

Cross-System Prevention and Intervention Program Analysis

Nebraska DHHS Cross-System Analysis

NAWRS Roundtable

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Introduction & Background

Nebraska

State custody rate eclipsed national rate by nearly double; Nebraska's rate reached 10.9 per 1,000 children

2008 Safe Haven laws have ultimately increased the amount of children in state custody

Spending on children after home removal greater than prevention and intervention services

2012 declared "The Year of the Children" by the state legislature; intended to overhaul the state child welfare system



Introduction & Background

Goals of PCG Cross-System Analysis

- Analyze current prevention and intervention programs and services provided by the department for the safety, health, and well-being of children
- Identify state General Funds and what they're used for
- Identify resources to reallocate that will better serve at-risk children
- Provide recommendations for replacement of state general funds used on at-risk children with federal funds

Timeline

- 3 months; October- December 2012

Project Achievements

- Testified to the Legislative committee on child welfare issues



Data Collection Methodology



Service Inventory:
Identify current prevention & intervention services



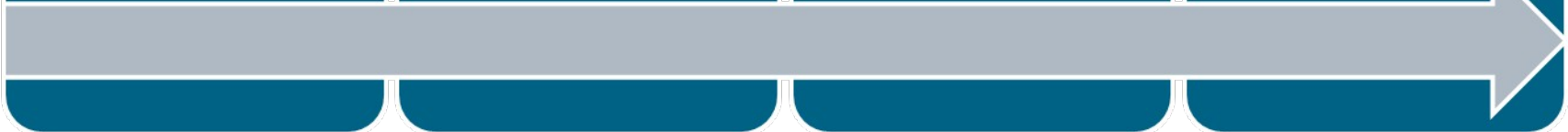
Cost/Funding Inventory:
Research of State General Funds Used for Prevention & Intervention Services



Program Service & Funding Analysis:
Interviews with Divisions/Programs



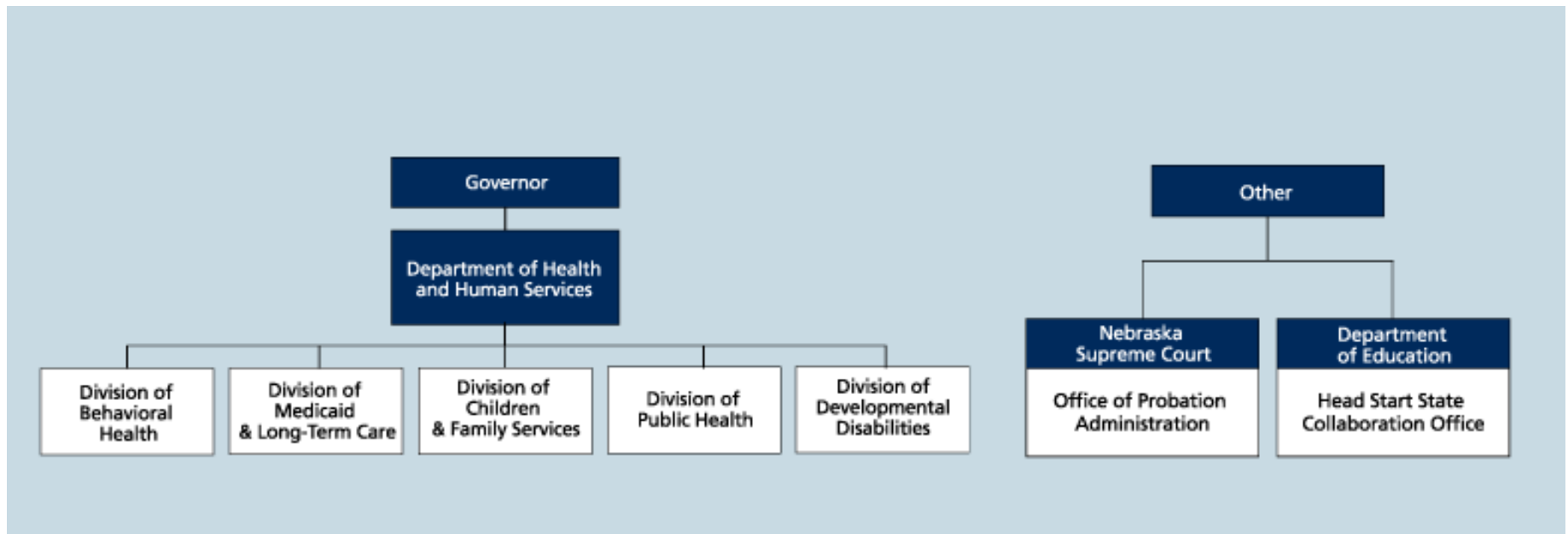
Recommendations:
Identify gaps in services & Other Funding Sources





Service Inventory

Departments Providing Services to At-Risk Children & Juveniles





Cost/Funding Inventory

- Data request
 - Program description
 - Services Offered; Direct & Indirect
 - Agencies or Programs Associated
 - MOU or MOE Relationships
 - Population Served
 - Number Served
 - By Region (if applicable)
 - By Population type
 - Total Funding
 - FY 2011-2013
 - Major Funding Source(s); Federal, State, Other, Cash
 - Funding Ratios
 - Associated State Legislation (if applicable)



Program Service & Funding Analysis

Indirect Services		Preventative Services		Direct Services			
Cash Assistance & Financial Aid		Preventative Services		Wrap-around Services & Service Coordination		Direct Services	
Program	Total Funding	Program	Total Funding	Program	Total Funding	Program	Total Funding
Aid to Dependent Children	\$35,320,945	Child Abuse Prevention Fund	\$450,000	Behavioral Health- Helpline, Family Navigators, Right-Turn	\$4,888,793	YTRCs	\$18,869,804
Child Care	\$99,174,028	LINCS & Prevention Professional Partners Program (BH Region 5)**	\$323,852	Nebraska Professional Partner Program	\$6,758,845	Mental Health Regional Center Operations	\$1,762,155
Economic assistance	\$59,003,127	Rapid Response Professional Partners & Adolescent Therapist Addition (BH Region 6)	\$1,490,906	Child Welfare	\$187,186,011	Community based Juvenile Centers	\$9,562,880
Children's Health Insurance	\$59,701,186	Probation Pilot	\$7,725,000	Early Development Network (EDN)	\$3,619,925	Mental Health Regional Center Operation	\$8,324,227
Commodity Supplemental Food Program (CSFP)*	\$460,000					Developmental Disabilities Community based services	\$100,964,981
						Beatrice State Developmental Center	\$52,271,999
						Medically Handicapped Children's Program	\$2,455,955
						Maternal, Infant and Early Childhood Home Visiting Program	\$3,393,572
						Immunization program***	\$22,044,554
						New born screening	\$945,697
						Perinatal child & adolescent health	
						WIC	
Total	\$254 million	Total	\$9.9 million	Total	\$202 million	Total	\$225 million



Recommendations to NE DHHS

1. Increase Preventative Services for At-Risk Children
2. Continue the Current Strategic Actions in Regards to Title IV-E Revenue Opportunities
3. Expand Opportunities in Children's Mental and Behavioral Health Care
4. Continue to Maximize Medicaid Claiming Opportunities
5. Increase Collaborations with Local Head Start Programs and CFS Division Programs
6. Implement Increased Levels of Provider Management
7. Expand the Setting/Negotiating of Provider Payment Rates



Implications for Other States

➤ Successes

- Availability of data requested
- Availability and cooperation of agency staff for interviews
- Legislative and administrative endorsement and support for the study

➤ Challenges

- Short time frame
- Multiple Agencies and Divisions that provide services to study's target population
- A number of agencies outside of DHHS that provide similar or complementary services to target population

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