JUNE 15, 2018

PromiseShip

helping families be families

RFI ESA RESPONSE

ENHANCING CASE MANAGEMENT, SERVICE DELIVERY AND SERVICE COORDINATION

DAVID NEWELL, PRESIDENT & CEO
PROMISESHIP
2110 Papillion Parkway, Omaha, Nebraska 68164

State of Nebraska Department of Health and Human Services
REQUEST FOR INFORMATION

RETURN TO:
DHHS - Procurement
301 Centennial Mall South, 5th Floor
Lincoln, NE 68508
Phone: (402) 471-6082
E-mail: dhhs.procurement@nebraska.gov

SOLICITATION NUMBER	RELEASE DATE
RFI ESA	**May 15, 2018**
OPENING DATE AND TIME	PROCUREMENT CONTACT
June 22, 2018 2:00 p.m. Central Time	**Michelle Thompson**

This form is part of the specification package and must be signed in ink and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

SCOPE OF SERVICE

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this Request for Information (RFI) for the purpose of gathering information for Case Management services for the Eastern Service Area (ESA) in the State of Nebraska.

Written questions are due no later than May 29, 2018, and should be submitted via e-mail to dhhs.procurement@nebraska.gov. Written questions may also be sent by email to: dhhs.procurement@nebraska.gov.

Bidder should submit one (1) original of the entire RFI response. RFI responses should be submitted by the RFI due date and time.

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request For Information form, the bidder guarantees compliance with the provisions stated in this Request for Information.

FIRM: PromiseShip

COMPLETE ADDRESS: 2110 Papillion Parkway, Omaha, Nebraska 68164

TELEPHONE NUMBER: 402.445.7926 FAX NUMBER: 402.445.7998

SIGNATURE: David P. Newell DATE: June 14, 2018

TYPED NAME & TITLE OF SIGNER: David P. Newell, President & CEO

Form A

Vendor Contact Sheet

Request for Information Number ESA

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

Preparation of Response Contact Information	
Vendor Name:	PromiseShip
Vendor Address:	2110 Papillion Parkway Omaha, NE 68164
Contact Person & Title:	David Newell, President & CEO
E-mail Address:	david.newell@promiseship.org
Telephone Number (Office):	402.445.7926
Telephone Number (Cellular):	402.982.9613
Fax Number:	402.445.7998

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor'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	
Vendor Name:	PromiseShip
Vendor Address:	2110 Papillion Parkway Omaha, NE 68164
Contact Person & Title:	Jaimie Anderson-Hoyt, Development Director
E-mail Address:	jaimie.anderson@promiseship.org
Telephone Number (Office):	402.215.5903
Telephone Number (Cellular):	402.215.5903
Fax Number:	402.445.7998

PromiseShip
RFI ESA RESPONSE

June 15, 2018

I. OVERVIEW

PromiseShip is pleased to submit recommendations in response to the RFI ESA that will support the State of Nebraska, Department of Health and Human Services in achieving its goals for enhancing child well-being and safety and increasing timeliness to permanency for children and youth by improving case management, service delivery, and service coordination functions in the Eastern Service Area (ESA) in order to meet the unique and individual needs of families.

We have partnered with dozens of service providers throughout the ESA (Douglas and Sarpy Counties)—providers that are committed to improving the lives of children and families through delivery of services that are individualized and trauma-informed, promote child safety and wellbeing, and are inclusive of child and family voice. Based on the combined experience of PromiseShip and its network of providers, we believe the recommendations will greatly improve the child welfare system in the Eastern Service Area.

PromiseShip is also aware of the State's priorities that were provided in Addendum Two of the ESA RFI. Specifically, the State identified the following four priorities for a contractor to address:

- Need #1: Preserve families to ensure their health and safety
- Need #2: Increase the percentage of families who safely maintained children in their home
- Need #3: Reduce placement disruptions
- Need #4: Increase title IV-E penetration rate through licensing relative homes

With these priorities in mind, PromiseShip is providing eight recommendations about system enhancements and funding opportunities for the State's consideration.

II. RECOMMENDATIONS

The State of Nebraska, Department of Health and Human Services (DHHS) has decades of experience providing for the care of abused, neglected and vulnerable children. However, Nebraska is not immune to the national trend of an increasing child welfare population that is outpacing projected demands. As a result, DHHS is faced with the challenge of funding associated costs to provide services for the growing child welfare population.

PromiseShip recommends the following systems and funding improvements for the State's consideration. We believe these recommendations will help improve case management, service delivery, and service coordination functions that ultimately will help enhance child well-being and safety and increase timeliness to permanency for children and families.

There are two categories of recommendations—system model and funding model—and within these two categories are a total of eight detailed recommendations:

1. Shared Program Outcomes
2. Use a Mix of Program Models
3. Efficient and Effective Funding Model
4. Shared Risk Approach
5. The Funding Model and Case Practice
6. Flexibility, Braided and Blended Funding, and Federal Earnings
7. Contract Term and Private Funding Opportunities
8. Increase Title IV-E Opportunities

II.A. System Model Recommendations

A child welfare public-private partnership is unique in that the performance of both partners is critical to the enterprise's success. As one looks at the totality of the child welfare system of care, each of the partners has specific operational responsibilities. The responsibilities normally associated with the private partner are to serve all children and families referred by the public partner in a manner that keeps children safe during on-going services, that children achieve timely permanency, and that the well-being of children in out-of-home placement is supported.

- **Recommendation #1: Shared Program Outcomes**

  Recommend ten to twelve core program performance outcomes be established in any contract that codifies the public-private partnership. These indicators are both process measures and performance measures that can be divided into three major categories: safety, permanency, and child well-being. The State's assessment of the private partner's performance in meeting the terms and conditions of the contract should be based on how well they meet these outcomes. Additional financial requirements/outcomes could be established to determine successful performance as well.

  Recommend that targets for the following safety, permanency, and child well-being outcomes be a part of contract negotiations.

  1. ***Safety Outcomes***

     a) <u>Rate of abuse or neglect per day while in foster care</u>. This is a federal CFSR performance measure.

b) Percentage of children who are not abused or neglected during service provision. What we seek here is that all children in an open on-going service case remain free of abuse/neglect while receiving service.

c) Percentage of children who are seen every 30 days. Although this is a process measure and not an outcome, it has been shown to be a critical safety outcome.

2. Permanency Outcomes

a) Percent of children exiting the foster care system within 12 months of entering care. This is a federal CFSR measure.

b) The number of children with finalized adoptions within the operating year. Although this is a process measure, it is important that the State set a target for adoptions, after careful analysis.

c) Percent of adoptions that finalize within 24 months of removal. This is a variation of an old CFSR measure and it is important indicator of system of care efficiency.

d) Percentage of children who do not reenter the foster care system within 12 months of moving to a permanent home. When children go home we want to ensure that they safely stay home.

3. Well-Being Outcomes

a) Placement stability. Use the federal CFSR placement stability measure to capture this outcome.

b) Percent of children in out of home care who have received medical services within the last 12 months.

c) Percent of children in out of home care who have received dental services within the last 7 months.

- **Recommendation #2: Use a Mix of Program Models**

  Recommend using multiple case management models that are trauma-informed, well-supported practice, supported practice, and/or promising practice, as well as practices that are effective and focus on participatory case planning. It will be important to build upon key principles of family-centered practices that focus on safety, stability and well-being. Finally, allowing the flexibility of combining several case management models will help maintain and focus on the strengths and needs of the family versus adhering to a single model.

II.B. Funding Model Recommendations

The purpose for utilizing a lead agency model is for the State to delegate three important functions to the lead agency, which are case management, service coordination, and provider contract management (i.e., service delivery), in an effort to generate innovation and effective results for children and the families served.

The model used to fund a child welfare public-private partnership is critical to the venture's success. The model needs to be efficient and effective, while also taking into account the shared risk borne by both the public and private entities. The preferred model would foster solid case practice and be sufficiently flexible to allow for the use of available federal non-child welfare funds, state general funds, and private funds.

With all these things in mind, PromiseShip puts forth the following funding model recommendations for the State's consideration.

- **Recommendation #3: Efficient and Effective Funding Model**

  Recommend that Nebraska review the funding models currently being used in several other jurisdictions to determine if there are lessons that could be learned that would make Nebraska's funding model more efficient and/or effective. For example, Kansas and Florida have statewide child welfare public-private partnerships, while many other states, like Nebraska, Wisconsin, and Michigan, have case management public-private partnerships that are limited to specific geographic areas.

  The private entity in a child welfare case management public-private partnership is not solely a vendor, but may be a recipient, sub-recipient or a contractor receiving state and federal funds. Both partners would work together to develop successful strategies to leverage resources within their current systems and climate. Often, the private entity is able to mobilize and leverage funding from federal partners while working together with the public partner to create innovative and flexible strategies that the public partner may be unable to accomplish on its own.

  Also recommend providing flexibility to the private entity to manage the mutually-agreed upon outcomes and eliminate potential duplication of public policies and practices. For these reasons, we would recommend that the source of funds, along with their terms, conditions, and restrictions, are clearly identified within the funding model. It must also ensure that the system of reporting expenditures against those funds is accurately captured.

  However, it is the public entity's responsibility to ensure that the system for allocating funds and reporting expenditures is rigorous enough to withstand scrutiny, but not so rigorous as to cause an undue administrative burden on itself or the private entity. Unnecessary resources diverted to this effort by either party dilute the public-private partnership's ability to serve children and families in an efficient and effective manner.

  The preferred funding model used would be cost effective to both parties and efficient enough to allow for accurate and timely reporting to the Legislature, the federal government, and the public.

- **Recommendation #4: Shared Risk Approach**

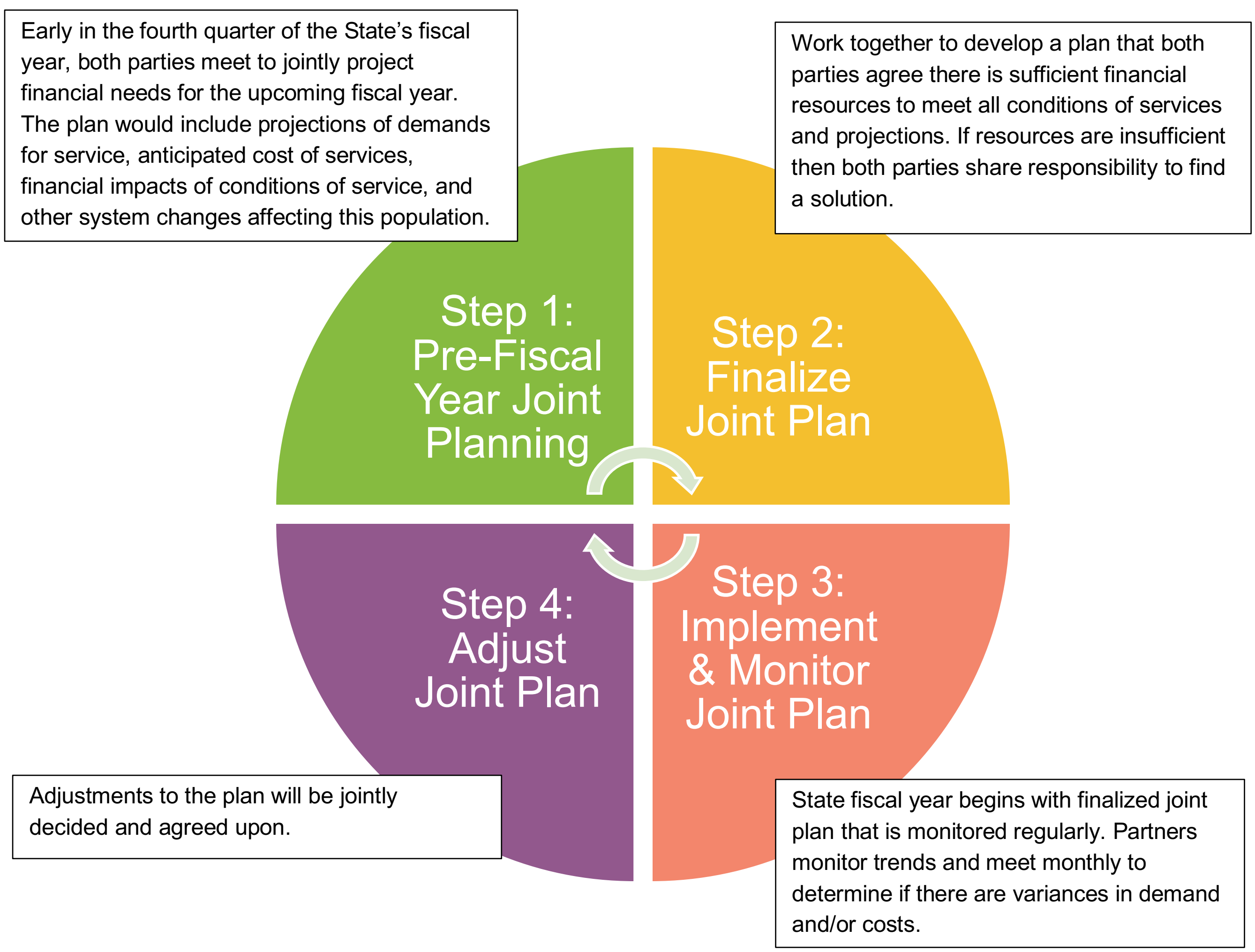
  Recommend implementing the following process, briefly described in the diagram on the following page, which is offered as a possible mechanism that could be used to manage the shared risk of the public-private partnership. This shared risk approach is a means for jointly projecting funding needs for the upcoming year, identifying solutions, and creating a plan that includes ongoing monitoring and assessment of the system of care's expected performance compared to projections.

  Both the public and private entities in a child welfare case management partnership would be keenly aware of the shared financial risk that exists in this enterprise. Financial responsibility and risk are impacted by many factors, including state legislation, federal and state regulations, and demand for services. Legislative and statutory changes may, at times, impose conditions of service, such as mandatory case load size, which carry an inherent financial responsibility and risk.

Furthermore, the public entity has almost total control over the demand for case management services. As such, the contract that codifies the public-private partnership requires that the private entity serve every child and family referred for case management under a “no eject, no reject” stipulation, which carries with it a shared financial risk when significant changes occur in the population served or their service needs.

In a shared risk approach, significant and unanticipated changes in population and/or service needs would trigger joint action by the public-private partnership. Both parties would meet to determine the cause of the variation, as well as the joint formal actions needed by both parties to address and resolve the issues. Florida and Michigan have financial risk management approaches that may provide a starting point for implementing a similar shared risk approach.

A successful shared risk approach would also take into consideration the impact that other systems have on the child welfare system and its population. Changes in other systems, such as Medicaid, mental/behavioral health, or developmental disabilities, certainly have significant implications on the child welfare system. Planning for such changes takes into consideration the interdependency of these systems, which will help minimize state general fund expenditures by using the most appropriate funding stream and avoiding duplication.



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- **Recommendation #5: The Funding Model and Case Practice**

  Recommend that Nebraska's child welfare funding model is adapted to the new Family First Prevention Services Act (FFPSA) in a way that allows a seamless shift in funds from out-of-home care to family preservation efforts.

  It will be important to acknowledge the additional costs and shared risk that accompanies creating services that align with the FFPSA requirements such as well-supported, supported, and promising practices as outlined in the FFPSA.

  Every operational decision has a financial implication and every financial decision has a corresponding operational implication. These two functions are inseparable. For years, the funding models used by the federal government have been criticized for promoting poor child welfare practices. This is where the shared risk approach discussed in **Recommendation #4** could assist in identifying cost savings, some of which would be required to transform and improve the system of care while also increasing the community's return on investment. It will be critical to ensure that both objectives are achieved.

  With the passage of the federal Family First Prevention Services Act (FFPSA) of 2017, there is recognition that there has been a national trend of overdependence on out-of-home care. Research consistently supports improved well-being for children who remain with their families while receiving services. The FFPSA will have a profound impact on the funding of child welfare services with an emphasis on family preservation, restrictions on the use of congregate and foster care, and possibilities of flexible block grants.

  Nebraska should be commended for its current efforts to help maintain children safely in their homes and keeping families together. It should also be noted that Nebraska has already commenced work on adapting to the FFPSA requirements. While new community-based interventions are a focus, the funding model should also recognize the additional costs associated with the development and training requirements to support the FFPSA.

  We also encourage Nebraska to explore aligning all its social systems around social determinants of health in order to have a meaningful and sustainable impact on child and family well-being.

- **Recommendation #6: Flexibility, Braided and Blended Funding, and Federal Earnings**

  Developmental Disabilities Home and Community Based (DDHCB) Waiver: Recommend that Nebraska examine the possibility of implementing a process that would allow the reallocation of state funds to be used to add eligible children to the DDHCB Waiver so that federal matching funds could be accessed for their services. There are children today in the child welfare system who are eligible for services and funding under the DDHCB Waiver. Despite being eligible for funding, these youth have been placed on a wait list for DDHCB services, resulting in child welfare state funds paying for 100% of their required services and supports. This approach does not increase the number of children eligible for the waiver, rather it allows eligible children more timely access to care with the most appropriate and efficient funding source. It is a cost-effective approach to meeting the service needs of existing eligible children.

Medicaid Administration Costs: Recommend that Nebraska explore other states that have been successful in capturing reimbursement for Medicaid Administration costs, such as in Florida and Louisiana. Child welfare employees perform functions the State can claim reimbursement for both title IV-E and Medicaid Administration costs. While new community-based interventions are a focus, there are additional costs associated with the development and training requirements to support the FFPSA. This reimbursement can then be used to improve the behavioral and health services provided to children and families.

Medicaid Carve-Out: Recommend that Nebraska examine the feasibility of creating a Medicaid carve-out for children in the child welfare system. This would allow for increased capacity of targeted trauma-informed services focused on the unique needs of abused, neglected, and vulnerable children. Using a "dollars-follow-the-person" approach allows services to be better aligned with the needs of the child and family, which decreases time and resources while allowing for more timely access to care. It is also important to note that this is not Medicaid expansion since it would not impact eligibility. Rather, it is a targeted approach to serving a specific population.

Prioritizing Mental/Behavioral Health and Substance Abuse Cases: Recommend that DHHS require in all its mental/behavioral health and substance abuse contracts that children who are state wards and their families who require services as part of a court-approved case plan be given priority for service within statutory and regulatory parameters. Another way to reduce child welfare costs is to ensure the timely delivery of required mental/behavioral health and substance abuse services for children and families in the child welfare system. We encourage the State to explore expansion of the Region 6 Behavioral Health's network capacity for priority populations in order to increase timely access to care, which is more cost effective and increases children's timeliness to permanency and improved child well-being.

Implement TANF Concurrent Benefits Program: Recommend implementing a Concurrent Benefits Program that would allow families to continue receiving TANF and/or other public benefits while working towards reunification with their children who are temporarily in out-of-home care. Receipt of concurrent TANF and/or other benefits promotes family economic stability, which is a necessary risk factor that must be addressed to reduce children's time to reunification. While a Concurrent Benefits Program would be helpful for all eligible low-income families involved in the child welfare system, it could be particularly helpful to reunifying minority children who are being removed from their families at disproportionately higher rates than Caucasian children.

- **Recommendation #7: Contract Term and Private Funding Opportunities**

  Recommend that the term of any new contract involving the child welfare public-private partnership be a minimum of 6 years with the possibility of a contract renewal of another 6 years, based on acceptable performance by the private sector partner. The contract would still allow for either party to terminate without cause upon acceptable notice. A longer-term contract allows for start-up, implementation, and sustainment activities associated with any significant private investment to occur and for the investors (i.e., funders and donors) to realize a return on their investment. Also recommend that an exemption be granted to the private sector partner, which would allow for a small portion of State contract dollars to be allowed for development activities and related expenses.

One of the anticipated benefits of a child welfare public-private partnership is that the private partner will be able to attract non-state and private funding to enhance the system of care. This could take the form of acquiring federal or private foundation grants, and/or donations from individuals and businesses.

In achieving this anticipated benefit, the private partner faces some significant challenges. The first challenge can be characterized as the "going concern" challenge. Grantees and donors are reluctant to invest in an organization that may not be stable. This challenge is directly tied to the contract term length for the public-private partnership.

The second challenge is the "resource" challenge. Currently, the private sector partner is prohibited from using contract funds for fund development activities. Coupled with the fact that funders and donors would prefer to invest in programs that directly benefit children and families rather than in overhead costs of the organization, it is almost impossible for a private partner who does not currently have an internal/dedicated foundation to engage in any meaningful private fundraising.

- **Recommendation #8: Increase Title IV-E Opportunities**

  Recommend the public-private partnership work together to identify opportunities to capture new or additional title IV-E funding reimbursement as it relates to licensed kinship and relative homes, data systems, training, Medicaid Administration, et cetera.

  Also recommend that revisions be made to state licensing rules and regulations for kinship and relative foster homes with a focus on reducing and eliminating barriers that are not related to assessing safety. This may include statutory and regulatory amendments, such as a change to the definition of kin and relative.

  Additional consideration could also be given to allowing for a more flexible model of foster care training to allow relatives and kinship caregivers to receive information that is useful their role without delaying or inhibiting the licensing process.