March 21, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-25

This ACL will provide updated requirements and guidance for county child welfare social workers and juvenile probation officers regarding the provision of services to children and families during the evolving situation related to the Coronavirus (COVID-19).

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

KIM JOHNSON
DIRECTOR

GAVIN NEWSOM
GOVERNOR

March 21, 2020

ALL COUNTY LETTER NO. 20-25

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL INDEPENDENT LIVING PROGRAM MANAGERS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL FOSTER CARE MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL TRANSITIONAL HOUSING COORDINATORS
ALL COUNTY RFA AND ADOPTION PROGRAM MANAGERS
ALL CDSS ADOPTION REGIONAL OFFICES
ALL LICENSED ADOPTION AGENCIES
ALL LICENSED FOSTER FAMILY AGENCIES
ALL CHILDREN'S RESIDENTIAL PROGRAM STAFF

SUBJECT: PROVIDING OPTIMAL CHILD WELFARE AND PROBATION SERVICES TO CHILDREN AND FAMILIES DURING CORONAVIRUS (COVID-19) CALIFORNIA STATE OF EMERGENCY

REFERENCE: CHILD WELFARE AND PROBATION VISITATION CONTACT, NONMINOR DEPENDENTS IN COLLEGE DORMS, AND DISASTER PLAN CHANGES DUE TO THE STATEWIDE OUTBREAK OF CORONAVIRUS (COVID-19) ALL COUNTY LETTER (ACL) 20-23

BACKGROUND

On March 4, 2020, Governor Newsom issued a Proclamation of a State of Emergency ("Proclamation") for California in response to the Novel Coronavirus (COVID-19) in California. Since that time, based on enhanced risk to older and vulnerable Californians

and the fast rate of spread, the State has implemented multiple preventive actions, including the statewide stay at home order.

Governor Newsom launched a COVID-19 public awareness campaign to provide useful information to Californians and inform them of actions they can take to further prevent the spread of the virus. The campaign is anchored by a new, consumer-friendly website, www.covid19.ca.gov, that highlights critical steps people can take to stay healthy and includes many practical resources available.

PURPOSE

The purpose of this letter is to provide county child welfare agencies and juvenile probation departments with guidance on methods of operation and provision of quality services to children and families during the current state of emergency related to the Novel Coronavirus (COVID-19). As counties implement the following guidance, they must also ensure that they are working with tribal partners to ensure the needs of Indian children are met. It is important to remember that here in California, we are actively engaged in efforts to *prevent the spread of COVID-19*. At the same time, we also have a critical responsibility to ensure that children are safe from abuse and neglect and that their overall health, safety and well-being are protected.

This ACL supersedes the requirements outlined in ACL 20-23, except with respect to issues related to disaster planning.

CHILD WELFARE INVESTIGATIONS

Child welfare hotline and emergency response (ER) investigations are essential government functions and should be prioritized to protect the safety and well-being of children and families. County child welfare ER workers are first responders when assessing for the safety and well-being of children who are reported as being abused or neglected. Investigations of the abuse or neglect of children must continue to occur. It is essential that we perform this function during this time, particularly when stress may be heightened by health concerns, potential financial losses and increased caregiving responsibilities while children are not in school or participating in normal day-to-day activities. County child welfare agencies should support front-line investigative workers by prioritizing their access to supports which will allow them to assess the safety of children. Expectations in job functions for ER workers may need to be defined in terms of how they differ from both the general public and from health care professionals. The health and safety of children and families, and of our social workers, are at the forefront

of our concerns. Additional guidance regarding supporting the functions of these essential staff will be available shortly.

Investigators should be mindful of public health guidance and should ask the following questions during the initial phase of the investigation:

- Has anyone in your home tested positive for COVID-19 in the past 14 days?
- In the past 14 days have you, your children and/or anyone in your household had any of the following symptoms?
  - ☐ Fever
  - ☐ Cough
  - ☐ Shortness of breath
- Have you, your children and/or anyone in your household had close contact with a person who tested positive for COVID-19 with a laboratory confirmed testing in the last 14 days?

If someone answers “yes” to any of the questions, they should be encouraged to contact their doctor and let them know about their symptoms and/or exposure. The investigator should follow public health guidelines during the interactions with the parent(s), child(ren) and/or other members of the household, including the use of PPE as recommended by public health guidance (and/or encouragement of any recommended use by other individuals in the home).

A similar protocol should be followed when interviewing collateral contacts in-person. With respect to collateral contacts, ER investigators should practice social distancing when interviewing contacts in-person, which includes keeping a distance of at least six feet.

PREVENTION AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

The California Department of Public Health has issued guidance (CDPH Guidance Page) regarding the most effective methods of preventing the spread of COVID-19, including basic precautions like washing hands for 20 seconds and refraining from touching your face. CDPH has also released guidance indicating that Personal Protective Equipment (PPE) should only be used by healthy individuals in specific circumstances (i.e., when staff are in prolonged close contact with someone with a suspected or confirmed COVID-19 infection) (PPE Guidance). Should your county need additional supplies of PPE for recommended uses, the process for requesting those is to contact your local Office of Emergency Services.

EMERGENCY PLACEMENTS

In the event of an emergency placement made pursuant to Welfare and Institutions Code Sections 309 or 361.45, families are generally required to submit their fingerprints for background checks within 10 days of receiving the emergency placement of a child or within 5 business days of receiving the emergency placement, whichever is sooner. If local live scan services are not available, the county may continue to rely on the results of the California Law Enforcement Telecommunication System (CLETs) for the maintenance of the placement. In instances when individuals who are required to live scan have been unable to live scan, those individuals should live scan within 15 days of when services are restored and the state "stay at home" order is lifted.

CASEWORKER MONTHLY VISITATION WITH CHILDREN/YOUTH IN FAMILY MAINTENANCE

Children and families receiving Family Maintenance (FM) services must receive monthly caseworker visits. Generally, the requirement has been for this to happen in person; however, when an emergency prohibits or strongly discourages face-to-face contact for a public health reason or other similar public or individual health challenges, monthly caseworker visits may be accomplished through videoconferencing (e.g. Skype, Facetime, Zoom). Whether a monthly visit should occur in-person is a child-specific decision that must be made based on the training and experience of the social worker, considering all available information.

When it is determined that a face-to-face visit is not necessary to ensure the child's safety and well-being for a specific monthly visit under the circumstances outlined above, alternative methods of contact to monitor the child's safety and well-being can be used. Videoconferencing is recommended as the first option for communication with the child and family. Given that the COVID-19 response is unsettling for all families and communities, if caseworkers are not having in-person contact, counties should ensure that children and families have enough video and telephonic contact with their caseworker to assess the child's safety and well-being and to assist the family in keeping their children safe.

CASEWORKER MONTHLY VISITATION WITH CHILDREN/YOUTH

All children in foster care placements must receive monthly caseworker visits. Generally, the Administration for Children and Families (ACF) has considered only face-to-face visitation to count towards this requirement. However, ACF has issued recent guidance permitting monthly caseworker visits to be accomplished through

videoconferencing when an emergency prohibits or strongly discourages face-to-face contact for a public health reason or other similar public or individual health challenges.

In order to minimize the transmission of COVID-19, and given the State "stay at home" order, some face-to-face visits may not be possible and/or prudent at this time. Whether a monthly visit should occur in person is a child-specific decision that must be made based on the training and experience of the social worker and considering all available information. Counties should begin by assessing the individual needs of families and children. This assessment of need should start with a call to every family to ensure they have what they need to meet the needs of the children in their care. Factors to consider when determining if a face-to-face visit is necessary during this public health state of emergency include the following:

- Is the child being visited by other professionals, tribal representatives and/or mandated reporters during this time period and the caseworker can receive an updated report from those professionals and/or reporters regarding the child?
- Has the child been in the same placement for the last 4 months and the caseworker has determined that the placement is stable, without any concerns noted?
- Has the child been seen in person by a Foster Family Agency (FFA) social worker within the last 14 days with no concerns reported?
- Is the child in an STRTP or group home (in-state or out-of-state) and receiving ongoing treatment with a mental health professional, as well as on-site case management by the agency staff?
- Has the child been visited by their case manager in each of the prior three months with no concerns noted regarding the placement?
- The chronological and developmental age of the child, as young children and children with developmental delays or disabilities may not be able to verbalize or otherwise communicate needs and safety issues remotely.

When it is determined that a face-to-face visit is not necessary to ensure the child's safety and well-being for that specific monthly visit, alternative methods of contact to monitor the child's safety and well-being can be used. Video conferencing is recommended as the first option for communication with the child and caregiver. If it is determined that a face-to-face monthly visit is not the appropriate contact, counties should assess if weekly or biweekly video contact is a better alternative. If video conferencing is not available, phone calls are an acceptable alternative.

If a face-to-face visit is determined to be needed to ensure the health, safety and well-being of the child, the case manager should conduct a pre-screening telephone call with the caregiver, as described below. If, however, contacting the person by

telephone in advance of a face-to-face visit is not appropriate or feasible, the same pre-screening questions should be used prior to beginning the visit.

Pre-screening telephonic calls

"To protect public health, we are asking you to answer yes or no to a few questions, so that we can provide appropriate services to you and your family."

- Has anyone in your home tested positive for COVID-19 in the past 14 days?
- In the past 14 days have you, your children and/or anyone in your household had any of the following symptoms?
  - ☐ Fever
  - ☐ Cough
  - ☐ Shortness of breath
- Have you, your children and/or anyone in your household had close contact with a person who tested positive for COVID-19 with a laboratory confirmed testing in the last 14 days?

If someone answers "yes" to any of the questions, they should be encouraged to contact their doctor and let them know about their symptoms and/or exposure, and the caseworker should make alternate plans to accomplish the purpose of the contact and ensure the child's health, safety and wellbeing.

Additionally, case managers should notify their designated county representative if clients, partners, family members, etc. self-disclose they have been exposed, are in quarantine or are being tested.

CASEWORKER MONTHLY VISITATION WITH NONMINOR DEPENDENTS (NMDS)

As with all youth in foster care, monthly visits for NMDs are still required. However, consistent with the policies for children and youth, the methods in which a case worker may conduct their monthly visits have been expanded. In addition to face-to-face visits, monthly visitation may be conducted through video conferencing, telephone contact, or through courtesy supervision by a tribal representative or another Title IV-E agency, as necessary. The decision regarding whether a monthly visit with an NMD should occur in person is a case-specific decision that must be made based on the training and experience of the social worker, considering all available information, including the factors described in the section above regarding caseworker visitation (as they apply to NMDs). For youth in a supervised independent living setting, the pre-screening questions asked of a caregiver, above, are to be asked directly of the NMD.

If the youth does not have a telephone or computer, it is imperative for caseworkers to make arrangements to ensure the youth's needs are met and there is a way to contact the youth. Regardless of what method is utilized for monthly visits, case workers shall ensure that NMDs have proper resources and a plan developed for following local public health guidance, including, but not limited to: housing, food, water, hygiene, and other needed items. This applies to both NMDs here in California and to those living out of state. In addition, caseworkers should review public health guidance regarding the prevention of infection.

YOUTH IN COLLEGE

A number of colleges have closed or are closing due to COVID-19. However, many are continuing or starting on-line classes. The University of California and California State Universities have confirmed that they are keeping some dorms open. However, this may change at any time, and counties are reminded of the need to support all NMDs, including those in dormitory housing that may be closed. It will be important for counties to reach out to these youth to ensure they have the resources needed for transportation funds if they must temporarily move from campus, for alternate housing if dorms close, and to remain supported while they are out of school and to assist with ensuring that they are able to return to their campuses if they need to leave. Below is a resource for these and other foster youth ages 13 and older regarding access to technology which will allow them to remain connected and to participate in on-line classes wherever they are located.

If a youth is displaced from their dorms, counties should continue the Supervised Independent Living Program (SILP) payment until such time that the NMD informs the county of the new or temporary residence. Counties may waive SILP inspection. The SOC 157B required signatures may be collected via mail.

TECHNOLOGY RESOURCES FOR YOUTH

iFoster is currently offering technology access to foster youth ages 13-24, which include: free, unlimited high-speed data hotspots, headsets, and laptops to assist in taking online classes. For additional information on the resources that they have, call or email iFoster at: 1-855-936-7837 or phone@ifoster.org.

PARENT/CHILD AND SIBLING VISITS

During this time, it may not be prudent to have some children who are in out-of-home care visit face-to-face with other family members. It is recommended that counties assess each situation in order to make this determination. With respect to children under the age of 3, counties should work to maintain face-to-face visits, which allow them to continue to develop critical early bonds with their parent, unless there are individual health-related risks that prevent this from happening. All youth may struggle with changes to their visitation routines, and a lack of in-person visits may be especially difficult for children who are very young. When in-person visits do not occur, we recommend that the foster parent provide video conferencing, such as Facetime or Skype, and increased phone calls with family members and other social contacts to provide the child and family members with some comfort. This type of contact may assist children, their siblings and parent(s) by occurring more often than it would have in a face-to-face visit. The following link: https://haralambie.com/wp-content/uploads/2016/10/When-You-Cant-Be-There-in-Person.pdf (also listed below) is a tool to assist with helping parent and caregivers use technology to stay connected to their children. Family connections that are essential to the wellbeing of the child should be maintained consistent with screening protocols and social distancing recommendations, including outside visits.

The caseworker should also consider if the youth has had several overnight visits and is due to return home soon. An extended visit with the parent(s) during this time period may be appropriate if existing court orders permit. Video conferencing or telephonic contact with the youth and parent should be utilized several times during this time period to ensure safety and well-being if the caseworker is not able to have in-person contact.

CASEWORKER CONTACT WITH THE PARENT(S)/GUARDIAN(S) OF CHILDREN IN FOSTER CARE

It is important to maintain telephonic contact and to engage with the parent(s)/guardian(s), as well to keep them abreast of what is happening with their child and their case to the best of a caseworker's ability. Depending on each individual case circumstances, this may require the caseworker to be in more consistent contact with the parent(s)/guardian(s). Relationships with parent(s)/guardian(s) are important and meeting their needs can be more challenging when they feel they have no control as to what is currently happening with COVID-19. Many of the parent(s) who have substance abuse or other behavioral health issues may not have not fully developed the coping skills to maintain sobriety or manage their condition; therefore, the current situation could easily cause more acute anxiety for them. It is important that caseworkers

reassure and empower the parent(s) to utilize their community support system, such as their sponsors, parent partner programs, video conferencing or telephonic contact with a therapist or substance abuse treatment out-patient facility to help maintain their sobriety. If they are taking any prescribed medications, caseworkers should encourage parent(s) to maintain the effective dosage as prescribed. Caseworkers should reassure parents that services being discontinued or interrupted due to the pandemic will not impact the assessment of whether they are in compliance with their court-ordered reunification services.

YOUTH PLACED OUT OF STATE

California foster youth in out-of-state placements must continue to receive monthly visitation. Children placed in home-based foster care are generally supervised and visited by the receiving state, consistent with Regulation 11 of the Interstate Compact on the Placement of Children (ICPC). For these children, the county social worker or probation officer should consult with the responsible agency in the receiving state and document the monthly visitation plan established by the receiving state as a result of COVID-19.

When the county child welfare agency or probation department is responsible for providing monthly visitation, the social worker or probation officer should determine whether the monthly visit should occur in person. As with children and NMDs placed in California, this is a case-specific decision that must be made based on the training and experience of the social worker or probation officer, considering all available information. Counties should assess the circumstances, considering the factors described in the sections above. If the youth is in an out-of-state supervised independent living setting, the pre-screening questions asked of a caregiver are to be asked directly of the NMD. When it is determined that a face-to-face visit is not necessary to ensure the child's safety and well-being for that specific monthly visit, alternative methods of contact to monitor the child's safety and well-being can be used. Video conferencing (Skype, Facetime, Zoom, etc.) is recommended as the first option for communication with the child and caregiver.

ICPC Liaisons and probation officers are advised to reach out to the Out of State Placement Unit at CDSS if there are difficulties related to travel restrictions or if the facility in the receiving state creates barriers to visitation with a child or youth. CDSS will work with the states in which youth are placed (for both group homes and NMD/foster care placements) to ask for their assistance with face-to-face visits for all placements as necessary. Counties are reminded to be similarly flexible with other states who ask for assistance with children placed here in California. If youth covered by the ICPC have further challenges regarding placement, medical care, travel, etc.,

please contact the Out of State Placement Unit at CDSS for assistance at 916-651-8100 or by email at ICPC@dss.ca.gov. If additional information becomes available from the ICPC National office, it will be shared with the county liaisons.

DOCUMENTATION

Counties are reminded of the need to document any form of communication with the Children, Parent, Providers, and NMD within CWS/CMS. It is recommended that all of these contacts be in the contact notes and include the method in which the visit was conducted (video conferencing, etc.). When documenting contacts related to NMD, counties should ensure they include the plan developed with the youth regarding sheltering in place/staying at home, and an emergency plan in case the NMD thinks they may have been exposed to COVID-19.

CHILD AND FAMILY TEAM MEETINGS

Families and youth may need extra support as they navigate this unprecedented crisis and disruption. The CFT process serves as an essential strategy to ensure families and providers can continue caring for children and that the county is aware of the practical and emotional needs of caregivers and children during this time. The CFT also will serve as a critical point of communication, support and response for circumstances when a child, caregiver or staff become exposed to COVID-19. Further, locating alternative placements for children will be extremely challenging, and the child and family team is an essential strategy to preserve the ability of families and providers to care for our children.

When it is not possible or advisable to conduct meetings in person, meetings may be conducted using alternative options, including using videoconference or teleconference technology (with several free options, such as Skype, Zoom, or http://www.freeconferencecall.com available). It is recommended that counties prioritize holding CFT meetings focused on the immediate and contingency planning needs of children in home-based placements and in congregate care placements at risk of placement disruption or who may be particularly significantly impacted by disruptions related to COVID-19. It is recommended that, in less urgent circumstances, counties communicate with the child's team to ensure the family understands how to request assistance or a team meeting if challenges arise.

It is recommended that counties work with local public health departments and county mental health plans to prepare CFT facilitators with access to up-to-date public health information, including screening and treatment protocols for COVID-19 exposure, local

medical care access information, and tele-mental health information, and that facilitators should be prepared to address questions and concerns from caregivers and families related to COVID-19.

To the maximum extent possible, counties are encouraged to continue following requirements related to the provision of CFT's and CANS, as described in All County Letters, Requirements and Guidelines for Creating and Providing a Child and Family Team ACL 16-84 and All County Letter, The Child and Family Team (CFT) Process Frequently Asked Questions and Answers ACL 18-23, and Welfare & Institutions Code, Sections 16501 and 16501.1, which remain in effect for all children in foster care. Protective custody or other court orders must be followed.

CDSS recognizes that successfully engaging children and families at this time may be difficult. CDSS strongly suggests that CFT and Wraparound facilitators employ techniques such as those listed below to help ensure ongoing engagement with children and families. These best practices for CFTs and CANS have been compiled from suggestions by the Regional Training Academies and the Praed Foundation.

Before the team meeting:

- Talk through the format and structure of the meeting with children, youth, and families. Describe how the meeting will run in the video conferencing or telephone format.
- Consider the child, youth, and/or family's familiarity with the technology you are going to use – e.g., video conference or phone conference – and provide support as needed.
- Work with the child, youth, and family to identify a private space at their home, etc. for the meeting to be held via video conference or phone conference call.
- Professionals should ensure that sensitive conversations take place in a protected space and while using headphones.
    - Remind everyone participating about confidentiality and that the conversation is private.

During the team meeting:

- When setting the agenda, make accommodations for technology glitches and delays.
- It is recommended that virtual CFT meetings always begin with the child and family first, to ensure the agenda and tone of the meeting is driven by their voice.
- Check-in frequently with the team to ensure that the technology is still working and that they are able to participate in the meeting.
- Take time to listen to what each individual is saying, and make sure that everyone is given a chance to speak and respond. This may need to be done more deliberately when on video conference and a phone conference call.

- When reviewing the plan and updating the CANS:
    - Make sure that children, youth, and caregivers have time to speak and provide their perspectives on what is working and what is not working in their plan. Check to see if they are done speaking before others jump in.
    - If using technology that allows video or screen sharing by the facilitator, present information visually as much as possible.
- Focus the conversation on the immediate needs of the child and family. Consider establishing a plan for regular communication regarding extended educational disruptions, family contact and visitation, changing behavioral health needs, medical needs or other impacts from the current disruptions.
- As much as possible, the differing perspectives should be documented and, when appropriate, any plan to gather additional information to help the team come to agreement. If using a video conference, the documentation of this process should be shared on the screen, as much as possible.
- Discuss the back-up plan should the technology fail.

<u>After the team meeting:</u>

- Get feedback from the team, including the children, youth, and family, on what went well and what could be improved on with the meeting, particularly the use of the technology.
- Facilitators should ensure that meeting notes and action plan are shared right away following the meeting so that everyone has a shared understanding of next steps.

<u>Placement Preservation Meetings:</u>
If concerns arise during this time and it is deemed necessary to conduct a preservation strategy meeting to maintain the youth's placement, this meeting may be conducted by video conferencing.

POST-PLACEMENT SUPERVISION VISITS WITH CHILDREN AND YOUTH IN ADOPTIVE PLACEMENT

Social workers are typically encouraged to conduct all post-placement supervision visits with children and youth in adoptive placement face-to-face when possible. Consistent with other populations, the method in which a case worker may conduct their visits has been expanded. The decision regarding whether a visit with a child or youth in adoptive placement should occur in person is a case-specific decision that must be made based on the training and experience of the social worker, considering all available information. Counties should assess the circumstances considering the factors described in the sections regarding monthly visits above. These visits can also be conducted via other means, including videoconferencing. Caseworkers are encouraged

to maintain close contact with prospective adoptive parents regarding the need to cancel or reschedule therapeutic services and other services for the children in their care, or if they have specific concerns about the child having been exposed to COVID-19.

ADOPTION RELINQUISHMENTS

In the event that a county child welfare agency is contacted by a parent who wishes to relinquish their non-dependent child for adoption, counties may consider entering into a voluntary placement agreement and postponing the acceptance of relinquishments until face-to-face visits resume. Agencies should not accept relinquishments, or give any corresponding advisements, via alternate means (i.e., videoconference or telephonically), due to the sensitive nature of relinquishments.

When agencies accept relinquishments, California statute and regulations still require that two witnesses observe the birth parent signing the relinquishment in-person and that birth parents receive appropriate counseling and advisement prior to signing the relinquishment. These requirements should also be conducted in accordance with and local public health recommendations or directives, including social distancing.

COURT

The Judicial Council (JC) is working with the superior courts of all counties and encouraging their presiding judges to request emergency orders. These emergency orders are issued by the Chief Justice of the California Supreme Court in her role as the JC Chairperson. This emergency authorization allows each county's court to modify how they are operating, including modified services where they are still able to support detentions, other emergency hearings, and telephonic hearings. The presiding judge of each county superior court must request needed emergency authorization from the JC Chairperson. When granted emergency authority, the presiding judge may declare that a date upon which a declared emergency prevented the court from conducting a required hearing be deemed a holiday for the purposes of computing time for those hearings and may extend certain timelines for release from custody and detention hearings. The vast majority of counties have already obtained emergency orders. Included here is the link to the JC's website, as each county may have different plans. Please work with your courts closely to support the needs of your county during this time. https://newsroom.courts.ca.gov/news/court-emergency-orders-6794321

INFORMATION, SUPPORT AND RESOURCES FOR CAREGIVERS

During this crisis, caregivers are our first line of support to our foster youth. Caregivers will be the first to witness and respond to each of our children's physical, emotional and safety concerns. These caregivers may need additional supports ranging from the tangible (toilet paper) to the intangible (stabilizing a child in crisis). Caseworkers should ensure they are connecting families to any of the supports and resources available within their social services agency and community. Below are additional resources that may provide support for caregivers:

Health and behavioral health
The Department of Health Care Services (DHCS) has issued guidance clarifying the ability for most services to be provided via telephone AND telehealth visits, including mental health assessments. Substance Use Disorder (SUD) initial assessments for DMC-ODS can be done by telehealth or in-person, with subsequent services by telehealth or telephone. See DHCS Information Notice 20-009 for more detail. Visit the DHCS website periodically as guidance and information is being updated as it becomes available. Child Welfare and Probation Departments are encouraged to communicate closely with their County Behavioral Health to coordinate continued access to these services.

Education
It is currently anticipated that schools may remain closed for a significant period of time. Caseworkers should be working with caregivers to ensure that youth in their care are receiving distance learning plans. Caregivers are encouraged to help support foster youth learning and engaging in academic and creative activities during this time and counties should help caregivers to access at-home learning options.

Counties may also contact the county's Foster Youth Services Coordinator for assistance: https://www.cde.ca.gov/ls/pf/fy/contacts.asp

The California School Directory can assist caregivers and county child welfare agencies or probation departments to locate a child's school district for the purpose of identifying which school sites may be distributing packaged meals, finding information about distance learning efforts for local schools, and coordinating special education needs of children.

Here is a link to the California MAP to Inclusion and Belonging Newsletter, Making Access Possible March 2020. Coronavirus (COVID-19): Taking Care of the Children - Six Sets of Resources.

Medication maintenance for youth**:**

It will be important for caseworkers and public health nurses to talk with caregivers about prescription medications for the youth in their care. Circumstances may arise which will prevent youth from seeing their doctor and/or psychiatrist on a timely basis, and it may be necessary to arrange for additional medication and/or telehealth appointments to bridge any gaps between appointments. Medi-Cal will allow up to a 100-day supply of medications to be dispensed at one time. This does not apply, however, to opiate medications. Caregivers should contact the doctor if the youth's supply is running low to avoid an emergency arising. In some instances, early refill warnings can also be overridden at the point of sale, allowing patients to get their refill before the previous supply has run out, if medically necessary. For more information go to:
http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30366.asp

There are many issues that can arise during this time. Caregivers and families should be supported to reach out to counties and receive timely responses from their county caseworkers and their FFA social workers (when applicable). Caregivers with questions and concerns may also reach out to the Foster Caregiver Policy and Support Unit at (916) 651-7465 and kinship.care@DSS.ca.gov or by contacting the RFA inbox at RFA@DSS.ca.gov.

If you have any questions or need additional guidance regarding the information in this letter, contact the Division at (916) 657-2614 or at CFSD@dss.ca.gov.

OTHER RESOURCES

- Resources for Supporting Children's Emotional Needs During the COVID-19 Epidemic: https://www.childtrends.org/publications/resources-for-supporting-childrens-emotional-well-being-during-the-covid-19-pandemic

- When you can't be there in person: https://haralambie.com/wp-content/uploads/2016/10/When-You-Cant-Be-There-in-Person.pdf

- The California Evidence-Based Clearinghouse – Parents Anonymous https://www.cebc4cw.org/program/parents-anonymous/

- Counties Participating in Courtesy Supervision https://www.cwda.org/county-tools/counties-participating-courtesy-supervision.

- Emergency Plan – Youth Law Center

https://ylc.org/wp-content/uploads/2020/03/Emergency-Plan-with-TAY-in-Foster-Care_YLC.pdf

- Build a Teen Stress Management Plan
  https://parentandteen.com/teen-stress-management-plan/

- Center for Parent & Teen Communication
  https://parentandteen.com/

- Find AA Meetings in California
  https://alcoholicsanonymous.com/aa-meetings/california/,

- California NA Meetings
  https://www.narcotics.com/na-meetings/california/

CHILD AND FAMILY SERVICES REVIEW (CFSR) PROGRAM IMPROVEMENT PLAN

CDSS is in contact with the federal ACF regarding the impacts to our Program Improvement Plan and ongoing CFSR Case Reviews and will provide any updates as they become available.

Sincerely,

Original Document Signed By

GREGORY E. ROSE
Deputy Director
Children and Family Services Division