
FINANCE AND POLICY WORKGROUP UPDATE

The Finance and Policy Workgroup met on February 21, 2018. The meeting discussion focused on several topics as outlined below.

INCAPABLE POPULATION

Workgroup members examined the population currently enrolled in this eligibility category. At this point, only 12 of the current B2i participants were enrolled in or had at some point been enrolled in the Incapable of School or Employment eligibility category. Members agreed that no recommendation or revisions were needed for the incapable category at this time.

WORKER SAFETY

Members discussed the ways in which to balance support for both worker and the young adult when dealing with issues of safety. It was agreed that further information should be gathered prior to making recommendations for change to the current statutes and/or regulations. Data is being gathered on the safety violation policies of other states as well as other divisions within the Department of Health and Human Safety (DHHS).

In order to collect data for potential statutory recommendations in 2019, the workgroup plans to create a document that would capture data from the field on instances of safety violations. The form would be completed by program staff and would include information such as a description of the incident, documentation of behaviors in the lead up to the incident, documentation of frequency if a reoccurring behavior, steps taken to manage the situation, if a safety plan was in place, and if a supervisor was involved. Work to refine the form will continue.

Recommendation #1: The Finance and Policy Workgroup will partner with B2i program staff to create a form template to capture information on worker safety violations. Data collected will aid in the creation of recommendations for the 2019 legislative session.

BARRIERS TO EMPLOYMENT

The workgroup debated on the best ways to both support young adult participants while still implementing strategies to promote responsibility. The group agreed that strategic coordination between the program and community resources was essential in cultivating success for B2i participants. Input from both the program field staff and workgroup members indicated that an increase in the required hours to remain enrolled in the Barriers program should be reflective of the requirements within the Employment category. The availability of qualifying activities and opportunities should also be taken into consideration when determining required hours for eligibility.

Recommendation #2: Language in [395 NAC 10-003.03C2](#) should be updated to reflect that “a young adult must participate in a program or activity or a combination of programs or activities described in item 1, above, for a minimum of 80 hours a month. Reasonable exceptions may be determined at the discretion of the Department based on the opportunities available in the geographical area of participant residence.”

NEBRASKA RESIDENCY

As of January 2018, 22 young adults in the B2i program reside outside of the state. While the B2i program serves as a valuable resource to its participants, it becomes more difficult when an Independence Coordinator is not familiar with the area the young adult resides. Efforts by DHHS are ongoing in attempting to utilize Interstate Compacts on the Placement of Children (ICPC) to support these young adults. The workgroup felt that if a residency requirement were to be implemented, then the definition would need to be very clear. There was agreement that residency should be defined as physical presence with an intent to remain, not to exclude students attending school outside of Nebraska who still claimed Nebraska residency.

Recommendation #3: Eligibility for the Bridge to Independence Program includes the requirement of Nebraska residency. This is not to exclude students attending school outside of the state who still claim Nebraska residency.

IV-E FUNDING UPDATE

The workgroup was pleased to see the increase in participants who qualified for IV-E funding. DHHS staff clarified that the current overall rate of IV-E participants sat at around 28%. However, for the population enrolled since the state plan amendment and increased coordination efforts that began in April 2017, nearly 49% were IV-E eligible. Staff indicated that the ultimate goal was to reach a penetration rate of 60%.