



## **COVID-19 Impact to Florida Network Service Provision**

Our milieu of services is in peril. Our ability to serve our mission: to protect families in the hardest times, and teach them things that serve them throughout their lives, is substantially diminished. Our challenge is to preserve and reinforce those traditional services that can continue, and pursue a new strategy to get the job done.

*\*\* This document is a “live” document and is ever evolving and continuously updated, as more information becomes available. **The most recent changes are highlighted below.***

### **Clinical Services**

Referencing the directive from HHS Office of Civil Rights, penalties will be waived for potential *HIPAA* penalties for good faith use of telehealth during the emergency. All Florida Network contracted services that require a clinical or case management element will engage every available means to establish and nurture contact with current caseload and referrals.

<https://www.hhs.gov/ocr/index.html>

These efforts are to be documented in a manner that reduces or eliminates risk of exposure to all parties, and maintains the highest possible degree of accountability for the confidentiality of the record. These records are to be stored in a locked environment when not in active use.

### **Group Counseling**

Services that are required under Florida Network contracts to be a face-to-face interaction may be provided in alternative ways. In the event a face-to-face interaction occurs, the agent of the contracted agency will adhere to required precautions established by the Center for Disease Control (CDC) and supported by the Department of Health in Florida, maintaining a distance of six feet between all individuals, and not gathering in groups of 10 or more for the purpose of completing a Florida Network contracted service. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>.

\*10-person maximum does not apply to emergency shelter services to include: CINS/FINS, Domestic Violence Respite, and Probation Respite. (See below for Residential Services)

Case Planning: Assess client objectives and evaluate the need for changes relevant to the current climate and revise accordingly, if needed.

### **Residential**

We recognize that our providers are faced with very difficult decisions as it relates to the provision of shelter and residential services to youth. You each are having to balance the needs of young people in crisis with maintaining safety of youth in care and your staff. We offer the following as guidelines as you make those determinations

**Full Operations:** if you decide that you can remain open and fully operational, it will be necessary to utilize the screening protocol (5 questions, fever assessment, washing of hands (and clothing and shower if applicable) each time a youth or staff enters the program. Regular cleaning and disinfecting protocol must also be enacted.

**Reduction of Operations:** For some of you, a reduction may be the best choice. This can be to serve only truly critical youth and those who do not have a safe place to stay. This decision may be to limit the potential for contagion and illness among youth and staff, **by reducing census to allow for ample space between all persons in the milieu.** This might also be an option if you are experiencing staff shortages and you have to reduce to stay in compliance with ratio.

Youth who have a safe exit option, supported by licensed clinical oversight, may be discharged to reduce risk of contamination and supervisory burden on direct care staff. Contact the court for all court ordered youth prior to discharge. If programs need help communicating with the courts about court-ordered youth, please contact DJJ legal, or the Florida Network to facilitate that request. See below for more on Safe Exits

**Discontinuing Shelter Operations:** Staff shortages that would prevent an insufficient staff to youth ratio or facility quarantine would be two reasons closing a shelter temporarily would be advisable.

In the event of a shelter closure the agency will take measures to provide referral for placement to all Network youth who do not have a safe option. These youth are eligible for placement at any other Florida Network member agency as described in the Universal Agreement. All programs are encouraged to establish coordination with their nearest Florida Network partners prior to closure.

Notify the Florida Network of intent to close prior to notifying the CCC of closure. In the event of closure, the following should continue to occur:

- The agency will refer their primary crisis phone line to qualified personnel to maintain 24-hour coverage for referrals and service inquiries.
- These protocols, established to prioritize safety for youth and staff, and maintain the highest possible efficacy and availability of services will be revised as needed, based on new information as it becomes available.

### **Residential Protocol**

The following recommended or required changes to service delivery in the temporary, emergency shelter setting, are intended to adhere to all guidelines for maintaining a virus-free environment and provide the highest possible accountability for the safety of youth and staff.

### **Screening for Services/ Facility Access**

Visitors and vendors should not be allowed to enter the facility unless their visit is deemed to be essential. Alternative electronic measures should be taken to allow youth to maintain family contact.

All screening activities per the contract are to remain the same but must also include at minimum recommended questions by the CDC. The following questions should be asked in reference to the youth in need of services as well as the family member seeking to bring youth in for services:

- Do you currently have a fever greater than 100° F?
- Do you have a persistent cough or difficulty breathing?
- Have you recently had flu or pneumonia?
- Have you traveled out of the United States, including cruise ship travel, within the last 14 days?
- Have you had contact within the last 14 days with anyone who has confirmed COVID-19 or who is awaiting lab results to rule out COVID-19

An affirmative response to any of the questions above will result in requesting the youth or parent/guardian not come to the facility and follow up once symptoms have been resolved or the youth receives medical clearance as being free from COVID-19. Youth should be placed on agency waiting list and shall be provided an opportunity to access services at a later date.

These questions should also be asked of any visitor, vendor or delivery person seeking to access the facility (if that visit is deemed to be essential). All responses to screening questions should be maintained daily.

Intakes should also include educating both parent/guardian and youth about changes to shelter functioning to ensure safety and wellness of clients, staff and visitors.

### ***Facility Access***

Facility access should only be granted to persons that answer no to all risk questions listed above and whose presence is critical to program operations. Staff, youth and visitors should all have their temperature taken before entering the facility. Youth temperature should be recorded in youth file at intake.

All facilities will maintain a single point of entry and exit into the residential environment to maintain strict control over sanitizing procedures to control for traffic and isolation of potentially harmful germs. Before any family completes an intake for services the intake/waiting area should be sanitized thoroughly. Any items that are not needed should not be allowed in the intake/waiting area (cell phones, tablets, extra luggage, drinks etc.). After the intake is complete all areas in the intake/ waiting room should be sanitized. This should also occur after any visitor, vendor or delivery person has left the facility (if applicable).

### ***Daily Activities***

All entrants into the milieu must sanitize their hands upon approaching the building.

All entrants must complete the approved screening process for establishing the presence or absence of symptoms. (see above)

The daily schedule is to be modified in any manner possible to serve the emotional, physical, and psychological needs of the clients with the minimum possible risk of contact or proximity of risk for staff and clients equally.

If a client absconds from the milieu, and returns, the program has the discretion, upon consultation with the Florida Network and local health officials, to determine if the youth is to be accepted and quarantined, or referred for discharge or to the Department of Children and Family Services for placement. Protocol for quarantine requires 14 days of isolation, which may not be possible given staffing and facility limitations.

Activities that require or allow for incidental manual contact between common objects such as ball sports are to be highly discouraged. Alternatives such as soccer that respect the required physical distance are preferable. Other activities requiring the sharing of equipment such as video games are to be treated as high risk for contamination, and must be sterilized by a responsible means. Alternative activities minimizing mutual use of equipment are safest for clients and staff equally.

Off-site activities should not occur as any contact outside of the controlled environment has the potential to place youth, staff and other members of the community at risk.

Home visits should be limited and/or suspended wherever possible to ensure there is minimal traffic to and from foreign environments.

Parents will be able to have as much contact as possible with their youth via phone or video conferencing. Non-essential visitation is prohibited.

### ***Facility Sanitization***

Extra precautions should be taken while youth are asleep to sanitize surfaces in the shelter including kitchen, laundry room, game room, computer labs, pantries, TV rooms, and doors.

A daily cleaning schedule should be established with sanitation completed at least 3 times per 24-hour period for all areas frequented by staff, youth and visitors.

Sanitation should be facilitated by staff only while using gloves and any other protective supplies that are available.

Family sessions to connect youth with their family using the Lifesize capabilities for those families that have the technology to support it should be considered.

### ***Staff Wellness***

Daily staff should be provided resources for the following:

- Safe activities for youth
- Wellness exercises
- Updates on available household and hygiene supplies available in the community
- Child care options
- Local and national resources for safety tips
- Training opportunities that can be completed at home for those that may be quarantined

### ***Domestic Violence Respite, Probation Respite, Domestic Minor Sex Trafficking***

All services provided should adequately address the cause for youth being in shelter and case plans should also reflect goals directly related to maintaining the youth and assisting them through their stay in shelter.

### ***Safe and Appropriate Exits***

Safe and appropriate exits mean settings that reflect achievement of the intended purposes of Chapter 984, Florida Statutes and is defined in the Federal Rule 81 FR 93030 of the federal Runaway & Homeless Youth Act.

Examples of safe and appropriate exits are exits:

1. To the private residence of a parent, guardian, another adult relative, or another adult that has the youth's best interest in mind and can provide a stable arrangement;
2. To another residential program if the youth's transition to the other residential program is consistent with the youth's needs; or
3. To independent living if consistent with the youth's needs and abilities.

Examples of exits that are NOT safe and appropriate:

1. To the street;
2. To a locked correctional institute or detention center if the youth became involved in activities that lead to this exit after entering the program;
3. To another residential program if the youth's transition to the other residential program is inconsistent with the youth's needs; or
4. To an unknown or unspecified other living situation

If youth in shelter under a Florida Network managed program (CINS/FINS, Probation Respite, Domestic Violence Respite) can be discharged according to this definition of a Safe Exit, and it is in the best interest of the program to reduce the overall census to minimize exposure to COVID19 contamination, and alleviate staffing pressures, then the Florida Network supports this action.

### **Non-Residential Services (ICM, SNAP, Counseling Case Management, FYRAC)**

While providing remote nonresidential services safety, confidentiality, and quality of service provision are still of utmost priority. Continue and implement the use of technology for contacting youth and families. The following options are tools that can assist with contacting families. If there are other options that will assist in serving families and maintaining confidentiality, please use them.

- Doxy.me: Free, HIPPA compliant, video call application for meeting with clients
- Zoom: Free call and web video conferencing program
- Skype: Video chat and voice calls using computers, mobile devices, Xbox One console, and smartwatches
- FaceTime: Apple video and audio calling service
- WhatsApp: Free messaging app that can send and receive videos, documents, and Voice Messages

- Google Duo: Free video chat mobile app

### **ICM**

Any of the previously listed tools can be used to obtain face to face contacts. Although collateral contacts may be challenging since school is not in session there are many resources you can use to assist families. A few options: identifying places that have essential household items, sharing free food programs, sharing mindfulness tips, sharing safe in-home activities for kids, etc. All time contact requirements are waived for the time being. The goal is to meet the family where they are and assist however possible. All ASEBA and SEARS assessments are strongly recommended to complete but not required based on client availability and technology.

### **FYRAC**

All individual sessions should occur remotely as clients are available. Please see list of tools above that can be used to conduct sessions. Individual sessions should still honor time frames outlined in policy. Group sessions should not be conducted for any participants unless this can be done digitally.

### **SNAP**

Continue documentation related to all service delivery efforts i.e. Intakes, compliance calls, group, makeup sessions, discharge, follow-ups, etc.

*Intakes/Discharge:* Can be performed through telephone and/or video conferencing. Paperwork will be transferred through password secure email and entered into NETMIS and JJIS within the appropriate timeframes. Attempt remote intakes by emailing the intake packet, reviewing and getting acknowledgements by phone, until forms can be signed face to face. If there are pending intakes avoid rescheduling as long as the family is willing to engage virtually.

*Group:* All group sessions may be suspended or may occur through telephone and/or video conferencing at the agency's discretion. One on one sessions may be done remotely. Session materials can be provided to families by email or utilization of any technological interfaces that support your ability to share documents.

*Fidelity Adherence Monitoring:* Fidelity Adherence Monitoring can occur during an actual a video conference or phone session; from a recorded audio or by completing a "Self-Appraisal" Fidelity Adherence Checklist.

*SNAP in Schools:* Agencies will reach out to local school personnel via telephone to discuss virtual classroom options to facilitate Snap in Schools group school closure. If the school and agency are able to accommodate group, then it will occur via video conferencing and provide a model role play and skills needed to maintain positive behavior and decision-making skills.

## **Training**

All trainings required by the Florida Network under contract that utilize in-person facilitation are suspended. For personnel working in the residential environment refer to the FL Network Youth Care Worker Boot Camp COVID19 training available through the Network Learning Management System, or by contacting any Florida Network staff person for assistance.

We are working with training partners, Why Try Inc. The National Resource Center for Youth Services, and CDI to develop alternative virtual options. These changes will be posted to this protocol and communicated through all available means as new options develop.

## **Other Considerations**

Electronic signatures are acceptable in circumstances where signatures can't be obtained (i.e. invoicing approval).

Any deviations that are made to current policy, rule or contract must be documented. We understand that some tasks will be challenging to complete in the way they are normally (e.g. timely data entry, timeframes for sign-off for case closures, etc.). It's important that we justify in writing these deviations for future QI reviews, audits, questions from funders, our own learning, etc.

We have temporarily suspended Quality Improvement reviews in consideration of travel restrictions as well as staff safety. This will be reevaluated on May 1<sup>st</sup>.

In consideration of the rapidly changing circumstances, this document will be reviewed weekly to assist in guiding practice for all programs, so be sure to check for the most recent revision date. You are encouraged to contact the Florida Network for additional concerns.