



PROGRESS/CHALLENGES/RECOMMENDATIONS

Our vision is a community with strong families in which children are safe and thriving

AGENCY BACKGROUND:

Nebraska Families Collaborative (NFC) was established as a 501(c) 3 on January 14, 2009. The NFC is comprised of five partner agencies: Boys Town (COA accredited), Child Saving Institute (COA accredited), Heartland Family Service (COA accredited), Nebraska Families Support Network and OMNI Behavioral Health (Joint Commission accredited). Executive leaders from the partner agencies serve on the NFC Board of Directors.

The Nebraska Families Collaborative is built upon a Nebraska tradition of private not-for-profit organizations responding to child and family needs that significantly predates the federal funding of child welfare services in 1935. Each of the partner agencies offer significant history and experience in working directly with children and families.

- Founded by Father Edward Flanagan in 1917, Father Flanagan's Boys' Home (Boys Town) has a 90-plus-year history of saving children and healing families. What began as a small home for homeless boys in downtown Omaha has grown to a national leader in child care, with boys, girls and their families receiving care at the Village of Boys Town, Nebraska, and more than a dozen sites across the country.
- Founded in 1892 by the Rev. A.W. Clark, the Child Saving Institute (CSI) was one of Omaha's first orphanages to help neglected, dependent and abandoned children. CSI was a member of the National Benevolent Association of the Christian Church (Disciples of Christ) for 89 years. In 2002, the Board of Directors decided to leave that national organization so CSI could focus on the needs of the local community and remain a child welfare organization.
- Heartland Family Service was founded in 1875 as The Christian Workers Association, it was one of the first human service agencies in the Omaha community. In the early days, Heartland Family Service offered relief to the destitute by distributing blankets, food and other necessities.
- Nebraska Family Support Network (NFSN) started in 1991 to provide support and services to families of children with mental illness and behavioral disorders. NFSN's mission broadened in 2004 to include collaboration between family organizations, Nebraska Health and Human Services' (HHS) Safety and Protection Division and Nebraska's Behavioral Health Regions.
- OMNI Behavioral Health is a non-profit organization created in 1993. It works to advance healthy life experiences and positive outcomes for the youth and families it serves. OMNI recognizes the importance of cooperation for improving the living conditions of children, adolescents, adults, and their families in the

community. OMNI promotes activities which enhance personal autonomy while promoting the spirit of the global community.

This formation has allowed the NFC to build upon the expertise of these nationally recognized organizations to create a Nebraska-based provider network that builds on the strengths of local providers and community resources.

BENEFITS OF LEAD AGENCY (PUBLIC-PRIVATE-CIVIC PARTNERSHIPS):

- Private investment, infrastructure, and knowledge
- National accreditation through Council on Accreditation (COA) by December 2012
- Identification of diversion and prevention services for families (see IRU handout)
- Decreased caseload size
- Support to families within their communities
- Utilization of a family-centered practice approach where families voice and choice counts
- Aftercare services are offered to all families upon case closure
- Increased oversight and provider accountability of subcontractors
- Flexibility to creatively respond to family, community, and other stakeholder needs
- Increased accountability utilizing meaningful, measureable and manageable data

NFC AGENCY SNAPSHOT:

- NFC expenses in 2010 were \$21.6 million
 - 81% was direct service to children and families (\$17.5 million)
 - 19% was staff and operating expenses
 - 16% was direct staff expense and 3% for administrative staff and operating expenses
- The NFC utilizes approximately forty subcontract agencies that offer a diverse network of services
- The agency is expected to employ a total of 169 full time employees by transition completion date
- Approximately 1077 children and 476 families will **transition** to the NFC beginning in October
- A **total** of 2391 children and 1108 families in the Eastern Service Area will be the responsibility of NFC

SYSTEM PROGRESS & CHALLENGES:

1. Insufficient funding levels that resulted in system instability that required the NFC to assist DHHS when Visinet failed in 2010. Funding challenges have been further exacerbated by the implementation of IMD/PRTF changes necessitated by Medicaid requirements.
 - The NFC and DHHS collaborated to create a new contract to allow the families formerly served by Visinet to transition to the NFC by the end of this year.
 - On a monthly basis, the NFC is sharing its cost data with DHHS to determine adequate funding levels and to develop strategies that will improve system performance.
 - The NFC coordinates care with Magellan, Region 6, and other funding sources/providers to maximize public resources for children and families.
2. The NFC model is based on a provider network system of service delivery that requires it to work closely with its subcontractors to meet CFSR outcomes. A network model has many advantages but it takes more time to make programmatic/system changes than do other models.
 - One major benefit of the NFC partnerships with local providers is there are fewer number of children placed in congregate care outside of the Omaha area. Nebraska child welfare/juvenile justice

contracts have historically been “slot” based contracts rather than outcome-based (performance) contracts.

- As a result, the NFC is meeting regularly with its provider network to move in a plan-full manner to performance-based contracts that tie provider payments to CFSR outcomes.
 - The NFC is regularly reviewing its referral patterns with its provider network to identify service gaps to effectively serve all children and families within a 150-mile radius of Omaha.
3. Nebraska’s child welfare and juvenile justice systems have strong institutional biases in favor of child removals and congregate care that is out-of-compliance with the Americans with Disabilities Act (ADA) and the Olmstead decision as well as national system-of-care principles (see Olmstead handout).
- The NFC employs a wraparound model to partner with children, families, and stakeholders to develop plans of care that will meet child and family needs in the least restrictive settings.
 - In February 2011, DHHS, KVC, and the NFC partnered together to create the Initial Response Unit (IRU). Please see IRU handout.
 - The NFC, in collaboration with DHHS, will implement Structured Decision Making to more accurately assess child risk to guide care planning.
 - In January 2011, the NFC established a Community Advisory Board to further assess stakeholder needs, identify areas of concern and provide feedback to effectively improve our system of care.
 - The NFC continues to increase the monitoring of children placed in out-of-state congregate care facilities, but it is important to note that these out-of-state providers do not have the same oversight as do Nebraska-based providers.

NFC RECOMMENDATIONS:

- Based upon the work of the Nebraska delegation to the National Quality Improvement Center on the Privatization of Child Welfare Services national conference held in May 2011, create a steering committee to guide and support the reform efforts in Nebraska. This committee structure could be modeled off of similar successful models such as the one implemented in Illinois.
- Create a predictable, transparent public funding source that limits financial risk both to lead agencies and subcontractors. A variety of financial models can be used to achieve this goal. Regardless of funding methodologies employed, Nebraska must undertake a global budgeting perspective that avoids cost shifting from funding “silos” such as Medicaid, behavioral health, developmental disabilities, special education, and child welfare/juvenile justice funding streams. It was always intended and agreed upon by both DHHS and lead agencies (five of them at the time) that Nebraska would move to a case rate system by January 2011.
- Respond to the opportunity presented by the passage of S. 1542, The Child and Family Services Improvement and Innovation Act. This legislation would allow the State of Nebraska to pursue a IV-E waiver that would permit DHHS, lead agencies, and providers to focus more on prevention, early intervention, and diversionary services for children and families. It also presents an opportunity to expand and integrate the good work being done under the Court Improvement Project with the Child Welfare reform initiative. (Please refer to Florida IV-E handout)