



# Operational Service Plans

Department:	Children’s Mental Health (CMH) and Child Welfare (CW)	Date:	March 22, 2020 May 4, 2021 June, 2021
<b>Proposed Service Delivery Model (includes PPE / Sanitizing Supplies)</b>			
Describe how your department functions will operate under the “new normal” (i.e. eliminating face to face meetings; prioritizing who we see and how we’ll service them; considering Governor’s waivers; what PPE is needed; what types of sanitizing is being done and supplies needed).			

Scott County employees are required to follow the current [Scott County Organizational Covid Health and Safety Guidelines](#) located on the County Covid-19 Health and Safety site.

- **Function A: Guidance for Central Intake**

Protocols:

- All requests for CMH and CW services will continue to be received by Central Intake and funneled to CMH or appropriate CW program.
- Screeners will ask the Customer COVID Symptom Screening questions. These questions will be consistent with most current CDC guidelines posted on the SCOOP site.

- **Function B: Guidance for CMH/CW Assessments**

Protocols:

- Child and family safety and wellbeing remains the top priority.
- Case assignments will continue under the direction of the supervisor.
- In the case of a 72 hour hold, immediate efforts must be made to contact the child and family. A face to face visit with parent/caretaker and youth should immediately be conducted whenever possible.
- Initial phone contact with a family should include asking the COVID Symptom Screening questions. If no COVID indicators, face to face client contact should occur in order to assess child safety and family wellbeing. Workers should consider meeting with families outside whenever possible and or social distance whenever possible. Staff will follow all CDC, MDH, executive orders, and county guidance regarding safety protocols including mask mandates and social distancing- as outlined in the Organizational Guidance accessible at the link above..
- If a client answers “yes” to any of the COVID Symptoms screening questions, case managers must work with supervisor to determine if there is a presenting safety or wellbeing issue that supports the need for face to face contact. Workers, in consultation with supervisor, need to develop a plan that ensures the safety and wellbeing of child(ren) in the home. Client contact may include:
  - Remote contact, if there are no significant safety or wellbeing concerns.
  - Workers conducting in-person home visits will ask COVID-19 screening questions prior to entrance into a home. If in-person home visits are required and a client answers “yes” to COVID screening questions appropriate PPE kits must be worn. Social distancing will be followed as much possible. Upon ensuring child (ren) safety and wellbeing and exiting the home, case worker should follow CDC recommended hygiene practices: washing hands/using hand sanitizer, disposing of all PPE gear; washing clothes, etc.
- It may be helpful for the worker to educate parent/guardian about strategies to prevent spread of the virus by providing copy of CDC guidelines and informing clients that Scott County staff are taking necessary precautions, such as handwashing, social distancing, etc.

- Workers may meet with clients as needed in Government Center.
  - Procedure:
    - HHS Front Desk staff will notify worker when client arrives.
    - Front desk staff or worker will ask COVID screening questions. If no symptoms present, worker will meet client in HHS lobby and escort them to designated meeting room. If client answers, “yes”, worker will ask client to reschedule or make alternative meeting arrangements.
    - Workers must follow current county guidelines for face coverings.
    - Worker will social distance to the extent possible in the meeting room. Cleaning will be done by the building facilities staff as part of regular cleaning. Cleaning supplies will be available in a central location if workers wish to wipe down meeting rooms before or after a meeting.

#### Documentation

Enter all COVID-19 related case notes into SSIS per Scott County documentation SOP. Examples:

- Ex: “Per Scott County Emergency Response Plan regarding COVID 19, this client contact was conducted remotely through alternative means”.
- Monthly contacts with children in foster care must be conducted via videoconferencing. SSIS time entry should include county sub-service of “Covid Related” and phone as the “method of contact”.
- “...Facility denies access due to State emergency orders”
- “...Family responded ‘yes’ to X question(s), and there were no immediate safety concerns”
- Remote contact, if there are no significant safety concerns.
- “...Family responded ‘yes’ to X question(s); visit was conducted in person following PPE safety protocols”

*Note: When in doubt, ask your supervisor.*

#### ● **Function C: Guidance for Visits Related to Ongoing Case Management**

##### Protocols: CMH/CW Case Management

- Workers are required to conduct monthly in-person visits for open cases. Virtual contacts may be used to supplement or enhance case management contact and services. In select program areas or cases, virtual contact may be used if virtual contacts better support client engagement. This must be approved by supervisor. I. Workers should ask COVID Symptom Screening questions as outlined in the Organizational Guidance. Face to face client contact is encouraged in order to assess child safety and wellbeing. Workers should consider meeting with families outside whenever possible and or social distance whenever possible.
- If family answers “yes” to the COVID screening questions, workers must consult with supervisor on next steps. If in-person visit is required worker will use PPE kit.
- The assigned worker shall attempt to reach the parent/caretaker via phone/video conferencing, where possible. Videoconferencing is the preferred method of contact **but only if face-to-face contact is not provided**. Workers will make inquiry with the parent/legal guardian about the health and safety of all children in the home. Individual conversations should also include the child/youth.
- Workers should be in regular communication with clients, safety network members, collaterals including caregivers to check-in and assess stressors and protective factors.
- For in-person court hearings the worker will contact parent/caretakers prior to the hearing, conduct the COVID Sypmtom Screening questions depending on the outcome of the screening, work with the County Attorney’s Office to determine if the hearing should be safely postponed.
- In office meetings may be conducted in the following circumstances:
  - If there is concern for the safety of the client/family and the client/family:
    - Refuses access to the home,
    - Is homeless,

- Conditions of the residence are such that it doesn't allow for social distancing, and a family is unwilling to wear a mask; AND
  - Face to face contact is necessary to assess and address child safety and coordinate interventions to prevent placement.
- Procedure:
- Front desk staff will notify worker when client arrives.
  - Front desk staff or worker will ask COVID screening questions. If no symptoms present, worker will greet client in HHE lobby and escort them to designated meeting room. If client answers, “yes”, client will be asked to reschedule or make alternative meeting arrangements.
  - Worker will social distance to the extent possible in the meeting room.

#### For Children/Youth in Traditional/Kin Placement

- Workers should maintain the requirement of monthly face to face contact with children/youth in out of home placement. Contacts via phone/Skype/WebEx may be used to supplement monthly face to face contact.
- Workers should consider meeting with child/youth and caregivers outside whenever possible and or social distance whenever possible.
- Staff are required to follow all CDC, MDH, executive orders and county guidance regarding COVID safety protocols including social distancing and mask as reflected in the Organizational Guidance. .
- Ensure that a discussion is held on the impact of COVID-19 is having on their lives and any hardships experienced.
- When conducting home visits, contact the foster caregiver and ask the COVID Symptom Screening questions for all household members. If any answer to the three screening questions is “yes”, consult with your supervisor to determine next steps.
- Workers should resume in-person visits with parents unless the parent is COVID positive or symptomatic. Videoconferencing may be used to supplement or enhance case management services.

#### For Children/youth in a Facility/Congregate Setting

- Clients currently in the hospital - work with the hospital to make arrangements to involve our staff in discharge meetings by videoconferenc or phone. .
- Workers will resume monthly face to face contact with all children/youth in out of home placement. If the congregate care setting is not allowing in-person visits, video conferencing may be used but only until the expiration of waiver. If waiver is allowed to expire, workers are to maintain a minimum of monthly in-person contact with all children/youth in out of home placement.

#### Family Meetings, including FGDM

- Family Group Conferences may be held in-person. FGDM conference may also be done through videoconferencing when meeting space is not supported or the family request. Consideration for in-person Family Group conferences include: The meeting is needed to develop a safety plan to prevent child from entering out of home placement
- In cases where in-person Family Group conferences are to be held:
  - FGDM facilitators will ask the Customer COVID Symptom Screening questions when scheduling the meeting. These questions will be consistent with most current CDC guidelines as posted on SCOOP site.

- FGDM facilitators will ask COVID Symptom Screening questions when participants present for the meeting. If anyone answers, “yes” to the screening questions they will not be allowed to attend.
- Family Group conferences will be facilitated by Scott County staff. Conferences could be held at the Government Center on first floor. Room cleaning will be done by building facilities staff as outlined in the Organizational Guidance.
- If a Scott County employee is responsible for Family Group facilitation in another county, they will check on safety procedures in the county where they are working. If protocols differ between the counties, staff are directed to comply with the more restrictive requirements.

### **Level of Staff Changes and Resource Needs**

Describe staff changes based on your department’s functioning under the “new normal” (i.e. plan for coverage; plan for rotation of staff; monitoring staffing models; resources needed – technology, supplies).

- **Function A: Central Intake**

- Two of three screeners will work in the office with the third screener working remotely. Each screener has a county-issued laptop to work remotely. A rotation schedule will be developed.
- CW/CWsupervisors are able to work remotely but will be present in the office a minimum of 3-4 days per week.
- CP/CW and CMH Supervisor are able to work remotely but will be present in office a minimum of 3-4 days per week. Administrative support is in the office to support opening/closing of cases, printing and mailing of required correspondence

- **Function B: CMH and CW Assessments**

- CMH and CW case assignments are made by the designated supervisor based on individual worker workloads and program responsibilities.
- Central Intake emails worker to notify of case assignment
- Supervisors continue regular supervision with staff. In-person supervision is preferred. A hybrid model of supervision may be considered (e.g. 2 in-person per month and 2 virtual per month).
- Unit/team meetings will be held in-person a minimum of every other week.
- Supervisors will assure adequate staff coverage during business hours. This should include staff and or supervisors being physically present in the building and available to the public and internal customers.
- PPE kits are currently available to staff (available to all CP, CMH, CW and Licensing staff). Supervisors will monitor PPE use and notify manager if additional kits are needed.
- Hand sanitizer, wipes and gloves are also available to staff. Supervisors will monitor supply and notify manager if additional supplies are needed.
- Supervisors will apprise manager if staff are out ill.
- Minimum staffing includes three CMH case managers. If staffing begins to drop near or below this level considerations would be to:
  - Explore availability of current case aide to provide case management services (26 hours per week)
  - Explore availability of PSOP or CW worker to assist in providing CMH services (assuming CP staffing levels remain strong)

- **Function C: CMH and CW Case Management**

- Supervisors assign and monitor all case management cases based on workloads

- Supervisors continue regular supervision. In-person supervision is strongly encouraged and recommended. A hybrid model of supervision may be considered (e.g. 2 in person per month and 2 virtual meetings per month)..
- Unit/team meetings will be held in-person a minimum of every other week .
- Supervisors will assure adequate staff coverage during business hours. This should include staff and or supervisor being physically present in the building and available to the public and internal customers.
- PPE kits are currently available to staff (available to all CP, CMH, CW and Licensing staff). Supervisors will monitor PPE use and notify manager if additional kits are needed.
- Hand sanitizer, wipes and gloves are also available to staff. Supervisors will monitor supply and notify manager if additional supplies are needed.
- Minimum staffing includes two-to-three CMH case managers. If staffing begins to drop near or below this level, considerations would be to:
  - Explore availability of PSOP or CW worker to assist in providing CMH services (assuming CP staffing levels remain strong)

**Division Director Comments**

**Strategic Branch Comments**

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**County Administrator Comments**

County Administrator Signature \_\_\_\_\_ Lezlie Vermillion \_\_\_\_\_

**Operational Service Plan Updates**

Please include date the change goes into effect and reason for change.