

2019-2020 Caregiver Citizen Review Panel Report and Recommendations

Introduction

Nebraska Children and Families Foundation continues to be grateful for the opportunity to administer the Caregiver Citizen Review Panel (CRP) and provide recommendations to the Nebraska Department of Health and Human Services. This year started with a plan for administering two separate community-based CRP groups, a model that would have comprised eight total meetings across two areas in Nebraska. Unfortunately, COVID affected this plan as it affected nearly everything in 2020. The CRP work started in the Schuyler area in February and was able to resume in time to provide these recommendations.

Although only one local area was able to participate in a CRP this year, there were many lessons learned from this format that will carry forward into 2021. The benefit of the local, community-owned format is the ability to have a comprehensive, cross-cutting team of the variety of sectors serving the local area. There is also an opportunity for the direct recruitment of community caregivers who can speak to their experiences in the area. There is also the opportunity for local DHHS offices across all divisions to have the opportunity to hear from their specific regional community voices on how to connect and serve these areas.

From a community perspective, the feedback has been very positive about this process. There is an opportunity within the local collaborative partnerships to provide resources and assistance for the work that starts as a Caregiver CRP to grow into a local caregiver advisory group to the community collaborative and have a greater impact on local initiatives and priorities. Also, the collaborative work done by the group will build connections and help communities reach more people who need supports.

While the recommendations in this report are specific to the Schuyler area, many of these takeaways could be generalized for other parts of the state. We also propose partnering with each DHHS service area to identify communities within which to hold a Caregiver CRP and gather specific, relevant feedback and recommendations.

Recommendations

In February 2020, a group of interested community partners gathered in a meeting room in Schuyler and discussed plans for a community-based CRP in Schuyler. Plans were made for a townhall and future meeting, however, in a few weeks those plans were all thrown out because of the onset of COVID-19.

The group eventually reconvened in July to begin the work again. The members of the CRP included representatives from the Community and Family Partnership, including a community response navigator/coach, two school counselors, a school ELL teacher/counselor, two administrators for CHI Health Schuyler, the police chief, two pastors, the county attorney, CASA, a probation officer, a Head Start employee, economic development director, Center for Rural Affairs, and an employee of Cargill, the town's biggest employer.

The group came to three main recommendations: building trust in the community, broadening communication methods and developing more cultural competency. We will dive deeper into these recommendations, but first, we wanted to provide more background on the meetings and recap the discussions.

In July, this broad cross-section of community leaders and service providers discussed issues that are prevalent in the community and what they've dealt with during the pandemic. While they provided valuable insight, they wanted to make sure the community voices were represented in the discussions. During two food pantry events in August, the group distributed a survey to better understand the needs of community residents. This wasn't a purely random sample because people that attended the mobile food pantry and county food pantry were more likely in need of additional supports and systems. (According to one group member, the food pantry was serving less than 100 households per month pre-pandemic and that number increased to about 120 households a week beginning in April.)

The complete results of the community survey are attached and provided the group with good insights into those in need in Schuylar. More than two-thirds of those surveyed received Medicaid, while more than half of those who said they didn't participate in a supportive service from DHHS said they didn't know about those programs. More than half of those surveyed said the food pantry and free/reduced meals were the most helpful resource provided in the community. In addition, 85 percent said they spoke Spanish at home, while just 58 percent said they spoke English. The survey was taken by 80 percent of people who identified as Hispanic, while 16 percent was white.

Based on this information and the member's the group met three more times in August and September to discuss recommendations and other ways to improve the community. It was a wide-ranging conversation that was captured in the meeting minutes. Taken as a whole, three themes emerged as recommendations for the Department of Health and Human Services.

1. BUILDING TRUST

As indicated from the survey data, a large proportion of people who need additional supports and services are from minority groups and are immigrants, some of which might be undocumented. This population creates several barriers the service providers have to overcome: many of the people are new to Schuylar and don't know where to receive assistance; their immigration status might cause them to not seek out assistance, especially from the government; and a language barrier, which we will cover in the next recommendation.

To help counter some of these barriers, organizations in Schuylar are trying to reach out in many ways to spread information and build community among the residents. They often use the school system to send information home to parents about events and available services. Also, they have connections through faith-based communities to build bridges to different ethnic groups.

They've also found some success piggybacking of informational events off services. For example, the survey was conducted in conjunction with the mobile food pantry. In October, the Community and Family Partnership hosted an educational event with that month's mobile food pantry to help people learn about SNAP, WIC and Medicaid. More than 20 people attended the event where they had a chance to learn more about the programs, whether they qualified

Because so many of the residents of Schuyler are immigrants, they often worry about how accepting benefits will impact their future path to citizenship and their immigration status. After the passage of the CARES Act, organizations had to clearly state that accepting the additional benefits made available would not negatively impact them. It would help residents know which services they can receive without altering their path to citizenship.

Another way to build trust in the community is for DHHS workers to host office hours in the community. This can be accomplished in several ways. One idea the group had was for the DHHS workers to host monthly office hours at the city library. This would allow them to be more present in the community and connect residents to services available. Also, by hosting it at an existing public building, they could expose the people who come into utilize other services. For example, the library has several programs for children, but participation has been low.

2. MORE INCLUSIVE LANGUAGE AND COMMUNICATION

Schuyler is a diverse community with just over 6,000 residents living in the town. The community has a large Hispanic population as well as immigrants from East Africa and the Middle East, who speak Somali, Oromo, French and Arabic. Communicating with all these groups can be a challenging, but not impossible, task.

Because of the high number of Hispanic people, many of the resources available to families in need of support are available in Spanish. While that includes many people, it doesn't include everyone including people who speak the languages listed above. Making resources available in additional languages will increase their reach. One of the issues Schuyler faces is its community website is available only in English, so the natural front page of the town is only available to those who speak English.

One place that does a good job of this is the Access Nebraska website. This website is easily translated into more than a dozen languages. However, the website does not indicate what languages are available when calling into the Access Nebraska hotline. When dialing in, the call is greeted by an English speaker but is given the option of a Spanish menu. An option is given to choose other languages, but the menu continues in English.

In addition to making resources available in multiple languages, some people might speak a dialect of Spanish or might be illiterate. Using more visual representation of language would be beneficial by eliminating the need for translated materials. This could include developing a standard set of icons for basic services such as food, housing, education, health care and community connections.

On the topic of inclusive language, the group discussed the use of crisis response. The title of the program made it feel more exclusive and made some hesitate to reach out to take advantage of it. They said they had heard people refrain from using crisis response because they felt their problems did not elevate to the level of crisis and other people would likely be in more in need. Rebranding the program to a different title would be more inclusive and likely have a greater reach and impact.

The final recommendation on this topic is more responsive communication. One response to why people did not apply to receive services was that the time invested in the process was not worth it. They would apply and not hear anything until a decision letter was issued if they even completed the form properly. What would help in this process is adding a step that acknowledges the receipt of the

application and provides an overview of what will happen next. This will ease the applicant's mind and let them know that their application is under consideration.

3. CULTURAL COMPETENCY

The final recommendation deals with cultural competency. The members had extensive discussions about how they can best understand the people in the community with a different identity than them. They made plans to bring in speakers from the Refugee Center in Omaha. The members talked about understanding the religious practices and how to better understand stigmas community members face and reluctance they might have to reach out for support.

On the statewide level, the group recommends that DHHS listen to the staff for feedback about what is going on in the community and how they can best meet their needs. Not every approach and program work in every part of the state, but it is beneficial to share what works well amongst team members on the local level. Also, they thought it would be beneficial to highlight DHHS teams across the state to the public and what they are doing well to let the public know the impact that employees are having in communities and to improve the lives of people in need in Nebraska.

Finally, when talking about the foster care system, the group was unaware of any foster children placed in the Schuyler area. Because of the racial makeup of Schuyler and the importance of cultural competency of foster parents, the members encourage DHHS to help recruit more diverse parents in communities.

In conclusion, the members of the community enjoyed the opportunity to come together and discuss issues facing the community and state. They look forward to continuing the work forward and hearing from DHHS's response to their recommendations.