

Adapted Onsite Review Instrument (OSRI) Guidance to Account for COVID-19 Impact

April 2020

Introduction

Many state child welfare agencies have instituted interim policies and guidance for working with children and families during the COVID-19 public health emergency.

Interim policies and guidance take into account states' statutory obligations to respond to new reports of abuse and neglect, and to work with children being served in their own homes or in foster care, while also adhering to public health guidelines and state government mandates that ensure the health and safety of state employees.

The Children's Bureau (CB) has provided guidance from the Associate Commissioner to both state child welfare leaders (March 18, 2020) and to legal and judicial leaders (March 27, 2020 and April 14, 2020), outlining federal requirements that they must continue to meet. The Associate Commissioner encourages agencies and courts to consider alternative means of conducting effective court hearings and child welfare practices that ensure the safety, permanency, and well-being of children while also attending to the health and safety of court and agency employees.

CB recognizes there will be cases where some, or all, of the period under review (PUR) overlaps with the COVID-19 crisis, and many states are operating under state emergencies. Cases with practice impacted by COVID-19 are still subject to program improvement planning case reviews, and should not be eliminated for that reason alone from the review sample. As always, case reviews should take into account specific case circumstances and, in reviewing cases with PURs overlapping with COVID-19, reviewers should first do the following:

1. Review relevant state policies/federal guidance that could affect how services to children and families were accomplished (e.g., travel restrictions, method for conducting visits).
2. Review relevant state policies/federal guidance that could affect the availability/accessibility of non-emergency and/or non-critical services (e.g., certain medical/dental services; in-person group or individual therapy sessions, or parenting classes), as well as how the need for important but non-emergency services were assessed and provided.
3. Review state/jurisdiction-specific court orders or policies that would impact services to children and families, but also consider specific federal guidance provided on the importance of continuing efforts for family time (visitation) and of timely permanency, as well as the flexibility that courts have to continue proceedings and issue orders and judicial findings.
4. Consider the concerted efforts made by the agency and courts to meet the identified needs of children and families, given the restrictions and limitations in place as a result of COVID-19 and given the circumstances of child and family needs.

5. Adopt a “big picture” view of the case when considering how to weigh the COVID-19 and non-COVID-19 impacted portions of the PUR. Reviewers should consider the quality of the case practice prior to COVID-19 and if the sufficiency of the practice was actually impacted by COVID-19 in a way that the agency could not mitigate despite significant efforts. If the services to the child and family were poor prior to COVID-19, then that should be considered as well.
6. As always, and most importantly, stay focused on the type and quality of services children and families received in the context of the safety, permanency, and well-being needs for each specific child and family.

CB Support

Below, the Children’s Bureau provides some general guidance about how to apply the considerations enumerated above in the review of cases for which some or all of the PUR overlaps with the COVID-19 pandemic. This advice is *general*, and organized around the seven outcome areas that are covered by the case review items. Case specific circumstances could - and likely will - impact reviewers’ decisions even as they incorporate this guidance in their reviews. As we encounter more COVID-19 affected cases, CB may elaborate on its advice about specific OSRI items that are associated with each outcome, so it will be important for states to alert CB when OSRI questions arise. In the meantime, CB staff are available to consult with state reviewers in order to support their use of the OSRI tool for COVID-19 affected cases. The CB CFSR team will continue to track common questions and issues arising from states in order to maintain consistency in our responses across states.

Additionally, states may wish to request that CB increase its level of Secondary Oversight in order to assist states with consistent application of the OSRI tool for COVID-19 affected cases. States should coordinate requests for support during case review, or for additional secondary oversight, with their Regional Offices and the CFSR team member assigned to their state.

Safety Outcome 1

As noted in the Associate Commissioner’s March 18, 2020 letter to child welfare leaders, the CB reminds states there are no federal requirements that govern the procedures for conducting investigations of alleged child abuse and neglect. The CB still expects states to continue to adhere to their own protocols and timelines for timely contact with alleged victims of child abuse and neglect, conduct safety and risk assessments, and complete other investigation procedures. State and local child protective services agencies should follow the guidance of state and local public health officials with respect to conducting investigations at this time, including whether caseworkers should initiate in-person contact and under what circumstances. However, COVID-19 is not automatically a reason beyond the agency’s control that inhibits timely face-to-face contact with victims or alleged victims of child abuse and neglect.

While COVID-19 is not automatically considered a reason beyond the agency’s control, reviewers should consider any interim agency guidance or policies issued with regard to response times when rating this OSRI. However, if there is concern about the assigned or completed response time and face-to-face contact with the child-victim and/or other children in the home, based on the allegations and immediate safety of the child(ren), reviewers should

consider that in item 3 when addressing assessments of safety and risk and the quality of those assessments.

Reviewers should also consider if the agency might have used alternative methods of contact with the child(ren) and parents, such as use of law enforcement, if the level of abuse/neglect reported presents an immediate safety concern. In rating item 1, reviewers should consider the reasons for lack of face-to-face contact and if the agency had alternative methods that could have been employed.

Safety Outcome 2

Child welfare agencies are mandated to ensure safety of children and youth through the provision of services to families and/or the development of safety plans. No child or youth should be left in an unsafe situation. If the agency experiences challenges in ensuring families are linked to services and/or with service providers not offering alternative ways to serve families, e.g., through use of technology if face-to-face services put families or providers at risk, reviewers should consider plans and services the agency should/could have put into place to mitigate safety concerns and ensure the safety of children and youth in the context of the case circumstances. This should be taken into consideration when rating OSRI items 2 and 3.

It is expected that child welfare agencies continue to assess the safety and risk of all children being served in their own homes or in out-of-home care. Some agencies have issued interim policy or guidance allowing for use of alternative methods, e.g., videoconferencing, to conduct caseworker visits with children, which would include assessing safety and risk. In applying the OSRI item 3 to these situations, reviewers should consider the following:

- The family circumstances, e.g., who is living in the home and relationships to the children;
- The level of risk and safety or potential risk and safety issues;
- The ages of the children involved; and
- Any past concerns, e.g., family history with the child welfare agency relating to risk and safety in the home or placement setting

Reviewers would need to consider these factors and case circumstances when determining the appropriateness of any alternative methods for assessing risk and safety of the child(ren) and youth involved when rating item 3, as well as the timeliness and quality of the risk and safety assessment, and any response required by the agency. While the state or county agency is responsible for directly assessing risk and safety, reviewers should also consider the extent to which collateral contacts were used to assist in assessing risk and safety.

Permanency Outcome 1

As noted in the Associate Commissioner's March 27, 2020 letter to child welfare legal and judicial leaders, statutorily required judicial proceedings cannot be waived, and it is expected that states and courts work together to determine how best to balance child safety and permanency-related requirements against public health guidelines that ensure the safety and health of court and agency staff (and of the children and families involved in court proceedings).

When assessing practice in OSRI items 5 and 6, reviewers should consider the extent to which child welfare agencies and courts worked together to ensure that required judicial proceedings took place, in person or through other means, including holding such proceedings by videoconference and/or telephonically. Decisions about when and how hearings are conducted should be made based on individual case circumstances, and should include working with parents to determine how to proceed with their involvement in court hearings and making technology available to them.

Courts and agencies are strongly discouraged from making blanket orders or decisions to not conduct required hearings or otherwise halt proceedings that would impact achievement of permanency or family relationships during the COVID-19 health crisis. Reviewers should consider the impact of prolonged or indefinite delays and postponements of judicial oversight on children's safety, well-being, and need for timely permanency.

In rating items 5 and 6 reviewers will want to consider:

- Collaboration between agencies and courts to meet critical time lines to ensure access to courts so that permanency needs are met, including filing of timely termination of parental rights (TPR), key permanency decisions such as reunification, changing from supervised to unsupervised visitation, changing placements when necessary.
- With respect to timely reunification, TPR/adoption, and other permanency goals, it is important to be mindful of how service interruption and interruption of family time may have impacted a parent's ability to meet case plan goals, or continue treatment or recovery. Such interruptions may constitute a compelling reason under the law not to file a TPR petition for even when the child has been in care for 15 out of the last 22 months.
- Whether critical services are continuing that meet the needs of children and families to ensure timely permanency.

Children may also experience disrupted placements during the COVID-19 crisis. In assessing practice for item 4, reviewers must consider the circumstances under which the child had to move and what steps the agency took – or could have taken – to prevent the move. For example, if the child was exposed to COVID-19, reviewers should assess what actions the agency took or could have taken to assist the resource family in caring for the child while also ensuring the health of others living in the home. A placement change only due to exposure or illness related to COVID-19 would not automatically make item 4 a strength if the agency did not make attempts to assist the foster family or placement facility in keeping the child safe, or placed the child in an inappropriate placement because a more appropriate home was not provided assistance to accept the placement.

Permanency Outcome 2

Child welfare agencies remain accountable for ensuring that meaningful, frequent family time continues during the COVID-19 nationwide public health emergency. Courts and agencies are strongly discouraged from making blanket orders or decisions to stop or reduce family time, so at a minimum, reviewers should consider the needs of the child and family and the agency's efforts to:

- Explore ways that in-person visitation could continue to occur safely;

- Ensure parents and youth had access to technology such as cell phones, tablets, or computers with internet access to maintain important familial connections when in-person visitation was not possible;
- Assist in facilitating family time, if required, and parent participation in medical/educational consultation (virtual or in-person if necessary);
- Work with the court to ensure uninterrupted contact between the child and his/her family;
- Maintain the child's important connections beyond immediate family during the COVID-19 period, e.g. extended family, church, etc.; and
- Continue due diligence to assess relatives for placement.

Well-Being Outcome 1

Again, as noted in the Associate Commissioner's March 18, 2020 letter to child welfare leaders, monthly caseworker visits may be accomplished through videoconferencing during the COVID-19 public health emergency due to state declarations of emergencies that prohibit or strongly discourage person-to-person contact for public health reasons, or serious individual health conditions warranting limited person-to-person contact.

If face-to-face contact is reduced as a result of COVID-19, reviewers should consider monthly caseworker visits that occur by videoconference as occurring in the child's residence. Similar to other OSRI items, case circumstances must be taken into consideration when applying the OSRI for practice assessed in items 12-15, including the level of safety/risk, the needs of the case participants, and the agency's responsibility to provide services and to ensure safety. In addition, reviewers should consider:

- The circumstances requiring videoconferencing as opposed to face-to-face visits;
- How the agency considered child safety factors when determining videoconferencing was adequate under the circumstances;
- How the agency used, or could have used, alternative methods for assessing and meeting the specific needs of children, parents, and caregivers, as well as engaging them in case planning activities and caseworker visits;
- How the agency prepared the child and parents to participate in videoconferencing, including ensuring access to, availability of, and ability to use, technology;
- Whether and how the agency assessed and attempted to address the child's safety and well-being during each conference, as well as the quality of those assessments in the context of case circumstances and COVID-19 related restrictions;
- Whether and how the agency assessed and attempted to address the parents' needs, progress, and barriers to achieving case plan goals, as well as the quality of those assessments under the circumstances;
- Whether and how the agency assessed and attempted to address the resource family's needs and the adequacy of those assessments under the circumstances;
- What action was taken when the caseworker was unable to reach a child or parent during a videoconference; and
- What action the agency took or should have taken if a videoconference raised a concern about the child's safety or well-being.

Reviewers should consider agency's efforts to inquire actively about, and monitor closely, the availability of treatment and other services for children and parents, including encouraging the use of technology to continue treatment and services where in-person services or treatment may temporarily be unavailable.

Well-Being Outcome 2 & 3

OSRI items 16-18 must be rated in the context of the educational, physical and dental health, and mental and behavioral health needs and circumstances of the child as well as the education/community providers' accessibility and availability during the COVID-19 public health emergency.

For example, while schools are closed, caseworkers should be ensuring that parents and resource families know how to access online learning assignments, when they are available, and have appropriate technology to support the child/youth's educational needs; checking in on how children and youth are doing with online learning assignments; and making concerted efforts to address any barriers to online learning.

If a child or youth has an IEP or requires other special educational/developmental services, reviewers should consider if the caseworker or caregiver contacted the school to discuss any special arrangements or whether services could be provided to the child using technology or other means to ensure the educational needs were being met.

Regarding physical and dental health, if a health care provider was only providing mid-level/emergency care and was re-scheduling well child visits, then this would be taken into account when rating item 17. However, if the child has a health concern that requires more frequent visits with a doctor, or an urgent need arises, reviewers should be looking for how the caseworker contacted the doctor and developed a plan for the child during this timeframe.

Reviewers can also consider the provider's use of telemedicine or other technology to examine or discuss the child's health or dental needs outside of the well child visits.

For mental and behavioral health needs, caseworkers should be making reasonable efforts to explore and secure whatever options are available (e.g., virtual therapy sessions) and addressing crises, including ensuring prescriptions are refilled, for instance, if the need for refills arise.

For both in-home and foster care cases, reviewers should consider efforts by the caseworker to reach out to the family to ascertain if they need any assistance in securing medical/dental/educational/mental health services needed by the child or youth.

(Administration for Children and Families; Children's Bureau, 2020)