

Over the past several days, there have been a variety of changes as we all adjust to meeting the needs of children, youth, families, providers and other stakeholders during this unprecedented health care challenge, known as COVID-19. As a child protection agency remaining committed to the safety of our children, youth, families, workforce, and partners, we want to ensure you have as much up-to-date information as possible about our shared mission.

On March 18, 2020, the Administration for Children and Families (ACF) provided additional information in response to the COVID-19 pandemic. As a result, we have new guidance related to meeting the needs of children in conservatorship and our work with them, including children placed both in and out of state. This guidance applies to children and youth in foster care, extended foster care, and kinship settings.

A separate document has been issued regarding FBSS and FRE home visits.

### **1. Am I still required to do all of my face-to-face visits with children in DFPS conservatorship in person?**

While monthly contacts are still required, the federal government is allowing the use of video-conferencing during the COVID-19 situation. Video-conferencing is interpreted to mean communications through technology, such as Go to Meeting, FaceTime or SKYPE, and will be referred to here as a "virtual contact". Information on how to document virtual contacts is explained below. **Staff must continue to assess the safety and appropriateness of placement at every virtual visit.**

In order to decide whether to conduct an in-person face-to-face contact or use technology to conduct a virtual contact, the caseworker should balance the safety of children while simultaneously taking efforts to reduce possible health risks to those children, their families and caretakers, and themselves. When in doubt, please consult your supervisor. **An example of when in an in-person face to face contact *should* be used include when there have been any previous noted issues or concerns around the safety or quality of care provided in the placement.** For an in person face-to-face contact, please follow the guidance in the 3/16/2020 broadcast regarding safety precautions for visits.

For youth in shelters, residential treatment centers, and other congregate care settings, further guidance will come out regarding coordination of virtual contacts with a facility. We are working to coordinate schedules to ensure children are available for contact.

Virtual contacts apply to monthly face-to-face visits between a caseworker and children in conservatorship and monthly contacts with caseworkers and parents with open CVS cases.

**2. If I must do an in person face-to-face contact, what should I do differently?**

Prior to making a home visit, call the family and ask the following:

- a. Have you traveled out of state in the last two weeks?
- b. Has anyone in the household tested positive for COVID-19?
- c. Have you had contact with anyone who could have been exposed to COVID-19 in the last two weeks?
- d. Do you have any symptoms of a respiratory infection (eg., cough, sore throat, fever, or shortness of breath)?

If unable to make contact prior to making a home visit, knock on the door and ask the above-questions while standing at the door/on the porch and maintaining a distance of approximately six feet.

If the answer to any of the above-listed questions is yes, remain outside of the residence and encourage the family to contact a medical provider. Staff can assist them with making a call to 2-1-1. Staff should freely volunteer and share with the family his or her own personal answers to the above-listed questions in the spirit of transparency and to reassure the family who may be nervous about having someone come into contact with them during this period.

If the answer to all of the above-listed questions is no and both the caseworker and family are comfortable and in agreement, the caseworker enters the home but maintains a six-foot distance from household members.

Before the conclusion of the visit, discuss virtual contact options for future contacts during the health crisis.

**3. What about monthly face-to-face contacts for children out of state?**

All monthly face-to-face contacts for children out of state can be done with virtual contacts until further notice.

**4. What about monthly face-to-face contacts for children with primary medical needs or complex medical needs?**

All monthly face-to-face contacts for children with primary medical needs or complex medical needs can be done with virtual contacts until further notice.

**5. What about visits by Kinship Development Workers and FAD staff?**

These contacts can be made virtually.

**6. If I do a virtual contact, how should it be documented in IMPACT?**

Virtual contacts should be documented as a face-to-face contact, not a telephone contact. The drop down box selection regarding where the visit took place should be documented as the location of the person (child, parent, caregiver) you are having the virtual contact with. Do not document the staff location as the location of the visit. In the narrative text field document that the contact was a virtual contact. Other documentation requirements remain the same.

**7. What do I do about 3 in 30?**

The 3 parts of 3 in 30 are being handled differently:

**A. 3 Day Medical Exam**

There is no change. Please continue to obtain the 3 Day Medical Exam, within 3 business days of removal. This is an opportunity to have a child new to DFPS conservatorship be seen by a health care provider and for the new caregiver to have information about the child's health. These medical visits are very important.

If the medical provider contacted says they will not see a child for this purpose during the COVID-19 health crisis, the caseworker can reach out to the Well Being Specialist in your region ([link](#)) for assistance or have the caregiver contact the Superior Member Help Line at 866-912-6283. The Help Line is available 24/7 and has options for Spanish speakers.

**B. CANS Assessment**

There are telehealth options for CANS for children 10 years old and older, including their younger siblings if they are placed together. There is a flyer for staff and a flyer for caregivers that explains CANS telehealth processes which can be found in the [February 2020 Meeting in a Box](#) .

CANS assessments for children too young to have a telehealth CANS are suspended until further notice. If there are concerns about the child's mental or emotional health and behavioral health services are needed, a

CANS is not required first. The Superior Member Help Line (866-912-6283) can assist.

We are seeking options to expand CANS via telehealth to all ages.

### **C. Texas Health Steps/Well Child Checks (also known as EPSDT)**

First try to find a Texas Health Step checkup option using telehealth. The Superior Member Help Line (866-912-6283) can assist if this is an available option with a STAR Health provider.

Non-telehealth (in person) Texas Health Step checkups should be prioritized for newborns, infants and young children especially to stay current on recommended vaccines and developmental surveillance, when available through local provider capacity. While some health care providers have limited capacity to provide well visits at this time, many practices have instituted policies to maintain well visits for young children.

### **D. Dental Exams**

For urgent or emergency dental issues, continue to access dental health care as previously done and follow dental health professional recommendations.

For ongoing routine dental checkups, the requirement for six month healthy checks are suspended until further notice.

## **8. What do I do if a child on my caseload is sick?**

Please continue to have the caregiver reach out to the appropriate medical professional and obtain medical care. There may be telehealth options and the medical professional will guide the caregiver with choices.

If the medical provider contacted says they will not see a sick child who is in DFPS conservatorship during the COVID-19 health crisis, the caseworker can reach out to the [Well Being Specialist](#) in your region for assistance or have the caregiver contact the Superior Member Help Line at 866-912-6283. The Help Line is available 24/7 and has options for Spanish speakers.

## **9. What if a child on my caseload is tested for COVID-19?**

We have set up a special mailbox to collect this information. We are going to ask caregivers to report the child's name, date of birth, date of COVID-19 test, and results to the following email address:

[DFPSCOVID19testreporting@dfps.state.tx.us](mailto:DFPSCOVID19testreporting@dfps.state.tx.us)

Our medical services will be doing outreach to inform caseworkers as we get information. We will also alert Superior Star Health to ensure they reach out to caregivers and provide any needed support.

**10. What if a child on my caseload has medication issues requiring a doctor visit, such as psychotropic medications?**

Contact the prescribing medical provider and discuss options. There may be telehealth options or refill extensions available. Follow the prescribing medical provider's guidance.

If the medical provider contacted says they cannot assist with medication issues during the COVID-19 health crisis, the caseworker can reach out to the Well Being Specialist in your region for assistance or have the caregiver contact the Superior Member Help Line at 866-912-6283. The Help Line is available 24/7 and has options for Spanish speakers.

**11. How can I safely assess a home environment?**

Prior to making a home visit, call the family and ask the following:

- a. Have you traveled out of state in the last two weeks?
- b. Has anyone in the household tested positive for COVID-19?
- c. Have you had contact with anyone who could have been exposed to COVID-19 in the last two weeks?
- d. Do you have any symptoms of a respiratory infection (eg., cough, sore throat, fever, or shortness of breath)?

If unable to make contact prior to making a home visit, knock on the door and ask the above-questions while standing at the door/on the porch and maintaining a distance of approximately six feet.

If the answer to any of the above –listed questions is yes, remain outside of the residence and encourage the family to contact a medical provider. Staff should freely volunteer and share with the family his or her own personal answers to the above-listed questions in the spirit of transparency and to reassure the family who may be nervous about having someone come into contact with them during this period.

If the answer to all of the above-listed questions is no and both the caseworker and family are comfortable and in agreement, the caseworker enters the home but maintains a six-foot distance from household members.

**12. What do I do about a Home Study?**

There is a two week moratorium on visits required for completion of home studies for foster/adoptive and kin caregiver. That means until April 3, 2020, no home visits for home studies will be conducted. An exception can be made for new entries into care for an initial home assessment to eliminate the need for a child to enter licensed care.

**13. What about PAL classes?**

No in person PAL classes will be conducted until further notice. Staff may conduct individual virtual PAL training, especially for those youth who need to qualify for benefits in the near future.

**14. What do I do about Family Group Conferences, Family Team Meetings, Circles of Support, Permanency Conferences and other similar meetings?**

These meetings are important and should continue. However, until further notice, they should be conducted by conference call.

**15. What should I do with PRIDE preservice trainings?**

There is a two week moratorium on PRIDE preservice trainings. That means until April 3, 2020, no PRIDE training classes will be conducted.

In conclusion, please remember resources are being added almost daily to the [Safety Net COVID-19 resource page](#). The agency's web site is also being continuously updated and contains information available for people who do not have access to the agency Safety Net.

Thank you for your efforts to continue to balance health and safety of all involved, yourselves included, in maintaining the safety, permanency and well-being of the children and families we serve.