

ORIGINAL

THE
STEPHEN
GROUP

Annette Watson / Julie Schiltz / Buffy Meyer
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508

June 11, 2019

Re: Child Welfare Reform Analysis
RFP Number 6084 Z1
Posting Date: April 30, 2019
Closing Date: June 14, 2019

The Stephen Group, LLC (TSG) is pleased to offer the following proposal in response to the Nebraska's State Purchasing Bureau's release of an RFP for Child Welfare Reform Analysis. We hope that the review committee sees in our response:

- A flexible, adaptive, senior team—able to do the job as described—then add unexpected value along the way
- A team with valuable prior experience helping senior state Child and Family Services Agencies across the country, including Nebraska DHHS Division of Children and Families
- A team that includes necessary Child and Family Services operating experience, including experience assessing cultural aspects of services provided by one of the country's largest tribal child welfare systems.
- Prior experience working within all the project scope areas identified herein; and,
- Proven methodologies for conducting business process mapping, program evaluations and assessments, developing benchmarks and project management, as well as initiatives related to projects similar to those contemplated in this program evaluation bid.

TSG is a prime contractor on this bid and does not intend to use any subcontractors. We hope you see in our proposal that working with TSG is a different experience compared to working with "the big firms".

Sincerely,



John Stephen,
Managing Partner
The Stephen Group, LLC
814 Elm Street, Suite 309
Manchester, NH 03101
www.stephengroupinc.com

Form A
Bidder Contact Sheet
Request for Proposal Number 6084 Z1

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

Preparation of Response Contact Information	
Bidder Name:	The Stephen Group
Bidder Address:	814 Elm Street, Suite 309 Manchester, NH 03101
Contact Person & Title:	John Stephen, Managing Partner
E-mail Address:	jstephen@stephengroupinc.com
Telephone Number (Office):	603-419-9592
Telephone Number (Cellular):	603-419-9592
Fax Number:	603-626-6066

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder'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	
Bidder Name:	Same as above
Bidder Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

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

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

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

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

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

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	The Stephen Group
COMPLETE ADDRESS:	814 Elm Street, Suite 309, Manchester, NH 03101
TELEPHONE NUMBER:	603-419-9592
FAX NUMBER:	603-626-6066
DATE:	<i>6/10/19</i>
SIGNATURE:	<i>John Stephen</i>
TYPED NAME & TITLE OF SIGNER:	John Stephen, Managing Partner

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Section 1. Corporate Overview

1.1. Bidder Identification and Information

The Stephen Group, LLC. (TSG) was founded as a Limited Liability Corporation (LLC) in 2012 and is owned by Managing Partner, John Stephen, former Commissioner of Health and Human Services for New Hampshire. The firm's principal office is located at 814 Elm Street, Suite 309, Manchester, NH, 03101.

The Stephen Group provides expert consulting services for state and local governments, as well as private and non-profit corporations that range from cutting edge and reform-oriented child welfare and health care policy to technical assistance with a number of state programs. We use our vast experience and knowledge at the highest levels of state government as well as the private sector to assist states in process improvement, program development, management, informatics and strategic planning advice, management training, and health and social services reform. Our core competencies involve child welfare practice, policy and operational re-design, government efficiency and reform, project management, financial and analytical services, other health and human services reform, organizational redesign and regulatory reform and offering innovative private sector solutions to government.

The Stephen Group has not changed its name, its form of organization or its focus since its inception.

1.2. Financial Statements

The Stephen Group is a privately held New Hampshire based limited liability corporation, that has operated continuously since its inception in 2010. TSG focuses on management consulting solutions, targeting public, private and non-profit organizations for growth, performance improvement and redesign. Our partners include entities ranging from multi-billion dollar corporations and large states, such as Florida and Texas, down to smaller non-profits. We focus on all aspects of health and human services, specifically, but find diverse solutions that involve disciplines such as IT and workforce readiness. The Stephen Group uses the accounting firm Baker Newman and Noyes, 650 Elm Street, Manchester, NH, 03101 for its financial accounting and reporting. Senior Partner and TSG Accountant Tom Musgrave stands ready to attest to the financial stability and strength of TSG. Tom can be reached at (603) 626-2200, or at TMusgrave@bnn CPA.com.



TD Bank
America's Most Convenient Bank®
300 Franklin Street
Manchester, NH 03101
T 603.436.3400
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000001-0000

June 3, 2019

Re: The Stephen Group, LLC
814 Elm Street, Suite 309
Manchester, NH 03101

To Whom It May Concern:

The Stephen Group, LLC has been a valid customer of TD Bank N.A. since 2012, always maintaining a great professional relationship with the bank. Since that time, they have consistently demonstrated the financial capacity and credit worthiness to successfully provide government and business consulting services throughout the United States.

The Stephen Group, LLC is a well-regarded customer of the bank and they have handled their affairs with the utmost integrity.

Please feel free to call me if you have any questions.

Maureen Putney V.P
TD Bank
300 Franklin Street
Manchester, NH 03101

1.3. Change of Ownership

There is no anticipated change in ownership or control of the company during the twelve (12) months following the proposal data.

1.4. Office Location

The Stephen Group does not currently have an office location in the State of Nebraska, but, if chosen, will consider office space in and around Lincoln or Omaha Nebraska area.

1.5. Relationships with the State

The Stephen Group has had two contracts with the State of Nebraska, Department of Health and Human Services, Division of Children and Family Services. We have successfully completed one contracted service project and are currently providing consulting and professional services on another that is nearing completion.

The Stephen Group contracted with the Nebraska Department of Health and Human Services, Division of Children and Family Services from September 18, 2018 to March 18, 2019 to: “evaluate and suggest strategies for improvement of the National Council on Crime and Delinquency’s Structured Decision Making (SDM) model, as well as the provision of other related services.”

The Stephen Group was also contracted by the Nebraska Department of Health and Human Services, Division of Children and Family Services from October 1, 2018 to September 30, 2019 to: “conduct a feasibility study on the outsourcing of services in the Eastern Service Area and provide technical assistance with drafting and managing the request for proposal.” The Stephen Group continues to have staff assigned to this contract and are providing these consulting services.

1.6. Bidder’s Employee Relations to State.

The Stephen Group does not have any employee relations to the State of Nebraska

1.7. Contract Performance.

The Stephen Group has not had any contract terminated for default during its time of incorporation and providing consulting services, nor has it had any contract terminated for convenience, non-performance, non-allocation of funds, or for any other reason.

Since 2012, The Stephen Group has had numerous state government and private organization consulting contracts and we have fulfilled all the terms of each contract and none of which were terminated prior to completion of deliverables.

1.8. Summary of Bidder’s Corporate Experience

TSG is a national strategic and government consulting firm recognized for its capacity to perform in all aspects of Health and Human Services and having senior level consultants who have led state departments through major transformation of their own, including child welfare. We offer the State of Nebraska sufficient corporate experience and personnel to meet and exceed the requirements and deadlines specified in this RFP.

Over the past several years, TSG's project team members have conducted similar comprehensive operational assessments in health and human service agencies in Nebraska, Arkansas, Texas, Florida, and Mississippi. We have also assisted non-profit organizations in large scale transformations involving aspects of child welfare investigation, foster care, permanency, reunification, and family-based safety services. We have guided and managed organizational improvement and change in child welfare practice, policy and operations for a number of years.

in Texas, we were the vendor selected by the Department of Families and Protective Services to conduct a similar comprehensive assessment of the entire state-wide child welfare protective services system. The largest state child welfare comprehensive assessment of its kind. In Florida, three of our team members supported major child welfare transformation projects at the Department of Children and Families. We have members of our team that have led efforts to address statewide behavioral health reform for children in need of services and have managed child welfare agencies through transformation and reform. In New Hampshire, our managing partner led a child welfare agency through reform that achieved national recognition for the healthiest state according to Kids Count Survey. We also have a member of our team that has directed the operations of a large community-based care agency in the State of Florida, has designed family-based intervention services and oversaw all foster care placements and case management.

All of the members of the TSG project team that will be involved in this project were part of the TSG team that conducted the Nebraska Eastern Service Area outsource assessment and are very familiar with Nebraska Child and Family Services operations.

1.9. Narrative TSG Project Descriptions

1.9.1. Texas Department of Family and Protective Services Child Protective Services

Between February – July 2014, The Stephen Group performed an Operational Assessment of the Texas Department of Family and Protective Services (DFPS) Child Protective Services (CPS) program. The timeline of the project was similar to the timeline contained in this Nebraska RFP 6084 Z1. Specifically, the project initially called for the agreement of a project plan within 15 days of the contract date. The next requirement was for a preliminary assessment presentation to be given to DFPS leadership on March 17, 2014. Then the requirement, like this RFP was for the assessment to be completed within 60 days of the project plan agreement.

During the assessment task of the initial phase of the project, the Stephen Group team visited each of the state's 12 regions, documented major workflow processes using six sigma business process mapping methodology, conducted a statewide survey and regional focus groups, reviewed data, and met with key internal and external stakeholders. We analyzed personnel and hiring practices, the use of technology in decision making, and a host of practices pursuant to the Texas CPS Practice Model.

The contract with the state then called for The Stephen Group to issue its recommendations to the DFPS within 45 days of the completion of the assessment. The Stephen Group identified

over 160 recommendations for improvement across all areas of program operations including: recruitment and hiring, training, case safety decision making, policy development, organizational changes, continuous quality improvement and data-driven management, and communications. The TSG recommendations formed the basis for the 2014 CPS Transformation Project that ensued. Every timeline and agreed upon deliverable for each step of the Phase One assessment task were completed by TSG on time and on budget.

Following completion of the assessment, DFPS launched the CPS Transformation initiative to improve safety, permanency, and wellbeing outcomes for children and families served by CPS. DFPS then extended the contract with The Stephen Group for technical consulting assistance during the next year and made successive amendments to the contract to extend the time periods for such assistance, as CPS rolled out to implementation almost all of the TSG recommendations.

From July 2014 through December 2016, The Stephen Group assisted DFPS in implementing the Transformation plan and numerous change initiatives related to same, including providing technical assistance and subject-matter expertise to teams of DFPS/CPS staff (known as Transformation teams) and project management support, as well as assistance in drafting RFPs and designing pilot programs.

Specifically, The Stephen Group provided leadership and support to the Transformation teams as they defined solutions for statewide implementation, with focus on recruitment and hiring, training, implementation of new structured decision-making tools and the practice model, and a shift to performance-based contracting in residential foster care. The Stephen Group also provided leadership to two teams of frontline staff who identified process and practice improvements to increase the speed of service provision (such as in kinship families), improve the case transfer process between stages of service, and decrease siloing of staff. Major accomplishments include:

- Implementation of national best practice structured decision-making safety and risk assessment tools for investigators
- Redesign of the training model for new caseworkers and implementation of a new CPS Professional Development Program statewide
- Design of a performance-based demonstration project for residential foster care providers including development of performance measures and a data-driven methodology to identify high-risk case
- Implementation of the process and practice changes identified by frontline staff in 11 out of 12 regions (note: CPS state office staff supported one region). The Stephen Group provided customized support to CPS regional directors including assistance with project management, change management, communication, and data analysis/evaluation

The Stephen Group provided ongoing project management support during Transformation, including establishing an alignment committee in the initial stage of transformation to keep the

Transformation teams organized and informed about all ongoing efforts, tracking progress of completed milestones, identifying issues and risks for escalation, providing weekly reports to client leadership, and developing communications materials related to Transformation for internal and external use.

In addition to these roles, DFPS also requested that The Stephen Group perform ad hoc assessments of high priority areas including organizational and staffing issues, how the child welfare system meets the needs of high needs foster children, and service provision in the family based safety services stage of service.

a. Time Period of Project	The original contract term was for a one-year period from 2/1/14 to 1/31/15 and allowed for an initial payment for completion of Phase one – the assessment and delivery of recommendations and an improvement plan. DFPS reserved the right to continue the contract at a negotiated amount for implementation support subsequent to the acceptance and delivery of the assessment, recommendations and improvement plan. Upon review of the recommendations and improvement plan, DFPS amended the original contract to add additional funds so TSG could act as its consultant in providing the technical and consulting services it needed to implement the TSG recommendations and plan. There were a series of amendments up to December 2016 when TSG completed its assignment under the original contract.
b. Scheduled and Actual Completion Dates	See above – all assignments and deliverables for every contract and amendment were delivered on time and on agreed budget.
c. The Contractor’s Responsibilities	Assessment of state-wide child protection services, recommendations for improvement, development of improvement plan and assistance with implementation of Improvement
d. Reference	Katie Olse (Deputy DFPS Commissioner at the time and DFPS Project Manager) kolse@tacfs.org (512) – 963-9049
e. Prime Contractor or Subcontractor	TSG served as prime contractor and did not use any subcontractors for this project
f. Original and Actual Completion Date and Budget	Original Contract 2/1/14 to 1/31/14 – Phase One Assessment, Recommendations and Improvement Plan, \$750,000 – Completed 7/1/14

	<p>Successive amendments to the original contract added funding for Implementation and were all completed within the contract timeline and deliverable due dates:</p> <p>Amendment # 1 and # 2 - 8/18/14 to 8/31/15 added \$1,000,000.00 and \$965,000.00 for a total budget of \$2,715,000.00</p> <p>Amendment # 3 9/1/15 to 2/29/16 added \$432,120.00 to the project cost</p> <p>Amendment # 4 2/29/16 to \$248,000.</p>
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1.9.2. Nebraska Division of Children and Family Services Eastern Services Area Outsource Review and Support

From October 2018 to present, the Nebraska Division of Children and Family Services contracted with The Stephen Group to perform an assessment of whether the Department should continue to outsource case management for in- and out-of-home cases in the Eastern Service Area (ESA). In addition to the insource vs. outsource feasibility study, TSG was also tasked with:

- Evaluating the existing service delivery system for services in the ESA and recommend a future state model;
- Defining the outsourced service delivery vision; and,
- Conducting impact analysis and providing recommendations for the path forward for the state.

TSG designed a comprehensive review to collect information using the following approaches:

- Review of prior audits, studies, and reports on the Nebraska child welfare system and the outsource in the ESA.
- Review of the existing contract, extensions, and amendments in Nebraska.
- Review of other state best practices in child welfare contracting.
- Review of financial, operational, and performance data from DHHS and PromiseShip.
- Interviews with DHHS and PromiseShip:
- DHHS: Leadership, State office contract management and continuous quality improvement staff.
- PromiseShip: Administrators, internal management across key functional areas, supervisors and FSR caseworkers.
- Meeting with the DHHS Division of Behavioral Health.
- Focus groups, process mapping, and analysis of the case transition process with DHHS and PromiseShip administrative, supervisory, and frontline caseworker staff from Douglas and Sarpy Counties.

- Interviews with key stakeholders, including the State’s Inspector General, judges, county attorneys, state and county CASA officials, guardian ad litem, the Foster Care Review Board, the Nebraska Family Support Network, Project Harmony.
- Meetings with child welfare providers including facilitating a group call with providers operating in state-run and outsourced regions and individual provider interviews with the Nebraska Children’s Home Society, Capstone BH Services, and Cedars.

After completed the review, TSG produced a comprehensive report for DCFS that included detailed findings and recommendations with specific actions steps to follow moving forward on a new design of the ESA outsource model. Some of the recommendations included:

- Enhancements to the contract to include performance-based elements including financial incentives and remedies that drive progress.
- A new process of contract oversight and management
- A new form of collaboration between DCFS and the next ESA contractor
- The engagement of other DHHS divisions in the ESA model to ensure that the state and contractor maximizes existing resources and also a vision for a different community engagement model

Simultaneous to the above review and analysis, the Nebraska DCFS contract also required TSG to provide technical assistance to DCFS in drafting the new and improved ESA outsource RFP, designing and developing a new quality management oversight process, where CQI, Contract Monitoring and Finance would regularly meet and follow a new protocol. TSG also developed a new contract monitoring tool that will be used by DCFS’s contract manager and monitors in the future in monitoring the next ESA contract. TSG also designed a negotiations document that would be used by DCFS when negotiating the final contract with the next ESA contractor and TSG also developed a readiness tool that is to be used to ensure the next contractor is ready to take on case management under the new model at the time the contract requires go live.

This contract with DCFS also involved TSG providing technical assistance to the DCFS Federal Families First Prevention Services Act. DCFS has created an FFPSA internal workgroup that has been very engaged with stakeholders and providers in the state. TSG currently provides technical expertise and assistance to that team as DCFS prepares to implement FFPSA on October 1st 2019.

A final scope area under this contract is for TSG to provide technical assistance to the DCFS leadership in the entire Transition process with the next ESA vendor. TSG was tasked by DCFS leadership in preparing a draft of a transition plan with a number of scenarios and timelines and deliverables to ensure a smooth and seamless transition in the ESA. On June 4, 2019, DCFS announced the new vendor selected for the ESA and the transition plan has been executed and TSG is currently providing technical assistance to the DCFS Transition Plan Manager and the various transition team leads.

This will be the final TSG activity as it winds down its contract with DCFS. Every deliverable required under the contract has been delivered on time and on budget.

a. Time Period of Project	October 2018-September 2019
b. Scheduled and Actual Completion Dates	The ESA assessment was 90 days from contract execution and was delivered on time. The RFP assessment was 30 days after contract execution and was delivered on time. The RFP construction technical assistance was 45 days after contract execution and was delivered on time. The transition plan was 45 days after decision regarding insource vs outsource and was delivered on time. Technical assistance regarding the transition is ongoing. A report on service gaps under the FFPSA within 60 to 90 days of project was delivered on time. Assistance with the FFPSA workgroup is ongoing.
c. The Contractor's Responsibilities	<ul style="list-style-type: none"> • ESA Outsource assessment with findings and recommendations • Assistance in drafting new performance-based RFP for ESA • Design a new quality management and oversight process • Develop a new contract monitoring tool • Design a negotiation document to be part of the final ESA contract • Develop and design readiness review plan • Develop ESA Transition Plan • Provide technical assistance to Transition Team • Develop report of FFPSA readiness gaps and provide assistance to the FFPSA workgroup team
d. Reference	CFS Director Matt Wallen
e. Prime Contractor or Subcontractor	Prime contractor
f. Original and Actual Completion Date and Budget	Original completion date is 9/30/2019. Original maximum budget is \$298,250. Project is currently nearing completion. Completion date not finalized. All required deliverables have been delivered to DCFS on time, and TSG now providing technical assistance with remaining hours of project.

1.9.3. 2017 Texas Department of Family and Protective Services Comprehensive Professional Services to Child Protective Services Program

DFPS issued RFP Solicitation No. S30-17-C170103717 at the beginning of 2017, which asked for bids for services arising out of the prior CPS Operational Assessment and the Implementation of The Sunset Advisory Commission's recommendations, which DFPS branded as the "CPS Transformation." The RFP included the following in activities in the Scope of Work:

- 1) Contractor will provide briefing and training on the following topics to the Texas Department of Family and Protective Services' (DFPS) staff, including providing training to and on-boarding of new staff identified as critical by the Child Protective Services (CPS) program. Contractor will, upon request, also provide training and data presentation to the Office of the Governor, legislative staff, and other necessary stakeholders.
 - a) research conducted by The Stephen Group for and with DFPS pertaining to DFPS functions;
 - b) analysis performed by The Stephen Group for and with DFPS pertaining to DFPS functions;
 - c) assessments performed by The Stephen Group for and with DFPS pertaining to DFPS functions;
 - d) findings made by The Stephen Group resulting from work performed for DFPS pertaining to DFPS functions; and
 - e) reports and recommendations generated by The Stephen Group for DFPS pertaining to DFPS functions.
- 2) Research, analysis, assessments, findings, reports and recommendations referenced above relate to all DFPS programs, projects, and initiatives in which The Stephen Group has been involved including, but not limited to, CPS transformation initiatives and related Sunset Advisory Commission recommendations, the CPS Continuous Learning Model, Integrated Care Coordination (ICC) and the Family Based Safety Services (FBSS), programs relating to care and treatment of high needs children and youth in foster care, the single child plan initiative, leadership transition, and the residential contracts demonstration program.
 - a) Training, data and assistance regarding ICC and FBSS will include providing training, data and technical assistance to the ICC Project Team regarding outsourced case management models, including potential risks and benefits of building such a model in Texas; providing training, data, and assistance regarding outsourced models (including Florida), including problems that other states who have attempted such models have encountered and what steps such states took to resolve each issue; descriptions of processes used by other states to operationalize and implement such models; and research and training regarding national best practices in quality assurance, continuous quality improvement (CQI), and performance measures associated with performance based contracting, including incentives and remedies utilized in contracts for outsourced case management.

- b) Training, data, and assistance regarding high needs children and youth in foster care will include training, data, and assistance regarding different methods of providing care and treatment to high needs children and youth in foster care; evidence based or promising best practices; models or programs employed by other states in addressing this population; and models or programs employed by child care and mental health providers.
 - c) Training, data, and assistance regarding legislative, sunset, and transformation activities will, upon request of the DFPS Associate Commissioner of CPS, include evaluation of components of CPS compliance with mandates from the 84th Legislative Session, the Sunset Commission Report, and CPS Transformation activities; provision of data to designated DFPS personnel; and presentation to designated DFPS personnel, the Office of the Governor, legislative staff, and other important stakeholders.
- 3) Briefings and training sessions will be held at times and locations to be determined by DFPS. Contractor will provide relevant documentation and training materials for all briefings and training sessions. Training, data, and assistance to DFPS executive, finance, and government relations staff must be appropriately tailored for public presentations and testimony and include training regarding effectively communicating complex data and legislative planning.
 - 4) Contractor will, as requested by DFPS, assist DFPS with continued implementation of DFPS programs, projects, and initiatives in which The Stephen Group has been involved in such a manner as to ensure transition and implementation consistent with DFPS plans and goals as developed with and by The Stephen Group.
 - 5) Contractor will, as requested by DFPS, provide assistance to DFPS executive staff and other DFPS personnel as designated by DFPS executive staff in preparing for and engaging in interactions with individuals external to DFPS including, but not limited to, the Office of the Governor, legislators, and agency stakeholders. Such assistance may be requested with regard to all DFPS programs, projects, and initiatives in which The Stephen Group has been involved. Additionally, as requested by DFPS, such assistance may involve Contractor directly presenting and providing testimony and hosting meetings to ensure successful implementation of such recommendations and initiatives.

The RFP called for the work to be performed by August 20, 2017. The Stephen Group was selected for this project and upon selection delivered a project plan with assigned tasks and deliverables related to the above scope of services to DFPS and DFPS approved the project plan and TSG thereafter completed all the assigned tasks on time and on budget.

a. Time Period of Project	2-3-17 to 8-20-17
b. Scheduled and Actual Completion Dates	Numerous tasks were scheduled and completed related to the above scope and all were delivered within the above contracted time frames on time and on budget

c. The Contractor's Responsibilities	See above RFP scope of work contained in DFPS, RFP Solicitation No. 530-17-C170103717
d. Reference	DFPS Deputy Commissioner Trevor Woodruff trevor.woodruff@dfps.state.tx.us (512) 788-2553
e. Prime Contractor or Subcontractor	TSG was prime contractor
f. Original and Actual Completion Date and Budget	Original and actual completion date of all deliverables was August 20, 2017 and TSG completed all tasks on time and within the budget amount of \$247,000.00

1.10. The Stephen Group Similar Project Grid

Key Element \ Project	FL DCF Transformation	Texas DFPS, CPS	Ark. Health Care Leg. Task Force	Miss. MDHS gen+	Nebraska CFS Outsource Assess	Nebraska CFS SDM Assess	Mississippi CPS Hotline Assess	Annie E Casey Foundation
Operations Improvement	◆	◆	◆	◆	◆	◆	◆	◆
Business Process Improvement	◆	◆	◆	◆	◆	◆	◆	◆
Policy Review and Analysis	◆	◆	◆	◆	◆	◆	◆	
Federal Funding Analysis/FFPSA		◆	◆		◆		◆	
Organizational Assessment	◆	◆	◆	◆			◆	◆
Work Flow Analysis	◆	◆		◆	◆	◆	◆	◆
Technology Assessment	◆	◆	◆	◆	◆		◆	◆
Child Welfare Operations Assessment	◆	◆			◆		◆	◆
Protective Investigations	◆	◆				◆	◆	
Personnel/Hiring Child Welfare	◆	◆						
Public-Private Partnerships			◆	◆				◆
Performance Based Contracting	◆	◆	◆	◆	◆			
Training	◆	◆			◆	◆	◆	
Best Practices	◆	◆	◆	◆	◆	◆	◆	◆
Finance	◆	◆	◆		◆			

1.11. Brief Description of Additional Projects Listed in the Grid

1.11.1. Florida Department of Children and Families: Organizational Assessment

Members of The Stephen Group Nebraska team provided support for the Program Management Office for major transformation of Child Protective Services. Members of The Stephen Group team led the PMO that oversaw development of a \$200 million multi-year transformation of Florida CPS. Partnering with the Secretary, Stephen Group team members defined the strategic objectives of the program, facilitated the work of 10 client teams and two contractor organizations including North Highland. The project developed the business case for Governor and Legislative approval to implement a new decision model, a new call center and staff reorganization state-wide. The Stephen Group team members ran or provided substantial leadership for three state-wide client transformation teams, including over 75 client personnel. The Stephen Group also worked with North Highland on some of the technology issues involved in this agency transformation project. A key portion of the project was setting up the foundation for change management. To that end, The Stephen Group team members mobilized series of focus groups to engage a broad range of agency personnel in designing and planning the solutions.

1.11.2. Arkansas Legislative Health Care Task Force

The Stephen Group was chosen through a competitive bid process to provide members of the Arkansas General Assembly – The Arkansas Health Care Reform Task Force - detailed and accurate information concerning the current state of health care programs in Arkansas, as well as recommendations for alternatives to the current programs and options for modernizing Medicaid programs serving the foster care, indigent, aged, and disabled populations. The Stephen Group's findings in Arkansas were nationally recognized by the Kaiser Family Foundation and were adopted by the Arkansas Governor and Department of Human Services. These efforts were important in securing a Section 1115 Medicaid Waiver, and also led to the passage of legislation implementing many of the recommendations, including an estimated \$800 million in savings over a 5 year period. The project had been one of deep analytical analysis and program evaluation, including a comprehensive review of high utilizers, including foster care children, and the development of an improvement plan regarding future state related to contract consolidation, administrative efficiencies, cost analysis and state and federal match allocation, department re-organization, best practices in children's health, long term care, developmental disabilities, and behavioral health as well as an examination of the roles of other agencies in the state that impact the patient populations, which have all led to the recent Department of Human Services and Medicaid transformation plan.

1.11.3. Mississippi Department of Human Services Generation Plus Project

This project involved assessment of Mississippi Department of Human Services TANF and SNAP eligibility process and managing transformation from compliance system to connecting individuals and families to community services to enhance self-sufficiency and independence. It also included approaches to connect families with children "at risk" of entering the foster care system with referral to a new community-based system designed and created through Families

First for Mississippi. The Stephen Group was the states project manager and developer of the new eligibility process referred to as Generation Plus (gen+). The Stephen Group contracted with MDHS in 2017 for this project.

1.11.4. Nebraska DCFS Structured Decision-Making Assessment

DCFS contracted with TSG in September of 2018 to perform a targeted assessment of the SDM-related concerns, impact, and field experience with the SDM instruments. In addition, DCFS requested that TSG examine related topics including the needs of a child/youth removed from their homes that are in need of behavioral health or substance use disorder services and access to these services through linkages with the Division of Developmental Disabilities, Division of Medicaid and MCOs serving child welfare-eligible children and youth in Nebraska through Nebraska's Heritage Health Medicaid managed care plans. Finally, TSG was asked to review whether the SDM tools were sufficient to assess the risk of suicide, as well any suggested improvements to the process used by the Hotline related to reports received pursuant to the Comprehensive Addiction and Recovery Act (CARA).

1.11.5. Mississippi CPS Hotline Assess

In June of 2018, TSG completed a review and assessment of the Mississippi Child Protection Services Hotline and provided recommendations to the State Department of Child Protective Services to strengthen controls and operations to provide more targeted community responses and prepare for FFPSA

1.11.6. Annie E. Casey Foundation

TSG has provided consulting services for Annie E. Casey and has been hired to conduct an assessment of the Center for System Innovation organization within AECF and offer recommendations for a new focus on efforts to assist state systems and communities with child welfare and juvenile justice reform, including focusing on creating assets for youth advancement and independence, as well as ways to strengthen focus on cultural diversity in child welfare and juvenile justice operations. TSG was also hired to assist AECF in building a staff skill and competencies grid to be used in personnel management

1.12. Summary of Bidder's Proposed Personnel/Management Approach

TSG's senior consultants proposed in this Nebraska RFP response are an expert team of consultants who have a vast amount of experience in all aspects of Child Welfare systems and operations, as well as health and human services in general and are business process experts who have the skills and experience necessary to complete proposed project tasks in the time frame requested by the state.

In addition, most of the TSG staff chosen for this project have all been involved in working with DCFS in the ESA Outsource and SDM assessment projects, as well as conducting interviews with senior level staff, Hotline operations staff and reviewing a number of operational components that will be helpful background as it conducts its more focused and systematic approach to

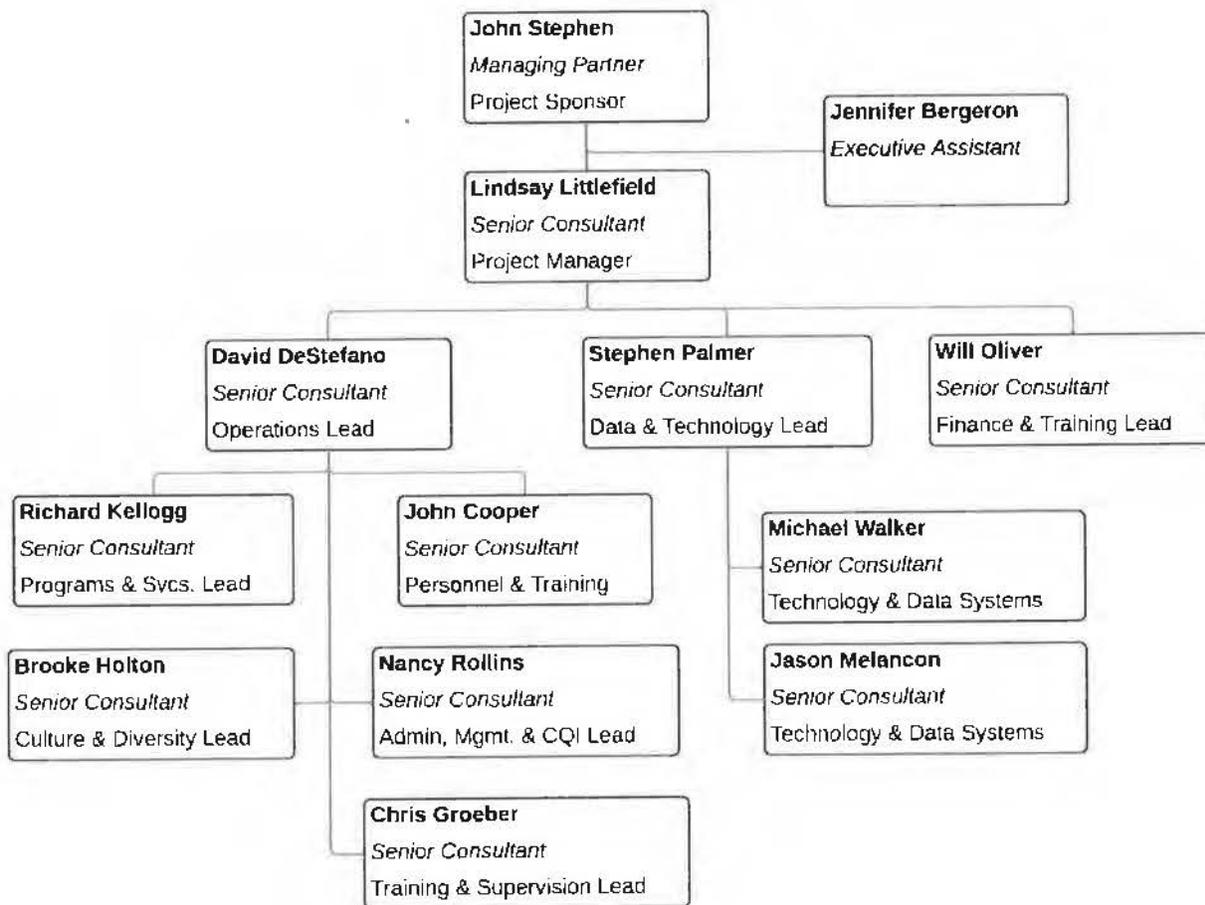
optimizing process and to assess, analyze and review how decisions related to all operations are made; for example, decisions to screen out calls, screen in calls, provide non-court voluntary services, court-ordered in-home services, out-of-home cases and services, kinship services, residential services, permanency, adoption, etc., including how decisions are documented, whether CFS staff is capturing the right information, and what is being done with the information captured.

All of the TSG staff on this project have been involved in reviewing at least one or more of every critical aspect of the child welfare practice in general. Our project team will be made up of the following individuals with identified roles and responsibilities listed in the following chart as follows:

The Stephen Group Team	Responsibility
John Stephen, Project Sponsor (Business Process Mapping)	Overall project lead. Meeting regularly with DCFS executive leadership and DCFS project manager to provide regular updates and ensure project scope meets expectations. Developing priorities with DCFS leadership and assuring project timelines are met. Will work with TSG team on all other aspects of the project, including process mapping.
Lindsay Littlefield, Project Manager (Business Process Mapping)	Overall coordination of project. Ensuring that TSG team members are working collaboratively with DCFS staff. Scheduling meetings and facilitating receipt of data, issuing information requests, meeting with leadership with Project Sponsor, and ensuring timelines, tasks and deliverables are on-time. Specific responsibility over TSG business process mapping, review and analysis of data, including CFSR reviews, and other aspects of project.
David DeStefano, Operations Lead (Business Process Mapping)	TSG on-the-ground operations lead for the project. Also involved in working with project manager on business process mapping. Components of special emphasis will also be Title IV E funding, FFPSA, Service delivery, quality improvement, and permanency.
Dr. Will Oliver, Finance and Training Lead	Overall responsibility for all aspects of financial analysis to include business case for any improvement recommendation, as well as lead for assessing and building recommendations for any curricula changes to training.
Richard Kellogg, Program Services Lead (Business Process Mapping)	Overall responsibility for assessing programmatic components and tools for performance, consistency and alignment with best practice nationally, research of best practices and making recommendations
Nancy Rollins, Administration Management, Operations and CQI Lead (Business Process Mapping)	Overall responsibility for assessing management and administration, including management roles and organizational structure, as well as quality improvement processes currently used by DCFS and making recommendations related to same

The Stephen Group Team	Responsibility
Chris Groeber, Training and Supervision Lead	Overall responsibility includes assessment of existing training standards and supervision of front-line staff and make recommendations
Dr. Stephen Palmer, Data Analysis and Technology	Overall responsibility includes analyzing large quantities of DCFS data to identify trends and gaps in process and performance. Review use of technology by end user.
Jason Melancon, Technology and Data Systems	Overall responsibility for reviewing and assessing current use of technology and compare with national best practices and make recommendations for future DCFS technology investments and upgrades
Michael Walker, Technology and Data Systems	Overall responsibility for reviewing and assessing current use of technology and compare with national best practices and make recommendations for future DCFS technology investments and upgrades
John Cooper, Personnel, Supervision and Business Process (Business Process Mapping)	Overall assessment of human resource protocol, including recruitment and retention. Will also assist in assessment of supervision and make recommendations on business process
Brooke Holton, Personnel, culture and diversity Lead	Overall responsibility includes assessment of cultural competency practice and focus on diverse populations and make recommendations for changes in practice related to targeted demographics. Human Resource assistant
Jenny Bergeron, Executive Assistant	Invoice, billing and TSG administrative support

1.13. Project Organization



Our project team members bring a diverse set of experiences and relevant skills to this project. Team members' relevant experience related to this project is presented in the following grid.

Area of Experience Staff Person	Organizational Assessment	Business Process Improvement	Policy Review and Analysis	Implementation & Outcome Evaluations	Technology Assessment	Program & Service Evaluation	FFPSA	Federal Financing & Reimbursement	Best Practice Analysis	External Program Monitoring	Social & Behavioral Analysis	Data Systems & Mgmt. Reporting
John Stephen	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dr. Will Oliver	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆
Richard Kellogg	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆

Area of Experience	John Cooper	Chris Groeber	David DeStefano	Nancy Rollins	Dr. Stephen Palmer	Lindsay Littlefield	Brooke Holton	Jason Melancon	Michael Walker
Organizational Assessment	◆	◆	◆	◆	◆	◆	◆		
Business Process Improvement	◆		◆	◆		◆	◆		
Policy Review and Analysis	◆	◆	◆	◆	◆	◆	◆		
Implementation & Outcome Evaluations	◆	◆	◆	◆			◆		
Technology Assessment	◆		◆	◆	◆		◆	◆	◆
Program & Service Evaluation		◆	◆		◆		◆		
FFPSA	◆	◆	◆			◆			
Federal Financing & Reimbursement	◆	◆	◆	◆	◆	◆	◆		
Best Practice Analysis	◆	◆	◆	◆		◆	◆		
External Program Monitoring	◆	◆	◆			◆	◆		
Social & Behavioral Analysis	◆	◆	◆	◆	◆		◆		
Data Systems & Mgmt. Reporting	◆		◆	◆	◆	◆	◆	◆	◆

1.14. Key Project Staff Resumes

John Stephen

Biography: John Stephen is the founder and managing partner of The Stephen Group, a government consulting firm, focusing on assisting state agencies and non-profits bring efficiency and quality to a range of Health and Human Service areas, including Child Welfare, Juvenile Justice, Medicaid, Behavioral Health, Developmental Disability and Long Term Care services. In addition to his experience consulting with government agencies and non-profits, John has the benefit of heading two large state agencies through a period of major change.

John was a former Commissioner of Health and Human Services in New Hampshire from 2003 to 2007. In that capacity, John led the state Department of Health and Human Services through a major re-organization effort that combined the divisions of behavioral health, long term care, and developmental disabilities into a single integrated Division of Community Based Care Services, as well as legal/HR and other support functions. John also developed and implemented a nationally recognized Health Care Reform program that focused Medicaid on prevention, wellness and rebalancing long-term care. John initiated disease management and care coordination programs that transitioned New Hampshire Medicaid away from treating the sick to keeping people healthy. Through John's efforts, Medicaid long term care home and community placements increased 23%, replacing more expensive nursing home placements, which dropped 11%. Moreover, John also integrated many services and programs for child welfare and juvenile justice and during each of the four years John was Commissioner, New Hampshire ranked first nationally in the Kids Count survey. During that same period, the enrollment of low income, uninsured children into the State's Medicaid and SCHIP program increased by 7500. John also oversaw the state's welfare program, Special Nutritional Assistance Program (SNAP) and Temporary Aid to Needy Families (TANF) program.

In 2018, John was part of a TSG team that conducted an assessment for Nebraska Department of Health and Human Services, Division of Children and Families (DCF), of use of the National Council on Crime and Delinquency's Structured Decision Making (SDM) model, and to recommend improvement strategies, including linkages with the Division of Developmental Disabilities, Division of Medicaid and Managed Care Organizations serving child welfare-eligible children and youth in Nebraska. The TSG Assessment identified key immediate issues, barriers, and opportunities for improvement.

John also was part of the TSG Nebraska team that conducted a comprehensive assessment and feasibility study on the outsourcing of the Eastern Service Area in Nebraska. The study evaluated the existing service delivery system and recommended a future state model. During that project, John conducted extensive meetings with Nebraska DCF staff, providers, stakeholders, courts, prosecutors, and families in identifying the current state and strategies for improvement should the state continue to outsource case management and out-of-home services. John also assisted the Division in drafting a new contract monitoring tool that will be used in the future to ensure

John Stephen

vendor accountability. TSG's comprehensive report was delivered to the state in May of 2019, on time and on budget, and has been used in developing the new Eastern Service Area Contract Management and Oversight Plan.

From 2014 – 2017, John led a TSG team that first conducted an end-to-end assessment of the Department of Families and Protective Services (DFPS) Child Protective Services (CPS) organization, process, and technology in the State of Texas. This assessment concentrated on all aspects of child welfare, including protective services, family based services and foster care. John and his team developed a comprehensive analysis of internal operations, organizational design and continuous quality improvement. John also helped develop recommendations and presented findings to leadership and to Texas Legislature. After the initial Assessment report and Recommendations were received, DFPS asked John and the TSG team to assist with implementation of the TSG Recommendations during the phase referred to by DFPS as the Child Protective Services Transformation. During this phase, John and his staff led regional teams to facilitate over 20 significant initiatives to improve field operations, briefings and trainings for DFPS and CPS leadership, and technical assistance with pilot initiatives geared towards improved performance in residential foster care, performance based contracting, responses to addressing care of high needs foster care population, and development of evidence based approaches to family based in home diversion services.

In addition, John completed another successful Child Welfare transformation project in 2011 for the State of Florida, Department of Children and Families, where he assisted the Secretary in developing the state's future strategic vision. The transformation project served to improve the technology, human services and training in the Florida Child Welfare system. John assisted the State of Florida Child Welfare Agency with creating the vision for redesign, and in developing the business case for \$100 million of technology improvements to support the Child Welfare Transformation as well as the maintenance and operations to support the state's SACWIS system. John also worked with agency in planning outreach efforts to courts and other stakeholders that were appointed to a statewide Transformation Advisory Committee and assisted the Secretary in providing reports and routine updates to the state-wide Advisory Committee on the statewide Child Welfare Transformation efforts.

In 2018, John also worked along-side TSG consultants John Cooper and Dave DeStefano, as TSG was asked by the State of Mississippi Child Protection Services to provide its senior leadership with training related to the new Families First Prevention Services Act, as well as assessing the current state of the Mississippi Child Welfare Abuse Hotline and making recommendations for improvement.

John has led successful Health and Human Services projects for TSG at Mississippi Department of Human Services (TANF, Eligibility, Two Gen), Arkansas Health Care Legislative Task Force (Medicaid Reform), Arkansas Department of Human Services (Organizational design and contract management), South Carolina (Long Term Care) and Maine (Medicaid cost efficiency).

John Stephen

Prior to his tenure as NH Commissioner of Health and Human Services, John also served as Assistant Commissioner of the Department of Safety, where he was appointed as the state's first Homeland Security Coordinator. Before that John was a NH Assistant Attorney General where he prosecuted homicide crimes and prior to that John served as an assistant county attorney where he specialized in the prosecution of child sexual abuse and vehicular homicide cases. John is also a respected author and has either written or co-authored eight books on various law enforcement and legal matters.

Educational background: John received his BA in 1984 from the Whittemore School of Business and Economics at the University of New Hampshire, and his JD in 1987 from the Detroit College of Law, now part of Michigan State University.

References:

1. Sandra Gasca-Gonzalez, Vice President, Center for Systems Innovation, Annie E. Casey Foundation, 701 St. Paul Street, Baltimore, MD 20212, sgasca-gonzalez@aecf.org, (202) 815-6650
2. Katie Olse, CEO, Texas Alliance of Children and Families and Texas Center for Child and Family Studies, 409 W. 13th Street, Austin Texas 78701, kolse@tacfs.org, (512) 963-9049,
3. Trevor Woodruff, Deputy Commissioner Texas Department of Family and Protective Services, 701 West 51st Street, Austin, Texas 78751, trevor.woodruff@dfps.state.tx.us (512) 788-2553

David DeStefano, MA

Biography: Mr. DeStefano has extensive experience providing consultation on various issues impacting the implementation of child welfare and other health and human service programs. His range of experience includes assessment of statewide child welfare services and outcomes; process and workflow analysis; assessment of statewide quality management systems; development of public / private partnerships, performance based contracting, program evaluation; development of software and database applications; maximization of federal revenues; federal compliance with program standards; external evaluation and reporting; rate setting; project management; work process analysis; and the development and implementation of program policies and procedures. Six Sigma certified, he is experienced with the use of multiple process improvement tools and strategies. Mr. DeStefano holds a B.A. in Psychology from Purdue University and a M.A. in Public Policy.

State of Nebraska: As part of the TSG Nebraska team that conducted a comprehensive assessment and feasibility study on the outsourcing of the Eastern Service Area in Nebraska, Mr. DeStefano evaluated components of existing service delivery system and developed

David DeStefano, MA

recommendations for a future state model. The project included extensive meetings with Nebraska DCF staff, providers, stakeholders, courts, prosecutors, and families in identifying the current state and strategies for improvement should the state continue to outsource case management and out-of-home services. Mr. DeStefano is also presently assisting the state with the development of strategies related to the implementation of the Family First Prevention Services Act (FFPSA) including the Title IV-E Prevention State Plan, identification of evidence-based services to include in the Prevention Plan, identification of options for evidence-based kinship navigator services, and strategies related to implementation of criteria related to Qualified Residential Treatment Providers (QRTPs).

Seminole Tribe Child Welfare Assessment: Comprehensive assessment of all aspects of the Seminole Tribe child welfare system including policy, practice, assessments, documentation, scope and access to services, financial management, competencies, interaction with Florida DCF and Child Protective investigators, and outcomes. The analysis generated a set of recommendations related to agency structure, management, practice and provision of prevention services to tribal members in the context of cultural

Child Welfare Practice Assessments (Georgia, Arizona, Indiana, Iowa, Pennsylvania): Comprehensive assessments of State child welfare programmatic policies and procedures including interviews of key stakeholders regarding the effectiveness of intake, eligibility determination and service provision. Assessed findings in relation to recognized best practice and developed recommendations for presentation to a State steering committee.

Florida Coalition for Children and Families Child Welfare Financial Model: Collaborated with nineteen agency members on the development of a proposed statewide funding model for child welfare using normed and validated cost averages, service volume, utilization data, and projections of client needs.

Child Welfare Strategy and System of Care Development: As the Chief of Strategy to Kids Central, a private Florida-based not-for-profit Community Based Care Child Welfare Lead Agency, Mr. DeStefano is responsible for evaluating organizational direction and effectiveness, developing recommendations for system improvement, overseeing implementation of performance improvement initiatives, monitoring outcomes, strategic planning (using a Balanced Scorecard format), and project planning and management.

State of Indiana Provider of Development and Implementation Services Project: As Project Director, Mr. DeStefano oversaw the implementation of this four-year, \$21 million project. The project provided consulting, development and implementation services related to: programmatic cost allocation, provision of foster care and adoption related consulting, review and validation of changes to the State's SACWIS (ICWIS), establishment and validation of Title IV-E eligibility, residential foster care licensing, and preparation for Title IV-E federal

David DeStefano, MA

eligibility audit development of federal reimbursement rates, and SSI application processes. He was responsible for managing 35 staff working on multiple initiatives.

Administration for Children and Families (ACF) Federal Grant Evaluations: Mr. DeStefano serves as either an external evaluator or co-Principle Investigator for multiple federal demonstration projects as well as a National Resource Center and a Federal Quality Improvement Center. In these roles he was responsible for design, implementation and management of both the process and outcome analysis and cost analysis.

South Carolina Alternative Response Network of Care: Designed policies and procedures for, a regional lead agency responsible for implementing a community-based alternative response system of care for children and families at risk of involvement with the child welfare system

Child Welfare System of Care Design and Proposal Development: Acted as a primary coordinator and author for multiple private agency responses to become lead agencies in areas of Florida, Texas and other jurisdictions.

State of Indiana Title IV-E Rate Setting Rule and Procedure Analysis: Under contract to a number of private non-profit organizations, Mr. DeStefano completed an analysis and developed recommendations pertaining proposed State residential foster care rate setting rules. The analysis was used as the basis for public comments submitted by the non-profit agencies to the State Department of Children's Services.

Department of Justice – National Council of Juvenile and Family Court Judges: Co-facilitated strategic session for the State of Nebraska Juvenile Court Association designed to assess and prioritize concerns of the judicial sector in relation to child welfare privatization efforts underway in the State.

Title IV-E Foster Care Cost Analysis and Rate Setting (Indiana, Missouri, Texas): Established state-level rate setting models and cost allocation models related to Title IV-E reimbursement for residential care and child placing agencies.

Educational background:

M.A., Public Policy: New England College

Thesis: Kinship Care Interventions as a Secondary Prevention Strategy: Financial, Programmatic and Policy Implications in a Privatized Child Welfare System of Care

B.A., Psychology: Purdue University

Relevant Publications:

Elder, J.K., DeStefano, D.J., Blazeovski, J., Schuler C.A. (2012) *Key Recommendations for Developing*

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a Foundation and Framework for Successful Implementation of Performance-Based Contracting, A Case Study. Journal of Public Child Welfare; Special Edition, (Spring 2011 Publication).

DeStefano D.J., Elder, J.K., Schuler C.A., D'Aiuto W. (2009) *Improving Practice and Outcomes through Collaboration and Performance-Based Contracting in Florida's Child Welfare System, Professional Development*, The International Journal of Continuing Social Work Education, 10 (3), 58-66.

DeStefano, D.J. (2012) *Analysis of Family Finding Cost Efficiencies: A Process Overview*, 2012 Administration for Children and Families Joint Grantees Annual Meeting: Plenary Session Presentation, Washington, D.C.

Ellis, R., DeStefano, D.J. *The Impact of Family Finding Activities on Child Welfare Outcomes: Processes and Findings*, (2012) 18th National Conference on Child Abuse and Neglect. Washington, D.C.

References:

1. Kurt Kelly, CEO, Florida Coalition for Children, 411 East College Ave. Tallahassee, FL 32301, (850) 561-1102, KurtKelly@flchildren.org
2. Michael Bryant, COO, Embrace Families, 4001 Pelee St., Orlando, FL 32817, (321) 441-2060, michael.bryant@embracefamilies.org
3. Byron Brunn, CFO, White's Residential and Family Services, 5233 S. 50 E. Wabash, IN 46992, (260) 563-1158, byron.brunn@whitesrfs.org

Dr. Will Oliver

Dr. William J. Oliver has over 25 years of experience leading teams and helping senior executives improve their organizations' effectiveness. Dr. Oliver has assisted the leadership of HHS agencies over the past ten years including Texas, Arkansas, Mississippi, Florida, Michigan, Indiana, Missouri, Pennsylvania, Rhode Island, South Carolina and New York. Dr. Oliver also brings extensive experience working with private sector healthcare payers and providers.

Dr. Oliver assisted Nebraska to assess the effectiveness of its CPS outsourcing. Dr. Oliver was in charge of financial analysis, reviewing prior audits and reports, and drafting the overall report for the TSG team. Following the assessment, Dr. Oliver assisted DCFS to develop a monthly financial report assessing financial performance along with outcomes metrics.

Dr. Oliver brings to the project expertise and experience in: procurement, strategic sourcing, performance assessment and measurement, program management, human capital development, organization design, change management, and cost accounting.

Dr. Will Oliver

Change management – Dr. Oliver has been helping organization manage change for the past 25 years. For example, he was part of the CPS Transformation at Texas DFPS. He led the training work group during the implementation. In Indiana, Dr. Oliver’s team included professional public relations personnel to manage the internal and public messaging about a major reorganization. For a major hospital, he managed key changes such as physicians introducing care protocols and a complete redesign of the Cath Labs. Dr. Oliver worked with Exxon-Mobil to reorganize its worldwide information system organization—6,000 people spread over an area even larger than Texas. Dr. Oliver also focused on change management as a key aspect of his doctoral studies, authoring a paper with Richard Boyatzis, one of the key thinkers in change.

Procurement and vendor management – Dr. Oliver led the team that sourced a \$1 billion contract for benefits eligibility for Indiana’s Family and Social Services Administration. Dr. Oliver’ team conducted the requirements assessment, wrote the RFP, supported vendor selection, oversaw contracting, designed a new format for managing the vendor to outcomes, and designed the changes to organization structure following procurement. In Mississippi, Dr. Oliver developed and conducted a new method for assessing vendor performance, using quantitative performance metrics and input from constituents around the state.

Strategic sourcing – Dr. Oliver has led many organizations to re-think how they use outside vendors. This has led to new sourcing strategies define what services should be considered for sourcing with outside vendors, and which should be retained inside, because they are part of the organizations core competence.

Performance assessment and measurement – Dr. Oliver developed a dashboard for Texas’ Commissioner of DFPS. This was a custom adaptation of the Balanced Score Card approach. Dr. Oliver conducted many data analyses as part of the Texas DFPS Assessment team. These included developing and evaluating two large surveys providing important insight into the levels of service provided by shared service units. Dr. Oliver recently created a performance measurement tool for the Mississippi Department of Human Services. Dr. Oliver recently conducted groundbreaking analytics for the Arkansas Bureau of Legislative Research. This included using very large claims files to assess questions about costs and services provided through the Arkansas’ Medicaid Fee for Service program and the Private Option managed care program covering the ACA expansion population. Dr. Oliver has developed, conducted and analyzed many employee and customer service surveys. Dr. Oliver teaches data analytics at Brandeis University and is a Certified Public Accountant.

Program management – Dr. Oliver has led very large complex teams including outside consultants working side by side with client experts. For example, Dr. Oliver led a team of 50 to reorganize Indiana FSSA’s eligibility. Working with St. Vincent Hospital in Indiana, Dr. Oliver managed a team of 10 consultants joined with 90 client personnel assigned full and part time to reorganize and reengineer clinical operations. In addition to leading teams, Dr. Oliver has founded two companies in which he served in senior management.

Human capital development – Dr. Oliver has designed, built and managed human capital improvement programs in the private and public sectors, and as an academic. Dr. Oliver built the

Dr. Will Oliver

HR function for BP Chemicals, as it spun off from the parent company: 6,000 employees spread across the globe. He redesigned major aspects of human resources management for K-mart globally. He redesigned the human capital development program for Texas child Protective Services. In addition, Dr. Oliver has developed new courses and taught at three leading universities.

Organization design – Dr. Oliver has helped to redesign the organizations of Texas CPS, Exxon Mobil IT and K-mart Finance.

Cost Accounting – Dr. Oliver is experienced with Cost Allocation Plans, having audited Indiana's during the reorganization. In addition, Dr. Oliver has developed private sector Activity-Based Accounting systems—the generic term for CAP. Dr. Oliver managed grant allocations as CFO of Trustees of Health and Hospitals. Dr. Oliver is a CPA and well versed in all aspects of financial management and reporting.

Dr. Oliver has worked with The Stephen Group since its inception five years ago. Prior to joining The Stephen Group, Dr. Oliver worked as a government solutions consultant with The Lucas Group, and was part of the team that designed the Rhode Island Global Medicaid Waiver. He has also served as COO of BridgeHRO (HR outsourcing services), Vice President of 3i Venture Capital, Client Partner of Granitar Systems (web development), Director of Gemini Consulting (process improvement consulting for hospitals), senior manager of KMPG (consulting to BCBS of MA), and with Bain & Company, where he was a founding member of Bain's well-known healthcare cost reduction practice.

Prior to joining The Stephen Group, Dr. Oliver has led projects working with Bain & Company, KPMG and Cap Gemini. He founded four services companies and led investments for 3i, a global VC and PE firm.

Dr. Oliver holds a Doctor of Management from Case Western Reserve University, a Masters in Management from MIT's Sloan School of Management, and a BBA in Accounting from the University of Alaska. Dr. Oliver is a CPA.

References:

1. Katie Olse, CEO, Texas Alliance of Children and Families and Texas Center for Child and Family Studies, 409 W. 13th Street, Austin Texas 78701, kolse@tacfs.org, (512) 963-9049,
2. Amanda Hutson formerly with Florida DCF, now with Pondera Solutions
ahuston@PonderaSolutions.com, 850.445.3851
3. Bill Keating, The Nexus Group, 85 Sam Fonzo Dr., Beverly, MA 01915,
bkeating@thenexusgroup.com, 978.993.7044

Lindsay Littlefield

Lindsay Littlefield is a Senior Consultant at The Stephen Group, where she focuses on project management, data analysis, and provides additional expertise in health and human services. Prior to joining The Stephen Group, Lindsay worked as a budget and performance analyst at the Texas Legislative Budget Board (LBB) and was a Senior Consultant at MAXIMUS.

Lindsay acted as project manager and team member on several recent engagements with the Nebraska Department of Health and Human Services from September 2018 – the present, including:

1. an assessment of the Structured Decision Making tools used to support child welfare case decision-making;
2. review of the current outsource model for child welfare case management in the Eastern Service Area; and,
3. establishment of an oversight structure and tools to provide contract, quality management, and financial oversight of the sub-recipient in the Eastern Service Area.

During these projects, Lindsay synthesized information from Nebraska and other states, facilitated meetings with numerous stakeholders, conducted focus groups and process mapping work sessions with state and sub-recipient staff, advised executive leadership of policy options, and drafted reports and memos to facilitate decision-making.

In addition to her work in Nebraska, Lindsay served as project manager during the implementation phase of The Stephen Group's engagement with the Texas Department of Family and Protective Services (July 2014 – February 2016). She established the weekly status reporting structure and was responsible for preparing and submitting The Stephen Group's weekly submissions. She created additional report templates and processes as needed and established issue/risk escalation processes and tracking. Lindsay advised the client on format, contents, drafting, and editing of multiple external reports to the Texas Sunset Advisory Commission and Legislature. She advised regional management staff in implementation of Transformation initiatives, including providing assistance with change management, project management, and communications. Lindsay used various methodologies including facilitating focus groups, conducting business process mapping, performing data analysis, and conducting literature reviews and best practice research from other states to help them resolve issues. On an as needed basis, Lindsay conducted ad hoc research and data analysis and summarized findings in reports and presentations.

Prior to joining The Stephen Group, Lindsay worked as a policy and budget analyst in the Texas Legislature. Her policy expertise includes Medicaid acute care and long-term services and supports. Her responsibilities included developing budget and policy recommendations to improve the efficiency and effectiveness of state government operations, authoring legislative reports on a variety of Medicaid and non-Medicaid topics; monitoring trends and innovations at the federal level and in other states and analyzed applicability to Texas; and briefing internal management, state legislative members, and state legislative leadership and staff on areas of

Lindsay Littlefield

research, including providing frequent testimony before policy and budget committees. She managed a cross-agency project team on the Texas state supported living center system and authored the report "Decrease the Number of State Supported Living Centers to Reduce Costs and Improve Care."

Lindsay also worked as a Senior Consultant with MAXIMUS, where she was selected to participate in the Management Development Program. The program provided participants with intensive mentoring resources, management training, and afforded the opportunity to rotate throughout the firm. She served in multiple roles within the Project Management Office of a large health and human services project, including reporting, communications, and change management.

Education: Lindsay has a Master's degree in Public Affairs at the LBJ School of Public Affairs at the University of Texas, and a B.A. in Political Science and Communication from Wake Forest University, where she graduated Summa cum laude and was a 2002 Harry S. Truman Scholar.

References:

1. Katie Olse, CEO, Texas Alliance of Children and Families and Texas Center for Child and Family Studies, 409 W. 13th Street, Austin Texas 78701, kolse@tacfs.org, (512) 963-9049.
2. Mary Pat Sherry, Director of Market Development, AmeriHealth Caritas, 100 Stevens Dr, Philadelphia, PA 19113, msherry@amerihealthcaritas.com, (215) 937-8756.
3. Lori Lewis Conerly, Texas Department of Family and Protective Services, 701 West S1st Street, Austin, Texas 787S1

John Cooper

John Cooper is a Senior Consultant with The Stephen Group. John has an extensive senior leadership background in the administration of a large state Human Services organization, as well as private sector leadership and management. Mr. Cooper has over 27 years of experience in human services; 20+ in state government and 6 years in the private sector.

Mr. Cooper held several leadership positions for more than 20 years within the Florida Department of Children and Families. He completed his tenure with the department serving as the Assistant Secretary. In this capacity, he was responsible for a \$1.7 billion budget and oversight of more than 6,000 staff across multiple program areas including: ACCESS (TANF, food stamps, Medicaid eligibility), Child Protective Investigations, Contracted Child Protective Services, Adult Protective Services, Refugee Services, Substance Abuse and Mental Health Services, Child Care Licensing, and was the primary operational interface for Florida's unique statewide outsourced Community-based Care model.

John Cooper

From 2004 – 2006, as a District Administrator in Florida, John oversaw the transition of the largest child welfare outsourcing contracting effort in the country. The oversight included procurement, contract development, contract readiness, contract execution, and contract monitoring.

From 2006 – 2009, John was the Florida statewide project leader for a national demonstration project with the Quality Improvement Center for the Privatization of Child Welfare on performance-based contracting.

John has achieved an impressive inventory of awards and commendations for his exceptional leadership, innovation, and productivity. Most recently, he was bestowed with his greatest honor, a 2016 Congressional Angels of Adoption recipient. In 2015, he was recognized as the Florida Child Welfare leader of the year. Throughout his career, he has served on multiple state and local boards and councils related to human services.

John has worked in the human services public and private sector for over 27 years as caseworker, supervisor, administrator, statewide director, and CEO of a large nonprofit human services organization. He has provided coaching and consultation services throughout Florida and other states in differential response, engagement, permanency, family-centered practice, leadership, performance-based contracting, and organizational change management. His administrative leadership, advocacy, and commitment to protect children and elderly by strengthening families and promoting collaborative community-based interventions are the foundation of his practice.

Mr. Cooper brings a unique combination of leadership, operational effectiveness, and community engagement and assumed the role of President and Chief Executive Officer of Kids Central Inc after leaving Florida DCFS. As the CEO of Kids Central John was responsible for the oversight of child welfare services in a five-county area including direct service delivery, network management, contract management, systems improvement, quality assurance, finance and budget, operations, data analysis, and policy development. One of John's most important initiatives at Kids Central was leading Kids Central in successfully engaging, recruiting, and improving relationships with hundreds of foster families in Central Florida. In addition, by partnering with an innovative marketing firm to create a Strategic Marketing Plan to recruit foster parents, Kids Central has increased annual recruitment by more than 300%. His team has successfully led multiple system of care initiatives using root cause analysis Lean Six Sigma process improvement techniques to increase foster home capacity, reduce licensing cycle time, and improve permanency for children.

John was a member of The Stephen Group Nebraska ESA Outsource Feasibility Assessment team in 2018. Mr. Cooper's role in that assessment was to review the existing contract and identify best practices in contracting going forward to include the design and development of

John Cooper

a new performance based contract. John also provided subject matter expertise to the TSG team on the ground.

Mr. Cooper was also a member of The Stephen Group team that conducted a comprehensive top to bottom operational review of the Texas Department of Children and Families, Child Protection Services Operation in 2014 where he focused on assessing personnel hiring, recruitment and retention, as well as professional training and supervision. John also developed as part of that project a survey tool for the state to identify the best background for child welfare case managers who stay for longer periods of time.

In addition to the Operational Assessment, Mr. Cooper also continued his work as a Member of The Stephen Group team during implementation of the Texas CPS Operational Assessment project after TSG issued findings and recommendations for improvement. In this role, Mr. Cooper assisted in developing an outsource model and RFP in the El Paso Texas region for family based safety services that exists today and is producing good outcomes.

Education: Mr. Cooper received his B.S. in Criminology from Florida State University after a successful term in the U.S. Army as a Military Police Officer. John's training and experience includes project management, total quality management, and root cause analysis and process improvement using Lean Six Sigma techniques and tools. He is a resident of Ocoee, FL where he coaches multiple youth athletic teams, enjoys boating, obstacle course racing, and most importantly being a father and spending time with his family.

References:

1. Katie Olse, CEO, Texas Alliance of Children and Families and Texas Center for Child and Family Studies, 409 W. 13th Street, Austin Texas 78701, kolse@tacfs.org, (512) 963-9049
2. Trevor Woodruff, Deputy Commissioner Texas Department of Family and Protective Services, 701 West 51st Street, Austin, Texas 78751, trevor.woodruff@dfps.state.tx.us (512) 788-2553
3. Taylor Cheesman, Chief of Staff to Mississippi Department of Child and Protective Services Taylor.cheesman@mdcps.ms.gov (769) 232-2129

Nancy Rollins

Biography: Nancy Rollins is a Senior Consultant with The Stephen Group and is a former Associate Commissioner of the NH Department of Health and Human Services. Nancy was with NH DHHS in various leadership roles from 1989 – 2014 overseeing program areas including child welfare, juvenile justice, behavioral health, substance use disorders,

Nancy Rollins

developmental disabilities, housing and homelessness, children with chronic and special medical needs, and elderly and adult services.

While at NH DHHS (1994-2006), Nancy was the Director of the Division for Children, Youth and Families (DCYF) during which time she successfully led the re-organization of the child protective and juvenile justice system. Under her leadership New Hampshire successfully implemented structured decision making in collaboration with the National Council on Crime and Delinquency to reform child protective practice; developed the child welfare training institute with the University of New Hampshire; re-engaged the NH Foster and Adoptive Parent Association to strengthen out-of-home placement options; expanded and diversified funding streams to support community based child welfare services; and exited two long-standing class action lawsuits (*James O, v. Marston*) and (*Eric L, v. Morton*) both of which had direct implications for child welfare system reform.

Nancy holds a Master of Social Work degree in Administration and Public Policy from the University of Connecticut and a Bachelor of Science in Community, Leadership and Development from Springfield College, Springfield, Mass. She has held a variety of adjunct teaching positions at the University of New Hampshire, Dartmouth College, and Springfield College focused on child welfare and public policy.

Nancy has served on innumerable federal, state and local commissions, boards, and held many volunteer positions throughout her professional life. Including as Co-chair of the recently created Oversight Commission on Children's Services and Juvenile Justice (RSA 170-G:19, HB517, Laws of 2017) . The commission is charged with providing oversight to support an effective, comprehensive and coordinated system of services and programs for children, youth and families.

Educational background:

Master of Social Work

University of Connecticut
 School of Social Work
 West Hartford, Connecticut
 Degree conferred, May 1985
 Concentration in Public Policy and Administration-Minor in Group Work

Bachelor of Science, Cum Laude

Springfield College
 Springfield, Massachusetts
 Degree conferred, May 1975
 Concentration in Community, Leadership and Organizational Development
 Primary Focus in Human Services Administration

References:

Nancy Rollins

1. Larry J. Gammon, President & CEO Easterseals NH, VT, ME & Farnum Centers, 55S Auburn Street, Manchester, NH 03103, 603-621-3464
lgammon@eastersealsnh.org
2. Moira O'Neill, PhD. Director, Office of the Child Advocate, State of New Hampshire, 121 South Fruit Street, Concord, NH 03301, 603-271-7773, Moira.O'Neill@nh.gov
3. Marcia (Marty) Ressemeyer Sink, CEO and President, CASA of New Hampshire 603-626-4600, ext. 2121, m_sink@casanh.org

Richard Kellogg

Biography: Richard Kellogg is a Senior Consultant for the Stephen Group. Richard served as Commissioner, Deputy Commissioner, and Director of Integrated Services for the states of Virginia, Tennessee, New Hampshire and Washington between 1994 through 2012. Richard's scope of responsibility has included medical and pharmacy services, behavioral health and substance abuse service systems, psychiatric hospitals (including child/youth) and developmental residential programs, developmental/intellectual disabilities community based services and support systems, and long-term care services systems. Throughout his tenure in state government leadership Richard provided a critical focus on integrating Medicaid services for children served by Child Welfare, Juvenile Justice and Special Education starting with his role as Chair of the Virginia Comprehensive Services Act Executive Committee for two years. As Commissioner of Behavioral Health, Developmental Disabilities, and Substance Abuse Services in Virginia Richard was responsible for the direct management of 9 state psychiatric hospitals, five state ICF/DD facilities and the community system with a budget of \$1.4 billion. While Commissioner for Virginia, Richard led an integrated legal/clinical services team that successfully resolved 4 CRIPA state psychiatric hospital and 2 state ICF/ID facility lawsuits (CSH, ESH, WSH, NVSH, NVTC, CVTC) in Federal District Court and is a "qualified expert witness" in similar cases as well as ADA and Medicaid waiting list related matters. As Director of Integrated Health Services for the \$11 billion Washington Department of Social and Human Services Richard had leadership responsibility for meeting the EPSDT requirements related to child/youth mental health services litigation inclusive of the child welfare population and testified as an expert in the Braam case. Prior to his career in state government Richard was a successful CEO of local county/city government and private sector organizations charged with managing and delivering comprehensive adult, child and adolescent behavioral health, intellectual and developmental disabilities, and substance abuse services, including children served by child welfare services.

Richard was a Senior Consultant for the Texas CPS project focused on process, safety, risk assessment, and EPSDT related evidence based behavioral health access. Richard also served as Senior Consultant for the Arkansas Joint Health Reform Task Force Project focused on research and recommendations for integrated options for Medicaid policy, waivers, managed

Richard Kellogg

care and managed fee for services delivery models and contracting options, and reorganized state agency/departments integration increasing collaborative care. In addition Richard served as the senior consultant for a Nebraska Child Welfare Project and was the lead on review and recommendations on the state's use of Structured Decision Making.

Educational background: Richard received his BA and his M. Ed. (Organizational Development) from the University of Vermont. He has taken advanced education at Dartmouth College: CAS: Administrative Psychiatry and Harvard University: CAS: New World of Health Care Economics.

References:

1. Louis Rossiter, Ph.D., Former Sec. Health and Human Services, Commonwealth of Virginia College of William and Mary, lfross@wmu.edu, 757-345-6206
2. Richard C. Veith, MD, Former Chair: Department of Psychiatry and Behavioral Sciences Professor of Global Health, Psychiatry, and Behavioral Health, University of Washington UW Health Sciences Building, 1959 NE Pacific St. Box 356560 Seattle, WA 98195 rcv@uw.edu 206-543-3752
3. Jeffrey Thompson, MD, MP, Senior Medical Consultant, Towers Watson 206-999-1190

Chris Groeber

Biography: Chris Groeber, MSW, has over 32 years of child welfare experience. Chris is a Senior Consultant with the Stephen Group (TSG). Also, he is currently a faculty member in Social Work at the University of South Florida. Through TSG, Chris has worked with the Annie E Casey Foundation on organizational strategies, The State of Mississippi on implementation of Families First and the State of Nebraska as they reviewed their child welfare contracting model and began FFPSA implementation. Previous to this, Chris was the U.S. CEO for Key Assets part of an International Child Welfare Organization. Chris has been fortunate enough to develop many programs for child welfare, both in his home State of Kentucky and nationally. Chris has created innovative, evidence-based programming for foster youth with low functioning autism. He has held numerous management positions in his career. He has served as author and Principle Investigator on Federal Projects while on faculty at the University of Kentucky including Quality Improvement Centers on Frontline Supervision in Child Welfare and Child Welfare Privatization. He has implemented numerous Statewide training programs for Foster and Adoptive parents and the staff that support them. Chris has written and published in the areas of supervision and child welfare programming. He has led accreditation efforts and has developed national standards and competencies for both COA and CARF. Chris has learned many aspects of child welfare funding and has worked with organizations to develop innovative funding models that focus on the "whole" child, including IV-E maximization. He speaks nationally on issues

Chris Groeber

surrounding organizational values, administration, management and child welfare specific issues. Chris has worked in many aspects of child welfare both in the public and private sectors over the past 32 years, including frontline child protective services, supervision and training but, considers developing innovative, values-based programming for high need children and youth one of his greatest professional accomplishments. Chris and his wife have been foster parents and currently reside in the Tampa area and continue their work on behalf of vulnerable populations.

Specific Child Abuse and Neglect Call Center Experience: Chris began his Child Welfare Work in the late 80s as a frontline child protective services worker, then he moved onto supervision and training. He worked within that system for over 10 years in various positions. This was before call centers existed.

Educational background: Chris is currently considered ABD (all but dissertation), he did a Masters Degree in Social Work at the University of Kentucky and received his Bachelors degree in sociology from Anderson College in Indiana. His post MSW course work is primarily in Family Studies, where his focus was at risk youth and their families.

References

1. Sandra Gasca Gonzales, Sgasca-gonzales@aecf.org, Vice President, Center for Systems Innovation Annie E. Casey Foundation, 701 St. Paul Street, Baltimore, MD 20212, 202-815-6650 (Cell)
2. Tonya Rogillio, MSW, Tonya.Rogillio@mdcps.ms.gov Deputy Commissioner of Child Welfare, Mississippi Department of Child Protection Services (601)-334-4074 (Cell) (601)-359-4129 (Office)
3. Adria Johnson, adria.johnson@metrounitedway.org, Former Commissioner, Kentucky Dept for Children and Families, Current VP Louisville Metro United Way, 502-939-9527 (Cell)

Brooke Holton

Biography: Brooke Holton is a Senior Consultant with The Stephen Group where she utilizes her relationship-building expertise to envision and execute solutions to complex business and governmental challenges. Her ability to engage people to collaborate and cooperate in multi-disciplinary, multi-departmental projects allows her to identify critical issues and develop a plan for solving them in a short time period. The Stephen Group works with healthcare and insurance organizations, governments, and community-based organizations to provide consulting services and technical assistance.

Brooke Holton

Brooke is passionate about driving change to support individual and organizational growth as well as process improvement. She utilizes project management, operational expertise and capacity building skills to achieve business goals.

Brooke is currently engaged as the TSG project manager for an engagement with the Annie E. Casey Foundation. Brooke's areas of expertise in working with Annie E. Casey in its child welfare reform work is focusing on organizational development, human resources and cultural diversity.

Brooke also successfully completed a project for the Mississippi Department of Human Services (MDHS) where she served as project manager for the generation plus (gen+) TANF statewide reform project.

Prior to joining The Stephen Group, Brooke was engaged for more than a decade with a nonprofit human service provider where she served as Vice President of Operations. In that role she was responsible for the execution and management of organizational strategies, operations, programming, finance, contracts, development, external relationships and collaborations. During her tenure, Brooke standardized systems, improved quality outcomes, technology and data collection and restructured the development, program and finance areas of the organization to strengthen its infrastructure. Additionally, Brooke has more than 20 years' experience in state and municipal government, serving in a variety of roles in public safety and justice environments as well as years of volunteer work and service on boards of charitable organizations.

Educational background:

Southern New Hampshire University

MS, Organizational Leadership

Masters Certificate - Human Resource Management

Boston University School of Management

Graduate, Institute for Nonprofit Management and Leadership

Franklin Pierce University

BA, Human Services

Certificate - Paralegal Studies

References:

1. Miguel Triana, Director, Health Services Solutions, AmeriHealth Caritas Family of Companies
P: 215-863-6689 E: mtriana1@amerihealthcaritas.com
2. Kimberley Brown, Director of Human Resources & Talent Strategies, The Annie E. Casey Foundation 503 North Charles Street, Baltimore, MD 21201 P: (410) 223-2906 E: KBrown@aecf.org
3. Mary Ellen Jackson, Principal, Mary Ellen Jackson Consulting, 350 Ridge Road York, ME 03909 P: 603-397-7117, E: maryellenjacksonconsulting@gmail.com

Stephen Palmer

Dr. Stephen Palmer is a Senior Consultant with The Stephen Group and has years of experience in both the public and private sector. As a private sector health and human services consultant, Stephen has worked with clients, such as the federal Centers for Disease Control and Prevention (CDC) and Office of the National Coordinator for Health Information Technology (ONC), the Texas Health Services Authority and New York eHealth Collaborative (both state-level health information exchange organizations), several state-level health care provider associations, multiple private-sector health and human services provider and technology organizations.

In addition, Dr. Palmer has extensive experience in analyzing high end data sets in Medicaid, having worked in a state Medicaid program, and conducted comprehensive episodic, claims, financial and program data analysis and assessments for a state Medicaid program as a consultant, including reviewing child welfare data. Dr. Palmer served as a senior consultant on The Stephen Group's Comprehensive Medicaid program Assessment for the Arkansas Legislative Health Care Task Force where he conducted detailed financial and claims analysis that was used by legislators in passing a number of the Stephen Group recommendations related to the Department of Human Services, Division of Medicaid reform.

Prior to consulting, Dr. Palmer served as the Director of the Office of E-Health Coordination for the Texas Health and Human Services Commission and as the Texas State Health IT Coordinator from 2010 through 2013. In these roles, he was responsible for leading the Office of E-Health Coordination and coordinating the numerous HIT initiatives that were being implemented within the Texas HHS system and throughout the state. In the role of State Health IT Coordinator, Dr. Palmer managed the Texas state health information exchange program and coordinated the other federally-funded HIT initiatives throughout the state. Dr. Palmer served on the Bipartisan Policy Center's Task Force on Delivery System Reform and HIT, the HIT Standards Committee's Implementation Workgroup, and the Board of the National eHealth Collaborative.

Prior to joining the Health and Human Services Commission, Dr. Palmer served as the lead policy analyst for the Texas Health Care Policy Council in the Office of the Governor, the Governor's advisor for health information technology, the Project Director for the Texas Health Information Technology Advisory Committee, the Chair of the Texas delegation to the Gulf Coast Health Information Technology Task Force, and an advisory member of the State Alliance for e-Health, an advisory group providing a voice for the states on HIT issues at the national level.

Prior to joining the Office of the Governor, Dr. Palmer worked as a Medicaid/CHIP policy advisor to the Deputy Executive Commissioner for Health Services at the Texas Health and Human Services Commission. Dr. Palmer also previously worked on the policy staff of the Texas Senate Health and Human Services Committee. Prior to changing careers into public policy, Dr. Palmer was an information technology consultant focusing on interface programming and database administration.

Stephen Palmer

Education: Dr. Palmer received a Bachelor's degree in physics and philosophy from Rice University and a Master's in Public Affairs and PhD in Public Policy from the LBJ School of Public Affairs at the University of Texas, where his doctoral research focused on health information technology policy.

References:

1. Janel Lujan, VP Operations, El Paso Health, Jlujan@elpasohealth.com
915-298-7198 x1090, 1145 Westmoreland Dr, El Paso, TX 79925
2. Rose Hayden, Principal, RAH Consulting, Rose@rahconsulting.com, 512-771-7896, 1101 W. 34th St., Suite 532, Austin, TX 78705
3. Terese Finitzo, President, Oz Systems, Tfinitzo@oz-systems.com, 214-616-4321, 2201 East Lamar Blvd, #260, Arlington, TX 76006

Jason Melancon

Biography: Jason Melancon is a Senior Consultant with The Stephen Group and has focused much of his career around project/program assessment and recovery. He led a variety of widely dispersed technical teams with team members from Asia, the US and Europe.

Several of Jason's successful projects have been centered around Private and State social services.

Jason and his colleagues have worked on three engagements for The Stephen Group:

Mississippi – Have worked with Families First for Mississippi, a statewide social service agency to improve the agency's information systems – particularly status tracking and integration with the state DHS information system. Currently working with key agency staff to improve outcome tracking for services to support both continuous improvement and status reporting to both state government and private stakeholders.

Arkansas – Assessed the compliance of Arkansas Medicaid programs with Federal DHS requirements, with consequential changes to State practices. Drove the integration of various state databases to support consolidated activity and status reporting. Assessed and clarified state social services eligibility requirements and methods to improve eligibility processing.

Mississippi – Using performance data supplied by MS DHS, reviewed case manager workflow and made recommendations for improvement. Designed prototype case manager status and performance tracking system to significantly increase management oversight of the Agency's field work.

Jason Melancon

Jason recently worked with a small team creating an online tool for measuring foster parent satisfaction and case manager performance. The tool is in beta testing by a private child welfare agency in Florida.

Jason taught Systems Theory, Systems Analysis, and Data Management courses at Sonoma State University in northern California. He also taught program management and planning information systems courses for various Federal Agencies and Military Departments. Jason was part of the early planning groups in different professional organizations working on Program Management training, which led ultimately to the standard certifications available in the field.

Jason has also been a public speaker for many professional organization meetings and conferences.

Educational background: Jason received a BA in Liberal Arts – Sciences from the State University of New York – Regent’s Program. He has forty graduate hours of study in various universities and a wide variety of certificate programs.

References:

1. Richard Cordray, Ph.D., Principal, Image-Tech Inc., rickc@image-tech.com.
2. Collin Billingsley, Ph.D., IT Director, Families First for Mississippi, cbillingsly@frcnms.org
3. Mike Guthrie, former Chief Operating Officer, The Carson J Spencer Foundation, mpksguthrie@gmail.com

Michael Walker

Biography: Michael Walker is a Senior Consultant with The Stephen Group who has over 35 years’ experience leading a wide variety of IT projects for government, non-profits and profit-making businesses.

Michael and his colleagues have worked on three engagements for The Stephen Group:

Mississippi – A current project to help Families First for Mississippi, a statewide social service agency, implement the state’s Gen+ program, which is designed to end multi-generational poverty. DMU works with Families First staff to design and build activity-tracking tools. These tools allow both Families First and state officials to follow the progress of individuals referred to the Gen+ program, as they do such activities as complete their education, take parenting courses, participate in addiction treatment programs, and improve their job-hunting and keeping skills.

This engagement requires working with staff to map the current Families First business processes, testing & refining the FFM database connection with the state’s Gen+ referral system, interfacing FFM activities data with data from other agencies, like the courts and community colleges, and building dashboards for FFM administrative staff to track activity.

Michael Walker

Arkansas – Provided technical data analysis for the team members assessing all aspects of the Medicaid program, including the performance of Medicaid managed care (Arkansas' Private Option); evaluating pharmacy claims for potential opioid abuse; analyzing member profiles with an eye toward changing work requirements; and data analysis for improving the effectiveness of the eligibility assessment process.

Mississippi – Using performance data supplied by MS DHS, assisted with improving the workflow for child support case workers.

Michael and his team recently developed an online tool for measuring foster parent satisfaction and case manager performance. The tool is in beta testing by a private child welfare agency in Florida.

In addition to his work with the Stephen Group, Michael has led an engagement with the Maine Department of Health and Human Services. This work includes using sophisticated data analysis tools to detect fraud in the EBT and Medicaid programs; identify potential opioid abuse in the Medicaid Pharmacy program; and provide ad hoc decision support for DHHS executives.

Educational background: Michael received a BA in Philosophy, from the University of Maine, in 1981, and a Master's in Business Administration, Claremont Graduate School, in 1986.

References:

1. Collin Billingsly, Ph.D, Outcome Studies & Data/IT Director, Families First for Mississippi, 507 S. Church St., Tupelo, MS 33804, 662-523-1524, cbillingsly@frcnms.org
2. Sam Adolphsen, former Chief Operating Officer, Maine Department of Health and Human Services, currently Policy Director, Foundation for Government Accountability, 15275 Collier Boulevard Suite 201-279, Naples, FL 34119, sam@thefga.org, (239) 244 8808
3. Mary Connaughton, Director of Government Transparency & Director of Finance and Administration, Pioneer Institute, 185 Devonshire Street, Suite 1101 Boston, MA 02110, mconnaughton@pioneerinstitute.org, 617-723-2277

Section 2. Technical Approach

2.1. Our Understanding of Project Objectives

The Nebraska Department of Health and Human Services (DHHS) desires to have an operational review of statewide child welfare services within its Children and Family Services (CFS) division. The purpose of this review is to assess the strengths and weaknesses of internal operations of the division and offer recommendations as to how it can be managed and operated more effectively and efficiently all within the mission of CFS to protect children from abuse and neglect. The review should be completed in consideration of the context and intent of CFS to offer prevention activities and coordination, child protective services that focus on the safety, health and wellbeing of the child, parental and sibling engagement, family voice and choice in service provision including, but not limited to: respite care, resource families and independent living, adoption, domestic violence, safety, mental health, substance abuse and treatment services, as well as educational initiatives. These services may be provided by CFS personnel, through contracted vendors, or through services provided by other DHHS Divisions, such as Medicaid and Long-Term Care (MLTC), or Division of Behavioral Health (BH)

The selected vendor must be able designed to include and deliver:

1. A systematic approach to optimizing processes to achieve more efficient and quality results through the development of comprehensive business process maps of current CFS processes.
2. A framework for conducting the review of the CFS operations including allocation of staff; decision-making; work-flow and general business processes including policy, procedures, guidelines and relevant support structures that may include training, hiring practices, contracting and finance.
3. An improvement strategy for the program; and
4. Implementation recommendations designed to assist CFS in achieving outcomes in compliance with the federal Families First Preservation Services Act (FFPSA); the Child and Family Services Review (CFSR); and the Children and Families Services Plan (CFSP).

Recommendations should lead to the improvements in work organization, staffing, processes, decision-making methods, staff development, financial management, and contracting to include technology needs, training, federal reimbursement or other tools to assist CFS workers in state office and regions. It will also recommend best practices in management and performance metrics to ensure future accountability. Thus, the project will result in a series of recommendations, benefits of implementing those objectives and an implementation plan. A subsequent contract expansion could include assisting DHHS CFS with implementing the recommendations.

We understand that CFS is committed to assisting the contractor by providing guidance and background material where available, as well as any other related available material. These resources include but are not limited to:

1. Internal data;
2. Existing internal and external reviews;
3. National resources, such as the Casey Foundation, Quality Improvement Center for Workforce Development, Federal grant partners, and Administration for Children and Families;
4. Consultation with CFS staff; and,
5. IT policies, processes and procedures. Refer to <http://dhhs.ne.gov/ITSecurity>.

2.2. Proposed Development Approach

TSGs approach to completing this project, including the Business Requirement Matrix and Draft Project Work Plan is described in detail in the following sections.

2.2.1. Business Requirements Matrix

**Business Requirements Matrix
Request for Proposal Number 6084 Z1**

Firm Name: The Stephen Group, Inc.

Bidders are instructed to complete a Business Requirements Traceability Matrix for Child Welfare Reform Analysis services. Bidders are required to describe in detail how their proposed solution meets the conformance specification outlined within each Business Requirement. CFS requires the bidder to describe "how" the outcomes will be met. CFS is not attempting to specify every possible activity necessary to achieve success on this contract. Bidders should not infer that the absence of detailed requirements means that CFS does not consider a specific area or activity important or unnecessary. CFS requires the bidder to propose solutions and services that meet its documented outcomes and requirements. CFS requires the bidder to include all details in its proposal necessary to achieve or exceed the desired outcomes.

The traceability matrix is used to document and track the business requirements from the proposal through testing to verify that the requirement has been completely fulfilled. The Contractor will be responsible for maintaining the contract set of Baseline Requirements.

The traceability matrix should indicate how the bidder intends to comply with the requirement and the effort required to achieve that compliance. It is not sufficient for the bidder to simply state that it intends to meet the requirements of the RFP. CFS will consider any such response to the requirements in this RFP to be non-responsive and the bid may be rejected. The narrative should provide CFS with sufficient information to differentiate the bidder's business solution from other bidders' solutions.

The bidder must ensure that the original requirement identifier and requirement description are maintained in the **traceability matrix** as provided by CFS. Failure to maintain these elements may render the bid non-responsive and result in rejection of the bidder. For the purposes of the matrix, the term "comprehensive" shall include but not be limited to the items found in Section V. E.1.b and c.

How to complete the traceability matrix:

Column Description	Bidder Responsibility
Req #	The unique identifier for the requirement as assigned by CFS, followed by the specific requirement number. This column is dictated by this RFP and must not be modified by the bidder.
Requirement	The statement of the requirement to which the bidder must respond. This column is dictated by the RFP and must not be modified by the bidder.
Comply	The bidder should insert an "X" if the bidder's proposed solution complies with the requirement. The bidder should leave blank if the bidder's proposed solution does not comply with the requirement.

Req #	Requirement	
	PROJECT SCOPE	
		Comply
PS-1	The bidder should describe what methodology will be used to review and evaluate the way the Child Welfare system processes currently function from start to finish.	X
	<p>Bidder's Response:</p> <p>The TSG approach to reviewing and evaluating the Nebraska Child Welfare system business processes currently in place will be implemented through the prism of existing federal and state laws, rules and regulations as they impact CFS's integrated Safety Organized and Family First Practice model and fidelity implementation, use, and adherence to the structured decision making model as fundamental business processing methods designed to assure safety, permanence, and well-being.</p> <p>The basic method TSG will use is a three step process: 1) Document "as is" operational business processes specifically defined in the Detailed Project Plan inclusive of the organization structure of the Division; 2) research relevant available data, relevant research, and other state best practices related to the tasks of the detailed and CFS final approved work plan; and, 3) assess, analyze, and integrate comprehensive findings into final recommendations and related implementation strategies.</p> <p>The TSG Business Impact Analysis method is fundamentally based on answering the question does this process/series of processes efficiently and effectively meet the business need and related outcomes for which they were designed, and do they provide value added or non-value added results for CFS. Business process mapping includes a sequence of activities designed to convert inputs to outputs and includes work steps, decision-making, documentation, and evaluation.</p> <p>As used during our Texas CPS Assessment, TSG works directly with child welfare front-line staff to identify each task, the responsible party, the sequencing of tasks, and the related documentation or IT impact. TSG produces process maps that are reviewed by staff and updated iteratively until they mirrored the existing process. Once existing processes are documented, the maps serve as powerful tools to fuel process improvement. The methodology facilitates the identification of process bottlenecks, points of transfer/hand-off, points of decision-making/approval, and where delays can occur. TSG facilitates staff conversations that identify recommendations for improvement and then creates "to be" process maps that illustrated the path to improvement.</p> <p>Similarly, TSG engages supervisors and Central Office staff, including those responsible for development and oversight of</p>	

	<p>policy, in separate meetings to discuss the existing process. We find that conducting initial staff brainstorming sessions in separate sessions works best because it provides greater comfort to staff and encourages them to speak freely about what is working and not working in the existing process. TSG integrates findings from all of these discussions into one set of process maps and then uses each of the staff groups as sounding boards to react to the draft process flow and provide additional comments.</p> <p>TSG also understands that although many aspects of the work flow may be policy-driven and uniform statewide, there are often location process variations. TSG will produce process maps for the work flows in each Service Area. However, in our experience, once an initial set of maps is generated, the process is much less time consuming in the other areas.</p>	
PS-2	<p>The bidder should describe how it will develop a comprehensive review that will consider the roles that each position plays in the business process and consider any changes in staffing as a result.</p>	<p>Comply</p> <p>X</p>
	<p>Bidder's Response:</p> <p>TSG will approach this task with four overarching principles: 1) work should be designed to reduce non-value added activity, 2) work should be performed by individuals with the best first-hand knowledge with the training and skills to make appropriate decisions, 3) individual capabilities should match the tasks assigned, and 4) individual performance should be measured and managed.</p> <p>These principles are assessed based on face to face staff business process mapping sessions; review of current organization of work tasks, position descriptions, and supervision; targeted current data analyses; review of current personnel development and training methods; and review of other state best practice resulting in reporting on Findings, Recommendations, and Implementation Strategies. This approach has been successfully used with our comprehensive Transformation work for Texas DFPS/CPS and recent SDM and Out-Sourcing Assessment projects in Nebraska.</p> <p>1) Reducing non-value added activity: As part of evaluating business processes (PS-1, above), TSG will identify non-value added activities in each process that result in process inefficiencies, delays (such as from hand-offs), bottlenecks (such as when staff are waiting for approval). Because TSG will produce process maps that are swim lane diagrams, they will highlight the role of each staff position in each process, and how a staff position may be contributing to both value-added and non-value added activities. In addition to scrutinizing process steps and the overall process flow, the analysis will also consider the role of each position and how to reduce non-value added work. will also be examined to assess whether the position TSG will accumulate the positions that could be affected and recommend actions. Based on prior business process mapping experience, TSG will specifically asses the time that case workers are spending with children, families and collaterals and</p>	

	<p>reviewing how much time is spent on administrative work.</p> <p>2) Staff Decision Making: TSG will identify the key decisions to be made or services to be performed (the value-add) for each work process and recommend the level of decision-making required. This will include identifying the skills and experience needed to make the decision. In our experience, certain decisions create bottlenecks because case managers need supervisory or management approval. Many times, work is chopped into so many pieces (each involving a hand off), that more time is spent organizing the work than doing it. In the course of conducting this assessment, TSG will identify where work rules or superfluous supervision detract from mission/beneficiary/outcome achievement. TSG will suggest where changes to work rules, supervision, and training could increase both performance and outcomes. TSG will recommend where decisions can be In addition, the current functionality of IT/N-FOCUS, apps, and smart phone use will be assessed from the perspective of value added/non-value added to the current business processes in place as well as recommendations for future improvement. In the end, we will determine in the course of business if the right people are making the right decisions on cases.</p> <p>3) Skills: TSG will identify the skills required for each value-added work documented in the process documentation. This will tie to a list of skills documented for each individual in the capabilities grid described in the Work Plan section of this response.</p> <p>4) Performance Measurement: TSG will assess the methods now used to measure individual performance specifically in achieving mission and service to beneficiaries (i.e. the value added, identified above). TSG will identify the areas in which measurement currently falls short of (or even mis-guides) effective measurement of individual contribution to the mission. TSG will define and illustrate how process assessment and required skills can better link personnel development and management to mission achievement. Beyond individual performance, TSG will assess how data systems collect individual performance metrics to allow regional and state leadership to assess and identify trends, staffing concerns, and other hot spots.</p>	
		Comply
PS-3	The bidder should describe how it will develop a comprehensive review that will obtain stakeholder consideration on improvement processes.	X
	<p>Bidder's Response:</p> <p>TSG will develop a comprehensive stakeholder outreach plan. Like TSG did in its Nebraska ESA Outsource Assessment, we will work CFS leadership to identify the key stakeholders to meet with individually and in public forums. We would include the providers, judges, prosecutors, family voices, community leaders, Inspector General, the Nebraska Foster Care Review Board, Casa, Guardians Ad Litem, Nebraska Family Support Network, and tribal representatives, among others. We will conduct</p>	

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	Web-ex/electronic meetings, and travel to each region to meet stakeholders and seek their input before and after some of our preliminary findings to obtain comment to identify opportunities missed. We will consider all of their comments in formulating our overall assessment.	
		Comply
PS-4	The bidder should describe how it will develop a comprehensive review that will identify strengths and best practices of Nebraska's child welfare system.	X
	<p>Bidder's Response:</p> <p>TSG's comprehensive approach to identifying the strengths, best practices, and potential areas for improvement in state child welfare systems is based on our successful projects for similar comprehensive assessments in Texas CPS and Nebraska CFS. Our comprehensive review consists of:</p> <ol style="list-style-type: none"> 1) Working with the client during the development of the operational Project Plan to identify specific best practices important to leadership and carrying this information forward throughout the project including business process mapping activities; 2) Benchmarking Child Welfare "best practices" from research, ACF, the Casey Foundation; related organizations, and other targeted states; 3) Direct communication/possible survey of internal and external stakeholders on CFS best practices in place, under development (if any), and gaps that need to be addressed; and, 4) reviewing Title IV-E state reports and recent and current Project Improvement Plans (PIPs). TSG will then analyze the totality of acquired knowledge, gathered opinions and information, and relevant data and determine the strengths and best practices of Nebraska's child welfare system as well as opportunities for improvement and implementations recommendations for improvement. 	
		Comply
PS-5	The bidder should describe how it will develop a comprehensive review to identify areas in need of positive improvement, describing the effect of the "as is" challenge on clients, employees and stakeholders.	X
	<p>Bidder's Response:</p> <p>We will conduct a comprehensive review using engagement of clients, employees, and stakeholders. This review will consist of process mapping to clearly understand the "as is" and interviews to understand what about the current processes works, and what can be improved.</p> <p>Our business process mapping with CFS front-line staff will examine at the individual needs of clients, employees, and stakeholders and look at the points of interaction and gaps in process that could be improved to ensure increasing value creation, expanding opportunities for services for clients and maximizing employee efficiency and effectiveness, as well as</p>	

	<p>integrating stakeholder concern into the system. As noted in the response to PS-1, we find that once created, “as is” process maps are powerful tools to drive process improvement. TSG has experience using these maps as tools to facilitate process improvement discussions with staff of all levels. The maps enable redesign of a process by shifting tasks between roles, re-ordering the sequencing of tasks, and eliminating duplicative or unnecessary tasks. Many times, management staff may not be aware of how many bottlenecks or points of delay exist in a process and it is not until the process is well-documented that these types of process improvement conversation can occur.</p> <p>Robust client, employee, and stakeholder interviews will help TSG to identify gaps in the current processes and what must be improved.</p> <p>We will also look to other state resources that could be better maximized to benefit clients, including Medicaid Managed Care, Regional Behavioral Health, Substance Abuse Services, Public Health and Community Supports. We offered initial recommendations in these areas during assessments completed in Fall 2018 for DHHS, but given the different scope of this project, would offer a more comprehensive approach.</p>	
		Comply
PS-6	<p>The bidder should describe how it will develop a comprehensive review that will recommend an improvement strategy (“to-be) with specific recommendations to correct the problems/issues and to streamline procedures, case progression, and workflow along with rationale about how and why this improvement is needed.</p>	X
	<p>Bidder’s Response:</p> <p>TSG’s comprehensive Child Welfare system review process identified in PS-1 results in producing comprehensive Findings, Recommendations, and Implementation options for the “whole” Nebraska Child Welfare services delivery system. Business process mapping, relevant data analysis, and critically important face to face meetings with internal and external stakeholders integrated with TSG experience in other states, as well as knowledge and experience it has gained in assessing, researching and reviewing certain aspects of Nebraska CFS operations will result in identifying specific Nebraska-centric improvement strategies that require action.</p> <p>Like we did during our Texas Child Welfare Assessment, TSG would then discuss and identify a comprehensive schedule of system improvement changes/options with CFS leadership during the development of the final Findings and Recommendations documents to gain an understanding of the specific improvement strategies CFS Leadership supports and their priority. This information will be integrated into the Implementation Plan which will include a detailed system change</p>	

	<p>framework with specific tasks, timelines, and expected outcomes and be managed through a detailed Business Plan for each system change element.</p> <p>System change elements will then be integrated into a comprehensive CFS Systems Change Project Management Plan (PMP), and indicate priorities for quick wins, short term and long-term transformation. From this Systems Change PMP, a master tasks list will be developed including task lead personnel, resources needed, barriers, mitigation, and timelines, A systems change Implementation Scorecard will provide CFS leadership up to date progress reports on a bi-weekly or monthly basis.</p>	
		Comply
PS-7	<p>The bidder should describe how it will develop a comprehensive review that will identify the cost of present practices and the benefits to be derived through implementation of the recommendations.</p> <p>Bidder's Response: TSG will provide a business case for each of its recommendations that will identify an estimated cost, which also would include any savings achieved by implementing the recommended solution or action. TSG will also identify if certain implementation strategies, like we witnessed in Texas, do not have any cost implications and can be achieved by eliminating a redundant or ineffective step in the process. For recommendations that could achieve significant savings, TSG will provide its own high-level financial analysis for CFS. Each of the recommendations, therefore, will have a separate financial cost section. CFS will then be able to use this TSG analysis in formulating its own financial cost benefit analysis.</p>	X
		Comply
PS-8	<p>The bidder should describe how it will develop a comprehensive review that will identify areas to maximize funding resources (IV-E funding, etc.).</p> <p>Bidder's Response: TSG will look at the current service, structure, scope and volume, including administrative allocation, direct service provision claiming, cost allocation plans, reimbursement to determine if there are any gaps to claim additional funding and services. TSG has team leaders who are experienced in helping states with maximizing Title IV-E funding. We will use this expertise to assess the Nebraska CFS child welfare system practice. We will also use our prior knowledge of aspects of the Nebraska system, learned throughout the ESA outsource assessment, to identify areas of underclaiming for services, activities and associated administrative costs. For any quick wins, we intend to work with the CFS financial manager during the project as we identify areas so as to not wait until the final recommendations. We will also make recommendations for retroactive reimbursements within appropriate time frames if we identify any costs not claimed within two years.</p>	X
		Comply
PS-9	<p>The bidder should describe how it will develop an implementation plan that identifies immediate and longer-</p>	X

	<p>term changes, timelines, required resources to execute the change, and key communication messages to facilitate the shift to an improved way of working.</p>	
	<p>Bidder's Response:</p> <p>The Stephen Group and members our proposed Nebraska team have supported successful child welfare transformation initiatives in states such as Florida and Texas. In these states, we conducted comprehensive assessments of their child welfare systems and identified customized recommendations to address the challenges in the state. For example, in our Texas assessment, we identified 169 recommendations across multiple domains including communication, case decision-making/structured decision-making, practice model, investigations, reunification, use of data, and continuous quality improvement/quality assurance. We also supported these states in implementing our recommendations and have found that effective change management and communication are critical at all levels of the organization.</p> <p>In each of these 169 recommendations we used a standard template that specifically addressed the timeline for implementation, resources required to implement, the cost, savings and return on investment, rationale and benefit for making the change. We also drafted an internal and external communication plan for the state, which directly related to the implementation of our recommendations. We intend to offer the same here for the state.</p> <p>Some of the barriers we have encountered in the past and that Nebraska CFS could encounter include:</p> <ol style="list-style-type: none"> 1) Competition for front-line staff time and attention due to the rigor of the job, which makes it difficult for staff to attend training on new operational processes/initiatives and prioritize review of communications about transformation activities. 2) Resistance to change among internal staff: Generally, leadership and new front-line staff are often quickest to embrace innovation and change, but more tenured staff may be reluctant to support change for a variety of reasons. 3) Resistance to change among external stakeholders: External stakeholders may be invested in certain processes or practices and if they are not engaged as part of the transformation, their lack of support may undermine the effort greatly. 4) Process improvement is inherently data-driven, but child welfare management may not be comfortable or have experience using data: Child welfare management staff are often promoted internally; today's supervisors and directors were once case managers. Using data, including the ability to interpret which metrics matter most, diagnosing problems, and measuring the impact of change, is a skill-set required of management but not of front-line caseworkers. <p>These barriers make it difficult to sustain change over time. While child welfare agencies are experienced in implementing new programs due to frequent changes in federal or state mandates, sustaining long-term enthusiasm and adherence to process changes over time is challenging. This requires leadership and management commitment to ongoing monitoring of</p>	

	<p>adherence to the new protocols and using data to validate that changes have been implemented. In addition, coordinated approach to communication with staff at all levels of the organization and external stakeholders is needed.</p> <p>During our operational assessment, The Stephen Group will validate which among these barriers, as well as any other issues, are likely to be of concern in Nebraska. The Stephen Group will develop an Implementation Plan to overcome these challenges that will include an emphasis on change management and communication.</p> <p>Generally, The Stephen Group will recommend an approach to change management that will include:</p> <ol style="list-style-type: none"> 1) Formation of transformation teams, which will guide implementation of each recommendation/related recommendations. Consultant resources would be embedded in these teams to provide support. 2) Formation of a project management office/executive team to oversee the work of the transformation team, monitor adherence to the Implementation Plan including reporting on project status, and address issues and risks that emerge throughout the life of the project. This team will consist of senior DHHS leadership and consultant resources. 3) Assignment of consultant resources to embed in the management teams of the Service Areas. The consultant resource will be a link between the Service Area and Central Office during the transformation, and assist regional management with local communication, measuring the impact of process changes and interpreting data, and conducting staff surveys and focus groups as needed. 	
		Comply
PS-10	<p>The bidder should describe how it will develop a comprehensive review that will assess the following areas for improvement strategies in the following areas where Nebraska is currently and historically been challenged by our inability to safely achieve permanency in a timely manner. Some of the contributing factors include but are not limited to:</p> <ol style="list-style-type: none"> a. Reunification in 12 months has been a long-standing area of underperformance as measured by the Child and Family Services Review (CFSR) Round 2 and Round 3 Data Indicators.as required by Administration for Children and Families (ACF). 	X
	<p>Bidder's Response:</p> <p>The Stephen Group has experience successfully supporting other state child welfare departments in improving their reunification processes. The Stephen Group team brings a comprehensive understanding of the internal and external system factors that influence the reunification rate and has experience deploying the tools needed to identify the underlying causes of delay in reunification including data analysis, focus group facilitation, and process mapping, among others. For example, The Stephen Group helped one large region in Texas initiate a project to improve its reunification rate.</p>	

	<p>This effort included conducting data analysis to identify high and low performing units in this area as well as to test the correlation between reunification rate and other factors. We also conducted focus groups with staff, supervisors, and upper management to identify how they might be working cases differently. We found that many of the factors we assumed were linked to reunification (turnover, tenure, court/judge, availability of services) did not have a high correlation to reunification rates. However, through the focus groups, we found that there were differences in how the high performing units worked cases. One factor they all had in common was that their supervisors used Group Supervision, which helped to shape team attitudes toward reunification and helped more risk adverse staff become more open to reunification because they saw the success stories in the cases worked by their peers. The outcome of our analysis was that we helped upper management in realizing their role in reunification and shaping a culture more open to reunification. We also identified practices of the successful units, which could be shared/replicated throughout the region.</p> <p>The Stephen Group acknowledges that Nebraska has struggled historically to meet certain CFSR metrics regarding reunification and this presents an opportunity for improvement. The child welfare literature and our experience suggest there are many factors that may contribute to the reunification rate, including but not limited to the following external and internal factors:</p> <p>Given this understanding, The Stephen Group will conduct a comprehensive review of the following in order to identify the root causes contributing to Nebraska's low rate of reunification and generate tailored recommendations:</p> <ol style="list-style-type: none"> 1) Review and assessment of previous strategies to improve reunification – The Stephen Group is aware that Nebraska has implemented a number of corrective actions to improve its reunification rate as part of complying with its CFSR Performance Improvement Plan (PIP). Prior to recommending any initiatives to affect the reunification rate, The Stephen Group will interview CFS Central Office staff to gain an understanding of what has been attempted before and the degree of success experienced. 2) Completion of a comprehensive data analysis related to reunification – This analysis will consider Service Area level and unit variations in performance to identify the highest and lowest performers and look for correlation between reunification rates and multiple variables including: service availability, staff turnover, staff tenure, court/judge, and others, pending availability of data. 3) Conducting staff focus groups in each Service Area – These focus groups will identify whether there are any real or perceived barriers locally to reunification. 4) Interviews with judicial stakeholders – These interviews will identify whether there are any real or perceived barriers locally to reunification. 5) Staff survey – The Stephen Group may use a statewide CFS staff survey to supplement the focus groups in identifying barriers.
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	<p>6) Completion of reunification process mapping – This work facilitates the deliberate review of the entire process by documenting each task, the responsible parties, and the sequencing, and aid in the identification of any structural or procedural factors that may delay or prevent reunification.</p> <p>Based on these findings, The Stephen Group will identify specific recommendations to improve the state’s performance in this area. These recommendations will include internal-CFS recommendations and recommendations to address external system factors to the extent possible.</p> <p>In addition, The Stephen Group will also seek to identify any reunification “best practices” through two additional means:</p> <ol style="list-style-type: none"> 1) Identification regional “best practices” that can be replicated at the state level – Reunification rates typically differ across a state, with certain regions performing better than others. These performance differences can often be linked to variations in practice. The Stephen Group will conduct staff interviews and focus groups in every Service Area to identify where local innovation has led to improved results and where opportunity exists for statewide replication of these practices. 2) Identification of which supervisors/units have the best performance to identify “best practices” that can be replicated – The supervisory role is critical for the performance of a unit’s performance in the area of exits to reunification, because the supervisor’s attitude toward reunification and approach to working cases and making decisions shapes their workers, and that supervisors can exert some control over this outcome. We will use data to identify the supervisors/units with the highest rate of reunification and conduct in-depth focus groups with these staff to identify unique features of their approach to reunification cases and what may be contributing to their success that could be replicated to other units. <p>In our experience, some of the best ways to improve performance in this area can often be staff-generated ideas. We also find that these solutions are often most embraced by staff in other Service Areas, as opposed to changes that are perceived to be top-down or Central Office-driven. The Stephen Group approach will mine staff expertise in generating any solutions in this area, as well as bringing solutions that have been effective in other states.</p>	
PS-11	<p>b. Insufficient engagement and subsequent needs assessment of non-custodial parents/caregivers, relatives & kin reduce options for safe and timely permanency.</p>	<p>Comply X</p>
	<p>Bidder’s Response: During our assessment we will look to specific “as is” practices to engage non-custodial parents/caregivers, relatives and kin. Will will also identify best practices that are not being used in Nebraska as part of engagement strategies, and we will incorporate these as part of our findings and recommendations. We will also look to the use of the current SDM tools to identify areas where use of the tool, training and practice</p>	

	changes could further strengthen engagement, and we will also identify some of the newer innovations, especially in technology being used in some states to identify relatives and kins early on in the process. All of our research will be geared toward identifying improvement strategies that will enhance the options for safe and timely permanency.	
PS-12	c. Failure to establish a permanency goal based on current case conditions and resistance by the courts to establish and pursue concurrent permanency goals, e.g., adoption, for youth 15/22 out of home.	Comply X
	Bidder's Response: During our business process mapping we will identify areas of practice that will involve further examination of policy, practice, and possibly statutory law. This is one of the areas where the process mapping can only identify gaps in the process, but there could be policies in place that need to be changed, and practices of engagement and new opportunities that Nebraska CFS can pursue that will help identify more concrete independent living solutions for youth that are 15 to 22 years of age to begin to plan for independence and self-sufficiency. There may be areas of Nebraska that are unique to populations, including diversity and culture, and TSG will assess and identify national best practices, including other grant opportunities, that could further strengthen the practice and also move to more positive results in federal permanency benchmarks. All of this will be part of our final recommendations and improvement strategies.	
PS-13	d. Infrequent utilization of Bridge custody order.	Comply X
	Bidder's Response: During its "as is" assessment, TSG will look at current practices of Juvenile Courts in the state to work closely with legal parents or guardians to move juvenile jurisdiction to district courts having jurisdiction over the child's case and eventual permanency decisions. Where there are identified gaps in practice and process, TSG plans to identify those in its findings and also look to other state best practice to move children along the court system in a more efficient and timely manner to assure more timely permanency and closure of the juvenile case, where appropriate.	
PS-14	e. Court's resistance to CFS's recommended action based on Structured Decision Making® (SDM) reunification assessment.	Comply X
	Bidder's Response:	

	<p>Based on TSG experience we have found that Court resistance to child welfare system recommendations based on SDM assessments exists to some extent in all states. Based on this reality each state needs to determine its expectations for and priority of Court/case worker decision alignment upon case disposition. TSG's work in Nebraska during 2018 found that the Courts in Douglas and Sarpy counties had somewhat different levels of receptivity to case worker case disposition recommendations based on SDM assessments.</p> <p>In order to develop a data based understanding of the number of Court decisions that are different than case worker recommendations based on SDM, with a focus on the reunification assessment, TSG proposes a data based analysis, to the extent this data is readily available, for the purpose of understanding high differential decision making Courts, volume, and trends. We would also meet with supervisors and case workers in high impact Court regions to gather their insights into why they think differential Court decisions are being made in their region and what they are currently doing to resolve these disagreements. This would include an assessment of a select number of these cases to determine the alignment of the SDM reunification assessment findings and how they are presented to the Court in potential harm, danger, and safety statements. Based on the scope of the problem TSG would consider whether improvement strategies designed to align CFS case worker recommendations for reunification (and other Court decision points during case work) based on the SDM assessment are best served by a systemic education, information sharing and relationship building approach to the Courts, an individual case basis, or a combination of improvement strategies.</p>	
PS-15	f. Caseloads consistently at or above Child Welfare League of America (CWLA) standards.	Comply X
	<p>Bidder's Response:</p> <p>Current Nebraska state law requires that where there is a court placement decision, whether in-home or out-of-home, the case load for an individual case manager cannot be more than 17. The CWLA standards here are in law and even though there are legal standards, there are times where caseloads go over that standard and cause a negative impact on the entire system. During its business process mapping, TSG will identify areas of non-value added time that can be devoted to more appropriate case work that should eliminate unnecessary steps, duplication, redundancy and administrative time. This could free up case managers time to appropriately resolve a case safely in a shorter time frame, thus reducing the number of cases overall.</p> <p>The business process mapping may also identify areas where there are alternatives to having a case be in a</p>	

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	court placement situation, thus lessening the number of cases that require intensive case management where alternatives could be explored prior to any court involvement, like Alternative Response. In any event, TSG is very mindful of the CWLA standards and the Nebraska statutory law and will look to find efficiencies in process that will serve to help CFS meet these standards in the long run. All of these improvement strategies will be included in our recommendations for improvement and improvement plan.	
PS-16	g. Inadequate participation of all family members, relatives, foster parents, informal supports, etc., at family team meetings inhibit case progression.	Comply X
	Bidder's Response: This is an issue that will be specifically addressed during our business process mapping. TSG will assess the means and mechanisms of connecting to family members, relatives, foster parents and others to ensure that they are receiving sufficient and appropriate communications on meetings and case progression. TSG will assess the process and technology used to notify individuals to maximize their opportunity to attend family team meetings.	
PS-17	h. Case manager attrition rate creates new case assignments and case familiarity inhibits the rate of case progression.	Comply X
	Bidder's Response: Case manager turnover is a serious issue across the country in child welfare. In Texas we reviewed turnover data, conducted individual interviews, and surveyed thousands of case workers. We compiled all of the results and identified the key areas for improvement. Adjustments to salary were important but were not the most significant issues as to why we found caseworkers were leaving CPS at high volumes. We found that inadequate supervision and work environment also contributed to high turnover, as well as recruitment efforts. TSG looks at this issue in a holistic manner and will do so in this Nebraska project to determine what the specific areas of improvement are needed to reduce turnover and also increase retention.	
PS-18	i. Inadequate documentation and/or service provision in Indian Child Welfare Act (ICWA) cases.	Comply X
	Bidder's Response: TSG has specific experience working with tribal child welfare services. David DeStefano, Operations Lead, participated in the completion of the Seminole Tribe Child Welfare System in 2016-17. He will be responsible for overseeing a complete review of documentation standards and service provisions in ICWA cases to	

	<p>determine where any shortcomings exists in Nebraska CFS practice and will work collaboratively with CFS leadership and tribal representatives to develop a strategy that is considerate of cultural differences while ensuring the safety, permanency and connection of tribal children and youth with their heritage. Part of our recommendations will involve more efficient ways in which caseworkers handling ICWA cases document and make decision on:</p> <ul style="list-style-type: none"> • Cultural sensitivity and training of CFS workers who engage tribal families; • Active efforts to involve families; • Provision of culturally sensitive (aware) services and interventions. • Engagement of relative caregivers and recruitment of tribal families as foster parents; • Identifying placements that fit under the ICWA preference criteria; • Notifications to the child’s tribe and parents of court hearings involving custody; and, • Involving the tribe and child’s parents in the decision-making process and proceedings. 	
PS-19	<p>j. Identifying, locating, and involving fathers for support and possible placement for their children.</p>	<p>Comply X</p>
	<p>Bidder’s Response: TSG will assess the current standards used by the State of Nebraska to identify and locate fathers for support and possible placement. There are national best practices here that TSG will look at and include in its assessment. In the State of Mississippi, TSG assisted the state in its plan to outsource child support and in doing so came across a number of best practices in the area of locating non-custodial parents and we intend to use this knowledge and experience in our assessment.</p>	
PS-20	<p>The bidder should describe how it will develop a comprehensive review that will assess the need for Supervisory Training.</p>	<p>Comply X</p>
	<p>Bidder’s Response: TSG will start by assessing and reviewing the current training in place for supervisors to determine current gaps and areas of improvement. Then we will develop recommendations on a supervisory training module to close those gaps and improve performance. For example, we know that Nebraska CFS is improving its current training by including aspects of Trauma Informed Care, Motivational Interviewing and also will need to include areas of FFPSA compliance. Supervisory training is critical to delivery of effective case management. In Texas we assisted the state in developing specific changes to the supervisory training curriculum based on our Assessment findings to meet that states needs. TSG will do the same in this project.</p>	
		<p>Comply</p>

PS-21	The bidder should describe how it will develop a comprehensive review that will assess and identify online training opportunities with competency-based testing modules for child welfare staff, foster parents, and providers such as mandatory abuse and neglect reporting.	X
<p>Bidder's Response: For a state with rural areas like Nebraska, access to on-line training opportunities is essential. We will explore where there are gaps and opportunities. We also are aware of other states starting to shift to competency-based training models, supported by field-based and peer learning instead of a traditional classroom model. In Texas, TSG designed and developed the current competency-based training model for case managers and supervisors. The case manager training model was assessed by an independent third party (the University of Texas), who found that the model significantly reduced case manager turnover and helped the state to achieve projected \$18.0 million in annual savings as a result. We will use this prior knowledge and experience to identify where in Nebraska practice there could be opportunities to implement different training modalities.</p>		
		Comply
PS-22	The bidder should describe how it will develop a comprehensive review to assess a triage funding authority utilizing all federal funding opportunities within CFS.	X
<p>Bidder's Response: TSG will review all funding opportunities available to Nebraska CFS during its assessment and identify an additional triage funding authority or blended funding opportunity that CFS may not be taking advantage of. TSG will look to the ACF risk assessment for family triage and also identify funding sources that exists for housing, transportation, food insecurity and will work with CFS financial manager to assure that it is maximizing availability of other funding streams. As part of this review, TSG will also investigate opportunities for claiming retroactive reimbursement for eligible expenditures based on allowable service costs and activities. A strategy for claiming future and retroactive expenditures will be presented to DHHS as part of the Recommendations Report. As opportunities for immediate changes or retroactive claims are identified, TSG will work with DHHS CFS Financial Management staff to ensure these claims are submitted in a timely and appropriate manner in accordance with federal cost guidance and allowable time frames.</p>		
		Comply
PS-23	The bidder should describe how it will develop a comprehensive review that will assess the issues and challenges with current technology and make recommendations on how technology could improve efficiency.	X
<p>Bidder's Response: TSG will assess the current state of technology in Nebraska CFS. This will include assessing the capabilities of the N-FOCUS</p>		

	<p>system and if it meets the agencies long term business needs in its current form. We will also assess connectivity modalities including mobile devices and interfaces to ensure that technology is working to increase the value add and not undermining the value of caseworker services to children and families.</p> <p>The Business Process Mapping, which will include known agency, state and federal directives, along with core mission metrics are the starting point. The understandings and process requirements of other stakeholders, such as contracted vendors, must be included in that Business Process Map. Given those key parameters a detailed short-term Technology Road Map and a higher-level long-term technology road map can be constructed. These road maps will include a timeline and a process for continuous improvement.</p> <p>Problems, constraints, frustrations and functional inadequacies of the current information systems, particularly N-FOCUS, will be reviewed, categorized and documented. Any new technology currently in some stage of planning by the State will be reviewed considering these current issues to see which of the currently known problems are likely to be successfully addressed. TSG will always consider where process changes can alleviate an issue or meet a new requirement before suggesting a technology change. Both technological and operations national best practices will be considered.</p> <p>TSG has experience working with states in child welfare legacy systems, even with more agile and useful data tools being constructed to work within the legacy systems to increase functionality and resolve current problems without having to start from scratch. TSG consultants have experience with this pragmatic approach. This is not always possible but should always be considered because the cost and risk of major social services system rebuilds is a real concern. Any review of general State agencies histories with large software system re-developments is a sobering experience.</p> <p>Specific planning to accomplish this review depends on detailed information to be provided by Nebraska child welfare leadership. However, TSG senior consultants with strong experience in both organizational change and new technology implementation will be able to work quickly with Agency subject matter experts to focus on the most relevant and pressing areas. It is critical for an effective review that structured interviews be conducted with representative staff at all levels, to be followed up with a few larger group meetings to confirm and integrate the findings.</p> <p>TSG will provide actionable analysis with specific recommendations and clarity about the available alternatives. All recommendations will be presented in the context of a continuous improvement approach which should be an integral part of the business process maps. Agency requirements and information systems are both constantly changing, so to be successful our assessment must help create a process that can manage that change.</p>
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	Also keeping the cart in front of the horse, some consideration will be given to more advanced technology tools which might become useful, but the priority is ensuring that fundamental functionality and the management of change implementation, training, and continuous improvement practices are in place. There are many sophisticated tools, such as predictive analytics, that show potential to help child welfare organizations refine and optimize resource allocation. And various kinds of field work can be improved by developing phone applications. But these advanced tools should be considered only as an addition to a solid foundation.	
		Comply
PS-24	The bidder should describe how it will develop a comprehensive review that will assess opportunity for increased efficiency in referral, authorization and billing per family to include explanation of benefit to family.	X
	Bidder's Response: TSG will assess the current practice for notification to the families and the overall process under which families are kept informed throughout the life of their case. Through the business process mapping, we will identify any inefficiencies and then will work with stakeholders to develop a system built around best practice and stakeholder and staff input.	
		Comply
PS-25	The bidder should describe how it will develop a comprehensive review that will assess and identify areas of improvement to 24 hours services in child welfare to include hotline, on call system response by child welfare staff and providers.	X
	Bidder's Response: TSG proposes to engage a three-step process that will result in a comprehensive review of 24-hour services requirements in Nebraska's child welfare system, current "as is" strengths, gaps, and opportunities, and recommendations for improvement and related implementation strategies. The first step will be a brief review of existing Federal and state law as well as CFS rules, regulations, and any existing improvement plans that require 24-hours services provision for children/youth/families engaged with Nebraska's child welfare system resulting in a schedule of all 24-hour services requirements, potential gaps, and work in progress, if any. In addition, TSG will research other state best practices that make sense for Nebraska. The second step will be fact-finding based on interviews with a sampling of key CO administrators, supervisors, and case workers with a focus on Hotline staff.	

	<p>The next step will be to interview key community providers of 24-hour driven services/supports. Our focus will be on what is working well, what the challenges are, what does available relevant data tell us, and what the opportunities for improvement and innovation are. TSG proposes to conduct face to face interviews and a brief survey to assure we develop a statewide understanding and facts supporting the identification of systemic improvements. TSG has the advantage of assessing the CFS "Hot Line" during our 2018 review and recommendations of the state's application of SDM assessment instruments and, as a result, are well versed in the 24 hour response time emanating from Hot Line referrals to Investigations. Given the anticipated impact of the FPPA TSG will also consider potential pre-case opening circumstances where a 24-hour service/support response could be critical in assuring immediate and on-going safety resulting in preventing the case being opened.</p> <p>The third step will be TSG compiling all requirements, what we learned from the field and available data into specific action strategies pre-discussed with CFS leadership before being finalized in a specific section of our Findings, Recommendations, and Implementation reports.</p>	
		Comply
PS-26	<p>The bidder should describe how it will develop a comprehensive review that will assess opportunities for increased efficiency for a reporting system for abuse and neglect allegations.</p> <p>Bidder's Response: During The Stephen Group's Fall 2018 assessment of the structured decision-making tools, TSG reviewed screening tools used by intake staff who take reported calls of abuse and neglect allegations. TSG compared Nebraska's call volume and the percent of calls screened in and out using the SDM tool, with neighboring and other large states. TSG found that Nebraska's hotline function engages in a number of best practices and performed well compared to other states in terms of screened out intakes and unsubstantiated investigations, but opportunities existed to engage stakeholders such as schools and medical providers who report abuse and neglect allegations around the definition of abuse and neglect and the screening criteria and tool.</p> <p>To address this task and build on the work previously performed, TSG would expand interviews to the stakeholders who most commonly report abuse and neglect allegations (schools, medical providers, law enforcement, child care facilities) to understand where the gaps are from their perspective and how the reporting process may be improved.</p>	X
		Comply
PS-27	<p>The bidder should describe how it will develop a comprehensive review that will assess the current child welfare information system. Include any opportunities to share data and reporting with court systems.</p> <p>Bidder's Response:</p>	X

	<p>TSG understands how critical a well-functioning MIS system is to the performance of case managers. The MIS must mirror the work flow used by workers to prevent inefficiencies and delays. Unfortunately, case work often changes more rapidly than MIS can keep pace, and TSG has found that in many states, workers engage in many work arounds in order to progress the case through the MIS.</p> <p>TSG will conduct focus groups/interviews with frontline staff supervisors, which will include discussion about how the MIS helps and hinders their casework, and what changes they would like to see. TSG anticipates documenting many of the inefficiencies that exist today in terms of missing or outdated functionality, which can be prioritized by CFS for implementation.</p> <p>TSG will also consider how CFS case managers communicate with the courts and examine opportunities to improve data sharing not only with the courts, but other stakeholders (CASA, guardians ad litem, advocates, etc.). TSG will review any existing statutory limitations in Nebraska which may impact data sharing, as well as identify technical limitations of N-FOCUS. TSG will interview stakeholders about how they receive information today, and how they would like to receive information.</p>	
		Comply
PS-28	<p>The bidder should describe how it will develop a comprehensive review that will assess the service array and the connection to Families First Prevention Services Act and the claiming of IV-E funding.</p> <p>Bidder's Response:</p> <p>TSG has significant experience advising states and providers on implementation of the Families First Prevention Services Act, and TSG consultants are embedded in CFS' FFPSA implementation team currently. TSG is familiar with Nebraska's work plan to comply with FFPSA and remains actively engaged in helping CFS leadership to address the issues/risks confronting the state.</p> <p>TSG will approach analysis of Nebraska's service array using the following approaches:</p> <ol style="list-style-type: none"> 1) Document the available service array in each Service Area through interviews with CFS contracting/Central Office staff, as well as Service Area staff as needed; 2) Document any instances of providers offering evidence-based services that meet FFPSA requirements – TSG has already assisted Nebraska in this effort in producing its FFPSA Prevention Services, but will do additional work as needed through provider interviews, financial analysis, review of the available array and scope services in relation to client needs, service capacity and capabilities, and development of funding (reimbursement) projections. 	X
		Comply

PS-29	The bidder should describe how it will develop a comprehensive review that will assess the reasons relatives' homes are not being licensed and how that can be improved.	X
<p>Bidder's Response:</p> <p>The Stephen Group is familiar with the barriers to relative licensing in other states, which include a variety of family-specific concerns including poverty/inability to meet licensing standards, a lack of information/understanding of the benefits of licensure, a desire to reduce state involvement in the family, and the desire not to replace/supplant the biological parents' role.</p> <p>To understand the reasons contributing to this issue in Nebraska, TSG will examine the issue from multiple perspectives by surveying and/or interviewing relative caregivers in Nebraska about their perceived barriers to licensure, interviewing child welfare providers about the barriers to licensure they observe, and interviewing CFS staff who support relative caregivers to identify their concerns with the existing process. In addition, TSG will use process mapping to examine the licensure process to identify process improvements that are more family-friendly and simplify/expedite the process. Finally, TSG will conduct analysis of the case files where relative caregivers are unlicensed in the attempt to identify commonalities.</p> <p>In terms of addressing solutions, TSG will identify community resources that can support relative caregivers through the licensing process. Solutions will depend on the root causes of the lack of licensure in Nebraska. However, if poverty and the inability to meet licensing standards is the main barrier, TSG will look for community organizations/faith-based organizations who can provide help with weatherization and home repair, or donate furniture, which might help the caregiver meet licensure standards.</p>		
		Comply
PS-30	The bidder should describe how it will develop a comprehensive review on how to increase effectiveness of the current placement matching system for foster homes within the foster care system.	X
<p>Bidder's Response:</p> <p>TSG will examine the process of how Nebraska matches children with placement by interviewing Central Office staff and mapping the process to identify whether it is well-functioning or has inefficiencies.</p> <p>TSG will also conduct a capacity analysis of the placement needs of children and an analysis of the existing placement options/supply to identify where there are gaps. This will result in recommendations for CFS to develop new capacity to respond to the needs of anticipated children to be served.</p>		

Response: RFP-6084-Z1 Child Welfare Reform Analysis

		Comply
PS-31	The bidder should describe how it will develop a comprehensive review that will assess the access and utilization to community resources for issues relating to poverty such as ACCESSNebraska, community food pantries, shelters etc.	X
	<p>Bidder's Response:</p> <p>Given the connection between children/youth/families engaged in the child welfare system with poverty and the social determinants of health and well-being, case workers need a method to learn what families need and ready access to appropriate referral information in an easy to identify and use framework. TSG's 2018 review of CFS's use of SDM tools and the intake, Determination, and Referral processes of the Hot Line provided TSG with a fundamental understanding of the AccessNebraska enrollment portal and the FAST program as well as the decentralized nature of community resources referral information. Building on this prior work TSG proposes to assess the access and utilization of community resources by gathering information in a structured format by conducting focus groups across the state, some face to face, some, perhaps, through video conference, and surveying case workers across the state. In addition, TSG would meet with key Central Office managers, Nebraska Foundations, and community leaders directly involved with linking community resources and people in need, including the child welfare population. Given that other Nebraska's health and human services enterprises such as Medicaid and Behavioral Health has the same need for this type of information TSG proposes to meet with CFS partner state agencies to understand how they are approaching this challenge, current solutions, and possible options to work together on addressing a shared need.</p> <p>Our approach will include two prongs:</p> <ol style="list-style-type: none"> 1) assess how, what, and why case workers use available community resources information as well as what gaps exist and possible solutions that would help them do their work efficiently and effectively; and, 2) survey each Service Area and local office for the purpose of gathering known referral source information by type, contact information, and gaps for the purpose of determining volume, ability to catalog into a statewide referral manual, and potential to digitize on existing CFS technology. Our recommendations will be based on Findings of current "as is" capabilities and gaps, and our Recommendations will range from the "doable" without additional resources and aspirational that may require additional resources specifically for IT. 	
		Comply
PS-32	The bidder should describe how it will develop a comprehensive review that will work with schools and medical communities to access resources through community or public assistance programs such as Medicaid/MCO or child care.	X

	<p>Bidder's Response:</p> <p>The Stephen Group finds that often, families engaged in the child welfare system are in need of a variety of services and supports in addition to those services available through the child welfare system. Because poverty is so highly correlated to child welfare system engagement, many families need support with food, transportation, housing, and health care, among others. In addition to the scarce resources available in the child welfare system, there are a variety of other "payers" that could help meet unmet family needs including community organizations (i.e. non-profit and faith-based organizations) and other state and federal assistance programs. In particular, Medicaid managed care organizations (MCOs) are an important potential partner, given their contractual responsibility for conducting care coordination for members (who include many low-income families who may be involved in in-home cases and all children who have been removed from their homes). Not only is it in the family's best interest to tap into all available resources, but it is in the state's interest to help the family do so, as these supports may help to divert families from child welfare system involvement through the Alternative Response program, preserve the family, or help a reunification succeed. These programs meet family basic needs, helping them to focus on the stressors and factors that contributed to child welfare system involvement.</p> <p>In assessments conducted in Nebraska in Fall 2018, The Stephen Group found opportunities for improved coordination between CFS and other community and public programs, including Medicaid MCOs, and has already offered some recommendations to CFS. Building on these recommendations, The Stephen Group proposes to conduct the following research to help identify recommendations for CFS to better connect families to other public and private resources:</p> <ol style="list-style-type: none"> 1) Evaluate the success of the FAST program and its ability to be replicated to more communities in Nebraska. This local model is highly promising from initial analysis performed by The Stephen Group, as it not only about connecting families to economic assistance programs, but also community resources. We want to build on the lessons learned from this program in external engagement with other partners. 2) Conduct interviews with community partners including schools, health care facilities, law enforcement/the courts to identify barriers to collaboration and opportunities for improvement. 3) Conduct interviews with faith-based and community partners to identify barriers to collaboration and opportunities for improvement. This may include developing a portal or process to communicate what resources they have available so case managers can access those resources as needed, which is an approach led by the faith community in Texas. 4) Conduct interviews with other DHHS division staff to identify how to better support families engaged in the child welfare system in applying for other state and federal assistance. 5) Facilitate working sessions with Medicaid MCOs to identify barriers to communication, information sharing, and collaboration and identify how they can better partner with child welfare case managers to improve eligible members' ability to access Medicaid and value-added services.
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PS-33	<p>Recommendations identified through these approaches will be incorporated into the The Stephen Group's final assessment. The bidder should describe how it will develop a comprehensive review that will assist with the improvement of the 24/7 crisis response system that addresses physical and behavioral needs of individuals with immediate access to resources in local communities.</p>	X
	<p>Bidder's Response: Generally speaking, when crisis services are not available 24/7 to address immediate physical and behavioral health needs, children receive these services in the Emergency Department (ED) setting, which is not the ideal care setting for children and is the most expensive delivery setting. Because children and youth served by CFS are enrolled in Medicaid and assigned to a Medicaid Managed Care Organization (MCO), they are entitled to a comprehensive array of services and care coordination performed by the MCO. Meeting emergent needs of children in the child welfare systems requires a partnership with Medicaid MCOs. TSG proposes a comprehensive review process that will be based on several action steps: documenting any current rules, regulations, or CFS policy that govern 24/7 crisis services; interviewing staff to determine how CFS case managers currently refer children for services and the gaps in the existing process; , meeting with select external organizations including Nebraska's Medicaid MCOs, select community-based providers to identify process gaps from their perspective; and analyzing any current readily available relevant data and external recommendations for improvement. TSG will summarize analysis in our Findings and identify related Recommendations.</p>	
		Comply
PS-34	<p>The bidder should describe how it will develop a comprehensive review that will identify well-supported Evidence-Based Practices (EBP) with a plan for funding implementation, validity and adherence.</p>	X
	<p>Bidder's Response: TSG will continue to work closely with CFS central office to ensure and validate the state's Title IV-E Prevention Services Plan, which will be submitted to the Administration for Children and Families / Children's Bureau (ACF/CB) prior to initiation of this project, identifies all potential evidence-based substance abuse, mental health and in-home parenting programs needed by families and children within the state. TSG will also assist CFS program staff to establish a plan for ensuring services are implemented with fidelity to the model, outcomes are measured appropriately, and evaluation plans (for services not determined to be well-supported) are appropriate and in compliance with federal requirements and guidance provided by ACF/CB. In considerations of recent ACF/CB guidance, TSG will also look to identify additional evidence-based interventions or tools which, though not specifically reviewed by the FFPSA Clearinghouse as yet, may be of benefit to Nebraska families and children. Such interventions may be presently available in the state or may be</p>	

	<p>considered for implementation by DHHS CFS. To ensure DHHS CFS is capable of reporting FFP5A-related outcomes to ACF, we will cross-walk data system capabilities and outcome monitoring procedures to federal requirements and develop recommendations to ensure initial and ongoing compliance with such criteria.</p> <p>TSG will also continue to work closely with CFS central office staff to implement evidence-based kinship programming by making recommendations related to program start-up, staff training (internal and external), program fidelity and evaluation, program oversight and monitoring, assessing and reporting outcomes and continuous quality improvement.</p> <p>Once the plan is reviewed and validated, TSG will work with CFS program and financial management staff to develop funding projections and claiming processes, which</p>	
		Comply
PS-35	<p>The bidder should describe a comprehensive review to address disproportionate minority representation within the child welfare system.</p> <p>Bidder's Response:</p> <p>Many states have been working to examine the underlying factors that contribute to disproportionate minority representation within the child welfare system and identify solutions to serve minority children and families better. To this end, Nebraska is already implementing many initiatives that have been used successfully in other states such as Alternative Response, programs to support kinship caregivers, and increasing requirements in the new Eastern Service Area contract to ensure provision of community-based care, culturally humble care, and to keep children in their communities, schools, and with siblings/kin whenever possible. Further, TSG is aware this has been a priority of the Nebraska Children's Commission for several years and that the Commission has issued recommendations in this area previously.</p> <p>For this review, TSG will consider this issue from multiple perspectives:</p> <ol style="list-style-type: none"> 1) Complete a background demographic analysis of the children and families served by CFS; 2) Interview key stakeholders (i.e., Native American tribal governments and other communities of color) on their thoughts on how to address disproportionality. 3) Review existing reports issued by the Nebraska Children's Commission and conduct interviews with Commission members as needed; 4) Complete an inventory of existing Nebraska CFS initiatives that impact disproportionality (i.e., existing kinship and relative caregiving programs in Nebraska) and identify opportunities for improvement; 	X

	5) Identify best practices from other states active in this area, including Texas.	
		Comply
PS-36	<p>The bidder should describe how it will develop a comprehensive review that will develop strategies to implement family voice and choice in service provision and identified service providers.</p> <p>Bidder's Response: In working with CFS on the Eastern Service Area outsource Request for Proposal, TSG worked to incorporate requirements to increase the voice and choice of families into the RFP. TSG understands the importance of family engagement and participation through the life of a case in achieving positive outcomes, and how much of a priority this is for CFS leadership.</p> <p>In completing this review, TSG will assess:</p> <ul style="list-style-type: none"> • The adequacy of current mechanisms used by CFS to obtain family feedback; • The adequacy of family engagement strategies used by case managers; • The adequacy of use of family team meetings; and, • Data on family engagement (using applicable measures such as family participation in family team meetings) as a proxy for inclusion of family voice. <p>TSG will obtain this information through interviews of case managers and supervisors and relevant stakeholder meetings including with the Nebraska Family Support Network.</p>	X
		Comply
PS-37	<p>The bidder should describe how it will develop a comprehensive review that will develop a strategic plan to ensure full compliance with Family First Preservation Services Act and Comprehensive Addiction and Recovery Act of 2016. Plan must connect to the Children and Family Services Plan (CFSP), the Annual Progress Services Report (APSR) and any Program Improvement Plans (PIP). Documents can be found here: http://dhhs.ne.gov/Pages/Child-Welfare.aspx.</p> <p>Bidder's Response: Prior to completion of on the ground assessment work, including process mapping, TSG will conduct a comprehensive review of the Nebraska Children and Family Services Plan, Annual Progress Services Report, and Program Improvement Plan that was most recently filed with ACF, and meet with leadership to identify the critical areas of on-going work related to addressing child safety and gaps in care. TSG will use this review as a benchmark as it starts its own comprehensive review and assessment and will pay particular attention to areas that have not been addressed by the state in the PIP, and additional</p>	X

	<p>areas needing improvement. TSG has worked with the CFS FFPSA Workgroup and has also reviewed data and the process in Nebraska where Comprehensive Addiction and Recovery Act referrals to the hotline and is aware that Nebraska is working on identifying a more intensive pre-removal wraparound action that could involve non-government and community resources. TSG also knows that Nebraska CFS is currently preparing for FFPSA implementation on October 1st. As part of this Assessment, TSG will be looking at the process of utilizing the most effective primary, secondary and tertiary prevention activities and also connecting individuals and families to community services prior to removal where appropriate. In removal situations we will be looking at process steps to effectively and timely return children safely back home.</p> <p>TSG will be sure to identify process gaps and potential safety concerns in its findings. Some will be new and some that may be known and have been previously identified. Once we identify the key findings of the Assessment, consistent with our Work Plan steps we will meet with leadership and then focus on developing recommendations and an overall Improvement plan for the state. The Recommendations will lead to an improvement plan that will cover improvement areas related to what we have observed on FFPSA readiness and CARA referrals, and the Plan will identify short- and long-term implementation steps to meet system-wide improvement. We envision that this Plan, like our Implementation Plan in the Texas CPS Assessment, will form the basis for an Annual DCF Business Plan. If chosen to assist during implementation, TSG will work with the state to develop the strategic plan that will identify goals and strategies for some of the key implementation activities to achieve the objectives and outcomes of the approved Implementation Plan. We can also work with CFS to develop an annual business plan that will have targeted performance measures that will ensure compliance with FFPSA and CARA, as well as meet some of the benchmarks in the PIP and align with the CFSP and APSR.</p>	
		Comply
PS-38	<p>The bidder should describe how it will develop a comprehensive review of a system of performance-based contracting.</p> <p>Bidder's Response:</p> <p>TSG will approach its assessment of the current performance-based contract from two perspectives: 1) how well contracts have been written historically so they are tied to agency mission, and 2) how is mission achievement monitored and managed. Mission achievement is primarily the outcomes the agency is committed to, which will likely include cost as a secondary measure.</p> <p>1) To assess historic contracts, TSG will review each contract to identify where it spells out the link between goods and services provided and the agency mission. For example, if the service is healthcare services to a beneficiary, how is the provider held responsible for achieving great health results. TSG makes no assumption about what outcomes should be, only</p>	X

	<p>that the contract holds the provider responsible in some manner. TSG will look for: metrics, measurement process, reporting process, and process for periodic reviews and contract management. The objective of this test will be to establish whether contracts are set up so that if the process is followed, will the state be effectively managing contract performance—outcome and cost and well as the details of legal compliance</p> <p>2) TSG will assess how mission achievement has been managed through contract management. It will test a sampling of contracts for a sampling of periods. TSG will execute test of actual process implementation: did the vendor and state follow the process as described in the contract. This will test each aspect: were reports submitted, did the results meet the mission expectations laid out in the contract, were appropriate discussions held to discuss performance issues and where appropriate corrective (or disciplinary) actions taken.</p> <p>In the course of this assessment, TSG will establish specific areas where contracts are not effectively managed: procurement, contract management process, vendor issues. TSG will make recommendations to change process, and (if appropriate) specific vendors and vendor contracts that TSG finds are not following effective practices to assure that the state achieves great mission results through its contracted goods and services.</p>	
		Comply
PS-39	<p>The bidder should describe how it will provide recommendations for a framework for quality assurance in child welfare.</p> <p>Bidder's Response:</p> <p>The proposed Stephen Group team has extensive experience in continuous quality improvement, performance measurement, dashboard creation, and making data-driven program changes. Recent comprehensive child welfare assessments performed by The Stephen Group in other states such as Texas have included numerous concrete, tangible recommendations in this area. In our experience, child welfare agencies are awash with data, but often struggle throughout the organization to interpret data and apply it for program improvement purposes. Having an effective quality improvement function is critical not only to help the organization continue to improve, but in particular, if the organization is about to embark on a transformation journey. Rigorous self-assessment and performance measurement is required to assess every change implemented as part of transformation.</p> <p>In this respect, Nebraska DHHS already has a mature continuous quality improvement team, which has achieved significant performance improvement with regard to federal CFSR measures. The Stephen Group will be able to leverage its knowledge of the existing CQI process, gained while completing other assessments on behalf of DHHS during 2018, toward identification of more comprehensive recommendations. In these past assessments, The Stephen Group engaged with CQI staff in collecting</p>	X

	<p>data, but did not critically examine the CQI process itself. The Stephen Group will consider the following in its review:</p> <ul style="list-style-type: none"> • Resource optimization: The Stephen Group will consider the full scope of responsibilities assigned to the CQI team and assess whether the CQI team has an appropriate number of resources, skill level of resources, and whether resources are weighted appropriately (for example, given the growing focus on in-home cases, are the CQI resources appropriately focused on these cases or out-of-home cases). • CQI team efficiency: TSG will examine the processes used by the CQI team and the team's performance using quantifiable measures such as the average turnaround for data requested by operational units. TSG will look for process inefficiencies that might impact how the CQI team functions. • Resources: TSG has previously found limitations in the ability of the CQI team to produce dynamic reports due to a lack of tools available. This analysis will examine the tools used by the CQI team (mainly, Excel) and offer recommendations for other, more robust tools that might enhanced reporting capabilities (such as Tableau). • Engagement with operational areas: TSG will examine the capacity of the CQI team to support operational change internally and with stakeholders and offer recommendations. Today, this support typically occurs through the regional CQI meetings but due to resource constraints, has not occurred consistently over the past year; TSG will assess how well these meetings function and identify opportunities for improvement. • Recommendations to help the team shift from a compliance focus to a continuous quality improvement focus: The CQI team has been focused on helping Nebraska to come into compliance with its federal PIP. TSG will examine ways for the team to continue in this compliance role, while also moving beyond compliance toward building a culture of improvement. <p>In addition to focusing on how to improve the existing CQI function, TSG will evaluate how CFS can become a more data-driven organization and apply CQI principles at the Service Area level. Through interviews with regional leadership staff, TSG will assess how regional management uses data for process improvement locally. In similar projects, TSG has found that many child welfare management staff do not have prior training in data analysis and application. There are various strategies that can be used to support management staff in using data such as embedding consultants in their management team during a transformation project to provide that support, and TSG will vet whether these approaches are needed in Nebraska.</p>	
		Comply
PS-40	The bidder should describe how it will develop a comprehensive review that will identify strategies for a career ladder and advancement for service providers and case managers in the child welfare system.	X
	Bidder's Response: TSG will:	

	<p>1) Document the current personnel development process including skill and capability requirements, career ladder design, process for assessing personal performance, process for building personnel skills and capabilities, and process for dealing with performance issues. This task will coordinate with the process assessment work, during which TSG will be identifying skill and capability requirements. It will involve reading position descriptions and matching them to the work processes, assessing the performance evaluation process, assessing a sampling of actual performance reports, and assessing the current capabilities development process (i.e. training). During this part of the project, TSG will also review the history of individual promotions: in what ways does the historical record suggest a culture of performance, versus time in grade.</p> <p>2) Document a complete set of skills and capabilities at the various employment levels. This will document in an objective manner what are the capabilities individual should demonstrate as part of preparing them for the next "rung on the ladder". This will result in a "capabilities grid" that can be used to guide more effective performance evaluation in the future. TSG will test this grid by conducting a mini-performance evaluation allowing individuals to determine how their skills could be improved. This will just be a sampling of employees, using a selection process developed with agency leadership.</p> <p>3) Document the current "career ladder". Looking back over the past few years, TSG will document how individuals have progressed through the agency. What positions led to what? How many people were promoted? What was the documented history supporting a merit-based promotion? What have been the results of individual performance for those individuals that have been promoted.</p> <p>4) TSG will assess turnover as well. It will document turnover rates by worker type and unit. It will make use of existing exit interviews and other interviews and surveys to identify why people do not succeed (or chose to move on.) In addition, TSG will conduct an original survey of individual who recent left the agency, to assess the key reasons people say they leave—as leaving is the opposite of a career ladder, and important to understand.</p>	
		Comply
PS-41	<p>The bidder should describe how it will develop a comprehensive review that will create a business process map that outlines the current structure of CFS and the intersection with relevant support divisions' operations; including state office staff extending into regional field staff.</p>	X
	<p>Bidder's Response: TSG understands that the agency wants to assure that organization and process are working hand-in-hand to serve the mission. TGS will assess the organization in three manners:</p>	

	<p>1) TSG will review the process maps developed in PS-1, above. These will highlight organizational implications by using “swim lanes” indicating where process changes organizational lines. TSG will look for instances in which certain organizational lines increase hand offs, which in turn add delays, labor, cost and errors. TSG will assess the opportunity for reducing these handoffs through improvements to organization design</p> <p>2) A crucial aspect of assessing the organization will be assess how organization structure effects the beneficiary (as well as new applicant) experience. TSG will document application (and renewal), as well as the other major beneficiary processes to identify ways in which the organization degrades service to beneficiaries. TSG will collect data though talking with beneficiaries about their experience, conducting focus groups with the right mix of beneficiaries and interest groups, and potentially a survey of beneficiaries to determine the nature of issues created by process and organization.</p> <p>3) TSG will identify the touch points between the division and other State organizations. Part of the evidence for this will be the process maps (which will show these as connections on the maps). In addition, TSG will use interviews or small focus groups with select parts of the division to document not only where the touch points are, but the issues and potential improvement opportunities</p>	
		Comply
PS-42	The bidder should describe how it will develop a comprehensive review that will make recommendations on improvement to the Child Welfare system processes, to include technology, training improvements, or other tools to assist CFS workers in state office and regional field.	X
	<p>Bidder's Response:</p> <p>TSG will assist the agency to document: 1) the extent to which recent technology investments have (and have not) improved process in measurable ways, 2) the pipeline of technology investments, 3) what else is not on the division's radar but should be.</p> <p>TSG will assist the agency to understand how current, N-FOCUS, and any already planned technology investments can be assessed, including, one, the extent to which recent technology investments have or have not improved process in measurable ways, and two, the value assessment of current pipeline technology investments. Using that same value assessment approach TSG will then review what else is not on the division's radar but should be.</p> <p>1) TSG will briefly document each of the major technology investments that are integral to the Agency, beginning with N-Focus. This will include investments made directly through agency budgets, State investments that affected the agency, and investments made by partners, such as Promise Ship. TSG will document cost to the State, expected benefit (according to the advance planning) and how the agency has documented actual benefit achieved. This will allow TSG to assess how well the</p>	

	<p>agency is managing its technology investment, and how the return on future technology investments might be improved</p> <p>2) TSG will review with Information Technology staff and the user community any technology upgrades or projects which are already in the pipeline or are being actively considered. This will allow TSG to assess total potential investment currently being considered, specifically considering the potential mission value impact, operational change, staffing and realistic risks. Most state social service agencies struggle with a backlog of Information System enhancement projects which significantly exceed Information Technology staff and other IT resources. TSG will be able to make recommendations about how this limited resource should best be used.</p> <p>3) TSG will conduct a scan of other technology options which might be available to enhance operations and mission achievement. This scan will explicitly include known or likely regulatory or legal changes. This may include technology that other states are implementing or considering. It will also include tools the private and federal sector are using or planning that state child welfare organizations may not yet have incorporated into their planning. This will allow TSG to present a complete vision to improve technology investment and technology utilization – directly linked to improved operations and outcomes.</p> <p>Many technology initiatives do not realize their full potential value because the initial planning underestimates the time, operational and financial resources required for implementation success – training being the most common example. TSG’s assessment will pay attention to the critical implementation requirements for technology to be effectively integrated into operations.</p> <p>Often rollout schedules are not realistic and do not allow time for reacting and adjusting to lessons learned in the early implementation of a new technology. TSG’s review of ongoing, planned and potential technology changes will include realistic implementation planning and timelines within the budget; the review will not just describe an idealized end state.</p>	
Req #	Requirement	Comply
	PROGRAM ORGANIZATION	
PO-1	Describe what methodology will be used to assess the following program management needs:	
	Assess how to safely achieve permanency in a timely manner;	X
	<p>Bidder’s Response:</p> <p>The Stephen Group will conduct a comprehensive data-based analysis of permanency outcomes in Nebraska to inform more precisely where to focus. TSG will request data from CFS on exits to permanency in terms of reunification, permanent placement with relatives, adoption, and aging out. TSG will drill down into each path to permanency, including analyzing the average time to permanency with consideration for Service Area, court/judge, size of family unit, and racial/ethnic status,</p>	

	<p>among others.</p> <p>Depending on the findings, TSG will conduct further research by interviewing staff and stakeholders to identify improvements. The Stephen Group will follow a similar approach to the solution included in response to PS-10, which will include conducting a comprehensive review of the following for each path(s) to positive permanency (defined as reunification, permanent placement with relatives, and adoption):</p> <ol style="list-style-type: none"> 1) Review and assessment of previous strategies to reduce the time to exist – The Stephen Group will interview CFS Central Office staff to gain an understanding of what has been attempted before and the degree of success experienced. 2) Conducting staff focus groups in each Service Area to identify any process or other issues which impact the time to permanency via this path. 3) Interviews with judicial stakeholders – These interviews will identify whether there are any real or perceived barriers locally to achievement of permanency via this path. 4) Staff survey – The Stephen Group may use a statewide CFS staff survey to supplement the focus groups in identifying barriers. 5) Completion of process mapping – This work facilitates the deliberate review of the entire process by documenting each task, the responsible parties, and the sequencing, and aid in the identification of any structural or procedural factors that may delay or prevent achievement of permanency via this path. 	
PO-2	<p>Assess Nebraska’s case management case staffing models and Supervisor training for staff development and case oversight;</p> <p>Bidder’s Response:</p> <p>The Stephen Group has significant prior experience supporting Texas in analysis of its case management staffing model and the redesign of its supervisor training program. TSG supported a team of supervisors, regional administrators, and state office staff who identified core supervisory competencies and created a new training program to be delivered through multiple modalities to support new and existing supervisors. In TSG’s experience, it is important to consider the staffing model when making any changes in how staff are developed and trained. Supervisors must be developed so they can develop their staff. Regional administrators and managers must be developed so they can coach and train supervisors. It is not advisable to make changes to the training of one group of staff in isolation from the others.</p> <p>TSG will conduct a comprehensive approach to assessing how all staff are developed and trained, from regional administrator down to the case manager. TSG will assess any competencies identified for staff development and the curriculum of any existing trainings. TSG will interview staff about their preparedness for assuming job duties and whether there are gaps in how they are developed on an ongoing basis. This could also include use of a survey, should interview findings be inconclusive</p>	X

	or limited. TSG will also consider the recommendations implemented in Texas and determine which, if any, are applicable for Nebraska based on the status of existing supervisor training.	
PO-3	<p>Assess family engagement, assessments where applicable, and CFS case management quality of contacts with children, parents/caregivers, relatives & kin;</p> <p>Bidder's Response: TSG is aware of CFS' goal to become a program driven more by family voice and choice, and that successful engagement of children, biological parents/caregivers, and other relatives/kin is essential to achieve this goal, as well as positive permanency outcomes of family reunification and relative adoption.</p> <p>The Stephen Group recently completed an assessment of the outsource of the case management function in the Nebraska Eastern Service Area (Fall 2018) and one of the factors considered was the effectiveness of the Sub-recipient's family engagement. The Stephen Group consulted a variety of stakeholders on the Sub-recipient's performance including:</p> <ul style="list-style-type: none"> • Nebraska Family Support Network • County Attorney and assistant county attorneys (Sarpy County) • State Executive Leadership for CASA, as well as CASA leadership in Sarpy and Douglas counties • Guardians ad litem • Foster Care Review Board • Providers <p>To assess the adequacy of CFS staff family engagement, The Stephen Group will conduct similar interviews with statewide and regional stakeholders. In addition, TSG will measure overall statewide and Service Area performance on family engagement using available CFS CQI team CFSR case read findings and any available measures. For example, in other states, TSG has used the rate of parental completion of services in a service plan as a way to measure family engagement. Other potential measures relate to visitation and participation in family group conferences. TSG will attempt to collect this data (though some was unavailable in Fall 2018 during the prior assessment) and if it is not available, will offer recommendations on CFS can collect this data and use it to measure family engagement going forward.</p> <p>TSG will also consider how the CFS assesses family needs, which informs case planning and family engagement. TSG will build on our previous Nebraska experience analyzing the content and use of structured decision-making tools (including the Family Strengths and Needs Assessment) and other related assessments that are used to identify family needs and strengths. Although our Fall 2018 report's scope included all decision-making tools (not only those used to assess family strengths and needs), we did examine the tools used to assess family needs and whether they were applied successfully. Some of the relevant findings included:</p>	X

	<ul style="list-style-type: none"> • Nebraska has implemented a suite of structured-decision making tools, which is a best practice, and fidelity to the tools is high. • CFS supervisors have not been trained on how to supervise staff using these tools and may not have internalized the same importance of the importance of timeliness and fidelity to the tools. This represents a gap in ensuring consistency across staff engagement with families. • While the assessment found no significant misuse of the Family Strengths and Needs Assessment (FSNA) tool, a gap identified is that there is no process to analyze how FSNA works to inform the case plan and services and if the result was a good case outcome. The represents a missed opportunity for CFS to utilize a continuous improvement function to drive performance and quality. • There are opportunities to improve engagement of stakeholders on safety, risk, and the SDM tools. While the report focused on legal stakeholders, these tools could also be used to engage families and relatives. <p>In this assessment, TSG will build on previous findings and will not duplicate the prior work. TSG will assess any process improvements implemented by CFS in response to our Fall 2018 report. In particular, we will focus on original that the assessments are not used to their fullest extent as tools of family engagement and to inform case planning, and how to more precisely address this.</p> <p>TSG will also assess the quality of CFS case manager contacts with children, parents/caregivers, and kin/relatives using a variety of methodologies. First, we will review CFS CQI team CFSR review findings over the past year (and more data if available) on caseworker visit with child and caseworker visit with parent (as we are aware that both items are included in the state's current PIP). We will interview CQI staff about these topics, since they have been analyzing the state's performance in this area and are aware of the interventions the state has attempted to use to improve performance. Second, we will ask the stakeholder groups identified above to speak to the quality of case manager visits with children and family members. Finally, if the need arises, we may develop our own case read tool and conduct file reviews and interviews with caseworkers to gain additional information about what is working and what needs improvement in this area.</p>		
PO-4	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Assess stability of workforce of child welfare case management;</td> <td style="width: 30%; text-align: center;">X</td> </tr> </table> <p>Bidder's Response:</p> <p>Past research indicates that common causes of turnover in the human service field include high workloads and inadequate salaries, lack of training and support, stress, and the inability to maintain a work-life balance. Further, changes to technology of recent years has increased workloads, and economic factors have left case management organizations unable to provide salary increases and monetary incentives.</p>	Assess stability of workforce of child welfare case management;	X
Assess stability of workforce of child welfare case management;	X		

	<p>Workforce stability will be assessed through an analysis of turnover, hiring practices, training (including curriculum, content duration, sufficiency, worker impressions) and other factors commonly impacting retention in the field. These factors include but are not limited to: workload (case ratios, responsibilities and job expectations), stress, support and supervision, education, opportunities for advancement, and worker “burnout”.</p> <p>To complete the analysis, worker impressions related to training, stress levels, work/life balance and training sufficiency will be gathered through surveys, focus groups and one-on-one interviews of both new and tenured workers and their supervisors. Case ratios and staffing levels will be used to determine workloads and appropriateness of staffing. CFS job descriptions and Human Resource records will be used to determine whether workers job experience matched expectations when hired, positions are filled in a timely manner and whether staff have the requisite education, skills and experience for the position for which they were hired.</p> <p>Data and information gathered through these process will be used to inform the development of recommendations designed to improve personnel and supervisory practice including, but not limited to: improve hiring practices, promote the accuracy of employee expectations of the job in comparison to the realities of working in child welfare, ensure proper alignment of job descriptions and job responsibilities, validate initial and ongoing training opportunities ensure effective supervisory practices are utilized consistently, and implement meaningful employee recognition programs and efforts.</p>		
PO-5	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Assess whether there exists an effective array of individualized services and foster homes;</td> <td style="width: 30%; text-align: center;">X</td> </tr> </table> <p>Bidder’s Response:</p> <p>The term “service array” typically refers to the range of service options, including methods for coordinating services available to address holistically the individual needs of children, youth, and families, as determined by a thorough assessment, within a geographic area.</p> <p>Services may include family preservation and case management services, out-of-home placement, and permanency planning. The service array consists of the network of all local public, private, faith-based, and nonprofit community-based organizations designed to ensure the safety, permanency, and well-being of children, youth, and families</p> <p>TSG’s approach to assessing the available service array will be based on the individual needs of clients (families and children served) and evaluating these needs in comparison to service availability by service area and, to the degree possible, to individual communities (by zip code based on the availability of data). Service needs will be assessed by compiling data including maltreatment data, placement data, the number of foster homes and capacity in comparison to service referrals made and availability of services in the community. In evaluating the array of available services, TSG will specifically consider:</p> <ul style="list-style-type: none"> • Whether a planful approaches to implementing, providing, evaluating and improving services have been developed 	Assess whether there exists an effective array of individualized services and foster homes;	X
Assess whether there exists an effective array of individualized services and foster homes;	X		

	<p>and implemented.</p> <ul style="list-style-type: none"> • Whether services and supports directly address the needs and strengths of the child, youth, and/or family. • Whether these services and supports are accessible to the children, youth and families of focus. • Whether families and youth are actively engaged in coordinating services and developing service plans. • The degree to which communities and CFS offices collaborate to develop local service arrays and continuums of care. • If culture, race, class, and gender factor into the design and implementation of services or support. • If service providers use strength-based, culturally competent needs assessments to guide case planning. • If individual service plans include service providers who represent diverse agencies and organizations. • The degree to which community-based services are used. • If children, youth and families are served in the least-restrictive, most appropriate setting (within their home) whenever possible • For children and youth placed out of their homes, whether placements are in close proximity to their homes so that children are kept in the same communities and schools when possible. • How service and outcome data is used to inform continuous improvement and changes to the local service array. <ul style="list-style-type: none"> ○ Are services individualized, culturally competent, youth and family driven, and accountable? • The degree to which outcomes and utilization data are used to inform policymakers and drive budget decisions and service system reform. • Service coordination is essential for case planning and service delivery for all children, youth, and families in the target population. • Whether stakeholders (families, community, agency funders, and key leaders) support the array of services available and methods for coordinating services. <p>Foster home capacity will be reviewed by completing a needs analysis and resource family (foster and adoptive homes) needs projection. This "Gap Analysis" will identify specific resource family needs within the communities by identifying the geographic availability, location within specific service areas (proximity to home and school), number, type of home; cultural / ethnic need for resource homes; and the demographic and social characteristics of resource families where children are most likely to achieve and maintain permanency.</p> <p>Information gathered will be cross referenced with case characteristics of children served within the home, including level of care, type and timeliness to permanency, success of child in maintain permanency once achieved. This cross reference will serve to identify specific characteristics of resource families where ASFA and CFSR outcomes meet Federal and State requirements, and where permanency is most likely to be achieved and sustained.</p>		
PO-6	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Assess if there exists an effective array of services and foster homes, whether those services and foster</td> <td style="width: 20%; text-align: center;">X</td> </tr> </table>	Assess if there exists an effective array of services and foster homes, whether those services and foster	X
Assess if there exists an effective array of services and foster homes, whether those services and foster	X		

	homes are available statewide and individualized for each family's needs;	
PO-7	Assess how to effectively exit the IV-E waiver on October 1, 2019 and move directly into the Family First Prevention Services Act; and	X
	<p>Bidder's Response:</p> <p>The approach to completing the analysis required in PO-6, above, has been designed to address whether effective arrays of services and foster homes exist within each area of the state. Further, through the completion of the assessment, TSG will be able to determine whether these services have been individualized to meet each family's needs. TSG's final report will delineate statewide findings by service area and provide recommendations specifically for each area.</p> <p>Bidder's Response:</p> <p>Title IV-E Waivers are scheduled to sunset on September 30, 2019 unless The Family First Transition and Support Act of 2019 is passed. Nebraska's current waiver focused on providing Alternative Response Services to families and children as an alternative to deeper involvement with the child welfare system currently provides between \$34m and \$39m in flexible Title IV-E funding to the state for services and supports to families. TSG has already completed a review of this funding and the scope of staff activities and direct services provided under the waiver. It will be critically important for DHHS / CFS to carefully plan to replace these funds with new funding available through FFPSA if they wish to maintain current budget levels within the state.</p> <p>While FFPSA offers states programmatic and administrative reimbursement for the provision of evidence-based mental health, substance abuse and in-home parenting interventions it is important to recognize that such funding is dependent on multiple factors and limited to 50% federal financial participation for the initial years of the program. Further, under the current waiver, only 12% of families received some type of waiver-funded service while the remainder of families received community-based services or services funded by another payor. Families accessing waiver-funded services received an average of 2.3 services / family at a cost of \$4,917. The majority of waiver funding was expended for direct engagement of families by case worker staff assigned to the Alternative Response program as well as administrative, training and other staff-related expenditures.¹ Even if a significant percentage of these services were aligned with those eligible for FFPSA reimbursement, it appears unlikely that DHHS / CFS will be able to make up the funding loss through service-related claims. As a result, DHHS CFS will have to rely on the ability to shift AR-related activities to ensure they are reimbursable within the context of FFPSA while identifying opportunities to increase claiming for eligible services and activities through other funding sources.</p>	

¹ 2017, Nebraska IV-E Waiver Interim Report, The University of Nebraska–Lincoln Center on Children, Families, and the Law

	<p>To ensure this happens prior to October 1, 2019, TSG will, at minimum:</p> <ol style="list-style-type: none"> 1. Examine the degree to which a comprehensive service and funding model identifying projected expenditures and potential reimbursement has been developed by DHHS / CFS. 2. Examine the existing array of services in comparison to the draft FFPSA plan submitted completed by the state. 3. Identify whether opportunities for reimbursement will meet budget losses created by sunseting of the waiver. 4. Examine statewide implementation and training plans and assess the understanding of FFPSA criteria and requirements of field staff in each of the state's service areas. 5. Use data existing from the statewide scan of evidence-based services completed by CFS and compare those services to service need identified in task PO-5, above. 6. Identify gaps in family prevention needs and available services by comparing needs to services identified in the Title IV-E Prevention Plan as well as those identified through the completed statewide scan. 7. Examine evidence-based services which may effectively fill existing service gaps and recommend the state consider funding the implementation of such interventions. 8. Examine the state's plan to move towards the use of Qualified Residential Treatment Programs (QRTPs) for children in residential care including assessments and training related to validating the appropriateness of the placement and ongoing judicial review and approval of the placement. 9. Ensure appropriate options for placement in a least-restrictive setting are available through: <ol style="list-style-type: none"> a. Review and recommendations related to engaging kinship caregivers, placing children with these caregivers and providing supports through an evidence-based Kinship Navigator Program in accordance with FFPSA requirements. b. Review and recommendations regarding statewide foster / adoptive recruitment plans and ensure they are aligned with best practices as outlined within a framework of Diligent Recruitment and best-practices identified through federally-funded demonstration projects. <p>Findings from this assessment will be used to develop recommendations leading to the effective transition from the existing funding and service environment to FFPSA. Because this task is critical and recommendations must be implemented as quickly as possible, TSG will expedite this activity and provide an initial report and recommendations to DHHS / CFS prior to October 1, 2019. The topic will be more fully addressed in the final report.</p>				
PO-8	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Assess how to deliver economic and community supports for prevention services.</td> <td style="width: 30%; text-align: center;">X</td> </tr> <tr> <td colspan="2"> <p>Bidder's Response:</p> <p>In the current child welfare environment, most services are provided after abuse and/or neglect have occurred, with resources being directed toward out-of-home care or other permanency options, rather than primary prevention services that</p> </td> </tr> </table>	Assess how to deliver economic and community supports for prevention services.	X	<p>Bidder's Response:</p> <p>In the current child welfare environment, most services are provided after abuse and/or neglect have occurred, with resources being directed toward out-of-home care or other permanency options, rather than primary prevention services that</p>	
Assess how to deliver economic and community supports for prevention services.	X				
<p>Bidder's Response:</p> <p>In the current child welfare environment, most services are provided after abuse and/or neglect have occurred, with resources being directed toward out-of-home care or other permanency options, rather than primary prevention services that</p>					

	<p>prevent families from child welfare involvement. Child welfare agencies are increasingly challenged to respond effectively to the complex needs of children and families. The overall lack of collaboration between community-based providers and the public child welfare agency can also limit family awareness of and access to local services and resources that can help support timely, positive outcomes for children and their families.</p> <p>With the passing of the Family First Prevention Services Act (FFPSA), states and tribes are able to use federal title IV-E funding to provide time-limited prevention services to parents to prevent children from entering foster care. Beyond these federal opportunities, communities can create environments and family supports to prevent the initial occurrence of child maltreatment and avoid foster care placement. As a result, child welfare systems are exploring innovative approaches to establish stronger partnerships with community-based providers and supports, thereby broadening the service array and their ability to meet the needs of children and families in new ways, particularly before reports of maltreatment occur.</p> <p>To assess how CFS may better collaborate with communities to deliver economic and community supports for prevention services, TSG will:</p> <ol style="list-style-type: none"> 1. Collect impressions from families and diverse key community stakeholders such as: CFS staff, public assistance staff (Snap, TANF, Medicaid, etc); judiciary, public health providers child support providers; fatherhood programs; home visiting programs; early childhood providers; child care providers; education providers/schools; healthy marriage providers; housing providers; law enforcement; workforce development, business/labor organizations; non-profit organizations; government agencies; philanthropic organizations; mental health and substance abuse providers; and faith- and community-based providers. 2. Gather impressions from youth and parents with experience in the child welfare system as they relate to community-based services and support; 3. Identify commonly available services 4. Identifying population-specific barriers to accessing service; 5. Identifying services gaps in the community; 6. Examine strategies in place for outreach and promotions of these services among the community. 7. Establishing an approach to participate with the designated evaluation TA and other federal-led evaluation activities to better understand how the implementation of proposed strategies, practices, or activities influence the intended outcomes; and 8. Recommend strategies to leverage and coordinate existing services and public funding streams in order to adopt, implement, assess, and sustain effective community-based, prevention-focused services.
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2.2.2. Draft Work Plan

Our approach to completing the work plan will build upon TSG’s work with Nebraska DHHS CFS in the assessment of the Eastern Service Area child welfare provider, knowledge of existing gaps in federal reimbursement for allowable activities, the evaluation of the use of the Structured Decision-Making tool, and implementation of Family First Prevention Services Act requirements. Our extensive experience working with CFS across Nebraska is unequalled and will allow TSG to execute the proposed work plan more efficiently and effectively than any other consulting firm.

For instance, TSG has already determined: *“The Strategic Decision Making (SDM) tools that Nebraska implemented in 2012 have been critical to this effort – allowing the Division of Children and Family Services (DCFS) to identify when the Department case workers need to intervene and when it is no longer necessary due to the achievement of safety and the mitigation of risk. The tools provide a means to assess and document safety and the level of risk in a household throughout DCFS’ interventions and assist in the decision to close a case (i.e., closure of an in-home case, reunification) in a consistent and uniform manner.”*²

TSG understands that CFS’s decision to implement the Safety Organized Practice (SOP) model is a positive case practice innovation that will reinforce the SDM system. We also understand the timing of DCFS’ implementation of the SOP model in conjunction with DCFS’ intention to adjust SDM assessment tools is fortuitous in consideration of the Family First Prevention Services Act (FFPSA) of 2018.

Further, we recognize the importance of understanding cultural diversity, especially across differing races and tribal organizations, and the impact these differences have on the assessment of families and provision of services to these families. TSG’s staff brings specific experience in assessing services provided to tribal organizations and the importance of understanding their traditional values, practices, and worldview in relationship to these services. Specifically, it is important to ensure child welfare programs and workers:

- Exhibit respect for the families and their culture,
- Listen deeply and thoughtfully,
- Strive to understand others’ situations,
- Look to support, honor and maintain tribal relationships,
- Help others whenever you can and to the fullest extent possible, and
- Recognize individuals for who they are, that is, problems or struggles don’t make an individual a bad person; it is not one’s place to judge another, and that challenging life circumstances reflect bad decisions or circumstances beyond one’s control; and these poor decisions do not reflect on the individual’s inherent worth.³

² The Stephen Group, *SDM Design and Technical Assistance Project Final Report*, November 2018

³ <http://www.nrc4tribes.org/Tribal-Child-Welfare-Practice-Findings.cfm>

It is especially important that child welfare professional be committed to keeping children with their families, in their tribal communities and maintaining children's cultural connections.

Finally, we have a comprehensive understanding of CFS' progress on the implementation of FFFPSA and how it will impact ongoing child welfare casework across the state including: the definition of candidacy drafted by the state, status of work groups addressing each aspect of the new law, progress towards development of the Title IV-E State Prevention Plan, selection of evidence-based services and proposed rationale for selecting services for inclusion in the plan, status of Qualified Residential Treatment Providers across the state, and efforts to coordinate the provision of mental health and substance abuse services with Medicaid and Managed Care Organizations in the state.

2.2.2.1. Task 1: Update Project Plan

TSG will deliver a updated project plan within fifteen days of contract execution. The project plan will be reviewed on a regular basis with DHHS CFS and update if necessary and as agreed to between DHHS and TSG project leadership.

2.2.2.2. Task 2: Business Process Mapping

TSG will conduct a series of business process maps that describe current CFS processes showing the intersection with relevant support divisions' operations including state office staff extending into field staff. TSG will investigate process at the state (central) and regional offices. We understand that CFS consists of a Central Office in Lincoln, NE which houses: Research Planning, and Evaluation, Policy and Program Development, five Service Areas, and local offices. Across each of the areas reviewed, TSG will examine specifics related to cultural disproportionality and cultural competencies.

We understand the requirement to conduct Business Process Mapping in each of the Service Areas, to document and evaluate:

- Organizational structure,
- Processes for gathering information and decision making,
- How decisions are documented,
- Whether the correct information is being captured by CFS staff,
- Case management and supervisory roles,
- Identification of current strengths or best practices which can be maintained, built upon and transferred to other regions of the state,
- Evaluation of current processes that include identified issues of concern, gaps in policy and procedure, and areas for improvement,
- How information is used in decision making,
- How performance is measured and accounted for,
- Fiscal responsibilities (including documentation, services provided, eligibility, administrative activities and other factors impacting federal reimbursement),
- Maximizing federal funding sources through referral processes; and,

- Review and assess key performance indicators used by CFS.

To complete the Business Process Mapping in each Service Area, TSG proposes to conduct a structured operational improvement process that will consist of the following steps:

1. Create Structured Interview Guide
2. Select, notify and arrange logistics with local offices
3. Document process in focus groups, using TSG's "brown paper" method (See Attachment B)
4. Conduct structure interviews of local offices
5. Review and discuss performance metrics with office management
6. Conduct a local "brown paper fair" at which TSG will collect and consider a range of input from local office staff
7. Develop a report documenting findings from the various regional offices
8. Develop an overall assessment of CFS processes and internal best practices

Strategies to Review, and Document and Analyze Key Practice Areas

To complete Business Process Mapping as required by DHHS CFS, TSG has developed the following strategy to review, document and analyze key practices, policies, work flows, process efficiencies and performance barriers.

Job Analysis: TSG will assess the roles that each position plays in the business process and consider any changes in staffing as a result of the analysis. The analysis will include:

- An extensive assessment of existing positions and related responsibilities, to improve the overall quality and effectiveness of the CFS system. To achieve this purpose, an evaluation of the current job classifications and how the Department hires, trains, classifies, compensates, and manages their Child Protection Services workforce will be completed
- Evaluate formal job design, the structure and roles and responsibilities compared to the actual functions performed. The analysis and recommendations will capture the critical aspects of the HR system that could warrant substantial changes in order to improve quality and effectiveness. The final report will serve as a resource, providing the guidance from which solutions can be developed and implemented in the next phase of the project
- Review state and regional office work performance by position considering variance by office, cost of each event in the roles work performance, work performance (e.g. cost per investigation), trends. Note, this assumes usable, accurate data is provided by the state—see assumptions
- Compare CFS position descriptions to three "best practice" states and present and comment on differences with recommendations

Stakeholder Input: TSG will work with lead person assigned by CFS to:

- Agree on a list of stakeholder groups and individual stakeholders to communicate with
- Execute a stakeholder communication plan (possibly a web site offering a blog or other method to capture feedback)
- Conduct a series of stakeholder meetings and focus groups to communicate objectives and process of the project, and obtain input
- Work with CFS leadership to develop a “public message” from the project results and communicate it to stakeholders.

Current DHHS CFS Organization: Our organizational review will be driven by a concept that organization should be driven by strategy. Thus, we will work with DHHS CFS leadership to develop an organizational strategy and use that as the basis of our assessment and recommendations. We will:

- Review organization charts for the type of design and span of control
- Discuss organization principles with DHHS CFS leadership – agree on the “best” organizing principles
- Assess the current organization in the context of organizing principles and relationship with other key state agencies
- Consider with DHHS CFS leadership 1-3 alternative organization structures at each of the levels: statewide, region and office
- Assess organizational structures from other states that are “best practice” models and enhance operational efficiency

Information Management: Beyond merely looking at the IT systems, TSG will consider how information is gathered, whether that is the right information, how information is used in decision making, and how decisions are documented. This task will assemble information from various aspects of the field work, and work with DHHS CFS IT personnel to determine what information is provided to investigators as a normal process before each investigation, how that information is accessed and used during the investigation, and how information is kept up to date. In addition, TSG will consider the extent to which the Agency is using innovative technology, such as predictive analytics, structured decision making or other information management tools to enhance the well-being of children and assess performance in a timely and efficient manner.

TSG will also assess the IT systems; TSG will perform a high/mid-level inventory of the technical infrastructure, compiling information on the software and hardware. TSG will utilize existing documentation such as strategic technology plans and DHHS CFS functional/technical documentation to determine the existing state of IT. Documentation review will be augmented with targeted interviews with State IT staff.

Information Technology: We anticipate finding several types of technology supporting field workers as well as management. The TSG project team will conduct investigation from two vantages: user and IT.

- User input will be collected during the field visits. In addition, we will conduct a series of meeting with the IT function that supports CFS. We will:
- Determine the IT system's conformance with industry standards.
- Assess the IT system's progress towards meeting present critical business needs.
- Aligned with and drawn from the field work, with emphasis on mobility and new and improved innovations and systems/devices that allow for multi-functional use

We anticipate the scope of this assessment to include:

- Management and performance reporting
- Taking inbound calls (e.g. call center)
- Prioritizing, scheduling and assigning investigations
- Case data
- Case management
- Telecommunications with field workers
- Performance and compliance reporting

Performance Measurement and Management: TSG will determine how metrics are used as part of its overall personnel management practices. We have found that in other states, metrics when misapplied can “backfire”, actually decreasing performance. Accordingly, we will review historic performance with an eye to what can be learned from differences in performances in offices and regions. We will look to proven methods of “best practice” that enhance accountability:

- Assess state-wide, region and office-level performance metrics
- Assess performance management processes, based on office interviews
- Review other “best practice” state performance metrics and management practices and identify areas of needed accountability
- Document CFS' method for launching, managing, and assessing corrective action plans related to systemic quality issues

TSG will work with the Agency to assess how the quality of investigations and other work is defined, assessed, managed and improved. The project team will document systems support currently provided field operations including, performance objectives, performance measurement, performance assessment, continuous quality improvement plans and implementation and communication tools.

Policy Development, Communication, Revision and Enforcement: TSG will look both at the content of policy and how it is managed across the Agency:

- Review the format of CFS policy, as it is used in the field. Review changes that have been made over the past 36 months and how changes are implemented in the field statewide

- Review how policy questions from the field are addressed: forum, how responses are indexed and promulgated throughout the field
- How policy errors are addressed: what individual and systemic measures are used to learn from mistakes
- Review compatibility of staff training with CPF policy.
- Assess the alignment of policy with practice in the field

Internal and External Benchmarking to Identify Best Practices: Together with CFS leadership, the project team will:

- Agree on a set of frameworks, policies, practices, metrics and other considerations on which to benchmark CFS with other states
- Conduct an informal benchmark study of 3 other states CFS operations. This will compare the states on a list of practices and policies agreed in advance. TSG will work with DHHS CFS to develop a summary report of identified practices from across the state.

Training and Personnel Development at all Levels: Classroom training is only one method of training...and possibly the weakest tool in the toolkit. Accordingly, TSG will investigate how the Agency recruits, on-boards, trains, and refreshes the skills at each level. In the past, we have found that leadership training is an especially important window into organizational capability and performance. Accordingly, we will:

- Document the current training curriculum including training venues and curriculum management and course registration. Assessment current training programs against the job requirements of position descriptions
- Document the skill development program other than training—such as on the job training or outside conferences
- Review a sampling of the records of individual training experience against the training requirements
- Review use of on-line training and collaborations with Universities and other institutions of higher learning

How Investigation Decisions are Made: At the core of DHHS CFS operations is how workers make decisions that will enable CFS to support families in creating safer homes for children. We will therefore assess:

- CFS' overarching decision-making framework to assess and make decisions about children and families: What are the decision-making criteria for investigations, assessing families, creating safety plans, determining if the family is appropriate for 1) Alternative Response, 2) In-home services (with or without judicial supervision), or 3) Out-of-home care (kinship care, foster care placement, or residential placement)? Who makes the decision, what role does the chain of command play, and who has decision review responsibility? Is consultation sought and under what

circumstances? Are the criteria well understood in the field? Do policy and practice align with the overall approach? How does the CFS framework compare to that of other states and CFS organizations?

- Use of Structured Decision-Making tools to evaluate field staff are using the most appropriate level of intervention with effective engagement strategies. TSG will evaluate ensure that research proven interventions and strategies are selected to meet the most prevalent needs of families and to ensure child safety.
- How decision-making by CFS staff aligns with policy and to assure that the field is employing analytical thinking and meaningful engagement skills. CFS workers have tremendous authority and responsibility and our proposal will equip them to be responsive and take responsibility for the outcomes.

Cost of Present Practices: TSG will review and assess statewide, regional and office cost trends. This will include a review of total costs by service area, service unit and other appropriate units of measure as agreed upon with DHHS CFS. TSG proposes to obtain and calculate unit costs by unit over a period of 36 months to support consistency in calculations and limit any variations which may be cause by one-time cost anomalies.

Maximizing Federal Revenue: Maximizing federal reimbursement for allowable services is a complex task requiring a thorough understanding of eligibility requirements, documentation standards, and data collection protocols. TSG's experienced staff will review DHHS CFS policies and procedures to ensure services are claimed to the appropriate funding source(s) and documentation supports existing claims. The review will include an assessment of procedures at the Regional level to validate consistent and accurate application of policy. Through this approach TSG will assess the accuracy of eligibility procedures, validate staff understanding of required documentation and verification protocols and identify potential opportunities to maximize federal revenue in the areas of Title IV-E, TANF, and Social Security. TSG will look at the current service, structure, scope and volume, including administrative allocation, direct service provision claiming, cost allocation plans, reimbursement to determine if there are any gaps to claim additional funding and services. TSG has team leaders who are experienced in helping states with maximizing Title IV E funding. We will use this expertise to assess the Nebraska DCFS child welfare system practice. We will also use our prior knowledge of aspects of the Nebraska system, learned through the ESA outsource assessment, to identify areas of underclaiming for services, activities and associated administrative costs.

Family First Prevention Services Act (FFPSA) Readiness: TSG will build upon existing knowledge of initial preparations made by Nebraska DDHS to Implementation FFPSA in October 2019 (FFY2020). Specifically, we will look at financial aspects of the implementation (loss of waiver funding, potential reimbursement for evidence-based mental health and substance abuse, kinship navigator services, QRTP, etc.), tools for assessing families and creating safety plans, required QRTP assessments, status of the service array (type of service, availability and scope), related training provided internally within DHHS CFS and externally (courts, judiciary, legal services, stakeholders, etc.), coordination with Medicaid and Managed Care Organizations, and ability to document service provision in accordance with federal requirements.

TSG's Approach to Business Process Mapping

TSG will approach this task with four overarching principles: 1) work should be designed to reduce non-value added activity, 2) work should be performed by individuals with the best first-hand knowledge with the training and skills to make appropriate decisions, 3) individual capabilities should match the tasks assigned, and 4) individual performance should be measured and managed.

These principles are assessed based on face to face staff business process mapping sessions; review of current organization of work tasks, position descriptions, and supervision; targeted current data analyses; review of current personnel development and training methods; and review of other state best practice resulting in reporting on Findings, Recommendations, and Implementation Strategies. This approach has been successfully used with our comprehensive Transformation work for Texas DFPS/CPS and recent SDM and Out-Sourcing Assessment projects in Nebraska.

- **Reducing non-value added activity:** As part of evaluating business processes (PS-1, above), TSG will identify the value added in each process. TSG will use swim lanes in the process descriptions to identify common non-value added activity such as those resulting from handoffs, errors, bottlenecks and delays. It will identify those positions that are either the primary drivers of non-value added activity, or whose job it is to complete the tasks that are non-value added. These positions will be scrutinized to identify how the processes could be improved in a way that reduces non-value added work in order to eliminate the work required by the positions identified. TSG will accumulate the positions that could be impacted and recommend actions. Based on prior business process mapping experience, TSG will specifically assess the time that case workers are spending with children, families and collaterals and reviewing how much time is spent on administrative work.
- **Staff Decision Making:** TSG will identify for each work process what are the key decisions to be made or services to be performed (the value-add), and determine the nature of skills required, were the worker provided sufficient latitude to do the work. Many times, work is chopped into so many pieces (each involving a hand off), that more time is spent organizing the work than doing it. In the course of conducting this assessment, TSG will identify where work rules or superfluous supervision detract from mission/beneficiary/outcome achievement. TSG will suggest where changes to work rules, supervision, and training could increase both performance and outcomes. In addition, the current functionality of IT/NFOCUS,

apps, and smart phone use will be assessed from the perspective of value added/non-value added to the current business processes in place as well as recommendations for future improvement. In the end, we will determine in the course of business if the right people are making the right decisions on cases.

- **Skills:** TSG will identify the skills required for each value-added work documented in the process documentation. This will tie to a list of skills documented for each individual in the capabilities grid described in section xxx, below.
- **Performance Measurement:** TSG will assess the methods now used to measure individual performance specifically in achieving mission and service to beneficiaries (i.e. the value added, identified above). TSG will identify the areas in which measurement currently falls short of (or even mis-guides) effective measurement of individual contribution to the mission. TSG will define and illustrate how process assessment and required skills can better link personnel development and management to mission achievement. Beyond individual performance, TSG will assess how data systems collect individual performance metrics to allow regional and state leadership to assess and identify trends, staffing concerns, and other hot spots.



Figure 1: Child Welfare Brown Paper Process Mapping Session – Texas CPS

TSG will produce all Business Process Maps using the standard process mapping protocols and notation. Accompanying narratives will be included when necessary and appropriate. To this end, Microsoft Visio™ will be used by all team members to develop Business Process Maps in this format.

Typically, our project team employs a four-step approach to business process mapping, which includes:

1. **Process identification:** Attaining a full understanding of all the steps of a process.
2. **Information gathering:** Identifying objectives, risks, and key controls in a process.
3. **Interviewing and mapping:** Understanding the point of view of individuals in the process and designing actual maps
4. **Analysis:** Utilizing tools and approaches to make the process run more effectively and efficiently.

The Brown Paper Process will be used to collect information and validate existing workflows with stakeholders (Steps 1-3).

The Brown Paper method of process documentation employs a small (often 6-8) focus group in each subject office. The focus group includes rank-in-file workers who know what actually happens in the field. Over 3-4 days, the team identifies the process steps and determines: inputs and outputs, delays, handoffs, system use, external communication, and storage and filing. After completing these, the focus group considers potential improvements. Finally, the focus group talks office leadership through the processes and obtains leadership input into potential improvements. In addition, most clients find it beneficial to conduct a “brown paper fair” at which the brown papers are displayed prominently in the office, allowing every person in the office to look at the processes, and post comments using post-it notes. TSG will document the brown papers as pictures in PDF format. (For a modest extra fee, TSG would also prepare As Is and To Be with individual objects in PowerPoint or Visio.) The picture below shows a team member presenting a “walk through” with senior management:

TSG’s methodology to analyze the information (Step 4. Analysis) is grounded in Business Process Architecture using cross-functional flowcharts with sufficient detail to identify process facilitators, gaps, barriers, or inefficiencies. Commonly used in Lean Six Sigma, the methodology will allow TSG to create “as-is” and recommend “to-be” process maps which will allow CFS to support and achieve important business goals in a timely and efficient manner.

TSG will use a variety of mapping techniques (including, System Maps, Top Down Logic Flow Chart, Block / Logic Diagram, Activity Chart, Workflow Diagram, or Cross-Functional Flowchart) based on the factors including, but not limited to:

- Audience:
 - Who is going to review the map and what is their need?
- Intent:
 - Diagnose: Identify root cause, "what" is wrong,
 - Regulatory compliance: Determine compliance with rules or regulations,
 - Improve existing processes performance: Ensure consistent outcomes,
 - Value / Cost analysis: Does the process add value and is it cost efficient, and;
 - Education / training documentation: For use in training employees,
- Gap:
 - Is the process:
 - Too expensive,
 - Too slow, or
 - Inefficient.

For instance, TGS will use a Cross Functional (Gravity Flow) Process Map using vertical swim lanes to identify process inefficiencies. The following examples provide “as-is” and “to-be” work flows leading to process improvements including increased efficiencies and reduced cycle time.

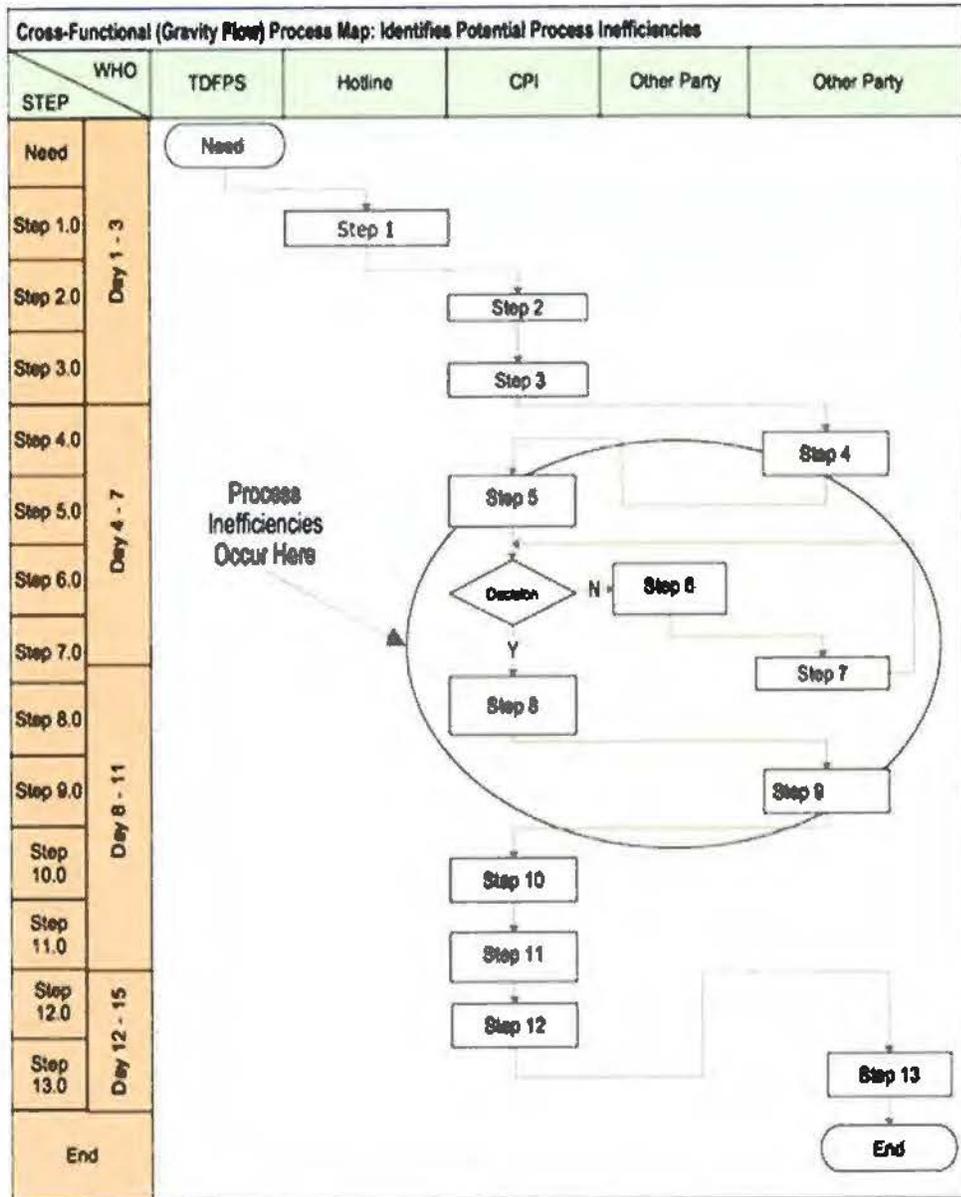


Figure 2: Example As-Is Business Process Workflow (Six Sigma)

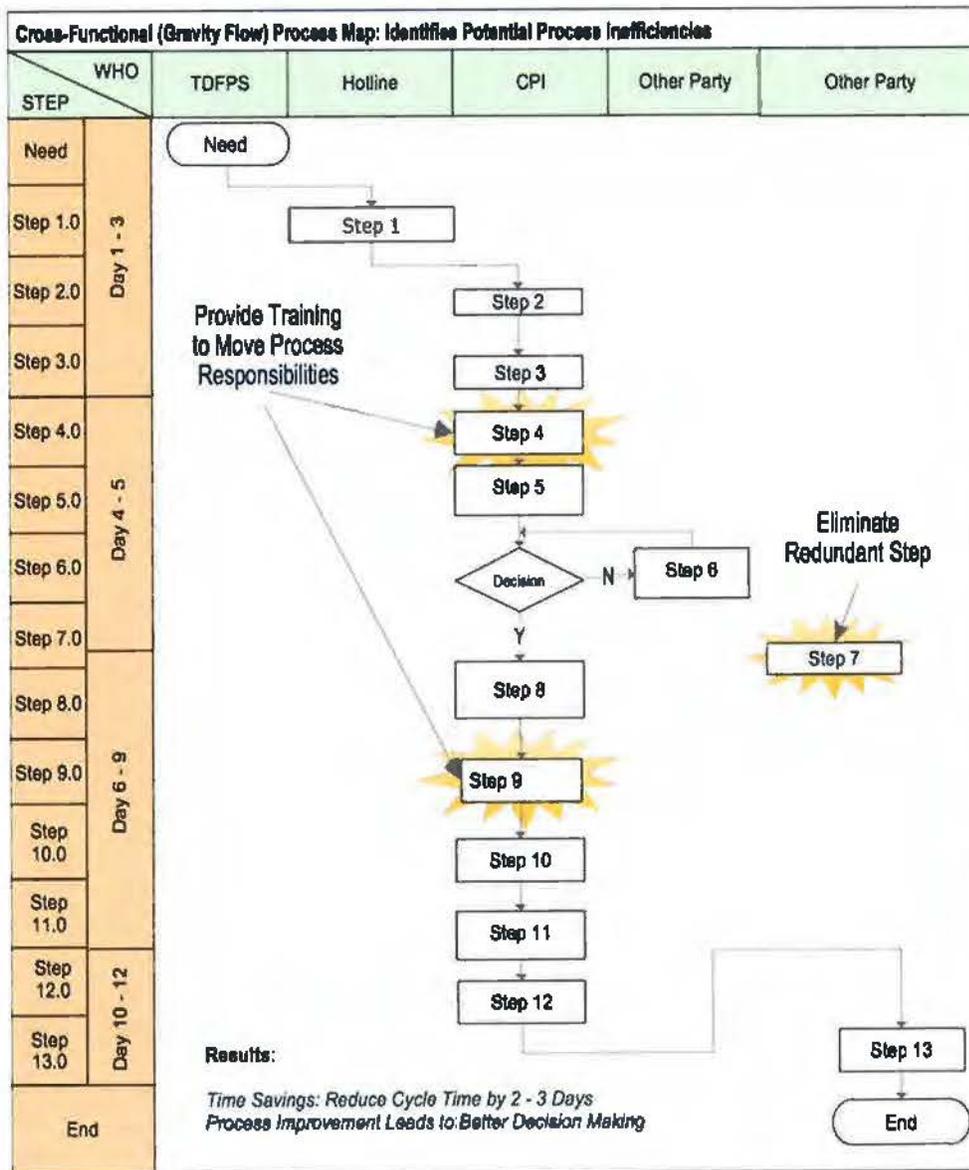


Figure 3: To-be Business Process Workflow (Six Sigma)

Finally, TSG is accustomed to developing deliverables in a manner consistent with customer requirements. The following are two varied examples of process maps developed in compliance with individual customer standards.

2.2.2.3. Task 3: Recommendations

TSG will deliver an improvement strategy with specific recommendations to address identified process deficiencies, inefficiencies or improvements and to streamline procedures, case progression, and workflow along with rationale about how and why this improvement is needed. The improvement strategy will:

- Summarize Recommendations into a series of structured recommendations
- Identify the business case and cost efficiencies gained by implementing the recommendations in the long term.
- For each, document: key implementation steps, benefits to be derived through implementation of the recommendations, timing and risks.
- Develop a stakeholder map defining the key players through implementation.
- Develop a chart defining roles and responsibilities in implementation.
- Summarize the business case for all recommendations into a spread sheet
- Recommend the budget requirements for implementation.

For each recommendation, TSG will present a proposed implementation plan, which will include:

1. A work breakdown structure that includes each short and long-term recommendation, an implementation date, key implementation steps, and responsible parties/transformation teams. Each recommendation will include a Scope of Work utilizing hourly costs bid for Phase 2 for review and approval. It will include resources needed, tasks to be performed, timeframes and a cost benefit analysis.
2. A value-added Communication Plan, to include formation of a team responsible for developing tailored communications over the life of the transformation period. These messages would be developed for staff and stakeholders and designed in the ways they prefer to receive information (via email, text, through staff meetings/announcements from supervisors). This team will include a cross-section of staff including Central Office and regionally-based staff, across functional areas/roles. These staff will serve as “champions” for the change and fac

For each work stream, the work breakdown structure will include a task to validate that the process changes have occurred and are having the intended effect(s). This could include using performance measures or collecting qualitative data through staff focus groups. There may be variations in how initiatives are implemented statewide or issues that emerge that are localized to one Service Area. Regular feedback as part of a continuous quality improvement approach will help to refine the process or practice changes over time and increase the likelihood of their long-term adoption and success.

Final Recommendations Report

The final report will include the following components or sections.

Internal and External Best Practices: Based on the field work, identify those areas of current CFS operations in which there are significant differences office to office—and identify the best of the alternatives, why that approach is better, and what the potential impact on CFS would be from embracing that approach. As part of this consideration, we will assess the level of variation statewide – and consider the potential implications of more standard practice.

Based on the external benchmark study identify the best practices, why those practices would improve what CFS does today, and what the potential impact on CFS would be from embracing that approach. Business processing, decision-making, case work, external relationships and ancillary services will be considered.

Process Improvements: Processes are best improved through a grass-roots based continuous improvement program. During Phase 1, TSG will document many great process improvements. This will be based on an analysis of the state and regional offices. Thus, the role of the assessment is to identify the key process elements to be changed, provide general direction for process improvement, prioritize processes for improvement, and charter a continuous improvement program that will be conducted throughout the implementation in Phase 2. We will:

- Agree on the processes most in need of improvement, describing the effect of the "as is" challenge on clients, employees and stakeholders.
- Based on the field work, define the processes that are most in need of improvement, alternatives for improving them, potential benefit and costs of an improvement program.
- Recommend key elements of the "to be" processes.
- Design a continuous improvement program to launch during implementation.
- As key elements of process documentation, the project team will identify the most frequent types of errors, and the most important sources of delay in investigations and services delivery. These will provide the basis for a continuous improvement program to be developed during Task 2 and implemented during Phase 2, implementation.
- Document sources of measurements for both errors and delays (defined above).

Hiring and Personnel Development Practices: A formal validation of competencies will be completed as part of the project and the characteristics identified will provide a solid framework to develop a more accurate profile designed to improve recruitment, selection, and on-going development interventions. TSG will define future improvements to how CFS builds, retains and skills its team:

- Recommendations on opportunities to improve staffing levels through changes to work assignment, process, decision making and job description.
- Any apparent mismatch between training curriculum and job requirements.
- Further assessment of inadequacies in training requirements (without respect to formal job requirements) and recommendations on how to improve same.

- Assessment of training experience: have CFS employees been fully trained according to their job requirements and recommendations on how to improve same.
- Assess the method by which training effectiveness is evaluated, both individually and systemically.
- Recommend ways in which to reward employees and also ensure staff retention.
- Recommendations on management and supervisory training.

Staffing Levels, Job Titles and Job Descriptions: TSG may consider alternative approaches to assigning staffing level per units of production (e.g. investigations or placements). Determine the root causes of why some offices appear to be more efficient than others:

- Develop an “ideal” staffing size based on the above analysis.
- Consider alternate staff size models based on organizational alternatives
- Turnover and the root causes of turnover.
- Review the swim lanes in the process documentation: does there appear to be excess use of handoffs. Assess, are handoffs a source of unnecessary process delays?
- Evaluate current job descriptions against the process documentation: are job descriptions accurate?
- Consider models for adapting job descriptions to reduce layers and improve clarity.
- Consider the potential for improving staffing levels by eliminating process inconsistencies and delays identified through the field work.
- Consider the potential for improving the staffing model if internal and inter-state best practices were adopted.

Continuous Process Improvement: TSG will use the process mapping conducted during the Task 1 Assessment to define a new continuous process improvement program that CFS will launch during Phase 2: Implementation and continue to operate long after Phase 2 is completed. Or recommendations will be based both on the findings of the assessment, and on the principles of Lean Six Sigma, a recognized method for continuous process improvement. We will:

- Identify staffing requirements for the core team of the continuous improvement program.
- Identify the method teams will use: i.e. how they will adapt and employ Lean Six Sigma.
- Define the sources and methods of data collection for both errors and delays.

System, Communication IT and Other Tools Needed to Assist CFS Workers: We will develop recommendations that present a vision of how CFS workers can better use technology to build family safety. Each recommendation will be supported by description of how the technology will change operations to allow CFS to better assist families to improve child safety. While TSG will largely focus recommendations on user requirements, it will also recommend a high-level description of the proposed technology solutions. Recommendations will stop short of

providing a detailed technology plan or cost justification, which should be developed through a separate project leading to a funding request. We will:

- Summarize IT needs as identified in the field and prioritize them based on business impact and evaluate how system mobility can increase future worker productivity, including in virtual environments.
- Document and assess the IT needs that remain on the list of outstanding IT maintenance items—identify the business case for the most important and prioritize them based on business impact.
- Analyze the existing IT system (N-Focus) to see where it is aligned or misaligned with the desired business needs.
- Emphasis to be given on technology advances and affordability.

Revisions to Policies and Procedures: TSG will recommend practical approaches for improvement the methods by which policy is kept current and administered:

- Improvements to overall policy—does CFS have a useful and up-to-date framework for addressing children and families in need?
- Specific areas in which improvements are needed in the current policy manual: to what extent are field workers making decisions that should be, but are not guided by policy that is presented in useable format
- Improvements to the practices used for policy update: how to improve on the current process for keeping policy up to date, and how answers to policy questions are disseminated effectively throughout the system
- To what extent do field workers depend on the Agency’s policy document in their daily work?

Organizational Structure Both Regional and State Office: TSG will describe the best organizational structure to achieve the Agency’s goals:

- Consider organization alternatives identified during the documentation phase to present advantages and concerns about each.
- Recommend one best organizational alternative that will increase the efficiency of the organization.

Performance Measures and Accountability Tools: TSG will propose improved approaches to measuring evaluating unit and individual performance:

- Measures based on the concept of Balanced Score Card.
- Performance management practices that are used in “best practice” states under the information obtained in Task 1.

Sourcing Model: As appropriate, TSG may define the aspects of operations that are suited for outsourcing, especially those that could be improved through public-private partnership, the re-insourced. We will recommend:

- Ideal balance of sourcing inside and outside the state payroll.
- How best to incorporate other state “best practice” models.
- For each potential change in sourcing (bringing in or sending out), the potential for improvement to cost, performance and quality of service.

Stakeholder Input: Stakeholder input will be considered in the development of all recommendations and be presented to After listening to stakeholders during the Assessment phase, TSG will:

- Summarize stakeholder input in a report for DHHS and CFS leadership.
- Work with DHHS CFS leadership to report back the key messages from stakeholders
- Recommend a process for including key stakeholders in implementation.

Revenue Maximization: TSG will provide a detailed summary of findings and recommendations related to federal claiming including areas for improvement, improved allocation strategies, potential to claim retroactive reimbursement, the impact of the loss of the Title IV-E waiver and potential for claiming reimbursement under FFPSA. TSG will also summarize opportunities for maximizing federal revenues (including, but not limited to Title IV-E, TANF and Social Security) and provide recommendations to DHHS CFS. Recommendations will include potential changes to state policy and identify compliance and training needs identified at the Regional level.

For any quick wins, we intend to work with the DCFS financial manager during the project as we identify areas so as to not wait until the final recommendations. We will also make recommendations for retroactive reimbursements if costs not claimed during allowable time frames are identified.

2.2.3. TSG’s Approach to Phase II: Implementation

To implement recommendations made in Phase I, TSG’s project team will work with DHHS CFS leadership to develop an implementation plan that identifies how to make immediate and longer-term changes. This will include timelines, the required resources to execute the change, and key communication messages to facilitate the shift to an improved way of working:

- Work breakdown chart for each aspect of an implementation plan
- Milestone chart including each recommendation
- Recommend the idea use of outside consulting resources throughout implementation

2.2.4. Value-Added Benefits

TSG proposes to come alongside DHHS CFS leadership to conduct a broadly-scoped operational review:

- Developed by senior professionals experienced with improving Child Protection Services...not a pyramid of mostly junior consultants

- Providing hard data as well as input from the rank and file...not merely the opinions of so-called national experts.
- Partnering with CFS leadership to reflect the realities of DHHS CFS and Nebraska's political environment.
- An understanding of the importance of cultural diversity across populations, especially tribal organizations.
- Working at the top level as well as in the details: what changes to policy and legislation can better enable CFS to help families build safer environments for children.
- Developed and implemented in consideration of Nebraska's current objectives and progress surrounding implementation of the Family First Prevention Services Act (FFPSA).

Then, together we will make a plan that will guide fundamental improvement of CFS people, processes and technology. Not just ideas in a report, but real changes that CFS can start now...measure the difference in months...and witness a lasting improvement. Some of the unique elements of value our proposal will uniquely add include:

- Continued collaboration and recommendations related to the continued development and implementation of FFPSA related services, processes, standards, policies and procedures.
- Deep interaction with field workers will provide an unparalleled window into how things really work.
- Providing a better window into "the numbers" by looking at the three perspectives: cost, personnel and operations performance. We will provide trends over time, in-office ratios, interoffice comparisons and individual performance measures.
- Bringing input from other states as well as internal best practices. Best practices are not merely "good ideas"; rather, they are approaches that have been proven to really improve families' ability to provide a safe environment for the children. This is not opening the "suggestion box". Rather, it is identifying things that really work.
- Recommendations based on the notion of building within DHHS CFS a method of continuous improvement using Lean Six Sigma. CFS is not well served by a big project involving lots of consultants telling field workers how to get better. We have found that the best way to implement change is to let the field lead it. However, they need to learn and execute through a set of guiding principles. Accordingly, we will help CFS develop an implementation plan that is fast, returns immediate results, and can be sustained for the foreseeable future...rather than a one-time consulting project.
- Assisting CFS leadership to learn and discuss the best current thinking on "Managing and Leading Change". We will draw on workshops we have conducted successfully in other states.

2.3. Deliverables and Due Dates – Draft Project Timeline

TSG's approach to completing work required in Tasks 1, 2 and 3, including beginning and end dates, assigned staff and critical deliverable due dates are provided in the following chart. In accordance with the requirements of the RFP, an updated, detailed project plan will be provided to DHHS within fifteen (15) days of contract execution.

Task	Start Date	End Date	Responsibility	Duration (Days)
Contract Award (Execution)	8/15/19	8/15/19	DHHS / TSG	Milestone
Contract Start Date	8/30/19	8/30/19	DHHS / TSG	Milestone
Phase 1: Task 1 - Revise Detailed Project Plan	8/16/19	8/30/19		15
<i>Update Project Plan (Due 15 Days after Contract Execution)</i>	8/16/19	8/30/19	TSG	15
<i>Submit Revised Detailed Project Plan</i>	8/30/19	8/30/19	TSG	Deliverable
Project Start-Up	9/2/19	9/3/19		2
<i>Project Kickoff Meeting</i>	9/2/19	9/3/19	DHHS / TSG	2
<i>Review Scope of Work / Agree to Final Schedule & Deliverables</i>	9/2/19	9/3/19	DHHS / TSG	2
Executive Updates (Bi-Weekly)	8/30/19	12/13/19		106
Phase 1: Task 2 - Business Process Mapping	8/30/19	10/29/19	TSG	61
<i>Data Requests to State</i>	9/4/19	9/4/19	TSG	Milestone
<i>Receive Data</i>	9/18/19	9/18/19	DHHS	Milestone
<i>Data Analysis</i>	9/18/19	10/2/19	TSG	15
<i>FFPSA Transition Recommendations "Quick Wins Report"</i>	8/30/19	9/20/19	TSG	21
<i>On-site Business Process Mapping Sessions Central Office</i>	9/9/19	9/23/19	TSG	15
<i>On-Site Business Process Mapping Sessions Field Offices</i>	9/23/19	10/16/19	TSG	24
<i>Develop Business Process Maps</i>	10/16/19	10/29/19	TSG	14
<i>Deliver Business Process Maps Deliverable to DHHS</i>	10/29/19	10/29/19	TSG	Deliverable
Phase 1: Task 3 - Recommendations	10/29/19	12/13/19		46
<i>Compile Information from Site Visits</i>	10/29/19	11/13/19	TSG	16
<i>Develop Report</i>	11/13/19	11/29/19	TSG	17
<i>Preliminary Recommendations (Draft) Report to DHHS</i>	11/29/19	11/29/19	TSG	Milestone
<i>DHHS Review and Return Recommendations to TSG</i>	11/29/19	12/6/19	DHHS	8
<i>Modifications to Report Based on DHHS Feedback</i>	12/6/19	12/13/19	TSG	8
<i>Develop and Submit Final Report to DHS</i>	12/13/19	12/13/19	TSG	Deliverable
Phase 2: Implementation	TBD	TBD	DHHS / TSG	TBD

Appendix I: Terms and Conditions

II. TERMS AND CONDITIONS

Bidders should complete Sections II through VI as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the RFP, bidder 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 bidder 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 RFP. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this RFP.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the contract. The State will not consider incorporation of any document not submitted with the bidder'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 RFP Response (Initial)	NOTES/COMMENTS:
GS			

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

1. Request for Proposal and Addenda;
2. Amendments to the RFP;
3. Questions and Answers;
4. Contractor's proposal (RFP 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 RFP and any Questions and Answers, 4) the original RFP 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 RFP Response (Initial)	NOTES/COMMENTS:
gs			

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 or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.

C. NOTICE POINT OF CONTACT (POC)

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

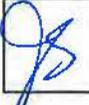
The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. 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

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

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

F. CHANGE ORDERS

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

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the RFP. 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.

G. NOTICE OF POTENTIAL CONTRACTOR BREACH

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

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.

H. BREACH

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

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

I. NON-WAIVER OF BREACH

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

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.

J. SUSPENSION OF SERVICES

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

DHHS may, at any time and without advance notice, require Contractor to suspend any or all activities provided under this Contract. A suspension may be the result of a reduction in federal or state funds, budget freeze, emergency, contract compliance issues, investigation, or other reasons not stated here.

1. In the event of such suspension, the DHHS Chief Operating Officer/Contract Administrator or designee will issue a written Stop Work Order to the Contractor. The Stop Work Order will specify which activities are to be immediately suspended, the reason(s) for the suspension, and, if possible, the known duration period of the suspension.
2. Upon receipt of the Stop Work Order, the Contractor shall immediately comply with its terms and take all necessary steps to minimize the incurrence of costs allocable to the work affected by the order during the period of suspension.
3. The DHHS Chief Operating Officer/Contract Administrator or designee may extend the duration of the suspension by issuing a modified Stop Work Order which states the new end date of the suspension and the reason for the extension.

4. The suspended activity may resume when (i) the suspension period identified in the Stop Work Order has ended or (ii) when the DHHS Chief Operating Officer/Contract Administrator or designee has issued a formal written notice cancelling the Stop Work Order or directing Contractor to resume partial services.
5. If a deadline for submitting a deliverable is impacted by the suspension of any activity, then upon resuming the suspended activity, the deadline for submitting the impacted deliverable must be extended by the number of days an activity was suspended.

K. SEVERABILITY

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

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.

L. INDEMNIFICATION

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

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 RFP.

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 (§81-8,294), Tort (§81-8,209), and Contract Claim Acts (§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. ALL REMEDIES AT LAW

Nothing in this agreement shall be construed as an indemnification by one Party of the other for liabilities of a Party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this lease. Any liabilities or claims for property loss or damages or for death or personal injury by a Party or its agents, employees, Contractors or assigns or by third persons shall be determined according to applicable law.

6. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

M. ATTORNEY'S FEES

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

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 order by the court, including attorney's fees and costs, if the other Party prevails.

N. RETAINAGE

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

CFS will withhold ten percent (10%) of Phase 1 Task 1 and Phase 1 Task 2 payments due as retainage. The entire retainage amount will be payable upon successful completion of Phase 1 Task 3. Upon completion of Phase 1 Task 3, the Contractor will invoice the State for any outstanding work and for the retainage. The State may reject the final invoice by identifying the specific reasons for such rejection in writing to the Contractor within forty-five (45) calendar days of receipt of the final invoice. Otherwise, the project will be deemed accepted and the State will release the final payment and retainage in accordance with the contract payment terms.

O. REMEDIES FOR NONCOMPLIANCE

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

DHHS may, if Contractor fails to comply with federal statutes, regulations, Title IV-E state plan, or with the terms of the contract:

1. Impose any of the Specific Conditions listed in 45 CFR § 75.207;
2. Temporarily withhold any payments pending the correction of the deficiency by Contractor;
3. Disallow all or part of the cost of the activity or action not in compliance;
4. Wholly or partly suspend or terminate contract (see also Termination, below, and Breach, above);
5. Recommend suspension or debarment proceedings be initiated by the Federal Funding Agency; and
6. Take any other remedies that may be legally available.

If DHHS imposes items 3, 4, or 6, above, DHHS may withhold future payments, or seek repayment to recoup costs paid by DHHS, or both.

Failures to comply include, but are not limited to, Contractor's inability to meet or exceed the federal standards contained in Family First Prevention Services Act (FFPSA). If this, or any other failure by Contractor to comply with any federal statute, regulation, Title IV-E state plan, or term of this Contract, is a proximate cause of any reduction in federal funds to DHHS, DHHS may disallow costs under this Contract in an amount up to DHHS' reduction in federal funding.

Nothing in this section shall limit any other legal remedies available to DHHS.

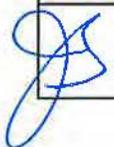
P. ASSIGNMENT, SALE, OR MERGER

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

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

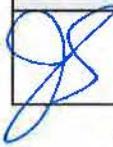
The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is 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.

Q. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS

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

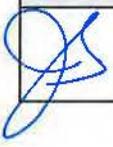
The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant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

R. FORCE MAJEURE

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

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.

S. CONFIDENTIALITY

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

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.

T. 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.

U. LONG-TERM CARE OMBUDSMAN (Statutory)

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

V. EARLY TERMINATION

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

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.

W. CONTRACT CLOSEOUT

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

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 Contractor, person or entity in the assumption of any or all of the obligations of this contract;

5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

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

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

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

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 bidder'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 RFP Response (Initial)	NOTES/COMMENTS:
			

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/purchasing.html>.
The completed United States Attestation Form should be submitted with the RFP response.
2. 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.
3. 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 services to be covered by any contract resulting from this RFP.

D. COOPERATION WITH OTHER CONTRACTORS

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

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 RFP Response (Initial)	NOTES/COMMENTS:
			

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 RFP Response (Initial)	NOTES/COMMENTS:
			

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 RFP Response (Initial)	NOTES/COMMENTS:
			

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 two (2) 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 two (2) years following termination or expiration of the contract.

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

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

1. WORKERS' COMPENSATION INSURANCE

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

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

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

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

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
Independent Contractors	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
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	\$5,000,000
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."	

If the mandatory COI subrogation waiver language or mandatory COI liability waiver language on the COI states that the waiver is subject to, condition upon, or otherwise limit by the insurance policy, a copy of the relevant sections of the policy must be submitted with the COI so the State can review the limitations imposed by the insurance policy.

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Service
Division of Children and Family Services
Attn: CFS Contract Administrator
301 Centennial Mall S., 3rd Floor
Lincoln, NE 68509

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. ANTITRUST

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

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.

I. CONFLICT OF INTEREST

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

By submitting a proposal, bidder certifies that there does not now exist a relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this RFP or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or an appearance of conflict of interest.

The bidder certifies that it will not knowingly employ any individual known by bidder to have a conflict of interest.

The Parties shall not knowingly, for a period of two years after execution of the contract, recruit or employ any employee or agent of the other Party who has worked on the RFP or project, or who had any influence on decisions affecting the RFP or project.

J. SITE RULES AND REGULATIONS

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

The Contractor shall use its best efforts to ensure that its employees, agents, and subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

K. ADVERTISING

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

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 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 <http://nitc.nebraska.gov/standards/2-201.html> 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 RFP Response (Initial)	NOTES/COMMENTS:
			

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 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 RFP Response (Initial)	NOTES/COMMENTS:
OS			

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:
OS			

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.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §§81-2403 states, "no 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."

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. 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 RFP Response (Initial)	NOTES/COMMENTS:
JS			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Invoices shall include at a minimum Contractor's name, address, contract number, invoice date, description of and date of service. 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 RFP Response (Initial)	NOTES/COMMENTS:
JS			

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

E. PAYMENT

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

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. (Neb. Rev. Stat. §73-506(1)) Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408). 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 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

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

The State's obligation to pay amounts due on the contract for a fiscal years 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 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. 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 RFP Response (Initial)	NOTES/COMMENTS:
			

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 days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.