

# DCF Guidance for Virtual Assessments during COVID-19



Commissioner Vanessa Dorantes said, "Being a DCF Social Worker prepares you for just about anything." The COVID-19 crisis was unprecedented, and it has challenged our ability to do our jobs in unimaginable ways. In addition to worrying about the children on our caseloads, we must also balance fears about our own health and the health of our families, as well as uncertainty about the duration and intensity of this crisis. As Social Workers, we are dedicated to serving others and although these may be troubled times, we will get through

this together. This guidance is intended to be a resource to our dedicated staff who are adapting to the challenge of conducting social work virtually in the time of COVID-19.

## TELEWORK

### The Surge: Challenges to Social Work During COVID-19

While the healthcare industry prepares for a surge in cases, our Department is preparing for a different kind of surge. Prolonged school closures combined with limited resources and social isolation will make this pandemic much more challenging for the families we work with, creating a strain to our families that puts children at risk of neglect and/or abuse. With many public institutions closed, it may be harder to know about these situations and provide help.

### Trustworthy Sources: Social Workers and the Fight Against Misinformation

"Social workers are in a unique position to promote disease prevention efforts (including disseminating accurate information from trusted sources), and to help address anxiety and other concerns that are arising as a result of this public health crisis," explains the National Association of Social Work. There is a host of misinformation being spread about COVID-19, especially through social media. As social workers, we can help combat this misinformation by providing our families with information from trusted sources, including the [CDC](#), Connecticut's [COVID-19 website](#), and the DCF [webpage on COVID-19](#). It is our responsibility to make sure that when working with the public, we take reasonable steps to ensure the information is respectful, accurate, and consistent with the NASW Code of Ethics. In that way, we are doing our duty as social workers and working to improve public health.

**Learn More:** The COVID-19 Myth Busters Webinar. This one-hour webinar with Dr. Nicole Taylor and Jane MacFarlane hopes to address various popular myths with facts.

### DCF Help Desk and Other Technology Resources

Electronic social work services can be interrupted unexpectedly in a variety of ways. Technology failure is always a possibility. The DCF Academy for Workforce Development and the Help Desk can assist with managing technology. Social workers should always discuss the potential for interruption with clients at the beginning of their electronic communication. The DCF Help Desk **does not** currently have the capacity to accept phone calls or e-mails sent directly to individual staff members. To initiate all requests, please use the Footprints system or email them directly at [dcf.helpdesk@ct.gov](mailto:dcf.helpdesk@ct.gov).

## GUIDANCE ON MAINTAINING VISITATION AND SUPERVISION REMOTELY

We must maintain the essential functions of our agency while adapting our strategies to the limitations caused by the pandemic. Here are the expectations for staff by title:

<b>Program Supervisors:</b>	<b>Social Work Supervisors:</b>	<b>Social Workers:</b>
<ul style="list-style-type: none"><li>• Daily contact with assigned SWS' to triage any area office/ staff /client needs</li><li>• Assist in crisis management</li><li>• Assist with child placement needs</li><li>• Authorize appropriate legal action and review necessary legal documents</li><li>• Maintain weekly supervision with each supervisor by phone</li><li>• Intake PS to ensure new referrals are assigned and responded to appropriately</li><li>• Collaborate with QI PS' to ensure prioritization of client contact and dissemination of reports</li></ul>	<ul style="list-style-type: none"><li>• Daily contact w/ assigned SWs to triage area office/staff/client needs</li><li>• Assist in crisis management</li><li>• Ensure weekly supervision is maintained by phone reviewing all cases on the SW caseload</li><li>• Assessment of safety and risk</li><li>• Update on provider contact</li><li>• Home visit guidance in-person or virtual</li><li>• Maintain SWS documentation</li><li>• Intake SWS ensure cases are assigned and responded to appropriately</li></ul>	<ul style="list-style-type: none"><li>• Maintain contact standards either virtually (Level 2 staff) or in person (Level 1 staff), if virtual, the standard should be increased. We encourage you to use MS Teams or Facetime. Do not use Zoom.</li><li>• Complete safety/risk assessments in consultation with supervisor, including RRG clinician, legal and providers</li><li>• Maintain and document regular collateral contact with providers on all cases assigned</li><li>• Meet with your supervisor to discuss your cases and any imminent situations that require follow up</li></ul>

**Documentation:**

- **Supervision** - As employees telework, all supervision must continue to be documented in LINK in real time. Whether supervision occurs by phone or videoconferencing, supervisors should continue to use the SC narrative type in LINK that reflects a supervisory conference occurred. Supervisors can document how the supervision occurred in the narrative itself.
  - **Learn More:** Virtual Supervision: Being Available Remotely
  - **Learn More:** [Interim Telework Training Manual for Managers and Supervisors](#) from DAS
  - **Learn More:** Managing in a Virtual Environment, [Part 1](#) and [Part 2](#) from the Federal Office of Personnel Management.
- **Visitation** - In accordance with the March 24 Commissioner memo, nearly all case contacts, including IH and CIP visitation, should be conducted remotely. Staff should document visitation conducted through video conference (such as FaceTime, Skype, to name just two types) in Link as a visit "Face to Face Outside of Home". The narrative should specify the type of contact that occurred and who was seen.



- **Learn More:** Microsoft TEAMS for Virtual Visitation. This is a 60-minute webinar facilitated by CT-KIND and DCF Academy Staff that will walk participants through the steps to schedule and conduct a Microsoft TEAMS virtual visitation with children and families.
- **Learn More:** Virtually Documenting the 0-5 Population. This training will provide insight of the importance of collecting and documenting pertinent information regarding the 0-5 population.
- **Learn More:** Virtual Visitation: Out of Home CIP and Parent and Child

When virtual visitation is unsuccessful, supervision must be sought. During COVID 19, decisions to make emergency face to face contact should be based on our reason for involvement and history with the family, the assessed level of safety and risk, the ages of the children, the visibility to providers, school, and medical professionals.

**Mandated Reporter Training**

As a reminder, mandated reporters are required to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected, or is placed in imminent risk of serious harm (Connecticut General Statutes §17a-101a). We encourage staff and employers to refresh themselves on this training when needed. You can access the Mandated Reporter Training [here](#).



**GUIDANCE ON ASSESSMENT AND ENGAGEMENT**

Assessments in a virtual environment must be as comprehensive as possible and should continue to be done in conjunction with providers, Regional Resource Group (Clinical, IPV, SU Specialist), Regional Nurses, and Supervisors. Make sure you are assessing and engaging families on all their needs, from nutrition to mental health. Below is a useful guide on what kinds of questions are important to ask during this time:

<p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• How is everyone in the family feeling? Is the family practicing "Stay Home, Stay Safe"?</li> <li>• What current medications is each member of the family prescribed? Are the family members taking the medications as prescribed and able to refill when needed?</li> <li>• Identify children who have acute medical needs, some of which may put them at increased risk of complications from coronavirus.</li> <li>• What is the family plan if a member of the home becomes sick?</li> <li>• Assist families and caregivers in developing a plan and ensure they have a direct line to instant support in a crisis (pediatrician phone #, statewide coronavirus info lines, 211 help line, etc)</li> <li>• RRG Medical Consult if needed.</li> </ul>	<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• How is the family feeling about the COVID crisis? Parents? Children?</li> <li>• How is the parent feeling in general?</li> <li>• How are children and parents maintaining connection the children are in care?</li> <li>• If the family has in-home or outpatient services currently in place, what contact has the family had with their providers?</li> <li>• Is a referral needed? If so, explain Telehealth. <a href="#">This article</a> explains a variety of Telehealth options.</li> <li>• How is everyone in the family coping with the Governor's request to "Stay Home, Stay Safe"?</li> <li>• Discuss and document the family's support system at this time.</li> <li>• RRG consult if needed.</li> </ul>
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<p><b>Resource Management</b></p> <ul style="list-style-type: none"> <li>• Has the family's income or resource management changed over the past several weeks?</li> <li>• Is the family able to purchase enough food, medications, essential supplies, etc? Housing stability?</li> <li>• Does the family have access to WiFi and a phone?</li> <li>• If needed, provide a list of resources from DCF COVID-19 Daily Update 3/23/20 or External Guidance Form.</li> </ul>	<p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Discuss the current educational plan in place for each child at this time (esp. Special Ed needs)</li> <li>• Has the school or teacher reached out?</li> <li>• Is distance learning occurring? Is there time set aside for education?</li> <li>• Does the family have access to computers or tablets in the home?</li> <li>• Education consult if needed.</li> </ul>
<p><b>Child Care</b></p> <ul style="list-style-type: none"> <li>• What is the family's plan if they no longer have access to their childcare program?</li> <li>• If the parent is working outside the home and children are not in school, what is the current plan for childcare?</li> </ul>	<p><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Does the family currently have the necessary amounts of food?</li> <li>• Is the family aware of free breakfast or lunch availability at local schools? Food pantry list?</li> </ul>
<p><b>Parenting</b></p> <ul style="list-style-type: none"> <li>• How is the parent managing with children home full-time?</li> <li>• Has the parent been able to create a schedule that addresses time for education, play, tv, chores, etc.?</li> <li>• Has the parent lost their job? Lost patience?</li> <li>• Do they know where they can get support when feeling the stress of parenting at this time?</li> <li>• RRG consult if needed and discuss "Talk it Out" campaign.</li> </ul>	<p><b>Substance Use</b></p> <ul style="list-style-type: none"> <li>• How is the parent maintaining their sobriety at this time? Anyone else in the home sub using?</li> <li>• If the family has in-home or outpatient services currently in place, what contact has the family had with their providers?</li> <li>• Discuss plan if relapse were to occur.</li> <li>• RRG consult if needed.</li> </ul>
<p><b>Risk &amp; Safety</b></p> <ul style="list-style-type: none"> <li>• Is the parent worried about issues of IPV during this time? If so, what plan is in place in the event of an IPV incident?</li> <li>• Is the parent worried about any other issues of safety in the home, neighborhood, or community?</li> <li>• Has there been any changes with household members? Has anyone new moved into the home or begun spending a lot of time there?</li> <li>• Discuss the impact of social isolation.</li> <li>• Is there anything else that the parent is worried about not already discussed?</li> </ul>	<p><b>Contact</b></p> <ul style="list-style-type: none"> <li>• Parents should have their social worker's cell phone number and email address. Ask the parent to save the SW cell phone number into their personal cell phone.</li> <li>• Ensure that the family also has the name, email, and cell number of the social work supervisor.</li> </ul> <p><b>Learn More:</b> Assessing Safety: Through a Virtual Lens</p>

## **GUIDANCE FOR VIRTUAL ASSESSMENT ON INTIMATE PARTNER VIOLENCE (IPV)**

As a member of the Regional Resource Group (RRG), the role of the Intimate Partner Violence Specialist (IPVS) is to provide consultation, support, leadership and coordination to improve outcomes for children and families impacted by domestic violence. Consult with the RRG IPVS if appropriate.

- Prepare for remote assessment by reviewing the case history in LINK. Determine if the family has any history of IPV. If there is a history of IPV, identify the patterns of abuse (how recent, frequent, etc.)
- When discussing IPV, family members must be alone! Develop strategies for getting individuals alone and recognize that this is not always possible, so you may not be able to discuss IPV.
- Check in about safety at the beginning of the conversation. Develop ways for them to say whether they can talk safely or have concerns. Writing the question down and allowing them to non-verbally communicate or encouraging them to use earbuds will help will confidentiality. Start sessions with yes/no questions about safety. Pay attention to non-verbal communication, such as shaking legs, long eye closures, or changes in pitch.
- If IPV is identified, prioritize safety planning and consider a consultation with the IPVS.
- If the family member is alone and feels safe, probe for information about the risk to the victim and children in the home and assess for children's level of exposure to violence and impact.
- Maintain a strengths-based approach. Let them know you are working together towards the same goals. Acknowledge any steps they have taken and are able to take and utilize fatherhood engagement strategies.
- Always provide information about resources. Remember that caregivers may not have time to decompress at home during the shutdown. [CCADV](#), [Statewide Member Organizations](#), and [SafeConnect](#) are all great resources.

**Learn More:** The Intimate Partner Violence Assessment and COVID-19 Webinar. This training will provide an understanding of the impact of the new coronavirus on IPV and provide participants with up-to-date practice recommendations around remote IPV assessment, particularly through video chat platforms.

## GUIDANCE FOR VIRTUAL ASSESSMENT ON SUBSTANCE USE

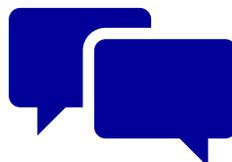
Providers have been given broad authorization to implement telemedicine to deliver many behavioral health and substance use services by telephone or video conference. This strategy provides a way for our families to receive much needed support and care, but it does not provide a mechanism to obtain toxicology information that *complements* therapeutic interventions. It is critical during this time that we continue our practices of identifying other indicators of substance use. The SAFE-FR referral form (summarized in a list below) provides a list of indicators to consider.

DCF is committed to ensuring that families continue receiving high-quality care during this pandemic. We are working with the developers of the evidence-based practice models that address substance use to ensure that model fidelity is maintained. Toxicology sampling is a component of many of these services, and it is uniquely challenged by telemedicine. Each service type has addressed the challenges differently. This is a summary of the latest information on toxicology protocols in use by our in-home programs addressing substance use. More detailed information on specific programs is available through your Substance Use Regional Resource Group staff.



### SAFE-FR Indicators to Consider While Using Telemedicine/Telecommuting Protocols

<p><b>Physical Indicators:</b></p> <ul style="list-style-type: none"> <li>• Skin Lesions</li> <li>• Black Fingertips</li> <li>• Bloodshot or watery eyes</li> <li>• Hyper-excitability</li> <li>• Tremors or jitters</li> <li>• Large or small pupils</li> <li>• Small blood spots or bruises on skin</li> <li>• Easily fatigued or constantly fatigued</li> <li>• Sudden weight loss or weight gain</li> <li>• Runny or irritated nose, irritating cough, sore throat</li> <li>• Speech pattern changes, slurred speech, faster speech, slower speech</li> <li>• Constant scratching of skin, picking at skin</li> <li>• Poor coordination, tripping, spilling, bumping into things and people</li> <li>• Changes in appetite or sleep patterns</li> </ul>	<p><b>Behavioral Indicators:</b></p> <ul style="list-style-type: none"> <li>• Drop in attendance and performance at work or school</li> <li>• Unexplained financial problems; borrowing or stealing</li> <li>• Engaging in secretive or suspicious behaviors</li> <li>• Forgetfulness, amnesia</li> <li>• Sudden change in friends, favorite hangouts and hobbies</li> <li>• Frequently getting into trouble (fights, accidents, illegal activities)</li> </ul>
<p><b>Environmental Indicators:</b></p> <ul style="list-style-type: none"> <li>• Possession of illicit drugs or excessive alcohol</li> <li>• Possession of hypodermic needles, balloons, aluminum foil, wrappers, mirrors, flat metal, short straws, glass pipes, smoking pipes, capsules, vials, butane torch, folded paper envelopes</li> </ul>	<p><b>Psychological Indicators:</b></p> <ul style="list-style-type: none"> <li>• Unexplained change in personality or attitude</li> <li>• Sudden mood swings, irritability or angry outbursts</li> <li>• Periods of unusual hyperactivity, agitation or giddiness</li> <li>• Lack of motivation, appears lethargic or “spaced out”</li> <li>• Appears fearful, anxious or paranoid</li> <li>• Mental health diagnosis/treatment history</li> </ul>



## WELLNESS

During this difficult time, we need to make sure we are paying attention to our own wellness, both physically and mentally. Here are some suggestions for taking care of yourself during the pandemic:

- **Mindset Shift:** Try to reframe the things that you are worrying about. For example, when you feel yourself dwelling on a thought like, "I'm stuck at home with my family," try to shift that thought to something positive like, "I get to be safe in my home and spend time with my family."
- **Growth Mindset:** Similarly, when thinking about your own skills and abilities, have a growth mindset rather than a fixed mindset. A fixed mindset says that there are some things you naturally excel and fail at, whereas a growth mindset sees failures as opportunities to improve. A good way to challenge your thoughts is to add "yet" to the end of your statements. For example, "I am not good at managing my time while working from home" becomes, "I am not good at managing my time while working from home yet."
- **Self-Compassion, Optimism, and Joy:** These three things are crucial in managing anxiety. Practice each of these by reminding yourself that you are doing enough. Keep a positive attitude. Remind yourself of what you accomplished during the day and things you are proud of.
- **Micro-gifts:** Micro-gifts are little treats to yourself that give you joy. They can be anything--spending time watching Netflix, a candy bar, writing a letter to a friend. Try to give yourself at least two micro-gifts per day. Make sure that you are doing things which make you happy.
- **Manage Expectations:** It is important to remind yourself that this is not the same as normal remote work. We are in the middle of a public health emergency, not just a routine change. Along with the massive shift in your schedule, you are probably also dealing with more upsetting thoughts and responsibilities than usual. You are not just working from home; you are trying to do your job at home in the middle of a public health emergency. It is important to cut yourself some slack when it comes to your expectations for yourself.
- **Take Care of Yourself:** Exercise and eat healthy! Taking care of your body will help improve your mental state.
- **Stay Social:** Social distancing should really be called physical distancing. Take inventory of your social needs and try to meet those needs every day. Be creative with how you do this. Do you miss eating lunch with coworkers? Try calling them or video chatting with them during lunch instead.
- **Keep a Routine:** Getting up and going to sleep at the same time, going for a walk in lieu of your morning commute, and eating at the same time every day are all good ways to keep a sense of normalcy in your life.
- **End with a Ritual:** A daily ritual (like journaling or reflecting) allows you to wind down for the day. It can also be a good way to practice self-compassion and self-care.
- **EAP:** The EAP has support should you need counseling, coaching, or support for stress, grief, financial concerns, family, and relationship issues. There is also a COVID-19 Resource Center with a variety of features. Visit: [www.theEAP.com/TotalCare-EAP](http://www.theEAP.com/TotalCare-EAP) Call: 1-800-252-4555



## LEARN MORE



For trainings related to technology, assessments, and more, visit the Academy for Workforce Development's [website](#) and register for courses. In addition to their usual offerings, the Academy has added several courses specific to COVID-19 and working remotely.

The Academy has also developed a [Virtual Information Gateway](#) which has tons of resources for working in a virtual environment, from technical how-to guides to guidance on self-care.

You can also sign up for webinars with the National Child Welfare Workforce Institute. To view their offerings, click [here](#).