

April 21, 2020

Ross Hunter  
Secretary  
Department of Children, Youth, and Families

Lisa Brown  
Director  
Department of Commerce

Dr. John Wiesman  
Secretary  
Department of Health

Cc: Kim Justice (Commerce), Frank Ordway (DCYF), Sydney Forrester (Governor's Office)

Secretary Hunter, Director Brown, and Secretary Wiesman -

Thank you for your hard work in response to the coronavirus crisis. We are writing on behalf of licensed group care providers working with minors, including youth in foster care and youth experiencing homelessness. We are deeply concerned that young people and staff in our licensed BRS facilities, HOPE Centers, Crisis Residential Centers, and other congregate care settings are at risk of contracting the virus and that there are inadequate plans and resources to address this risk.

When a youth or staff member tests positive, DCYF has advised organizations that, per Department of Health guidance, youth should remain in the facility unless they require hospitalization or are advised otherwise by their local health department. Keeping the child/youth in the facility of origin puts the other residents and staff people at risk of infection. As the essential, front-line workers in our group homes and homeless youth shelters, staff neither have access to adequate personal protective equipment (PPE), nor training in caring for youth with highly communicable illness. If a youth tests positive, staff who were exposed could fall sick, or choose to self-isolate to avoid further risk. The current guidance and plan does not account for these scenarios. We believe that DCYF has the authority— and should take the steps—to move a child/youth into an alternative facility if they test positive and to plan for staff to self-isolate post-exposure.

The lack of safe guidance and protocols regarding positive cases of COVID-19 is compounded by increased staff costs and the high emotional toll of navigating this crisis, for youth and staff alike. Youth in congregate care facilities are already experiencing deep trauma that has led them to an out-of-home placement. Staff at the group homes and shelters where young people live are considered essential workers and put themselves at risk every day to provide caring support to keep youth safe. This is all the more difficult in the midst of extreme (and growing) staff shortages, as workers in the high-risk categories (or with high risk family members) are sheltering in place per current recommendations. Additionally, for programs serving highly traumatized youth with behavioral health disorders, it is very difficult to implement social distancing. Without urgent action, we may have to contend with program closures due to reduced staff capacity.

We've outlined four areas of concern and recommendations below:

- **Consistent guidance and planning for all group care facilities** – All group care facilities serving minors are accountable to the same DCYF licensing requirements. Most group care facilities contract with DCYF to provide services to dependent children and youth; some facilities operate homeless youth shelters either with funding from the Office of Homeless youth or with private, local, or federal funding. 46% of youth in HOPE and CRC programs are dependent youth. Some providers operate both DCYF-contracted and OHY-contracted programs. In short, any policies, guidance, and resources that are developed must be equally applicable to all group care providers, whether they are contracted with DCYF or predominantly serving non-state dependent youth, and all youth, whether they are state dependent or not.
  - **Recommendation:** DCYF and Commerce work collaboratively to ensure that all licensed group care providers – whether contracted to provide services through DCYF or OHY or both—receive the same guidance, resources, and support.
- **Contingency planning for youth or staff who test positive** – Providers have received mixed messages about whether youth and staff should remain in program or be sent to an isolation and quarantine site. The county sites are not licensed facilities; we understand licensing exemptions are underway, but that only non-dependent youth will be allowed to stay in the facility. DCYF is setting up licensed emergency placement sites yet it remains unclear whether those are exclusively dedicated for youth who test positive, or for any youth with a placement disruption. Finally, if a youth tests positive, staff who have worked with that youth will need to self-quarantine, leaving the program understaffed; this may necessitate finding alternative placements for the remaining youth in the program.
  - **Recommendation:** DCYF and DOH should develop a clear plan regarding youth who test positive and ensure that each program has an approved alternative plan if the DCYF/DOH plan is not viable in that location. The DCYF/DOH plan should consist of the following:
    - Remove the sick/exposed youth;
    - Place that youth in an alternative location;
    - Staff the alternative location with non-exposed staff with PPE;
    - Send staff from the program the sick youth was in home for 14 days;
    - Bring new staff into the original program with PPE.
- **Personal Protective Equipment (PPE)** – Group homes and youth shelters are staffed 24 hours a day, seven days a week. New youth are still entering the program, and as staff shortages increase, new or on-call staff are brought in. That is a lot of people interacting in a small space, even when social distancing measures are implemented. Staff are considered essential workers, and are providing basic healthcare despite lack of PPE. We recognize that even our front-line healthcare workers are struggling with access to this equipment, but it is both unethical and contrary to DOH guidance and our collective public health goals to allow staff and young people to be in programs without adequate PPE. Current [DOH guidelines](#) designate congregate care facilities with confirmed or suspected cases as “tier 2” and without suspected cases as “tier 3” in distribution priority.

- **Recommendation:** Facilitate bulk purchase and distribution of PPE to congregate care facilities through DCYF, following DOH guidance for prioritization. For the duration of the crisis PPE is unlikely to be available for purchase on the consumer market; DCYF can play a role in coordinating purchase and distribution while adhering to prioritization guidelines that ensure front line healthcare workers remain the top priority.
- **Expanded Funding** – To ensure adequate staffing to maintain a safe environment and remain in compliance with licensing requirements, organizations have had to increase pay for group care staff and/or pay overtime when staff shortages require fewer staff to work more hours. This is unsustainable at a time when many organizations’ fundraising capacity has been severely weakened, and current rates do not cover full cost of operations. While state and federal funds have been distributed locally to address some of these needs, small providers may not be aware of how to access these funds or even if they qualify.
  - **Recommendation:** Make additional funding available through DCYF and OHY to support extraordinary costs for congregate care facilities. Additionally, the agencies should collaborate on guidance to providers on how to engage their local county and HUD continuum-of-care to access federal and state emergency funds, including Community Development Block Grants, Emergency Solutions Grants, and state emergency COVID response funds. DCYF & Commerce leadership should advocate to use discretionary state-level funding for this purpose as well.

We recognize that this is an unprecedented crisis, and everyone is working diligently to meet many competing needs. In the midst of this crisis, we have a continued obligation to provide safe, stable care to our most vulnerable young people. Without adequate crisis planning and support for group care facilities and their staff, this will be impossible. We urge your swift consideration of these recommendations.

Sincerely,

Liz Trautman and Shoshana Wineburg  
The Washington Coalition for Homeless Youth Advocacy (WACHYA)

Jill May  
Washington Association for Children & Families (WACF)

Laurie Lippold and Jim Theofelis  
Child Welfare Advocacy Coalition (CWAC)