March 19, 2020

JB Pritzker
Governor, State of Illinois
100 W. Randolph St.
Suite 16-100
Chicago, IL 60601

CC: The Honorable Michael Madigan, Speaker of the House
The Honorable Jim Durkin, House Minority Leader
The Honorable Don Harmon, Illinois Senate President
The Honorable Bill Brady, Senate Minority Leader
Sol Flores, Deputy Governor for Human Services, State of Illinois
Marc Smith, Acting Director of the Illinois Department of Children and Family Services
Heather Dorsey, Court Services Manager, Administrative Office of the Illinois Courts
Heidi Dalenberg, Director of the Institutional Reform Project, ACLU of Illinois
Charles P. Golbert, Cook County Public Guardian

Dear Governor Pritzker,

Thank you for your leadership and advocacy on behalf of the people of Illinois as we work collectively to overcome the COVID-19 virus that is sweeping through our state. We very much appreciate that Illinois has been aggressively out front to protect our communities and limit the spread of disease as much as possible. We share your goal of a healthy Illinois, and in that spirit, make these recommendations to support and protect some of our most vulnerable Illinoisans – the children, youth, and families served by the child welfare system, and the dedicated people in DCFS and in community organizations who do that important work.

We make these recommendations to prioritize both the health and safety of the people we serve, and that of the workforce that serves them. It is important to recognize that in many respects, the child welfare workforce is similar to first responders or other essential personnel, such as healthcare providers, and that we must limit, as much as possible, the spread of disease among this workforce so that they are able be there over the long term for the children and youth who need them.

We understand that DCFS has a legal and moral responsibility to the children and youth in its care, as well as binding obligations to the Federal Courts. Some of these recommendations may require temporary leniency from the courts as we all work collaboratively to protect the children in our care, and the workforce that serves them.

We join your forceful call for more widespread national testing and hope that as tests become more widely available, that youth and staff in closed environments where social distancing is more difficult to realize, such as inpatient psychiatric hospitalizations and residential treatment centers, become high priorities for testing.

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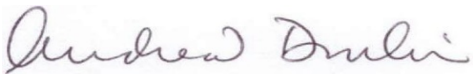
Finally, these recommendations draw upon our own research as well as the policies and guidelines that have been established in other jurisdictions around the nation. Of course they are reflective of a point in time, with fast moving information and changing circumstances on the ground. We are all doing the best we can with the information that we have and appreciate that this is true of the State as well.

Yours in partnership,



Andrea Durbin
Chief Executive Officer

On behalf of the members of the Illinois Collaboration on Youth listed below:

360 Youth Services
Ada S. McKinley Community Services, Inc.
Allendale Association
Arden Shore Child and Family Services
Arrowhead Youth and Family Services
Aunt Martha's Health and Wellness
Bethany for Children and Families
Camelot Care Centers, Inc.
Caritas Family Solutions
Catholic Charities of the Archdiocese of Chicago
Chaddock
Chicago Child Care Society
Children's Home & Aid
Children's Home Association of Illinois
ChildServ
Community Youth Network, Inc.
Cunningham Children's Home
Egyptian Public & Mental Health Department
Evangelical Child and Family Agency
FamilyCore
Family Counseling Center, Inc.
Hephzibah Children's Association
Hoyleton Youth and Family Services
Ignite
Indian Oaks Academy
JCFS Chicago
Juvenile Protective Association
Kaleidoscope, Inc.
Kemmerer Village
La Casa Norte
Lawrence Hall
Little City Foundation
Lutheran Child and Family Services
Lutheran Social Services of Illinois
Maryville Academy
MYSI Corporation
National Youth Advocate Program - Illinois Region
Norman C. Sleezer Youth Home
OMNI Youth Services
Onarga Academy
One Hope United
Sankofa Safe Child Initiative
Shelter Inc.
SOS Children's Villages Illinois
Spero Family Services
The Baby Fold
The Center for Youth and Family Solutions
The Children's Place Association
The Harbour, Inc.
Thresholds
UCAN
Volunteers of America of Illinois
Webster-Cantrell Hall
Youth Advocate Program
Youth Guidance
Youth Outreach Services
Youth Service Bureau
Youth Service Bureau of Illinois Valley
Youth Services Network

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Recommendations for Intact Family Services

Because these are families who remain together in the wake of a DCFS hotline call, these families are uniquely at risk for future incidents of abuse or neglect. Further, we note that all of these families could present higher risks than before COVID-19 due to "fewer eyes on the child" because children are not in school with other mandated reporters and because families may experience increased stress due to the financial situation of parents. Therefore, we recommend:

1. Continuing with in-person contacts with children and families where there are identified present or impending danger threats, initial contacts on Initial Assessments, and in-home safety plan related visits. A screening telephone call should be used prior to making any in-person home visits to ascertain whether there is illness present in the home, and social distancing principles should be practiced at all times during in-person visits.
2. When information indicates that a child's safety needs to be assessed, immediate in-person contacts are required to conduct the Child Endangerment Risk Assessment Protocol (CERAP).
3. **Whenever in-person contacts are required, staff should be treated as equivalent to DCFS front line staff (investigators) and provided with appropriate personal protective equipment (PPE) by the State of Illinois, in line with the PPE that is provided to DCFS investigators.**
4. For new families on an active three-week safety plan, we recommend DCP retain responsibility for the case and take protective custody as needed. For families where the private agency has implemented a safety plan we recommend that in-person visits with the child and the family happen a minimum of once per month. Agencies may use discretion in determining how to handle other contacts required by the safety plan.
5. New and high-risk cases should maintain weekly visits via technology and homes should be re-referred to the Division of Child Protection (DCP) if providers are unable to assess the level of risk in a home.
6. Recommendations for new families are addressed below.
7. For designated low-risk families, we recommend several technology contacts per week via video and phone, including families with unfounded allegations, children who are older and verbal, and better able to self-protect, or allegations of risk of harm or lack of supervision. *It is important to note that the Federal Government has given approval for technology-enabled visits for youth in care.*
8. For designated high-risk families we recommend a monthly in-person home visit coupled with weekly technology-enabled check ins. These families include those with a child aged birth to three-years-old, families with domestic violence or substance abuse present in the home, or families with unsafe CERAPs. Again, providers will adhere to social distancing recommendations during these in-home visits.
9. If a provider cannot make contact with a family, we recommend that they contact the local police department for a well-child check and/or if we are concerned for that child's safety, we will call the DCFS hotline for investigators to visit the home.

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Recommendations for Other Foster Care Services

These recommendations are inclusive for traditional, relative, therapeutic, and specialized foster care, with the exception of specialized foster care for children with complex medical needs. These recommendations are made assuming that a child has been in care prior to MARCH 1, and that the placement has been previously determined to be a safe setting:

10. Suspend all in-person visits immediately for foster care case unless the agency/worker determines that there is an imminent risk of danger to children/clients. If such a risk is determined to exist, the agency will consult with the Department to determine how to best conduct follow up investigations and supervision. Discussion shall include if such follow up is best conducted by police, DCFS personnel, POS personnel, or a combination of the various agencies. *It is important to note that the Federal government has given approval for technology-enabled visits to youth in care.*
11. In line with Federal guidance, face-to-face contacts related to children and families of children in out-of-home care can be completed using technology (such as Skype, FaceTime, Zoom, etc.). This includes:
    - regularly scheduled monthly contacts between caseworkers and children in out-of-home care, however, replace monthly in-person with weekly technology-enabled visits;
    - contact between caseworkers and families of children in out-of-home care,
    - family interaction between children in out-of-home care and their families,
    - family interaction between siblings in out-of-home care,
    - caseworker visits with families with no known active danger threats within the placement home, and
    - the use of Facebook video or Facebook Messenger is recommended only as a last option due to privacy concerns over the ownership and retention of any video/images, although we recommend that DCFS approve its use when no other remote options are available.
12. Efforts to speak with the child(ren) privately should be made whenever possible during any contact made via technology.
13. In-person contact is recommended when there is concern for safety for a child in any out-of-home care setting, or the child is a more high-risk child, such as families with a supervision or safety plan, or a child in specialized foster care for behavioral health needs. If a child cannot be made available by phone, or specific concerns about a child's safety in a placement are present, in-person visits may be necessary to ensure child safety. In this instance, caseworkers and facilities should take every precaution to ensure the health and safety of the other residents in the home or facility and the worker by adhering to social distancing recommendations. These may include:
    - Meeting outside the home or facility
    - Taking a walk with the child
    - Coordinating across jurisdictions to have one caseworker meet with multiple children if an in-person visit is needed, to limit the number of caseworkers entering a placement
    - Finding a mutually convenient place to meet in person that permits social distancing

14. If a provider cannot make contact with a family, we recommend that they contact the local police department for a well-child check and/or if we are concerned for that child's safety, we will call the DCFS hotline for investigators to visit the home.
15. Conduct routine foster home licensing/monitoring visits via technology when there are no children in the home, and/or homes with caseworker contact and no environmental concerns were noted. These visits should occur more frequently. The appropriate paperwork will be done and signatures from the foster parents will be procured once it is safe for us to do so.
16. In-person licensing foster home visits are recommended only when:
    - it is necessary to complete a safety checklist of the home to ensure the absence of dangerous environment and this cannot be done using technology;
    - or it is necessary to ensure a home under investigation has corrected any licensing violations so the children can remain or return to the home.
17. Streamline and coordinate visits to new home of relative foster homes with the case management staff, to limit the number of workers visiting homes. The caseworker can bring the safety checklist and other necessary paperwork to make sure the home is safe. Licensing staff can then follow up with the foster parent via technology to introduce themselves and provide information on licensure. Licensing staff can conduct home study assessments via video. Fingerprints and medicals will be done as soon as safe to do so.
18. With regard to licensing investigations, we recommend that DCP continue to determine whether the children are safe, and the private agency licensing staff will only go into the homes when safety of child demands it. If children have been removed from the home, licensing will not complete the investigation until such time as it is safe to be in the home. If children remain in the home and the case work staff are in the home to monitor safety, private agency licensing will stay in contact with the foster parent via technology wherever possible.
19. **As with intact family services above, whenever in-person contacts are required, staff should be treated as equivalent to DCFS front line staff (investigators) and provided with appropriate personal protective equipment (PPE) by the State of Illinois, in line with the PPE that is provided to DCFS investigators.**

<u>Recommendations for Specialized Foster Care for Medically Complex Cases</u>

We are especially concerned to prevent the spread of COVID-19 to children who are already living with medical challenges. To that end, our recommendations include:

20. Suspend all in-person visits between caseworkers and children, and between caseworkers and foster parents, and replace with weekly remote visits via technology as discussed above.
21. Ensure nursing staff remain closely involved for frequent support and check ins via technology.

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Recommendations for Congregate Care Settings

Congregate care settings include group homes, residential treatment centers, and transitional living facilities. Our recommendations for these settings include:

22. Restrict outside visitors to these facilities to staff and essential service personnel and cancel all off-campus activities.
23. In the event of an outbreak in a congregate care setting, we recommend that the Illinois Department of Public Health and/or relevant local health departments are contacted and engaged. Develop an emergency response protocol that immediately deploys health officials to the residential program in the event of a COVID-19 diagnosis within the facility.
24. Suspend all visits, including family visits and visits from caseworkers, outside of technology-enabled visits until further notice and increase the frequency of technology-enabled visits as needed. *It is important to note that the Federal Government has given approval for technology-enabled visits for youth in care.*
25. Fund providers at an average level commensurate with the average Medicaid billing for the last fiscal year to compensate for lost Medicaid billing funding.
26. Permit waivers for staff mandated ratios and/or minimum staff training requirements on each shift.
27. For youth who are already transitioning home, permit an extended visit home during this crisis for up to a month or more without the loss of bed.
28. Waive 48-hour rule for submission of 906 forms.
29. Suspend TRPMI/DCFS in-person monitoring and replace it with technology-enabled monitoring to prevent monitors from traveling from facility to facility and potentially spreading the disease to these closed environments.
30. With regard to approved behavioral management programs, allow untrained workers to help cover shifts as long as certified staff are present.
31. Allow waivers for physicals & TB tests for backup staff.
32. Reimburse agencies for any deep sanitation costs incurred.
33. Allow flexibility for congregate care providers to house youth in quarantine areas that are not currently licensed for residential.
34. Suspend all visits to congregate care programs until further notice. Any emergency referrals and admissions should be assessed with medical personnel engaged, and referral staffing meetings should occur with treatment teams of the referring agency and the admitting agency.
35. Stepdown from congregate care should include a wellness screen to ensure that the youth is not symptomatic for COVID-19. The results of the wellness screen should be completed the day of planned admission and brought to the facility with the youth. The wellness screen should be completed by a licensed medical professional.
36. Have the DCFS Division of Child Protection prioritize abuse or neglect reports in residential facilities when the facility is required to restrict the alleged perpetrator from contact with children and facility staff/premises once the investigation has begun, further weakening the facility workforce. As residential facilities face the lack of staff due to COVID-19, DCFS should prioritize a final finding determination within 14 days from the date of the report, as per procedures 300.110, to maintain an adequate workforce.

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37. For youth who are on run from a congregate care facility, extend the bed closure by an additional 15 days.

Recommendations for Independent Living and Youth in College

These recommendations are for the young adults who are aging out of our child welfare system and are at great risk of homelessness.

38. Suspend all in person visits and follow technology-enabled visitations as described above. Contact all youth and young adults in colleges or in other independent living settings and assess health, current/future living situation, and overall stability.
39. Waive the 24-hour rule for Youth in Care funding. Youth will need a placement when schools are closed; DCFS must establish a payment mechanism to get foster parents paid and continue with the monthly stipend for the youth.
40. Provide assistance (financial and otherwise) to youth at risk of housing disruption who may need assistance finding and securing housing while their college or university is closed. Consider hotel accommodations in the event there are no safe and/or available housing alternative. Recommend DCFS expand the use of Chafee Funds to meet this need.

Recommendations for Temporary Shelters and Welcome Centers

We are concerned about the use of temporary shelters and welcome centers during this time; our recommendations include:

41. Limit welcome centers to no more than four individuals (including sibling groups) at a time.
42. Require medical clearances for any visits or admissions to welcome centers.
43. Employ enhanced sanitation protocols in welcome centers.
44. DCFS is currently initiating new efforts to develop emergency foster homes. We fully support that and recommend that emergency homes, when available, should be used before allowing children to be supervised overnight in offices and before any use of welcome centers or shelters.
45. Due to exposure risks and volume, lift requirement to only use welcome centers when all other options have been exhausted in locating a placement. Allow agencies to approve overnight stays with worker supervision in their locations for children if needed using the DCFS-provided care boxes (i.e. cots, sheets, etc.).

Recommendations for Court Attendance

We understand that the Judiciary is a separate and co-equal branch of government, and that each Court may make an independent decision about how it functions during this emergency. Therefore, we are sharing these recommendations with the Administrative Office of the Illinois Courts, and hope that you and your team will assist in coming to a consensus around court hearings and attendance during the COVID-19 pandemic. These recommendations include:

46. Suspend all non-emergency juvenile motions statewide for a period of 30 days.
47. Case management staff should be in contact with assigned attorneys during this time.
48. Prohibit children from attending court hearings for at least 30 days.

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49. Permit technology to be used during temporary custody hearings and limit participation only to essential personnel.
50. Conduct routine progress and permanency hearings should be conducted via teleconference (as appropriate).
51. Postpone permanency hearings to change permanency goals to ensure that parents are not penalized for incomplete service completion as a result of the pandemic.
52. When circumstances dictate an urgent need for a court order, attorneys should represent the interests of their clients and waive the attendance by other individuals to avoid crowded waiting rooms and adhere to social distancing guidelines if their participation is not permitted via technology.

Recommendations for Specialized Populations and Circumstances

Pregnant Youth

For youth in care who are pregnant, the American College of Obstetricians and Gynecologists notes that pregnant women may be at greater risk of severe illness, morbidity, or mortality due to being pregnant. Therefore, we recommend:

53. In line with the recommendation for medically fragile children, DCFS should follow the same guidelines for parenting providers, home visitors, and caseworkers who have pregnant youth on their caseloads or youth who are parenting a newborn, including suspending in-person visits unless there is a safety concern and supporting technology-enabled visits and support in coordinating youths' healthcare needs through their primary health providers and other support needs like accessing WIC through community providers.
54. Whenever possible we recommend the use of telemedicine to support pregnant youth and limit their exposure to COVID-19.
55. For youth who are in their third trimester, caseworkers should be working closely with youth to contact their primary doctor/OB regarding any changes to their in-person visits and delivery/birth plan, which can vary by hospital.

New Intakes of Children or Youth into Care and Transitional Visits

For new intakes of children or youth into care, we recommend:

56. Holding video meetings and interviews when appropriate to keep things moving for youth who are waiting to be matched
57. When a match occurs, have the prospective foster parent and youth meet over the video when possible.
58. If a move must happen immediately, it must be based on the caregiver's ability to safely accept child.
59. For newborns, we recommend that they are tested for COVID-19 at the hospital before placement in a foster home.
60. We recommend an in-person transitional visit if the Division of Child Protection (DCP) is not involved, otherwise DCP should be present in person and case manager from the community provider will participate via technology.

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61. We recommend weekly in-person visits until the staff determines the family to be at low risk, however, staff should locate the visit in a place outside the home such as a park to employ social distancing.

Children or Youth Who May Have COVID-19

62. We recommend the Department establish a specific communication protocol and guidelines for youth confirmed to be exposed or infected with COVID-19, such as a separate hotline to the Guardians Office and/or DCFS medical director.

63. We request that DCFS establish a statewide plan to respond to children or youth with confirmed COVID-19 who need to be moved to a new placement as a result. We anticipate that there may be difficulties in finding a foster home that will accept a child with a confirmed COVID-19 diagnosis, and ask DCFS to develop plans for a child/family friendly quarantine center now before it is needed.

64. We recommend the Department develop and lead a cross-agency COVID-19 Policy Taskforce that results in a standing pandemic advisory council. There should be emergency response guidelines in place for crisis related to biological infections, terrorism, curfews/quarantines, etc.

Youth Who are Dually Involved in the Juvenile Justice System

For intake of youth who are dually involved in the child welfare and juvenile justice systems, we recommend:

65. Conduct medical clearances by the releasing facility for any youth released from detention, IDJJ, or IDOC.

66. Permit youth who are delinquency commitments to return to their homes under a safety plan if the commitment was not due to abuse or neglect.

67. Permit providers to decline residential matches or case assignments due to COVID-19 concerns.

Children or Youth Who Have Returned Home Within the Past 30 Days

Children or youth who have returned to their homes within the past 30 days are inherently at higher risk, therefore we recommend:

68. Contact with the child or youth twice a week for the first two weeks, with at least one visit each week being in-person, then move to technology-enabled visits unless issues arise. In-person visits should be in settings that allow for social distancing, such as outdoors.

General Administrative Concerns and Recommendations

69. Issue an Executive Order signed by the Governor extending the state's indemnification rule to include contracted private agencies as providers are already facing a liability insurance crisis and need liability coverage to include these temporary policies and practices that are necessary to respond to increase risk exposure resulting from these unique and exigent circumstances surrounding the COVID-19 pandemic.

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70. In anticipation of more restrictions on community mobility in the coming days, designate child welfare providers as an essential service along with other first responders and health professionals.

71. Use video conferencing tools (or conference calls when video conferencing is not possible or practical) as an alternative to meeting in larger groups and limit unnecessary person-to-person contact during the most critical periods of the pandemic's spread. Video conferencing will be prioritized over conference calls to maintain the highest level of connection and engagement among team members during this challenging time.

72. Permit the use of video conferencing or other technology-enabled strategies as alternatives to in-person therapy visits for children, youth, and families.

73. In line with the guidance published by the Illinois Department of Human Services (DHS), provide written assurance that providers of fee for service contracts will be held harmless and not financially penalized as operations are diminished.

74. In line with the guidance published by DHS, provide written assurance that providers will be reimbursed for additional expenses such as changed staffing ratios now that children are out of school, or in the event that providers have staff who must be quarantined, sick pay and/or overtime pay incurred as a result of the quarantine.

75. To help with projected cash flow shortages, we recommend that DCFS catch up all of the aged receivables over 90 days.

76. Establish a pool of flexible funding or financial resources to allow providers to respond to unanticipated needs such as setting up quarantine areas, increased sanitation, reimbursement for parents or foster parents for unanticipated expenses, purchasing video conferencing cellular devices for families who do not have cell phones, or other unseen needs that may arise from the COVID-19 pandemic.

77. Waive the "excess revenue" clause to allow providers to use unearned/unused income to support administrative, staffing, and programmatic needs for other foster care services within the agency to stabilize youth during the COVID-19 pandemic and offset losses in other DCFS contracted services.

78. Expedite and streamline the process for Expanded Capacity Waivers to allow for shelter diversion, sibling consolidation, and financial support to the agency and the youth.

79. Permit immediate access to total flexibility in funds (such as Norman and emergency flex funding) to provide support to our families at need, at our discretion, to keep children and youth safe and accommodate needs created by COVID-19 pandemic.

80. Address growing concerns over the closure of fingerprinting facilities, which will limit our ability to obtain background checks for replacement staff.

81. Waive staff qualifications, licensing, and education restrictions to ensure child and youth safety as our workforce experiences quarantines and shortages in this rapidly changing crisis situation. Expedite waivers for paraprofessional and part-time staff members available and willing to serve at this time. Allow sharing of staff among community partners in the event of widespread staffing shortages.

82. Make COVID-19 testing available to any worker who has had to make in-person contact for the safety of children and who is exhibiting symptoms of the virus.

83. Loosen PHI/HIPAA requirements to allow information-sharing across agencies.

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84. UA screeners are suspending services which impacts our ability to ensure children at home are safe with parents in Intact or Reunification. If possible, allow and provide for hospitals/substance abuse providers to complete screening and bill under DCFS ID. This has been done in the past. Prioritize new referrals where substance abuse was contributing factor in abuse/neglect and parents in open cases who are known to have had a positive screen in the last 30 days.
85. Consider bonuses or other incentives to encourage and support frontline staff, supervisors, therapists, milieu workers, and others who are risking their own health to keep children and youth safe and support families throughout this challenging time.

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