

DHHS – Citizen Review Panel
Annual Report: October 1, 2018 – September 30, 2019
Submitted: October 28, 2019

This report addresses the actions taken to satisfy the scope of services for facilitation of the Alternative Response Citizen Review Panel (CRP) as outlined in the agreement between the Nebraska Department of Health and Human Services and Nebraska Children and Families Foundation. This report fulfills the annual reporting requirement of the October 2018- September 2019 contract cycle, and includes activities undertaken to facilitate and maintain the AR CRP recommendations from 2018 and implemented from Oct 1, 2018 to March 31, 2018.

Scope of Work: Provide administrative support to the Nebraska Child Abuse Prevention Treatment Act (CAPTA) Citizen Review Panel for Alternative Response.

Nebraska Children provides staff support to facilitate meetings of the AR CRP. This support includes arranging meeting locations, dates, times, agendas, minutes, copying and arranging for child care when necessary. This support also involves recruitment and support of family and caregiver participants.

Scope of Work: Assure that the Panel is composed of volunteer members who are broadly representative of the diversity in the state and includes members how have expertise in the prevention and treatment of child abuse and neglect and may include adult former victims of child abuse and neglect.

In order to involve families in the review process, the CRP expanded to prioritize family voice, which includes the recruitment of families involved in Community Response, Alternative Response, Traditional Response, and/or other prevention systems. We ran two separate groups to provide feedback on AR issues. The first was focused on young adult pregnant and parenting issues. The second group was community-issue focused and based in Norfolk. Both groups were open to the public and we invited new members frequently to enhance discussion.

Scope of Work: Provide Support for meetings that occur at least once every three months.

The Alternative Response Citizen Review Panel meets at least once in-person each quarter. The pregnant parenting focused CRP met in October 22, 2018 in Omaha to talk about updating the parental bill of rights. The next meeting happened in January 30 in Ashland. The group discussed what rights they wanted to highlight for the DHHS Bill of Rights and talked about how to implement the pregnant and parenting bill of rights. The group met March 20 in Omaha and discussed feedback from feedback from DHHS and national partners. While changing the actual bill of rights might be difficult, the group could review the standards of practice to ensure young parents in care are receiving the proper support. One of the ideas discussed on how to find methods to have a legislative impact through an interim study about how pregnant/parenting youth are being served in foster care. At the May 8 meeting, the group

*AR CRP Annual Report to DHHS
Nebraska Children and Families Foundation
October 31, 2019*

discussed proposing a legislative resolution for an interim study. The group reached out to Sen. Michaela Cavanaugh to see if she would sponsor a legislative resolution for the study, which she eventually did. The members also shared personal stories that they wanted to convey with the senator for the upcoming meeting. The group met again in July in Ashland. They started with a discussion about PRAMS and the study they are conducting about resources and serves for new mothers. The group then discussed how they would move forward with their interim study. They decided that the best way to handle the event for the interim study, which they decided would be a separate steering committee.

The minutes for these meetings can be found in Appendix A

The community-based CRP met four times from June to September. The first meeting in June was designed to be a town hall where community members could voice their opinions about state services and programs offered by DHHS. During its July meeting, the group continued the conversation and began to focus the conversation around some themes such as using clear language in communications, expanding Medicaid, improving mental health services and administration of the food stamp program. As part of the third meeting in August, the CRP invited a representative from DHHS to provide his insight to the previous topics. Mike Puls talked about how his staff deals with challenges and finding appropriate care for young people in the system. He also reviewed the positives DHHS has had with Community Response program. At the final meeting in September, the group reviewed previous discussions and talked about what services and supports would exist in their dream world.

The minutes for the Norfolk meetings can be found in Appendix B.

Scope of Work: Assure that the CRP examines the policies and procedures and practices of the State and local agencies and where appropriate, specific cases, evaluate the extent to which the State and local child protection system agencies are effectively discharging their child protection responsibilities in accordance with state plan, the child protection standards and any other criteria that the panel considers important to ensure the protection of children, including a review of the extent to which the State and local child protective services system is coordinated with the foster care and adoption programs.

The following recommendations were made by the Parenting and Caregiver CRP

- Additions to the Foster Care Bill of Rights
 - I will have a voice in who will be my informal supports.
 - To Be provided the same rights and opportunities if I should become pregnant as any other individual who is not in foster care.
 - If I am parenting or become pregnant, DCFS will connect me to resources and supports available to young parents.
- Update the Standards of Care
 - The document is needed for case workers and should be reviewed with them annually.
 - Include a youth-friendly version
 - Include area to write notes and questions/journaling

- Need special coaching for parents in foster care – don't wait until the baby is born, it's needed when first become pregnant
- Need foster parent training and standards of practice – so foster parents can help the youth in care, non-judgmental

The following recommendations were made by the Parenting and Caregiver CRP

- Implement the Medicaid expansion – this will help reach more people who are struggling to make ends meet financially. Currently, caregivers maintain a delicate balance between earning enough to afford necessities and making too much where they lose access to programs and benefits. The current standards are complex and difficult for married couples to qualify.
- Strive to use clear language in all communication with those using services – communication about various programs, including Medicaid, can be quite cumbersome and confusing for some benefits users.
- Expand Mental Health Services offerings – the lack of service providers, including those who accept Medicaid, limits the services provided to community members. The members would also like to see respite care provided for parents who are dealing with children with high needs.

Scope of Work: Inform the members and staff of the CRP that they shall not disclose to any person or government official any identifying information about any specific child protection case with respect to which the Task Force is provided information and shall not make public other information unless authorized by State statute. This assurance shall be documented by the completion of a confidentiality statement.

The CRP does not review individual child protection cases as part of their work. However, they do gather the feedback of their peers and utilize their own stories of system involvement. Confidentiality of the stories shared by CRP members and their peers or families during meetings is captured within the group's values of confidentiality and safe space. No personal stories are captured in meeting minutes or documents without the direct permission of the owner of that story.

Scope off Work: Assure that the CRP provides for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations.

Both the Caregiver CRP and the Norfolk Community CRP were both open to the public and welcomed new members during the process. Information about the first meeting in Norfolk was shared via social media and advertised in the Norfolk Daily News.

Appendix A: Meeting Minutes from Young Caregivers CRP

Family CRP Meeting October 22, 2018 Project Everlast – Omaha 5 p.m. – 7 p.m.

- Pregnant & Parenting Bill of Rights

Overall Themes

- Paternal Rights
- Discipline
- Parent Education
 - o Incentive-based classes
- Continuing Education Track
- Respite Care

Parenting Bill of Rights

- Need quick response times from case workers (parenting needs are often urgent)
 - o Access to care with the first 8 weeks
- Father's Rights/Input
 - o Healthy feeding other than breast feeding
 - o Single Father's education
 - o Education/parenting skills/ access to doctor for questions
- Continuing education/life skills
- Information sharing prior to birth /between mother and father
 - o How do father's get support? Parent education
- Teamwork with case workers to share responses (access)
- Continuing education
- Language updates: runaway changed to missing youth
- Right to living environment that supports the unique needs of young person and their child
- Right to be recognized as a unique young person and be supported to parent within the best of their ability
- Right to choose support system
- Right to decide on birth plan with medical provider
 - o Doula, midwife, OB
- Be educated of options and make decisions
- Right to have a voice in best match for foster home
- Training for young parents

- Training events – community education session in schools, churches, daycares, foster care agencies

Parking Lot

- Red Book
- Transitioning out of care/system
- What's next?
 - o We will take document to DHHS to get their feedback and we can refine rights
- Next Meeting
 - o Hope to have feedback from DHHS at the next meeting to finalize BOR

Family CRP Meeting

Jan. 30, 2019

Parker's Smokehouse

- Welcome
- Dinner
- Pregnant & Parenting Bill of Rights discussion
 - o Received feedback from former DHHS workers as well as from national partners
 - o Main Recommendations to highlight
 - Right to access legal counsel to determine parental plan/custody arrangement
 - o Include paternal rights and responsibilities
 - o Timing of documentation
 - Right to choose parental education
 - o Strongly encouraged
 - Right to choose to continue education path
 - o Highly encouraged
 - Right to know of post-system supports and programs
 - o How to implement
 - Book kept in foster home (specific to youth)
 - Review Quarterly
 - Access to what youth need (worker phone number, etc)
 - Ongoing conversation about rights
 - Under age 13 – use concrete examples in verbal explanation of rights (less confusing) or picture book
 - Data about how many meet the 72-hour requirement

- Technology
- Provisions of services document review
 - Introduced document that covers services.
 - Take home and reply to Sara with any ideas for feedback by next Wednesday
- Next Meeting in March

Parent and Caregiver Citizen Review Panel March 20, 2019 | Project Everlast Omaha

NOTES

- Review Bill of Rights feedback from Department of Health and Human Services
 - DHHS provided 2 additions to current youth Bill of Rights
 - Feedback from CRP:
 - Reference to standards of care/practice
 - Last bullet, “connect me to...”
 - Develop a standard for case workers in working with young adults that are pregnant and/or parenting and also in foster care
 - Binder/folder for pregnant and/or parenting youth in care
 - Include EDN wheel
 - Maybe connect to the “What Now?” guide?
 - Technology or app – is there something we can use as the “standard” for young people in care or do we need to develop it?
- Legislative policy change
 - Feedback from CRP:
 - Need to know what is working and not working for youth in care (and B2i) that are pregnant and/or parenting
 - How do we stop the cycle? (48% children in care have a parent that was also in care) Is Nebraska doing enough?
 - How do we pay for respite care for young parents in foster care?
 - Interim study to review pregnant and/or parenting youth being served in foster care
 - Help us to develop standards of care for special population – what is working, what is missing?
 - How will Family First legislation impact this population?
 - Pregnant/parenting youth exempt from congregate care requirements
 - Developmentally appropriate support
 - Postsecondary education opportunities – many young parents not able to continue education due to “cliff effect”
- Standards of care

- Feedback from CRP:
 - Needed for case workers
 - Include a youth-friendly version
 - Include area to write notes and questions/journaling
 - Need special coaching for parents in foster care – don't wait until the baby is born, it's needed when first become pregnant
 - Need foster parent training and standards of practice – so foster parents can help the youth in care, non-judgmental
- Reviewed other states standards of practice documents – CRP liked all of the content, will continue to review and provide feedback
- Recruit more young people for CRP
- Next Steps:
 - Send documents in Word for edits/comments – Sara
 - Review documents, determine what information to include in Nebraska's standards of care – All
 - Follow-up with DHHS about Bill of Rights edits – Sara/Mary
 - Interim study next steps – Lincoln
 - Next meeting: May 8th 5:30pm Omaha
 - Director Wallen to join a future CRP meeting

Family CRP Meeting
 May 8, 2019
 Project Everlast – Omaha
 5:30 p.m. – 7 p.m.

- Members present: Ashley Schmidt, Mary Hoff, Miah Sheppard, Mercedes Brown, Bobbi Taylor, Raevin Bigelow, Mary Pinker, Sara Riffel, Lincoln Arneal
- Interim Studies update
 - Talked with Sen. Cavanaugh about introducing our proposed interim study; meeting got cancelled, currently trying to reschedule
 - Questions from Sen. Cavanaugh's aide
 - Is primary goal to raise awareness/collect data and see support or it is to propose legislation next year
 - More focus on data collection, but if data reveals stark differences then maybe legislation
 - Focus on services missing for parenting youth in care (i.e. respite care)

- Will we want a public hearing or convening meeting with senators and stakeholders to share data?
 - Yes; yes
 - Director Wallin wants to meet with the group; would be a good chance to meet with him once we have the data
- Any personal experiences that would be important for senator to know when presenting the issue
 - Issues with case managers wanting to take away children when in care
 - Can young person have their own voice; often the youth is shut down
 - Include respite care
 - Miah shared story about running from officials when they told her that they were going to take away her child
 - Establish plans to reconnect parent and child for long-term relationship; provide meeting space for them if necessary
 - Most important part of life is when a child is developing 0-2 with the mother
 - Are there enough placements available for a foster child to live with their infant?
 - Even if don't have child while in the system, letting aged-out youth know about supports for parenting
 - Make sure educational supports exist
 - CSI was a good program; Heartland Family Services
 - Geneva no longer has pregnant and parenting curriculum
 - Better Together program with Family Works – Heartland Family Services
 - Good program:
 -
- Sara's recap
 - Senator meeting is open, won't share personal stories, but general themes
 - Separation of parent and child and wanting to keep families together
 - Feeling like limited voice in parenting decision

- Limited placement opportunities for parents
 - Better plans for uniting parents and child
 - Talking to children currently in the system
 - Increase access to educational opportunities
- Bill of Rights focused study will focus on foster youth and juvenile just will be introduced by Sen. Hunt.
- Standards of Care
 - Postponed until next meeting
- Next Meeting
 - July 17, at 5:30; Ashland

Appendix B: Meeting Minutes from Norfolk Community CRP

Citizens Review Panel

June 12, 2019

Norfolk Public Library

- Citizen oversight and feedback on DHHS services.
- This session is focused more on family and caregiving.
- Meetings over a 4 month period, once a month.
- Feedback just from Norfolk will go forward to DHHS. This model is based on Oregon.

Topics:

- Open feedback, areas of improvements and areas of successes.
- People participating in any services through DHHS
- Have utilized or accessed services through CR
- Have been caregivers
- Have a vested interest in helping support and offer services to community members

Successes

- Housing at Kris' House of Grace
- Bright Horizons has support group
- Liberty Center services
- Knowing that they can reach back out to Darby-NFC
- Liked advocate from NFC- Ricci
- NENCAP doing parenting skills, activities for kids, holiday assistance (Healthy Families)
- Salvation Army allowing you to pick out the foods you would like for your food box
- Self help legal service at the county courthouse

Cons

- Funding for helping with car repairs
- The quick turnaround at emergency shelters, not being able to leave older children at the shelter while at work.
- Back ground checks that inhibit housing applications.
- Mental health/counseling services.
- Food stamps, ADC benefits amounts fluctuating when nothing has changed as far as income only living situations
- Prioritizing needs mental health, employment with lack of resources

- HUD rejecting low income people- either tenant history (leaving a situation because of domestic violence and having to leave things behind)
- Needing supports- positive family relationships,
- ACCESSNebraska
- Worrying that although they found
- Medical/dental needs- having to go to Omaha/Lincoln for Medicaid eligible services (extraction of wisdom teeth)
- HUD process
- Language in letters from DHHS not easily understood
- Medicaid telling you to find a provider-“how do you find a provider if you are new to town?”
- Medical debt- mental health services, garnishing wages then leads to affecting credit that eventually leads to affecting housing
- Food being expensive having to go to different stores to find better deals but transportation is \$5 for a trip to a store.
- Good Neighbors- favoritism in serving clients

What would help:

- Medicaid thresholds to be relevant for families
- Medicaid expansion to go into effect sooner than later
- Language more easily understood in DHHS communications
- Help for new families in a town in finding providers
- Parenting classes
- Transportation!!
- LegalAid to help with divorces when children involved
- Immigrant legal services
- Limited by 8am-5pm working business hours
- Constant living in crisis mode; hard to get ahead
- Lack of emotional support limits possibilities to get out of crisis
- Medicaid not covering tubal ligations- not preventative coverage or limited
- Disengaged due to feeling shame.

Last thoughts:

- Housing a huge need! Especially for those with “records” from many years ago.
- Racial discrimination, work on inclusion.
- One shelter- religious affiliation, forced religion on all those needing services
- Connections being developed among group already, sharing social supports.

Norfolk Town Hall Meetings

July 10, 2019

- Goal is to provide feedback to DHHS to give suggestions how they can better serve their clients.
- Recapped last months meeting minutes.
- Support groups for mental health needs: depression, anxiety, etc. Have had to travel to Omaha to attend these.
- Medicaid companies have their own transportation contracts set. Each one has their own and the letters that went out did not explain the change clearly. The change occurred July 1 2019.
- Language in the DHHS materials is frustrating because of terminology, especially difficult for those with learning disabilities or under educated. Having to schedule and wait for a DHHS service worker takes time and is an extra thing to do to have to explain the forms or letters. Demeans individuals to feel that they can't understand the materials on their own.
- Benefits don't feel like they are advertised well, WellCare and Nebraska Total Care offer benefits/incentives that clients are always aware of.
- Community Support workers have shown to be beneficial and extra resourceful, helping their clients extra.
- Project Homeless Connect: had Medicaid companies available to talk to and provide feedback, found this to be a good opportunity.
- Back to School Supply Assistance: turned away for preschool supplies even though preschool is requiring a book bag. There will be a recommendation for the planning committee to keep this in mind moving forward.
- No school busing system. New preschool center out of the way and not centrally located like it has been in the past.
- Norfolk Public Transportation: Having to pay for missed rides, even if missed due to them arriving earlier or later than they were supposed to and out of the clients control.
- Need for evening childcare availability. Currently 1 or no licensed providers offering extended evening hours.

Top Points related to DHHS:

- Language/Communication
- Transportation related to Medicaid
- Aid to Dependent Children thresholds: lifetime hours for job searches, wouldn't help beyond the max
- Expanding Medicaid: allowing married couples, reflecting the living wage and benefits gap (cliff effect)
- Respite care for parents struggling with mental health needs

- Mental health needs that will lead to unnecessary CPS involvement solely based on parents mental health
- Counting overtime as income?
- Invasive process to explain use of funds or needs: counting gross not the net income
- Not counting rent towards a transitional shelter as an expense
- It takes a large amount of time for families, individuals, and community support workers to navigate accessing services when CSW are only available for a short amount of time. Sometimes it takes 2-3 CSW visits to complete the process.
- Needing access face to face for assistance, everything moving to online doesn't work for everyone.

Aug. 28 Norfolk Meeting Minutes

Mike Puls, Service Area Administrator, Northern Service Area DHHS employee

Reviewed topics discussed at previous meetings

Staff also has issues with Medicaid;

- Food stamps and Medicaid both come from federal regulations, so hands are tied from those regulations
- DHHS employees who focus on those programs full-time

DHHS challenges

- Don't have enough foster homes
- Certainly, don't have enough homes for hard to place youths
- 400 youths in service area

EFH Homes – Extended Family Homes

- Licensed by DD
- Cost is much higher than normal foster homes; often last resort
- Foster care \$40 a day normal; up to \$160

What is DHHS doing for preventative care?

- DHHS prohibited to do preventative care
- Only pay for state wards or family court case
- Oct. 1 – Families First Act starts
 - o Only pay when kids were out of home; now opens up money and services to keep kids at home
 - o CR is prevention – rely on communities
- 4E money – therapy services; 50 percent has to be toward well-supported model
 - o Protective factors – well-supported
 - o QRTP programs;

- Parent legal fees
- Currently only 4E is if they go out of home

Respite homes

- Lack of drop-in day care
- Agencies will work with foster parents to provide respite

CR positives

- WRAP and informal supports
- Northern Area relies on community groups to provide supports
- This is geared to help parents identify who their supports are
- Safety-organized practices in San Diego; building networks

Have had good relationship with DHHS in closing out cases

- Providing translators
- Good caseworker involvement

How to bridge gap between – privilege and crisis

- Starts with one person?

Sept. 23 Norfolk CRP Meeting

Attendance: Sherrie, Carrie, Heidi, Lincoln

- Transportation is still an issue
- Respite care is an issue for every-day parents
- What to do about neglect?

- You can try to help with the situation
 - Foster parents through kinship

Dream World

- 24-hour daycare
- More psychologist; therapists
 - Availability frequency and in office hours
- More activities for children; especially for teens
- Get them AA meetings; NA meetings
- Substance abuse counseling
 - Suicide prevention;
- Keep kids in the home; help keeps families together
- Extended day care until 8 p.m.

- Free community college
- Free school lunches;

DHHS feedback

- Food stamps calculation rate
- Medicaid; Total Care;
- Transportation