COVID-19 Recommendations for Permanency Work

Face to Face Contacts:

- Anyone planning a home visit must assess their own health and not be at work or conduct home visits if they are ill;
- Call the parent/caregiver to assure that no member in the household is ill. If any family member is ill caseworkers must consult their supervisor for guidance on how to proceed to mitigate risk of staff exposure.
- Permanency consultants are available for consultation with branches in order to assist in talking through options for contact with parents, caregivers and children.

<u>Out of Home Care Placements</u>: Monthly face to face contact between case workers and children currently residing in DHS certified foster homes, and other out of home care settings including homes certified by Oregon tribes and caring for children in DHS custody and residential treatment settings for children and their parents:

- Caseworkers will temporarily be permitted to conduct monthly face to face visits with children currently residing in DHS certified foster homes, and other out of home care settings virtually and by phone.
- The ideal contact is through video conferencing (What's App, Skype, Face Time, etc.) so that visual communication can occur. If this is not possible, phone contact is acceptable.
- It is also advised these methods for contact occur more than once a month when possible to ensure the safety and well-being of our children and young adults in care. This includes relative placements.
- It is encouraged that staff talk with children on their own if possible, during some part of the virtual visit.
- Contact must be documented in OR-Kids. These virtual contacts are temporarily considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19. Documentation must include information regarding confirming safe environments, child safety, well-being and needs, and care provider needs. Please refer to the Face to Face Guide in the appendix of the procedure manual Chapter 4 for guidance on information to be documented.

<u>In-home Placements</u>: Monthly face to face contact between case workers and children currently residing in-home:

- If possible, monthly in-person face to face contact should still occur for children currently on in-home plans or trial reunifications.
- Before making in-person contact, please confirm with the parent/caregiver that no one in the home is confirmed to be sick or displaying symptoms of COVID19. If this is the case, please follow the precautionary guidelines on OWL (DHS/OHA shared intranet).
- Contact must be documented in OR-Kids. <u>If the contact was virtual it will temporarily be considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19</u>. Documentation must include information regarding

confirming safe environments, child safety, well-being and needs, and parent needs and progress. Please refer to the Face to Face Guide in the appendix of the procedure manual Chapter 4 for guidance on information to be documented.

Monthly face to face contact between <u>case workers and certified care providers</u>:

- Caseworkers will temporarily be permitted to conduct face to face visits with certified care providers virtually and via phone.
- The ideal contact is via video conferencing so that visual communication can occur. If this is not possible, phone contact is acceptable.
- It is also advised these methods for contact occur more than once a month when possible to ensure certified care providers are supported to care for themselves and our children and young adults during this time of rapid change.
- These virtual contacts are temporarily considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19.

Monthly face to face contact between <u>case workers and parents whose children are not currently in their care</u>:

- Caseworkers will temporarily be permitted to conduct face to face visits with parents whose children are not currently in their care virtually and via phone.
- The ideal contact is via video conferencing so that visual communication can occur. If this is not possible, phone contact is acceptable.
- It is also advised these methods for contact occur more than once a month when possible to ensure parents are supported to care for themselves, connect with their children, and get the trauma-informed support and engagement they need during this time of rapid change.
- These virtual contacts are temporarily considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19.

Face to face contact prior to and following a return home:

- If possible, monthly in-person face to face contact should still occur for children and parents prior to and following a return home.
- Before making in-person contact, please confirm with the parent/caregiver that no one in the home is confirmed to be sick or displaying symptoms of COVID19. If this is the case, please follow the precautionary guidelines on OWL (DHS/OHA shared intranet).
- Contact must be documented in OR-Kids. <u>If the contact was virtual it will temporarily be considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19.</u> Documentation must include information regarding confirming safe environments, confirmation of the in-home safety plan, child well-being needs, and parent needs. Please refer to the Face to Face Guide in the appendix of the procedure manual Chapter 4 for guidance on information to be documented.

Transporting parents to residential treatment:

Recommendation: As of last week, treatment programs are requiring that DHS staff transport parents to residential treatment. Parents will not be allowed an intake if they arrive via any other transportation. We know that timely access to treatment is crucial. In order to support parents

moving toward recovery we ask that staff take vans or larger cars where social distancing can be accomplished to transport parents to treatment.

Applicable Rule:

413-040-0013 Requirements for Monitoring the Case Plan

(Amended 11/01/16)

413-040-0024 Requirements for an In-home Ongoing Safety Plan Prior to Return and Next Day Contact

(Amended 10/01/15)

413-080-0054

Monthly Face-to-Face Contact Requirements

(Amended 11/1/2018)