

Children Service Practice Guidance - Federal Update

Highlights:

- **Caseworker Visits** - The monthly caseworker visit requirement remains in place, but ACF is modifying their policy to permit such visits to be conducted by videoconferencing in these current extraordinary circumstances.
- **Child and Family Services Review Program Improvement Plans** - States and ACF may also jointly renegotiate the terms and conditions of the PIP in accordance with the requirements of 45 CFR 1355.35(e)(4). Ohio will be asking for an extension.
- **Other Legislative and Regulatory Flexibility** - Although periodic reviews and permanency hearings are important protections for children in foster care, ACF has explained that the case review requirements are not a title IV-E eligibility requirement and, therefore, delays in conducting these activities will not adversely affect a child's eligibility for title IV-E.

March 16, 2020 Practice Considerations

Dr. Jerry Milner

Associate Commissioner, of the United States Department of Health and Human Services, Administration for Children and Families (ACF), Children's Bureau

This guidance pertains to both public and private entities. ODJFS recommends documenting any of the above actions that are contrary to current rule in the SACWIS Activity Log as relative to COVID-19. As a reminder the practice considerations that were sent Monday are also below so you have all guidance in one place.

Child and Adult Protective Services

Our child and adult protection responsibilities include responding to reports of maltreatment to our most vulnerable citizens. With those responsibilities also come required mandates for the safety and well-being of children and the elderly; some critical safety services should not be suspended. Below are a few examples of practice considerations for children services.

- **Screening:**
 - PCSAs must be available to the public to accept reports.
 - PCSAs may consider their non-business-hour protocols for daily operations as necessary (e.g. on-call).
- **Assessments/Investigations: Safety is paramount in considering case-by-case options.**
 - PCSAs should prioritize mandated initiation and assessment of safety activities (e.g. 24/72-hour contacts, 5-day contacts, safety assessment requirements) regardless of screened-in pathway.
 - PCSAs should prioritize monitoring of in-home and out-of-home safety plans to ensure child safety.

- Consideration of alternatives for other 45-60-day assessment/investigation mandates as appropriate and able might include:
 - Increase phone/FaceTime/other videoconference options for contacts and communication for the following:
 - Collateral and other follow-up interviews/contacts with other involved adults and children in the home
 - Deeper-dive assessment questions and dialogue with other involved household members
- **Open, Ongoing Cases (considerations on a case-by-case basis for reducing visits and conducting alternative contacts):**
 - Decisions and activities should be prioritized based on an assessment and routine re-assessment of safety and risk.
 - This includes consideration for age, vulnerability, and location when making case-specific determinations.
 - Prioritize monthly visit/contact requirements for children and adults with open cases.
 - In-Home Cases:
 - Prioritize child and adult visits (and increase connections by phone/FaceTime as able) for open voluntary cases and court ordered protective supervision(COPS) cases with more immediate safety and risk concerns, in which the children are in the home of the perpetrators and adult subjects (e.g. active safety plans, high-risk openings, court-ordered and newly reunified cases).
 - Other open in-home cases may require fewer monthly visits and/or more phone/FaceTime contact instead (e.g. temporary custody to kin with COPS order, other open voluntary cases offering non-safety-related preventive services)
 - Custody with the PCSA (e.g. temporary and permanent custody)
 - Prioritize visits with children and adults on trial home visits during the reunification activities.
 - Prioritize kinship placement homes in which caregivers may need more support and guidance from PCSA caseworkers and kinship caseworkers.
 - Paid placement settings (e.g. agency foster homes, network foster homes, group homes, residential facilities) may require reduced visits (children and adults) when the child is assessed to be safe in the paid placement setting.
 - Consider age, vulnerability, and location when making case-specific determinations for ongoing case activity reductions and/or alternatives (document the justifications for those decisions in the SACWIS activity logs).
 - Consider collaborative planning and ways to conduct necessary visits (e.g. designate one caseworker to visit all children in a given group home or residential facility).

- Continue to follow Interstate Compact on the Placement of Children monitoring requirements for children placed out of state. This includes the monitoring/visitation responsibilities required by the authorities in the state receiving placement of the child.
- **Children Services Visitation with Family Members**
 - Conduct case-by-case assessment for any immediate safety and health concerns for children that would justify limiting outside exposure. Document those decisions in the case record. Consider such things as whether children are medically fragile, whether they have pre-existing health concerns, and the age of child.
 - When case-by-case decisions are made to limit visitation, replace and increase interactions and contact via phone/FaceTime/other videoconference options
 - Reduce those involved in the visit to only those who are court-mandated to participate.
 - Consider adjusting visits with siblings and other external family members to phone/FaceTime/other videoconference options to maintain priority interactions and contact.
 - For supervised visitation determined necessary to take place in agency offices and other community locations:
 - Be mindful of the items available during visitations, such as toys, games, and books that may not be able to be thoroughly cleaned between visits.
 - Ensure time to clean and wipe down/disinfect visitation areas between visits.
 - Adjust visitation schedules to reduce the number of visits occurring simultaneously.
- **Other Considerations**
 - Home Studies/Assessments: conduct as much information gathering as possible via phone/email (after or before initial walk-through of home).
 - Medical/Health Requirements (e.g., the five-day medical screen): Gather as much health history as possible via interviews with parents, children, and others. Assess the need for youth to be seen by medical professionals based on whether they are exhibiting symptoms of physical or mental health concerns.
 - Case Plan Requirements/Activities: Work with case plan participants to shift meetings and activities to phone/FaceTime/other videoconference options, as feasible.
 - Team Meetings (e.g. family team meetings, team decision making meetings, semiannual reviews): Transition to phone/FaceTime/other videoconference options, as feasible.
 - Juvenile Court Hearings and Orders: Work with legal counsel and local judges as needed to adjust necessary court orders and hearings (e.g. visitation orders that do not align with health and safety standards for medically fragile children).

- Local Service Provider Planning: Monitor any new telehealth options with reduced restrictions made available by the Ohio Departments of Medicaid and Mental Health and Addiction Services for children and families to continue case plan activities and needed service delivery.
- Residential Facility Protocols for Visits: Some residential centers are already limiting visitors and offering telecommunication options. For example, one facility has communicated that they are taking extra precautions for caseworker visits and requiring all visits to be scheduled in advance. This includes that caseworkers will have their temperature taken when they arrive and asked if they have recent symptoms related to COVID-19 (cough, shortness of breath, etc.) or have traveled out of country recently. Caseworkers will have a designated room to conduct visits.
- Foster Parent Training/Certification/Re-Certification: For foster parents whose certificates are about to lapse, each agency may want to consider their good cause policy (5101:2-5-13) regarding foster caregivers' failure to complete the required training hours. The policy must include what constitutes a good cause, including a documented illness, critical emergencies, and lack of accessible training programs. The policy also must include procedures for developing a scheduled corrective action plan. If the foster caregiver complies with the policy, ODJFS may renew the certificate. If agencies have questions about their policies or regarding a specific situation, they should contact their foster care licensing specialist.
- PCSA Caseworker/Supervisor Training Requirements: We will continue to explore whether training for new workers and supervisors can be modified.

If you have questions please contact Help-Desk-OCF@jfs.ohio.gov