DHHS – Parent and Caregiver Citizen Review Panel
Annual Report: October 1, 2022 – September 30, 2023
Submitted: October 30, 2023

This report addresses the actions taken to satisfy the scope of services for facilitation of the Parent and Caregiver Response Citizen Review Panel (CRP) as outlined in the agreement between the Nebraska Department of Health and Human Services (DHHS) and Nebraska Children and Families Foundation (NCFF). This report fulfills the annual reporting requirement of the 2022-2023 contract cycle, and includes activities undertaken to facilitate and maintain the Parent and Caregiver CRP recommendations from 2022 and implemented from Oct 1, 2022, to September 30, 2023.

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

Nebraska Children provides staff support to facilitate meetings of the Parent and Caregiver CRP. This support includes arranging meeting locations, dates, times, agendas, minutes, copying and arranging for childcare when necessary. This support also involves working with local community collaboratives 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.

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 (DHHS). This year we administered a different format of the CRP group. After running community-based panels for the last four years, we switched the makeup of the group to consist of lived experience experts from across the state. The members are also part of Nebraska Children's Parent Advisory Committee. This will allow more specialized training of the participants and better consistency of the outcomes every year.

During 2022, Nebraska Children and Families Foundation formed a Parent Advisory Committee designed to promote advocacy for parents and caregivers. One of the group's responsibilities was to take over the work of the Citizen Review Panel.

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

Starting in the summer and going through early autumn, members of the panel met to discuss issues facing parents and caregivers with the goal of providing recommendations to the Department of Health and Human Services. The group includes representatives from the education, human services, health department, community organization and residents with lived experience.

The group met four times starting in June 2023 and wrapped up in September. The group met virtually every time with meetings on June 27, July 31, August 21 and September 13.

The minutes for the four meetings can be found in Appendix A.

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.

This year, the Citizen Review Panel met four times from June to October to produce recommendations for DHHS that represent our local community's voices to lift some of the immediate concerns our regions have been facing about the child welfare system.

The group includes a wide range of demographic and geographic variety, including but not limited to Black/African American, White, Native American, and Hispanic/Latino ethnicities, as well as members from urban, suburban, rural (both countryside and rural towns), and the reservation areas. The group covered the entire state from Chadron to Omaha. This diversity benefited our endeavor because we heard from the populations most over-represented in Nebraska's child welfare system and exposed a few of the obstacles faced in some of the most disparaged communities. Lived experience individuals, service providers and parents/caregivers made up the members of this group.

The final recommendations include creating a reference book or glossary for the Family Guidebook, integrating all family members into the kinship process, and addressing recidivism, among other common barriers experienced across the state.

Recommendations:

1. **Reference book/glossary for Family Guidebook**

When working with DHHS, the burden of understanding all the terminology and lingo falls on the foster parent or child. However, if they misunderstand something crucial, they are often blamed. There needs to be an education process for people to know all the information necessary to engage in the journey ahead (especially in emergencies) successfully. Further, the caseworker is the gatekeeper and has it in their hands to inform the family wherever the gaps may be. Thus, we recommend a reference book or playbook, which includes a glossary with definitions of all key terms that DHHS uses concerning the foster care system.

This reference book should include every program and resource known to DHHS for foster parents from respite options to peer support contacts with a focus on kinship resources. This reference book should be a mandatory item, handed to every party (guardian, foster parent, child, etc.) involved in a case the moment they become a part of it without request or knowledge of its existence, like a welcome package. Caseworkers should assume that the parties are not aware of it, nor any resource it contains, and that the information will make or break the success of the child's experience in foster care. It should not just function as simple and direct as a glossary but as deep as an encyclopedia of foster care. It should be book designed to ensure a clear picture of the rights and responsibilities of everyone involved.

The following are pertinent items to include, but not limited to just this list:

- **Glossary of key terms** such as fictive kin, kinship care, etc. Often a tiny misunderstanding can create a misunderstanding between families, caseworkers, and support services. The use of jargon and acronyms can create confusion during conversations with professionals. They can go in circles looking for answers that are often evident or get turned down for supports because the wrong terminology is used or misunderstood. A great example of a glossary was put together by the Foster Care Review Office's Definition of Key Terms: https://fcro.nebraska.gov/pdf/Resources/definitions.pdf
- **Definitions of roles and responsibilities** of all parts/individuals involved in a case (for example, caseworker, foster parent, birth parent, CASA/GAL, etc.)
- **Foster Care Bill of Rights/Youth Bill of Rights:** children and guardians should know the child's rights from day one.
- **Lived experience peer support:** this includes kinship and lived experience peer support
- **Miscellaneous help/resources/referrals to navigate your new status as a foster parent and what it changes**:
    - Tax guidance: what changes happen with foster dependents
    - Who to contact for medical coverage
    - Respite/relief programs
    - Sibling relationship supports like Camp Catch-Up or a list of community partners
    - Asking lived experience what questions should be addressed in this part, remembering no question is too small.

If an area is too comprehensive, it can be included and summarized with contacts, websites, and referrals listed for more information.

2. **Integrate the entire family/both parties into the kinship process**

The key players should all be involved in planning and discussions when initiating kinship care. This includes birth parents, foster parent(s), the child, and the caseworker. They should operate as one team for the foster child, whether it concerns temporary or permanency planning and reunification.

This recommendation includes targets that could be updated immediately to achieve this goal.

- **Preventative education on the emotional impact of foster care.** Foster families, all parties and on both sides often feel frustrated or stuck. A change can happen abruptly, without warning. On this journey, they attend court dates, overcome legal obstacles and schedule visits. Many emotions and mindsets happen through this process and sometimes hostile feelings can develop toward a party because they do not understand someone's perspective. Even a small bit of intentional education to avoid unnecessary negative feelings could go a long way in preventative healing. This is an extended social-emotional learning that the parties never could have known to prepare for.

- In addition, DHHS could provide
    - **Education on the possible mindsets, behaviors and circumstances** that often arise for both sides of this struggle. This way, all parties can explain what each might expect from the other.

- **Education provided to foster parents** explaining the different possible mindsets and barriers the birth parents may have to provide understanding and empathy which lend toward the patience and sacrifice asked of foster parents. For example, birth parents may feel trapped, betrayed, violated, scared, helpless, victimized, or confused. Barriers may include a lack of money, court-ordered classes, legal and medical appointments and misinformation. Behaviors could include shutting down, withdrawing and unthoughtful/unkind responses. These behaviors are normal and do not mean anything hurtful but are a response to trauma.
- **Education provided to birth parents** explaining the different possible mindsets and barriers the foster parents may have to provide understanding and empathy that lend toward the patience and sacrifice asked of birth parents. For example, foster parents may feel trapped, unappreciated, overstretched, scared, overspent, inconvenienced or confused. Barriers may include a lack of money, lack of space in housing, legal and medical appointments, misinformation or school responsibilities. Behaviors could include shutting down, withdrawing, or unthoughtful/unkind responses. These behaviors are normal and do not mean anything hurtful but respond to the trauma.
- **Emotions/mindsets/barriers education packets** could address the interrelated areas of self-awareness and self-management when responding to the other parties involved. The packets will help provide better social awareness because they can understand where the other party may be coming from, even if it is hard. This will build relationship skills in the team and enhance responsible decision-making by curbing the decisions made from emotion/frustration/misunderstanding alone.
- **Reconciliation support for the entire family/team before and after the case closes.** This is important in kinship cases because support is needed at every level, especially on the kinship foster side. No family is created knowing how to manage this situation, even in best-case scenarios. Families ripped apart by this process without proper care in the aftermath are at risk of drifting toward recidivism in the system. Care and support should exist leading up to the case's closing date and should carry over afterward for as long as it is necessary to see the family reunited effectively. This extra care would cost less than going through a whole new case due to an unstable family dynamic relapse back to needing intervention from the system. When a family is torn apart, it robs the birth parents of the familial support needed to stay successful and continue parenting from that point. This is proactive prevention planning; preventative healing/reconciliation is paramount.
- **Reinforcing trauma-informed care and active listening for every party.** This is a heavy ask for the case worker because it is critical to prevent a snowball effect of confusion-fueled response. More education in this area would quickly shift outcomes for the better. This is proactive prevention planning. Being trauma-informed and identifying trauma responses fosters the prevention of many challenges.
- **Incentive programs for doing an excellent job with their cases** could also set the caseworkers in the right direction to want to achieve the type of training qualitatively. More than just mandatory training is required for this to be effective. Caseworkers could achieve more success by transferring acquired behaviors/skill sets from training like these to work and utilizing them on-the-job if there was a desire to gain these specific tools. Unequipped caseworkers often pass through, sometimes 10 different faces in the lifetime of one case. Yet, this failed to preventatively address the disturbing turnover rate and general unwellness that these workers are dealing with. Creating an

incentive that holds value to caseworkers that cause them to voluntarily seek to equip themselves with these skills gladly, and relish the rewards, could be a solution. One piece of this is connected to the other, and effectively educating the parents/foster parents is not enough if the first and last leg of the team, the caseworker, is not equipped with the education to succeed. In addition, it would also be helpful to the caseworkers to increase social-work personnel, reducing the workload of individuals and increasing the opportunity for clarity to resolve issues and misunderstandings.

3. Examining recidivism and elevation prevention

DHHS should explore how to act preventatively in cases where children are in informal/hidden foster care situations, but the children are not yet wards of the state/court involved. This recommendation gets tricky because DHHS does not act in such a position before the children are formally removed or when the welfare system is not maintaining custody of the child. However, DHHS could address minor barriers in these situations to aid in whatever capacity is needed to stabilize the informal placement of the child when it is safe.

Outside independent agencies provide *some* support for this recommendation. Nevertheless, there are still considerable voids in this realm. Thus, hundreds of children eventually end up being wards of the state and cycling through the foster care system, causing trauma and expenses that neither the child nor the state should incur. Some of the areas referred to as not to be misunderstood are as follows:

- **Private placements**, when made by a relative without child welfare involvement, represent the largest number of kinship care arrangements. Private kinship placements include guardianship or custody granted through the courts independent of child welfare involvement, temporary guardianship, and physical custody only. (The category of private and voluntary kinship care we might also call informal kinship care.)
- **Voluntary kinship caregiver** describes caregivers who were asked to take legal custody by the child welfare agency to prevent the child from entering the foster care system. Some consider this diversion, hidden foster care, or foster care prevention. The resources available to voluntary kinship families are usually the same as those available to private families: nothing.
- Courts, communities, and child welfare systems are beginning to consider it best practice to recognize and formalize the rights of relatives in formal placements of relative foster care – what DHHS calls **kinship foster care**. Still, some families have barriers to getting licensed and choose to remain unlicensed, often limiting the provisions that are necessary for providing care to the children involved.

When parents have difficulty caring for their children safely, grandparents, aunts, uncles, and other relatives/friends often step forward to provide a loving home for those children, temporarily or permanently. These kinship caregivers help children stay connected to their families and cultural identity, and research shows that children in foster care who can live with their kin experience less trauma.

Federal regulations burdened these kinship caregivers, making it harder to become foster families. A task force could be created to explore how Nebraska could simplify the process for kinship caregivers to

become foster care providers or require that states provide these family members with the same financial support that any other foster home would receive without so many barriers.

These changes will help families across the state care for children in their extended family and receive the resources and financial support they need and deserve when caring for children who are not their own. They would also advance the priority of equity for families who have been underserved and adversely affected by persistent poverty.

Another picture of this crisis is the many Nebraska Native American families near the Pine Ridge Reservation. One example is a grandmother having up to eight grandchildren in her home for up to 12-16 months, creating a home appropriate and sufficient per their culture (i.e., staying with the family, staying involved in tradition, language, etc.). The grandmother is either unsupported, even though she is fostering, or she loses the children because the support often goes to another family that is deemed worthy.

While some children in foster care are formally in the system, and grandmothers like this one and other relatives supporting informal placements are why the foster care system has yet to be overwhelmed. By providing these informal placements with more support and resources, it will cost the state less in the long run as those children are kept out of the foster care system. When this informal side of foster care cannot continue to operate as it does, the system will be overwhelmed with children flooding into CPS. These informal co-laborers are the real backbone that keeps the pressure off enough to deal with only the cases where there is no other choice except formal placement.

Developing a system that could help stabilize these laborers so DHHS involvement can be the last option. Parents and family usually know what is best for their children. They love and want more for them and are willing to sacrifice more. Thus, taking preventative measures to keep the children in informal placements before they elevate to formal cases will save money, reduce trauma, and potentially keep our child welfare system from becoming congested and collapsing. The recommendation is for DHHS to reimagine this possibility for preventing recidivism and/or elevation of cases into formal care.

Appendix A: Meeting Minutes from Caregivers CRP

June 27 Meeting Minutes

- June: CRP Meeting 1 – Town Hall
- July: CRP Meeting 2 – Discuss topics and select priority
- August: CRP Meeting 3 – Discussion of recommendations to DHHS; Listen to from experts on selected topics
- September: CRP Meeting 4 – Make Recommendations to DHHS

Attendance – Sydney Shead, Omaha; Lea Ann, Chadron; Krista Meyer, Lincoln; Robin Mersereau, Omaha; Kim Merriman, NPAC; Marlen, O'Neill; Jarren Breeling, Lincoln; Todd Schmeeckle, NPAC; Kel, Lincoln; Raegan Brown.

Barriers: being alone and stack of things to get done

Healing process, felt like it was rushed; I was on judge's time

Amount of court orders thrown at parents: push is therapy treatment is important; basic needs

Got case closed in six months; case management is problem area; some of them are not connected to clients; a lot of people coming through are younger and not parents; recommendations aren't what is best parents.

Felt unsupported by case workers; had to navigate the system on my own

Feel like you are drowning

Case managers and the courts; I wasn't given issues or problems to remedy them; CPS went to home, school without knowing; felt like invasion of privacy; feeling like they have the authority to access my child without my consent

Leading questions when talking to children; Waiting for us to get there and a presumed that we are the guilty; and guilt by association; must prove yourself

Kinship placement should be first choice for placement; must be deemed suitable before given responsibility

Family Mapping doesn't happen in all counties - some service areas have their own team that does family finding while Omaha I know for sure uses a contractor to find family - WHY - no wonder why family never get kinship!

Assumption of something wrong with you, i.e. On Medicaid, something is wrong.

Lack of best practices for raising children that have been in the system. Dealing with mental health issues of the children

The language I hear day after day within DHHS - if a report is made and accepted then the family MUST BE IN CRISIS. This thought is not okay, I worry this is why **nit picking** starts to happen when there are no safety concerns in families.

Unprofessional behavior from case workers about personal matters.

Visits in public places. Making sure we have dinner when we visit, we end up feeding our children in places like the library. No transportation to visits sadly case workers really think the bus is a reliable source of transportation, I don't see it because it runs late, we all know 15 mins late we no longer get to see our child because something out of our control

Need psychological help for parents before separating the children.

Communication differences between different parties; creates issues problems

Dream world

Give us a playbook that they can expect from them.

- What do they do and how do they operate?

More structure needed; support to be self-sufficient, not reliant on DHHS

Lighter caseloads: they are overwhelmed

Mandatory mental health care for all involved

Case-worker well-being; their mental health

Trust that families know the best plan

Good communication and listening to families and their wants and needs; bad things happen because they aren't listening to families and parents

Individualized treatment, prevention in families at risk; (Both parents work or unemployed, beginnings of violence)

Have someone who is non-biased (not on parents or CPS) that explain the system and support; Peer support workers; feels out of control

Court peer-to-peer is available for parents, but not kinship side

Look at the whole family for support.

July 31 Meeting Minutes

Attendance: Kim Merriman, Sydney Shead, Raegan Brown, Kel Vance, Morgan McNeal, Lisa Meyer, Alyson Goedken; Rachel Parker; Jarren Breeling

Began with review of last meeting minutes

Common themes or what stood out:

- Family voice isn't happening; us being experts on their own life
- What is DHHS working on? It would help to know what level of commitment is happening and what needs more emphasis;
- Family peer support was huge; there for me for resources and they found the information or a list to get me to where I needed to be. If more family support workers were
    - This person was not an attorney and was there for to help with issues
    - Peer support worker will cheer for you; Peer support advocate will dial the phone;
    - Have to want it and be supported on your journey;
    - Questions
        - How widely is this known?
        - Do case manager know how to send referrals for peer support? What triggers a referral?
        - Does it exist for kinship?
        - Can this include a healing portion to deal with the trauma and family dynamics?
        - Education pieces for parents about the process?
- DHHS professionalism: asked about living situation
- Kinship
    - Needs to be accessible
    - Puts strain on familiar relationship; may not be suitable for a placement
    - Caseworker would say different things
    - Should have offered more for family members to talk about
    - Not being heard by caseworkers; no one was listening
    - Understand familiar dynamics and what is best for the children
    - Need to understand what the barriers are for kinship
        - **What options are similar to family team meetings?**
        - How much discretion does the caseworker have to make the determination on placement with kinship?
        - Who makes the final decision on kinship? Is any rationale provided to those that are relatives that are denied?
        - Are there limitations to sending children to parents who live in foreign countries?
        - What policies exist for kinship around medical decisions?
        - **Kinship care package that includes support and resources through reunification?**

        - Is rehabilitation part of the process?
- Case managers turnover and retention
    - DHHS is aware of the issue and working to address it
- Case workers job description
    - Build a relationship with them and understand what they are trying to do.
    - What rights do parents/caregivers/kinship have?
    - What do they have to disclose when they start a case?
    - What education can they provide?
    - What discretion do they have?

Overall themes:

- Peer to peer support and family support
- Rights of parents/grandparents/kinship caregivers
- healing for kinship
- Role of the caseworker

Lincoln will work with Jarren and Judith to answer as many questions as possible and send it out to the group before the next meeting.

Aug. 21 Meeting Minutes

Attendance: Sydney Shead, Kim Merriman, Todd Schmeeckle, Kel Vance, LeAnn Usana, Reagan Brown, Lisa Meyer, Robin Mersereau, Morgan McNeal, Jareen Breeling

Michaela from DHHS is our special guest

Kinship is someone who has a relationship with the child previously

Relatives and placement

Sibling placement; non-custodial; relative placement then kinship

Initial placement – is there another sibling to the child and where are they at? Is there a sibling placement. The initial goal is to keep siblings together; when we are looking where they can stay together

Start running background checks on kinship options; disqualified

The caseworker is making final decision with the family and supervisor. There is communication with non selected

Medical decisions should go back to bio parents; discussion with case workers; want this child; comes to that parent's final decision

- When it comes to international placement, not ICPC, for contracting entity international connection
    - Concerns include deportation;
- If people are denied, they should be told a specific reason;
- Shouldn't be a difference between respite care for kinship and other placements
- Not aware of any services currently available
    - New trainings available in October focus on kinship relationship situations

- Trauma-informed care is a vital part of the program.
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CEDARS requires all of our kinship homes to complete the following trainings: Reasonable & Prudent Parenting Standards, DHHS Intro to Human Trafficking, Sexual Abuse Prevention Training & Managing Sexual Abuse and Behaviors, Safe Kids Nebraska Child Passenger Safety Training, and CEDARS Kinship Training, which is a 17 hour course that covers trauma. We also require Adult & Pediatric CPR, AED, & First Aid.

Sept. 13 Meeting Minutes

Attendance:

- Lisa Meyer, Kim Merriman, Robin Mersereau, Todd Schmeekle, Raegan Brown, Sydney Shead, Kel Vance, Marlen Diaz

Misunderstanding about Kinship – DHHS only considers kinship when child is state ward;

More resources necessary to support kinship before the child becomes a state ward

Don't have the right wording for programs and referrals ready

Have list of community partnership for supports and resources

Need a dictionary to define terminology for what

Surrogate family possible

Rights definitions booklet - https://dhhs.ne.gov/Documents/Nebraska-Family-Guidebook.pdf

- Glossary needed

The caseworkers are gatekeepers; Go through it with them?

If they are helping the whole family, integrate everyone, not just the child; Have conversations with every involved party

Providing support for the families to be successful after the case closes

- Transportation, therapy, classes, coaching, concrete supports, etc.

More resources to preventative

What are we doing to provide resources to make sure they don't come back.

Often families are questioning is the caseworker on my side, who is on my side and rooting for my family to win. Where is empathy and transparency?

1. Dictionary/glossary of (a)definitions (b) resources (c) programs and peer support

- the role of each caseworker should be, CASA, guardian ad litem

2. Integrate entire family/both parties (a) Education on the mindset and circumstances that might arise for both parties (b) providing support for entire family after the case closes (healing, prevention);

- reinforcing trauma informed care and active listening

- incentive program doing a good job with their work

3. Can DHHS begin to explore how they can better act preventatively in cases where DHHS is already involved and giving mandatory orders (like DR. appointments, etc) but the children are not yet wards of the state. Explore prevention for recidivism

Break down stigmas and build the trust

incentivize staff reaching higher heights in staff roles including transparency and recognize the difference between best practices and policy. just bc it is best practice on a piece of paper somewhere does not mean they act accordingly. When they ask for LEx advice then act like we have no credibility it is a indicator they will brush our experience under the rug and not explore change