

# **Recommendations and Planning Considerations for Texas' Youth-Serving Organizations for Preventing and Responding to COVID-19**

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## INTRODUCTION AND OVERVIEW

As people and workplaces across the country are responding to COVID-19, youth-service providers have special considerations for ensuring the well-being of their clients, staff, and communities. The need for responses and services for youth in crisis is needed now more than ever, making it a critical time for youth-service providers to stay organized, plan ahead, and ensure continuity of services.

**TNOYS recommends that all youth-serving organizations create written COVID-19 prevention and response plans.** These plans should outline appropriate precautions and responses for varying levels of risk. You will need to determine who at your organization will be responsible for plan implementation. Some organizations are creating internal Emergency Response Teams to lead the effort. Many providers are organizing their response plans into tiers based on risk.



# PLANNING CONSIDERATIONS

## Community Coordination and External Communication

- From what sources will your organization get its information on the progression of the virus and the current situation or risk level in your community?
  - Most of the larger communities in Texas have offices of emergency management that are providing updates on guidance from health authorities as well as local actions to flatten the curve or reduce the spread.
  - Many smaller communities are providing communications and guidance through the mayor's office, fire departments, police departments, and/or local medical facilities.
- Who on your staff will be responsible for keeping in contact with local public health authorities to get the latest information?
- Are there organizations or agencies in your community who you can partner with to improve or streamline services?
- Who on your team will be responsible for speaking with the media or other external stakeholders? Establish talking points to guide this communication. Talking points may include assurances that client, staff, and community safety are your top priorities; your organization is facing new challenges and expenses due to COVID-19; and one or more specific "asks" such as for donations or supplies.
- The following agencies are regularly updating their COVID-19 webpages with the latest news and recommendations:
  - [Texas Department of Family and Protective Services](#) (DFPS)
  - [U.S. Department of Housing and Urban Development](#) (HUD)
  - [Family and Youth Services Bureau](#) (FYSB)
  - [The Centers for Disease Control and Prevention](#) (CDC)
  - [Texas Department of State Health Services](#) (DSHS)
  - [Emergency Operations Centers by County](#) (TDMS)

## Internal Communication and Coordination

- What information will leadership need to share internally and with whom?
  - Who on your team will be responsible for getting critical information out quickly from leadership to direct care and front-line staff?
  - Similarly, how will your leadership receive critical information from your direct care or front-line staff? What processes or lines of communication need to be put into place?
  - As you are implementing new policies and procedures, will you need a feedback loop? For example, one organization made plans to check in regularly with program managers to review changes in guidelines and procedures and get feedback.



- One recommendation from the [National Safe Place Network Member Forum](#) is to use trauma-informed community meetings to check in with staff. “This practice strengthens your team by providing the opportunity for people to share their feelings, discuss their goals or needs, and identify who they can rely on for support. Any team member can call for a community meeting and they can be hosted virtually or over the phone as needed.”
- What information do your clients need? How will you get that information to them and keep them informed?
  - This includes information about precautions your organization is taking, reductions in services or hours, and how clients can access services. If your organization has begun offering remote or virtual services, you’ll need to think strategically about how to get that information out to your community, including potentially by partnering with local government and other community providers.
  - You may also want to share information w/ clients addressing how they can access food and household supplies. Is there information that you will provide on resources in your community?

## PREVENTION MEASURES

### Promoting Good Hygiene

- Good hygiene practices can reduce the spread of the virus. Consider providing best practices and recommendations from credible sources, like the CDC.
- Consider practices (such as hugging, shaking hands, and sharing supplies) that you can minimize in your facility, services, or interactions.
  - Some organizations have adopted the “elbow bump” greeting or the Namaste bow.
- How will you encourage staff and clients to follow best practices for hygiene and public health?
- How often will you share reminders about good hygiene, and/or where will you display them throughout your facility, website, or other communications?
  - Some organizations have sent emails to their staff with information on proper hygiene.
  - Some are posting reminders on social media and their websites.
- What will you require of staff, clients, visitors, etc. in terms of hygiene? One organization reported instituting a policy that everyone either wash their hands upon arrival or leave.



## Sanitation Measures

### Sanitation Practices

Consider the frequency or intensity of cleaning of your facilities. Will you need to use additional or stronger products than usual?

- Who on your team will be responsible for cleaning which facilities and how often?
- How can you strive to provide some level of quality assurance?
- Will the staff person be expected to document each time he or she does a cleaning?)

### Cleaning Supplies

Consider how you will access the necessary cleaning supplies. Do you have them on hand? If not, where can you get them? Do you know which products are effective and which ones are not?

- Are there potential partners in the community who may be able to help with this?
- Amidst scarcity of cleaning products, some organizations are creating their own solution of bleach and water to wipe down surfaces.
- CDC guidelines indicate a bleach solution of 5 tablespoons ( $\frac{1}{2}$  cup) bleach per gallon of water; 4 teaspoons per quart of water.

## Organizational Travel, Meetings, and Events

### Travel

The CDC and other public health authorities are regularly updating travel recommendations.

- Based on assessed risk, consider how and when your organization will restrict staff travel, both business and personal, and whether factors such as region, length of travel, or mode of transportation will come into consideration.
- Consider policies for when staff return from travel, including self-imposed quarantine, how you will comply with government recommendations, and whether certain factors influence these policies (such as region, length of travel, or mode of transportation).
  - For example, your staff may be required to self-quarantine for up to 14 days upon return from travel, based on location and travel advisories.

### Meetings and Events

As of March 16, the CDC recommends cancelling gatherings of ten or more for the next 15 days. On March 19, Governor Abbott announced an executive order that limits social gatherings to 10 people and closes schools, among other actions, through April 3.



- Consider virtual meeting software and webinars in place of larger in-person meetings or training events.
- Check online for offers if you need to add capacity for remote work. Zoom is waiving fees for their basic services, and other software vendors (like GoToMeeting) are offering free services for small businesses. Google Hangouts is another tool that can be used and is free.
  - <https://www.gotomeeting.com/work-remote>
  - <https://zoom.us/pricing>
  - <https://www.openforbusiness.org/>
- Develop a contingency plan if an event is cancelled or postponed due to COVID-19. Can you salvage the event by offering it in a different format or at a later date?

## Visitors and Volunteers

### Risk of Infection

Consider how you will reduce the risk of the virus spreading to/from visitors and volunteers.

- You will need to limit or restrict in-office meetings, visitors, volunteers, and vendors/service delivery, depending on level of risk. Many youth service organizations have already prohibited visitors and volunteers completely.
- DFPS encourages providers to limit non-essential visitors for all children and youth, but especially those with high levels of medical need.
- Some organizations are taking the temperatures of anyone who enters their facility.

### Reduction in Volunteers

Consider how you will address reduced numbers of volunteers as a result of the virus.

- How will this impact the workload placed on your staff?
- Is there another way you can recommend volunteers contribute instead? Perhaps by dropping off needed supplies or raising money?
- In regions where there are more cases than in Texas, one organization is utilizing volunteers to cook and deliver meals (for curbside pick-up) because they don't have the staff capacity to fill those roles. Others are not comfortable with this risk and have terminated all volunteer engagement with their organization temporarily.



# SERVICES AND OPERATIONS

## Provision of Non-Residential Services

### Maintaining Services

Consider how your organization can limit in-person contact in the provision of services while maintaining standard operations.

- Who are the non-essential personnel on your team who can work remotely?
- Can any of your services be provided by phone or virtually, such as through video conferencing or a meeting software? Some regulatory agencies, such as the DFPS Prevention and Early Intervention division, are allowing remote session with clients temporarily. Other regulatory agencies such as the DFPS Child Protective Services division, are still requiring that certain visits be made in person.
- Some organizations are purchasing HIPAA compliant licenses to do remote therapy and case management.
- Digital Services developed a [toolkit](#) to help providers identify the best virtual platforms for their services.
- National Network to End Domestic Violence also has a [toolkit](#) with best practices and policy recommendations for agencies.
- Texas Council on Family Violence has [Tips for Advocates: Mobile Advocacy & Technology](#) that highlights approaches to working with clients in a mobile environment and some suggestions of “safer” technology options.

### Additional Safety Measures

Consider the precautions you will put in place to ensure the safety of your staff and clients, including additional measures or protocols.

- Develop a plan for assessing staff and clients for symptoms and how to respond.

### Modifying Services

Consider how, and under what circumstances, you will modify service provision, such as case management, counseling, and other non-residential services, if necessary. Some organizations have developed a multi-stage plan for service provision depending on the level of social isolation/reduction of activities either recommended or mandated by local authorities.

- Are there services you will need to cancel/limit, or services you will need to ramp up to meet the needs of your clients?
- At what point will you discontinue in-person services?



- How will you ensure continuation of services if you must decrease or halt in-person contact?
- How can you still connect or meet the needs of your clients?
- Some organizations who do street outreach or other community-based services are educating about COVID-19 symptoms and transmission prevention, dropping off food and supplies, and conducting visual check-ins while modeling social distancing.

## **Special Considerations for Residential Service Providers**

### **Food and Supplies**

Given school and workplace closures, you will likely need to provide more meals for your clients than you typically provide. Restocking groceries may also take more time than usual. How much food will you need to keep stocked and how will you obtain new groceries when you need them?

### **Education, Entertainment, and Recreation**

In the event that schools and workplaces remain closed for an extended period, you may need to be able to provide WiFi and computer access to facilitate online learning and entertainment. Also consider other ways through which you can support entertainment and recreation for clients during isolation.

- Communicate with your local ISD to learn more about support and resources they may be offering to qualifying students.

### **Healthcare**

Consider the additional healthcare costs and needs that may arise as a result of the virus.

- Ensure that all youth in your care will have access to needed prescription medications. If you provide foster care services, Superior Health is making calls to all young people in care to check on their well-being and ensure they have access to prescriptions. If you serve young people who have high medical needs, you will also receive calls from DFPS.
- Are there youth in your care who need medication that must be administered offsite? If so, how can you plan for this?
- Consider transportation needs to and from healthcare facilities. How will you get youth to and from routine medical appointments, or to emergency medical care that is not related to COVID-19?
- Is there a back-up plan if routine medical appointments are considered non-essential locally?
- Consider whether you will need to increase the medical capacity of your on-site staff.
- Consider whether and how you will test staff or clients for COVID-19.



## **Bed Capacity**

In other parts of the country, youth-service providers are reporting that demand for their services is increasing due to COVID-19 and is exceeding bed capacity. Consider how you will respond if demand for your services exceeds bed capacity.

- Do you need special permissions from regulatory authorities? If so, who at the regulatory agency do you need to contact and who at your organization will contact them? DFPS is not offering waivers for staffing ratios at this time.
- Some organizations in other parts of the country are bringing in cots to meet demand. Others are putting youth in hotels, motels, or airBnBs. Are there plans you can put in place in case you need emergency bed capacity, if that is something that your regulatory agencies and funders will allow?
- Some organizations are making adjustments to their existing space to create isolation rooms. For example, a shelter is moving families from their family wing to a church that has re-opened its overflow shelter to accommodate the families so that the family wing can be converted into isolation rooms for people in the shelter experiencing symptoms.
- Some communities are working with local colleges and universities to explore using closed residential facilities (dorms) to house people.

## **Identifying Symptoms**

Consider how you will identify and respond to clients exhibiting symptoms of COVID-19.

- How and when will you check clients for symptoms of COVID-19?
  - Is your staff team trained to recognize the symptoms?
  - Do you have a medical professional on staff? If not, do you have access to a medical professional some other way?
  - Many organizations are conducting daily temperature checks for all clients and staff.
  - One state agency in another state recommends to begin screening now and following the [Centers for Disease Control's Interim Guidance for homeless service providers](#) Much of this guidance also applies to Residential Service Providers.
- Determine how your organization will respond if and when a client does display symptoms.
  - Who internally needs to be aware and what is the notification protocol and chain of command?
  - Who specifically will you need to notify externally, such as at regulatory agencies?
  - Who will you contact for healthcare services? What will you do if this professional or entity is not responsive?
  - For children and youth in foster care, Superior Health is available to help access medical care.



## **Plan for Quarantine**

- **Community Quarantine Location**: Determine if your community has established a quarantine location. If they have, note the location and its policies in your plan and share this information with members of your team.
- **Establish Quarantine Plan**: If your community does not have an established quarantine location, you will need to make a plan for how to quarantine clients who display symptoms and/or are diagnosed.
  - Identify how and where, and under what conditions, you will quarantine clients.
    - In a region where COVID-19 is more widespread, one organization has reported using hotel and motel rooms and/or AirBnBs.
    - Some providers in Texas are making back-up plans to convert conference rooms or other areas in administrative buildings to residential space for quarantined clients if needed.
  - Consider how you will continue to provide services for quarantined clients and the additional resources that service provision will require.
  - Consider how a quarantine will impact staffing. Determine a plan for staff who serve clients in quarantine.
    - How long will staff work with quarantined clients, and what will be the policy before returning to work with non-quarantined clients?
    - How will you continue to meet staffing ratios if staff who have been in contact with the sick client will need to quarantine themselves?
    - One provider designated quarantine sites in the event that a youth is diagnosed with COVID-19. Two staff per shift will be assigned to each location as needed.

## **Workforce and Staffing**

Recognizing that most youth services rely on direct contact between staff and clients, it is extremely important for providers to proactively plan against staffing challenges that may arise as a result of COVID-19.

- **Chain of Command**: How to describe the Chain of Command and what will happen if people in the Chain become unavailable.
- **Staff Availability and Limitations**: Consider how you will keep services fully staffed in the event that staff are showing symptoms, self-isolating after contact with someone who showed symptoms, caring for dependents, or social distancing for another reason.
  - Consider how you will address overtime pay for those who are available to work, in the event that they are working longer hours to cover low staffing.
  - You will likely also need to be able to provide hazard pay for direct care staff.
  - Consider your plan for when staff return to work after exposure to COVID-19. Will they be required to self-quarantine? For how long?
  - One organization is keeping all essential staff “on call” in the event that a shift is not filled and others need to fill in.



## **Use of Paid Time Off (PTO) and Sick Leave**

Will you make changes or exceptions to your PTO or Sick Leave policies?

- You may have employees who must be at home but whose job responsibilities are not conducive to working from home. You will need to determine the conditions under which they will continue to be paid as if they were working, they will need to use PTO, and they will need to take the time unpaid.
- In the case of increased risk, one organization will place a policy freeze on Extended Sick Leave, meaning staff will only be able to access sick leave if they cannot be at work due to COVID-19 or unconfirmed flu (with a doctor's note).
- In regions where "shelter in place" has gone into effect, one organization cancelled all PTO, prohibited key directors from leaving the area, and is maintaining the finance staff to write checks.

## **Work from Home Policies**

Consider whether your organization has the capability to implement work from home policies. Some government grant programs won't pay for staff to work remotely unless an organization has a policy that allows remote work, such as during an emergency. Consider adding a policy allowing for remote work to your personnel guidance materials.

- How will you determine who is eligible to work from home?
  - This gets tricky and there are many factors to consider, but guidance from public health authorities indicates that the more people that stay home, the safer the broader community will be.
  - Some organizations will allow staff to work from home if they have a pre-existing condition and a note from a doctor.
- Consider your policies and protocols in the event that staff are working from home. How will you ensure continued productivity?
  - At one organization, supervisors will create specific work plans for each staff member with clear benchmarks and regular check ins. Managers will also check in with supervisors daily to discuss issues and gaps, allowing room for learning and flexibility.
- Consider how you will address staff who are at home caring for school-aged children (in the event of school closures), sick relatives, or other dependents. Will you make special considerations for them? Will they be allowed or required to work from home? Will they need to take paid time off or sick leave?
  - One organization is not requiring staff to take PTO if they are parents who must stay home to care for school-aged children. Another organization will pay parents to work from home for three weeks without use of PTO.
  - This is a unique situation as prior to COVID-19, employers often required employees to have childcare in place before they were allowed to work from home.



- One organization ran their payroll records for a count of staff with dependents and staff over age 50 to determine how many staff will likely be working from home soon.
- Another provider will have staff members alternate between working from home and working on-site every two weeks. This will be mandatory to ensure social distancing.
- Some organizations are unable to close their doors or offer the ability to work from home, but they are encouraging flexible work schedules.
- An organization in Iowa has language in its personnel policies addressing remote work, allowing for remote work in special circumstances (such as an emergency or disaster) with prior approval from an employee's supervisor and/or Executive Director. Employees working remotely would have specified tasks or projects, and would be expected to maintain regular work schedules.
- Consider reviewing and updating staff's Emergency Contact Information to ensure contacts can be reached if necessary.

### **Determining Essential Services**

Consider whether you need to reduce or suspend any non-essential services in order to continue provision of essential services.

- Consider essential staff (direct service) and non-essential staff (administrative, HR, development, etc.), and whether you can reassign individuals to more urgent roles or responsibilities.
- Some organizations will reassign staff to essential services if they are working from home or their site is closed.
- At this time, most organizations are not sending non-essential staff to work from home. Organizations with school-based services, however, are reassigning those staff members to essential services.

### **Case Management Practices**

- Guidance from TX Department of Family and Protective Services (DFPS) regarding virtual visits as of 3/23/2020:
  - Family Based Safety Services (FBSS) and Family Reunification (FRE) home visits: "We are committed to the safety and well-being of the children we serve in FBSS and during Family Reunification (FRE). The importance of the work you do to preserve families and secure child safety cannot be overstated. FBSS and CVS caseworkers will continue to make contacts with families at the frequency required by policy. These contacts, however, may be conducted virtually.
  - Parent-Child Visits as of 3/23/2020: "Parent-child visitation is an important activity to keep children in out-of-home care connected to their families. It is critical that we maintain our responsibilities associated with facilitating parent-child visits while also looking out for everyone's health and safety. As many courts have entered orders to suspend in-person contact, we want to find ways to make for meaningful virtual visits. Please see attached guidance regarding parent-child visits. Also attached you will find a



best practice guide to enhance virtual visitation along with ideas for other ways children, parents and siblings can stay connected during this difficult time.”

- CANS Assessment Changes as of 3/25/2020:
  - With HHSC approval, the CANS 2.0 assessment that DFPS uses is now available via telehealth for all children and youth in conservatorship aged 3 years through 17 years. It has been expanded to all ages as of 3/25/2020. To get a telehealth CANS 2.0, call Mosaic (a program within [Pathways Youth and Family Services](#) which has been doing the telehealth CANS 2.0 for STAR Health to date). Mosaic will screen the caller to discuss access to the needed equipment and the need for a private location. Mosaic will schedule the appointment. After the appointment is scheduled, Mosaic will provide the medical consentor with steps to access the secure portal and link to be used at the designated appointment time. If you need assistance or have any questions, please contact STAR Health Member Services at 866-912-6283.

## Financial Consideration

### Feedback to Regulatory Agencies

Collaborate with TNOYS and other advocacy organizations to notify regulatory agencies of your needs and challenges, and to request support such as grant period extensions or supplemental funding.

### Fundraising Events

Fundraisers may need to be cancelled or postponed due to COVID-19.

- Is there a way to salvage the event or offer it at a different time?
- One organization will replace their fundraising event with a weeklong donor campaign paired with live programs and videos.

### Donation Requests

Consider emailing your donor list explaining the extra costs to your program associated with COVID-19.

- Some organizations are sending emails with very specific requests based on the most immediate needs of the youth they serve. This ensures that your message stands out, and it provides a tangible option for potential donors to support your services and your clients.

### Business Interruption Insurance Policy

Review your business interruption insurance coverage to see if you qualify for lost revenue coverage.

- To start, review the inclusions and exclusions of your policy.
- The claim generally requires detailed program information for about three years.



- Brief article about insurance and COVID-19: <https://www.jdsupra.com/legalnews/will-business-interruption-insurance-39690/>

## Sample COVID-19 Prevention and Response Plans

### National Safe Place Network

National Safe Place Network has made its Member Connect forum open to the public. Service providers across the country are sharing plans and experiences. You can access and join here: <https://www.nspnetwork.org/nspn-connect>. One topic on resources on COVID-19 for Youth and Family Service providers has a growing list of online resources including lists on Meeting Needs of Vulnerable Youth and Practical Shelter Guidance.

### State of California's Business, Consumer Services and Housing Agency

[Guidance for Homeless Assistance Providers on Novel Coronavirus \(COVID-19\)](#)

### Texas Homeless Network (THN)

[Agency COVID-19 Response Plan with guidance and suggestions on a variety of subjects that your organization might also be confronting. THN has also created a COVID-19 Resource Page on their website.](#)