

DECEMBER 2023

NEBRASKA CHILDREN'S COMMISSION







RESPONSE TO “REIMAGINE WELLBEING” PRACTICE & FINANCE MODELS

INTRODUCTION

In 2022, the Nebraska Legislature passed Legislative Bill 1173 to create the opportunity for the three branches of state government to consider how to best approach services to Nebraskan children and families. The Nebraska Children’s Commission (the Commission) was named as a stakeholder in this bill and engaged with the workgroup and stakeholder meetings as an ex-officio member. The Commission applauds the work of The Stephen Group in creating the Practice and Finance Model for the legislature’s consideration and has created this response to identify priorities the Commission considers top priorities identified in these models.

The Commission is a statutory body that was created in 2012 as a permanent high-level leadership forum to monitor and evaluate child welfare and juvenile justice systems with collaboration among state, local, community, public, and private stakeholders. Over 250 stakeholders and community members across the state participated in the Commission’s initiatives last year and is the only statutory body that is charged with working with all branches of government on these issues. Since its existence, the Commission has positively impacted the wellbeing of Nebraska’s most vulnerable youth and families by recommending increased access to services that meet their mental and behavioral health needs. These recommendations are submitted annually, followed by a briefing with the Health and Human Services Committee. The Commission is in a unique position to provide insight into what families, providers, and agencies are experiencing. Some of our workgroups have created a space for all three to gain a mutual understanding and find ways to work within the restraints of funding sources, statutes, and regulations. The Commission was initially created to provide oversight over privatization and has been molded into a body that has expertise from many fields and experiences. There are other commissions and councils that exist to address specific juvenile justice or child welfare issues, but none have the breadth of statutory requirements and stakeholder engagement the Commission continues to hold. Many of the workgroup and committee members were actively engaged with the LB 1173 process, and the Commission’s structure organically provides a forum for these discussions and next steps to continue to really reimagine wellbeing in Nebraska beyond the timeframe outlined in the bill.

TOP PRIORITIES FROM MODELS

Prevention	Youth Transitioning	Provider Rates & Contracts	Foster Care Placement
			

Prevention

In 2016, the Commission worked with Nebraska stakeholders and agencies to create a vision of what a prevention system should look like in Nebraska. It included coordinated services and supports to prevent children from entering the child welfare system and to promote protective factors in families. The group from 2016 acknowledged the importance of understanding and recognizing families at risk for entering the child welfare system, and that coordinated responses were the best way to serve children, youth, and families, and allowed access to needed supports and services. The Commission's 2023-2024 Alternative Response Committee also identified recommendations to improve prevention services throughout the state including after care services for families after system involvement, a better understanding of services available to them through the Department of Education and understanding their benefits from Medicaid and the use of Managed Care Organization coordinators.

The Stephen Group models outline ways to accomplish the vision established in 2016 and received stakeholder input sharing the same goals. The Practice Model highlights aligning programs and funding streams to benefit at risk families and children prior to involvement with the child welfare system. Public benefits and all divisions of the Nebraska Health and Human Services (DHHS) agency have a role in assisting families at various stages of need. One of the most obvious supports available to families is economic assistance, and finding ways to maximize the state's ability to provide these benefits could decrease the risk of entering the child welfare system. The Commission supports The Stephen Group recommendation that increased access to economic and concrete supports decreases the risk of neglect and physical abuse. Nebraska's current income eligibility for cash assistance requires that a household only make between 43%-53% of the federal poverty level resulting in only 1 out of every 10 applications be approved. Currently Nebraska is the 4th highest state for denying applications for direct cash assistance¹. DHHS has established ways to utilize Temporary Assistance to Needy Families

¹ Cates, L. (2022, July 11) *The Fund Just Keeps Getting Bigger: Nebraskans Denied Help as State Stockpiles \$108M in Federal Funds*. <https://thereader.com/2022/07/11/the-fund-just-keeps-getting-bigger-nebraskans-denied-help-as-state-stockpiles-108m-in-federal-funds/>

(TANF) funds that will greatly improve services for families, however, the Commission will continue to encourage legislatures and state agencies to find ways to provide the maximum cash benefit allowed under this program and review eligibility guidelines.

Throughout the Reimagine Wellbeing process, there were many conversations about empowering communities to spearhead prevention work. Community Pathways can be used to leverage more Family First Prevention Services Act funding to improve IV-E penetration and are also already established in communities within our state. There are efforts already being done, but as the Stephen Group suggests, Nebraska needs to create a more robust, well-funded, network to make a large impact on the state. Often when services are community lead, it is difficult to receive the maximum of funding available because an agency isn't aware of the opportunities, or one entity assumes another is providing enough funding. A warmline to provide families with contact to services immediately has been discussed throughout stakeholder and workgroup meetings, but barriers have been identified to quickly creating this. The Commission is made up of stakeholders and agency partners that could help identify solutions to a warmline, in addition to mapping out a system approach for Community Pathways to be realized that could make the most impact for Nebraska families by creating a statutory group tasked with this.

As suggested in the Practice Model, these services should reflect the communities they are in to promote a “nothing for us, without us” approach. Commission members have also discussed how it is difficult to maintain funding for community focused services because of the administrative requirements but limited administrative allocations. Within the Alternative Response Committee, a workgroup is dedicated to looking at the provision of services available to families statewide, in a way that is appropriate for their region, not just providing one service for the whole state. Continued conversations and partnerships can be built through this workgroup to make recommendations on how to invest in systems and services that are appropriate for rural and Tribal communities as suggested in the Practice Model. Within all our committees and workgroups, we attempt to involve people with lived experience as well as those from backgrounds and communities throughout the state, providing a rich opportunity to continue to hear from communities on what they need to help address the over representation of people of color in our child welfare system.

There is infinite number of services available that could potentially prevent a family from engaging with Nebraska's child welfare system, and when families do need services, our state systems should view this as a failure to align the resources that were available. Nebraska could view prevention to “de-silo the system” by allowing each system to prioritize prevention in their area. Because there are so many ways for families to encounter prevention services, the Commission suggests work be done to define what role each state agency and branch has in prevention, like how they are all aware of their role in active family involvement. Fiscal mapping has begun through the work of Nebraska Children and Families Foundation to show how much money Nebraska puts towards various services for children and could be furthered to bring awareness to how much is spent directly on prevention. The current work can be found here: <https://app.powerbi.com/view?pageName=ReportSection2e7c13988508f8fc98ad&r=eyJrIjoiZjIwOTEwMWYtYTNINC00NDJkLWI2MmYtNDgxNWMyZmM2NDI3IiwidCI6IjBjNzFlYzI1LWVhYTUuNGMwMy04MDgzLWQ4Njk3M2VkYzk5ZSIsImMiOiJF9.> Home visiting is a successful example of how divisions can align to address prevention. The Division of Public

Health and the Division of Child and Family Services collaborate to ensure families that encounter both services can receive support prior to a hotline call. Although communities should be able to lead prevention initiatives and be involved in how funding should be distributed, public entities that have a stake in keeping children safe and individuals healthy should be heavily involved in prevention to reduce the burden and cost of individuals when prevention fails.

Youth Transitioning

The Bridge to Independence Advisory Committee was created within the Nebraska Children's Commission as a forum to create solutions for youth that are aging out foster care. The Practice Model notes that several stakeholders indicate that youth aging out of foster care are not prepared or have the scaffolding necessary to be successful. The Commission agrees with this finding, and currently has a workgroup dedicated to discussing what is required for the youth to transition successfully out of the Bridge to Independence program and into adulthood with limited "hiccups". As suggested by the Stephen Group, stakeholders from child welfare, juvenile justice, behavioral health, and community partners are already engaged in this workgroup. The Commission will continue to push recommendations that would assist young adults in this stage of life and would encourage other stakeholders who participated in the Reimagine Wellbeing process to engage with this work.

One of the biggest benefits to stabilizing young adult is the ability to prevent actions that could require state resources in the future. Youth who do not have the skills or support to successfully enter adulthood may end up homeless, have children in foster care, or engage in criminal activity resulting in justice system involvement. The benefits of "front loading" services for these individuals is the reduction of recidivism and the burden to short- and long-term public systems.

Provider Rates & Contracts

In 2016, the Nebraska Legislature created the Foster Care Reimbursement Rate Committee within the Nebraska Children's Commission (Neb. Rev. Stat. §43-4216) for the purpose of making recommendations on foster care reimbursement rates and adoption assistance payments. Since then, this committee makes recommendations on these rates every four years and submits them the Health and Human Services Committee of the Legislature. These recommendations are based on Bureau of Labor statistics, rates of inflation and rationale provided from agencies and foster parents. The Stephen Group recommends creating a provider rate setting process and frequency, developing, and executing a standard process at regular intervals to rebase payments to providers. Because of the work done by the Commission related to rate analysis, the Commission support of a third party to evaluate all child welfare provider rates, including foster parents. The Foster Care Rate Reimbursement Committee provides an engaged pool of stakeholders to participate in this analysis, as most providers have contracts for several child welfare services.

Both the Practice and Finance Model support implementing evidence-based practices to support children and families in their communities. The Commission's strategic plan also prioritizes

evidence-based practices to support placement and family stability, however, caution against utilizing only practices that are approved by the federal clearinghouse to claim IV-E funding. Doing so could result in forcing practices that do not necessarily fit with Nebraskan families. Choosing appropriate practices should be based on each community need and the Commission would ask that state agencies consider the multiple cultures and communities Nebraska holds when looking at adopting an evidence-based practice for the Medicaid State Plan or approved as an in-lieu-of-service as suggested in the Finance Model.

Another consideration when choosing an evidence-based practice is to consider the cost of utilizing and maintaining the model. Should Nebraska choose to require child welfare providers to adopt an expensive practice, providers will be required to absorb more costs to provide a service and may not be able to perform the practice to fidelity. As described above, not being properly funded for the cost of administering a service is an ongoing struggle for child welfare providers and expensive evidence-based models could reduce the number of providers for it.

Foster Care Placement

Nebraska has been increasing efforts for children to be placed with relatives or kin for the highest potential of positive outcomes. Increasing support that is available to relative and kinship placements was prioritized in the 2023-2025 Nebraska Children's Commission strategic plan and is also mentioned in the Practice Model. Finding ways to keep children with their families and in their communities should be financially supported to prevent future system involvement with the family. The Commission supports the recommendation from the Finance Model to provide on time financial incentives to relative and kinship caregivers who choose to complete licensing requirements, as this promotes quality care provided by children and assists caregivers financially. Opportunities to integrate support services for kinship and relative homes not only provides DHHS the opportunity to claim federal reimbursement, but also helps maintain placement of youth in these settings. The suggestion to provide financial supports childcare to caregivers to access training is vital as most of these families were not immediately prepared to integrate a child into their home and may not have the supports to provide this care.

The Commission recognizes that when a relative or kinship foster placement is unable to become licensed, Nebraska cannot claim federal funds for the care of the child. The Finance Model suggests eliminating or establishing a lower per diem amount for these caregivers, taking away financial support from a foster family who likely has limited resources to care for the child placed with them. Licensing requirements are often associated with specific items or characteristics in a home to ensure safety of a child. When a home is unable to meet these standards, the home likely requires adjustments the caregiver is unable to financially address. By eliminating or reducing a foster care reimbursement, the result is eliminating these relatives or kinship caregivers as options. If the living arrangement is not financially supported through reimbursement, it becomes concerning that a child would be placed in that situation under DHHS's care.

Regardless of licensed status, the cost to care for a child does not change and the Commission does not support this recommendation from the Finance Model. These arrangements often require more supports and resources than licensed homes, and reducing this support is not value

relationships of the child. Kinship and relative foster parents have been considered when the Foster Care Rate Reimbursement Committee creates their report every four years, and reducing the amount for this set of caregivers has never been recommended or supported in any report approved by the Commission.

Conclusion

The Commission is in a unique position to provide insight into what families, providers, and agencies are experiencing. Some of our workgroups have created a space for all three to gain a mutual understanding and find ways to work within the restraints of funding sources, statutes, and regulations. The Commission was initially created to provide oversight over privatization and has been molded into a body that has expertise from many fields and experiences. As the LB 1173 practice and finance models are reviewed by the legislature, the Commission would offer the collaborative efforts of our members as a resource. Commission members are willing to engage in conversations where a plan can be created with the initiatives suggested in the Practice and Finance Models, with continued opportunities to recognize gaps and how to address them. As legislation is developed around these practice models, we would ask that you consider the structure already established within the Commission when determining how to best bring these plans to fruition.

Priority

Prevention

Practice Model

Align programs and funding streams to benefit at risk families and children prior to involvement with child welfare system

Create a robust and responsive child welfare prevention network enhanced through a number of Community Pathways

Intersectoral partners should collaborate and partner with DHHS and systems across the state as the key to successful implementation of FFPSA and enhance coordination to strengthen prevention efforts

Finance Model

Fully implement Title VI-E Claiming for prevention services

Nebraska Children's Commission

AR Committee Recommendation: Nebraska Department of Education create guides to prevent unnecessary educational neglect

AR Committee Recommendation: Implement Utilization Management statewide to ensure families are getting the right services at the right times

JSC Committee Recommendation: Utilize Community Treatment Aides to prevent out-of-home placement & streamlining efforts between Managed Care Organizations and state agencies

Priority

Youth
Transitioning

Provider
Rates &
Contracts

Practice Model

Coordination should occur between intersectoral partners to better serve transitional youth

Housing cited as a significant concern and issue both for families at-risk of child welfare system involvement and for wards of the state who are preparing to transition to independence

Finance Model

Crossover youth are more likely to experience recidivism and face difficulties as they transition to adulthood leading to additional burden of cost on public systems in both the short- and long-term

Conduct an in-depth rate study across all services and create standardized cost based rates, which will be utilized by all state agencies and DHHS divisions

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Bridge to Independence Recommendation: All youth aging out of foster care should be eligible for the Bridge to Independence program, regardless of their immigration status

Bridge to Independence Sustainability Workgroup is actively working on recommendations to ensure young adults are able to sustain progress after aging out of the Bridge to Independence Program

Foster Care Reimbursement Rate Committee completes a review and analysis on foster parent and agency rates every 4 years

Priority

Foster Care Placement

Practice Model

Enhance efforts to recruit, train, support, and retain foster family homes able to meet the needs of children and youth with higher needs

Finance Model

Provide one time financial incentives to relative and kinship caregivers if they chose to complete licensing requirements

Implement strategies to incentivize both caregivers and providers when relatives become licensed and integrate evidence-based kinship support services

Nebraska Children's Commission

Foster Care Reimbursement Rate
Committee recommendation: Therapeutic Family Care be available to all Medicaid eligible youth who could benefit from the service to prevent a more restrictive residential setting

The Nebraska Children's Commission strategic plan prioritizes the need for supports for kinship and relative placements