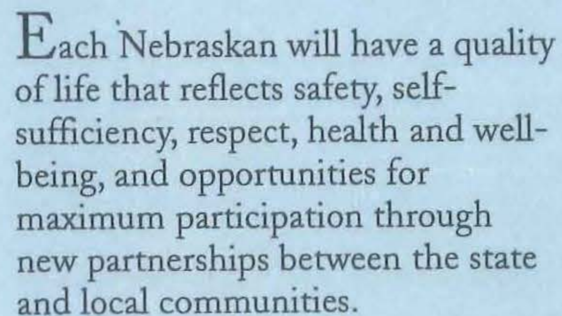


Each Nebraskan will have a quality of life that reflects safety, self-sufficiency, respect, health and well-being, and opportunities for maximum participation through new partnerships between the state and local communities.

Nebraska Partnership Project

Unified Health and Human Services for Nebraska's Future

A Blueprint for Action

December 15, 1995

Executive Summary

In January 1995, Governor E. Benjamin Nelson asked Lt. Governor Kim Robak, through Executive Order 95-2, to review health activities and increase the state's capacity to affect health policy through research, information transfer, advocacy, public/private partnerships, cooperation among communities, and coordination among service providers and state agencies. This *Blueprint for Action* is the result of a year's work and includes a summary of activities, recommendations for legislation, and a strategic action plan for creating a unified health and human services system for Nebraska.

The *Preliminary Report*, issued on September 27, 1995, concluded that "change is a necessity." The current political and economic environment presents both challenges and opportunities in funding levels. Nebraska faces growing numbers of people who are increasingly reliant on government services. The general public also wants government to be more efficient, reduce duplication, and show positive results with the use of tax dollars. Nebraskans must seize the opportunity to make the necessary changes that create a more unified and responsive health and human services system in our state.

Nebraska Partnership for Health and Human Services

The Nebraska Partnership for Health and Human Services will be guided by the following vision for Nebraska's citizens:

> *"Each Nebraskan will have a quality of life that reflects safety, self-sufficiency, respect, health and well-being, and opportunities for maximum participation through new partnerships between the state and local communities."*

The mission of the Nebraska Partnership for Health and Human Services is:

> *"To create and sustain a unified, accessible, caring and competent health and human services system for each Nebraskan that maximizes local determination to achieve measurable outcomes. To this end, the state will work in partnership with communities and their public and private sector entities."*

The new system is grounded in a set of principles and values that serve as a set of characteristics that help clarify how the system should look:

Preventive
Comprehensive and balanced
Community-based
Outcome-based
Protective
Integrated
Family-centered
Accessible
Fiscally sound
Strength-based

A key feature of the system will be its focus on achieving measurable outcomes that improve the quality of life of Nebraska's citizens. Broad outcomes are the start of a new accountability that includes the development of performance measures to mark and sustain progress. The following list of state-wide outcomes is a starting point for a more broad-based public discussion of what outcomes are important to Nebraska communities:

- Nebraskans are safe and healthy.
- Nebraskans have close relationships with home and community life.
- Families and individuals in Nebraska are the decisionmakers regarding their health and well-being.
- Nebraskans are self-sufficient and contribute to their communities
- Communities involve and value the diverse backgrounds of all Nebraskans.
- Communities nurture children, families, adults, and older Nebraskans.

A second key feature is reliance on strong, collaborative partnerships between state government and local communities to achieve agreed-upon outcomes. The new partners will work toward the same goals through flexibility, joint problem-solving, decentralized decisionmaking, and shared accountability. The partnership model has significant implications for the relationship between the state and communities. For example, as state government moves away from detailed program design and strict categorical structures, communities are newly empowered to configure resources and programs to meet local needs and produce local results.

The old way of doing business must give way to a flexible "common sense" approach developed by and for Nebraskans. The magnitude of this cultural change cannot be underestimated.

A Blueprint for Action

Proposed Legislation

As a first step toward creating a new health and human services system in Nebraska, legislation will be introduced in January, 1996 that begins to align functions, services, programs, and appropriations related to Nebraska's health and human services. The legislation will sunset these five agencies as of January 1, 1997: Department on Aging, Department of Health, Department of Public Institutions, Department of Social Services, and the Office of Juvenile Services.

A governing Policy Cabinet, an advisory Partnership Council, and the following three new functional agencies will be created: Services Delivery, Standards and Evaluation, and Finance and Support. This legislation will provide the policy direction to guide the creation of a new system, mandate the work of creating the new system, and serve as an important catalyst for change.

The proposed legislation forms a Transition Committee made up of the five directors of the sunsetting agencies to coordinate an intensive process for designing the new system during 1996. The Transition Committee must submit a report to the Governor and the Legislature recommending a plan for transitioning from the current system and implementation of the new design.

Thus, the legislation does more than just reconfigure five agencies into three. It makes clear that the new structure is intended to fundamentally change the way state government conducts business. The transition plan must address how accountability for achieving outcomes will become the system's driving force and how the state will work in partnership with communities to facilitate achievement of those outcomes.

The remainder of the legislation consists of conforming amendments needed to delineate the transfer of specific statutory authority and provisions when five agencies are eliminated and three new agencies emerge. The intent is to preserve the current allocation of program funding streams at this point in time. More specific changes must await the results of the year-long redesign process.

Design

The approach recommended for change is one of discovery through participation. There must be a path for moving from the plan to implementation. The passage of legislation is only the first step. It will be many months, even years, before all planned aspects of the new system can be fully implemented. The Action Plan for 1996 is divided into three phases and key results that must be achieved by the end of each phase:

- Legislation and Preparation Phase: January - April 1996
- System Redesign Phase: May - August 1996
- Implementation/Transition Planning Phase: September -December 1996

Participation

A meaningful participation process involving all participants lies at the heart of the Nebraska Partnership for Health and Human Services. During these three phases, frequent and regular sharing of information among state employees and the public will be critical. The process will involve as many people as possible and give voice to many ideas, perspectives, and concerns. Discussions with labor unions have already begun, as the involvement of the unions and their members is important. It is through this process of participation that all will begin to see the "bigger picture" and develop the ownership and commitment needed for the success of the new system.

There will be three avenues by which any interested person can participate in the planning process that will unfold throughout 1996:

- Active listening/staying informed.
- Public meetings and forums.
- Participation on system redesign and other task teams.

Evaluating Progress

Evaluation based on outcomes and accountability will be ongoing, with an initial evaluation targeted for January 1998. This ongoing evaluation will be the responsibility of the Health and Human Services Policy Cabinet. External feedback will be obtained through the Partnership Council as well as directly from state employees and communities. Feedback will be utilized to make continuous improvement in the system.

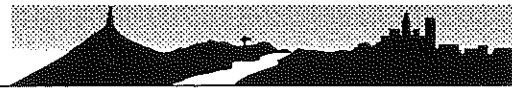
Conclusion

This process will produce a unified health and human services system for Nebraska's future that is accountable for achieving measurable results and is based on a collaborative partnership between the state and local communities.

The following principles will govern the process:

- Make sure information flows freely and is broadly accessible.
- Encourage participation.
- Look to the external to drive the internal.
- Charter teams with clear expectations.
- Learn from other states' experiences.
- Focus on the big picture.
- Incorporate feedback loops for continuous improvement.
- Foster a learning environment.
- Acknowledge successes.

Introduction



In January, 1995, Governor E. Benjamin Nelson issued Executive Order 95-2, creating the Health Policy Project to review health activities and increase the state's capacity to affect health policy through research, information transfer, advocacy, public/private partnerships, cooperation among communities, and coordination among service providers and state agencies.

Lt. Governor Kim Robak led representatives from the Nebraska Departments of Aging, Health, Insurance, Public Institutions, and Social Services in a comprehensive review of health-related activities and issues over the following nine months. As their work progressed, it became increasingly apparent that human services are so closely associated with health issues that the scope of the Project grew to include both and was renamed the Nebraska Partnership Project.

The decision was made to continue the role of the Department of Insurance in an advisory capacity and add the Office of Juvenile Services as an active participant because of its service responsibilities to delinquent youth and their families. Other state agencies may become involved as the Project moves forward.

Valuable insights about what Nebraskans need and want was gained through a review of previous reports such as the Blue Ribbon Health Care Coalition and the Interagency Health Care Advisory Committee. Additional information was gathered from several current, successful collaborative initiatives in Nebraska that partner state agencies and communities. Examples of these collaborative efforts include:

- Nebraska Good Beginnings
- Nebraska Family Preservation and Support Act
- Nebraska Action Plan to Prevent Youth Violence
- Early Intervention Act
- Nebraska Year 2000 Health Goals and Objectives
- Omaha Youth Service Center Project
- Nebraska Community Aging Services Act
- Substance Abuse Vision 2000
- Pre-Admission Screening for Nursing Home Residents
- Governor's Blueprint for Persons with Developmental Disabilities
- Behavioral Health Managed Care
- Visually Impaired Peer Support
- Veteran's Homes Adopt-a-Grandparent Program
- Comprehensive Juvenile Services Plan

Need for Change

On September 27, 1995, the members of the Nebraska Partnership Project issued a *Preliminary Report* to Governor Nelson. They concluded that "change is a necessity." (See Appendix A for the *Preliminary Report*'s Executive Summary.)

They found that the current political and economic environment presents both challenges and opportunities. The most significant challenges are the financial ones. Federal budget and welfare reform proposals signal an end to open-ended, entitlement-based support for health and human services. Overall, federal funding levels are likely to be reduced. At the same time, Nebraska faces growing numbers of children, elderly and people with disabilities who are increasingly reliant on government services. It is unlikely that Nebraska's tax system will be able to keep up with the growing service demand.

Federal reform offers significant opportunities to improve the way state government organizes health and human services. As the federal government begins to recognize that "one-size-fits-all" is a hindrance to progress, Nebraska and its communities must create their own system that meets the needs of Nebraskans.

Finally, the general public is growing increasingly disillusioned and frustrated with government. They want government to be more efficient, to reduce duplication, and to show positive results with the use of tax dollars. Increased decisionmaking at the community level is seen as an important step toward greater accountability.

A lack of coordination and fragmentation of programs at the state level prevents Nebraska's health and human services system from being fully efficient and effective. People in need of services must wade through a confusing maze of seemingly unconnected agencies and programs. The *Preliminary Report* referred to examples:

- A person or family may have as many as three different state case workers. These case workers may report to different agencies solely because the services and funds are uncoordinated.
- Nursing homes or day care centers may be independently inspected by as many as three different state agencies.
- Community organizations attempting to develop local services must navigate through a maze of inconsistent grant application procedures with different state agencies.
- It is difficult to access needed services for youth who have committed a law violation but also have serious mental health issues.
- Designating foster homes for specific agencies limits resources for other agencies who also need foster homes for children and youth.
- The maze of program requirements has in some cases become so complex that advocacy organizations have been created just to help the public navigate through them.
- An agency may pay private not-for-profit organizations to perform the same functions performed through another state agency.
- One agency's licensing policy is different from another agency's, prompting the question of whether the two populations were meant to be treated differently.
- Turf has become such an issue that in some cases neutral facilitators have been chosen to coordinate joint agency projects.

Communities remain burdened with inflexible rules and requirements that detract from their capability to provide quality service delivery.

What is also clear is that state employees want to see changes made as well. They are in a system that prevents them from carrying out their responsibilities in ways that would be more productive and efficient.

The need for change is apparent. The time is now. Nebraskans must seize the opportunity to make the necessary changes that create a more unified and responsive health and human services system in our state.

Nebraska Partnership for Health and Human Services

The Nebraska Partnership for Health and Human Services will be guided by the following vision for Nebraska's citizens:

> *"Each Nebraskan will have a quality of life that reflects safety, self-sufficiency, respect, health and well-being, and opportunities for maximum participation through new partnerships between the state and local communities."*

In order to achieve this vision, there must be a dramatic departure from the fragmented health and human service programs of today and a fundamental change in state government's relationship with local communities and its citizens. As Lieutenant Governor Kim Robak stated in the September 27th *Preliminary Report:*

> *"Our goal is to shape how services are managed for the challenges of tomorrow. Our priorities are to keep what is right, abandon what is wrong, integrate where possible and find solutions that emphasize responsibility and local control."*

The **mission** of the Nebraska Partnership for Health and Human Services is, therefore:

> *"To create and sustain a unified, accessible, accountable, caring, and competent health and human services system for each Nebraskan that maximizes local determination to achieve measurable outcomes. To this end, the state will work in partnership with communities and their public and private sector entities."*

The new system is grounded in a set of **principles and values.** These principles and values help clarify what the new system should look like. The system will be:

- PREVENTIVE by making wise investments in strategies that promote safety and well-being;
- INTEGRATED to assure that supports and services are coordinated, understandable and efficient;
- COMPREHENSIVE AND BALANCED in its responsiveness to a range of needs from wellness to crisis;
- FAMILY-CENTERED and caring by building on the strengths of family relationships as a context for services;
- COMMUNITY-BASED by forging state/community partnerships that encourage flexible service delivery while assuring high levels of accountability;

- ACCESSIBLE in the form of information and services available to Nebraskans locally, financially, culturally, and conveniently;
- OUTCOME-BASED to assure that measurable results are achieved and reported by a well-informed management system;
- FISCALLY SOUND by ensuring that financial and human resources are sufficiently invested and responsibly managed to assure progress on the outcomes in a unified and efficient system of care;
- PROTECTIVE of vulnerable individuals and families as needed to assure their well-being and safety; and
- STRENGTH-BASED using the assets of individuals, families, and communities as the basis for service.

Achieving Measurable Outcomes

A key feature of the unified system will be its focus on achieving measurable outcomes that improve the quality of life of Nebraska's citizens. Outcomes and accountability for achieving these outcomes will become the cornerstones of the new unified system. Broad outcomes are the start of a new system of accountability that includes the development of performance measures for each outcome to mark and sustain progress. These performance measures form the basis of an agreement between the state and local communities and serve to inform the partners as to how well their system is doing in achieving the outcomes they have set for themselves. Together with a common vision, mission, and values, the outcomes (and accompanying performance measures) become the focal point of a new health and human services system.

The following list of state-wide outcomes is derived from an extensive review of reports and studies from Nebraska over the past ten years and is a starting point for a more broad-based public discussion of what outcomes are important to Nebraska communities:

Outcomes for Individuals, Families, and Communities

- Nebraskans are safe and healthy.
- Nebraskans have close relationships with home and community life.
- Families and individuals in Nebraska are the decisionmakers regarding their health and well-being.
- Nebraskans are self-sufficient and contribute to their communities.
- Communities involve and value the diverse backgrounds of all Nebraskans.
- Communities nurture children, families, adults, and older Nebraskans.

Building Community Partnerships

A second key feature of the new system is reliance on strong collaborative partnerships between state government and local communities to achieve agreed upon outcomes. The system partners are working toward the same goals through flexibility, joint problem-solving, and decentralized decisionmaking. Programs serve as strategies and resources that the partners can draw upon to address problems deemed important at the community level. Shared accountability for achievement of the agreed upon outcomes creates an environment where innovative solutions and wise resource management are rewarded.

This partnership model has significant implications for the relationship between the state and communities.

Each change in state government's role creates a corresponding shift in the roles and responsibilities of the community partner. As state government moves away from detailed program design and strict categorical structures, for example, communities are newly empowered to configure resources and programs to meet local needs and produce local results.

Partnership Implications for State/Community Relationships

From Traditional System	To New System
State's responsibility for detailed local program design	Defining desired results with communities
Emphasis on detailed procedural requirements	Greater reliance on results and outcomes
Prescriptive, line-item budgeting	Flexible funding arrangements, tied to performance expectations
State decides direct service provision	Community decisions about direct services
Single agency focus in policymaking and budgeting	Multi-system planning and budgeting
Unilateral decisions by state agencies	Decisionmaking with communities as partners

The changes envisioned in the relationship between the state and local communities will evolve over time. Partnerships require adopting new behaviors as the parties learn to trust and rely upon one another's words and commitments. By focusing on outcomes, the partners agree on a common destination after which an open and respectful dialogue can occur as to how the parties will journey together to get there. Removal of barriers and seeking innovative paths become integral parts of the collaborative problem-solving process. The focus is on reinforcing continuous improvement toward achievement of the outcomes.

A "Common Sense" Approach

The old way of doing business must give way to a flexible "common sense" approach developed by and for Nebraskans. Approaches used in other states to address health and human service issues have been researched in an effort to create a system unique to Nebraska's needs. The Nebraska Partnership for Health and Human Services recommends a health and human services system of three agencies with unified and coordinated policy development, service provision, program management, evaluation, financial resources, and support services at the state level.

It is recommended that the current five agencies will sunset, or cease to exist, effective January 1, 1997, to allow for new system-wide services to be developed and implemented. The three new agencies to take their places will foster the creation of new ways of delivering services, of licensing and ensuring quality service provision, and of coordinating financing, information management and administrative support. By pooling available resources, the recommended new structure avoids the pitfall of merely shuffling old boxes into a large agency. New technology will be used to combine data across the entire system so that there will be access to the informational tools to ensure accountability. In this way, Nebraska will be able to capitalize on the flexibility that is anticipated from changes at the federal level.

As stated in the September 27th *Preliminary Report*:

"Through the coordination, consolidation and creation of a fundamentally different health and human services system, it is the intention of the Nebraska Partnership for Health and Human

> *Services to most effectively meet the needs of the state's most vulnerable citizens, to give tools to those in need to help themselves, to develop independence in those who are able, and to provide the greatest opportunity for self-sufficiency for all Nebraskans. The implementation of the Nebraska Partnership for Health and Human Services recommendations will eliminate duplication, streamline efforts, and consolidate operational support functions, thereby reducing costs."*

Alignment of human resources, financial, and information management systems will take time. Cultural change such as focus on consumer-based outcomes, continuous improvement, innovation, and collaborative teamwork will be ongoing.

The magnitude of this cultural change cannot be underestimated. The following chart compares and contrasts key components of a traditional system with a new, unified one:

Comparison Between Traditional and New System

	From Traditional System	To New System
System Organization	Fragmented, unconnected programs with rigid boundaries.	Integrated functions with flexible boundaries focused on meeting needs of consumers.
Accountability and Measures of Success	Success measured by activities, size of staff, and budget.	Success measured by achieving outcomes and customer satisfaction.
Problem Solving and Service Philosophy	Focus on correction after the fact and reducing short term failure costs.	Focus on prevention, early intervention.
Decisionmaking	Centralized, bureaucratic, high control, no incentive for innovative ideas.	Decentralized, participative; rewards innovative ideas.
Sense of Time	Slow to respond to external demands and opportunities.	Urgency; premium on quick response and faster service.
Roles and Relationships	Giving and taking directions is the norm.	Work performed by cross-functional teams as needed; tasks and problem solving are shared among team members.
Jobs	Narrowly prescribed and segmented; individuals exercise little control over how work is done or decisions made.	Broad, multi-skilled teams; individuals take responsibility for work procedures and decisions.
Information and Technology	Used to control and centralize activities.	Used to decentralize activities and provide management tools for outcomes.

A Blueprint for Action

Proposed Legislation

As a first step toward creating a new health and human services system in Nebraska, legislation will be introduced in January 1996 that begins to align functions, services, programs and appropriations related to Nebraska's health and human services. The legislation will sunset the following five agencies as of January 1, 1997: Department on Aging, Department of Health, Department of Public Institutions, Department of Social Services and the Office of Juvenile Services. The legislation will create an advisory group, a governing body, and the following new agencies: Services Delivery, Standards and Evaluation, and Finance and Support. Other agencies whose programs bear on health and human service objectives, such as the Departments of Education, Labor, and Economic Development, may become involved in the future.

This legislation will provide the policy direction to guide the creation of a new health and human services system, mandate the work of creating the new system to proceed, and serve as an important catalyst for change.

The proposed legislation recommends a fundamental restructuring of the state agencies currently responsible for administering health and human services programs. The current structure evolved as a series of independent programs added to agencies by Congress and the state Legislature over time. They were not created as a unified system and, consequently, do not operate as one. Each agency's activities operate within strictly prescribed programmatic borders with little opportunity or incentive to view how its program interrelates with other programs serving the same set of consumers or to evaluate the impact that the programs together are having on those consumers or other agencies. The resulting effect on Nebraska communities and citizens is confusion, inaccessibility, redundant paperwork, lack of responsiveness, and unnecessarily burdensome rules and requirements.

The proposed three new agencies and a description of their purposes and functions is set forth below:

- **Health and Human Services Delivery** — To develop and ensure achievement of specific health and self-sufficiency outcomes for Nebraska's individuals and families by creating innovative, cost-effective, and integrated ways of delivering health and human services through state/community partnerships that include both the public and private sectors.
- **Health and Human Services Standards and Evaluation** — To develop and ensure the highest standards of quality among Nebraska's health and human service providers by using a common sense approach to regulation and licensing that focuses on compliance consistent with goals, and ensuring quality through continuous improvement and public accountability.
- **Health and Human Services Finance and Support** — To develop integrated financial, information, and administrative management systems that ensure the fiscal integrity of the health and human services system, facilitates and manages consolidated funding

wherever appropriate, and provides meaningful data with which to manage and evaluate the system's achievement of measurable results.

The legislation proposes two additional groups; a Health and Human Services Policy Cabinet to serve as a governing body and a Health and Human Services Partnership Council that will function in an advisory capacity to the Policy Cabinet. The following describes their duties:

- **Health and Human Services Policy Cabinet** — The Policy Cabinet shall be made up of the directors of the three agencies and a Policy Cabinet Secretary, appointed by and serving at the pleasure of the Governor. Directors of other agencies may be appointed as ad hoc members for specific needs. This Policy Cabinet shall:
  - Develop strategic plans;
  - Prepare and recommend budgets;
  - Develop and establish consistent priorities and policies for allocation and distribution of resources;
  - Integrate services of the agencies; and
  - Evaluate the state's progress toward achieving agreed upon outcomes.
- **Health and Human Services Partnership Council** — To review and evaluate the extent to which the outcomes are achieved and to make recommendations for system improvements to the Health and Human Services Policy Cabinet. The Policy Cabinet Secretary shall serve as Chair of the Council and shall be responsible for the general administration of the activities of the Council, and for coordination of Council activities with those of the Policy Cabinet. The Partnership Council will include not less than seven nor more than 14 members, including the Chair. Members are appointed by the Governor with consent of the majority of the Legislature. This advisory group shall:
  - Obtain the community perspective and participation through public hearings, ad hoc task groups, and other methods;
  - Facilitate communication between broad-based community coalitions and the health and human services system;
  - Serve as a link to community and local service networks and systems; and
  - Perform other specific duties as assigned by the Policy Cabinet.

Finally, the proposed legislation forms a Transition Committee made up of the five directors of the sunsetting agencies to coordinate an intensive process for designing the new system and to submit a report to the Governor and the Legislature by December 1, 1996, recommending a plan for transitioning from the current system and implementation of the new design.

Thus, the legislation does more than just reconfigure five agencies into three. It makes clear that the new structure is intended to fundamentally change the way state government conducts business. The transition plan must address how accountability for achieving outcomes will become the system's driving force and how the state will work in partnership with communities to facilitate achievement of those outcomes.

The remainder of the legislation consists of conforming amendments needed to delineate the transfer of specific statutory authorities and provisions when the five agencies are eliminated and the three new agencies emerge on January 1, 1997. Despite the detail involved in reallocating a lengthy list of statutory provisions, the intent is to preserve the current allocation of program

funding streams at this point in time. For simplicity, all operating expense funds will be transferred to the new departments in which the corresponding employees will reside. All program dollars will reside in the Department of Health and Human Services Finance and Support. Finance and Support is also where Medicaid dollars will reside and that department will serve as the official fiscal agent for Medicaid purposes. More specific changes must await the results of the year-long redesign process which will make recommendations to the Governor and the Legislature for further action.

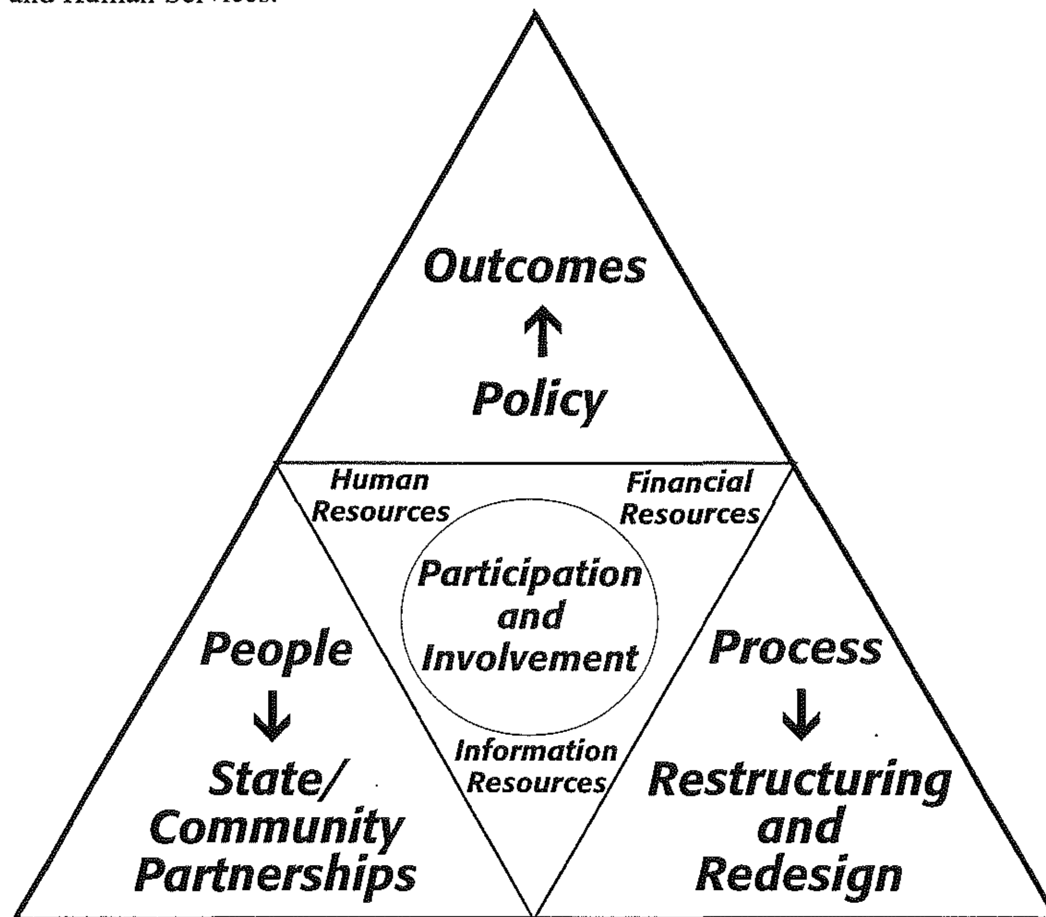
As a framework, the proposed legislation intentionally leaves many questions unanswered. A fundamental premise of the legislation and the approach recommended in this report is one of discovery through participation. Over the coming months and years, the process will engage Nebraska's citizens and communities in working with the state to develop the best possible system for delivery of health and human services — one that listens to the needs voiced by Nebraska's citizens and that is based on achieving clear outcomes for those citizens through public/private partnerships between the state and local communities.

The answers will not be developed in isolation, but rather through a participative process that will afford state employees, service providers, consumers, and advocates a meaningful opportunity to shape the design of the new system based on a common set of objectives. Thus, the principles of outcome-driven, partnership-based, citizen/community focused, and meaningful participation that are being followed during the process for developing the new system will actually mirror the principles underlying the system itself.

Design

While having executive and legislative leadership's commitments are fundamental for moving forward, there is still a considerable distance between the new system's conceptual framework and operational reality. There must be a path for moving from the plan to implementation. The passage of legislation in 1996 to form three new agencies is only the first step. In reality, it will be many months, even years, before all planned aspects of the new system can be fully implemented.

The following graphic illustrates the key change elements of the Nebraska Partnership for Health and Human Services.



The outer triangles represent the three cornerstones of the design for creating the new unified health and human services system in Nebraska:

- Policy will be *outcome*-driven;
- The process will be to *restructure and redesign* the operations of five sunsetting agencies into three new outcome-focused, functional departments; and
- The people will relate through *state/community partnerships* to achieve the outcomes.

In order to support the new system, *human, financial, and information resources* will need to be used to their fullest potential. Finally, at the heart of the design is the critically important *participation and involvement* from both state employees and other interested participants.

In the short term, much groundwork can be laid during 1996. It will be a process that focuses on the workings of state government and state employees, as well as relationships between state government and other participants of the health and human services system from both the public and private sectors. This moves beyond organizational change into the more complex and comprehensive realm of systems change. In addition to the initial legislative changes that focus on restructuring the state agencies, there will be significant cultural and process changes that must be managed for the transition to the new system to be successful.

The Action Plan for 1996 is divided into three phases and lists the key results, or "process milestones," that must be achieved by the end of each phase.

Action Plan for 1996

Legislation and Preparation Phase: January-April 1996

- Pass initial legislation.
- Determine broad outcomes from interactive citizen/community forums.
- Establish communication infrastructure.
- Assess employee opinions and comments.
- Determine current status of information and financial management systems.
- Charter and train system redesign teams.

System Redesign Phase: May-August 1996

- Receive citizen/community input on system redesign.
- Receive recommendations from system redesign and other teams.
- Complete partnership blueprint.
- Develop 1997-1999 budget.

Implementation/Transition Planning Phase: September-December 1996

- Receive citizen/community feedback on recommendations and implementation needs.
- Prepare legislation for 1997 session.
- Complete implementation/training plan.

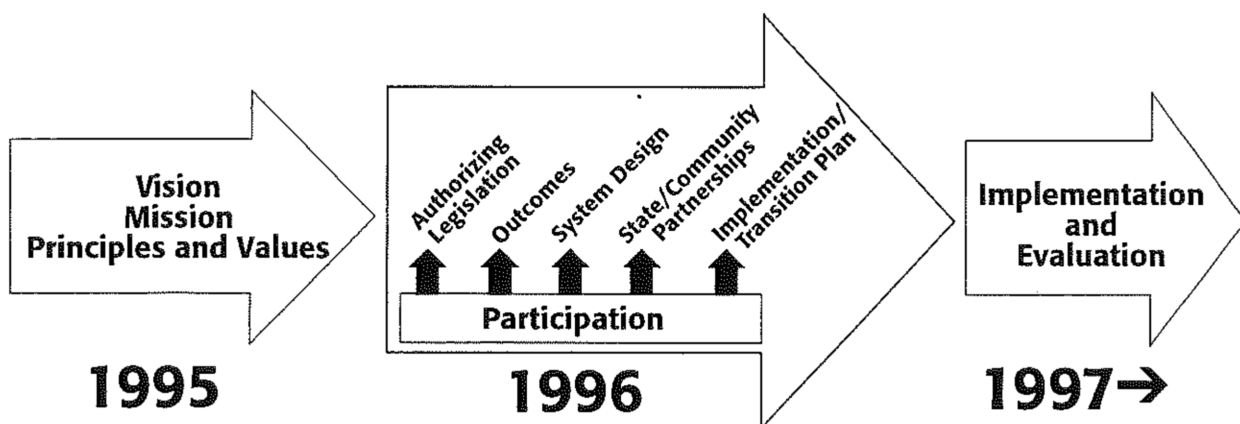
During all three phases, frequent and regular sharing of information among state employees and the public will be critical. The process will involve as many people as possible and give voice to a diverse range of ideas and concerns. A variety of forums will be held and technology will be used to the maximum extent possible to facilitate communication. The goal is for every Nebraskan who wants to participate to have meaningful involvement in the process.

It will also be important to acknowledge successes to reinforce what's working and to keep the momentum going. Finally, learning opportunities should also be arranged (such as exposure to other states' experiences) and encouraged throughout the process.

Beyond 1996, the specifics will depend on the redesign recommendations. Additional legislation may be needed for the 1997 session.

While the complete picture of the new system is currently not known, participants need to have a sense of where they will fit in the picture and how they can participate. It is through this process of participation in building the new system that all participants will begin to see the "bigger picture" and develop ownership of, and commitment toward, achieving the expected goals and outcomes that will be needed to ensure the new system's success.

The following graphic depicts the process as it is expected to unfold. The key outcomes for the 1996 planning process are in the middle arrow, highlighting the key roles that participation and involvement will play in each. This 1996 process is preceded by the elements of this report setting forth the project's vision, mission, and guiding principles. As the process moves into 1997 and beyond, implementation and evaluation will characterize the next phases.



It is important to point out several things about this process. The change process is not usually linear. Actions may not occur in neatly sequenced progressions, but rather at times sequentially, at other times in parallel and cycling back. Some of the changes that will be moving forward simultaneously include legislative, structural, cultural, and work processes. The process will involve widening the circles of involvement to expand knowledge and participation across broader groups of people. Change will not be easy; it is a challenging process, but it does come with significant rewards.

Participation

A meaningful participation process involving all participants lies at the heart of the Nebraska Partnership for Health and Human Services. The gathering and sharing of information has been identified as crucial to the success of the Nebraska Partnership Project. In early August, a Communication Team began developing strategies to introduce the Nebraska Partnership Project to policymakers, state employees, and the public, and to initiate a continuing, meaningful dialogue. (See Appendix B for a Summary of Communication Activities through December 15, 1995.

Participation and involvement can and must occur at multiple levels and across multiple sectors of the current system in order to incorporate the diverse range of perspectives and to begin to build the necessary relationships across existing agency lines that currently do not exist. All levels of participants must be included.

This *Blueprint For Action* takes into account the fact that the nature and level of involvement will differ among participants. Involvement will range from merely staying informed to attending a public forum to providing input and feedback to active participation on a redesign team. Who participates will also depend on the particular issues. Certain groups will have particular interest in some issues based on the needs of their constituencies. For example, discussions with labor unions have already begun, as the involvement of the unions and their members is important. Representatives of the Partnership effort and the labor unions will meet regularly.

There will be three avenues by which any interested person can participate in the planning process that will unfold throughout 1996:

1. **Active Listening.** Staying informed by listening to the ongoing flow of updated information about the process and providing feedback on an ad hoc basis as desired. This form of participation will be available throughout the planning process. Anyone can take advantage of it.

2. **Public Forums.** Attending employee/public meetings and forums and providing input and feedback as requested. These will be held throughout the state, often using state-wide videoconferencing capability to minimize travel costs. Current plans are:

- To hold **information sharing meetings with state employees** across the state, possibly using videoconferencing, in January to create more understanding about the newly introduced legislation. These meetings might be held together with community meetings. An information briefing for agency administrators will be held prior to these meetings so they will be able to respond to questions from employees and the public.
- To hold a first round of **public forums in communities** across the state focused on eliciting citizen /community priorities for **citizen/community and system outcomes**. These meetings would take place at the earliest in late January or early February. This could also be an ideal opportunity to bring in representatives from other states to share their experiences. This might also be combined with training at the community level around results-based governance and working in partnership.
- To hold a second round of **public forums in communities in May** to elicit citizen/ community input for the teams assigned to **redesign the work** of the service delivery and standards and evaluation agencies.
- To hold a third round of **public meetings in September** to share the system redesign teams' **recommendations**, elicit feedback, and discuss implementation issues and strategies.

3. **Team Participation.** Becoming a member of a task-oriented or system redesign team requires a commitment of time and energy that not everyone will be prepared to make. However, team participation affords the most direct means for shaping how the new system will look and can therefore be tremendously rewarding.

The team charters will spell out the expectations that the team must accomplish; when they must be accomplished; the authority and resources of the team; parameters or constraints; and criteria for team membership.

Redesign teams will be chartered by the Transition Committee to coincide with the three new agencies: Services Delivery, Standards and Evaluation, and Finance and Support. Subteams may also be needed in order to focus on manageable components of the larger service delivery

system. State employees will be encouraged to participate. Volunteers will be solicited at the public meetings and members selected based on needs of the particular team. The involvement of the labor unions and their members is important. Training for redesign team members will be scheduled in April, teams will begin their work in May, and recommendations will be required by September 1, 1996.

Other task teams will be chartered to address issues related to the alignment of human resources, capacity building, data, and communications in support of the new system. The Transition Committee will set required completion dates and can also charter any other teams that they believe are needed.

The participative planning process will have been successful if it:

- Reinforces the soundness of the Partnership's fundamental vision, mission, and values.
- Positions the state as a more effective partner to Nebraska communities and citizens in creating a unified system for health and human services that is more responsive to the needs of Nebraska's citizens.
- Makes sense to state employees and the general public.
- Keeps state employees and the general public informed.
- Affords state employees and the general public meaningful opportunities to participate.
- Facilitates and supports smooth implementation beginning January 1, 1997.
- Is flexible enough to adapt to changing circumstances such as federal funding reductions and welfare reform.

Evaluating Progress

The *Preliminary Report* indicated there would be ongoing evaluations of the system, with the first targeted for January, 1998. These evaluations, based on outcomes and accountability, will assure that the unified health and human services system uses common sense business practices in the financing of government services, delivers quality services more efficiently in a customer-friendly manner, and creates a unified health and human service policy. Outcomes and accountability for achieving these outcomes will become the cornerstones of the new unified system.

This ongoing evaluation will be the responsibility of the Health and Human Services Policy Cabinet. External feedback will be obtained through the Partnership Council. However, other feedback should be obtained on a regular basis directly from state employees and communities through focus groups and surveys to broaden the scope of input received. Feedback will be utilized to make continuous improvement in the system and in the process for creating and sustaining the system.

Conclusion

The implementation of the recommendations contained in this Nebraska Partnership for Health and Human Services report will be the beginning of a journey for state employees, consumers, communities, advocates, policymakers, and the health and human services industry. It will be a challenging one, but it will also set forth a promising tomorrow for Nebraska's citizens. It will take commitment, determination, and vision. All persons with a stake in the process need to have their voice heard to create the best possible system. This process will produce a unified health and human services system for Nebraska's future that is accountable for achieving measurable results and that is based on a collaborative partnership between the state and local communities.

The following principles will govern the process:

- **Make sure information flows freely and is broadly accessible.** Meaningful participation depends on accurate and timely information. Every effort will be made to open new channels of communication, through electronic means and otherwise, to speed up the transmission of large amounts of information across a wide audience.
- **Encourage participation.** This must be more than lip service. For example, state employees may need to be granted time to attend meetings. Meeting locations, times, and notification will all be designed to maximize opportunities to attend. Teleconferencing and videoconferencing will be used to minimize travel costs to the extent feasible.
- **Look to the external to drive the internal**. Participants, including state employees, must have a voice regarding the needs and what might be the best ways of addressing those needs.
- **Charter teams with clear expectations and equipped with facilitators to keep team work focused**. This should better enable teams to stay on task and on time.
- **Learn from other states' experiences**, and incorporate what's learned into a plan tailored specifically to meet Nebraska's needs.
- **Focus on the big picture**. More progress will be made when issues can be viewed in relation to their impact on the larger system, as opposed to particular programs.
- **Incorporate feedback loops for continuous improvement** and to evaluate how well the process is working.
- **Foster a learning environment** and equip people with new skills to build capacity.
- **Acknowledge successes** and reward innovation.

Appendix A
Preliminary Report Executive Summary
September 27, 1995

In January 1995, Governor E. Benjamin Nelson asked Lt. Governor Kim Robak to review health and human services activities currently existing in five state agencies. The result is this *Preliminary Report* which, based on the findings, recommends the end of the Health Policy Project and the creation of the Nebraska Partnership Project. The Final Report will be issued by December 15, 1995, as required in Executive Order 95-2.

The vision of the Nebraska Partnership Project is a unified health and human services system that will:

- Use common sense business practices to ensure accountability and economy in the financing of government services.
- Provide quality services in a competent, coordinated and caring manner.
- Create a unified health and human services delivery system operating under consistent policy and responsible for specific results.

Nebraska's health and human services programs were not created as a unified system. Many of the critical health and human services issues Nebraska faces today are a result of uncoordinated and federally dominated growth in services and programs.

Today, Nebraskans have a rare opportunity to make significant, necessary and meaningful changes, changes in the structure of government that will ensure coordination, quality, and accountability. Change is not an option — it is a necessity:

- The tax system will not sustain historic growth rates in health and human services expenditures.
- Federal reform is shutting off open-ended support for health and human services budgets.
- Federal reform offers significant opportunities to improve the way state governments organize health and human services.
- There is a growing frustration among the general public which is demanding demonstrated results, an end to spiraling costs and increased decisionmaking at the local level.
- Managed care concepts of promoting coordination, cost efficiencies, and networks adopted by the health care industry offer new opportunities for state government to meet the needs of the state's most vulnerable citizens.

Conclusions and Recommendations

The Nebraska Partnership Project recommends a dramatic departure from the fragmented programs of today. It recommends one system, a system that is unified, coordinated, competent, and accountable.

- The Nebraska Partnership Project recommends a unified health and human services system in Nebraska that includes the following functions:
  - Health and Human Services Policy Council
  - Health and Human Services Delivery
  - Health and Human Services Standards and Evaluation
  - Health and Human Services Finance and Support.
- A Policy Council will ensure unified health and human services policies and a delivery system with demonstrated results.
- Health and Human Services Delivery will be accountable for managing all services and programs, whether contracted or directly delivered by the state.
- Standards and Evaluation will be responsible for compliance, licensing and assuring quality.
- Finance and Support will unify administrative activities, finance and information management functions.

The Nebraska Partnership Project recommendations will eliminate duplication, streamline efforts and consolidate operational support functions, thereby reducing costs.

Next Steps

The Nebraska Partnership Project recommends:

- That the agency directors form a transition Policy Council to develop and coordinate a blueprint to move the Project forward. Agencies involved will be the Departments on Aging, Health, Public Institutions, Social Services and the Office of Juvenile Services which is part of the Department of Correctional Services. Other agencies may become involved as the work of the Nebraska Partnership Project progresses.
- That legislation be prepared by the Policy Council for introduction in the 1996 Legislative Session to begin aligning functions, services, programs and appropriations and to sunset existing agencies.
- That the Policy Council provides for public participation in developing a unified health and human services system.
- That the Policy Council ensures ongoing evaluation of the implementation plan.

APPENDIX B
SUMMARY OF COMMUNICATION ACTIVITIES

Communication with Employees

Outreach to the 6,000 state employees in the five affected state agencies has included information sharing and gathering through a number of different communication methods.

An August 11, 1995 memorandum from Governor Ben Nelson provided an update to state employees on the Health Policy Project. On September 27, 1995, a memorandum signed by Lt. Governor Kim Robak and the five agency directors announced the release of the *Preliminary Report* and the establishment of the Nebraska Partnership Project. This mailing also included a copy of the Executive Summary, a Question/Answer sheet, and information about an OfficeVision electronic mail address and a telephone Information Line dedicated to questions and comments about the Nebraska Partnership Project.

The telephone Information Line (402-471-6035) and the electronic OfficeVision address (GOVINFO) were established in September so employees could provide detailed messages, questions, or concerns about the Project and receive timely responses. During November, additional E-mail capabilities were established through govinfo@vmhost.cdp.state.ne.us. Eighteen employees have used these methods of communication.

A newsletter, entitled *A Progress Report to Employees*, was developed to provide information and answer employee's questions during various stages of the Project. Each of the 6,000 employees received copies of the first three issues of the *Progress Report*, published in early October, November 6, and December 1, 1995.

Employee and Community Presentations

A series of employee and community presentations were held between October 30 and November 28, 1995. Lt. Governor Kim Robak, the five agency directors, and others traveled the state to present information about the Nebraska Partnership Project to state employees and the public. Employees were notified of the presentations through the *Progress Report* newsletter and through usual agency communication methods. News releases were used to inform the public of the community presentations. An October 27 mailing to 61 organizations interested in health and human services issues included the community presentation schedule.

A total of 26 employee and 13 community presentations were held in 16 locations. A multimedia slide presentation was developed as a visual aide to assist the speakers in presenting the proposal. A total of 934 people attended the presentations.

People who attended the presentation received a six question comment form. The comment form was also included in the November 6, 1995, *Progress Report* for employees who were unable to attend any of the presentations. A total of 614 comment forms were returned. From these 614 forms, 521 (85%) were from state employees.

Three questions were designed for attendees to respond on a five point scale to gauge their overall support of the Project. The questions and results are as follows:

Scale = 5 (very well) 4 3 2 1 (not at all)

- **How well did this presentation address your questions about the process for input and implementation of this model?** Median score = 3.44
- **Do you think the state is on the right track in the reorganization effort?** Median score = 3.52
- **How supportive are you of the new structure set forth in the Nebraska Partnership Project?** Median score = 3.56

Two questions, and an opportunity for additional comments, provided a variety of comments and suggestions. Several main themes kept arising and delivered a prominent message:

- **What benefits do you see in this framework for reorganizing the way health and human services are delivered to Nebraskans?** (Out of 614 forms , 514 responded)

  Main themes:

  - Streamlining the process/Less duplication of services
  - Cost savings Better access for consumers/Single point of access
  - Better service delivery/Efficiency, accessibility
  - Less bureaucracy
  - Allow for better information systems

- **What obstacles do you see in this framework for reorganizing health and human services delivery?** (Out of 614 forms, 500 responded)

  Main themes:

  - Turf issues/Communication/Collaboration
  - Politics/Special interests/Change in administration
  - Resistance to change by employees/Old mindset
  - Timeframe for such a large project/Confusion in transition
  - Loss of services to rural areas
  - Retraining of employees/Morale
  - Fear of job loss/Job change
  - Money/federal financing/Budget sharing
  - Staff not being included in decisionmaking
  - Super caseworker/Overload

- **Additional Comments.** (Out of 614 forms, 180 responded)

  Main themes:

  - Please have front line employees involved in decisions and not just upper management and administrators
  - Need more information to comment

- Looks bigger and more complicated than we have now
- Are there other states' efforts to model
- Continue communication efforts on progress of Project
- What about other agencies' involvement in this Project
- The Policy Council membership needs to included others
- We want to be included, how do we get involved

Communication with Others

Outreach to policymakers, advocates, and interested professional organizations began with the release of the *Preliminary Report* on September 27, 1995. Nearly 300 people were contacted by telephone or letter providing information and explaining the need for a unified health and human services system. The letters included a copy of the Nebraska Partnership Project *Preliminary Report* or its Executive Summary.

On October 27, 1995, a mailing was sent to 61 organizations interested in health and human services issues. The letter provided information about the Nebraska Partnership Project, the upcoming community presentation schedule, and solicited opportunities for speaking engagements. An article about the Project, written by Lt. Governor Robak, was enclosed for inclusion in any of the organization's publications.

Speaker's Bureau and Additional Mailing List

The Nebraska Partnership Project has received a number of requests for information. A Speaker's Bureau has been developed to respond to requests for speaking engagements. Members of the Speaker's Bureau, primarily Lt. Governor Robak and the agency directors, have fulfilled over 45 speaking requests to community and professional organizations. In addition, they have provided information about the Project while speaking to organizations about other issues.

Approximately 40 letters and/or phone calls requesting additional information have been received from individuals not otherwise contacted by the Project. Information has been provided and the names of these people have been placed on a mailing list to receive updated information.