In-office Parent/Child Visitation - DHS Staff

DHS | Oregon Department of Human Services
CHILD WELFARE

SCREENING DHS staff must contact the parent and caregiver to screen for exposure to COVID-19 the day prior to the scheduled face-to-face visit:

a. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19: Cough, Shortness of breath or difficulty breathing
b. Or *at least two* of these symptoms:
   Fever, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore Throat, Recent loss of taste or smell

Rescheduled visits due to reports of symptoms require a pause in in-person visits for 72 hrs. without fever and 10 days since the first symptoms occurred. Virtual visits should continue.

SCHEDULING

If scheduled in a DHS visit room, all visits should be scheduled at a time when the family can have their own visit room and that social distancing from other visiting families can be observed (6 feet of space between individual families). There will be at least ten minutes between visits to sanitize the rooms. Please let parents know to arrive 15 before the scheduled visit and to let staff know they have arrived. Schedule time for cleaning between visits.

TRANSPORT

DHS staff, foster parents who assist with transportation, and parents should maintain social distancing. DHS will not transport children from multiple households at the same time in the same car. Staff must wear face coverings while transporting.

ARRIVAL

If a parent does not have a phone, DHS staff will check the parking lot at the expected time of arrival. If a parent has a phone, they will send a text message to the DHS staff and wait in their car in the parking lot. Upon receiving a text message from or seeing a parent, DHS staff will verify there are no changes to the symptom's checklist (above). One person will escort the parent(s)and child(ren) to the visit room. DHS lobbies will remain open solely for essential business. Ensure no bags or extra items are brought into the building other than what is needed for the visit.

SUPPLIES

DHS will provide facial coverings (if needed), diapers and wipes for infants and toddlers, disposable cups or water during visits and a small, pre-packaged snack for children who can feed themselves for in-office visits.

CLEANING/PPE:

All DHS staff must wash their hands between each contact/visit and wear a face covering when cleaning visit rooms and interacting with children, parents, and foster parents.

CLOSING:

DHS staff will observe the overall visit experience and check back in with the family and foster parents to confirm if the visit was successful and ask about what might make it more successful.

6.1.20

Recommended Infection Control Practices for In-Person Visits

These recommendations are based on the current CDC guidelines and could change over time. The health and safety of parents, children and foster families is paramount, and care should be taken to ensure that each case is carefully and individually reviewed for in-person visits, taking into consideration the potential health risks to all involved. In person visits should be limited for those in the high-risk category because of age or existing health conditions-such as aged foster parents or medically fragile children.

Recommendations

Ensure prior to the visit that neither the parent or child have current respiratory symptoms or fever and have been symptom free for 72 hours.

All in-person visits should be conducted outside whenever possible-backyards, parks, etc. When this is not possible visits should be conducted in clean locations with minimal exposure to other people.

All visit participants (parents, children over 2 years old and supervisory staff) should wear protective face coverings.

Hand sanitizer or handwashing should be required for parents and children before and after the visit.

Maintain social distancing whenever possible. Acknowledging that children may want to hug their parents, encourage fist and elbow bumps instead. Kissing the child's face should not be permitted.

Visits should be limited to immediate family-parents and siblings.

When transporting a child to a visit location, practice social distancing in the car if possible and ensure that the air settings are set to fresh air not recirculating air. Weather permitting, allow windows to be rolled down or partially down. Masks should be worn by occupants of the car unless under the age of two years old. Cars should be wiped down with bleach based cleaner or wipes between child transports.

Supervised curbside pick-up and drop-off of children are encouraged.

Children should be encouraged to wash their hands and change their clothes as soon as they return home from their visit.

Recommendations for Child Welfare Staff Who Supervise Visits

Wear a face covering whenever interacting with children and families. Wear an N95 mask when they become available.

Wash hands between child interactions. If wearing gloves, change gloves between child interactions.

Maintain social distancing whenever possible with families, children and foster families.

Wash your hands and change clothing upon returning home.

Have extra face coverings on hand so that visits are not cancelled for a participant not having one.

Rest, hydrate, practice self-care.

Contact Health and Wellness Manager or RN consultant for questions or consultation.

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Maintaining Active Efforts During COVID-19

Oregon Department of Human Services Child Welfare and
Tribal Affairs Unit
May 2020

With the impact of COVID-19, the DHS Child Welfare Program has adjusted its practice and policy to continue serving Oregon children and families. One area the Tribal Affairs Unit and Child Welfare are rallying around is ensuring active efforts are maintained. With physical distancing and isolation measures, Active efforts are still required and critical in following the Indian Child Welfare Act. Below you will find guidance on maintaining active efforts during COVID-19 to support tribal children and families.

ICWA Case Planning

Your tribal family's needs and situations have changed with the pandemic. Some services may no longer be available and other service providers may have changed the way they offer services. Families may have new or different needs at this time. Therefore, a family's case plan is adjusted and updated, and a new case planning meeting is scheduled to ensure reunification remains on track. Active efforts require DHS to actively guide families through the steps necessary to make progress in their case plans. It also includes identifying culturally appropriate and available services, helping parents overcome barriers, and assist with accessing and utilizing resources. Active efforts require considering alternative ways to address the needs of the family even if the optimum services do not exist or are not available. This is crucial when services must be modified to overcome barriers caused by the pandemic.

Case Planning Tips

- Case plans must continue to be practical and attainable and include services available to the family for timely reunification.
- Ongoing safety plans should be reviewed often to ensure we have the least restrictive plan. At monthly contacts with parents, engage parents around progress towards the conditions for return, and assist in overcoming barriers to in-home placement so kids can return home as soon as safely possible.
- Case plans are the family's road map out of their current situation and their input in its development is important. A guiding question might be, "What is the parent willing and able to do during this time to work towards the expected outcomes?

Active Efforts – Communication

- Consider if telephone/online or other alternative services can meet each case plan component. Consider whether current local services, such as domestic violence or substance abuse services that a parent previously received in-person, can continue by phone or video. **Know your local resources and provide information and education to parents, connecting them to the providers who can provide teleservices.**
- Consider if a therapy support referral should be added due to stress, or decreased due to progress.

Engaging with Tribal Partners
Given the current context, tribal employees are also working from home on varied work schedules. We must adjust in our methods and frequency to establish communication with tribal partners as quickly and effectively as possible. Determining how best to communicate with the tribe might include utilizing email, teleconferencing, phone, fax, etc. **Ideas to consider:**

- Tribes often designate an agent for receipt of ICWA notices. The Bureau of Indian Affairs publishes a list of Tribes' designated Tribal agents for service of ICWA notice in the Federal Register and makes the list available on its website. https://www.federalregister.gov/documents/2016/03/02/2016-04619/indian-child-welfare-act-designated-tribal-agents-for-service-of-notice.
- Check both OR-Kids and the Federal Register for contact information. If the Federal Register and OR-Kids differ, reach out to both contacts.
- If you are unable to find the correct person for delivery, the Active Efforts Specialist, ICWA Liaison or Tribal Affairs Unit can be contacted for assistance.

Substance Abuse Treatment

- Many treatment programs are offering services over the phone. If treatment programs are not available, consider having the parent utilize online 12 step meetings. Attending 90 AA or NA meetings in 90 days online while working the twelve steps is an alternative method for achieving sobriety and could be a way to meet substance abuse treatment goals. Utilize all alcohol and drug support services through ART/FIT/STAR contracts and Parent Mentors as much as possible to support our parents.

Oregon Online Resources

- Oregon Health Authority (OHA) Addiction Services https://www.oregon.gov/oha/HSD/AMH/Pages/Addictions.aspx

Alcohol and Drug Policy Commission

- https://www.oregon.gov/adpc/pages/index.aspx

Online Substance Abuse Meetings and Services

- **12 Step**: https://www.12step.org/social/online-meetings/
- **In the Rooms**: https://www.intherooms.com/home/?fbclid=IwAR0jah6iT17ls-QFa_WQbz9d9IbXv92Qgxt0RYOqlPyXhYVsrp2ngHKm-
- **Smart Recovery**: https://www.smartrecovery.org/
- **Native American Rehabilitation Services Association, Portland, OR**: https://www.naranorthwest.org/services/

Community Providers/Agency Updates – Community Warehouse

- Between April 13 to June 30, all Home 2 Go kit access fees and delivery fees are waived. The manufacturer for the dressers for the kits are behind and they may not be available, but the kits will still include the other essential items. They are now able to provide delivery on a limited amount of existing furniture inventory.

Education and Activities Guide for Parents

- *The Ultimate Parents' Guide to Education and Activity Resources* –educational activities for children https://www.washingtonpost.com/lifestyle/2020/04/28/parents-guide-education-resources-novel coronavirus/?arc404=true

Domestic Violence Resources

- Native specific domestic violence helpline – available 7am-10pmCT, confidential: 844-762-8483 StrongHearts Native Helpline
- Domestic/sexual violence services for LGBTQ population: 206-568-7777 NW Network
- Oregon-based helpline for Native Americans: 503-318-5213
- Map listing of all Oregon based domestic/sexual violence services: https://www.ocadsv.org/find-help
- National Domestic Violence Hotline is 24/7, confidential and free: 800-799-7233 and through chat
- National Sexual Assault Hotline is 24/7, confidential and free: 800-656-HOPE (4673) and through chat
- Love is Respect – teen dating violence hotline 24/7, confidential and free: 866-331-9474; TTY: 866-331-8453; Text: loveis to 22522; En Espanol and through chat

Youth Line

- YouthLine is a teen-to-teen crisis, support, and help line. Call 877-968-8491; Text 'teen2teen' to 839863 ; Chat www.oregonyouthline.org

Oregon Food Resources
https://govstatus.egov.com/or-dhs-food

Access to Technology

During this time of social distancing and limited face-to-face contact, an increased number of tribal families and communities are being impacted by the pandemic. It is essential we support our tribal children and families in accessing the necessary technology to support case planning, coordinate services, and meaningful family time. This includes, but not limited to access to internet services, phones, tablets, and laptops. Child Welfare has a responsibility to ensure tribal children and families have opportunities to be active in their case planning, receive support services, and maintain tribal, familial and community connections.

Active Efforts

Active efforts require Child Welfare staff to be creative in their planning on how to best coordinate services, maintain meaningful family time and identify ways to support tribal children and families in obtaining technology resources. We must take an active role in locating, accessing, and providing such resources. **This could include**:

- Taking an inventory of technology currently available at the homes of the tribal children, families and placements. Then developing a list of the types of technology necessary to

support case planning, maintaining meaningful family time and connecting with support services.

- Researching and identifying local resources that would be of support, as well as ensuring tribal children, families, and placements know how to use such resources and/or know who to contact if issues arise.
- Assisting with completing applications, following up with inquiries and setting up support services.
- **Costs considerations** – Are there costs associated with providing active efforts? Which forms need to be completed? Who can approve funding? These are all questions to ensure such services are available to the family in a timely manner.

Hotspot Resources – Xfinity WIFI hotspots across the country are available to anyone who needs them for free – including non-Xfinity internet subscribers. To find a Xfinity WIFI hotspot, check the hotspot location map at

- wifi.xfinity.com
- Download the Xfinity WIFI hotspots app from the App Store or Google Play
- AT&T hotspots are open to the public. Learn more about AT&T hotspots, visit AT&T hotspot website

Internet Resources – Internet Essentials by Comcast is offering two months of free, high-speed internet to qualified individuals. After the two-month free period, customers will be charged $9.95/month (subject to change).
You may qualify if you:

- Are eligible for public assistance programs like SNAP, housing assistance, Medicaid, SNAP, SSI, the National School Lunch Programs, and others
- Live in an area where Comcast internet service is available
- Have not subscribed to Comcast internet within last 90 days (customers who are only Comcast cable or phone customers may be eligible)
- Have no outstanding debt to Comcast, or have debt that is less than one year old.

Internet Essential customers can also purchase a low-cost computer. To learn more, visit the Internet Essentials website or apply for Internet Essentials now.

Spectrum – Spectrum Cable Internet (aka Charter) is available in parts of Oregon and is offering 2 months free for students. They are not available in Portland metro area.

Phone Resources – Lifeline is a federal program that lowers the monthly cost of phone and internet. Eligible customers will get up to $9.25 toward their bill. You can only use Lifeline for either phone or internet, but not both.

Most major mobile phone carriers have signed on to the Keep Americans Connected Pledge and will:

- Not terminate the service of any wireless, home phone or broadband residential or small business customer because of their inability to pay their bill due to disruptions caused by the novel coronavirus pandemic.

- Waive any late payment fees that any wireless, home phone or broadband residential or small business customer may incur because of economic hardship related to the novel coronavirus pandemic.

Please check with your cell phone provider for specifics.

- AT&T – AT&T's response regarding the COVID-19 pandemic
- Cricket Wireless – Cricket's response regarding the COVID-19 pandemic
- Sprint – Sprint's response regarding the COVID-19 pandemic
- T-Mobile – T-Mobile's response regarding the COVID-19 pandemic
- Verizon – Verizon's response regarding the COVID-19 pandemic

Info for students https://www.pcc.edu/novel coronavirus/information-for-students/service-providers/

Meaningful, Frequent Visitations

During a time of limited resources, we need support now more than ever and to look to each other for sustenance. This is even more so for tribal families who depend on community for meaningful connections. Caseworkers should review the guidance provided by Child Welfare leadership, which called for continued restriction for in office visits and will be re-evaluated in early June. A case-by-case assessment of visitation is required. If it can be safely arranged, total visitation time should, at a minimum, continue at the previously ordered pre-pandemic amounts.

As office visits may not be a resource to connect parents with their children, we need to look for creative ways to support ongoing meaningful family contact. Planning is done in collaboration with the parents, tribe, caseworker, supervisor and any other supports the family may have. With each unique family situation, creative solutions are formed on a case by case process for the least restrictive access during a truly restrictive time.

When Setting Up Visitations Consider:

- If children were already visiting in the community, do they have the support to continue this contact? Evaluate the level of supervision needed to manage visits in the community for those visits suspended due to office restrictions.
- If there are issues with visits, notification or communication need to be relayed to the tribe, other parties, courts, and supervisor.
- Encourage staffing with supervisors/Active Efforts Specialists/consultants to overcome barriers to community visits. SSAs can supervise visitation outside of the DHS office, and especially in ICWA cases we should be pushing for in person contact between parent and child, exploring who can help support that contact, etc.
- When community visits cannot occur: Are there family members that can help facilitate virtual contact? Can virtual contact occur daily? Can stories or songs be recorded by family and shared with the children? Can watch parties be organized with relatives and foster placement? Can the children and parents play video games on a network together? (cell phone, Xbox, etc.)

- Meaningful does not equate to something we have to observe. It can be just being in a familiar place; eating together and not saying anything; or having voice or face close enough to feel the family's presence. Most importantly, meaningful is something that matters to the family. Caseworkers should check in with families on what meaningful contact means to them, and then doing what we can to facilitate those opportunities for families.

Active Efforts

To the maximum extent possible for meaningful contact and visitation, active efforts are provided in a manner consistent with the prevailing social and cultural conditions and way of life of the child's tribe. They are conducted in partnership with the tribal child, parents, extended family members, Indian custodians, and tribe. Notifying and inviting the tribe to participate in important aspects of the case will help ensure decisions are consistent with the prevailing social and cultural conditions and way of life of the tribe.

For the sake of active efforts and a culturally appropriate assessment, caseworkers should include the tribe when making their case-by-case visitation assessments. Caseworkers are encouraged to consider holding virtual family team meetings to work through visitation assessments before any modifications are made). If there are questions about whether visits may occur, the Child Welfare Supervisor, Tribal Affairs Unit and/or Active Efforts Specialist and the tribe will review and make the final decision whether the visit should occur.

Additional Ideas:

- Does the family have access to soap or hygiene products?
- Does the family have access to personal protective equipment?
- Is the family practicing quarantine with other families or other family members? Is someone sick? Do they have access to food, water, and other essentials?
- A family might need face coverings to meet with caseworkers or other professionals which could ease a barrier to visitation. It is good to check in with your supervisor and confirm if face coverings can be purchased or donated to the family.
- The family may have lost access to income and can no longer bring food to the visit. If there is a relative who helps the parents make food for the children during visits, it might be an active effort to provide some groceries.
- If parents are quarantined with friends or other families, someone could get sick, so an active effort could be providing a place where the parents can self-isolate in order to continue future visits.

The pandemic is a time to have more meaningful communication with your families. It is important we are checking in with our tribal families on a regular basis to ensure safety and wellbeing. It is critical to communicate with your resource network: tribe, parents, children, relatives, foster parents, attorneys, etc.

Active efforts are tailored to each child and family within each ICWA case and could include additional efforts by the agency working with the child and family. The minimum actions required to meet the "active efforts" threshold will depend on unique circumstances of the case. It is recommended Child Welfare determine which active efforts will best address the specific issues facing the family and tailor those efforts towards appropriate, safe visitations.

Resources

- DHS Child Welfare Visitation Policy (extended through early June 2020) https://dhsoha.sharepoint.com/:b:/r/teams/Hub-DHS-CW/SiteAssets/SitePages/COVID-19-Guidance/Visitation%20Guidance.pdf?csf=1&web=1&e=hWfK6
- Guides on having successful phone or video visitation https://www.nccdglobal.org/blog/successful-video-visits-young-children

Congregate Care

Congregate care programs are facilitated through the Child Caring Agencies (CCA's) in Oregon. These include Behavioral Rehabilitation (BRS) treatment through BRS Residential or Psychiatric Residential Treatment Programs, for example. The risk for exposure to the COVID-19 outbreak is higher in congregate care settings due to the close-proximity of individuals served.

Active Efforts for Children who Must Remain in Congregate Care

Each CCA is required to have policy and protocol related to the COVID-19 pandemic. The caseworkers can talk to the facility and request their agency protocol related to COVID-19 including program cleanliness and response to heightened risk. **Guiding questions**:

- Find out what the visitation and contact restrictions are for children placed in the facility at this time.
- How might we provide continued contact between parent/child while child is placed in this setting? Will caseworker's face to face contacts with the child be limited by facility restrictions?

If a child must remain in congregate care, talk to the facility about what will happen if there is an outbreak at the facility. Ask what will happen if staff members are sick and unable to work. Find out what measures are put in place to keep the facility clean. Find out if there are ways to isolate a child if a child becomes ill at the facility and what that isolation will look like for that child. Have a specific plan in place for the child should the facility need to close, and a plan for the care and wellbeing of the child should the child become exposed to COVID-19 while at the facility.

Resources

Ideas for making emergency plans with youth in congregate care can be found here: https://ylc.org/wp-content/uploads/2020/03/YLC-Toolkit-for-Emergency-Planning-with-Youth-in-Congregate-Care.pdf

ICWA Compliant Placements

Active efforts require an ICWA compliant placement unless there is good cause to deviate from ICWA placement preferences. This legal requirement continues to apply during the pandemic. Active efforts also require a diligent search for the Indian child's extended family members and includes contacting and consulting with extended family members. Work with your Child Welfare branch, ICWA Unit, or Tribal Affairs to renew family finding efforts and efforts to find tribal or other foster homes. It is more important than ever to try to get youth into family settings. Ask the child, parents family friends and relatives if they know of an alternative place for the child during the pandemic. Consider if it would be safe to reunify the family. Consider if the placement is meeting the current needs of the child and is the least restrictive placement, or if the placement is no longer necessary

During the pandemic, Child Welfare must continue to engage in relative searching to identify possible family placements. If a child is not in an ICWA compliant placement, Child Welfare will continue to consult with the child's tribe, the child, parents, family, and friends to identify an ICWA compliant placement. Caseworkers will consult with the tribe and their AAG to determine whether to seek a good cause finding from the court. Consider whether it is safe to reunify the family. Consider whether the placement is meeting the current needs of the child and is the least restrictive placement or if the placement is no longer necessary.

Tribal Foster Families

Child Welfare continues to work with the tribes to increase tribal foster parent recruiting efforts. More people are staying at home and may be looking for a way to give back to the community as well as potentially having more availability to foster a child right now.

ICWA Court Proceedings

Other than the Chief Justice Order, there are no statutory changes or emergency rules that change practice substantially in Oregon. The Juvenile Court Improvement Project judges requested a statutory temporary waiver of timelines in juvenile cases that was not moved forward by the Chief Justice. Currently, judges have the ability in most cases to make a finding for good cause to extend a timeline to give parents more time for reunification. Judges also requested the flexibility to schedule hearings on a case-by-case basis determined by the facts of the case, the need for judicial intervention to prevent harm to a child or to protect the constitutional rights of a parent, and the staffing and capacity of the court. **Recommended practice during pandemic:**

- Pay attention to active efforts in your cases
- Contact Active Efforts Specialists for flexibility and creativity in providing active efforts

Active Efforts

Currently there are no court closures in Oregon which allow for continuances of regularly scheduled review dependency hearings, and court blanket orders in place. You may be frustrated with the lack of active efforts a family is receiving and confused about what legal recourse the tribe has. Oregon's Chief Justice Order No. 20-006 classified many juvenile dependency proceedings as "Category 2 essential proceedings," including protective custody applications, shelter hearings, jurisdiction and disposition hearings and trials, hearings on a parent's objection to the child's continued placement in substitute care, and hearings on motions to dismiss. These proceedings shall be held on the date scheduled and conducted by remote means if reasonably

feasible. All other juvenile dependency proceedings, such as permanency hearings, are classified as "Category 3 essential proceedings," and shall be scheduled in accordance with the policy developed by the Presiding Judge in each county. Many courts in Oregon are holding all juvenile dependency hearings virtually through phone or video conferencing.

Although the challenges faced today are unique, Child Welfare branches should continue providing active efforts and reunification during the pandemic. Timelines for reunification are short. Childhood is a critical time for tribal children's development and will affect whether they grow into safe, happy, and healthy adults and elders. Childhood only lasts for a short while and does not wait for the pandemic to end; the reunification of tribal children and families should continue, even during a pandemic.

Waiting for a "no active efforts" finding at the next status review hearing is never an appropriate remedy for the family. Even if the court makes a "no active efforts" finding at the next status review hearing and extends services, a lot of damage can be done to the family that might not be reparable with an extension of services. Early intervention is critical. See if things can be resolved by some informal discussions with the county agency social worker or by having virtual or telephone Family Team Meetings.

Problem solving and creativity goes a long way to getting a family back on track and getting active efforts back on track.

Above and Beyond

You may currently be frustrated with the accessibility or variety of available and appropriate services to ensure active efforts are met. The pandemic, however, does not eliminate Child Welfare's responsibilities to provide active efforts. It is important to be aware of the services a family is currently receiving and all available appropriate alternatives.

The pandemic calls for everyone to go above and beyond their typical work on ICWA cases. While technology is more important than ever before, services and visitation may need to be modified, and placements may need to be re-assessed, by taking quick action to work with tribes and parties on a case-by-case basis and using creativity, active efforts can continue to be provided. Caseworkers should staff cases with their AAG if court action is necessary.

Additional Resources

211 connects people with health and social service organizations that include food, housing, employment, healthcare, services and resources including assistance programs that target specific services. https://www.211info.org/

CALL 211 or 1-866-698-6155 TEXT your zip code to 898211 (TXT211)
Tribal Affairs COVID-19 Updates and Resources
https://www.oregon.gov/DHS/ABOUTDHS/TRIBES/Pages/COVID-19.aspx

Source Document

Active efforts in ICWA Cases During the Pandemic (2020), California Indian Legal Services, Community Legal Education Self-Help Series

Tribal Affairs Unit and Active Efforts Specialist Contacts

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Pandemic-EBT Information for Foster Families

Pandemic EBT (P-EBT) is additional food support for children who are eligible for free or reduced-price school meals, including youth in care, during the COVID-19 pandemic. Caregivers of school-age youth in care will receive $5.70 per child per day for every day schools were closed from March 16-June 30 to buy food.

Important Facts about these Food Benefits

- Students in foster care who were eligible for free or reduced-price school meals at a participating National School Lunch Program school between March 16 – June 30, 2020 are automatically eligible for P-EBT benefits. There is no need to apply or complete any forms.
- Not all foster students will not be eligible for P-EBT. Students must be enrolled in a qualified school to receive benefits. A full list can be found on the ODE website under Pandemic Electronic Benefit Transfer.
- Oregon Trail Cards will be issued in the child's name and mailed to the caregiver's address on file with Child Welfare, so that the card is available to the primary person who purchases food and cooks for the child.
- Oregon Trail Cards will be mailed throughout the month of June and July.
- If you receive an Oregon Trail card for a child no longer in your care, please return it to either the child's caseworker or SSP, so it can be sent to the child's new address. Child Welfare caseworkers can send it to the new address, without having to go through SSP. If the child has returned home, the card can be sent to the parent caring for the child.
- Eligible children will receive up to $384 in food benefits.
- Caregivers that receive Supplemental Nutrition Assistance Program benefits for children in their care will have the additional food benefits automatically deposited on their Oregon Trail Card on their regular June allotment date. Separate Oregon Trail cards may be received for children that are not on the caregivers SNAP case.
- Students can still pick-up the to-go meals at schools and get P-EBT benefits. They do not have to choose between them.
- Oregon Trail Cards can be used to buy food at most grocery stores and farmers markets.
- Oregon Trail Cards can be used to purchase food online at Amazon and Walmart.
- More information about P-EBT and food benefits: https://oralert.gov/benefits.

Please reach out to Oregon's P-EBT team with questions or if there are issues activating the card:

Phone: (503) 945-6481
Email: ebt.schoolmeals@dhsoha.state.or.us

DAS OSPS COVID-19 Payroll Overview

This is effective for the April pay period and going forward.

Please note that if the employee is able to telework then they should code their time as TCM or RG. All leave use should be pro-rated for part time and job share employees.

School closure

- CV up to 80 hours. If CV is already exhausted, employee may use accrued leave. Employee may elect to use LWOP for 80 hours.
- After 80 hours (10 paid/unpaid working days), then CVT for additional 10 weeks up to 400 hours.
- After that, personal leave with '4' as a third character designator (SL4, VA4, etc.) which includes compensatory and straight time.

Worksite closure

- MPL up to 80 hours, then use IW up to 40 hours. See the temporary interruption of employment matrix for leave guidance, if needed.
- Once MPL and IW is exhausted personal leave which includes compensatory and straight time.

Medical mandate

- CV (if not exhausted) up to 80 hours and CV is to be taken in a continuous block of time, unless the employee is teleworking.
- After 80 hours CV, then MPL until medically released.

Seeking Diagnosis

- CV (if not exhausted) up to 80 hours and CV is to be taken in a continuous block of time, unless the employee is teleworking.
- After 80 hours CV, then personal leave with '4' as a third character designator (SL4, VA4, etc.) which includes compensatory and straight time, until medical diagnosis is made.

Self-quarantine (not seeking treatment)

- Personal leave with '4' as a third character designator (SL4, VA4, etc.) which includes compensatory and straight time.

High risk group (with no signs of COVID-19)

- Personal leave with '4' as a third character designator (SL4, VA4, etc.) which includes compensatory and straight time.

High risk group (with Health Care orders)

- CV (if not exhausted) up to 80 hours and CV is to be taken in a continuous block of time, unless the employee is teleworking.
- After 80 hours CV, then personal leave with '4' as a third character designator (SL4, VA4, etc.) which includes compensatory and straight time, until medical diagnosis is made.

Caring for others

- CV (if not exhausted) up to 80 hours and CV is to be taken in a continuous block of time, unless the employee is teleworking.
- After 80 hours, personal leave which includes compensatory and straight time.

Borrowed leave: If accrued leave balances are exhausted, the employee may borrow up to 5 months' worth of future leave, either vacation or sick leave or a combination thereof. The leave borrowed may not exceed a total of 80 hours.

These are the steps for requesting and processing borrowed leave. (These steps are based on an agency using Workday. Workday will track the request to HR, the donations and the type of leave donated.)

1. Employee or HR/Absence partner on behalf of employee makes request in Workday, see job aid Borrowed Leave Request, employee
2. Payroll partner follows Workday job aid Borrowed Leave Request, Payroll Partner task
3. Take request from Step 2 as documentation to make entry in OSPA. Once OSPA is updated please make the note in Workday as part of the approval process for that request.
    a. P435, you will record a positive amount in the Hours Leave column and add that amount to a separate tracking document.
    b. When the employee returns to work, the following month you will need to adjust their accrual by 50%. For example:
        i. The leave was borrowed in March, used in April, the employee returns in April, repayment begins in May.
        ii. The leave was borrowed in April, used in April, the employee returns to work in May, repayment begins in June.
    c. Agencies will need to track who has been given advanced leave (Datamart contains that information) and manual entries will need to be done for these employees, each month once they return to work, until leave balances have reached zero.

Donated/Hardship leave: An employee whose sick leave balance is forty (40) hours or less and has exhausted all other leave may request donated leave.

These are the steps for requesting, approving and processing donated leave. (These steps are based on an agency using Workday for the request and tracking which leaves the employee chooses to donate.)

1. Employee or HR/Absence partner on behalf of employee makes request in Workday, see job aid Requesting and Donating Hardship Leave.
2. HR approves or denies request in Workday. You can find the job aid for HR partners Approve and Request on Behalf of Hardship Leave.
3. Employees donating leave can use the job aid Requesting and Donating Hardship Leave, starting on page 3.
4. Payroll partner uses the job aid Processing Donated Leave.
5. In OSPA, payroll partners will follow the regular donated leave process.
    a. Adjust donor's leave balance by the amount they are donated on the P435 screen.
    b. Enter DH hours on the receivers P435 screen.
6. Employees code their time as DH4.

Personal Care Payments for COVID-19

During this public health challenge, foster parents will be eligible for a one-time personal care services payment of $2075.40 per child when they have or are willing to care for children who:

1. Have been exposed to someone who has tested positive for COVID-19.
2. Are symptomatic and have tested positive for COVID-19.
3. Are symptomatic and presumed positive by a healthcare provider when no testing is available.

Procedure

1. Branches should use the existing personal care referral form (CF 0172b) to request a personal care assessment.
2. The referral must include medical documentation of the positive test result or documentation of the presumed diagnosis from the healthcare provider when testing is not available.
3. Rather than sending the referral directly to a DHS Field Nurse, the referral should be sent to the Personal Care email box.
4. The Nurse Consultant will conduct a telephone or video conference personal care assessment with the foster parent and child.
5. Once the personal care assessment is completed and approved in central office, the foster parent will receive a one-time personal care payment of $2075.40.
6. Should a child's healthcare needs extend beyond 30 days as a result of COVID-19, one additional payment may be authorized by the Health and Wellness Services Nurse Manager.

Guidance for In-Person Parent/Child Visits During COVID-19

DHS | Oregon Department of Human Services
CHILD WELFARE

In-person parent/child visitation is essential. There are steps everyone can take to mitigate risk and ensure participants are as safe as possible while putting health and well-being at the center of the visitation plan.

Oregon public health officials continue to monitor the coronavirus (COVID-19) and take steps to prevent the spread of the disease. Oregon's planned re-opening phases under the Governor's Stay Home, Save Lives Order allow for the Oregon Department of Human Services Child Welfare to provide supervised in-person visits for the children in our care and their parents.

As we know, visitation between children and parents is key to developing and maintaining a parent-child relationship, reducing the anxiety children experience when separated from their parents, and working towards reunification and concurrent permanency plans. Frequent visitation has consistently been found not only to benefit children emotionally and reduce the impacts of trauma, but also to contribute to the achievement of reunification.

In-person visits will be conducted following the most current guidance from the Center for Disease Control (CDC) and local health authorities. The guidance that follows has been reviewed and approved by a child psychiatrist who is a Senior Health Advisor on the COVID-19 Incident Response Team.

Unsupervised visits will continue to occur with the plan developed for each family given their specific circumstances, and in compliance with any active court orders regarding visitation. In addition, visitation plans will be developed in consultation with the child (when age/developmentally appropriate), parent, foster family, and, if applicable, tribe.

Visits supervised by DHS staff, foster parents, or Safety Service Providers (SSPs) will continue to be provided and may occur in DHS offices or other community locations. DHS staff should continue to work with parents and others to explore and evaluate other possible resources to supervise visits where appropriate. Due to possible limitations on the number of in-person parent/child visits that can be provided by DHS staff while following additional screening, disinfecting and social distancing protocols, the guidance for virtual visits will remain in effect to enhance the frequency of visits for children and their parents. Virtual visits are intended to supplement, but not substitute for, in-person visitation.

Tips for Supporting Others Through Fears About In-Person Visits:

The pandemic is not the time to have less communication with your families, but a time to have more meaningful communication.

- It is important to regularly check in with families to ensure safety and wellbeing.
- It is critical to communicate with all stakeholder resources: tribe, parents, children, relatives, foster parents, attorneys, etc.
- Communication will facilitate understanding of the barriers that families, staff, foster parents, and tribes face to having frequent, meaningful and successful contact.
- Listen to other's fears and offer information to reassure them that DHS is taking precautions to reduce risk and support safety.
- Work with each family to understand their restrictions and their needs to best support them consistent with CDC requirements and recommendations.

Guidelines for In-Person Visits Between Children and Parents

All parties should consider the impact of trauma and the challenges of maintaining attachments through visitation during this unprecedented time. Practices that diminish these challenges and improve resilience include use of careful preparation of all parties and involved individuals on what to expect during the visit. This should include preparation for the unique circumstances created by infectious disease management such as the use of face coverings and physical distancing. Children need careful preparation for visits including the use of face coverings and the inability to readily touch, which may significantly and negatively impact the quality of the interpersonal interaction between the parent and the child. All parties must be able to participate in open dialogue about the levels of safety that can be achieved. DHS staff and foster parents play a significant role in modeling and demonstrating the skills to support successful and meaningful visitation.

Team Decision for Implementing In-Person Visits

It is important for parents, children, foster parents, the tribe, if applicable, and Child Welfare staff to plan for meaningful in-person visits while taking steps to mitigate the spread of the virus.
It is not necessary to conduct a formal team meeting before starting or resuming in-person visits.

Planning for in-person visits should be done in collaboration with the parents, tribe, if applicable, caseworker, supervisor and any other supports the family may have.

With each unique family situation, creative solutions need to be formed on a case by case basis to support the least restrictive access during a truly restrictive time.

However, if parties disagree about whether and how visits should proceed, a call with the team should be scheduled to discuss concerns and planning. Development of a visitation plan should include discussion of the following:

1. Discuss the physical and emotional safety concerns of all participating children, parents, and foster parents.
2. If you are aware of an adult or child connected to the case that is a high-risk individual (consult CDC guidelines) and there are concerns about their safety and health regarding visits, please engage them or their caregivers, in conversations with the team to create safe, balanced visitation arrangements.
3. Develop a plan that conforms to social distancing and mitigates or reduces the risk of exposure for all participants.
4. Consider who is critical to the parent/child visit in order to reduce unnecessary exposure to other individuals. Now is generally not the time to physically introduce new people to the child and families.
5. Locations for in-person visits should be clean, safe, and chosen to minimize exposure to others and have CDC guidelines posted.

    a. Outdoor locations

        i. State and local authorities will decide whether parks and other recreational facilities will open. Check with the park in advance to be sure you know which areas or services are open, such as bathroom facilities, and bring what you need with you.

ii. Stay at least 6 feet away from the people in your group ("social distancing") and make sure your group is at least 6 feet away from other groups to prevent exposure to COVID-19. This might make some open areas, trails, and paths better to use than others. Do not go into a crowded area.

iii. Do not use playground equipment as it can be challenging to keep surfaces clean and disinfected. This is a current recommendation from the CDC.

b. Indoor locations

i. Must be disinfected before and after visits (see guidance under Disinfecting Visit Rooms below).

ii. Must allow for social distancing of six (6) feet between DHS staff and parent(s) and avoid crowded locations.

c. DHS visit rooms

i. In order to control exposure to the virus, the use of DHS visit rooms may be the best indoor option for face-to-face visits.

iii. DHS visit rooms must be disinfected before and after each visit (see guidance under Disinfecting Visit Rooms below).

ii. Toys and items that cannot be easily cleaned and disinfected must be removed, this includes stuffed animals, soft sided toys, books and throw pillows.

6. Children should continue to be transported to visits by DHS staff or foster parents. The team should consider how transportation was completed prior to the COVID-19 outbreak and if that can continue.
   a. DHS staff and children must wash hands or use alcohol-based hand sanitizer prior to entering the car both before and after visits.
   b. DHS staff must wear face coverings while in a car with children.
   c. Children over the age of 2 should be encouraged to wear face coverings while in a car with DHS staff whenever possible.
   c. DHS staff must clean and disinfect the car before and after each transport (please see information below re: disinfecting state vehicles)
      i. Wipe down all surfaces with disinfectant available through local procurement processes or the DHS facilities team

7. Provide information to each participant about the steps that will be taken by DHS staff, parents, children, and foster parents prior to the in-person visits occurring and address any additional concerns of the participants. Recognize that there is anxiety and disagreement amongst our community regarding the impacts of COVID-19. Discuss with team members the importance of supporting in-person visits for children and how to make them happen. Think creatively with each other.

8. Ongoing in-person visits are dependent upon Oregon's continued safe management of the pandemic. Any changes to the guidance for completing in person parent/child visits will be provided by Central Office.

9. If there are questions about whether in-person visits may occur, a DHS Program Manager, and, if applicable, the Tribal Affairs Unit and/or Active Efforts Specialist and the tribe, will review and make the final decision on whether the in-person visits should occur.

10. If a Program Manager determines in-person visitation is not feasible due to COVID-19 and visitation is not occurring or if visitation is not occurring consistent with a juvenile court order regarding visitation, the worker must consult with the AAG assigned to the case and notify the parties to the juvenile dependency case. The worker should also work with their AAG to notify

the court if required by a local Presiding Judge Order and/or pursuant to other local court requirements.

11. **The above guidance should also be followed for any parent-child visit in a residential treatment setting or other facility.**

Guidelines for each participant attending the in-person visit:

DHS Staff 

1. DHS Staff assigned to cases with medically fragile or immune compromised children must work with the child's parent(s)and their medical provider to create a visit plan to ensure the health and safety of their child. DHS staff will contact the parent(s) and the child's foster parent to screen for exposure to COVID-19 the day prior to the scheduled in-person visit. DHS staff participating in or supporting the visit will also screen themselves. **If the parent(s), caregiver(s), or child(ren) or anyone else living in the home of the parent or caregiver, present with symptoms of COVID-19 as described by the CDC, the scheduled in-person visit must be rescheduled to a virtual visit.**
    a. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19:
        i. Cough
        ii. Shortness of breath or difficulty breathing
    b. Or *at least two* of these symptoms:
        i. Fever
        ii. Chills
        iii. Repeated shaking with chills
        iv. Muscle pain
        v. Headache
        vi. Sore Throat
        vii. Recent loss of taste or smell
2. All DHS staff must wash their hands between each contact/visit.
3. If a visit must be rescheduled due to a report of symptoms of one or more persons involved in the visit or living in the household, the in-person visit should be delayed until 72 hours without fever (without fever-reducing medication) and 10 days since the first symptoms appeared.
4. All DHS staff conducting or supporting visits must wear a face covering when cleaning visit rooms and interacting with children, parents, and foster parents, including transporting children for visits.
5. If scheduled in a DHS visit room, all visits should be scheduled at a time when the family can have their own visit room and when social distancing from other visiting families can be maintained (6 feet of space between individual families).
6. Upon receiving a text message from parent(s) waiting in the car or parking lot, or if a parent does not have a phone, after checking the parking lot at the expected time of arrival and confirming the parent's presence, verify that there are no changes to the symptom's checklist (above).
7. Due to the logistics of each branch office, follow branch guidelines on who will escort the parent and child(ren) to the visit room. DHS lobbies will remain open to the public for essential business only, and not for parents waiting for visits. The DHS staff escorting parents and children will

assure that no bags or extra items are brought into the building other than what is needed for the visit.

8. DHS staff, foster parents who assist with transportation, and parents must maintain social distancing. DHS will not transport children from multiple households at the same time in the same car.
9. Staff should have cell phones on silent during visits to avoid distraction and avoiding use and recontamination of hands. If cell phones are touched, re-sanitization of hands is necessary.
10. DHS will provide diapers and wipes for infants and toddlers to be used during visits scheduled at the DHS office. For visits held at other locations, the team must decide if the parent or foster parent will provide those items.
11. DHS may provide disposable cups or water during visits at the office and a small, pre-packaged snack for children who can feed themselves.
12. Observe the overall visit experience and check back in with the family and foster parent to confirm if the visit was successful. Ask about what might make it more successful.

Parents 

1. Parents must arrive 15 minutes prior to the scheduled visit and wait in their car or parking lot maintaining social distancing of 6 feet from others.
2. If a parent does not have a phone, DHS staff will check the parking lot at the expected time of arrival. If a parent has a phone, they will send a text message to the DHS staff and wait in their car or in the parking lot.
3. Parents must leave personal items that will not be needed in the car or put them in a plastic bag provided by DHS staff. This includes jackets, purses, bags, and backpacks.
4. Parents will be escorted to the visit room by DHS staff.
5. Everyone must follow CDC guidelines for handwashing or the use of alcohol-based hand sanitizer upon arrival and prior to leaving the visit.
6. Parents must always wear a face covering which could include a mask, cloth face covering or a face shield, while inside the building, unless it needs to be removed to address children's fears. If they do not have a face covering, DHS will provide one.
7. Parents should have cell phones on silent during visits to avoid distraction from engaging with their children as well as avoiding use and recontamination of hands. If cell phones are touched, re-sanitization of hands is necessary.
8. Parents may hug their children and have physical contact.
9. Parents should avoid touching of faces when possible or any non-sanitized surfaces.
10. Parents may not bring food or drinks to visits. Water and small snacks can be provided by DHS staff for visits in the office.

Foster Parents 

1. Foster parents may provide transportation for children to visits whenever safely possible and based on foster parent availability.
2. When transporting children, foster parents should not enter the building; they should text the visit supervisor and wait in the car. DHS staff will escort the children inside the building.
3. Foster parents should engage with parents at a safe social distance of six (6) feet. This is an opportunity to share information, updates, and build a relationship.

4. Foster parents should ensure that children are fed and well-hydrated prior to the visit to prevent the need for bringing snacks into the visitation room.
5. For infants who are bottle fed, foster parents should send a bottle and enough formula for the time the child will be with DHS staff and parents.
6. When the child returns from a visit in the community or in the DHS office, foster parents should change and wash the child's clothes, and ensure the child washes their hands.

Disinfecting Visit Rooms

1. DHS staff must remove toys and items that cannot be easily cleaned from visitation rooms. This includes stuffed animals, dolls, soft side toys, and books.
2. Toys that can be easily cleaned should be rotated after each visit to allow additional time to spray with disinfectant and left to air dry before the next use.
3. All visit rooms must be disinfected before and after each visit.
    a. DHS offices will be provided disinfectant to be used after each visit.
    b. Time permitting, the spray should be left to dry, but at a minimum all hard surfaces and highly touched surfaces should be wiped down. Visits will be spaced at a minimum of 10 minutes apart.
    c. DHS contracted cleaning teams will be providing cleaning during evening hours to decrease the spread of the virus.

Safe Use of Disposable Masks, Cloth Face Coverings and Face Shields

For any type of face covering, appropriate use and disposal are essential to ensure that they are effective and avoid any increase in transmission. Self-contamination can occur by touching and reusing contaminated face coverings. Both the CDC and World Health Organization (WHO) provide the following guidance:

1. Place the face covering carefully, ensuring it covers the mouth and nose, and tie it securely to minimize any gaps between the face and the face covering.
2. Avoid touching the face covering while wearing it.
3. Remove the face covering using the appropriate technique: do not touch the front of the face covering but untie it from behind.
4. After removal or whenever a used face covering is inadvertently touched, clean hands with sanitizing hand gel or wash hands following CDC guidelines.
5. Replace face covering as soon as they become damp with a new clean, dry face covering.
6. Do not re-use single use masks; discard single-use masks after each use and dispose of them immediately upon removal.
7. Face shields must be thoroughly cleaned after each use.
8. Not all face coverings can be re-used.
    a. Facemasks that fasten to the wearer via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
    b. Face coverings with elastic ear hooks may be more suitable for re-use.
9. Face coverings should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded face covering can be stored between uses in a clean sealable paper bag or breathable container.

Gloves

The use of gloves is not required but gloves are available from the department for those staff and parents and foster parents who prefer their use. If using gloves, follow CDC guidelines for removing gloves to avoid contamination:

- f your hands get contaminated during glove removal, immediately wash your hands, or use an alcohol-based hand sanitizer.
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.
- Hold removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over
  first glove.
- Discard gloves in a waste container.
- **Wash hands or use an alcohol-based hand sanitizer immediately after removing face coverings and gloves.**

Disinfecting State Vehicles

All state vehicles should be disinfected prior to and after each use. Branch offices will provide spray bottles or containers of wipes of disinfectant for cleaning of cars.

- Wipe down all hard, non-porous surfaces (hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) with an ammonia based disinfectant available from the regional facilities team.
- Do use not a Sodium Hypochlorite (bleach) based product on the fabric in cars because it will degrade and discolor the fabric.
- When time allows spray disinfectant and allow to air dry.
- Make sure to wipe down car seats before and after use.

If a car is used for transporting anyone who exhibits the CDC identified symptoms of COVID-19 immediately notify the Branch Manager and Office Manager. The car will be taken out of service for seven (7) days and decontaminated using the process provided by the CDC.

Parent/Child Visitation Documentation

1. Face to face parent/child visits are documented in OR-Kids indicating that all recommended COVID-19 precautions were taken.
2. All visit participants must be documented including who transported the child and/or parent to and from the visit.
3. The visitation plan should be clearly outlined on the CF831 Visit and Contact Form indicating the update is due to COVID-19.
4. Documentation of parent/child visits completed through video conferencing or telephone is completed in OR-Kids.

   Video example: "Consistent with the Oregon Stay Home, Saves Lives declaration, COVID-19 precautions were utilized for parent/child visitation through video based on current guidance and in communication with the family. The visit was completed via video conferencing due to the following circumstances...which was approved by *supervisor name*."

NOTE: This guidance may be applied to all visits with siblings, relatives, and people with a significant relationship to the child or family.

Thank you to the following stakeholders for collaboration on this guidance:
Office of Public Defense Services, Morrison Parent Mentor Program, Oregon Foster Parent Association, DHS Tribal Affairs Unit, Dr. Jetmalani, M.D., DHS Managers and Staff, and Youth, Rights, Justice

3/24/20

COVID-19 Recommendations for Child Safety Work

- **In cases where face to face visits must occur and someone in the home has been exposed to COVID-19 or is currently sick (fever, cough) caseworkers should contact their supervisor for guidance on how to proceed to mitigate risk of staff exposure**

- **Please consider for all assessment activities that do not require face to face contact be completed using alternatives such as phone calls, Skype, Facetime, or other technology that allows gathering of child safety related information and ability to address identified concerns**

- **Allowable alternatives must be documented clearly within the OR-Kids System and rationale "COVID–19"**

Applicable Rule:

413-015-0420 413-015-0422

Gather Safety Related Information through Interview and Observation

- Face to face contact with the identified child, parent or caregiver is required which includes observing the child's physical appearance and wellbeing in the home environment
- Face to face with alleged perpetrator is required if the alleged perpetrator resides in the home or has access to the identified child
- Contact with other children residing in the home may be required to determine present or impending danger
- No face to face contact with the perpetrator is required at initial contact if the perpetrator resides outside the family home and/or does not have access and is confirmed by caregivers or collateral.
- Karly's Law is required on applicable cases
- Observation of safe sleep for children under the age of 12 months may include in person, skype, facetime, or alternate technology
- Notify household members of your intent to run their criminal history in writing via text or other appropriate technology
- Caseworker must gather sufficient information through face to face contact and use of safety related collateral contacts to ensure child safety

413-015-0425-413-015-0437

Protective Actions, Initial Safety plans, Ongoing Safety Plans

- A protective action, initial safety plan, or ongoing safety plan must be in writing. Consider alternative way to provide copies to legal parties and safety service providers such as text, email, etc.
- Given potential interruption in services caused by the COVID-19 health emergency, it is especially critical that protective action and safety plans be developed and regularly reviewed and updated with all participants

413-015-0460

Visitation

- Make monthly face-to-face contact. The *CPS worker* must make a minimum of *monthly face-to-face contact.* Consider calling ahead and making planful arrangements taking in to consider CDC recommendations for social distancing

***Exception**: If CPS cannot make face to face contact with an alleged child victim and child safety is an immediate concern, consult your supervisor for further direction. Depending on circumstances, an allowable alternative contact may be appropriate, additional collateral contacts may be considered, or assistance from law enforcement may be needed. In addition, consider staffing with DOJ.

Staff Guidance for Before, During and After In-Person Visits

- Limit exposure to unsanitized surfaces and large groups of people when determining location.
- Avoid handshakes.
- Ensure all individuals involved in the contactt have thoroughly washed their hands prior to starting the contact and following the contact.
- Advise individuals involved to avoid touching their face.
- Advise individuals involved to cover their mouth with a tissue when sneezing/coughing or do so into their elbow.
- If the visit is occurring in a local office, ensure visiting space is thoroughly cleaned/sanitized prior to use by next family.

- For contacts ocurring in local offices, ensure all community toys/table activities are cleared from the room

As we navigate this public health situation with COVID-19, we are in unprecedented times that require thoughtful ways to navigate the need for safe, nurturing environments for our children in need of a foster family.

We recognize that best practice would indicate a full assessment be completed on all general applicants prior to placing children in the home however, with our current crisis, the Department supports issuing a Temporary Certificate of Approval (TCA) for general applicants. This change in practice will be supported for as long as necessary to meet the immediate safety, health, and well-being needs of our children.

The Department may issue a temporary certificate of approval for general applicants if the Department follows the requirements set forth in OAR 413-200-0275 Assessment for Issuance of a Temporary Certificate of Approval along with the pandemic authorized guidance about Face to Face contact and Home Visits (to be released the week of 3/30/2020). Child safety is paramount in our work; utilizing clinical supervision is critical and Central Office Foster Care consultation is available as you make determinations about such applications. When you have issued a TCA to any applicant, please consider providing additional contacts and increased support to help them be successful and to set the stage for a positive and enduring partnership with DHS.

All requirements in 413-200-0275 Assessment for Issuance of a Temporary Certificate of Approval must be met prior to issuance of a TCA.

The process may look different for each applicant based on the information you learn. Issuing a TCA may not be ideal for all general applicants. Below you will find guidance to help you with your decision about whether issuing a TCA is best for an applicant.

Make sure to pay attention to 0275(2)(k):

Gather and analyze information, through interview and observation, as it relates to each applicant's personal qualifications and assess the conditions that appear to exist in the home that affect safety, health, and well-being for a child or young adult in the care or custody of the Department.

Please discuss with the applicants anything that comes to be known in your assessment that needs further analysis before issuing a Temporary Certificate of Approval. Also see procedure Tips for Oregon Temporary Certificate.

Consider assessing with each applicant though not required by rule to issue a temporary certificate of approval:

Their overall health, relationship with each other if married or cohabitating, general parenting practices and discipline, medical information, financial stability, historical and current use of legal and illegal substances and trauma history.

Be sure to share Mandatory abuse reporting requirements for certified families and resources available to them to understand their responsibilities.

Discuss childcare, babysitting and respite care requirements and the approval process.

In addition, discuss the foster parent responsibilities regarding educating anybody they utilize to help care for the children about their mandatory reporting requirements and child abuse information including statutory definitions of child abuse and abuse of children in care.

Provide a copy of Standards for Certification of Foster Parents and Relative Caregivers and Approval of Potential Adoptive Resources.

Provide information about Out of Home Care Assessments.

Create training plan per 413-200-0379 Education and Training for Applicants and Certified Families

Create a plan to support the newly certified provider at the time of the TCA. This could look different for each provider and should be developed with them to best support their journey. This could be increased check-in phone calls, on-line training options, sharing of all potential community supports (i.e. 211, Every Child, My NeighbOR, Oregon Foster Parent Association) tangible items, foster parent mentor or other creative ways that a provider will know their value and have the support needed to continue to care for their family.

Thank you for your continued efforts to ensure safety, health, and well-being for children and young adults in our care.

PUBLIC HEALTH DIVISION
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Kate Brown, Governor

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April 6, 2020

Treatment Guidelines Relating to Non-Discrimination in Medical Treatment for COVID-19

State health officials have heard concerns from disability rights advocates that health care providers might consider an individual's disability status when determining which patients to treat if health care facilities experience a shortage of resources due to a surge of patients needing life-saving care. At this time, Oregon health care providers are not facing difficult care rationing decisions, due to Governor Brown's early and extensive social distancing executive orders. State health and human services officials, hospital system administrators and health care providers are working to prevent Oregon's health care system from being overwhelmed by COVID-19 hospital admissions and from facing the tragic health care decisions that care providers have confronted in other states and in other countries. (To find out more about how the state is responding to the COVID-19 emergency, visit the Oregon Health Authority's novel coronavirus web page.)

Whether during the COVID-19 pandemic or a future health crisis, the Oregon disability community is protected from discrimination in care by clear federal and state statutes and guidance frameworks, including the Oregon Crisis Care Guidance, (published in 2018), which state public health officials, health care leaders and experts in public health, law and ethics, collaborated to develop in preparation for a pandemic. These treatment guidelines remind all of Oregon's health care providers, facilities, and insurers: it is illegal for health care providers to ration care based on a person's disability status, under both federal and state law.

Federal Guidance

The federal Office for Civil Rights at the U.S. Department of Health and Human Services issued guidance on March 28, 2020, reminding covered entities (health care providers and health insurers) of their federal legal obligations and responsibilities under Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act which "**prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and exercise of conscience and religion in HHS-funded programs.**" Health care providers may not deny medical care to persons with disabilities "on the basis of stereotypes, assessments of quality of life, or judgments about a person's relative 'worth' based on the presence or absence of disabilities. Decisions by covered entities about treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence."[1]

[1] https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf.

Oregon Prohibits Discrimination Based on Disability

It is unlawful in Oregon to discriminate against an individual on the basis of disability, with regard to access to public accommodations, like a hospital.[2]

Treatment of Oregon Health Plan (OHP) Members

OHA recognizes that every member's medical needs are unique and OHP providers, members and their authorized representatives, and their care team make individualized, clinically appropriate decisions that are based on medical necessity. No person, on the basis of mental, developmental, intellectual, or physical disability or a perceived disability, may be unlawfully denied full and equal access to the benefits of OHP services, including COVID-19 treatment, in the event of limited hospital or other health care facility resources and/or capacity.

Oregon Crisis Care Guidance

OHA has participated with Oregon's health care organizations and systems, in issuing Oregon's Crises Care Guidance. The Guidance contains an ethical framework for health care in times of healthcare resource shortages. The Guidance seeks to ensure that the "way limited healthcare resources are used in a crisis is fair and * * * [that] it is essential that decisions about 'who receives what' are made in a reasonable and ethical manner."[3] The Guidance specifically states:

> Decisions about who should receive critical care and other medical services should be based on clinical experience using objective clinical information, just as they are in non-crisis situations. **Care decisions should not be based on non-clinical factors such as race, ethnicity, clinician-perceived quality of life, profession, social position, or ability to pay**. As an example, stable patients who use a ventilator on a long-term basis would not lose access to their ventilators as a consequence of implementing crisis care.[4]

American Medical Association (AMA) Code of Medical Ethics

The AMA Code of Medical Ethics offers foundational guidance for health care professionals and institutions responding to the COVID-19 pandemic. The guidance provides direction for appropriate allocation of limited resources.

These guidelines are issued pursuant to the authority granted OHA under ORS 433.443(2)(a)(B).

Resources

Any individual who believes he or she is being discriminated against, can get help at:

Bureau of Labor and Industries, Civil Rights Division:

https://www.oregon.gov/boli/CRD/pages/index.aspx

Phone: 971-673-0764

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[2] ORS 659A.103 to 659A.145.
[3] Oregon Crisis Care Guidance, page 4 (June 2018), https://www.theoma.org/CrisisCare.
[4] Guidance, at 7.

Email: mailto:mcrdemail@boli.state.or.us

Oregon Health Authority, Office of Equity and Inclusion:
https://www.oregon.gov/OHA/OEI/Pages/Employee-Rights.aspx

Oregon Health Authority, Health Facility Licensing and Certification:
https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/HEALTHCAREPROVIDERSFACILITIES/HEALTHCAREHEALTHCAREREGULATIONQUALITYIMPROVEMENT/Pages/complaint.aspx

Email: mailbox.hclc@state.or.us