation. This work has provided him the opportunity to assist child welfare agencies across the United States and internationally with implementation strategies to achieve positive outcomes for children and families. He has published numerous articles

regarding the importance of using strength-based language, how to support grieving children, and ways to reduce and prevent disruptions.

Mr. Stallworth is vice president of the Board of Directors for Connecticut's Court Appointed Special Advocates (CASA) and continues to play a leadership role in Connecticut's Fatherhood Engagement Leadership Team (F.E.L.T). He is also a member of Media Literacy Now's national advisory council, which provides advocacy and resources for educators, students, and parents. He is also a proud father of two, and was a recipient of the 100 Men of Color award in 2017.

Subcontractors

TABLE 4. SUBCONTRACTOR INFORMATION

Company Name	Child Welfare League of America
Address	727 15th Street, NW, Suite 1200 Washington, DC 20005
Telephone	202-302-1374
Percentage of Hours for Project	24% of total hours

CWLA has a long-storied history of providing quality training and consultation within government and business structures over its 100 years of existence. CWLA provides high-quality training and consultation within government and business in the ways identified in **Figure 5.**

FIGURE 5. CWLA'S WAYS OF PROVIDING HIGH-QUALITY TRAINING AND CONSULTATION

Technical Assistance Resource Centers – *contracts with various government entities to be a hub for technical assistance or a subcontractor as part of a technical assistance center*
CWLA served as the primary contractor for the Administration for Children and Families' Children's Bureau Resource Center on data and information technology. CWLA was also the prime contractor and assisted with adoption support services for kinship caregivers and developed restraint and seclusion training in programs serving children, co-funded by the Substance Abuse and Mental Health Services Administration. CWLA also ran the Center on Children of Incarcerated Parents, funded through the Department of Justice. CWLA also served as a subcontractor on numerous projects for Children's Bureau Resource Centers, including the National Resource Center for Permanency and Family Connections, AdoptUSKids, the National Center for Community-based Child Abuse Prevention FRIENDS, and the National Center on Substance Abuse and Child Welfare.

Training – *provides trainings in several different ways*

1) *Training programs* – CWLA's most popular training is the Parent Resources for Information, Development, and Education (PRIDE) Model of Practice, which is an evidence-informed, competency-based model to strengthen the quality of family foster care and adoption services by developing and supporting resource (foster and adoptive) parents as team members in child protection and trauma-informed care of children. For more than two decades, it has been used, in whole or in part, across the United States, including Nebraska. The model of delivery has evolved to be responsive to the feedback of participants and the needs of the states, counties, and nonprofit agencies that deliver foster care services. It is currently offered on a virtual delivery platform, and CWLA offers a virtual learning collaborative process as well as ongoing coaching to ensure the successful implementation of this model. The PRIDE Model of Practice has been culturally adapted for use in more than 25 countries around the world. It has more recently been culturally adapted for use by tribes and with tribal foster parents.

2) *By request trainings* – These are on a wide variety of topics. A recent popular topic area has been cultural humility as a trauma-informed approach and adapting our PRIDE Model of Practice materials for different audiences. CWLA staff are part of the training faculty for the Building Bridges Initiative, Inc., delivering trainings on FFPSA as part of their work with states such as Arkansas, New Mexico, Oklahoma, and Utah.

3) *CWLA provides a wide variety of opportunities for learning and training,* which are not tied to a specific contract, through its webinars (recordings and handouts are placed on a separate platform available on demand for staff of CWLA public and private agency members), e-learning courses, learning collaboratives, conferences (which have currently transitioned to virtual), and published materials (which are also available to CWLA members on a special platform). Much of the focus in the last few years has been on FFPSA-related issues, along with the more recent focus on COVID-19 and racial inequity issues. For more than 10 years, CWLA has co-facilitated with the National Indian Child Welfare Association monthly calls for all state Indian Child Welfare Act managers for peer network sharing and the sharing of best practices. CWLA hosts a special platform for the group for networking and sharing tools, training materials, sample memoranda of understanding with tribes, and other materials that might be helpful to their peers.

Consultation - *provides sound perspective on generally accepted child welfare principles and standards*

CWLA recognizes that local conditions create unique circumstances and expectations and that solutions to organizational problems must be responsive to these conditions. Over the past 20 years, CWLA has provided organizational and program assessment consultation services as well as child fatality reviews to public and private child welfare agencies in many states, including California, Connecticut, Florida, Georgia, Maryland, Massachusetts, New Jersey, New York, Pennsylvania, Virginia, and Saskatchewan, Canada.

Technical Approach

Understanding of the Project Requirements

HMA understands that DHHS is embarking on a major effort to transform the child welfare system and needs a mission-driven, dynamic strategic plan that will serve as a roadmap to guide the state and key partners toward effective change. Our framework to facilitate strategic visioning for transformational change in the child welfare system will include:

- Robust collaboration of system partners
- System accountability
- Change management methodologies
- Key performance indicators during the period of change

Proposed Development Approach

Current issues like recent COVID-19-related job layoffs, work and school closures, housing instability, food scarcity, limited social services and resources, and the impacts of social isolation are likely to increase rates of child maltreatment and the experiences of children and families experiencing violence and neglect. These impacts extend beyond physical health to mental and emotional health, and as evidence suggests, when communities face significant stress and trauma (including re-traumatization and vicarious trauma), the impacts are diverse and complex. These complexities also extend to the workforce, their families, and the families they serve.

These systemic issues require a multi-sectoral partnership among child welfare, tribes, other state and tribal child and family-serving systems spanning education, housing, food security, workforce development, public safety, and a host of other provider agencies. Our team recognizes that children and families involved with the child welfare system present with complex needs that require multi-sectoral responses. HMA's partner, CWLA, will leverage its strong working relationships with its nonprofit members and with its partners in education, housing, workforce development, and other sectors to support this work.

Using a client-centered perspective supported by our knowledge of the child welfare system and the needs of providers, families, and children to meet the goal of transforming the child welfare system, we will complete a comprehensive assessment of the system that includes the development of a practice and financial model that integrates input from key stakeholders across the child welfare system. Key informants in this process include judges, child welfare providers, members of the Nebraska Children's Commission, the Inspector General, the Office of Foster Care Review, child advocacy centers, law enforcement, and individuals with lived experience.

The safety, well-being, and permanency of children are at the core of a state child welfare agency's work. Child welfare agency programs seek to strengthen families and keep them intact while ensuring children are safe and thriving. In instances where this is not possible, despite best efforts, an agency may place children into foster care while ensuring the episode of care is rare, brief, and non-recurring.

The intent of the FFPSA is to shift federal resources to help families in crisis stay together and limit federal funds for the placement of foster youth in congregate care placements, including group homes. A well-prepared child welfare workforce and infrastructure are essential for successful implementation of the comprehensive changes to Title IV-E funding focused on prevention services for eligible children at risk of foster care placement and their families. This prevention-oriented practice shift requires shifts in mindsets and practice and investments in

retraining all of the partners involved in the child welfare ecosystem, including child welfare professionals, court staff, private agencies, legal aides, public defenders, foster parents, and others engaged in the child welfare system. The system must pivot to a focus on trauma-informed, equitable approaches that support resiliency in families rather than rescuing children from families.

HMA and CWLA have assembled a team of child welfare experts and public-sector system leaders to support DHHS in your efforts toward child welfare system transformation. Our team supports FFPSA-related projects in other states with both public child welfare systems and private providers and provides ongoing policy and programmatic work around FFPSA, its implications, and the retraining of the workforce. In addition, CWLA has long been a leader in establishing standards of practice, which are reflected in the CWLA Standards of Excellence and its newest volume, the National Blueprint for Excellence in Child Welfare Services. The National Blueprint is a foundational tool for improving the national child welfare system, guiding policymakers, practitioners, advocates, and the broader public.

We will bring our knowledge and expertise of child welfare practice, the intersection of child welfare with other child and family serving systems, and the current legislative, financial, and best practice trends to DHHS.

Our team knows that child welfare reform and transformation is challenging and complex work. Combining our experience with internal support from DHHS leadership and staff, we will work to align plans and partners so we can successfully move the system forward.

Technical Considerations

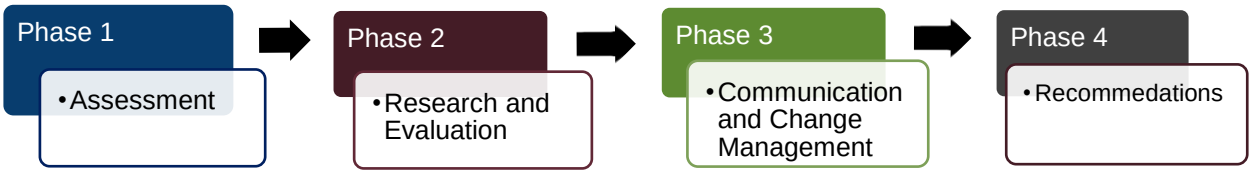
Child welfare practice is a complicated and high-risk operation in any state. Families are often impacted by poverty as well as intergenerational trauma and abuse. Systems often lack culturally relevant, evidence-based models to address these issues that are anchored in two-generation solutions and delivery models. Increasing protective factors and the socioemotional well-being of children involves both public and private partners and the community at large. Ensuring best practices when implementing child welfare programming, especially around the FFPSA priorities of prevention and permanency, and the availability of a well-trained, adequately resourced staff, will strengthen the ability to implement recommendations.

Our proposed plan and approach to the development of a practice and financial model includes the following high-level tasks:

- Facilitation of a workgroup, including key system stakeholders
- Development of values and practice principles for the system
- Development of statewide program goals
- Development of a practice model for case management and system delivery
- Development of a financial model for child welfare services
- Engagement strategies to support community involvement in system transformation
- Strategy development to strengthen relationships across the system
- Strategy development for integration across child and family services programs
- Development of accountability strategies across the system
- Assessment of IV-E claiming practices, including strategies to optimize federal reimbursement

Based on our experience supporting practice and financial model development in other jurisdictions and to be responsive to the RFP, we have clustered the specific tasks within the scope of work in alignment with the four phases of work shown below in **Figure 6**. We plan to address all tasks in a sequence that aligns activities and expectations to ensure a thoughtful and participatory process. We have detailed our approach below.

FIGURE 6. SUMMARY OF PROGRESSION AND SEQUENCING OF CHILD WELFARE SYSTEM TRANSFORMATION



For each of these phases, our team will complete a comprehensive assessment, capacity evaluation, and develop recommendations that align with best practices in the field and state and federal regulations.

Grounding Work: Strategic Visioning

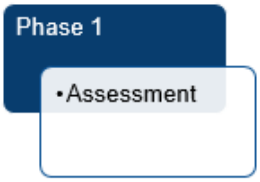
To ground and align our work, we will begin this project with the facilitation and development of a statewide mission, vision, and program goals for the child welfare system in Nebraska. This mission statement will serve as Nebraska's opportunity to define and coalesce around the state's goals, ethics, culture, and norms for decision-making around the services, policies, and stakeholders that comprise the child welfare system. We will support future-oriented discussions to solidify a statewide vision that resonates with the children and families who will be impacted by this transformation. We will prioritize the orientation of stakeholders to system transformation and the ways in which it creates a significant opportunity to sustain programs serving marginalized populations and prepare for future transformation efforts. We will engage leadership in a dynamic dialogue about their role in supporting DHHS through change resulting from the child welfare system transformation.

Nebraska's mission and vision for transformation will inform the development of values and practice priorities and statewide program goals for the child welfare system in Nebraska. Values and practice priorities will set the boundaries within which the state and its stakeholders will operate in pursuit of its vision.

A broad base of stakeholder input and engagement is essential to ensure the planning process catalyzes the change management effort needed to implement the plan. We believe the difference between a strategic plan (which is just a document) and an effective statewide system transformation effort is whether the stakeholders are aligned with and prepared to undertake the needed changes. For this reason, our planning process will engage a wide range of stakeholders across service systems, beyond leadership and inclusive of families who will feel the impact of these changes. In this way, change is spurred by a planning process, and stakeholders are enabled to both inform and embrace the evolution into a collaborative strategic organization.

Strategic visioning will occur with a combination of a series of in-person and facilitated workgroups with leadership and identified key stakeholders beginning immediately after project kickoff.

This work will set the stage for Phase 1: Assessment, described below.



Phase 1: Assessment of Current Practices, Functions, and Conditions

A thorough assessment of the current state practices, functions, and conditions and associated challenges is fundamental to identifying the recommendations that will have the greatest impact toward DHHS' goals of a transformed child welfare practice and financial model. As we engage in our assessment for each of the components identified in this phase, we will simultaneously gather policy manuals, practice guides, data on outcomes/workloads/staffing, any existing case practice models, and other artifacts to aid in our assessment of current policies and practices as well as a review of the policy environment. This detailed review will enable us to recommend potential modifications to improve the current policy and practice environment. Specifically, we will focus our policy and practice review on an assessment of policies and practices—including best practices in Nebraska—and across the nation, prevention practices, and the health and well-being of children in care. We will map existing assets and identify gaps and opportunities to develop additional capacities to support the child welfare practice and financial model. To ensure we determine the root cause of issues within the system and identify sound recommendations for practice model transformation, we will include several policy and practice review topics. Our approach to assessment, evaluation, and, ultimately, the creation of recommendations is illustrated in **Figure 7.** We will work with DHHS to identify additional assessment areas, utilizing the results of our research and evaluation and best practices gathered from other jurisdictions to develop recommendations that we will validate with the project team.

FIGURE 7. APPROACH TO ASSESSMENT, EVALUATION, AND RECOMMENDATIONS

More specifically, our analysis will include an assessment of the following:

Statutes and regulations. To assess the impact of statutes and regulations on practices, we will identify and review the statutory and regulatory authorities that govern Nebraska's child welfare practices to better understand the policy framework in the state anchoring child welfare practices. Often, it is the passage of legislation that makes certain child welfare practices enshrined in law. When federal legislation passes, states will often mirror the federal intent by passing state laws. State departments then take the enrolled bill and issue regulatory guidance to the agency and its partners.

Method of assessment:
Document review and interviews and focus groups with central office and field staff

Policy. To better understand how current policies are impacting the delivery of child welfare services, we will assess the policies themselves, the understanding and application of them, and review how they interact across programs. We will review all artifacts and speak with policy and practice staff both in the central office and in the field to gauge how effectively these are being interpreted and implemented with fidelity.

Method of assessment:
Document review and interviews and focus groups with central office and field staff

Best practices. Through research and national benchmarks, HMA may identify states/counties with emerging best practices in specific focus areas across the child welfare system. We will utilize our team's experience to document local, state, and national trends, as well as the vision of DHHS. Our team will bring trends, emerging issues, and best practices from other counties and states from across the country, catalog the different approaches identified among them, and identify those that represent best practices and/or potential models for consideration.

Method of assessment:
National and state best practices review from literature, SME knowledge base, interviews and focus groups with central office staff and field staff

Quantitative data reports. Our approach will include leveraging existing reports to analyze demographic trends and data, as well as reviewing data sources. We will conduct an extensive review of county and publicly available data on future trends related to demographics, existing outcomes, and emerging needs. We propose reviewing demographic information through these above-identified reports and artifacts so that we can track longitudinal shifts in child welfare needs and in-demand services.

Method of assessment:
Review of public facing reports and data requests to the state

Licensing of foster and resource homes. Examining the regulatory and policy-related workflows and activities that define the licensing process is critical. Currently, Nebraska has three types of foster homes—relative foster homes, kinship foster homes, and regular foster homes. The Trauma Informed Partnering for Safety/Model Approach to Partnerships in Parenting (TIPS/MAPP) curriculum is being used to train regular foster parents. The recruitment and licensing of foster homes, including dual licensure to both foster and adopt, are critical components of child welfare delivery systems, especially as the emphasis in recent years has shifted from congregate care to family foster care, with every effort being made to place children in kinship and relative homes. Background clearances and exception processes may take a long time, and there could be workflow refinements that could be developed into recommendations.

Method of assessment:
Review of policy documents, workflow walk throughs, and interviews with staff and providers

To assess prevention practices intended to support families at risk of entering the child welfare system, the team will analyze:

FFPSA implementation. A well-prepared child welfare workforce and infrastructure are essential for the successful implementation of the comprehensive changes to Title IV-E funding focused on prevention services for eligible children at risk of foster care placement and their families. The intent of the FFPSA is to shift federal resources to help families in crisis stay together and limit federal funds for the placement of foster youth in congregate care placements, including group homes. This prevention-oriented practice shift requires the retraining of child welfare professionals as well as workers in the courts, private agencies, legal aides, public defenders, families serving as foster parents, and others engaged in the child welfare system. The system must pivot to a focus on trauma-informed approaches that support

resiliency in families rather than rescuing children from families. Across the country, states are assessing and planning to implement the FFPSA by October 1, 2021, but Nebraska made the decision to implement it on October 1, 2019. HMA will evaluate Nebraska's implementation efforts over the past three years and determine what is working well and what needs to be adjusted and revised as Nebraska continues its efforts to build a responsive and high-quality child welfare system. We know the Division of Children and Family Services (DCFS) has already taken steps to define FFPSA candidacy requirements by including:

- Children who are "candidates" for foster care, meaning they are identified in a prevention plan as being at imminent risk of entering care but can safely remain at home or in a kinship placement if provided services that prevent entry into foster care. This includes children whose adoption or guardianship arrangement is at risk of disruption or dissolution, which would result in entry into foster care
- Children in foster care who are pregnant or parenting
- Parents or kinship caregivers of candidates for foster care where services are needed to prevent the child's entry into care or directly relate to the child's safety, permanence, or well-being
- Older youth transitioning to adulthood

We will incorporate the key provisions of FFPSA into our work with Nebraska, which includes:

- Implications for Title IV-E as the payer of last resort, which impacts the way IV-E and Medicaid currently intersect and how they will intersect in the future. This will be an important revenue maximizer for states in the coming years.
- Half of the prevention Title IV-E funds should be applied to well-supported, evidence-based practices. The remaining half should support promising and evidence-informed practices.
- There are 57 approved interventions eligible for Title IV-E funding currently on the Children's Bureau Prevention Clearinghouse as of September 22, 2022.
- The Children's Bureau is permitting transitional payments with justification for promising, supported, or well-supported practice. If the Children's Bureau approves the transitional payment, other states can also use that practice and claim transitional payments.

FFPSA cuts off federal Title IV-E funding after two weeks for children who are placed in congregate care programs, with four exceptions:

1. Qualified residential treatment programs, which is a new category of congregate care that has been created
2. Specialized settings for pregnant or parenting youth
3. Transitional housing programs for youth 18 years of age and older
4. Programs providing support services to trafficking and the commercial sexual exploitation of children and youth

FFPSA limits the number of children who can be served in a "foster family home" to six, unless the home meets the following requirements:

- Allows parenting youth in foster care to remain with their children
- Allows siblings to live together

"CFS will utilize the Family First Prevention Services Act (FFPSA) to improve prevention services and remove fewer youth from the parental home, while providing more comprehensive, evidence-based services to children in their own homes, with their family, with reduced levels of secondary trauma.

Families will progress more efficiently and more timely within CFS. CFS will have a reduction in the turnover rate of case managers and ensure staff are supported and satisfied, while continuing to be proficient at their work, engage with a family so their voice and choice is considered and that families will have the same case manager through the life of the case as often as possible. To achieve this vision, CFS will have improved collaboration, information sharing, continuity and performance within CFS, with the families we work with, and all parties within the Nebraska child welfare system."

Nebraska Department of Health and Human Services, Division of Children and Family Services, "Nebraska's Five-Year Title IV-E Prevention Program Plan 2019," October 1, 2019, https://familyfirstact.org/sites/default/files/FINAL NE FFPSA Prevention Plan without Attachments%2C 10.1.19.pdf.

- Allows a child with a meaningful relationship with the family to remain with the family
- Allows a family with specialized skills to care for a child with a severe disability

HMA will review the goals that Nebraska set for itself when it began implementation of its FFPSA plan and determine with DCFS staff how well these strategies are working. HMA will join with DCFS staff and will build on Nebraska's early and groundbreaking FFPSA response to help build the next generation of reform.

Method of assessment:
Review of DHHS' Prevention Plan and APSR and interviews/focus groups with stakeholders

Thriving Families Safer Children. Nebraska is participating in the Thriving Families Safer Children Initiative through Prevent Child Abuse America with funding from Casey Family Programs. Nebraska is a Round 1 site. The project is aimed at engaging people with lived experiences in participatory action research to answer critical root-cause questions to address inequalities in the child welfare system:

- What root causes of inequity in the child welfare system should CWB collaboratives address?
- How can prevention services address root causes in ways that are both universal and culturally appropriate?
- What do families need most at critical periods in their children's development?
- What systemic barriers must be removed?

HMA is excited to learn more about the project and to marry our equity work and expertise to the change effort already underway to address root causes leading to disproportionate adverse impacts for Brown and Black children in the child welfare system. Socializing the findings from the research with actionable strategies to change policy and practice is a transformative effort, and HMA is looking forward to supporting this work.

Method of assessment:
Review of Thriving Families Safer Children Nebraska documentation and interviews and focus groups with key internal and external stakeholders

Community collaborative models. The African proverb "it takes a village" clearly expresses the shared burden of raising children in safe environments, ensuring their health and well-being, and raising self-sufficient and productive young adults who are contributing meaningfully to society. This means that child welfare cannot do this work alone. When Casey Family Programs created their initiative called "Building Communities of Hope," it was to recognize several key factors:

- That children and families live in communities
- There are several drivers that impact outcomes for children and families
- That public child welfare on its own cannot address all the needs that children and families have
- The entire ecosystem, from public education to health and behavioral health, CBOs, churches, businesses, advocates, and the entire community has a role to play in building strong and resilient families and healthy and thriving children

Our project team members have worked at the county and state levels and have contributed toward successful ecosystem-driven community collaborative work. There are strong models of this work in multiple states, from New York, to Jacksonville, Florida, to Chesapeake, Virginia,

and other key Building Communities of Hope[1] sites across the country. We will bring our knowledge and competencies of ecosystem-driven work to the existing partnerships that are already in place and working well for Nebraska's children.

Method of assessment:
Research national & state frameworks and interviews/focus groups to capture best practices

Child welfare field practices. Nebraska is a large state with 93 counties that are divided up into five regional administrations with multiple field offices delivering child welfare services across the state. Often, the connectivity between the central office and the field is managed through supervision, issuances of circulars and guidance, weekly and biweekly monthly meetings, quarterly meetings, annual conferences, staff trainings, workgroups, and multi-jurisdictional project teams. These strategies have varying degrees of success and fidelity with policy and practice guidelines and are a constant quality assurance challenge and opportunity. HMA will review all the policy manuals and practice guidance, interview key staff, host focus groups, and conduct staff surveys of both central office and field staff to gauge the efficacy of existing pathways, structures, systems, and protocols and jointly develop recommendations that could help inform and strengthen bidirectional central and field office working relationships across all areas of child welfare practice, including:

- Child Protective Services
- Preventative and Child Protective Services in-home services
- Child fatality review and oversite
- Placement of children in out-of-home care
- Support of relative foster homes
- Work with older youth
- Services to children and families to achieve reunification
- Practices to achieve permanence, including reunification, adoption, and guardianship

Method of assessment:
Site visits, interviews, focus groups and surveys to understand the relationship of central office to field and the practice fidelity that exists

Physical and mental health services for children in out-of-home care. Early access to quality whole-person medical, behavioral, and developmental services is vital to ensure the health and well-being of children in out-of-home care. However, access to needed services in Nebraska is a significant issue. Services are concentrated in the more densely populated eastern third of the state. However, professional shortage areas predominate statewide, with adequate psychiatric and mental health services accessible only in and around the cities of Lincoln and Omaha. Rural areas are all designated behavioral health shortage areas, yet these are the communities where 40 percent of Nebraska's women of childbearing age, 43.1 percent of children, and 44 percent of youth reside.[2] Even where there are professionals, participation in

[1] Casey Family Programs, "Building Communities of Hope, 2020 Special Report: Creating a Better Future for Children and Families in a Time of Crisis," September 9, 2020, https://www.casey.org/hope/.

[2] University of Nebraska Medical Center, College of Public Health, "Nebraska Behavioral Health Needs Assessment," September 2016, https://dhhs.ne.gov/Behavioral%20Health%20Documents/Needs%20Assessment%20-%202016.pdf#search=behavioral%20health%20needs%20assessment%202016.

EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) is further restricted in Nebraska by the limited number of providers willing to accept Medicaid clients.[3]

For more than a decade, DHHS has been exploring how best to efficiently finance improvements to how screening, assessment, care planning, and service coordination are contracted for children in foster care, including an innovative experiment in privatizing Nebraska's actual child welfare case management that was ultimately terminated last year due to failure to meet contractual requirements and unacceptable risk.[4]

While the child welfare case manager assigned to each child who enters foster care is required to ensure that child's holistic needs are met, Nebraska administers service delivery for all current and former foster children up to age 25 via its ACCESSNebraska Medicaid program. Eligible children, youth, and young adults are automatically assigned to a contracted MCO for case management within Nebraska's Heritage Health managed care program, which was recently awarded to Molina Healthcare of Nebraska, Nebraska Total Care, and UnitedHealth Care of the Midlands.

Each contracted MCO will be required to deliver an integrated service model guided by Nebraska's behavioral health principles of care, which include:

- Services must be part of an overall coordinated system of care that ensures access to mental health and substance use disorder treatment services to improve the overall health of each member
- To the fullest extent possible, services should be provided in the community where the member lives
- Services must provide recovery-based care
- Services must be trauma-informed
- Services will be patient-centered, family-driven, age and developmentally appropriate
- Substance use disorder services will be delivered in accordance with the principles of recovery-oriented systems of care
- Members must be able to choose their own provider to the fullest extent possible at all levels of treatment
- Services must provide a resiliency-based system of care for children and their families

Each MCO must ensure that active treatment is being provided to each member when needed, which includes the implementation of a professionally developed and supervised individual plan of care in which the member participates and shows progress. For foster care children, each MCO must develop policies and procedures for care and case management in collaboration with DCFS, including an approach to identify and respond to each foster child's medical, behavioral, and dental health needs with a schedule for initial and follow-up healthcare screenings and evaluations that are evidence-based and age-appropriate; monitoring and treatment received for identified healthcare needs; the sharing of current and relevant medical, behavioral, and dental healthcare information in compliance with federal and state regulations; ensuring comprehensive continuity of care for healthcare services; and overseeing prescription medications, with a focus on polypharmacy and psychotropic medications. Each MCO must also hire a tribal liaison to support service access in collaboration with the Indian Health Service and the tribes.

[3] Nebraska 2020 Title V Needs Assessment: https://dhhs.ne.gov/2020%20Needs%20Assessment/11%20-%20Mental%20Behavioral%20Health%20in%20School.pdf

[4] Gina Dvoak, https://imprintnews.org/youth-services-insider/nebraska-governor-signs-law-to-end-private-foster-care/64632#:~:text=Nebraska%20has%20ended%20a%2012-year%20experiment%20in%20using,services%20for%20two%20counties%20in%20the%20Omaha%20area.

To specifically improve outcomes for children and youth with serious emotional disturbances and their families, Nebraska has established a 21-member system of care leadership board appointed by the CEO of DHHS to provide advice and guidance to DHHS and the Division of Behavioral Health (DBH) on Nebraska's system of care for children, youth, and their families. This guidance is informed by the Nebraska System of Care Collaborative, which represents partnerships among public and private agencies, families, and youth to support policies and practices that are youth-guided, family-driven, trauma-informed, and culturally responsive. HMA will review the policies and practices for current child welfare and foster care lead agency caseworkers, conduct stakeholder interviews and focus groups, and develop a behavioral health strategy that is responsive to lessons learned and current efforts, particularly related to how MCO care management and the Nebraska system of care can best leverage available resources to improve access and make sure every child is connected to care.

Method of assessment:
Review of policies and procedures, journey mapping, stakeholder interviews and focus groups, behavioral health provider survey

Mental health services array. Contracted managed care plans are expected to provide access to a minimum of two mental health providers within 30 miles of those living in urban areas, 45 miles in rural counties, and 60 miles in frontier counties. However, due to behavioral health professional shortage areas in Nebraska, nearly half of the population is without traditional access to care.[5] Indeed, according to the Nebraska Association of Local Public Health Directors (LPHD) Community Health Improvement Plans (2019), 15 LPHDs identified mental health as a priority and eight LPHDs identified access to care as a priority.

Multiple efforts are underway to address these gaps. Telehealth is expanding, however, according to the most recent DBH Annual Report, only 19 percent of services are being accessed via telehealth alone, which suggests an opportunity for growth, especially considering that the 2021 Consumer Survey identified a 74 percent positive response from those who received telehealth care. DHHS has also established fixed-rate enhanced funding for child placing agencies contracted to provide enhanced services for children whose needs require Nebraska's intensive plus and specialized levels of care. Foster families caring for children with the highest level of mental health and related service needs will receive extra training, access to a staff psychologist, more frequent in-person support from specially trained foster care specialists, 24/7 as needed support, weekly check-ins, planned respite care, and assistance to ensure each child's individualized treatment plan is effectively implemented. One Omaha-based provider in the state has received grant funding to establish a certified behavioral health center, and exploration of statewide adoption of that framework has been underway for several years. As well, improved access to and utilization of mental healthcare is the focus of Nebraska's federally funded Pediatric Mental Health Care Access grant, for which Nebraska Title V serves as the lead entity.[6]

Yet, as in most states, multiple systems must coordinate to improve service availability and access. The Nebraska DBH is the chief behavioral health authority responsible for administering and coordinating the public behavioral health system for Nebraska's four federally recognized

[5] Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer, Nebraska Vol. 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-19-Baro-17-NE. Rockville, MD: Substance Abuse and Mental Health Services Administration. 2017. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Nebraska-BH-BarometerVolume5.pdf

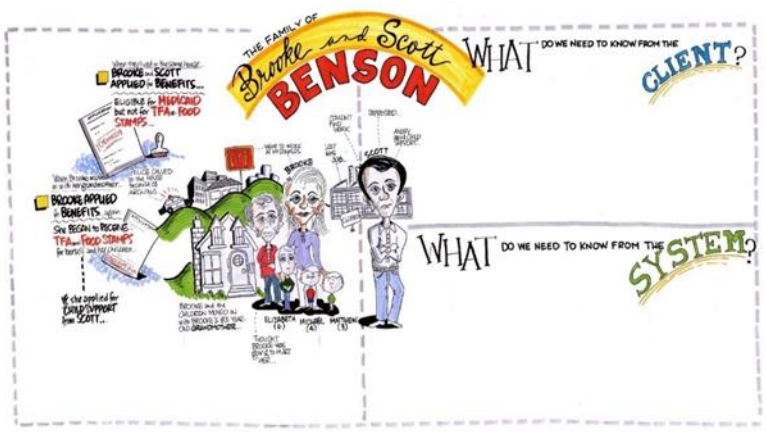
[6] Nebraska 2020 Title V Needs Assessment: https://dhhs.ne.gov/2020%20Needs%20Assessment/11%20-%20Mental%20Behavioral%20Health%20in%20School.pdf

tribes (Omaha, Ponca, Santee Sioux, and Winnebago), nonprofit agencies and organizations, and its six regional behavioral health authorities. DCFS administers child welfare and youth rehabilitation and treatment centers, while the Division of Developmental Disabilities provides funding and oversight for Medicaid home and community-based services waivers, including early development services provided by the Nebraska Early Development Network. According to its recently published DHHS Behavioral Health Strategic Plan for 2022–20224, DHHS is developing a cross-agency behavioral health infrastructure/system of care framework for youth and adult services and supports, outcomes, and blended funding models; developing an implementation plan to address assessed needs and gaps that will grow the behavioral health continuum of care for youth and adults, including inpatient/residential/detention and community-based services; establishing an admission and discharge process and criteria for the Lincoln Regional Center; and developing a cross-system capacity and waitlist process, bed registry, same-day services, and crisis system best practices as well as alternatives to the emergency department.

HMA will compile findings and connect the dots across multiple concurrent and pending efforts to expand access to mental healthcare to maximize opportunities and set a course for statewide behavioral health enhancement that meets the needs of children, youth, and families involved in the foster care system.

Method of assessment:
Journey mapping, stakeholder interviews/focus groups, behavioral health provider survey

Experience of partners with lived experience. To capture the experiences of partners with lived experience, we will perform journey mapping. While our assessment may capture what happens from an organizational perspective, consumer journeys document what happens from the consumer perspective and, most importantly, from the perspective of all types of consumers—those who speak English, those who do not, those who have been historically marginalized, those who have disabilities that prevent them from accessing services through "traditional methods," and those for whom attempting to access services presents real fear because of their status in this country.



GRAPHIC BY STEWARDS OF CHANGE INSTITUTE

Understanding the journey of those with lived experience is essential to knowing what policies and practices have the greatest impact on those with experience within the child welfare system. Journey mapping provides a step-by-step look at key challenges with policies and practices and insight on how to improve them.

Method of assessment:
Journey mapping, stakeholder interviews and focus groups, consumer survey

Systemic factors affecting child well-being and permanency. The 1997 Adoption and Safe Families Act (P.L. 105–89) marked the first time issues related to permanency were explicitly stated in legislation, which was pivotal in changing the landscape of child welfare practice. This law connected safety and permanency by demonstrating how each factor was necessary in achieving overall child well-being. Since this time, child welfare systems have focused on and been evaluated against standards that assess child and family outcomes related to safety, permanency, and well-being. While these are lofty goals, data shows that children of color and their families experience disproportionately adverse impacts on all three of these core outcomes. Several factors affect child well-being and permanency:

- Root causes of poverty and racism affecting children and families
- Access to care issues impacted by network adequacy concerns, siloed services, and unresponsive services that do not match needs to services, including domestic violence, substance use, mental health, poor health, homelessness, poverty, and other issues
- The need to build a robust multi-sectoral service array that includes a responsive and well-resourced system of care
- Staff turnover and inadequate supervision
- Frequent changes in judicial officers
- The lack of collaborative effort across child welfare, behavioral health, Medicaid, housing, and education
- A failure to focus consistently on strengthening families and providing trauma-informed services through a prevention lens
- A failure to leverage permanency options, such as timely reunification, kinship placements, guardianship, and adoptions
- The need for a clearly articulated practice model that is anchored in prevention

The failure to adopt an ecosystem approach that values the voices of people with lived experiences and comes from a person-centered and strengths-based approach to working with families, children, and youth to find sustainable solutions that result in the desired outcomes of safety, permanency, and well-being. HMA subject matter experts will work with our state partners to assess these identified factors, their impact on well-being and permanency outcomes for children and families, and work with our partners in Nebraska to develop actionable and responsive strategies to improve well-being and permanency outcomes for children and families.

Organizational structure and capacity. The state of Nebraska represents a vast area that spans the breadth of settings, from rural to urban.

In a memorandum to the Children's Bureau issued to states related to the passage of the FFPSA, it stated that it believes that efforts to achieve permanency for children and youth must include safe and deliberate preservation of familial connections to successfully ensure positive child well-being outcomes. This focus on family connections is imperative in the work done by agencies and courts because it can mitigate the effects of trauma that children and youth in foster care have already experienced and can also reduce further trauma. Children have inherent attachments and connections with their families of origin that should be protected and preserved whenever safely possible. This is what fuels the Children's Bureau's commitment to two overarching goals: (1) strengthening families through primary prevention to reduce child maltreatment and the need for families to make contact with the formal child welfare system; and (2) dramatically improving the foster care experience for children, youth, and their parents when a child's removal from the home and placement in foster care is necessary. Emphasizing a child's attachments and connections while ensuring safety, rather than solely prioritizing timeframes in efforts to achieve permanency, will serve to strengthen and preserve families; prevent future maltreatment from occurring after permanency is achieved; and significantly improve a child's foster care experience.

US Department of Health and Human Services, Administration on Children, Youth and Families, "Achieving Permanency for the Well-being of Children and Youth," memorandum published January 5, 2021, https://familyfirstact.org/sites/default/files/ACYF-CB-IM-21-01%20%281%29.pdf.

Child welfare and protection is engaged in the critical business of protecting children and building resiliency for families in Nebraska involved with the agency. Public child welfare operations in Nebraska are operated under a state-administered and state-supervised system of care divided into five regions. This is a robust infrastructure that is replicated across many states and ensures both centralized policy direction and responsiveness to localized community needs and opportunities.

For this infrastructure to deliver on the promise of a strong, well-run, and responsive child welfare system, the statewide office must provide clear policy and budgetary leadership, identify statewide best practices, and manage expectations around regional variances due to community-directed needs of families and children and resource availability.

Regional service areas in turn have to deliver services with fidelity and demonstrate compliance with state policy and practice goals. They also must understand the needs of the children and families in their communities, advocate for resources, and build strong partnerships to deliver high-quality services. To do this, both the state and regional offices must have trust and alignment as they do their work.

We understand the complexities of ensuring consistent application of policy and practices throughout the state, as well as the unique and varying needs of populations in Nebraska. We recognize that children and families throughout the state will have different needs depending on a number of factors, such as urban, rural/frontier, or tribal setting, and the availability of and access to services, to name a few.

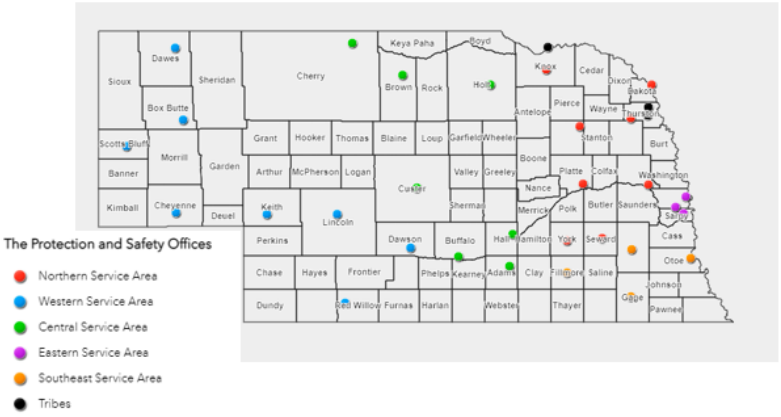
We will evaluate the relationships between the state roles and staff, the regional staff, and the statewide offices providing direct services to children and families. The child welfare experts on our team are well versed in FFPSA and will focus the analysis on how DHHS can leverage its organizational structure and resources most effectively to implement it. As part of this analysis, we will seek to understand the following:

- How state, regional, and local office staff distinguish roles and responsibilities for child welfare policies and practices.
    - In what ways do these roles/responsibilities change when working with Native American children, families, and/or tribes?
- How communication flows from the state to the regions to the field and the extent to which staff at all levels feel trusted and supported in their respective roles.
- What gaps or opportunities exist in the current organizational structure?

Our team will work with DHHS staff to compile and review current organizational charts, job classifications, job descriptions, current FTEs, and open positions. We will conduct staff surveys and focus groups to understand the working relationships between roles and responsibilities. As part of the infrastructure assessment and overall project work, we will identify actionable strategies to ensure the alignment of resources to support organizational priorities and FFPSA implementation.

Method of assessment:
Document review and interviews and focus groups with central office and field staff

Workforce needs and structure. An effective workforce includes the right number of staff who are well trained, supported, and allocated based on workload. We understand the significant challenge states and counties face in staffing these programs with the limited resources available. Although it is important to understand the overall size of the workforce and make sure it is sufficient, simply hiring more staff is almost never a solution on its own. If the workforce is not operating effectively, it will not be possible to understand the true capacity of the current staff. Our assessment of workforce needs and structure begins with an awareness of the public child welfare operations in Nebraska. Child welfare services operate under a state-administered and state-supervised system of care divided into six regions. All six regional administrators from Northern, Western, Eastern, Southeastern, Central and Tribal report to the DHHS state division director and the regional staff report to the regional administrator.



To assess current workforce needs and structures to practice and finance model recommendations, we will:

- Engage DHHS staff as content resources, examine existing organizational charts, and conduct focus group interviews as needed to obtain relevant information related to gaps and appropriate infrastructure
- Evaluate workforce needs for field staff based on the current statutory caseload standards as compared to the emerging workload standards
- Utilize the results of our analysis to inform the recommendations in the final report, including best practices, infrastructure, and back-office operational needs
- Review data on staffing, including turnover, seat vacancy time, hiring practices, workload, overtime, contract staff usage, and other measures to help us assess Nebraska's specific staffing challenges

HMA's partner, CWLA, has a special review process that is designed to evaluate practices against standards and to assess workforce capacity and competencies. It is designed as a quality improvement tool that aims to enhance an organization's capacity to ensure the safety, permanency, and well-being of the children, youth, and families who need its programs.

The review process is highly interactive and transparent, intended to engage all relevant staff and stakeholders with direct knowledge of the work being done.

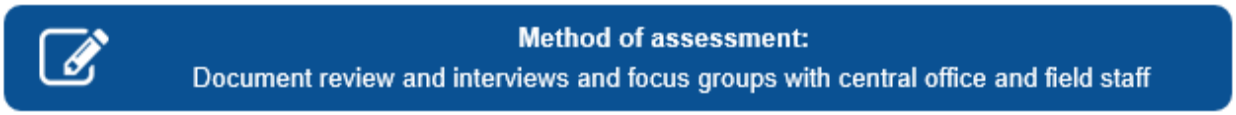
CWLA proposes virtual on-site and off-site work to explore the areas listed below. Methodologies will include an initial meeting with department leadership to provide an opportunity for discussion of the scope of the project, processes to be used, concerns of department personnel, and clarification of staff and managers' involvement, as well as to obtain relevant documentation, such as job descriptions with roles, responsibilities, and qualifications; existing policies and practice guidance; organizational charts and current staffing levels across the various functions and the state; processes and tools for assigning and managing the work;

and current training materials. Planning for the implementation of related tasks and activities will be through a collaborative process with the leadership team.

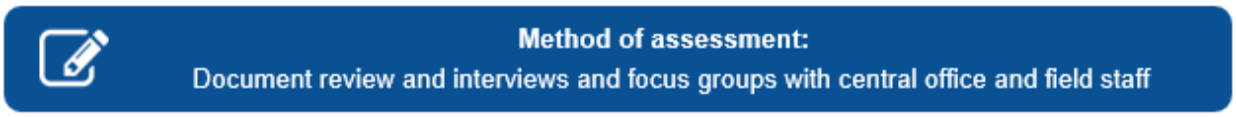
We will conduct interviews with select staff and focus groups with key stakeholders, such as staff and supervisors, community representatives, people with lived expertise in child welfare, providers, court personnel, and tribal representatives, to have a better understanding of the work and current practice approach or model to be.

We will summarize and analyze input from the review of the provided documentation, the interviews, and the focus groups using CWLA's National Blueprint for Excellence in Child Welfare, the revised Child Protective Services Standard of Excellence, and the new Community-Based Prevention of Child Abuse and Neglect Services Standard of Excellence, existing workload standards, relevant research, and other relevant best practices and research for use in providing a gap analysis, creating the prevention practice model, training curriculum, and the recommendations regarding the organization, staffing, workload standards, and management of the work.

A final report will outline findings from project tasks and activities, identify areas of strength in services, and make recommendations for any service and program enhancements.



Accountability and oversight. A robust oversight and accountability structure is essential to a highly performing child welfare practice and financial model. Leveraging information gathered during the assessment of best practices from across Nebraska and the nation related to accountability and oversight of child welfare services, the project team may recommend enhancements to the current accountability and oversight structure. This may include enhancements to boards, commissions, and other oversight entities, including the Children's Commission.

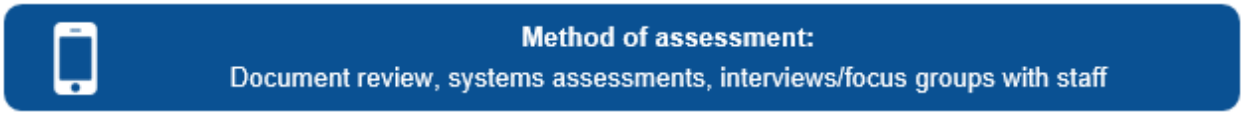


Technology. We are acutely aware of the increased role that technology plays in child welfare, as well as the unique technology challenges of states and their tribes with vast and mostly rural geography. We will assess and identify ways in which technology might be leveraged across Nebraska to close existing service gaps, increase efficiency, and/or maximize resources. Moreover, we have significant experience with using technology in highly confidential and regulated care delivery spaces. We are experts at:

- Reviewing the Comprehensive Child Welfare Information System's functionality
- Mapping business processes and identifying system barriers in those processes
- Reviewing hotline call center functionality and metrics
- Making recommendations for additional support systems and technology (tablets, document management, field-capturing software, applications, transcription services, electronic signatures for court documents, and others)

The Child Welfare Information System hosts the electronic case management system and the official document of record for all child welfare activity for workers. We will use this system to track outcomes for all functional areas within DHHS. Understanding system capabilities, the availability of reports, and how dashboards are used by frontline staff and leadership will be critical to identifying measures and building a qualitative and quantitative measurement system

that is critical to continuous improvements. In addition, CWLA has transitioned much of its own content and offerings to online learning and continues to explore additional ways it can enhance its delivery of trainings, conferences, and webinars in a virtual environment. Our team will leverage those bodies of work and expertise on behalf of DHHS.



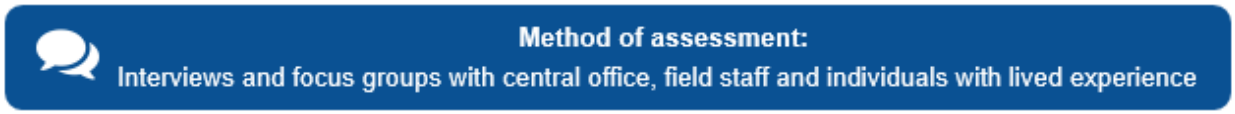
Training. To identify training needs for child welfare staff that support practice model recommendations, we will utilize CWLA's long-storied history of providing quality training and consultation within government and business structures. CWLA's high-quality training and consultation within government and business is identified in **Figure 5** above.

A key component of our approach hinges on building the capacity of staff to carry out and sustain the focus on building and supporting a transformed, family-centered, community-based system of care that supports children and families. Our proposed team has experience with the design and delivery of training and professional development for adult learners that is both engaging and impactful.

Our approach to the curriculum will respond to the importance of:

- Building buy-in for the system's transformation
- Providing information about new approaches to practice
- Building the skills necessary to support the evolving needs of families
- Building the skills to realize the state's vision

Developing training curricula based on the revised practice model and building a train-the-trainer training plan are critical tasks for the HMA team, including our colleagues from CWLA. The CWLA team, under the overall leadership of Julie Collins, vice president, practice excellence, and Marcus Stallworth, director of training and implementation, will take the lead on developing the curriculum and providing the train-the-trainer training approach. To ensure it is able to fulfill the required technical assistance tasks of the contract it is responsible for, CWLA will also draw on a group of experts with skills and competencies in operating child welfare functions, developing curriculum, and delivering training. This will include individuals with lived expertise.



Equity Assessment to Identify and Address Systemic and Structural Bias

In 2021, Nebraska's population saw an increase in diversity. Between 2010 and 2021, the Hispanic/Latino population experienced the most growth, increasing 2.8 percentage points to 12 percent, while the White (non-Hispanic) population experienced a significant decline of 4.7 percentage points to 77.4 percent.[7] Studies show patterns of racial disproportionality and disparity in the child welfare system, impact people of color living in Nebraska. According to the Nebraska Foster Care Review Office's 2022 Annual Report, "Racial and ethnic disparities are

[7] USA Facts, "Our Changing Population: Nebraska," accessed September 16, 2022, https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/nebraska?gclid=Cj0KCQjwj7CZBhDHARIsAPPWv3dPPgie-3sTzR02NYk3xxGn9NZe2n_ahzPmfWyN3IKvqjC7a4fh5NQaAu2oEALw_wcB.

pervasive throughout the child welfare and juvenile justice systems, and the disparities are greatest among the youth at the YRTCs."[8]

These factors often lead to children of color disproportionately experiencing removal from their homes. They are then more likely to experience multiple placements, less likely to be reunited with their birth families, more likely to experience group care, less likely to establish a permanent placement, and more likely to experience poor social, behavioral, and educational outcomes. Additionally, upon turning age 18, these young people will age out of the system. Most are not provided with access to health or social support to prepare them for adulthood, thus making them more prone to becoming homeless.

There is evidence that many factors can contribute to racial and ethnic disproportionality and disparity in the child welfare system, including practice, policy, and other differences at the national, state, and local levels. Additionally, child welfare research has not historically utilized an antiracist approach and rarely includes the perspectives of those with lived experience. Keeping these conditions in mind, many in the field organize explanatory factors for racial disproportionality and disparity into the following overarching themes[9]:

- Disproportionate and disparate needs of children of diverse racial and ethnic backgrounds, particularly due to higher rates of poverty
- Racial bias and discrimination exhibited by individuals (e.g., caseworkers, mandated reporters)
- Child welfare system factors (e.g., lack of resources for families of diverse racial and ethnic backgrounds, caseworker characteristics)
- Geographic context, such as the region, state, or neighborhood
- Policy and legislation (e.g., lack of measures targeting the needs of children of diverse racial and ethnic backgrounds)
- Structural racism (e.g., historical policies and cultural dynamics)

Recently, we have seen some traction in the child welfare field moving from acknowledging the problem of systemic racial and ethnic disproportionality and disparity to working with a well-being ecosystem to identifying issues and working together to create solutions. This movement will strengthen progress by ensuring equity, access, and belonging for minority children. Essential actions to support progress involve:

- Engaging in unpacking their systemics, practices, and policies to identify where and how disproportionalities and disparities are occurring and are approaching these changes in practices using an antiracist for specific populations (https://www.childwelfare.gov/pubpdfs/racial_disproportionality)
- Developing an intentional strategic approach to changing systems that creates a culture of disproportionality
- Engaging leadership and staff in culture change efforts
- Creating space to involve those with lived experience in the conversation and solutions to eliminate disproportionality

In December 2020, Nebraska's Children and Family Services launched its Nebraska Child and Family Well-Being Transformation Steering Committee. This effort is in partnership with the Capacity Building Center and designed to engage individuals with varying expertise and experience to support the building of a child and family well-being system that focuses on the prevention of maltreatment, and to truly value and promote whole-family well-being. Additionally,

[8] Nebraska Foster Care Review Office, "2022 Annual Report," September 2022, https://fcro.nebraska.gov/pdf/FCRO-Reports/fcro-2022-annual-report.pdf.

[9] https://journals.sagepub.com/doi/abs/10.1177/0002716220980329

Nebraska's Child Welfare System is one of the 22 states participating in the Thriving Families, Safer Children movement, supported by the Casey Family Programs, Prevent Child Abuse America, the Annie E. Casey Foundation, and the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention. This effort provides an opportunity for Nebraska to impact disparities and disproportionality in a meaningful way through improving equity and family well-being. HMA has a depth and breadth of expertise in all these areas through many colleagues, and we look forward to leveraging their many talents to support this work.

Our proposed approach to assessing policies, practices, and outcomes will include an equity analysis, including understanding how the system identifies, interacts with, and serves children, youth, and families from various racial, ethnic, and cultural backgrounds and identities. We will take a structured approach that incorporates assessing policies and practices using an organizational equity assessment tool, engaging impacted groups (biological parents, youth, and foster families), and surveying staff.

Document Review. We will apply an equity framework to DHHS policies, procedures, and organizational operations to understand whether and how the agency addresses issues related to equity. As a part of our quantitative analysis, we will seek to identify the decision points at which disparities are introduced and/or exacerbated. During the equity assessment, we will conduct a document review process to understand the policies and practices at those key decision points and identify ways in which policies and practices might have an impact on disproportionality.

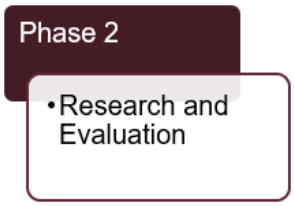
Stakeholder Engagement. We will conduct up to three focus groups with those most impacted by the child welfare system. The focus groups will be separated by audience, including youth, biological parents, and foster families. Prior to the focus groups, HMA will develop an interview guide, review it with DHHS, and make revisions based on feedback. The focus groups will enable us to enhance existing documented knowledge about how youth and families experience the child welfare system, with particular attention to families that represent historically marginalized communities. The focus groups will enable us to solicit qualitative responses and further assist in understanding needs, gaps, and the current environment.

HMA will work with DHHS to identify appropriate individuals/entities to engage at this stage and will seek to leverage existing advisory bodies in the state, like the Youth Advisory Board, for this effort. We may also make recommendations based on known or observed power dynamics and to ensure diverse stakeholder representation. Our team has decades of experience facilitating focus groups that have provided actionable information to increase the impact of social services and child welfare in reaching goals.

Staff and Stakeholder Survey. HMA will design, administer, and analyze an equity assessment survey of your entire staff (and other relevant stakeholders as identified), which will build on the input and feedback received from the focus groups and document review. This will enable us to incorporate feedback from all relevant stakeholders into the process, as well as begin the process of change management, which is necessary to implement the strategic plan. We will incorporate the Race Forward and the Center for Social Inclusion's Racial Equity Readiness Assessment Tool[10] (either partially or in its entirety) into the survey. The survey will be electronic, allowing for anonymous submission, and will include questions to glean staff

[10] Race Forward and the Center for Social Inclusion, "Ready for Equity in Workforce Development: Racial Equity Readiness Assessment Tool," accessed September 16, 2022, https://act.colorlines.com/acton/attachment/1069/f-02a7/1/-/-/-/-/RaceForward_WFD_ReadyForEquity_Tool_2018.pdf.

understanding of racial and ethnic disparities in child welfare and to what extent the organization is operationalizing equity in programs, policies, and practices.



Phase 2: Research and Evaluation of Child Welfare Models

Working to understand trends, emerging issues, and best practices from other counties and states across the country, the team will research and evaluate child welfare practices and financial models across jurisdictions and offer recommendations for implementation. The project team will complete research and evaluation of the following:

Child welfare practice models. As reflected in the assessment phase, we will utilize our knowledge and resources to research and evaluate child welfare practice models to identify best practices within each model. Our team will evaluate trends, emerging issues, and best practices from other counties and states across the country; catalog the different approaches identified among them; and identify those that represent best practices and/or potential models for implementation for DHHS' consideration.

Technology to support practice. We have found through our experience with child welfare agencies across the country that technology can either hinder or support social workers in the field, in court, and in their (home) offices. We are familiar with the wide variety of tools used by staff across the nation, both in local offices and at the state level. Combined with our assessment of gaps, we will review opportunities from within Nebraska and nationwide that could be of benefit for improving efficiency in tracking and recording case information as well as reporting out on the state's ability to meet performance measures. Our goals are to address challenges the state faces with solutions that add value, not add additional work or headaches for social workers. This includes such options as:

- Improved hardware
- Improved connectivity in the field
- Better tie-ins/interoperability between add-on systems N-FOCUS
- Improvement in N-FOCUS
- Transcription services
- Electronic signature capabilities
- Electronic forms/document management
- Workload routing and client/task routing
- Dashboards

Financing models. HMA will develop a comprehensive financial model with the goal of assessing and ultimately optimizing child and family outcomes along with federal reimbursement for child welfare system expenditures.

1	**Assess current procedures** – This process begins with an assessment of current claiming procedures and data protocols, including a review of cost allocation methodologies.
2	**Research best practices** – HMA will research best practices and federal claiming nuances and opportunities for appropriately drawing down additional federal funds under Title IV-E, including the new FFPSA authorities.
3	**Identify areas of improvement** – HMA will also review data, eligibility, and claiming calculations and processes to identify areas of improvement.

4	**Review provider rates and practices** – Provider reimbursement rates and data submissions will be reviewed against national benchmarks, evidence-based best practice outcomes, and proper claiming procedures.
5	**Identify actionable improvements** – Using the steps above, HMA will identify discrete and actionable improvements in provider process and funding.

The proposed financial model will combine the research of current claiming procedures (including recommended data protocol changes) with provider reimbursement improvements to culminate in recommended transition steps to best optimize federal match under the FFPSA and Title IV-E statute. HMA will additionally propose to develop milestones for this transition; develop templates for risk management reports, including areas of concern and recommended guardrails; and assist in stakeholder engagement and management to meet the child and family outcomes and funding optimization goals of the department.

HMA intends to investigate and appropriately utilize the current ambiguity with federal claiming from multiple points:

- Federal ambiguity on the definition of "prevention candidacy" for child welfare beneficiaries eligible under FFPSA
- Ambiguity on payer-of-last-resort hierarchies between Medicaid and child welfare programs

HMA will assess current federal and state positions on both of these points and provide recommendations for maximizing federal drawdown while monitoring federal audit and claw-back risk.

For prevention candidacy, HMA will review different candidacy definitions and impacts across various states, along with anticipated federal approval and drawdown funding increases. The end goal of this review is to provide scenario testing, specific to the program, that varies by preventive candidacy definition to identify increased federal drawdown funds while balancing increased risk exposure to federal audit and fund claw-back. This includes developing a dynamic model that can be utilized in real time by HMA and the department. This may result in proposals for statutory and policy changes for consideration by DHHS.

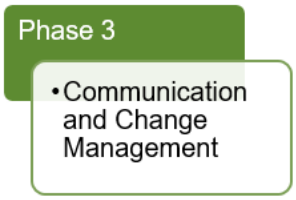
If DHHS is interested, HMA can perform a comprehensive review of the interplay of Medicaid and child welfare programs. HMA proposes a data-driven review of the suite of potential preventive and cost-saving services available to children who dually receive child welfare services and Medicaid benefits. This review will begin with engaging the appropriate state departments and data teams to combine available data to review for and identify gaps in providing best practice and preventive procedures to allow for optimal beneficiary outcome. HMA will additionally review and simulate the state funding impact of the different federal funding paths for specific services (e.g., claiming behavioral health through Medicaid instead of child welfare to draw down the maximum appropriate federal funds).

HMA will review data submissions and outcome metrics from varying providers, health plans, and agencies with the goal of maximizing beneficiary outcomes, data availability, and quality (to monitor future beneficiary outcomes), and analyzing reimbursement rates. HMA will benchmark provider reimbursement rates against appropriate national and local benchmarks and identify gaps in the current delivery and reimbursement system.

After HMA compiles financial model recommendations and observations from the steps above, HMA will engage the department, stakeholders, and beneficiary advocacy groups to identify and move past barriers that prevent the optimization of beneficiary outcomes and the maximization

of federal funding. This process will include identifying and making recommendations on organizational and systemic barriers that may hinder optimal outcomes. HMA will work with the department to proactively engage stakeholders as well as review financial model projections on future emerging data to identify obstacles to program goals and optimization.

The outcome of the assessment and evaluation phases will include the development of a roadmap for implementation, including key performance indicators for DHHS to consider in the development of the transformed child welfare practice and financial model.



Phase 3: Communication and Change Management Roadmap

This phase will focus on developing effective communication strategies critical to system transformation. Aligning a practice with a vision requires systematic movement through the five phases of change: awareness for the need to change, a desire to make a change, acquisition of the necessary skills, practice and refinement of these skills, and positive reinforcement in using the new skills (see **Figure 8**).

FIGURE 8. CHANGE MANAGEMENT NEEDED TO TRANSFORM CHILD WELFARE APPROACHES

Our approach will support the essential aspects of change management, create an awareness and desire to change, and serve as the foundation for the ultimate change needed at the practice level and include the following Nebraska-specific considerations:

- Geography, including varying needs and approaches required when working with families in metropolitan, suburban, rural, and frontier areas, including on tribal reservations
- Opportunities available with FFPSA implementation
- The diversity and cultural competence of DHHS' child welfare workforce
- The significant number of new caseworkers joining the workforce as individuals retire
- Focus on how to help families navigate multiple delivery systems
- Focus on the use of peer and family support
- System values and guiding principles

To educate and celebrate DHHS' role and value to key stakeholders such as the tribes, as well as all stakeholders within the system and across the state, our team will develop a communication and outreach plan detailing the changes in policies and practices to align with FFPSA. As part of our communication deliverable, we will:

- Identify all internal and external communication strategies, tactics, and activities
- Identify strategies to improve Nebraska's child fatality reviews, including CA/N presentations and reviews to promote learning and prevention strategies
- Complete a child welfare messaging audit
- Inventory all communication technologies and capacity for all audiences
- Develop draft themes and key messages for review
- Execute interviews and listening sessions with stakeholders
- Finalize a communication strategy, plan, and recommended tools

We will develop a communication planning matrix that illustrates the relationships and connections among key messages, ensures the messages are culturally responsive and

competent, and addresses key marketing strategies and primary audiences. Potential communication channels to receive information and distribute findings include DHHS, the DHHS website/web pages, DHHS' social media mechanisms, virtual or in-person town hall meetings, and direct communications to staff and stakeholders. We will draft a communication plan that incorporates these elements and review it with DHHS leadership. We will make revisions and updates to the plan based on this review and will present the final plan to DHHS leadership as part of our final deliverable.

In addition to our change management approach, to further support the implementation of the child welfare practice and financial model, we will facilitate the development of a theory of change to formalize our recommendations and assist with implementation efforts. **Figure 9** demonstrates an example theory of change that includes the elements required in the RFP. The completed theory of change will serve as a roadmap to assist in implementation efforts.

FIGURE 9. SAMPLE THEORY OF CHANGE

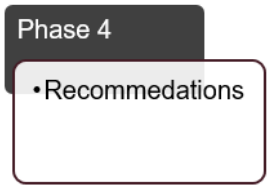
Beliefs Underlying assumptions about how change happens	**Resources** What we draw on to do our work	**Activities** What we do or deliver	**Outputs** What happens from our implementation	**Impact** What benefits and changes do we expect over time
■ Promote improved outcomes for children and families ■ Leadership, support, and accountability across three branches of government	■ Establish partnerships with external partners ■ Engage and partner with tribal partners	■ Develop strategies for phased implementation of practice and the financial model	■ Partnerships and shared strategies across state agencies ■ Workforce strategies for training, workloads, salaries, and retention	■ Improved child fatality review process, including learning and prevention strategies

A key component of our change management approach hinges on developing the capacity of staff and partners to execute and sustain the focus on building and supporting a transformed, family-centered, community-based system of care that supports children and families. We will work with the Nebraska team to ensure all stakeholders perceive the changes as actionable. This will require concurrence on the value proposition of transformation and adequate resourcing by:

- Developing strategies that support community involvement
- Developing strategies to strengthen existing relationships and identify and build new relationships
- Providing information about new approaches to practice
- Building the skills and systems necessary to support the evolving needs of families
- Building the infrastructure to realize the state's vision

FIGURE 10. ELEMENTS OF HUMAN-CENTERED DESIGN[11]

To identify actionable strategies and tactics with the state office, field offices, and tribal child welfare staff and leaders, we will conduct human-centered design exercises involving journey mapping. Human-centered design (see **Figure 10**) is a methodology for analyzing the current state and designing an optimal state for the series of events that comprise the delivery of service. It takes a service from the beginning of the specific process until it reaches the client, but always keeps the client at the center of any process redesign efforts. Human-centered design is about building strong empathy with the people you're designing for, generating ideas, building prototypes, sharing what's been created with the people you're designing for, and eventually implementing the innovation. This iterative **process will help develop current and ideal state mapping** and can illuminate areas of potential risk in service delivery as a result of all process improvements or changes.



Phase 4: Recommendations

We understand that changes to policies, practices, infrastructure, and technology all have a major impact on how child welfare services are delivered Therefore, it is critical that we examine the child welfare program holistically to identify the appropriate changes in each focus area to yield the desired result. To develop the final report and roadmap for implementation, including a robust and comprehensive set of recommendations, we will leverage the information gathered during our assessment and evaluation phases, utilizing the key categories detailed in **Figure 11.** Our recommendations will also be informed by:

- Our project staff's decades of experience with similar work in other states and counties will provide a thorough understanding of this context and best practices

[11] Melissa McCusker, "Why Human Centered Design Matters," July 14, 2020, https://digitalmarketing.temple.edu/mmccusker/2020/07/14/why-human-centered-design-matters/.

- HMA's strong ties to and experience in the field, which gives us a strong starting point and what is likely to be effective

During the development of our recommendations, we will work with DHHS to develop key performance indicators to track progress, craft strategies to further improve access, and align and integrate public assistance programs with child welfare so families can have access to the support they need to get on a path to more economic security. This may include technology changes, external partnerships, policy changes, practice adjustments, and internal change management efforts.

We propose reviewing an initial set of recommendations with key leadership team members and stakeholders in person at a half-day "retreat style" meeting. We aim to collaborate with DHHS to define an appropriate structure for this review, with the goal of obtaining dynamic feedback and buy-in and addressing issues before recommendations are finalized.

FIGURE 11. CONSIDERATIONS FOR DEVELOPING RECOMMENDATIONS

Policy	Is it possible to capitalize on actionable strategies that could include new policies, manuals, and/or standard operating procedures?
Practice	Are there opportunities to build a practice model that supports the integration of programs across child and family services agencies? What opportunities exist to think completely differently about programmatic silos and how we deliver services?
Partners	What opportunities exist to rethink how we engage partners? How can we hold them accountable? Do we need to develop additional capacity in the community? How do we do that, and what does it look like? How can we level-set expectations and develop shared outcomes?
Infrastructure	Are there opportunities to make changes to processes, technologies, and training that can more equitably, effectively, or efficiently deliver services?
Human Capital Capacity Building	Are there internal opportunities to improve the hiring, training, competencies, and adequacy of staff across different sectors? Is there a need for additional investments in the recruitment and retention of a diverse and equity-infused workforce to meet demands?
Financing	What opportunities exist to leverage other fund sources? Are we drawing down what we can on grants? Are there opportunities to leverage public-private funding?

Development of a practice model. A practice model is an organizing framework that describes an agency's approach and strategic direction. Practice models within child welfare agencies can be powerful mechanisms for translating values and principles into discrete practice behaviors and strategies for the child welfare workforce.

Benefits of a practice model include:

- Reinforces the strategic plan
- Provides clear guidance and expectations for the workforce around evidence-based casework practice activities, such as child and family team meetings and parent-child visitation
- Promotes consistency in how staff engage, assess, and intervene with families
- Guides the content of policy
- Informs the purpose of training
- Shapes continuous quality improvement efforts
- Provides an opportunity for children, families, referral agents, and community stakeholders to monitor and inform efforts

- Informs job postings, interviewing tools, and performance evaluations

Implementing practice models requires intentional efforts across many different elements of the child welfare system. (Building a Practice Model – Chapin Hall). The HMA team has considerable experience building and implementing practice models. In integrated departments such as DHHS, the opportunity to improve outcomes for children and families should be shared across all divisions within DHHS. While this work is led by the DCFS, the promise of building and implementing a child and family-centric practice model is an opportunity to build and implement cross-sectoral, cross-functional, and collaborative delivery systems that improve outcomes for children and families. Such a practice model will provide the roadmap for ensuring that:

- The health and behavioral health drivers that are affecting safety and well-being outcomes for families are responded to by the Division of Public Health and DBH
- The need for benefits and income supports to address housing, poverty, and hunger needs are shared with economic security by other colleagues within DCFS
- The developmental and early child screening needs of children are supported by the Division of Developmental Disabilities
- Healthcare access and financing for impoverished Medicaid and underinsured families and children are supported by the Division of Medicaid and Long-Term Care.

While there are many practice models that have been built that are focused on child welfare practice, given Nebraska's commitment to prevention, a more upstream, prevention-oriented practice model will better deliver on Nebraska's value proposition and promise of thriving children and resilient families.

While the majority of poor families never experience the child welfare system, we know that living in poverty is still one of the greatest predictors of abuse and neglect. It is also one of the biggest overall threats to children. Nearly half of all families who have their children removed have trouble paying for basic necessities, according to the Fourth National Incidence Study of Child Abuse and Neglect. One of the primary ways to impact child welfare outcomes is to focus efforts upstream on ensuring equitable access to programs that support families.

Training recommendations. Our team will leverage the strengths of CWLA and their training competencies to advance the new practice model. Anchoring the work in the relevant CWLA Standards of Excellence and reviewing current state practices and national best practices, we will develop training recommendations, develop curricula, and build a template for a "train-the-trainer" approach for the new practice model. We pride ourselves on incorporating information that is culturally responsive and that drives equity. As we develop the curriculum, we will incorporate feedback from the potential target users of the curriculum and members of the populations it serves. The design of the curriculum also includes opportunities for continuous learning. This process is grounded in the knowledge and understanding of the area of focus, target population, and intended outcomes that result from CWLA's 100 years of work in child welfare.

Our curricula development work and the resulting training plan and recommendations for rolling out the training will be informed by the following steps:

- Confirm the purpose and goals of the curriculum, including target populations
- Identify areas of focus
- Conduct a literature review
- Conduct focus groups with the key stakeholders to obtain input on the content
- Develop curriculum content based on the above factors
- Field test the curriculum
- Incorporate the test results into the final draft of the curriculum

- Create participant resources
- Create a facilitator guide

We will confirm our approach and recommendations with our state partner as this work progresses. Additionally, CWLA has developed a curriculum called "Supervision to Advance Success and Excellence," which can help achieve the mission and goals by developing supervisor and middle manager competence in implementing evidence-based best practices to improve staff performance and outcomes for children and families. This curriculum was recently updated to include the following two key areas: 1) racial equity; and 2) secondary traumatic stress to support worker wellness. Our recommendations for the training plan will be all-encompassing to address the embedding of the new practice model into the workforce and the development of supervisory capacity to deliver on the value proposition of the revised practice model. As research shows, supervisors are the most critical resource to ensure staff retention, talent acquisition, and growth. Human capital is often child welfare's greatest asset, and it is supervisors who ensure that their value is fully realized in the workplace to improve outcomes for children and families.

Detailed Project Work Plan, Deliverables, and Due Dates

Table 4 displays our proposed detailed work plan and schedule. This work plan is dependent on the schedule and availability of state partners to support this work and our ability to access data, artifacts, and other resources made available to us. If we are awarded the contract, we will work with DHHS to validate our work plan and adjust it as needed with feedback from the department. We will continuously work with our Nebraska partners to adjust and align schedules as the work progresses, with the goal of delivering our final report on time and on budget.

TABLE 4. HMA'S PROPOSED WORK PLAN AND TIMELINE

		Engagement Methods for Phases 1, 2, 3					Timeline			
		Document Review/Research	Focus Groups	Interviews	Surveys	On-site Visits	Q1	Q2	Q3	Q4
Overall Project Management										
PROJECT MANAGEMENT							Q1	Q2	Q3	Q4
Facilitate project kickoff meeting (all)										
Facilitate regular status meetings with Nebraska's leadership engagement team (schedule TBD; on-site visits to be scheduled strategically in collaboration with leadership)										
Coordinate and facilitate monthly HMA/CWLA team meetings										
Monitor project activity progress and completion tracking										
STRATEGIC VISIONING FOR TRANSFORMATIONAL CHANGE							Q1	Q2	Q3	Q4
Facilitate a series of workgroups, including key system stakeholders, to: ■ Develop values and practice principles for the system ■ Develop statewide program goals			✓	✓		✓				
PHASE 1	**ASSESSMENT**						Q1	Q2	Q3	Q4

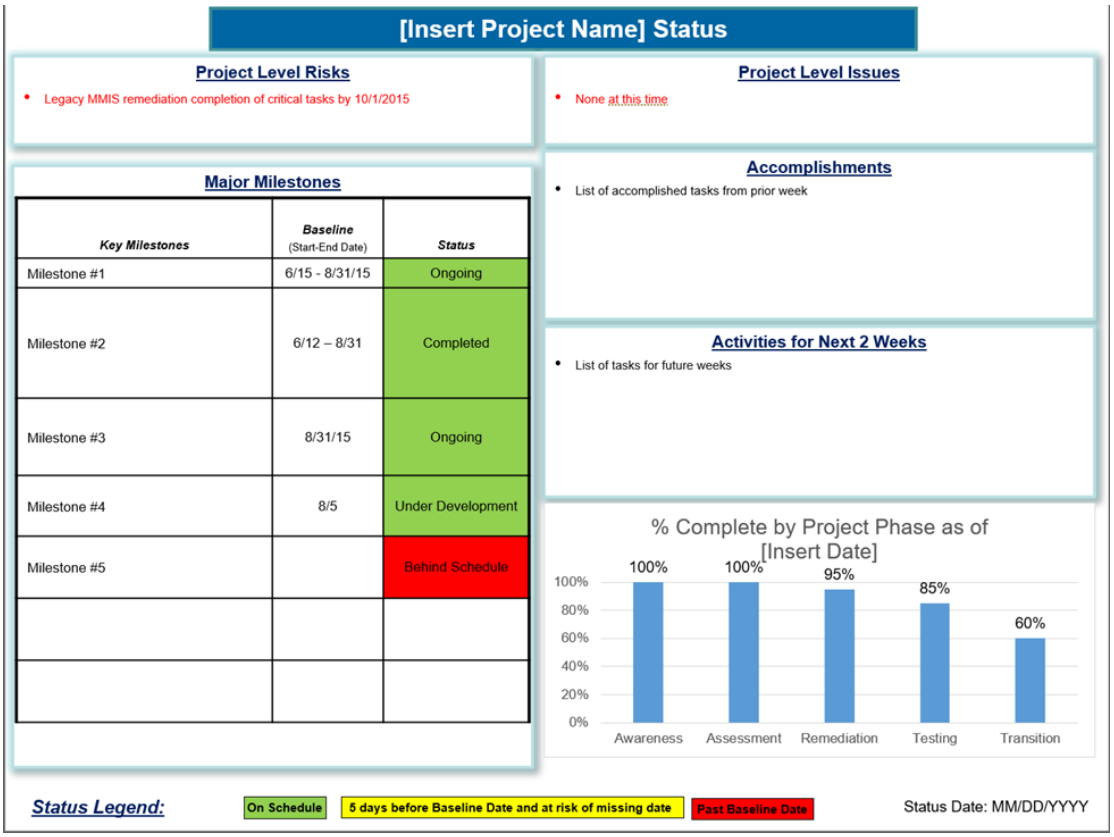
	Engagement Methods for Phases 1, 2, 3					Timeline			
	Document Review/Research	Focus Groups	Interviews	Surveys	On-site Visits	Q1	Q2	Q3	Q4
Policy and statute	✓	✓	✓						
Nebraska best practices and national best practices	✓	✓	✓						
Data reporting	✓								
Licensing of foster and resource homes	✓	✓	✓		✓				
Prevention practices to support families at risk of entering the child welfare system to include FFPSA implementation, Thriving Families Safer Children in Nebraska, and community collaborative models	✓	✓	✓						
Child welfare field practices to include Child Protective Services; in-home and prevention services; child fatality review and oversight; placement of children in out-of-home care; relative foster care; work with older youth; reunification practices; practices to achieve all manner of permanency; reunification, guardianship, and adoption; address well-being and the needs of children; examine workload and caseload staffing	✓	✓	✓	✓					
Assess workforce needs and the organizational structure of the central office team to support financial and practice model recommendations (policy, finance, quality assurance, and programs)	✓	✓	✓	✓	✓				
Technology									
Training needs									
Address systemic and structural bias									
Impact of disproportionality on minority communities									
Engage persons with lived experience in developing recommendations		✓	✓	✓					
Systemic factors affecting health, well-being, and permanency	✓	✓	✓	✓					
PHASE 2 RESEARCH AND EVALUATION						**Q1**	**Q2**	**Q3**	**Q4**
Research and evaluate practice models	✓								
Research and evaluate technology to support practice	✓	✓	✓						
Review and research financial models	✓	✓	✓		✓				
PHASE 3 COMMUNICATION AND CHANGE MANAGEMENT ROADMAP						**Q1**	**Q2**	**Q3**	**Q4**
Develop a change management plan		✓	✓		✓				
Develop a communication matrix		✓	✓		✓				
Develop theory of change to support implementation		✓	✓		✓				
Develop strategies to improve Nebraska's child fatality reviews that has CA/N presentations and ensure the reviews are used to promote learning and prevention strategies	✓	✓	✓						
PHASE 4 RECOMMENDATIONS						**Q1**	**Q2**	**Q3**	**Q4**
Develop recommendations for a responsive child welfare practice model									
Identify training needs and recommendations to support practice models									

	Engagement Methods for Phases 1, 2, 3					Timeline			
	Document Review/Research	Focus Groups	Interviews	Surveys	On-site Visits	Q1	Q2	Q3	Q4
Create a roadmap for implementation, including key performance indicators to be tracked during the period of change									
Conduct on-site half-day retreat to review draft recommendations									
FINAL REPORT AND CLOSE OUT						**Q1**	**Q2**	**Q3**	**Q4**
Conduct closeout meetings with the DHHS CEO, child welfare leadership, and other child welfare staff as needed									
Identify any outstanding deliverables or activities not completed and approved									
Finalize and submit any outstanding deliverables or activities not completed and obtain approval									
Close project									

Project Management Deliverables

1. **HMA will produce monthly written status reports to the Strategic Leadership Group by the 10th of each month.** These reports will detail activities, meetings, data analysis, and progress toward deliverables. The first report, dated January 10, 2023, will include final recommendations for the timelines for the duration of the contract to be mutually agreed upon with DHHS. We have included an example of a status report in **Figure 12** below.

FIGURE 12. SAMPLE MONTHLY STATUS REPORT



2. In addition, as part of our routine project management activities, HMA will deliver a more discussion-based version of the monthly status reports at our biweekly project meetings. These meetings are often best guided by slide decks instead of lengthy written documents. While initial meetings will be focused on our initial activities, as the project progresses, these status reports will morph into more than just status reports and will include:
   - Confirm project progress against key milestones and deliverables
   - Discuss past and upcoming activities, including meetings
   - Results of data analysis
   - Ask any clarifying questions
   - Call out and troubleshoot emerging risks to project success
   - Share updated information on next steps relevant to the project
   - Discuss and validate initial findings and observations
   - Share thinking and opportunities for validation and discussion
3. We will use the scope of work provided in the RFP, our response herein, and much of the information discussed in the project kickoff to populate a project plan that will provide a roadmap for the project and ensure a clear understanding of the project deliverables, milestones, timelines, communication, and anticipated risks/mitigation. In our experience, it is critical to begin a project of this magnitude with a clear understanding between all parties of the process and final deliverables. This ensures the delivery of high-quality results and avoids any possibility of a delay based on misunderstandings or unclear expectations. At a high level, this project plan will lay out a roadmap for how HMA will facilitate the assessment of current child welfare practices, functions, conditions, and partners.

Project Deliverables

4. While the RFP focuses on a final report, we propose to also submit a series of interim briefings, in memo or PowerPoint format, throughout the course of this project. These interim briefings will mature into final report components that are key to the new model as they are developed. It will also allow for more accountability and validation by the department around our progress, findings, and recommendations as they develop. In addition, this process provides more space for working with project leadership to develop solid, defensible strategies and recommendations that are more likely to succeed in the department's context. We expect these smaller briefings will be building blocks for the final report, and our current plan assumes developing three such briefs throughout this engagement, including:
    - **Statewide mission, vision, values, practice priorities, and program goals for the child welfare system in Nebraska.** The first deliverable we will produce, the briefing detailing these core components, will provide an agreed-upon foundation for developing our strategies and recommendations. Completing and communicating this at the beginning of the project will also allow the department to initiate the first pieces of a change management effort that will develop buy-in and excitement from staff.
    - **Evaluation of the state's Title IV-E claiming practices** and identification of appropriate steps to optimize federal reimbursement for child welfare system expenditures. One of the most difficult "games" that child welfare agencies play is making sure that children are "coded" correctly and that they are drawing down the right and optimal mix of funding to best meet the needs of children and provide efficient and effective internal operations. Our review of claiming practices will help us identify discrete ways that Nebraska can further optimize federal revenue. We will present these steps in our second briefing.
    - **Strategy for data collection and outcome monitoring.** Building on the department's efforts to collect, disseminate, and communicate with internal and external stakeholders around data, we will develop a strategy in the third briefing for further/refined data collection and outcome monitoring. This briefing will be the result of our work to uncover areas of strength and opportunity in the way the department currently captures, analyzes, communicates, and uses data for monitoring and decision-making. We will build into this process strategies that the department can use to ensure they are collecting data that allows them to recognize inequitable practices and respond accordingly.
5. Once the recommendations are finalized and within 30 days from the end of the contract but no later than November 1, 2023, HMA will develop and present a comprehensive final report. While detailed and thorough, we will aim to develop a concise, highly visual report for department leadership and will avoid lengthy narratives unless it is deemed preferable to the state. The goal is to develop a detailed practice and financial model that includes recommendations and strategies to support its implementation. A common but unfortunate outcome of many reports is that they simply become documents that sit on a shelf. To avoid this result, HMA approaches transformational change documents with an eye toward utility from the very beginning, developing a comprehensive strategy for delivering usable content as early as project plan development. The length of the assessment report/plan should not be burdensome but should allow the department and stakeholders to easily review, digest, and use it. The report will include the following information:

- Proposed practice and financial model
- Recommendations for training that will be needed to implement the new practice and financial model
- Information collected from the evaluation, assessment, and recommendations developed in conjunction with the workgroup
- Data analysis completed
- Implementation timeline
- Recommendations for theory of change steps
- Workforce needs, recommendations, and caseload recommendations
- Structure of the central office to support the practice and financial model recommendations
- Strategies to improve Nebraska's child fatality review process

Based on a review from leadership, the HMA team will revise the final report. We will develop a structured review process that allows reviewers a specific window of time for review and identifies who will provide the final sign-off for the report. We will also develop a final presentation should the state desire one.

Request for Proposal for Contractual Services Form

DocuSign Envelope ID: F60F7C43-7E66-41B8-AEED-38BCB6D53B79

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.

N/A 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.

N/A 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.

N/A 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:	Health Management Associates, Inc.
COMPLETE ADDRESS:	120 N Washington Square, Suite 705, Lansing, MI 48933
TELEPHONE NUMBER:	517-482-9236
FAX NUMBER:	517-482-0920
DATE:	September 25, 2022 | 2:23 EDT
SIGNATURE:	DocuSigned by: Kelly Johnson
TYPED NAME & TITLE OF SIGNER:	Kelly Johnson, Chief Administrative Officer

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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:	Health Management Associates, Inc.
Contractor Address:	120 N Washington Square Suite 705 Lansing, MI 48933
Contact Person & Title:	Ann Filiault, Proposals Director
E-mail Address:	proposals@healthmanagement.com
Telephone Number (Office):	517-482-9236
Telephone Number (Cellular):	518-801-0003
Fax Number:	517-482-0920

Each contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor's 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:	Health Management Associates, Inc.
Contractor Address:	120 N Washington Square Suite 705 Lansing, MI 48933
Contact Person & Title:	Ann Filiault, Proposals Director
E-mail Address:	proposals@healthmanagement.com
Telephone Number (Office):	517-482-9236
Telephone Number (Cellular):	518-801-0003
Fax Number:	517-482-0920

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Completed Sections II–IV

Page 18 of the RFP says that “Contractors should complete Sections II through VI as part of their proposal” to accept the terms and conditions of the proposal. However, only sections II, III, and IV contained terms and conditions. So, only sections II, III, and IV are included in this proposal. These signed terms and conditions pages can be found in **Appendix B.**

Appendix A. Resumes

Uma Ahluwalia, MSW, MHA

Managing Principal

Washington, DC

References

Paul DiLorenzeo, Former Casey Family Programs Project Officer

pauldilorenzo@icloud.com; 267-254-0902

Maria Rodowski Stanco, Director of Child, Adolescent and Young Adult Behavioral Health, Maryland Department of Health

maria.rodowski-stanco@maryland.gov; 410-402-3230

Michelle Farr, Former Executive Director of the Maryland Social Services Administration at the Maryland Department of Human Services

michelle.farr@dc.gov; 301-412-0867

Range of Experience

- Respected healthcare and human services professional offering extensive experience leading key growth initiatives in demanding political and legislative environments
- Known as an expert in delivering innovative, reliable, cost-effective solutions and public policy strategies that improve operations and productivity in fast-paced environments
- Committed, enthusiastic, and people-oriented with a proven progressive career reflecting strong leadership qualities who builds and leads highly motivated teams that follow a collective impact approach
- Highly praised for work ethic, problem-solving and communications skills, and the successful delivery of work

Professional Experience

Health Management Associates, Inc., December 2018–present

Supporting client engagement activities across health and human services enterprises

- Engage public- and private-sector clients to support various system initiatives and analytic and strategic efforts to achieve client goals
- Support business development and grant-writing activities
- Develop a strong business services and revenue generation frame that aligns with the values of equity and service

Montgomery County Department of Health & Human Services, Director, 2007–2018

Responsible for all aspects of agency management across the health and human services spectrum; span of control extended to public health programs, emergency preparedness, early learning, financial assistance, child welfare, childcare, aging and disabilities, behavioral health, and supportive housing

- Leveraged a $317 million budget to run county services while developing Affordable Care Act responsive strategies, focused on addressing social determinants in public and behavioral health
- Drove business process automation to create a modern, integrated, interoperable, and responsive care system impacting patients across six hospitals in the areas of behavioral health, chronic disease, maternal and child health, early childhood initiative, and workforce development
- Strategically managed more than 700 public-private partnerships valued at $120 million across the department and ongoingly addressed contract reform
- Implemented initiatives that created an effective learning environment and ensured employee best practices were institutionalized for 1,700 staff members
- Ensured effectiveness of equity initiatives that impacted one million residents, 30 percent of whom are ethnic and foreign-born residents
- Tracked metrics related to collective impact initiatives within the local community, driving systemic change that improved population-wide health in chronic disease (diabetes, hypertension, and cancer), behavioral health, maternal and child health, childhood initiative, and workforce development

Child and Family Services Agency, District of Columbia, Interim Director, 2005–2007

Managed support service programs for child welfare, Child Protective Services, foster care, adolescent and young adult programming, and adoptions

- Directed all aspects of the agency with 900 employees; implemented programs and managed a $250 million+ budget
- Managed private and public partnerships and improved relationships by creating strong messaging and content to manage the political and legislative environments
- Carried out stakeholders' child welfare reform agenda by increasing the timeliness of child abuse and neglect investigations, meeting permanent home and treatment placement benchmarks, and positioning the agency to exit the LaShawn consent decree
- Supported workforce development issues in a strong union environment by building strong labor management partnerships and investing in workforce training, creating an accountability-based, data-driven delivery system

State of Washington Department of Social and Health Services, Assistant Secretary, Children's Administration, 2003–2005

Functioned as a member of the secretary's cabinet, spearheading the statewide integration of the agency's human services activities

- Led child welfare services in Washington with a $500 million budget; successfully developed and launched a reform agenda to improve child welfare practices impacting more than 5,600 children
- Negotiated settlement agreements with plaintiffs on class action lawsuits to support improvements in child welfare practice
- Managed 3,000 staff members, 75 percent being unionized members
- Collaborated with national foundations to model the development of evidence-based practice in child welfare

State of Maryland Office of the Governor, Special Assistant to the Chief of Staff, 2001–2003

Supported the chief of staff and oversaw all the operations of the executive department, including personnel, procurement, finance, information systems, and correspondence

- Managed the immediate office team of five for the chief of staff, providing support and resources
- Communicated all health and mental health developments to the governor and chief of staff; interfaced with hundreds of administrative staff, legislators, advocates, and stakeholders to prepare briefing memos delivered to 20+ people as the governor's health policy liaison
- Coordinated with multiple agencies and steered the implementation of a Supreme Court decision that required the state to de-institutionalize the population of people who are disabled and place them in need-appropriate settings regardless of cost
- Contributed to in-depth data collection to support reengineering the state's Department of Health and Mental Hygiene

Current Affiliations

- Center for Adoption Support and Education – Board Member
- Stewards of Change Institute – Board Member
- National Children's Alliance – Board Member
- University of Maryland, School of Public Health – Member, Community Advisory Board
- University of Maryland School of Social Work – Member and Vice Chair, Dean's Board of Advisors
- Board Member Holy Cross Hospital
- HIMSS Global Health Equity Network

Prior Affiliations

- Center for the Study of Social Policy – Vice Chair of the Board
- National Association of County Human Services Association – Board Member
- National Association of Public Child Welfare Administrators Executive Committee
- Public Health Transformation Workgroup – Steering Committee Member
- Public Health Informatics NACCHO – Workgroup Member
- Locals Council within APHSA – Executive Committee Member
- Locals Policy Council for APHSA – Member
- Children's Vanguard – Published Author
- Social Work – Published Author
- Washington State Commission on Foster Care – Co-Chair

Education

Master of Social Work, University of Delhi, India

Master of Health Services Administration, George Washington University

Bachelor in World History, University of Delhi, India

Heidi Arthur, LMSW

Principal

New York, New York

References

Carole Boye, President and CEO, Community Alliance

4001 Leavenworth St., Omaha, NE 68105; 402-341-5128

Christine Stoner-Mertz, Chief Executive Officer, California Alliance of Child and Family Services

2201 K Street, Sacramento, CA 95816; 916-449-2274

Walter Hill, Chief Executive Officer, High Plains Mental Health Center

Hays Main Office, 208 E. 7th Street**,** Hays, KS 67601; 785-628-2871

Range of Experience

- More than 20 years of experience in behavioral health service planning, including support for states, counties, cities, hospital delivery systems, and community-based providers
- Experience designing models of care for managed care organizations and provider networks to serve children in foster care
- Expertise in federal grant writing and achieving millions of dollars to enhance and expand access to child and youth mental healthcare
- State-level mental health service leadership experience planning children's behavioral health services
- Frontline experience as a child welfare caseworker and as a community-based provider

Professional Experience

Health Management Associates, Inc., November 2014–present

- Projects focused on delivery system transformation, behavioral health and health integration, managed care service expansion, and network development
- Technical assistance to support behavioral health providers preparing for value-based contracting, managed care, health and behavioral health integration, and trauma-informed care delivery
- Subject matter expertise related to population health planning, child welfare and foster care, community-based organization engagement in value-based payment, provider network development, and models such as the Certified Community Behavioral Health Center and Pathways Community HUBs
- Experience planning rural access, including trauma-informed, school-based access hubs in Kansas, integrated care in Omaha, Nebraska, and network development in Missouri, Kentucky, New York, and California

Columbia University School of Social Work, Adjunct Field Supervisor, 2010–2015

Columbia University School of Social Work, Adjunct Lecturer, September 2014–present

SAE & Associates, Vice President, 2009–2014; Senior Consultant, 2006–2009

Spence-Chapin Services for Families and Children, Program Manager, 2005–2007

NYS Office of Mental Health, Clinical Coordinator for Children's Services, 2003–2004

NYC Department of Health and Mental Hygiene, Senior Program Consultant, 2002–2003

Region Ten Community Services Board, Charlottesville, VA, Client Services Coordinator, Project LINK, 1995–1998

Presentations and Publications

Co-authored article: *Post-COVID Strategies to Achieve the Trauma-Informed Behavioral Health System We've Needed All Along*, Behavioral Health News. July 2, 2021.

Webinar: Value Propositions and Roadmaps for Integrating Children's Behavioral Health and Medicaid with Child Welfare Systems. Health Management Associates. July 15, 2021.

Conference presentation: A Model for Building Health Equity: Addressing Social Determinants of Health Through Value Based Payment. American Health Lawyers Association 2021 Annual Conference, June 28, 2021.

Co-authored issue brief: *Exploration of a Personal Health Record for Children, Youth, and Families Involved with Child Welfare in CA* for California's Medicaid CalAIM Foster Care Model of Care Workgroup. April 23, 2021.

Reviewer and author: *Advancing California's Community Health Worker & Promotor Workforce in Medi-Cal* for the California Health Care Foundation, October 2021.

Webinar: Funding Family First: Opportunities in Medicaid Value-based Purchasing and Title IV-E Reimbursement. April 22, 2020, for the Council on Accreditation (formerly the Alliance for Strong Families and Children).

Co-authored article: *Taking Care into the Streets to Reduce Harm and Save Lives: The Vital Role of Needle Exchange and Harm Reduction Services within the Healthcare Delivery System*, Behavioral Health News, April 16, 2020.

Conference presentations: *Journey to a Pathways HUB in Brooklyn* and *Pathways HUB to Preserve, Empower, and Sustain CBO Engagement.* Communities Joined in Action. April 24, 2019.

Issue brief: *Achieving Health Equity and Wellness for Medicaid Populations: A Case Study of Community Based Organization (CBO) Engagement in the Delivery System Reform Incentive Payment (DSRIP) Program.* AcademyHealth. April 19, 2019.

Conference presentation: *It Takes a Village: Strategies for Engaging Local Systems, Including CBOs and Human Service Providers, to Blend Funding and Align Agendas to Facilitate Access to Recovery*. National Council for Behavioral Health. Nashville, TN, March 2019.

Conference presentation: *A Community Response to Addressing Maternal Morbidity and Mortality.* Brooklyn Perinatal Network Symposium. January 11, 2019.

Co-authored article: *System Transformation: What Does the Future Hold*?, Behavioral Health News, October 1, 2018.

Conference presentation: *Effective Partnership Strategies to Address the Social Determinants of Health within Accountable Care.* National Council for Behavioral Health. Washington, DC, April 2018.

Co-authored article: *Have Some CLAS: What Leading Organizations Are Doing to Address Population Health* in Behavioral Health News, July 1, 2017.

Co-authored article: *Certified Community Behavioral Health Centers as a Roadmap for Behavioral Health Leadership and Participation within Accountable Delivery Systems* in Behavioral Health News, April 1, 2017.

Conference presentations: *Mergers and Acquisitions in Behavioral Health: Common Pitfalls and Effective Strategies.* 2017; *Go Big or Go Home*. National Council for Behavioral Health. 2016.

Co-authored article: *Behavioral Health, the LGBTQ Community, and Managed Care* in Behavioral Health News, October 1, 2016.

Conference presentation: *Follow the Money and Grow with the Flow*, National Council for Behavioral Healthcare, Washington, DC, May 2014.

Webinar: The Delivery System Reform Incentive Plan (DSRIP), New York Association of Alcoholism and Substance Abuse Providers (ASAP), March 2014.

Conference presentations: *Get Your Story Straight: Trade Secrets for Winning Government Grants*, National Council for Behavioral Healthcare, The Network for Social Work Management 24th Annual Management Institute, and the National Association of Social Workers (NASW) NJ Annual Conferences; *Organizational Repositioning, Operational Problem Solving, and Strategic Development*, New York Association of Alcoholism and Substance Abuse Providers, 2013.

Webinars: *Six Easy Steps to Winning Federal Grants: Grant Writing Boot Camp*, National Council for Behavioral Healthcare;*How to Fund and Build a Strong Supportive Housing Program*; *How to Submit a Winning Grant Proposal*: Spotlight on SAMHSA Integration Grants, National Council for Behavioral Healthcare, 2012–2013.

Book co-editor: Estrine, S.A., Arthur, H.G., Hettenbach, R.T., & Messina, M.G. (Eds.) (2011). *New Directions in Behavioral Health: Service Delivery for Vulnerable Populations*. New York: Springer Publishing.

Book chapter: Arthur, H., S. Bowler, & N. Fisher (2011). Children, Youth, and Families: Needs and Issues, In Service Delivery for Vulnerable Populations, In *New Directions in Behavioral Health: Service Delivery for Vulnerable Populations*. Estrine, S. A., Arthur, H.G., Hettenbach, R.T., & Messina , M.G. (Eds.) (2011). New York: Springer Publishing.

Conference presentation: Regional and National Child Welfare League of America (CWLA), Comprehensive Options Counseling for the Child Welfare System. August 2005; February 2006.

Book chapter: Arthur, Heidi (2005). School-Based Disaster Counseling: Program Planning Lessons Learned After September 11th in New York City. In Danieli, Y. and R.L. Dingman (Eds). On the Ground After September 11: Mental Health Responses and Practical Knowledge Gained. NY: Haworth Press.

Education

Master of Science, Social Work, Columbia University School of Social Work

Bachelor of Science, Psychology, University of Mary Washington

Seminar in Field Instruction, Columbia University School of Social Work

Annalisa Cusi Baker, MSW, MPH

Senior Consultant

New York, New York

References

Vicki Mueller, Executive Director, Pathways Behavioral Services

Pathways Behavioral Services, 3362 University Ave., Waterloo, IA 50701; 319-235-6571

Thomas C. Eachus, LISW, Executive Director, Black Hawk Grundy Mental Health Center

3251 W. 9th Street, Waterloo, IA 50702; 319-234-2893

Mark Lukens, Chief Executive Officer, Behavioral Health Services North

22 US Oval, Suite 218, Plattsburgh, NY 12903; 518-563-8206

Range of Experience

- More than 17 years of behavioral health and social service delivery experience, including clinical practice
- Strategic thinker and facilitator who leads strategic planning and coalition-building projects for value-based service delivery
- Experienced program designer that has led to successful funding awards for nonprofit organizations that serve a range of populations, including the justice-involved, maternal-child health, and foster care

Professional Experience

Health Management Associates, Inc., November 2015–present

Member of HMA's behavioral health team that provides policy and operational expertise to nonprofit providers, government agencies, and a variety of healthcare stakeholders to navigate value-based financing and integrate behavioral health quality metrics and best practices into healthcare system reform efforts.

Recent project work includes:

- Managed and facilitated strategic planning activities for the Delaware Department of Children, Youth and Their Families and several nonprofit community behavioral health providers across the country
- Led program design efforts to secure nearly $20 million in federal, state, and local grant funding for community-based organizations over the last six years
- Led a New York Delivery System Reform Incentive Payment Performing Provider System to develop a value-based payment implementation evaluation process and scoring methodology for its network partners
- Provide technical assistance and financial and strategic analysis for behavioral health providers in New York that are transitioning into value-based service delivery related to Medicaid managed care and home and community-based services
- Provide technical assistance and facilitate networking capacity and infrastructure development for New York community-based organizations to establish a foundation for their role in value-based service delivery

- Developed training and supervision recommendations for an New York City (NYC)-based homeless outreach program design and grant writing for community-based organizations and health plan procurements
- Develop operations manuals for home and community-based services implementation
- State policy analyses related to the behavioral healthcare delivery system
- Community needs assessments
- Compile quality metrics and evidence-based practices related to behavioral health and intellectual/developmental disability populations

NYC Department of Health and Mental Hygiene, Bureau of Mental Health, Director of Administration and Operations, March 2014–November 2015

- Managed and oversaw finance, strategic planning, analysis, reporting activities, policy coordination, and personnel activities of bureau operations
- Involved in the compliance and performance management of more than 300 service contracts, which comprised an approximately $300 million budget

NYC Department of Health and Mental Hygiene, Director of Health Integration, April 2012–March 2014

- Managed a team (nine staff) to increase the capabilities of primary care and mental health providers to integrate health and mental healthcare. Activities included management of the HEAL 17 project, a $10 million New York State grant to improve the quality of care for individuals with mental illness through technology that links patient-centered medical homes and specialty mental health practices.

NYC Department of Health and Mental Hygiene, Health Integration Coordinator, September 2010–April 2012

Astor Services for Children and Families, Bronx, NY, Site Supervisor, June 2009–February 2010

Astor Services for Children and Families, Bronx, NY, Staff Social Worker, June 2006–June 2009

NYC Department of Health and Mental Hygiene, Division of Financial and Strategic Management, Special Assistant to Deputy Commissioner, October 2002–May 2006

New York Network Management, LLC, Brooklyn, NY, Network Operations Consultant, June–October 2002

KPMG Consulting, Inc. (now BearingPoint Inc.), New York, NY, Senior Consultant, Insurance Strategy & Operations, February 2000–September 2001

Parsons Brinckerhoff, Inc., New York, NY, Senior Systems Analyst, October 1998–October 1999

Memorial Sloan Kettering Cancer Center, New York, NY

- Disease Management Systems Coordinator, March 1996–August 1997
- Clinic Manager/Physician Practice Assistant, June 1994–March 1996

Mercy Hospital, Radiation Oncology, Scranton, PA, Research Assistant, 1993–1994

Select Publications and Presentations

Ahluwalia, U., Baker, A. (April 2022). *Children's Behavioral Health and the Intersection with Medicaid and Child Welfare.* Presented at the National Council for Mental Well-Being Conference.

Peartree, D., Baker, A. (April 2022). *Supporting Staff in a Hybrid World.* Presented at the National Council for Mental Wellbeing Conference.

2021. National HMA Webinar Presenter on *Practical Approaches to Supervising Behavioral Health Staff Working Remotely or in Hybrid Settings* and *Value Propositions* and *Roadmaps for Integrating Children's Behavioral Health and Medicaid with Child Welfare Systems.*

Baker, A., Filiault, A., Rubin, J. (2021). "The Value of Community Behavioral Health Providers & Their Networks." NYS Council for Community Behavioral Healthcare and New York State Collaborative of BH IPAs.

Acknowledged in Letter to the Editor: Mandel-Ricci, J., Bresnahan, M., Sacks, R., Farley, S.M., "Training Mental Health Professionals to Treat Tobacco Dependence." *Psychiatric Services* 64, no. 5 (2013): 497.

Baker, A., Renaud, T. (2014). "Maternal Depression," presented to the NYC Child Care Resource and Referral Consortium, New York, NY.

Baker, A., (2013). "Health Integration," presented to internal bureau staff at the NYC Department of Health and Mental Hygiene, April 11, 2013, Long Island City, NY.

Baker, A., Rick, D. (2011). "Depression and HIV," presented at the NYC Department of Health and Mental Hygiene, Brooklyn District Public Health Office, October 26, 2011, Brooklyn, NY.

Baker, A. (2011). "Integrating Tobacco Dependence Counseling and Treatment into Mental Health Programs," presented to the Centers for Disease Control and Prevention, September 21, 2011, Long Island City, NY.

Cusi, A., Codrington, J., Helme, J., Rosado, J. (2008). "A Grass Roots Approach to Building a Collaborative and Culturally Sensitive Mental Health Agency in the Bronx," presented at Lehman College's 25th Anniversary Conference on Urban Social Work, November 18, 2008.

Cusi, A., Abramovitz, R., Carroll, S., Dino, M., Gould, B. (2008). "Cross Systems Trauma Treatment: How a Joint Mental Health-Foster Care Project is Changing the Way Clinicians and Caseworkers Think and Practice," presented at the Manhattan Child and Adolescent Services Committee Conference, June 2, 2008, New York, NY.

Education, Certification, and Licensure

Master of Social Work, New York University, Shirley M. Ehrenkranz School of Social Work

Master of Public Health, Health Policy and Management, Columbia University, Mailman School of Public Health

Bachelor of Arts, English/Pre-Medical, University of Scranton

Licensed Clinical Social Worker, August 2011 (not active)

Michelle L. Ford, MBA

Principal

Chicago, Illinois

References

Jane Pirsig, Executive Director, Aurora Family Services

128 County Road RR, Cedar Grove, WI 53013; 414-405-9765

Susan Dreyfus, CEO (retired), The Alliance for Strong Families & Communities

Reference asked that her address not be included; 262-893-2070; Sndreyfus@gmail.com

Ilana Levinson, Sr. Director of Government Relations, Boys and Girls Club of America

440 1st St. N.W., #1020, Washington, DC, 20001; 248-320-2703

Range of Experience

- More than 20 years of executive leadership, change management, and fund development experience across several industries, including corporate, nonprofit, healthcare, and foundations
- Led a national strategic action network in its efforts to achieve health equity by addressing the social determinants of health
- Worked with community-based organizations to support organizational capacity to contract with the health industry while also developing best practices.
- Experienced in developing health policy agendas

Professional Experience

Health Management Associates, Inc., 2022–present

- Provide expertise and advice in helping organizations improve their business performance in terms of operations, profitability, management, structure, and strategy
- Develops and maintains client relationships
- Responsible for achieving firm expectations for effective client services (i.e., project direction, project management, and work product quality)
- Mentors junior staff
- Contributes to HMA's strategic objectives, meets internal administrative expectations, and contributes to HMA's culture

Alliance for Strong Families and Communities, Director, Health and Well-Being, 2019–2021

- Led the design and implementation of the Alliance's results-based plans for health impact
- Worked in partnership with government affairs to position the Alliance as a central resource and authority to advance population well-being research, best practices, and necessary systems and respective policy change
- Served as a national thought leader and subject matter expert in health and well-being, who is experienced in the ability to influence public policy, produce thought leadership

pieces, and inform and guide the Alliance's efforts across departments to achieve meaningful progress in outcomes aligned to the impact area
- Responsible for resource allocation, project definition, planning and execution, and program and partnership development

United Neighborhood Centers of Milwaukee (UNCOM), CEO, 2018–2019

- Led UNCOM's mission and vision; communicated UNCOM's culture, goals, outcomes, strategic plan, and news to the broader community; advocated on behalf of the interests of UNCOM and served as a representative and spokesperson for UNCOM in the community
- Responsible for day-to-day operations of organization, program direction, impact, and results; responsible for hiring, training, coaching, evaluating, and managing UNCOM personnel
- Developed and managed the annual budget; all fiscal management included approving purchases and monitoring cash flow

American Cancer Society, Director, Regional Corporate Relations, 2017–2018

- Executed a region-based strategy for corporate account management, including prospecting, cultivation, and stewardship to achieve American Cancer Society mission and income targets
- Served as primary relationship manager for a portfolio of priority corporations, foundations, CEOs, and C-suite executives
- Provided leadership for a CEO's Against Cancer chapter, achieving high recruiting levels and member retention rates and delivering against the CAC strategy by meeting chapter financial and mission goals
- Leveraged volunteers to serve as door openers for partnership opportunities

American Cancer Society, Senior Director, Community Engagement, 2013–2017

- Provided vision and direction for the American Cancer Society integrated market team strategy
- Accountable for income and mission targets through relationship management and the engagement of locally based corporations, health systems, and community partners
- Led the integration of community engagement, health systems, and corporate and distinguished partner activities for an assigned territory that included Milwaukee, Madison, Green Bay, and LaCrosse/Eau Claire
- Managed the engagement of the American Cancer Society state leadership board

WI Director, Community Partnerships, 2010–2013

- Provided vision and strategic direction for community-based, disparities-reducing planning throughout the division
- Managed state disparities staff to ensure the successful completion of performance goals and professional development
- Planned and managed the statewide Health Equity Department budget and committed organizational resources that directly aligned with the disparities team scope of work
- Managed grants awarded to outside organizations to ensure the appropriate use of resources and alignment to reduce disparities
- Developed, managed, and leveraged partnerships/relationships with key stakeholders and local and national partner organizations to achieve the National Home Office outcomes

Aurora Health Care, Manager, Community Partnerships, 2008–2010

- Managed an annual employee giving campaign resulting in annual contributions exceeding $2.5 million
- Provided strategic direction and leadership to the employee giving campaign cabinet, the Aurora executive leadership cabinet, and fundraising staff
- Managed annual plans and implementation strategies for a system-wide employee giving campaign
- Managed and administered community relations plans for Aurora Health Care partnerships
- Served as an Aurora ambassador and partnered with local agencies to educate and bring service to communities

Cardinal Stritch University, Adjunct Instructor, 2007–2015

- Instructed undergraduate and graduate courses in business, human services, and communications

Aurora Health Care, Senior Philanthropy Officer, 2006–2008

- Administered and implemented a comprehensive action plan to cultivate, solicit and receive, and steward charitable gifts
- Developed and implemented short- and long-range goals, objectives, and communication for cultivating and soliciting for giving programs
- Established new giving programs and managed the effectiveness of existing programs
- Produced 200 new donors and $350,000 in new gifts
- Participated in the selection and production of foundation, government, and corporate grant solicitations
- Planned, coordinated, and evaluated the productivity of donor stewardship and cultivation special events and activities

YMCA of Metropolitan Milwaukee, WI, Senior Program Director, 2001–2006

- Cultivated and stewarded key stakeholder relationships in the community with business leaders, education, government agencies, and civic groups to support YMCA's programs and mission
- Maintained, administered, and extended Black Achiever and Teen youth programs at six YMCA branches
- Managed citywide fiscal operations for the seven program sites
- Marketed and promoted the program's premier annual fundraising events, producing more than $500,000 in donor revenue annually

Awards/Recognition

(Honorary) Doctorate, Humanities, Medical College of Wisconsin

Education

Master of Business Administration, Cardinal Stritch University

Bachelor of Arts, Business and Management/Professional Communications, Alverno College

Sarah Oachs, MA

Senior Consultant

Minneapolis, Minnesota

References

Jodi Wentland, Deputy County Administrator, Health & Human Services, Hennepin County, MN

Government Center A2303, 300 South 6th St., Minneapolis, MN 55487; 612-543-4344

Marti Fischbach, Director of Community Services, Dakota County, MN

1 Mendota Road SW, Suite 500, West St. Paul, MN 55118; 651-554-5742

Paul Fleissner, Former Deputy County Administrator of Health, Housing & Human Services, Olmsted County, MN

17156 Jackpine Trail, Lakeville, MN 55044; 507-208-1061

Range of Experience

- Collaborative health and human services professional with experience in leadership, communications, organizational improvement, operations management, administration, and strategic management
- Significant ability to navigate complex stakeholder dynamics, overcome cultural resistance to change, and deliver results aligned with strategic and organizational goals
- Broad experience synthesizing information into meaningful and actionable insight to influence strategy, decision-makers, and design solutions

Professional Experience

Health Management Associates, Inc., February 2022–present

Olmsted County, Rochester, MN, April 2012–February 2022

Division Administrator, Health, Housing, and Human (HHH) Services, March 2021–February 2022

- Led assigned departments; set procedures, established division and department budgets, and directed, organized, and reviewed organizational performance
- Made recommendations to the executive management team regarding community relations and citizen participation
- Stimulated community action and the development of community resources relating to county programs
- Provided consultation to executive management and department directors with technical information, status reports, and policy recommendations related to programs and operations
- Ensured collaboration, communication, and sharing of resources across departments in the division

Director, HHH Services Administration June 2017–March 2021

- Provided leadership and consultation to associate directors and operational teams, including senior leaders, grants and contract management, analysis and planning analysts, and informatics and support
- Represented HHH in the absence of the deputy administrator of HHH Services
- Represented the HHH division in internal and external special projects and initiatives
- Ensured performance aligned with the strategic goals of the county and met compliance standards

Evaluation and Analysis Manager, December 2014–June 2017

- Provided leadership and supervision to Community Services Operational Teams
- Developed approaches, tools, and communications to support initiatives of the department
- Provided consultation and support for other senior leadership team members
- Represented the department in internal and external special projects and initiatives

Senior Continuous Improvement Facilitator, October 2013–December 2014

- Planned, implemented, and managed Kaizen events from project initiation through completion or handoff
- Educated event sponsors, process owners, and participants on Lean principles and methodologies
- Managed multiple improvement projects from project initiation through closure
- Analyzed and developed processes and financial metrics to validate improvements

Quality Improvement Specialist, April 2012–October 2013

- Conducted strategic planning sessions for various departmental leaders and directors
- Provided leadership and technical consultation to department staff in support of quality improvement and assurance efforts
- Supported the implementation, evaluation, and refinement of a department-wide quality management program

Cardinal of Minnesota, Ltd., Rochester, MN, Senior Leader/Program Director, July 2002–April 2012

- Provided leadership and supervision to employees consistent with the organization's mission
- Project manager for the Minnesota Council for Quality Baldrige Award; instrumental in coordinating and completing Cardinal of Minnesota's 2009 and 2011 Minnesota Council for Quality Baldrige Award application
- Provided consultation services to departmental teams focusing on the implementation of improvement initiatives, including process improvement design and management tools

Community Involvement/Board Affiliations/Membership in Professional Organizations

Salvation Army Advisory Board Member, August 2019–present

Performance Excellence Network, June 2011–present

Minnesota County Social Services Administrators, Member, 2017–present

Education and Certification

Master of Arts, Health and Human Services Administration, St. Mary’s University

Bachelor of Arts, Psychology, Augustana University

Lean Six Sigma Black Belt, Aveta Business Institute

American Public Human Services Administrators (APHSA) – Emerging Leaders National Cohort

Evaluating Social Programs, J-PAL North America – Global Executive Education Series

Doris B.B. Tolliver, JD, MA

Principal

Indianapolis, Indiana

References

Lawrence Thompson, Jr., PhD, Director of Integrated Health Services, Harris County Resources for Children and Adults

2525 Murworth, Houston, TX 77054; 832-927-6456

Rodney Brittingham, Associate Director, Family Well-Being Strategy Group at the Annie E. Casey Foundation

701 St. Paul St., Baltimore, MD 21202; 410-547-3665

Mary Beth Bonaventura, Former Director, Indiana Department of Child Services

916 Waterville Ct., Dyer, IN 46311; 219-688-2999

Range of Experience

- Provide administrative oversight, budget development and management, and legal compliance to ensure organizational efficiency, fiscal responsibility, and programmatic results
- Develop and execute strategic plans at the organization and programmatic level, establishing intermediate benchmarks, assigning responsibility, and ensuring realistic timelines
- Lead field-deployed human resources team to deliver workforce results, including streamlining the hiring processes, recruiting and retaining top talent, increasing employee satisfaction, and mitigating employment risks
- Drive organizational use of data to guide planning and operations, including using disaggregated data to monitor organizational outcomes by subpopulations (e.g., race, ethnicity, gender, age)
- Design and deliver training, workshops, and strategies that create diverse and inclusive organizations and promote equitable service delivery

Professional Experience

Health Management Associates, Inc., September 2020–present

- Provide technical assistance, thought leadership, and procurement support to health plans seeking to address racial and health equity and social drivers of health
- Develop and implement strategies to promote equitable policies and programming and build inclusive cultures in public and community-based organizations
- Provide strategic planning, practice improvement, and project support to public child welfare agencies and adjacent partners

Annie E. Casey Foundation, Indianapolis, IN, Senior Fellow, Child Welfare Consultant, 2017–2020

- Supported county and state governmental agencies with strategy development, implementation support, and technical assistance to enhance organizational policies, practices, and service delivery
- Improved the hiring process, which reduced staff vacancies by more than 50 percent in less than one year
- Introduced organizational practices that reduced racial disparities in the county child welfare agency

Indiana Department of Child Services, Indianapolis, IN, Chief of Staff, 2013–2017

- Led strategic and daily operations of one of the largest administrative agencies in the State of Indiana, providing direction to the agency executive leadership team and ensuring a diverse and inclusive organizational culture
- Oversaw strategy that increased federal funding for the child welfare case management system by more than $2 million annually
- Restructured a large organization of more than 3,000 to support a continuous quality improvement culture and proactively respond to a changing workforce landscape, ensuring a diverse workforce and an inclusive organizational culture
- Masterminded development of an analytics tool that improved permanency outcomes for children in foster care

State of Indiana, Indianapolis, IN, Human Resources Director, 2009–2013

- Supported the Indiana Department of Child Services, working with executive leadership to support key business initiatives for the 4,000-employee organization
- Implemented hiring and retention practices, resulting in the timely filling of employee vacancies and a decrease in staff turnover
- Launched manager training and development and improved organizational climate, reducing the number of employee complaint filings and findings against the agency

State of Indiana, Indianapolis, IN, Human Resources Business Consultant, 2008–2009; Employee Relations Specialist, 2007–2008; Human Resource Generalist, 2007

- Provided strategic and transactional human resources support, including recruitment, employee relations, Human Resource Information System management, and leadership development

Tulsa Welding School, Jacksonville, FL, Student Advisor/Registrar

United Way, San Jose, CA, and North Charleston, SC, Allocations Director, Allocations and Evaluations Specialist

Community Involvement and Board Affiliations

Founding Board Member, Circle City Prep Charter School, December 2015–present

Board Member, Families First, January 2018–present

Board Member, Choices Coordinated Care Solutions, January 2020–present

Education and Certifications

Juris Doctor, Indiana University Robert H. McKinney School of Law

Master of Arts, Human Resources Management, Webster University

Bachelor of Arts, Psychology and Sociology, University of California, Davis

Attorney, licensed and in good standing, State of Indiana, June 2013–present

Executive Certificate in Information Sharing, Georgetown University, McCourt School of Public Policy

Senior Professional in Human Resources, HR Certification Institute, 2009–2015

Erin Henderlight, MPP

Principal

Washington, DC

References

Sherry Bradsher, (former) NC Department of Health and Human Services Deputy Secretary

5000 Centregreen Way, Cary, NC 27513; 919-946-4857

Angela Pittman, (former) Buncombe County (NC) Child Welfare Director

P.O. Box 69, Robbinsville, NC 28771; 828-713-9877

Brenda Jackson, Cumberland County (NC) Assistant County Manager (and former DSS Director)

117 Dick St., Fayetteville, NC 28301; 704-998-1216

Range of Experience

- National health and human services expert with more than 15 years of experience in policy, program, and solution design, innovation, and strategic alignment of projects to business objectives
- Adaptive and collaborative relationship builder with the ability to excel and encourage excellence in others in fast-paced, ambiguous, and demanding environments

Professional Experience

Health Management Associates, Inc., February 2022–present

Public Consulting Group, Inc., 2011–2021; Senior Advisor, 2015–2021; Senior Consultant 2013–2015; Consultant 2011–2013

- Delivered strategic leadership, comprehensive subject matter expertise, and operational management to 30+ health and human services engagements across the country, leading teams to thoroughly analyze complex systems (and system needs) to develop and implement actionable improvement strategies. Functional expertise includes:
    - Effective organizational change, implementation science, continuous improvement, and sustainability efforts, with the goal of building profound and lasting change in organizations
    - Federal and state human services funding, requirements, policies, and implications for operationalizing changes
    - Meaningful community/stakeholder engagement, coalition building, and the development and leveraging of strategic partnerships
    - Qualitative and quantitative information collection and analysis—along with a realistic understanding of the limitations of data—to meet federal performance measures and/or internal objectives
    - Budgeting, cost allocation, and revenue maximization
    - Performance management, benchmarking, and dashboards

  - Systems procurement and/or implementation, including integrated eligibility and child welfare management systems
- Project managed the following consulting engagements:
  - **Child Welfare Evaluation and Business Process Redesign – State of Maine, Office of Child and Family Services (2018–2019).** Led a three-month intensive and comprehensive evaluation of the state's child welfare program to identify changes needed to improve the safety, permanency, and well-being for children and their families who are served by the agency. Followed up with a plan that will be used to implement and sustain needed change. This engagement included: process efficiency and effectiveness of the child welfare system, from point of intake through to assessment, permanency, and adoption; practice performance and outcomes for intake, assessment, permanency, and adoption; policies as they relate to current practices; and staffing and technology needs to improve practice performance and outcomes.
  - **From Petition to Permanence – Cumberland County, North Carolina (2017, 2019–2020).** Conducted an independent evaluation and analysis of the root causes contributing to the growth in the county's foster care population and provided actionable recommendations to improve county practices. In conducting this evaluation, we considered other simultaneous efforts by DSS, the court and juvenile justice system, and other stakeholders such as the LME-MCO or providers to reduce the number of children entering foster care. The scope of this evaluation covers the period of time in which the court's jurisdiction is invoked, from the initial petition through permanency for the child.
  - **Consulting Services, Fresno County, California, Department of Social Services, (2018–2021).** Served as the functional project lead for the service center assessment. We were assessing current operations, identifying gaps in services, and identifying potential areas for improvement. Led efforts to help DSS management become a data-driven organization, including how to collect and use data to measure outcomes and drive sustainable change. Worked with DSS to create a training curriculum that provided staff, as well as DSS management, with the knowledge they needed as they created and implemented a training program.
  - **Statewide Child Protective Services Evaluation, State of North Carolina, Department of Health and Human Services (2015–2016).** Served as the functional lead and subject matter expert for the North Carolina statewide Child Protective Service evaluation. Our team reviewed the following areas of Child Protective Services: county performance; caseload sizes; administrative structure; adequacy of funding; social worker turnover; and monitoring and oversight of county DSS. From this review, we provided recommendations that were designed to improve the system and, therefore, child welfare outcomes around permanence, safety, and well-being.
  - **Work Support Strategies Project, State of North Carolina, Department of Health and Human Services (2011–2016).** Served as project manager for North Carolina's Work Support Strategies grant implementation, facilitating the development of a large-scale business transformation effort. During the planning year, assisted the state in coordinating and implementing activities for this statewide initiative, which included working with a variety of stakeholders, including counties and community organizations. Assisted the state in developing a diagnostic assessment and long-range strategic implementation plan for improving the benefits delivery system and developing organizational change efforts to support implementation.

- **Review of Regulatory Activities, State of North Carolina, Department of Health and Human Services (2011–2012).** Led efforts to identify opportunities to streamline regulatory activities across the department's divisions. Cataloged and reviewed regulatory activities across divisions. Designed and distributed a questionnaire regarding regulatory activities, conducted interviews, performed an environmental scan related to streamlining regulatory activities, and analyzed data to produce an initial list of findings, opportunities, and recommendations. Facilitated a strategic planning session with senior management to produce an actionable plan.

Buncombe County Health and Human Services, Asheville, NC, Human Services Planner/Evaluator, 2005–2011

- Managed strategic change efforts, including leading teams of staff as they developed and implemented plans to streamline services across county departments, engaging community partners for more efficient and effective service delivery, and integrating services. This also included directing internal adjustments to staffing, process, and service delivery based on measurable data and focused on outcomes. These efforts resulted in a cost avoidance/savings to the county of more than $3.2 million for fiscal years 2006–2011.
- Provided programmatic and personnel leadership through the delivery of technical assistance to staff to ensure all programs met expected outcomes; programs met 98 percent of federal and state outcomes for four consecutive fiscal years
- Developed and oversaw budgets and the budgeting process by working in tandem with all Health and Human Services program areas to ensure adequate resource allocation, justifying resources and working to maximize reimbursement streams from many sources. This also included developing, analyzing, and monitoring contracts and fiscal/performance measures to ensure departments and partners operated efficiently and within their allocation(s).
- Provided leadership for special projects, including integration efforts and system implementations

US Naval Research Laboratory, Research Physicist, Washington, DC, 1999–2003

- Led efforts to create techniques for the analysis, visualization, and reduction of UV remote-sensing data
- Published in *Radio Science* (2004), *Astrodynamics* (2003), *Geophysical Research Abstracts* (2003), as well as presented at the European Geophysical Union annual meeting (Nice, France, 2003). Research can be found under E.E. Henderlight

Education and Certifications

Master of Public Policy, Social and Health Policy Concentrations, Duke University

Bachelor of Science, Physics, Rhodes College

PROSCI Change Management Certification, 2019

Awards/Recognition

Productivity Award, North Carolina Association of County Commissioners, 2008–2009 and 2009–2010

Hunter Champion, American Public Human Services Organization (APHSA), 2011

Andrew Rudebusch

Senior Actuarial Consultant

Phoenix, Arizona

References

Branch McNeal, Senior Partner at Mercer Government Human Services Consulting

22303 N. 37th St., Phoenix, AZ 85050; 602-418-8474

Marcie Gunnell, Senior Manager & Consulting Actuary at Deloitte Consulting

6042 E. Cambridge Ave., Scottsdale, AZ 85257; 502-905-0413

Dan Skinner, Senior Manager at Optumas

2235 E. Flower St., Phoenix, AZ 85016; 505-800-9525

Range of Experience

- Seasoned actuarial consultant with more than eight years of experience in Medicaid capitation rate setting and managed care project leadership
- Experience in the creation of data visualization tools and performance metrics, data analysis, risk adjustment, and risk mitigation design and monitoring
- Skilled communicator with experience in fostering strong client relationships and leading stakeholder presentations
- Project manager with experience in the training and development of internal analytics teams
- Skilled in Statistical Analysis System Enterprise Guide, Access, Cognos, and Microsoft Suites

Professional Experience

Health Management Associates, Inc., August 2022–present

Mercer, Phoenix, AZ, Principal & Project Leader, June 2014–August 2022

- Developed managed care capitation rates for California's Medicaid program
- Owned and managed projects to create and maintain actuarial models
- Worked closely with clients to identify and build solutions to actuarial problems
- Managed and trained teams of analysts and developed lead analysts and project managers to operate project teams
- Wrote and presented training programs on actuarial topics
- Introduced and reviewed metrics to monitor encounter data completeness and quality
- Created data visualization tools and external stakeholder monitoring reports
- Established enhanced Federal Medical Assistance Percentage claiming estimates pursuant to Centers for Medicare & Medicaid Services guidelines
- Extensive experience in Medicaid capitation rate setting, including for Temporary Assistance for Needy Families, dual-eligible, and specialty child populations
- Developed and adjusted base data
- Monitored claim cost and utilization trends by service and population

- Produced adjustments for program and policy changes
- Devised efficiency adjustment analyses for pharmacy, professional, and emergency services
- Evaluated health plan financial statements to develop administrative and profit cost loads
- Performed risk adjustment calculations
- Developed pass-through and directed payments pursuant to delivery reform goals
- Produced enrollment and financial projections, including projections affected by the COVID-19 public health emergency
- Created Centers for Medicare & Medicaid Services certification materials and rate development guideline reviews
- Established supplemental payments for maternity events and high-cost drug treatments

Education

Bachelor of Science, Mathematics, Northern Arizona University

Marcus A. Stallworth, LMSW

Subcontractor

Child Welfare League of America

References

Anthony Gay, Administrative Case Review Supervisor, Department of Children and Families

anthony.gay@ct.gov; 203-509-3490

Qur-an Webb, MSW, Director of Operations, Welcome 2 Reality, LLC

qw@welcome2reality.us; 860-518-6454

Jacqueline Vidal, Children with Complex Needs Unit, Department of Children and Families

jacqueline.vidal@ct.gov; 203-578-7247

Range of Experience

- Employed in child welfare for 20 years
- Teaching, facilitating, and training for more than 15 years
- Member of Connecticut's Behavioral Health First Response Network
- Recognized in the State of Connecticut as an expert witness for testimony regarding severe abuse and neglect cases
- Provide curriculum development and consultation services for the Child Welfare of America
- Co-owner of Welcome 2 Reality, LLC as director of learning and organizational development; this organization was instrumental in the passing of two bills related to media literacy in Connecticut Public Schools
- Proficient in training, curriculum development, advocacy, engagement, and community involvement

Professional Experience

Child Welfare League of America, Director, Training and Implementation, National Consultant, and Curriculum Developer, 2013–present

- Provide training and consultation services to child welfare agencies throughout North America in need of enhancements to their foster care system
- Certified to provide training on the 14-step Model of Practice currently utilized in 26 states and 13 countries

Stallworth Consulting Services, LLC, Owner, 2014–present

- Specialize in group, family, and individual therapy
- Provide educational workshops addressing grief and loss, fatherhood issues, and the importance of self-care

Welcome 2 Reality, LLC, Co-Founder, 2011–present

- Provide training, psychoeducation, and support services for teens, parents, and educators on how to become media literate and how to safely navigate the internet

Easter Seals Rehabilitation Center of Greater Waterbury, Social Services Consultant, 2015–2017

- Provided support to the childcare program that services 300 children ages 3–5 who are economically disadvantaged and disabled
- Supervised MSW interns from Quinnipiac University who assist in a program that is to foster a zero-expulsion rate for preschool children in child care centers throughout Waterbury.

Love 146, Prevention Education Associate, 2014–2015

- Provided community outreach, seminars, and prevention workshops on human trafficking and sexual exploitation at schools, shelters, and group homes
- Participated in curriculum development and performance evaluations

Department of Children and Families, Waterbury, CT, Foster and Adoptive Care Unit Social Worker, PRIDE Trainer, Mandated Reporting Trainer, Social Worker, and KID CARE Facilitator, 2000–2013

- Obtained medical, physical, and social histories of clients regarding case problems and issues
- Provided counseling services, as well as sought employment, housing, financial assistance, and other services for assigned caseload while interfacing and advocating effectively with community agencies and other service providers on behalf of assigned caseload
- Facilitated a 10-week, 30-hour training module designed to provide potential foster parents with the necessary skills/techniques to become licensed foster parents.
- Conducted and interpreted results of investigations; professionally evaluated case histories and reports
- Maintained an active caseload of licensed foster parents and served as a support system to them while children are placed in their home
- Conducted criminal background checks/fingerprinting via computerized Live Scan device in collaboration with state police and the local FBI branch for assessment and documentation of results

Awards

100 Men of Color, October 20, 2017

Awarded for leadership in community engagement. Proclamation issued by the Mayor of Springfield, Massachusetts, making October 20, 2017, “Marcus Stallworth, LMSW Day.”

Recipient of the Ebenezer D. Basset Humanitarian Award, March 1, 2022

Received from Central Connecticut State University for the creation of the virtual men’s group “Chop It Up”

Associations

Board Member for National Foster Parent Association, 2017–present

Committees

Appointed Member of Connecticut's Advisory committee, Oct. 2017–present

Fatherhood Engagement Leadership Team (F.E.L.T.), 2016–present

Community Involvement

Regional co-lead, Fatherhood Engagement Leadership Team (F.E.L.T)

Project Manager, Annual Statewide 5K Community Awareness Day.

Member, Connecticut's Mental Health Emergency Response Team.

Member, Child Welfare Standards Review Board

Member, CT Board of Education Media Literacy Advisory Council

Academic Appointments

University of Bridgeport, Bridgeport & Waterbury Satellite Campuses, Adjunct Professor – Human Services. 2010–2017

Courses Taught:

- Crisis Management
- Drugs in US Society
- Social Policy and Administration
- Group Interaction
- Introduction to Counseling
- Family Planning During Challenging Economic Times
- Technology and the Human Services Professional

Courses Developed:

- Social Media: The Good, Bad, and the Ugly

University of Connecticut, Torrington Campus, Adjunct Professor - Human Development Family Services Department, 2013

Courses Taught:

- Low Income Famailies

Post University, Adjunct Professor, 2006-2013

Courses Taught:

- Human Service Social Policy, Graduate Level, Online
- Ethics, Graduate Level, Online
- College Success Seminar, Undergraduate
- Field Placement Supervisor, Masters

Courses Developed:

- Early exposure to education program (Triple E)

Education

Licensed Master's Level Social Worker (#1025). 2015

Fordham University, New York, NY, MSW, Concentration: Clinical Social Work, 2005

Southern CT State University, New Haven, CT, BSW, Social Work with Psychology Minor, 1999

Julie Collins, MSW, LCSW

Subcontractor

Child Welfare League of America

References

Katharine H. Briar-Lawson, MSW, PhD, Dean Emeritus and Professor, School of Social Welfare, University at Albany

1400 Washington Ave**.,** Richardson 210**,** Albany, NY 12222; 518-442-5341

Gary Taylor, BS, Hospital Administration, MS, Counseling, PCC Certified Coach

2206 North Ridgewood St., Santa Ana, CA 92705; 714-558-2883

Pat Hunt, Executive Director, FREDLA

10632 Little Patuxent Parkway, Suite 234, Columbia, MD 21044; 410-707-4547

Summary of Skills

- More than 30 years of experience in the fields of: child welfare, mental health, substance abuse, and managed care and providing training, technical assistance, and consultation around: cross systems collaboration in child welfare, in particular with mental health and prevention; program and organizational assessments; program and system reform and transformation; preparation for and implementation of evidence-informed and evidence-based programs and practices; and, implementation of a national Building Bridges Initiative focused on quality residential and the collaboration across residential and community-based services
- 10 years of experience in child protection, prevention, and social welfare in Canada with expertise in direct service delivery for children and families at risk and as a program implementer and manager
- Expertise in reviewing the performance of public and private agencies implementing and managing child welfare and behavioral health services
- Authored and co-edited 30+ articles, chapters, journals, monographs, and e-learning courses on a variety of child welfare and mental/behavioral health-related topics for populations of children and families who are underserved, including immigrant populations
- Served/serve in an expert advisory capacity for many federal grant-related contracts such as quality improvement centers on child welfare and behavioral health-related issues
- More 20 years of experience providing expert input into the child and family services accreditation standards of CARF, COA, and The Joint Commission that are used in the United States and internationally
- 10+ years of experience identifying best practices and developing Standards of Excellence for public and private organizations that design, implement, and manage child and social welfare-related programs and services that are used around the world, including by NGOs in their work internationally
- Expertise in supervising and training of child welfare staff as well as interns in bachelor and masters-level programs in social work and human service-related fields of study

- Expertise in the design and implementation of large clinical managed care programs for federal and state behavioral health and child welfare managed care services

Experience

Child Welfare League of America , Washington, DC, *2001–present*

Currently in the position of vice president practice excellence. In this role, serve as a member of the senior team and provide strategic direction, leadership, and management for the Practice Excellence and the CWLA's Standards of Excellence for Child Welfare Services (Standards of Excellence) areas. Leads the effort to update the nationally and internationally recognized existing program-specific Standards of Excellence and develop new ones as the field of practice shifts, such as community-based prevention services. This work includes the development of outcomes-based workload caseload Standards of Excellence across the spectrum of child welfare-related functions. Participates in securing and managing consulting and training contracts that help public and private agencies at the state and local level advance toward practice excellence and improve outcomes for the children, youth, and families served. Also creates partnerships with other organizations to further the advancement of excellence in the field. Provides content expertise around child welfare-related issues, relevant best and promising practices informed by the research and evidence-based programs and practices for a wide variety of public and private agencies, accrediting bodies, and national organizations and initiatives.

Prior to this position, served as the director of standards for practice excellence, the director of mental health, and the CWLA's project director/manager for the FRIENDS National Center for Community-Based Child Abuse Prevention contract. Over the 10-year period, provided consultation, training, and technical assistance to the state lead agencies and their grantees on effective collaboration between the prevention of child abuse and neglect and child welfare for improved outcomes for children and families and best practices for effectively engaging and working with diverse populations at risk of child abuse and neglect.

ValueOptions, Falls Church, VA, *1991–2001*

Held progressive levels of positions, culminating in the position of executive director, corporate clinical development. In this position, designed, developed, and implemented new culturally appropriate clinical programs, benefit packages, and models of care delivery for both mental health and substance abuse, as well as for child welfare-related services.

Options Health Care, Inc., Virginia Beach, VA, *1991–1998*

Held progressive levels of positions, culminating in the position of implementation manager, clinical specialist. In this position, served as corporate implementation project manager for new business account operations specific to behavioral healthcare, including child welfare, public sector/Medicaid, CHAMPUS(TRICARE), and commercial insurance. Provided subject matter expertise and consultation for the development of operational or clinical systems of care.

Children's Aid Society of Ottawa Carleton, Ottawa, Ontario, Canada, *1981–1991*

Held progressive levels of positions in public child welfare that ranged from child protective investigations, to ongoing child welfare and prevention, to the supervision of child welfare workers. Also held positions related to the delivery of out-of-home services to children and families that ranged from direct care to program management. In addition, it included participation on the Board of Directors of the South-East Ottawa Community Resource Center and management of child welfare-related work within numerous community resource centers in the city.

Licensure

Licensed Clinical Social Worker, Commonwealth of Virginia

Education

Master of Social Work (MSW) in Social Administration and Policy, Carleton University, Ottawa, Ontario, Canada

Bachelor of Arts (Psychology), McMaster University, Hamilton, Ontario, Canada

Appendix B. Completed Sections II–IV

Please see the following pages for HMA's acceptance of the terms and conditions for this proposal.

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 have been negotiated and agreed to, 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:
DS			

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:
DS			

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:
DS			

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:
DS kj			

G. CHANGE ORDERS OR SUBSTITUTIONS

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

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:
DS kj			

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:
DS kJ			

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:
DS kJ			

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, 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:
DS kJ			

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:
DS kj			

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:
DS kj			

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 attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, 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.

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, trademark, or confidential information of any third party 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 without the State's prior written consent, which consent may be withheld for any reason.

If a judgment 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. 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.

N. ATTORNEY'S FEES

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

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:
DS kj			

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:
DS kj			

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:
DS kj			

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:
DS kj			

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:
DS kj			

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.

V. CONTRACT CLOSEOUT

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

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 Contractor's routine back up procedures;
4. Cooperate with any successor Contactor, person or entity in the assumption of any or all of the obligations of this contract;

5. Cooperate with any successor Contactor, 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:
DS			

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 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's 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:
DS kj			

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:
DS kj			

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:
DS			

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:
DS			

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.

G. INSURANCE REQUIREMENTS

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

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 contactors' 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.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
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
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
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
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
All Other Professional Liability (Errors & Omissions)	$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$3,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"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

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

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:
DS KJ			

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:
DS KJ			

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 related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual 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 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.

K. ADVERTISING

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

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.

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:
DS kj			

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:
DS kj			

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:
DS kj			

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 a period of ninety (90) days from performance of the service, perform the services again, at no 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 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.

P. LOBBYING

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

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:
DS			

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:
DS kj			

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:
DS kj			

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:
DS kj			

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:
DS			

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-half of one percent (.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.

HEALTH MANAGEMENT ASSOCIATES

Proposal to Provide

Child Welfare System Transformation

Presented to

State of Nebraska, Department of Health and Human Services

Cost Proposal
RFP#: 113287 O3

September 27, 2022

120 North Washington Square
Suite 705
Lansing, MI 48933
Telephone: (517) 482-9236
Fax: (517) 482-0920

WWW.HEALTHMANAGEMENT.COM

Cost Proposal
Child Welfare Strategy Consultant
Request for Proposal Number 113287 O3

Bidder Name: Health Management Associates, Inc.

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	$40,000
Monthly Reports (Quantity Estimated)	9	EA	$53,283
Final Report and Timeline	1	YR*	$100,000
Training Plan and Training for Stakeholders	1	YR*	$134,320

*For the contract term, the quantity for Year (YR) is from Date of Award through fifteen months.