

**Older Youth State Based Administrative, Executive or Legislative Requests
to Respond to the COVID-19 Crisis**

***Explanation and purpose:** Below are some of the policies that advocates around the county are seeking to implement to support and meet the needs of older youth in and from foster care during the COVID-19 crisis. These reforms could be sought through requests to the Governor, the state or local child welfare agency director, or to the state legislature. We will continue to add to this list and encourage colleagues to submit ideas.*

- 1. Keep young people connected to services and housed during this health crisis and ensure successful transitions by:**
 - a. **suspending participation requirements** related to extended foster care eligibility (such as employment, education, program participation requirements in state law).ⁱ
 - b. **allowing re-entry** in states with extended care if the state does not already do so.
 - c. developing **expedited re-entry processes** so youth can be placed and connected with services immediately.
 - d. placing a **moratorium on discharges** from care for youth ages 18-21ⁱⁱ and **providing placement and services for young people scheduled to discharge for at least 6 months** following the end of the crisis.ⁱⁱⁱ
 - e. requiring the development of **new protections against involuntary exits from housing programs**^{iv} designed for youth in and who were in foster care so they are protected from housing disruption during pandemic.

- 2. Help meet the immediate needs of young people for housing, food, and other material support by:**
 - a. developing mechanisms to **release funds quickly** and in real-time directly to youth, including, but not limited to Title IV-E funds for youth in extended foster care for placement and supports, Chafee funds for an array of supports, and any additional funds allocated for emergency or urgent needs.
 - b. providing **Chafee or state funded aftercare services to youth until age 23.**

- 3. Ensure that youth are connected to vital resources, people, and assistance in this time of crisis by:**
 - a. developing and implementing guidance for workers to **increase frequency of virtual visitation** and revise case plans to be responsive to the youth's current housing, education, employment, health, and well-being needs.
 - b. supporting youth in understanding health care decision making, including identifying health care decision makers as part of the transition planning process.
 - c. **requiring well-being checks** for all older youth in care as well as those who are eligible for aftercare services.
 - d. developing **immediate plans for ensuring that all youth have access to both internet and smartphones and/or computers**, to allow for contact with agency personnel and service providers, telemedicine, educational programming, employment, food, and family and social connections.^v
 - e. coordinating with local private and public utility companies, educational agencies, and other community agencies to **leverage resources** to ensure youth are able to access the internet for connecting to school, work, and family.

4. **Develop a plan for increased supports and financial resources for expectant and parenting youth to ensure appropriate health care for the parent and child (including prenatal care) and support for the adolescent's and child's healthy development and well-being^{vi} such as:**
 - a. Increasing the foster care maintenance rate for parent-child placements,
 - b. Requiring the development of specialized plans to address changing demands and needs of the parenting youth and child.

5. **Develop targeted approaches to support youth in family-based settings and reduce/eliminate the use of congregate care and placement in emergency shelters to protect the health and safety of youth in the following ways:**

Supporting Family Based Settings and Reducing Group Settings by:

- a. **expediting reunification** for cases where reunification is the plan and re-evaluating cases where it could be the plan.
- b. investing in **enhanced supports for kinship and resource family settings^{vii}**, such as increased financial support for all placement settings, funding for peer support programs, and increased respite capacity.
- c. developing and implementing/adapting new or existing **placement preservation strategies** to ensure that youth and foster families receive support necessary to remain stable and connected during the pandemic.
- d. implementing **targeted recruitment and retention strategies** for resource families and kin that can support older youth, such as investing increased resources in family finding and child specific recruitment to locate resources.
- e. **waiving non-safety requirements** for licensing kin caregivers.
- f. implementing strategies to **reduce or prohibit new entries into group care and emergency shelters**.
- g. **prohibiting the creation of group settings** to address placement needs of youth who have or have been exposed to COVID-19.

Reducing Risks for Youth In Group Settings by:

- a. **prohibiting the waiver of key licensing requirements** for facilities related to health, safety, restrictive practices, personal rights, and processes for addressing complaints.
- b. **requiring that all group settings have COVID-19 plans^{viii}** in place that at least include:
 1. The steps that are being taken to ensure that the facility is reducing the risks of transmission from internal and external sources, including:
 - i. cleaning, sanitizing actions by the facility,
 - ii. steps to reduce crowding or clustering in common areas,
 - iii. actions to ensure that youth have access to their own cleaning/hygiene products and are educating in the risks of sharing these products,
 - iv. arrangements for social distancing in recreational and other activities at the facility or in the community, and
 - v. dissemination of information to youth and staff about how to prevent the spread of COVID-19.
 2. The plan to ensure that if youth contract COVID-19 that they will have immediate access to care.

3. The steps the facility will take to screen youth and staff who are new to the facility.
4. The steps the facility will take if a youth exhibits symptoms of COVID-19.
5. The steps the facility will take if staff exhibit symptoms of COVID-19.
6. How the facility will ensure that youth have access to educational services, including special education.
7. How the facility will ensure that youth will have opportunities to participate in structured and unstructured activities, including recreation.
8. How the facility will ensure continued access to mental and behavioral health services.
9. How the facility will ensure food safety and adequate food storage capacity.
10. If in-person visitation with family is being limited, the measures put in place to ensure that contact by phone or video is increased.
11. How youth will have access to the internet and technology, including at least a cell phone and computer, that will keep them connected to family, support systems, and peers.
12. How the facility will provide court access and facilitate attorney-client communication.
13. How individual youth and staff will be educated on how to reduce the chances of contracting COVID-19.
14. How individualized planning with youth will occur to ensure that:
 - i. their immediate health needs are met.
 - ii. their emotional needs are addressed, including feelings of anxiety, isolation, and fear, as a result of this health crisis.
 - iii. their continuing health, behavioral health, medication management, and other special needs will be met.
 - iv. they receive assistance in addressing in reviewing and revising important case plan goals, including specifying plans to revise and update discharge case plans during COVID-19.



ⁱ This could also include advocacy to temporarily shift all young people into category three, “involved in a program or activities to reduce barriers to or promote employment,” if this criteria was available under state law.

ⁱⁱ Advocates may consider fine tuning this request to ensure that discharges to permanency are excluded and that youth’s wishes are respected and supported.

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- iii Also consider including providing services and supports for youth who aged out recently, including those who are 21.
 - iv Many states will have housing programs or supervised independent living programs for youth in and out of care that could be mentioned here.
 - v This [planning tool](#) from Youth Law Center can serve as a model to use to guide well being checks and to do planning related to the crisis. It can be edited to meet the needs of each state or locality as was done in [PA](#).
 - vi Advocates are encouraged to provide more detail in this area, such as access to safe childcare assistance, public benefits, assistance with maintaining contact with children who are not in the young adult's home.
 - vii Advocates may consider arguing that the increase in FMAP from the recent federal COVID-19 package could be used to defray the cost of providing additional or enhanced supports.
 - viii More detail on individual and systematic approaches to reducing group care placements for older youth during the crisis can be found [here](#) from Youth Law Center.