B2i Sustainability Workgroup 2024 Recommendations

Historically, the B2i Sustainability Workgroup discussed how to make the program sustainable for young adults after leaving the program. Over the last year, the group decided to better define what "sustainability" could look like and determined the following domains be considered when determining how to support young people's sustainable success after exiting B2i.

The B2i program can provide holistic, youth determined supports and community connections so that B2i participants:

- 1. Have the **financial** knowledge, resources, and opportunity to build habits to achieve long term financial well-being.
- 2. Have the opportunity to explore, enroll, and proceed, in the **educational and/or career pathway** they choose.
- 3. Have the **hope for the future**, confidence in their decision-making, and engagement in their community to build a sense of belonging and purpose.
- 4. Have the opportunity to build social skills and make **social connections** that strengthen their self-esteem and create a positive support network.
- 5. Are supported by professionals that focus on **whole person development**, including building safe, healthy relationships, and the ability to bounce back from challenges.
- 6. Are **supported by professionals** that have high expectations of young people that incorporate youth voice and real time feedback, while considering young people's backgrounds, cultural practices, and lifestyle.

To best support growth within these domains, the following recommendations have been identified for 2024 to increase sustainability of young people's success after exiting B2i:

- 1. Allow for leadership development, financial literacy education, and interest exploration as part of existing required participation hours. This should be determined by Independence Coordinators as advised by their supervisor.
 - Allowable activities could potentially include Youth Advisory Board participation, Legislative Days, Opportunity Passport, or other activities identified by young people and approved by their Independence Coordinator.
 - This would provide a platform for B2i participants and their Independence Coordinator to discuss goals outside of the traditional confines of barrier removal, employment, and education, focusing on an expanded range of personal development. These conversations open the door to developing authentic, trusting, and strengths-based relationships that increase young people's confidence. When young people are confident, it allows them to set high expectations for themselves, reach for new opportunities, and set life changing goals. When one know what's possible, it motivates one to aim high.
- 2. Independence Coordinators and participants should *promote* leadership development, financial literacy education, interest exploration, career and postsecondary pathways that align with the *strengths* of the individual and their goals through continuous exploration.
 - When a young person feels like a "problem" or a "project" that staff and their support network need to "fix", that can confine the young person's sense of self and sense of how to work collaboratively with their support network. When a young person and their support network builds their sense of self, goals, and plans based

B2i Sustainability Workgroup 2024 Recommendations

on the young person's strengths, it increases their self-determination and making plans that occur and sustain their life long after exiting B2i. By offering these activities as allowable required participation hours, Independence Coordinators will have increased opportunity to have these conversations and should encourage them throughout the participant's time in B2i.

Independence Coordinators work to connect and coordinate services to the young adults they are working with, and have extensive knowledge of the Child and Family Services system, but may not be connected to the community the young adult is from or is comfortable in. The workgroup acknowledges that not every professional will connect with a young adult in a way that maximizes their engagement and would encourage more attempts to get community agencies or partners more involved with the B2i participant. Each person is unique in who they will connect best with, and most adults have a larger support system than two or three professionals. It should be a continued priority to build each participant's support system with engaging and committed adults. Young people can empower their B2i Independence Coordinator and support network by discussing and exploring their interests and leadership development – that input empowers staff to then create plans and refer to resources that support the interests and goals the young person identifies within that context. These deeper conversations and ability to uncover new areas of expertise also allow for Independence Coordinators and Program Administrators to identify new areas of potential professional development, training, and resource establishment.

Recommendations: Immigrant Young People & the Bridge to Independence Program

The B2i Immigration Status Eligibility Workgroup of the B2i Advisory Committee was formed to examine the relationship of immigrant youth and the B2i program, including considering how Nebraska could better support this older subset of immigrant youth who are systems-involved. After much discussion and research, the workgroup presents the following recommendations.

RECOMMENDATION #1: All eligible Nebraska child welfare or juvenile justice youth should qualify for the Bridge to Independence Program regardless of immigration status.

In Nebraska's child welfare system, state wards are generally entitled to receive services from DHHS regardless of immigration status. However, as soon as they turn 19, their eligibility for continued support depends on their status, with only a subset of immigrant youth qualifying for B2i, even if they received under-19 care and are otherwise eligible for B2i.¹ As evidenced by the existence of B2i, it is clear Nebraska policy makers agree youth are not fully prepared to be successful, independent adults at age 19 without additional state-sponsored support. This workgroup would pose: what makes immigrant youth different?

The original B2i Act intended for immigrant youth to be included² but disagreements regarding the interpretation of state and federal immigration law resulted in inconsistent inclusion of immigrant youth in the program. As a result, in 2020, the Nebraska Supreme Court addressed this question and held that immigrant youth could be included in B2i, but our current B2i Act was not yet clear enough to allow all statuses to be, thus recommending a clarification in state law.³ In response, Senator Vargas attempted to do this with LB 262 in 2021, but it did not advance due to B2i policy efforts at the time being focused on expanding to other populations. With those expansions having happened, this group feels returning to this effort would be important, legally supported, and essential for immigrant youths' success.

Notably, the most recent annual reports from the B2i Advisory Committee and Nebraska Foster Care Review Office explicitly recommend this expansion, and this workgroup's research found that <u>Nebraska is a clear outlier</u> in not including immigrant youth in B2i, with a wide variety of states recognizing immigrant youths' needs are no less than their non-immigrant peers, and in fact, are sometimes more.

The B2i Advisory Committee has repeatedly recommended and worked to expand B2i to encompass more populations. Most recently in 2020, the Committee supported successful efforts to expand B2i to include more Native youth through LB 848, and supported the successful expansion to Juvenile Justice youth through LB50 in 2023. Those expansions, as well as this proposed expansion, ensure B2i is working to support all aged out youth, especially those B2i originally intended to include. As such, this workgroup recommends a clarification in state law to clearly include all immigrant youth in B2i who would otherwise qualify if not for their immigration status.

¹ Current immigration status eligibility rules can be found at 395 Neb. Admin. Code. § 10-003.01, and only permit citizens and "qualified aliens." Qualified aliens are defined at 8 USC § 1641 and include asylees, refugees, trafficking victims, and "green card" holders. It does not include SIJ status or Deferred Action for Childhood Arrivals ("DACA") youth, among other statuses.

² See Neb. Rev. Stat. § 43-4505(4)(h).

³ E.M. v. NE DHHS, 306 Neb. 1 (2020).

RECOMMENDATION #2: Nebraska Department of Health and Human Services' case managers should be generally trained in cultural competency and include specialized teams with expertise in immigration legal resources and processes.

While support for immigrant youth through extended foster care (B2i) is important, this workgroup believes more can be done to support immigrant youth throughout their entire time in care, such that their unique needs have been recognized well before they are preparing to leave care or enter B2i. As a baseline, this workgroup believes **all case managers should be trained in cultural competency, including a** *basic* **understanding of the unique needs of immigrant families, including cultural differences, language barriers, and immigration status needs. Training to ensure a culturally competent workforce is evidenced-based best practice within child welfare systems, especially to combat the high rates of racial and ethnic disparities within the child welfare and juvenile justice system. However, such training should also recognize the unique needs of immigrants, as to best support them.**

Beyond the general training of all case managers, **DHHS should also have a specialized team with additional training and knowledge in immigration legal resources and processes to specifically support immigrant youth**. Because the immigration system is complex and unique, this workgroup feels it is unrealistic to expect every case manager to become an expert. However, it is important to navigate the system correctly as to ensure a young person is on the correct path to status and success. As such, we feel a smaller team within DHHS with dedicated expertise in immigration resources and process navigation would best support immigrant youth's unique needs, helping to navigate case managers and youth to supportive community resources, legal assistance, and other benefits for which they may qualify.

RECOMMENDATION #3: The Nebraska Department of Health and Human Services should initiate and document steps towards supportive immigration statuses at the start of a case, and provide next steps to youth exiting care.

Achieving legal immigration status in the United States is a complicated and lengthy process. And while a person is waiting to achieve a legal or different status, they may be ineligible for certain benefits, including health care coverage, guardianship or adoption assistance, and employment, all creating additional barriers for immigrant youth to achieve permanency or transition to adulthood successfully. While this workgroup believes removing those barriers altogether would be ideal, it recognizes those barriers are the current reality, and as such, increased efforts by DHHS to help youth achieve statuses earlier feel important and more achievable.

Current Nebraska law requires early identification of immigrant state wards to ensure they can receive support and protection.⁴ However, this workgroup's understanding from young people and families' experience is that DHHS does not currently, consistently initiate steps to help them achieve a status after being identified or provide follow-up assistance coordination. As such, improvement and accountability in this process is needed. As the legal guardian of these youth, entrusted with their care, best interests, and often preparation for adulthood, this workgroup believes **it should be DHHS' responsibility to help youth start their immigration status process as soon as possible, and document such efforts** as to be held accountable. This should include identification of immigrant status during the initial case assessment

⁴ Neb. Rev. Stat. § 43-3803.

and then if needed, connection to the expert immigration team within Recommendation #2 to immediately begin facilitating connections to immigration legal services, and any other supportive resources needed. This should also include ensuring youth leaving care or aging out in the middle of this process have a plan and know what to expect in the future. Without this assistance, it is difficult to imagine how immigrant youth could consistently and successfully navigate their path to legal status or citizenship, especially with the already limited support for youth in and when leaving care. This workgroup believes the least Nebraska should do is help youth start this process, as soon as possible.

It is important to note that this expediency is especially important for immigrant youth in foster care, as the immigration status most foster youth qualify for is the Special Immigrant Juvenile ("SIJ") Status, which is for abused, abandoned, or neglected youth. If achieved, SIJ youth are eligible for many benefits and employment. However, to be eligible, they must be under 21 and have the support of a juvenile or family court judge. Thus, starting this process as soon as possible ensures youth can apply on time, with the relevant orders. Whether an SIJ or other immigrant youth, the sooner a youth is on track to receiving a status, the sooner they qualify for other benefits and supports, including B2i, all helping to ensure they are better prepared for a successful transition into adulthood.

RECOMMENDATION #4: All youth in the Bridge to Independence Program should receive medical coverage, regardless of immigration status, so long as otherwise eligible.

Most B2i participants receive medical coverage⁵ (i.e., medical and dental insurance through state or federal Medicaid), recognizing that medical insurance is an essential support to young people who would otherwise receive such support from their parents if they were not in care. This is especially important for young people aging out of care who are more susceptible to health and economic instability. However, due to current law, if immigrant youth were to be included in B2i, most would not be eligible to receive this medical coverage. This is because while federal law allows states to provide medical coverage to immigrant youth up to age 21, Nebraska has only elected to cover them until age 19. As such, in 2020, the Nebraska Supreme Court held that most immigrant youth in B2i are not eligible for its medical coverage service, unless and until Nebraska changes its coverage to 21.⁶

This workgroup believes medical coverage to be an essential support for any young person, especially young people preparing to transition from foster care into a healthier, more independent adulthood. Therefore, if the state were to adopt Recommendation #1 and allow all immigrant youth in B2i, we believe it has the responsibility to then provide them with the full range of supports B2i offers, including medical coverage, and should opt to expand its coverage to immigrant youth through 21, as federal law allows. It is noting that Senator Vargas' LB 262 (2021) referenced in Recommendation #1 proposed this change as well, based on the Nebraska Supreme Court's case and his belief that if B2i were to be expanded to immigrant youth, all of its supports should be included.

For more information on supplemental information guiding these recommendations and the predicted number of young people affected and cost of the above recommendations, see the appendix below.

⁵ Neb. Rev. Stat. § 43-4505(1).

⁶ J.S. v. NE DHHS, 306 Neb. 20 (2020).

APPENDIX

National Policy on Immigrant Children in Foster Care Influencing B2I Recommendations

The National Foster Care Youth and Alumni Policy Council (NFYA-PC), which is a project of Casey Family Programs, Foster Care Alumni of America, and Foster Club, developed a policy brief titled, *Supporting Immigrant Children & Youth in Foster Care* in Dec 2022.

NFYA-PC proposed three priorities from the standpoint of those with lived-experience to improve support for immigrant children and youth who experience foster care:

- 1. We shouldn't exit foster care without legal status.
- 2. We need caseworkers who are equipped to support us in our immigration case.
- 3. We need support in understanding, accessing, and exercising our basic human rights

These priorities provided guidance to the B2I Immigrant Young People Work Group as it developed the recommendations outlined in this proposal. NFYA-PC's three priorities are explained in full detail <u>here.</u>

Estimated Number of Young People Impacted

| Non-US Citizen Children and Young Adults in CFS Cases: Alternative Response & Non-Court Cases^ | | | | |
|---|--|--------------------------------------|-------------------|--|
| Citizenship Status | Alternative Response - No Placement | Non-Court Involved - No Placement | Grand Total Range | |
| Cuban - Haitian Entrant | * | 0 | 1 - 5 | |
| Human Trafficking Victim | 0 | 0 | 0 | |
| Ineligible Alien | * | * | 2 - 10 | |
| Iraq / Afghan Special Immigrant | 7 | 0 | 7 | |
| Lawful Permanent Resident | 0 | * | 1 - 5 | |
| Lawfully Present | * | * | 2 - 10 | |
| Other - State Funded | 0 | 0 | 0 | |
| Refugee | * | * | 2 - 10 | |
| Grand Total Range | 11 - 27 | 4 - 20 | 15 - 47 | |
| ^As of 11/13/23. | | | | |

| Non-US Citizen Children and Young Adults in CFS Cases: State Wards | | | | |
|--|--|----------------|-------------------|--|
| Citizenship Status | HHS Ward | HHS - OJS Ward | Grand Total Range | |
| Cuban - Haitian Entrant | 0 | 0 | 0 | |
| Human Trafficking Victim | * | 0 | 1 - 5 | |
| Ineligible Alien | 45 - 57 | 0 | 45 - 57 | |
| Iraq / Afghan Special Immigrant | 0 | 0 | 0 | |
| Lawful Permanent Resident | 3 - 15 | * | 4 - 20 | |
| Lawfully Present | * | 0 | 1 - 5 | |
| Other - State Funded | * | 0 | 1 - 5 | |
| Refugee | 20 - 28 | * | 21 - 33 | |
| Grand Total Range | 71 - 115 | 2 - 10 | 73 - 125 | |
| ^As of 11/13/23. * Indicates 5 or less youth | ^As of 11/13/23. * Indicates 5 or less youth. | | | |

The above charts demonstrate the current number of non-citizen immigrant young people, with child welfare cases in Nebraska, including alternative response and non-court involved, court-involved, and extended foster care cases. The workgroup's recommendations could affect all of these young people. This will depend on the level of immigration assistance youth may need throughout their time in care and their current ineligibility for B2i or Medicaid, based on their immigration status.

| Non-US Citizen Young Adults Aging Out of Foster Care by Exit Year^ | | | | |
|--|------|------|------|----------------------|
| Citizenship | 2021 | 2022 | 2023 | Grand Total Range |
| Asylee | 0 | * | 0 | 1 - 5 |
| Ineligible Alien | * | 7 | * | 9 - 17 |
| Lawful Permanent | * | * | * | 3 - 15 |

| Resident | | | | |
|--|--------|--------|--------|---------|
| Lawfully Present | * | 0 | 0 | 1 - 5 |
| Refugee | * | 0 | * | 2 - 10 |
| Grand Total Range | 4 - 20 | 9 - 17 | 3 - 15 | 16 - 52 |
| ^ As of 11 / 05 / 2023. Those included must have been in out of home care or independent living. | | | | |
| * Indicates 5 or less ye | outh. | | | |

The above chart demonstrates the number of non-citizen, or immigrant, young people that "aged out," or left foster care without permanency, and thus potentially eligible for B2i, depending on their immigration status. It is the work group's understanding that the "ineligible alien" category are those young people currently ineligible for B2i and who would specifically benefit from its expansion, assuming they were otherwise eligible. All young people on this chart may benefit from the expansion of Medicaid, but actual eligibility would depend on their specific immigration status and other Medicaid eligibility factors.

Estimated Cost of Recommendations

In estimating the potential cost of our above recommendations, reference points exist. State Senator Vargas introduced LB 262 in 2021, which would've expanded B2i and its medical coverage to immigrant young people, as Recommendations #1 & #4 propose to do. Both the Nebraska Legislature and DHHS estimated LB 262's cost in 2021 and 2022, which can guide this group's estimates:

- In 2021, they estimated LB 262 would've cost ~ \$139, 500 annually, affecting 8 young people.
- In 2022, they estimated LB 262 would've cost ~ \$185, 400 annually, affecting 5 young people.
- Both years would've also required one time IT costs ranging from about \$63,00 to \$131,000.

See the below charts for details and cost breakdowns.

| LB 262 (2021) - 2021 Estimated Cost | | | |
|---|---------------------------------------|--|--|
| Source | Estimated Young People Affected | One Time Costs | Annual Cost |
| NE Legislative Fiscal Office Estimate | 8 | \$131, 400 - IT Updates Year 1* \$63, 547 - IT Updates Year 2 * | \$75,936 - B2i Monthly stipends ** \$63,552 - Medical coverage \$139, 488 - Total Cost |

| NE DHHS Estimate | 8 | \$83, 740 - IT Updates * | \$75, 936 - B2I Monthly Stipends ** \$63, 547 - Medical coverage |
|---------------------|---|---------------------------------|---|
| | | | \$139, 483 - Total Cost |

*The IT cost time estimates were from DHHS, which the NE Legislative Fiscal Office disputed. The Fiscal Office would've estimated the updates could be covered by current agency resources.

**It would cost an additional \$246 a month if the B2i participant had a child or was pregnant.

| LB 262 (2021) - 2022 Estimated Cost | | | |
|---|---------------------------------------|------------------------|---|
| Source | Estimated Young People Affected | One Time Cost | Annual Cost |
| NE Legislative Fiscal Office & NE DHHS Estimate (They were the same) | 5 | \$ 83,740 - IT Updates | \$ 98, 760 - B2i Monthly stipends *, ** \$ 86, 682 - Medical coverage |
| same) | | | \$ 185,442 - Total Cost |

* While the number of young people affected in 2022 is less than 2021, the cost estimate increased as the monthly stipend increased.

**It would cost an additional \$246 a month if the B2i participant had a child or was pregnant.

All annual estimates were based on the B2i monthly stipend (\$944.14 in 2023) multiplied by the estimated number of youth affected, and the cost of annual medical coverage (about \$722 monthly in 2022) multiplied by the estimated number of youth affected. To fully implement this group's recommendations, adjustments would need to be made for the relevant number of young people affected, estimated inflation, and to account for Recommendations #2 & #3.