

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES

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Dear Residential Providers,

As the state's COVID-19 pandemic response continues to develop, we will monitor and adjust our practices to meet the needs of the children and families who depend upon us within the social distancing framework outlined by the Centers of Disease Control (CDC) and the New Hampshire Division of Public Health Services (DPHS). COVID-19 is a respiratory illness transmitted through droplets¹, and while it is highly contagious, the risk is mitigated by limiting interpersonal contact and following recommendations to frequently wash hands, maintain six feet of distance from others, and clean frequently touched services. More information about COVID-19 can be found from the CDC at

<https://www.cdc.gov/coronavirus/2019-ncov/index.html> and from DPHS at <https://www.nh.gov/covid19/>.

Our dedication and responsibility to the children and families of New Hampshire is unwavering. Concurrently, we can responsibly limit both our own exposure and the risk of amplifying the spread of COVID-19. Accordingly, we are updating our guidance to Division for Children, Youth and Families (DCYF) /Bureau for Children's Behavioral Health (BCBH) residential treatment providers to empower you to make decisions about when personal contact with children, families, and professional colleagues is or is not warranted.

Persons on campus:

We want to respect the individual needs and populations of the residential treatment programs. We would ask that all residential providers assess their population for high risk factors such as children with diabetes or asthma and others and determine the level of visitation appropriate for their population. This could possibly include limiting in person visits of parents or guardians based on the needs of your particular population of youth. If the agency determines that visitation on campus must be limited, providers must use technology for continuity of child/parent/family contact. This information needs to be shared with the Juvenile Probation and Parole Officer (JPPO) or Child Protection Service Worker (CPSW).

Visits of others:

Similarly we would ask that residential treatment programs use a similar assessment method to determine the level of off campus visitors such as DCYF staff or Attorney's/Court Appointed Special Advocate (CASA). Please make us aware as the visit protocols change, this will prevent miscommunication with all parties. Please make sure to provide notice to all entities affected.

DCYF is working to develop similar guidance and are encouraging the use of technology to support continued contact and satisfy the requirement of a monthly face-to-face visit. If the residential treatment program has

¹ <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html>

determined that there will be no visitors on campus and the DCYF staff believe it is imperative due to a special circumstance, such as a Special Investigations Unit investigation, we would ask that it be managed on a case by case basis and the Executive Director (or designee) of the program and the Field Administrator should discuss the need and establish a plan for how visits will occur and when.

Home Time:

Programs should use the same assessment to determine if home time/visits will be canceled or adjusted. Programs should discuss this with the JPPO or CPSW. It is at the discretion of the program to coordinate with parents, JPPOs/CPSWs about any adjustment which they feel they need to make or to cancelling home time/visits. If parents/guardians are insisting on bringing their child home indefinitely please determine if this is a visit or a discharge.

If it is a discharge, the program should connect with the team (JPPO/CPSW and CASA). If the team determines this is the right decision for the youth and family if necessary the JPPO/CPSW would file a motion with the court to modify the placement order and the bed will be closed.

If the team determines it is an extended visit the program shall establish protocols, when the child will be returned, and under what conditions. The parent, JPPO/CPSW must be in agreement and the court order must not prohibit such an extended visits. The JPPO/CPSW must assure this has been approved by their supervisor. If the team (program, JPPO/CPSW, and parent) agree this is the most appropriate course of action for an extended visit the program should document this and include agreements around

- Frequency of family check ins (how many times a day, when and how and by who)
 - o Clinical, family workers, educators, direct care staff
 - o Ideally at least one time a day (or at least 5 times a week) by the program staff which could be phone calls, face time or email or another arrangement which is agreeable to the family, youth and JPPO/CPSW
 - o Regular scheduled check-ins with the team via conf. call
- What role other resources will play (Local educational agency, visiting resources)
- Medication management
- Will food be necessary and will food be sent to the family
- Expectations around school work
- Safety plan
- Supervision plan for the youth and other members of the family if needed
- Who to call for support if it is needed
- When the child will be returned
- Are there any additional barriers and how will those be met or any additional agreements

The programs will be paid for the time when the youth is on an extended visit if the team has made the decision. All extended visits shall end and the youth will be thoughtfully transitioned back to the program when the state of emergency is ended if they have not returned prior to that time and in accordance with appropriate screening criteria for illness.

If it is determined a discharge should occur during the time of the extended visit or after the state of emergency has ended the order shall be adjusted to reflect the discharge.

Reports and communication:

Documentation of services remains important however communication is more important during this time. Continued contact with families and JPPOs/CPSWs should occur regularly. Please make sure you communication is up to date with individuals.

We will not be looking at this period of time for traditional review, however we may use this as a time to evaluate and plan for emergencies in the future.

Ratios:

Residential treatment programs shall maintain licensing ratios at all times. If certification or contracting ratios need to be adjusted there must be an email or discussion with the community programs specialist. There must be documentation of justification and how the safety of residents will be maintained during that time. This must be submitted via email in addition to a discussion.

Program communication with the Division:

Please send any communication you have with parents or constituents on a regular basis.

We will be calling programs to check in and receive updates. Scheduled calls would be best with the community programs specialist and this will be coordinated with you individually.

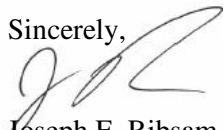
We will do a weekly residential call together as a group as well to share resources and have an opportunity for questions and messaging.

If there are additional questions please email them and we will do our best to answer as soon as possible.

Overall Practice guidance:

If there is a discrepancy about a decision regarding home time/visits etc. the director of the program or designee should coordinate with a supervisor and elevate the issue to the field administrator and the community (residential) program specialist.

Sincerely,



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Director
DCYF



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DBH