

Making an Emergency Plan with Youth in Congregate Care in California: A Toolkit for Dependency Attorneys, Youth Providers, and Advocates

In a public health emergency, youth in congregate care facilities face an increased risk of harm compared to youth who live in family homes. In congregate care facilities, youth live in close proximity to one another and are cared for by constantly changing staff who may have been exposed outside of the facility, creating a risk of disease transmission and outbreak. Youth in congregate care may also experience increased isolation, anxiety, and fear as they face restrictions on in-person contact, external activities, and access to school- and health-based support systems. Compounding the potential harm, state licensing agencies that are responsible for ensuring every facility's health and safety, including investigating complaints, may not be able to perform these monitoring functions while also responding to the current public health needs of senior care facilities.

We do not know when the COVID-19 pandemic will end or how much the virus will spread. Now is the time to engage in robust planning with youth in congregate care to ameliorate the risks they face. As the daily functions of agencies and support systems involved in a youth's case become more limited, resulting in fewer and different types of contact with the youth, the role of attorneys and advocates is critical to ensuring that youth who can exit congregate care do so now, that facility conditions are monitored and reported, and that the full scope of the youth's needs are met. This toolkit is intended as a resource in support of those goals.

Structure of the Toolkit

The toolkit begins with [Section I](#) (page 3), which offers a list of questions to ask clients who are currently placed in congregate care, including immediate action steps to take and online resources available in specific situations. Depending on the young person's needs and the facility's ability to meet those needs, you may come to different conclusions about how issues with their current placement must be resolved. [Section II](#) (page 17) provides advocacy strategies in the event that you determine your client would be safer or healthier returning to their own family or to a family-based placement, while [Section III](#) (page 20) offers advocacy strategies if you conclude that the youth is likely to remain in the facility for some period of time and that the facility must adapt its practices and policies to meaningfully implement the youth's case plan and meet their individual needs. [Section IV](#) (page 23) contains an emergency contact list template to complete with the youth in either situation, to ensure their awareness of and access to vital support resources during the COVID-19 crisis. Finally, [Section V](#) (page 24) provides suggestions for systemic advocacy to improve conditions in group care to reduce risks to youth, including strategies for opposing efforts to waive licensing requirements at facilities and for advocating that affirmative actions be taken to ensure youth are protected and given quality care.

Note on Hyperlinks

This toolkit contains hyperlinks to numerous online resources. Hyperlinks are indicated by underlined text, in blue if you are viewing this document in color. (Email addresses and internal links to jump to a referenced section of the toolkit also appear in underlined blue text.)

If you are using this toolkit in a printed or scanned version, to access hyperlinked resources please see the original electronic version of the document at <https://ylc.org/resource/emergency-planning-toolkit-for-youth-in-congregate-care/>. Additionally, we recommend that you access the electronic version of this toolkit as it and any linked resources may be periodically updated as circumstances change.

Youth Law Center would like to thank the [Juvenile Law Center](#) for their substantial contributions to the development of this toolkit.

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If you wish to adapt this toolkit in whole or in part for use in your jurisdiction or for any other purpose, please email sforte@ylc.org for a template designed for adaptation. Please credit this toolkit as the source document as “Emergency Plan for Youth in Congregate Care, YLC 2020.”

I. Questions for Youth Clients in Congregate Care

A. Placement Stability

1. *What was the reason for the youth's congregate care placement? Do the youth's needs require continued placement at this time?*

- Review the initial reason the youth entered the facility. Identify which of the youth's needs served as the basis for the determination that residential care would be the most appropriate setting. Assess whether these needs have been addressed during the course of the youth's residential placement and whether the youth continues to require any services or assistance that can only be addressed if they remain in the facility. Revisit the most recent progress or permanency report to determine whether the youth was close to a discharge at that time, or whether the report indicated that a significant number of the youth's needs required continuation in the facility.
 - If you assess that a youth meets the criteria for discharge or release, then consult the [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17 to develop a strategy to move the youth home or to another community-based placement.
 - If the youth has significant needs being addressed by the facility that cannot presently be met in the community, assess how those needs will be met in the following scenarios:
 - If the youth remains in the facility during the COVID-19 crisis.
 - If an outbreak occurs at the facility or if the facility must close due to inadequate resources or staffing.
 - If the youth tests positive for COVID-19 or otherwise becomes ill.

2. *How long has the youth been in placement?*

- Consider how long the youth has been in congregate care and assess whether it may be time to step down into a community placement.
- Also consider how long the youth has been in the particular placement where they are today. Discuss how acclimated they were feeling prior to the crisis, and whether they feel there is an adult at the facility they can rely on for information and assistance. If they have an adult they feel comfortable relying on for support or assistance, talk with the youth about whether they are aware of any changes to that person's schedule or availability right now. What will they do if that person is not going to be available in the coming weeks?
- Ensure that the youth understands what the process or plan is for getting additional information from the facility during the next three months, and assess whether they feel comfortable asking for additional assistance.

3. *Does their case plan include a plan to step down out of congregate care sometime in the next three months?*
 - If the youth's case plan contemplates a release from placement within the next three months and a family-based placement is available or could be available earlier than anticipated, advocate for early release using the strategies outlined in the [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17.
4. *What is the youth's plan after they leave this placement?*
 - If there is a plan to step the youth down to a family-based or other community placement, consider what can be done to implement this plan immediately. You can use the strategies outlined in the [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17. Consider the full range of family-based placements, including:
 - Reunification with parent(s).
 - A family member or non-relative extended family member (NREFM) who is home and willing to be a resource family placement.
 - A resource family home, including an intensive services foster care (ISFC) home, that the social worker/probation officer has identified through the county child welfare agency or through a foster family agency (FFA).
 - A therapeutic foster care (TFC) home through the county mental health agency.
 - Identify a backup family-based placement if the youth's step-down plan falls through for reasons related to the current crisis.

B. Access to Family and Community

1. *Is the youth able to communicate with their family, either through video calls or telephone? How often and under what conditions?*
 - Communicate with the facility about the importance of youth being able to make video and phone calls right now. If staff have a policy of revoking phone or internet privileges as a behavioral consequence, negotiate with facility staff to suspend that practice during the crisis.
2. *Are there any family members, friends, or loved ones that they are worried about? Does the youth have a private space for calls?*
 - Because most youth will be attending school remotely, the facility should have already set up private spaces for youth to listen to online lectures. Negotiate with facility staff to also utilize these spaces for phone calls with loved ones. If the youth's facility is repeatedly unable to facilitate regular access to family, friends, supports, and advocates in a private setting, advocate for the facility to make modifications as described in the [Advocacy Strategies: Complaints and Concerns within Congregate Care](#) checklist on page 20.

3. *Do youth have sufficient access to the internet to have meaningful video calls with family, friends, and supports? Are there bandwidth limitations that make it hard to make calls for an extended period of time?*
 - If the facility does not have sufficient bandwidth, foster youth can also request a free phone through iFoster. The phone can be used as a hotspot so that the youth has a more reliable internet connection when making video calls. Contact the Office of the Foster Youth Ombudsperson for more information about this program at (877) 846-1602 or fosteryouthhelp@dss.ca.gov.
4. *Does the youth know how to reach you?*
 - Make sure that the youth knows your modified work set-up (e.g., whether or not your office is closed, you're using a different phone number, you're still checking voicemail and how often, etc.) and best contact information. While guidance is rapidly changing, some advocates may still be permitted to maintain face-to-face contact with clients. Consider whether this is feasible for you. The California Department of Social Services has offered [some guidance and screening questions](#) to assess whether in-person interaction is appropriate
5. *Does the youth have access to video technology to participate in visitation with their social worker/probation officer, meet with their attorney, or hold a CFT?*
 - The California Department of Social Services has clarified that the child and family team (CFT) process remains an essential strategy for ensuring the safety and support of youth and families during this crisis. Meetings may be conducted using alternative options (including videoconference), and counties should prioritize meetings that focus on emergency planning for youth in placements at risk of disruption. Advocate for a CFT meeting to be held for your youth as quickly as possible, noting the unique health risks faced by youth in congregate care and the risk of placement disruption should youth or facility staff become ill. Best practices for remote CFT meetings can be found [here](#).
6. *Is the facility implementing limitations on in-person visits or contact that are more restrictive than the local child welfare agency or probation agency require?*
 - Direct the facility to [CDSS's guidance on in-person visits](#).
 - If the facility continues to apply more restrictive policies and the policies adversely impact the youth, advocate for the facility to make modifications as described in the [Advocacy Strategies: Complaints and Concerns within Congregate Care](#) checklist on page 20.

C. Access to Activities

1. *What recreational, leisure, and other productive activities does the facility still provide? Is the facility still ensuring daily time outdoors as recommended by the CDC?*
 - The facility may still allow for recreational activities that comply with public health recommendations around social distancing. For example, youth may be allowed to take

a walk around the neighborhood of the facility as long as they keep a safe distance from other individuals. If the facility is not providing outdoor access because it fears the spread of COVID-19, advocates can refer to the Centers for Disease Control and Prevention, which recommends outdoor activity for children during the crisis: “Encourage your child to play outdoors—it’s great for physical and mental health. Take a walk with your child or go on a bike ride.”ⁱ

- On the other hand, activities that involve communal, high-touch equipment may pose a health risk. Brainstorm with your youth some alternative recreational activities and confirm with facility staff that the youth will have the time and permission to engage in those activities.
2. *Is the youth able to participate in any of their previous activities? Are any of those activities offered in a modified way, such as through video or phone? If yes, are they able to participate in them?*
- Youth should be able to participate in any extracurricular activities that have been modified. Confirm with the facility that youth will be able to participate in these activities by video or phone. If the facility does not have the resources or bandwidth to provide access to these activities, then the youth can request a free phone through iFoster. The phone can be used as a hotspot so that the youth has a more reliable internet connection when making video calls. Contact the Office of the Foster Youth Ombudsperson for more information about this program at (877) 846-1602 or fosteryouthhelp@dss.ca.gov.
 - If the youth’s facility continues not to have a plan for modifying activities, advocate for the facility to make modifications as described in the [Advocacy Strategies: Complaints and Concerns within Congregate Care](#) checklist on page 20.

D. Health

1. *Does the youth have an awareness and adequate understanding of the current health crisis?*
- Assess what information the facility has provided the youth regarding the current situation. Determine whether the youth received basic information about the virus and safety precautions.
 - Review the main points of the current emergency and basic guidance on protecting oneself and preventing the spread of the virus.
 - Make sure that the youth is aware of the specific precautions and orders in place in the county where they reside and, if different, the county where their placement is located. Recommendations from the California Department of Public Health are available and being updated [here](#), along with links to local agencies.

ⁱ See the CDC’s guidance on caring for children during COVID-19 at <https://www.cdc.gov/coronavirus/2019-ncov/prepare/children.html>.

- Ensure that youth understand which health conditions place them at higher risk for severe illness and that they have a plan to stay healthy. CDC guidance is available [here](#).
2. *How is the youth feeling physically?*
- Review the COVID-19 symptoms (cough, fever, shortness of breath) that youth need to be aware of for self-assessment.
 - Make sure they have a current number for their health provider and/or the county health line in case they develop symptoms or have health-related questions. You should be able to find their health provider's contact information in the youth's "health and education passport" which the social worker/probation officer must complete for every youth in out-of-home placement. Ensure that youth understand current health recommendations about utilizing urgent care and emergency rooms (e.g., generally, call your doctor first).
3. *How is the youth feeling mentally and emotionally? Is the youth feeling isolated, depressed, or anxious? How is the facility addressing any changes to the youth's behavior or emotional and mental health?*
- Confirm that the youth is still receiving mental health services through the facility. Make sure that the facility has a plan to provide interventions or to support the youth when they feel emotional strain. If services cannot be provided in the facility but can be provided in a home-based setting, use the strategies outlined in the [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17 to advocate for immediate release to a home-based placement where the youth can more easily access services.
 - As a supplement to supports provided by the facility, there are a number of external resources.
 - If the youth is experiencing a mental health crisis, every county operates a 24/7 crisis intervention number. A list of these numbers is available from [the Department of Health Care Services \(DHCS\)](#).
 - The National Alliance on Mental Illness (NAMI) also operates a mental health hotline at (800) 950-6264 (or text 741741). NAMI also has [a resource guide related to COVID-19 issues](#).
 - Teen Line is open nightly from 6pm-9pm PST to connect by text and email. Text "TEEN" to 839863 and find more information at <https://teenlineonline.org/>.
 - Brainstorm ideas for social contacts and coping mechanisms with the youth and develop [a stress management plan with clear actions and important contacts](#).

4. *Does the youth have any current or ongoing medical issues (e.g., asthma or diabetes) that will require attention during the crisis? Can they describe a plan to address those needs over the next several weeks?*
 - Make sure the youth knows where to go for treatment during the next month. Many regular medical services are being postponed or handled differently, and youth will need a plan to access necessary treatment.
 - Make sure the youth has access to a smartphone or computer/laptop that will allow telemedicine access.
 - Talk with facility staff about plans for transportation in case of shelter-in-place orders and/or reductions in public transportation options.
 - If the youth is in a medically vulnerable category and the facility cannot confidently develop a plan to keep the youth safe, or if the facility is unable to access essential physical or mental health services because of lack of necessary technology or resources, advocate for an early release to a family-based placement using the strategies outlined in the [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17.
5. *Does the youth still have access to the physical and mental health services required in their case plans?*
 - If the youth is no longer able to receive the treatment or services that were the basis of their congregate care placement, use the strategies outlined in the [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17 to advocate for immediate release to a home-based placement where the youth can more easily access services.
 - Determine whether telemedicine can allow youth to continue receiving services or access additional services. If the facility or any of the youth's typical providers are concerned about the use of technology and HIPAA you can refer them to the guidance from the U.S. Department of Health and Human Services, Office of Civil Rights which states that no penalties for noncompliance will be issued against providers who act in good faith and exercise professional judgement to assess and treat persons during the COVID-19 emergency.
 - See the U.S. Department of Health and Human Services' (HHS) [Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency](#).
 - See HHS's [FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency](#).
6. *Has the facility secured for the youth enough prescription medication and refills to last the next three months?*
 - Advise the youth that [Medi-Cal will allow them to obtain a 100-day supply of medications](#) (except for opiate medications). If they are running low on medication, advocate with the social worker/probation officer and facility staff to ensure that

medication is dispensed and that either the pharmacy can mail the medication before the youth's current supply runs out or that facility staff have arranged to pick up the medication from the pharmacy.

7. *How is the youth getting along with other youth in the facility? Are there any challenges, and what support or assistance are they getting from the facility to address these challenges?*
 - Ensure that facility staff and other providers who work in the facility are addressing interpersonal conflicts that may arise when youth are not in school and spend more time together in close quarters, and that they are employing strengths-based, restorative justice-driven strategies. Conflicts with other youth should not result in deprivation of access to loved ones or technological resources that youth need to meet their case plan goals. If the facility penalizes any youth in this way, advocate for the facility to make modifications as described in the [Advocacy Strategies: Complaints and Concerns within Congregate Care](#) checklist on page 20.
8. *Is the youth aware of any changes to the facility's health and safety protocols? Can they explain them to you?*
 - Every facility should have [a plan to respond to a local COVID-19 outbreak](#). Ask the facility about its plan and confirm that they will communicate that plan to residents both verbally and in writing.
9. *Is the youth aware of any staff or other young people being sick at the facility, testing positive for COVID-19, or being subject to a quarantine order or otherwise isolated?*
 - If the youth expresses that staff or residents are sick, immediately contact facility management to confirm that the local public health department has been notified and a plan put in place. Facilities must immediately contact their local public health departments if they have any reason to suspect an outbreak in the facility, and they must follow any directives for sheltering in place or quarantining, [per CDSS guidelines](#).
10. *Does the youth have access to necessary sanitation products such as toilet paper, soap, disinfectant, and detergent, and access to sanitation facilities?*
 - Facilities should have ample supplies to respond to an outbreak. If youth in the facility do not have access to supplies, immediately call a meeting with facility staff and management to confirm that they have a quantity of supplies that is commensurate to the public health crisis or have a plan to immediately acquire enough supplies. If the youth's facility is not following federal, state, or local guidance regarding basic preventative measures, advocate for the facility to make immediate modifications as described in the [Advocacy Strategies: Complaints and Concerns within Congregate Care](#) on page 20.

E. Education

1. *Is the youth a student whose coursework has moved to a remote setting?*

- *Does the youth have a quiet space to complete homework and/or attend class via distance learning?*
 - Confirm that the facility has a plan to provide support and supervision to ensure that youth can engage in school within the facility. For example:
 - Ask the facility to provide headphones for the youth. If the facility is unable to provide headphones, contact other members of the youth's child and family team to see if anyone can make headphones immediately available.
 - Note that in circumstances where youth are expected to attend class via videoconferencing, the youth may need individual spaces to set up to avoid background noise. Advocate with the facility to ensure it is providing internet and computer access as required by statute and standards, using the strategies described in the [Advocacy Strategies: Complaints and Concerns within Congregate Care](#) checklist on page 20.
- *Does the youth have adequate access to technology and the internet to watch online courses, complete online assignments, etc.?*
 - Congregate care facilities are obligated to provide adequate access to technology and the internet, particularly when needed for school. If the facility is not meeting its obligation to provide access, advocates may need to support youth in seeking immediate access through external sources. See below for several possible resources.
 - Confirm that the facility has a plan to ensure adequate access to technology, including for educational purposes. If the facility cannot make these assurances, use the strategies outlined in the [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17 to advocate for immediate release to a home-based placement where the youth can more easily access services.
 - In addition to the facility's plan, the youth and facility should be aware of the following:
 - Many school districts that have moved to distance learning are offering Chromebooks to youth so that they can continue learning. If a student does not have a computer, advise them to first to call their school and ask if one can be provided. If the school cannot provide a computer, the youth (or their caseworker) can call the district and/or the county office of education's Foster Youth Liaison. See the California Department of Education's [list of county foster youth program coordinators](#).
 - Some schools may have students complete assignments via mobile phone apps such as Duolingo or LingoDeer. If this is the case, the youth may need access to a smartphone or tablet. Advise them to call the school district or county Foster Youth Liaison to request a tablet.

Alternatively, the youth can contact the Foster Care Ombudsperson's Office to learn more about iFoster's smartphone program: (877) 846-1602 or fosteryouthhelp@dss.ca.gov.

- Make sure the youth knows their school email address. Students (especially high school students) may never have logged in to it before, or they may not know their password. Many school districts operating remotely are only communicating via email.
 - If the student was planning on taking any AP tests this year, refer them to [this page for information about testing and free AP review sessions](#).
- *Does the youth usually receive special education services or other educational services, such as tutoring? Is the youth receiving those services now?*
 - If the youth was receiving services such as speech and language therapy, counseling, or occupational therapy through their school, check with the school about their plan to provide such services going forward.
 - Communicate with the youth's educational rights-holder to ensure continuity of appropriate services under any individualized education program (IEP).
 - If the youth was receiving supplemental tutoring or support, assist the youth in contacting the tutor or service to arrange for online/virtual one-on-one tutoring sessions.
 - Ensure that the facility has set aside private space for the youth to take phone or video calls from providers of special education and related services. If the facility does not provide such a space or limits the youth's access to that space such that the youth cannot fully access services, utilize the strategies contained in the [Advocacy Strategies: Complaints and Concerns within Congregate Care](#) checklist on page 20, in coordination with the youth's IEP team.
2. *Is the youth not in school, or has their school/program suspended classes entirely?*
- *If the youth's case plan contains education-related goals, what are those goals? Is there a way for the youth to meet those goals if their classes have been suspended?*
 - Advocate with the facility to make individual plans with your youth (and all youth) to continue their educational progress and ensure that youth do not lose academic ground.
 - The California Department of Education has compiled [a list of online learning resources](#). Talk to the youth about completing free online courses, approved for A-G credit (note that the student's school must approve/award the credit), available through the UC Scout program. These courses cover all core academic subjects as well as electives.
 - *If the youth's case plan does not contain education-related goals, does the youth have any personal learning goals that they can accomplish through online programming?*
 - For non-credit learning opportunities, Khan Academy offers K-12 level content. Coursera and EdX offer college-level content. There are also several self-

directed online coding programs such as Codecademy and language programs such as Duolingo.

- The local public library may have online resources and e-books that youth can check out at their leisure. For youth who do not have a current library card, many libraries offer e-cards which can be obtained through an online application via the library's website while its physical library branches are closed.

3. *Is the youth planning on applying to or enrolling in postsecondary education in the next year?*

- *Is there a person at the facility who is helping the youth with their application, enrollment, or financial aid paperwork?*
 - If not, reach out to the youth's high school counselor or the county's foster youth liaison. If the youth is planning to attend a California community college, CSU, or UC, reach out to the campus NextUp/Guardian Scholars program.
 - For assistance with financial aid, youth and facilities should contact [the California Student Aid Commission](#), or call the financial aid office or NextUp/Guardian Scholars program of the college to which the youth is applying. Community colleges often assist students completing aid paperwork.
 - For youth who are in the process of deciding which college to attend, or which colleges to apply to, information about changes to the admission process at different four-year colleges is available [here](#). Note that some colleges are now hosting webinars or virtual tours in lieu of college visits.
 - *Does the youth need to take the SAT or ACT?*
 - For youth who are planning to take the SAT, note that the May SAT has been cancelled. Khan Academy and CollegeBoard are offering [free SAT prep](#). CollegeBoard also offers [troubleshooting for common questions about the SAT](#).
 - The April ACT has been cancelled. ACT.org offers [troubleshooting for common questions about the ACT](#).
 - Contact the youth's school for information about fee waivers for these tests.

4. *Does the youth need to be in the facility to achieve their education-related goals? Do the conditions at the facility make it difficult for the youth to meet their education-related goals?*

- If the youth's case plan indicates that they would step down to family care at the end of the school year, and the youth can engage in distance learning or personal learning activities outside of the facility, consider advocating for an early release to a family-based placement, using the strategies outlined in the [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17.
- Advocate for the facility to make immediate modifications, using the [Advocacy Strategies: Complaints and Concerns within Congregate Care](#) checklist on page 20, if:
 - The youth has not been given the space or technology to continue their studies, or,

- They are not in school and have not been given any opportunities to participate in any activities related to education, developing employment, or other skills.

F. Food Security

1. *Does the facility have enough food to get through the next few weeks? Has the youth noticed that the facility has less food or has been short on food for periods of time? Has the facility changed the meal schedule, amount of food available at meals, or access to snacks?*
 - Facilities may utilize resources such as school meal programs to supplement the food they provide for youth in care, but they are required to provide youth in their care with adequate and balanced meals. Communicate the youth's concerns to the facility and help research any additional food resources that the facility can leverage. If the youth's food and nutrition needs are not met, advocate for the facility to make immediate modifications as described in the [Advocacy Strategies: Complaints and Concerns within Congregate Care](#) checklist on page 20.
2. *Does the youth have any allergies, dietary restrictions, or health conditions (e.g., diabetes, sickle cell anemia, Crohn's disease, or pregnancy) that need to be addressed during this time?*
 - If the youth's health condition puts them at high risk for contacting COVID-19 and/or their health care needs can no longer be met at the facility, advocate for release using [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17.
 - Determine whether the youth requires a specific diet or dietary accommodation, and discuss whether they have been able to access the necessary food options during the crisis.
 - If they have not been able to access appropriate meals, this should immediately be addressed with facility staff. If staff cannot sufficiently address this concern during the initial conversation, advocates should alert the youth's social worker about the problem and elevate remaining concerns to the Foster Care Ombudsperson's Office at (877) 846-1602 or fosteryouthhelp@dss.ca.gov. See the [Advocacy Strategies: Complaints and Concerns within Congregate Care](#) checklist on page 20.
 - If youth have been able to access necessary foods but are not able to definitively say whether the facility has a plan to ensure continuous access, advocates should follow up with facility staff to learn how this is going to be addressed for the next several weeks.
 - Make sure that staff are trained in administering Epi-Pens and have a plan if the youth has an allergic reaction.

G. Employment

1. *Does the youth work part-time? Has their work been affected by the crisis?*
 - Advise youth that they may be eligible for unemployment or disability insurance if they meet certain criteria. California waived the one-week waiting period for accessing these

benefits. Review the youth's basic situation and consult [the State's EDD resource page related to the COVID-19](#) with all youth facing a change in their work circumstances.

Pay particularly close attention to youth in any of the following situations:

- Laid off
- Hours reduced
- Sick or quarantined
- Unable to work because they are caring for someone who is sick or quarantined
- Unable to work due to school closures requiring them to care for a child
- Youth may mention that certain employers, such as grocery stores, are currently hiring. Advise the youth about their options and whether it makes sense to seek out temporary work under the current public health guidance. Think through how the youth would get to work under local public health-related restrictions on movement.

H. Pregnancy and Parenting

1. *Is the youth currently pregnant?*

- *When is the youth's due date? What is their birth plan? Do they need access to any other family planning services?*
 - Make a plan for when the youth needs to go to the hospital to give birth, including who is going to transport them to the hospital and how. Make a list of all of the phone numbers that the youth needs to contact loved ones and support during labor and birth. Ensure youth have a plan in case hospitals or medical facilities restrict or limit guests or support people during labor and delivery.
 - Identify important supportive individuals and make sure that the congregate care facility provides the youth with additional time to connect with those individuals via video and phone.
 - Review the policy of the hospital where the youth plans to deliver and ensure that the youth is aware of any emergency guidelines or requirements related to childbirth. For instance, note any current restrictions on the number of supportive individuals permitted during delivery and on hospital visitation.
 - Ensure that the youth is able to access resources that are difficult to find, such as diapers, wipes, or formula. Assist youth with locating a nearby store with the necessary supplies and make a plan for the youth to get to a store. If resources are an issue, assist youth in identifying a local charitable group who can provide basic supplies.
 - If the youth is giving birth soon and not likely to return to the facility after giving birth, begin or expedite the transition planning process. Consider advocating for an early release to a family-based placement, using the strategies outlined in the [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17.
- *Is the youth continuing to receive prenatal care, including transportation to essential appointments?*

- Make sure the youth knows where to go for treatment during the next month. Many medical providers are modifying care, including prenatal care, but many appointments will still occur in person. The facility will need a plan for the youth to get to these appointments.
 - Make sure the youth has access to a smartphone or computer/laptop that will allow telemedicine access.
 - *Does the youth have any other concerns about their pregnancy at the moment?*
 - A public health crisis can be a scary time for an expectant parent. Help the youth read and understand [current public health guidance on COVID-19 and pregnancy](#).
2. *Is the youth currently in placement with their child(ren)?*
- *Does the youth have sufficient supplies to meet the needs of their child? Does the youth have any concerns about the safety of their child in the current conditions?*
 - If new circumstances (e.g., reduced staffing, less supervision, or lack of supplies and activities) render the facility ill-equipped to meet the needs of the youth and their child, consider advocating for an early release to a family-based placement, using the strategies outlined in the [Advocacy Strategies: Release from Congregate Care](#) checklist on page 17.
 - *Does the youth have adequate support to handle parenting duties during the crisis?*
 - If the youth generally participates in any parenting support programs, ensure that they are receiving access to similar supports during this time. This may require increased use of technology or access to additional items for the youth's child during the crisis. Review any aspects of parenting and childcare support that the youth generally receives and determine how those needs will be met.
 - If the youth's child typically visits another parent or family member, work with the child and family team and with the facility to develop a plan to maintain communication and connection with that person.
 - *Are there sufficient toys and activities for a child who is suddenly out of school, preschool, or daycare?*
 - Work with the child and family team and with the facility to develop specific programming for youth with children, including accessing toys and games from local community-based organizations.
3. *Does the youth have any children residing elsewhere?*
- Does the youth have a child in foster care who they are having difficulty getting information about or visiting?
 - Determine whether the visits are supervised or unsupervised. If they are unsupervised, help the youth figure out a safe location for visiting or whether it is possible to visit with the child at the foster home. If they are supervised visits, help the youth figure out whether the foster parent or a family member can supervise the visits in a safe location or in the foster home. If they have a child

in care with a relative this should be something that the agency is able to determine quickly to resume or continue regular visitation. If in-person visitation is not an option during this time, ensure a plan is in place for virtual visitation and ongoing contact. If you have difficulty getting an answer from the social worker or county, elevate any ongoing issue to the Foster Care Ombudsperson's Office at (877) 846-1602 or fosteryouthhelp@dss.ca.gov.

II. Advocacy Strategies: Release from Congregate Care

After reviewing the emergency planning questions with a young person, you may find that current events have changed the youth's circumstances in a way that warrants an early release from congregate care into a home-based placement. Facilitating a return home will require zealous advocacy for the individual youth and may also require local and state agencies to provide essential resources to ensure the youth's safety and wellbeing in a new placement.

1. Assess whether the youth's circumstances clearly indicate an immediate release.

- Advocates should review each youth's case plan for criteria supporting an immediate release. Particularly clear examples include:
 - Youth with a discharge date scheduled in the next three to six months who have an available release resource.
 - Youth whose exit from the facility was supposed to align with the end of the school year.
 - Youth who were at the facility to receive a service or treatment that is no longer being provided.
 - Any youth with an available family resource whose release would pose no significant risk to the youth or their family.
 - Any youth who could be served in a family-based setting with identified supports.
- In addition, advocates should review each youth's case plan for changed circumstances that warrant an immediate release. Such circumstances might include that:
 - The youth's social worker, probation officer, and child and family team members are no longer able to stay in regular contact with the youth because the youth is placed too far from their county of residence.
 - The youth is pregnant and due to give birth in a facility that is not equipped to serve youth with infant children, or the youth is parenting and has concerns that the facility is no longer safe for their child.
 - The youth has a health condition that places them at increased risk of health complications if exposed to COVID-19.
 - The youth has physical and mental health needs unrelated to COVID-19 that cannot be met at the facility.
 - The facility's conditions are unsafe or unsanitary, posing a risk to all youth.

2. Identify family or family-based resources that are available for the youth right now.

- Check the youth's case plan, including any court report that details the reasons for the youth's placement in a group care facility, for a transition plan that includes stepping down to a home-based placement.

- Contact the youth's social worker/probation officer to confirm that the resource identified in the case plan is still available and willing to be a resource for the youth. Also confirm that the resource has been approved as a resource parent.
 - If the resource is not yet fully approved, advocate for the youth to be placed with the resource on an emergency basis. Make a plan for the resource to complete the RFA process as quickly as possible under the current circumstances. For example, if the resource cannot access a Live Scan facility, the county can run a background check and then require the resource to complete a Live Scan after restrictions have been lifted and services have been restored.ⁱⁱ
 - If there is no resource identified in the case plan and the youth is unable to identify a resource, request that the social worker/probation officer conduct a family find and child specific recruitment and set a date in the near future to meet and review the results of the family find.
- 3. Convene a child and family team (CFT) meeting to develop a plan for early discharge from the facility. The CFT meeting should include any family members or providers that can help facilitate the new placement. The meeting should occur via video and address all of the following:**
- The fastest timeline that allows the youth to step down from the facility into home-based care.
 - All resources that the youth's intended resource family placement needs to support the youth and keep the youth safe during this period, including:
 - Physical and mental health supports
 - Education
 - Reunification services and visitation
 - Emergency funds to cover food, clothing, and other essentials
 - A concrete plan for transporting the youth from the congregate care facility to the new family-based placement.
 - If the congregate care facility is located out of state, identifying any assistance needed from the receiving state's agency to facilitate return.
 - Any other important updates to the youth's case plan.
- 4. If the child and family team does not agree on a plan, then an attorney may file a petition in juvenile court to request a modification of court orders based on changed circumstances.ⁱⁱⁱ**
- This petition is best suited for youth in congregate care for whom there is a plan to return home or to return to the home of a specified family member or resource.

ⁱⁱ See California Department of Social Services, All-County Letter 20-25 (Mar. 21, 2020), p. 4.

ⁱⁱⁱ See Cal. Welf. & Inst. Code §§ 388, 778.

- Attach to the petition a comprehensive step-down plan, including letters or declarations of any service providers who are committed to supporting the youth's return home on an expedited timeline.
 - Petitions should clearly state why the proposed change is in the youth's best interest.
- 5. Collaborate with other attorneys and advocates to identify recurring issues that could be addressed through executive orders, court policies and protocols, or release of emergency aid.**
- Establish or join a listserv of advocates in your practice area and/or geographic area. Share client issues with other advocates and identify whether these issues are recurring or widespread.
 - Meet with agencies and judges to develop policies that make emergency planning easier, such as allowing attorneys to add on matters that involve placement instability.
 - Contact your state legislator's office to ask for emergency aid packages to include provisions such as:
 - Transportation funds (for youth to travel to new placements).
 - Supplements to foster care rates for food, healthcare, etc.
 - Funding to foster family agencies to provide intensive services after an early release from congregate care.
 - Tele-therapy resources.
 - Technology for distance learning and visitation.

III. Advocacy Strategies: Complaints and Concerns within Congregate Care

After reviewing the emergency planning questions with the young person and consulting with the youth's child and family team, you may determine that it is appropriate for the youth to remain in a group care setting for some period of time. It is important to ensure that the facility is able to meet the youth's needs for the duration of their placement at the facility, and that the youth knows how to raise complaints or concerns about facility conditions.

1. Review the applicable laws and regulations that govern congregate care facilities.

- [California Code of Regulations, Title 22](#)
- [Short-term residential therapeutic program \(STRTP\) Interim Licensing Standards \(ILS\)](#)
- [California Welfare and Institutions Code section 16001.9 \(the Foster Youth Bill of Rights\)](#)

2. Counsel the youth on their legal rights in the facility, and advise them to let their support team know as soon as they have concerns about the facility's response to COVID-19.

- Review any issues of concern that came up during emergency planning, as well as other relevant issues, including:
 - The facility does not have the technology and space necessary for the youth to communicate with their family privately through video and phone.ⁱ
 - Access to a phone, the internet, and other means of communicating with loved ones are contingent on earning certain privileges based on behavior, school attendance, etc.ⁱⁱ
 - The facility has not adopted any new health and safety protocols to reduce the risk of COVID-19 exposure and transmission, and/or youth do not have access to the products that they need to follow public health guidance.ⁱⁱⁱ
 - The youth is not receiving the physical and mental health services described in their case plan even by video.^{iv}
 - Youth are running low on prescription medications and refills.^v
 - Youth do not have the space or technology needed to complete homework assignments, watch online courses, or complete other educational goals.
 - Youth are not receiving special education services.^{vi}
 - The facility does not have enough food to get through the next few weeks.^{vii}

ⁱ Cal. Welf. & Inst. Code § 16001.9(a)(12), (a)(13) & (a)(16); STRTP ILS §§ 87072(d)(8), 87078(e).

ⁱⁱ STRTP ILS §§ 87068.2(a)(6)(A), 87072(d)(8)(C).

ⁱⁱⁱ Cal. Welf. & Inst. Code § 16001.9(a)(1); STRTP ILS § 87072(d)(6)(B).

^{iv} Cal. Welf. & Inst. Code § 16001.9(a)(22)(A); STRTP ILS §§ 87072(d)(17), 87074(c), 87078(d)(7), 87078.1(a)(1), 87089.1(d).

^v STRTP ILS § 87022.1(b)(15)(A).

^{vi} Cal. Welf. & Inst. Code § 16001.9(a)(27) & (a)(28); STRTP ILS §§ 87079(f), 87072, 87078(d)(6), 87078.1(a)(1), 87079(a)(6).

^{vii} Cal. Welf. & Inst. Code § 16001.9(a)(3), STRTP ILS § 87076.

- With the youth, complete the [Emergency Contact List](#) template on page 23. Be sure to include all essential contacts who can advocate for the youth if concerns arise, such as:
 - The youth's attorney.
 - The youth's social worker/probation officer and that person's supervisor.
 - The youth's education rights-holder, if applicable, and guidance counselors and foster youth liaisons.
 - The youth's CASA, if applicable.
 - Their primary care physician, specialty physicians (psychiatrist, obstetrician, etc.), and/or therapist.
 - All other members of the child and family team.
 - The Office of the Foster Care Ombudsperson.

3. Utilize escalating advocacy strategies to ensure the youth's health and safety.

- As a first step, advocate with facility management to implement changes that are consistent with public health guidelines and that promote the safety and wellbeing of young people in the facility's care. Provide the resources listed in the checklist, including the most recent federal, state, and local guidance. Consult with other advocates who are working with youth in that facility who can provide additional advocacy and support. If the facility manager agrees to modify practices, agree to an implementation timeline and set a date to follow up with the youth and the facility to ensure that the changes have occurred. Make sure that modifications are written down and communicated to all youth and staff.
- Additionally, or as a second step, alert the youth's social worker/probation officer to advocate for modifications in the facility. The social worker/probation officer may have multiple youth placed at that facility and may be able to advocate for facility-wide changes. The social worker/probation officer also may be able to obtain information from other staff at their agency to elevate recurring facility issues to the California Department of Social Services and request state-level guidance.
- Convene a child and family team (CFT) meeting, including facility staff, to develop a comprehensive emergency support plan for the youth.
- The youth, on their own or through their advocates, can make a complaint through the Office of the Foster Care Ombudsperson, which is open 7 days a week during the COVID-19 crisis. Youth can make complaints by phone at (877) 846-1602 or by email at fosteryouthhelp@dss.ca.gov.
- Youth and their advocates can also make a complaint with the Community Care Licensing Division of the California Department of Social Services (CCL). CCL's oversight of facilities will be limited during the current crisis—for example, they are not inspecting facilities at the usual intervals—but they are continuing to receive complaints and conduct investigations.^{viii} Contact the appropriate [Children's Residential Regional](#)

^{viii} California Department of Social Services, Public Information Notice 20-07-CCLD (Mar. 21, 2020).

[Office](#) based on the county where the facility is located. If you cannot reach the regional office, you may also call CCL's complaint hotline at (844) 538-8766.

- 4. Collaborate with other advocates to seek state guidance on facility practices, procedures, and modifications.**
 - In California, facilities may request emergency waivers to modify or relax certain regulatory mandates during the current public health crisis. The process for requesting a waiver is broad and not well-defined. In addition to using the above strategies for an individual youth to ensure their protection in the facility or in a step-down setting, consider requesting state agency guidance to clarify CCL's process for granting waivers and to identify regulations that cannot be waived. [A list of considerations related to facility licensing](#) can be found on page 24 of this document.
 - Determine whether any advocacy organization is compiling and disseminating information regarding facility conditions during the crisis. If so, consider what information you are able to provide in order to help inform other advocates about problems their clients might be facing.

IV. Emergency Contact List

Important Contact	Phone and Email	Notes
Office of the Foster Youth Ombudsperson	(877) 846-1602 fosteryouthhelp@dss.ca.gov	Statewide resource and support center for California's foster youth
Social worker/probation officer		
Social worker's/probation officer's supervisor		
Juvenile court attorney		
CASA		
Other advocates (legal aid, education attorney, etc.)		
Doctor's office		
Therapist/clinician		
School contacts (counselor, foster youth liaison, etc.)		
Education rights holder		
Local food bank		
Local pharmacy		

V. Considerations for Systemic Advocacy with State Child Welfare Agencies

As the COVID-19 crisis continues, it is important to ensure that if youth remain in group care for any period of time they are well cared for and the risk of infection is reduced. We encourage advocates to take a two-pronged approach: 1) oppose efforts to grant group care providers waivers of licensing requirements that are important to child health and wellbeing, and 2) ask that child welfare agencies require all facilities to develop COVID-19 plans detailing the actions they are taking to keep youth safe and healthy. The information below provides a template for this advocacy approach.

A. Areas that Cannot Be Waived for Group Care Settings

To maintain the health, wellbeing and safety of young people, the following provisions of state law and regulation cannot be waived:

1. Existing limitations and requirements for using any restrictive practices, de-escalation techniques, exclusion, or seclusion. These practices must continue to be prohibited consistent with existing law and regulations.
2. Existing requirements related to basic health, life safety, sanitation, fixtures, and personal rights.ⁱ
3. Child abuse reporting requirements.
4. Requirements related to reporting recordable and reportable incidents under state law.ⁱⁱ
5. Child abuse and criminal record checks for hiring.
6. Child-to-staff ratios and qualifications to care for young children.
7. Supervision requirements for youth (i.e., how often they must be seen/checked on).
8. Training requirements related to the following:
 - First aid, Heimlich techniques, cardiopulmonary resuscitation and universal precautions
 - Crisis intervention, behavior management, and suicide prevention
 - Health and other special issues affecting the population, including the treatment and care of children with special health care needs

ⁱ Examples of personal rights in most states include: access to food, medical care, safety, environmental safety, sanitation, water, heating, cooling, furniture, freedom from corporal punishment/abuse, confidential access to outside world, and access to counsel, clergy, and family.

ⁱⁱ While the specific recordable and reportable incidents may differ under state law, generally they include: injuries to children, suicides and suicide attempts, runaway episodes, restraints, calls to law enforcement, and other significant events.

B. Requirements for Waivers of Any Licensing Requirements

Request for waivers of any allowable requirements must at least include:

1. A description of why the waiver is needed to meet the demands of the COVID-19 crisis.
2. The alternative actions or practices that will be put in place to ensure that waiver of the requested requirement can occur while ensuring the health, safety, and wellbeing of children.
3. That a specific timeline for the waiver that shall not exceed 90 days. Requests for extension of a waiver must include updated response to (B) (1) and (2).

C. Required Elements of Plans for All Facilities During the COVID-19 Crisis

All group care facilities and settings must submit plans to the child welfare and licensing agencies that include the following:

1. The steps that are being taken to ensure that the facility is reducing the risks of transmission from internal and external sources, including:
 - Cleaning, sanitizing actions by the facility
 - Steps to reduce crowding or clustering in common areas
 - Actions to ensure that youth have access to their own cleaning/hygiene products and are educating in the risks of sharing these products
 - Arrangements for social distancing in recreational and other activities at the facility or in the community
 - 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:
 - Their immediate health needs are met
 - Their emotional needs are addressed, including feelings of anxiety, isolation, and fear, as a result of this health crisis
 - Their continuing health, behavioral health and other special needs will be met
 - They receive assistance in addressing in reviewing and revising important case plan goals