

CASEWORKER VISITS DURING COVID-19 EMERGENCY

While it is imperative that case managers continue to ensure the well-being of children in care, the requirement must be balanced against the health of case managers, children in care, and all of the people with whom they come into contact. **Therefore, while the monthly (every 30 day) caseworker visit requirement remains in place, the Administration for Children and Families (ACF) and the Florida Department of Children and Families (DCF) have both issued guidance which permits the home visits to be conducted by videoconferencing, unless the risk assessment indicates a face to face home visit is required to ensure safety.**

Embrace Families has outlined the following general guidance:

- 1) When providing virtual services, applications such as Skype, FaceTime and Google Duo are required. Virtual home visits must be conducted a minimum of every 2 weeks for all **licensed foster homes, group care and relative/non-relative placements** (unless there are known safety concerns related to abuse/neglect in the home and/or placement).
 - a. Virtual visits should be done, where possible, by the person assigned to support the home (caregiver support agency).
 - b. The virtual visit will be documented as a face to face home visit in FSN, with narrative in the chronological referencing the video conferencing platform utilized.
 - c. The documentation must reflect efforts to enlist the caregiver in securing a private space for the virtual visit to occur which permits a private conversation between the case manager and the child/youth (age 5+) whenever possible, and allows for each child to have time separate from other children to interact with the case manager.
 - d. Reasonable efforts must be made to have a qualitative discussion with the child and caregiver which provides information on risk & safety, current status of well-being in the current environment (to include: status of distance learning: Orange, Osceola and Seminole County Public Schools commence on-line classes on March 30; medical appointments and follow-up, rescheduled or teleconference appointments scheduled; dental appointments rescheduled; and plan for behavioral/mental health therapy/services); dates/times of parent/child virtual visit conducted or plan in place; any Independent Living training conducted; and discussion of relationships and adjustment to the current situation;
 - e. Virtual visit with the child and caregiver must be scheduled where possible and held at a time that considers the possibility that the caregiver may be working remotely as well as providing home schooling or oversight of distance learning, and that the child may be participating in virtual classroom activity.
 - f. Any concerns for the safety of the child that arise during the virtual visit must be immediately elevated by the case manager to their supervisor or program director in a timely manner.
- 2) There are children and home settings which *should not* have a face to face visit at this time based on the vulnerability of the individuals in the home. These include any child in a **medical foster home or skilled nursing facility, or for children with a comprised immune system**. Please consult the Nurse Care Coordinator if you have any question about a child on your case load possibly having an illness/condition that meets this criteria.

- 3) Virtual visits must be conducted at a minimum of every 30 days (or more often) for all cases open to **Family Support Services** in consideration of the risk identified at case opening or during service provision;
- 4) **Safety Management Services**: Face to face home visits (following CDC guidelines and screening, detailed below) must continue to occur if the safety plan that is in place includes this service. There must be a conference with the case manager and their supervisor (including the CPI/S if the investigation case remains open) before this service or face to face home visits are discontinued. Any change in the safety plan requires a new safety plan to be developed and approved by the supervisor. This conference must be documented by the DCM/S in the case chronologicals.
- 5) **Visitation (parent and sibling)**: CMA should be communicating with parents and educating them on the seriousness and effects of the virus spread. In doing so - to keep the children, themselves and staff safe - virtual visits will be held using applications such as Skype, FaceTime and Google Duo. If those methods are not available, a telephone call can take place to ensure visitation.
 - **Seminole County jurisdiction cases**: the Court has issued an order suspending all face to face parent/sibling visits.
 - **Orange/Osceola jurisdiction cases**: Court orders contradictory to these steps need to be followed but brought to the attention of CBC Operations ASAP. If a face to face visit must be held, then the foster family home and family who will be visiting must be screened for risk factors to exposure of COVID -19 and potential sickness. If the screening of the foster family home or the family who will be visiting indicate potential for exposure, the visitation should take place utilizing a virtual platform for the safety of all parties.
- 6) **Rilya Wilson** requirements will be waived in all cases except where it is included directly on the safety plan. Be cognizant of daycare closures. If your safety plan includes the daycare as a safety service, please immediately discuss this with your supervisor.

Non-Judicial In-Home Services, Post Placement Supervision, Judicial In-Home Services: Every case must be evaluated to determine if the child must be seen face to face or if virtual services are reasonable.

1. The evaluation of each case should consider the following:
 - a. The danger threat & current assessment of protective capacity of the parent:
 - i. Does the maltreatment include: physical or sexual abuse, substance abuse or domestic violence.
 - ii. Current stage of change: pre-contemplation, contemplation, preparation, action or maintenance.
 - b. Age of the child (children under age 5 are more vulnerable) and vulnerability of the child (developmentally, behaviorally or physically/medically).
 - c. Composition of the household.
 - d. The in-home safety plan: what are the actions in the safety plan?; what is the availability of informal supports (family/friendly visitors? Keep in mind this may change as further restrictions, including shelter in place orders, are issued;
2. If the assessment of the above indicates that the child/parent may be seen utilizing virtual platforms, this requires approval by the CMA Supervisor and Program Director and documentation of the above evaluation by the CMA Supervisor. Please note:
 - a. Virtual visits should be done, where possible, by the person assigned as primary to the case (dependency case manager).
 - b. The virtual visit will be documented as a face to face home visit in FSFN, with narrative in the chronological referencing the video conferencing platform utilized.
 - c. The documentation must reflect efforts to enlist the parent in securing a private space for the virtual visit to occur which permits a private conversation between the case manager and the child/youth (age 5+) whenever possible; and allows for each child to have time separate from other children to interact with the case manager.

- d. Reasonable efforts must be made to have a qualitative discussion with the child and parent(s) which provides information on risk & safety, current status of well-being in the current environment (to include: status of distance learning: Orange, Osceola and Seminole County Public Schools commence on-line classes on March 30; medical appointments if pertinent to the reason for involvement; and plan for behavioral/mental health therapy/services) if those were active services; discussion of relationships, stressors and adjustment to the current situation;
 - e. Virtual visit with the child and parent must be held at a time that considers the possibility that the parent may be working remotely as well as providing home schooling or oversight of distance learning, and that the child may be participating in virtual classroom activity.
 - f. Any concerns for the safety of the child that arise during the virtual visit must be immediately elevated by the case manager to their supervisor or program director in a timely manner.
 - g. Parent visits must also include a discussion of their current services, and whether there is capacity to continue services at this time or provisions that can be made; any other needs the parent/child may have that require immediate attention; and information on resources and assistance that is available.
3. If the assessment of the above indicates that the child/parent must be seen face to face to ensure safety, the COVID-19 screening and CDC precautions must be taken.

**Please share this with staff and implement effective March 26, 2020.
These guidelines will remain in effect throughout the duration of the Covid-19 health crisis.**

**Please reach out to your Embrace Families Network Support Manager
or Maggie Dante, VP of Operations, with questions or concerns.**