NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

**Guidance for DCF-Contracted In-Home and Community-Based
Programs in Response to COVID-19
December 8, 2020**

This document provides updated guidance for the Department of Children and Families' (DCF) contracted in-home and community-based programs related to the continuity of service during the COVID-19 Emergency.

This guidance supersedes and replaces the following previously issued guidance and communication:

- *Guidance for NJ DCF-Linked Programs in Response to COVID-19*, dated March 12, 2020
- *NJDCF Letter to Provider Agencies Regarding Changing Operations in Response to COVID-19,* dated March 18, 2020
- *Mobile Response and Stabilization Services Dispatch Guidance,* dated March 23, 2020
- *Guidance for Providers of Home and Community Based Services Operating Under Contract with the New Jersey Department of Children and Families*, dated March 24, 2020
- *Guidance for Operating in the COVID-19 Pandemic for Providers of Individual Support Services, Respite Services, and Assistive Technology*, dated April 17, 2020

DCF has also issued additional, service-specific guidance, which remains in effect along with the guidance contained herein:

- *Supporting In-Person Parent-Child and Sibling Visitation during the COVID-19 Pandemic: A Guide for CP&P Staff and DCF-Contracted Visitation Providers*, dated July 6, 2020[1]
- *Notice Of Rule Waiver/Modification/Suspension Pursuant To Executive Order No. 103*, effective April 16, 2020[2]

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[1] https://www.nj.gov/dcf/news/COVID19-Guidance.for.CPP.and.Providers.on.Family.Visits.pdf
[2] https://www.nj.gov/dcf/news/DOW-ACP-Reg-Modification.pdf

The requirements included in this document are imposed in conjunction with other applicable laws and regulations.

I. **Specific Guidance for Services to Families at Risk of Disruption, and Separated Families**

   A. **Definition**

   The following services are included in Category (I):

   Child Protection and Child Welfare Services
   - Homemaker services
   - Family Preservation Services
   - Certain in-home clinical and case management programs as described in Appendix A
   - Certain forensic psychological/psychiatric evaluation services as described in Appendix B
   - Regional Diagnostic and Treatment Center medical examinations
   - Child Health program for children in resource care and in-home nursing program

   Children's System of Care Services
   - Mobile Response and Stabilization Services
   - Care Management Organization Services
   - Respite Services

   B. **Guidance**

   Requirement to Maintain In-Person Delivery of Service

   1. **Providers of the services listed above are required to maintain in-person service delivery, unless the family or individual receiving the service refuses to accept in-person services.** Category (I) services are considered essential services. Providers are expected to monitor the issuance of guidelines from the federal Centers for Disease Control and Prevention (CDC) and ensure that their program is operating in accordance with up to date health guidance issued by the CDC and the New Jersey Department of Health, as described in Section IV, below.

2. Should an individual or family client refuse in-person delivery of service, the provider shall:
   - Document the offer of in-person services and the client's refusal of same.
   - When the client has an open case with the Division of Child Protection and Permanency (CP&P), the provider is responsible for notifying the CP&P caseworker of the refusal to accept in-person services on the same business day the client communicated that refusal to the provider.
   - Offer remote services as an alternative to in-person services. Providers delivering services using remote technology are responsible for continued adherence to the standards of care described in Section IV.E, and Appendices C and D of this guidance.

3. Providers of the services listed above are required to maintain in-person service delivery for as long as the CP&P staff are conducting in-person home visits. If and when CP&P staff move to remote client visits, the in-home service providers included in Category (I) would also default to remote service.

II. Guidance for Other DCF In-Home and Community-Based Services

A. Definition

The following services are included in Category (II):

Child Protection and Child Welfare Services
- Keeping Families Together
- Providers of mental health outpatient services, outpatient substance use disorder evaluation, treatment, and recovery support services, psychological and psychiatric evaluations
- Providers of in-home or community-based services, such as parenting support and education, case management, services for adolescents and young adults in foster care (e.g., PACES, LifeSet, life skills, etc.)
- Certain forensic evaluations as described in Appendix B

Children's System of Care Services
- Intensive In-Community Services
- Intensive In-Home Services
- Individual Support Services
- Family Support Organizations
- Providers of mental health outpatient and partial care services, and outpatient substance use disorder treatment services
- Assistive Technology Assessments and Modification Projects

Early Childhood and Family and Community Support Service Providers
- Evidence-Based Home Visiting (Nurse Family Partnership, Healthy Families America, Parents as Teachers, Home Instruction for Parents of Preschoolers)
- Family Success Centers
- Kinship Navigator Services
- Outreach to At-Risk Youth (OTARY)

Division on Women Programs (Sexual Violence, Domestic Violence, Prevention, and Displaced Homemaker Services)
- Advocacy
- Case management
- Counseling
- Crisis intervention
- Legal services
- Children's Services [Peace: A Learned Solution [PALS], Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)]
- Sexual Assault Response Team (SART) response --refer to guidance from Office of Attorney General for any changes to SART standards
- Displaced Homemaker Program
- 24/7 Hotline and Referral services (Domestic violence and sexual violence) - Can be done remotely if providers are able to reroute calls to cell phones

B. **Guidance**

1. **Preference for In-Person Delivery of Service**

   It is DCF's expectation that providers of the services listed above will make every effort to maintain in-person service delivery, incorporating face-to-face work. Providers shall adhere to their model and practice standards and shall incorporate in-person service delivery to the greatest extent possible, based on the type of service being provided, the acuity of the client's level of need, optimization of child and family engagement, and implementation of the treatment/service plan. Providers are expected to monitor the issuance of guidelines from the CDC and ensure that their program is operating in accordance with up to date health guidance issued by the CDC and the New Jersey Department of Health, as described in Section IV, below.

2. **Continued Use of Remote Service Delivery**

   Providers that continue to incorporate remote service delivery as circumstances warrant also shall continue to adhere to standards of care described in Section IV, below. For services delivered to individuals or families who have active cases with CP&P, the modality of service delivery (e.g., face-to-face, remote using video technology, or remote using telephone only) must be noted in case notes and collateral reports.

III. **Guidance for Visitation Services**

   Visitation services should continue to adhere to the guidance issued on July 6, 2020, entitled *Supporting In-Person Parent-Child and Sibling Visitation during the COVID-19 Pandemic: A Guide for CP&P Staff and DCF-Contracted Visitation Providers*.[3] Visitation services are considered essential services.

IV. **Guidance Applying to Categories (I), (II) and (III)**

   A. **Health and Safety Procedures for Specific Child and Family Service Situations**

   The federal Centers for Disease Control and Prevention (CDC) and New Jersey Department of Health (NJ DOH) are providing ongoing guidance and direction regarding necessary precautions to prevent transmission of the virus. Providers are encouraged to review, remain current and comply with the information available at these sites.

   B. **Client refusal to wear appropriate Personal Protective Equipment/maintain social distancing**

   If an adult participant refuses to or does not safely comply with provider requests to wear appropriate face masks, maintain social distancing or to answer COVID-19 screening protocols, the provider may end the session / refrain from providing transportation/ offer remote service delivery in place of in-person sessions. If the family has an open CP&P case, the provider should notify CP&P staff immediately following the session. If the family/participants do not have appropriate face masks, the DCF will provide them.

   Parent/guardian consent should be sought when directing COVID-19 screening questions to children/youth under the age of 18. Parents should be asked to answer screening questions on behalf of a child who cannot or will not respond for him/herself. Providers should encourage children and youth over the age of 2, with parent/guardian approval, to comply with COVID-19 screening protocols and utilize face masks as appropriate and medically advisable to reduce the spread of COVID-19. Providers may

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[3] https://www.nj.gov/dcf/news/COVID19-Guidance.for.CPP.and.Providers.on.Family.Visits.pdf

offer remote service options if a child cannot or refuses to comply with the face mask requirement and/or if the child or parent/guardian on the child's behalf cannot or will not answer the screening questions.

C. Licensed clinicians providing telehealth services in the circumstances described in Sections I-III are expected to adhere to applicable laws and regulations in provision of telehealth services

The New Jersey Telemedicine Act lays out standards for provision of telemedicine services, issuance of prescriptions via telemedicine services, and payment for services. Additionally, state boards have issued proposed regulations for various licensed professionals including psychologists, psychoanalysts, social workers, and nurses.

On March 19, 2020, Governor Phil Murphy signed legislation expanding access to telehealth services. For the duration of the public health emergency, any healthcare practitioner is authorized to provide and bill for services using telehealth to the extent appropriate under the standard of care. Providers should ensure that the services patients receive using telehealth are appropriate, medically necessary, and meet current quality of care standards.

D. Telehealth methods are acceptable methods of delivering certain services within the Children's System of Care, in the circumstances articulated in Sections (I), (II) and (III) of this guidance.

The New Jersey Department of Human Services has issued telehealth guidance that applies to delivery of physical and behavioral health care. As a result of these changes to the usual operation of the state's Medicaid-funded services, the following applies to Children's System of Care services:

- Care Management Organizations– Services delivered via the bundled monthly rate, and services delivered on a fee-for-service basis may be delivered using telehealth approaches, provided that such approaches comply with applicable law, applicable regulation, and guidance provided by the New Jesey Department of Human Services, Division of Medical Assistance and Health Services, including the March 21, 2020 Newsletter, which is included as Appendix E.
- Mobile Response and Stabilization Services—Mobile Response and Stabilization Services may be delivered using remote technology, provided that such approaches comply with applicable law, applicable regulation, and guidance provided by the New Jersey Department of Human Services' Division of Medical Assistance and Health Services, including the March 21, 2020 Newsletter, which is included as Appendix E.
- Intensive In-Community Services, Intensive In-Home Behavioral and Clinical Services, and Individual Support Services—Intensive In-Community Services and Intensive In-Home Behavioral and Clinical Services may be delivered using remote

technology, provided that that such approaches comply with applicable law, applicable regulation, and guidance provided by the New Jersey Department of Human Services' Division of Medical Assistance and Health Services, including the March 21, 2020 Newsletter, which is attached as Appendix E.

E. Standards of care for provision of remote services

Combined audio/visual technology is the preferred method of remote service delivery. When that is not available, use of audio-only is acceptable. Standards of care for provision of remote services are provided in Appendix C. Additional standards of care applying to Domestic and Sexual Violence Services are included as Appendix D.

If they have not already done so, providers that intend to use remote service delivery methods must submit to DCF an attestation of the organization's adherence to these standards. See attestation template, which is attached as Appendix F.

Questions regarding this guidance should be submitted to askdcf@dcf.nj.gov.

Appendices:

Appendix A
Category I In-Home Clinical and Case Management Services

Agency Name	Contract	Component	Program Name
Acenda, Inc.	AJHS	2	FPS Salem
Acenda, Inc.	AJHS	17.1	Parent Support Services
Acenda, Inc.	AJHS	4.3	On My Own
CarePoint Health Foundation, Inc.	CTJN	4.2	El Puente
Catholic Charities of the Archdiocese of Newark	ABXM	2.1	In Home Hispanic
Catholic Charities of the Archdiocese of Newark	ABXM	2.2	In Home Hispanic
Catholic Charities of the Archdiocese of Newark	AEJN	1	Family Resource Center
Catholic Charities, Diocese of Metuchen	DDMC	26.1	Strength Based Family Treatment
Catholic Charities, Diocese of Metuchen	DDMC	3	Strength Based Family Treatment
Catholic Charities, Diocese of Metuchen	DDMC	26.2	Strength Based Family Treatment
Catholic Charities, Diocese of Metuchen	DDMC	5	Family Support Services
Catholic Charities, Diocese of Metuchen	DDMC	20	Family First
Catholic Charities, Diocese of Metuchen	AAMM	2.5	Skills Program
Catholic Charities, Diocese of Trenton	BLLC	15.1	Natural Parent Support
Catholic Charities, Diocese of Trenton	BLLC	21	Children's Support
COMMUNITY YMCA, THE	ASNC	5.5	Foster Care Services
FAMILY CONNECTIONS, INC.	CFGM	1.1	ACIP
Center for Family Services	JVDS	1	Morris Stabilization
Center for Family Services	JVDS	2	Passaic Family Stabilization
Center for Family Services	JVDS	4	Sussex Family Stabilization
HOPE, INC.	MLXM	1	Hope for Pregnant Teens
Jewish Family Service of Atlantic County	AIAS	1	Family Advocacy Services Team
Mental Health Association of Monmouth County	BNNC	1	Mental Health Association of Monmouth
MILLHILL CHILD & FAM DEV	BELC	3	Out of Home Supports
MILLHILL CHILD & FAM DEV	BELC	1.2	Family Assessment & Support with Therapeutic Intervention

MULTICULTURAL COMM. SVS.	DRMM	1	Teen Parent Support
MULTICULTURAL COMM. SVS.	DRMM	2	Young Parent Support
MULTICULTURAL COMM. SVS.	DRMM	9	Family Support Intense In Home Service
Oaks Integrated Care, Inc.	ABCS	1.3	SFFS- Strength Families Social Services
Oaks Integrated Care, Inc.	ABCS	1.2	SFFS- Strength Families Social Services
Ocean Mental Health Services, Inc.	ABQC	1.1	CAFS- Ocean Mental Health
Ocean Mental Health Services, Inc.	ABQC	1.2	CAFS- Ocean Mental Health
Ocean Mental Health Services, Inc.	ABQC	1.3	CAFS- Ocean Mental Health
PROCEED, INC	ADXM	3	PRS Program
PROCEED, INC	ADXM	1	Multi-Services
PROCEED, INC	ADXM	2	Prevention
Spanish Speaking People's Community Center	AJAS	1.1	Multi-Service
Spanish Speaking People's Community Center	AJAS	1.2	Multi-Service
Spanish Speaking People's Community Center	AJAS	4	Maintaining Family Unity
Spanish Speaking People's Community Center	AJAS	2	Home Intervention Program
Spanish Speaking People's Community Center	AJAS	1.3	Multi-Service
Urban League of Hud Co	BWJN	1	Family Service Center
WomenRising, Inc.	CCJN	4	Family Support Serv.

Appendix B
Letter to CP&P Staff re: Clinical Assessments and Evaluations During the COVID-19 Emergency, dated June 16, 2020

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

TO:	**DCPP Staff**
FROM:	**Carmen Diaz-Petti**
CC:	**Office of the Attorney General Regional Diagnostic Treatment Centers CSOC Care Management Organizations**
DATE:	**June 16, 2020**
RE:	**Clinical Assessments and Evaluations during the COVID 19 Emergency**

In the past two months, the State's social and clinical service practices have experienced a great deal of change due to the COVID-19 Emergency, including:

- On March 9, Governor Murphy declared a State of Emergency and a Public Health Emergency to
  support New Jersey's efforts to contain the spread of COVID-19.
- On March 19, the NJ Legislature passed and Governor Murphy signed legislation authorizing telemedicine and telehealth services for the duration of the Public Health Emergency.
- On March 21, the NJ Department of Human Services issued a Medicaid Newsletter regarding Temporary Telehealth Guidelines, which encouraged health care providers to provide medical and mental health services via telehealth.[1]
- On March 24, the Department of Children and Families (DCF) temporarily authorized the provision of multiple outpatient, in-home and community-based services via remote technology.[2]
- DCF's March 24 guidance also included standards of care for remote service delivery, and best practices for use of virtual services for survivors of domestic violence or sexual

violence.

- On April 17th, DCF provided guidance regarding Individual Support Services, Respite Services, and Assistive Technology[3]

These changes have temporarily relaxed restrictions around the use of telehealth and resulted in a rapid conversion from a primary reliance on in-person service delivery to a primary reliance on services rendered through telephone and video technology. However, with the temporary relaxation of certain requirements, some assessments and evaluations can only be done appropriately in-person.

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[1]   https://nj.gov/humanservices/library/slides/Temporary%20Telehealth%20Medicaid%20Newsletter%20FINAL.pdf

[2]   https://www.nj.gov/dcf/news/COVID19-provider-guidance_03242020.pdf

[3]   https://www.nj.gov/dcf/news/ISS-Respite-AT-provider-guidance.pdf

Effective immediately and until further notice, below are guidelines to determine how to proceed in establishing appropriate evaluations and assessments:

I.   **Behavioral Health Assessments and Evaluations for CHILDREN AND YOUTH Which May Be Provided Through Telehealth**

The following assessments and evaluations may be provided through telehealth in the child's own residence only when the child is of an age and level of cognition to be able to engage meaningfully through technology, the child has access to adequate technology, the child has the developmental and cognitive capacity to consent to treatment and participate, and the child is in a safe, confidential environment for the duration of the evaluation/assessment. Use of In Clinic telehealth as opposed to at home telehealth services should be considered if feasible.

What information is needed	When is it needed/Method	DCPP will...
- a better understanding of the impact of trauma on the child's level of functioning and the child's underlying unmet needs as a result of confirmed child abuse/neglect - Provisional Diagnosis or rule-out (if applicable) - Recommendations for treatment	When: When a child has been abused and/or exposed to significant trauma Method: Clinician:child interview	Request a **psychosocial or psychological evaluation** from one of the Regional Diagnostic Treatment Centers (RDTCs).
History of a child/youth strengths and needs pertaining to behavioral	When: When a child is placed out of home and the results of mental health screening indicate a need for further evaluation	Request a **biopsychosocial assessment** through the NJ Children's System of Care Contracted System Administrator

health, substance use, and intellectual/developmental disabilities. • History of and/or Current Diagnosis (if applicable); • Recommendations for appropriate therapeutic interventions, including	<u>Method</u>: Clinician: child interview; clinician: parent interview	(877) 652-7624.
• Child/youth's level of functioning • Diagnosis (if applicable), • Recommendations for appropriate interventions including therapies and psychotropic medication	<u>When</u>: When there are concerns for ongoing unmet mental/behavioral health care needs. <u>Method</u>: Clinician: child interview; clinician: parent/resource parent interview	Request a **psychiatric evaluation** from a DCF contracted child and adolescent psychiatrist (either an individual practitioner or a practitioner employed or engaged by a DCPP or CSOC contracted agency, or community clinician)
• Deeper understanding of psychological, behavioral, and developmental needs of the child	<u>When</u>: When cognitive impairment, learning disabilities are documented and a re-evaluation is needed to assist in treatment planning; When a	Request a **psychological evaluation** by referral to a DCF contracted psychologist.

What information is needed	When is it needed/Method	DCPP will...
• History of cognitive ability and functioning • Measures of emotional functioning, behavior, and skills of adaptive living through questionnaires and self-report measures	psychological condition emerges which requires screening and an interim treatment plan; When a child has multiple complex conditions and psychological treatment is needed, and it is difficult to determine the underlying medical, cognitive or other causes of behavior and mood. <u>Method</u>: child interview, parent and/or collateral interview, may include psychological questionnaires	**Note that due to restrictions imposed by the NJ Board of Education, cognitive (IQ), achievement, and other neuropsychological measures should not be administered in a telehealth format**
• Assessment of the impact of substance use (legal or illegal) on the youth and the youth's	<u>When</u>: At any time that substance use is suspected of impacting youth's functioning or course of treatment	Request **substance use assessment** by calling NJ Children's System of Care Contracted Systems Administrator

treatment needs.	Method: clinician: child interview	(877) 652-7624. If substance use assessments are not available through a biopsychosocial assessment provider within a particular county, PerformCare will provide a referral to a community agency.

II. Behavioral Health Assessments and Evaluations for ADULTS Which <u>May Be Provided</u> Through Telehealth

The following assessments and evaluations may be provided through telehealth in the adult's own residence only when the adult has a level of cognition to be able to engage meaningfully through technology, the adult has access to adequate technology, the adult consents to telehealth format, and the adult is in a safe, confidential environment for the duration of the evaluation/assessment.

Treatment via in-clinic telehealth methods, rather than at-home telehealth methods, should be considered when feasible. Providers who are able to meet CDC safety precaution guidelines can provide in-person appointments.

What information is needed	When is it needed/ Method	DCPP will...
• Determine presence/extent of substance use disorder • Recommendations for appropriate level of treatment	When: Any time there is a concern that parent's substance use is interfering with their ability to parent safely Method: Clinician: patient interview	Complete an 11-46 Adult **Substance Use Disorder Assessment Referral** Form to access an evaluation through the Child Protection Substance Abuse Initiative (CPSAI)

What information is needed	When is it needed/ Method	DCPP will...
• Deeper understanding of parent's behavior, skills, thoughts and personality • Preliminary information on cognitive ability and functioning** (I.e. cognitive screening) • Recommendations for	When: When seeking to obtain preliminary information as to the impact of previously diagnosed cognition, brain injury, personality and/or mental health conditions may be impacting behavior, to see if changes have occurred since past evaluations, to help to make decisions about treatment	Request a **psychological evaluation** from a DCF contracted psychologist

treatment (as applicable)	Method: Clinician: patient interview; collateral interview, psychological testing to include screening tools, questionnaires. (comprehensive cognitive (IQ) or neuropsychological tests should not be administered in a telehealth format)	
• Parent's level of functioning, • Diagnosis (if applicable), • Recommendations for appropriate interventions including therapies and psychotropic medication	When: Any time that it is suspected that poor mental health is impairing the parent's ability to safely parent the child or to perform other routine activities of life and an evaluation is needed for treatment purposes Method: Clinician: patient interview	Request a **psychiatric evaluation** from a DCF contracted psychiatrist or psychiatric advanced practice nurse (either an individual practitioner or a practitioner employed by a DCPP contracted agency, or community clinician).

**The use of telehealth to conduct a psychological evaluation for a patient who is suspected to have a cognitive delay or impairment, however, is not appropriate.

III.   Assessments and Evaluations that may ONLY be provided through in person evaluations

It is not appropriate for the following assessments and evaluations to be conducted through telehealth. RDTCs and CACs are able to provide limited in-person appointments with appropriate health precautions. Providers who are able to meet CDC safety precaution guidelines can provide in-person appointments.

What information is needed	When is it needed/ Method	DCPP will...
• To assess the likelihood that physical, sexual or emotional abuse has occurred	When: Upon allegation of physical abuse, sexual abuse, or severe emotional abuse Method: physical examination (if appropriate) clinician: patient interview; record review	Request a **forensic evaluation** from a RDTC or a CAC as per county protocol.

In addition, it is not appropriate to conduct the following evaluations through telehealth.. Practitioners conducting face to face evaluations are expected to adhere to all CDC guidelines for healthcare facilities managing operations during the COVID-19 pandemic,[4] including appropriate COVID-19 screening and precautions including physical distancing, hand hygiene, and use of personal protective equipment.

Parental capacity evaluation (parenting assessment, or psychological assessment)

- "Bonding evaluation"
- Psychosexual evaluation

- Neuropsychological evaluation
- Psychological/Educational evaluation used for referral to the Child Study Team or provision of special education or related services grades K-12
- Any evaluation that would be considered a 'high-stakes evaluation' and used for the primary purposes of informing litigation decisions.

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[4] https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html#outpatient-ambulatory

Appendix C
Standards of Care for Remote Service Delivery

The American Telemedicine Association, American Psychiatric Association, American Psychological Association, American Academy of Child and Adolescent Psychiatry, and others have issued clinical, technical and administrative guidelines and best practices for the provision of mental and behavioral health services using electronic communication [1-7]. Key clinical guidelines are detailed below:

I.   **General**
   a. Verification of identity and location: At the beginning of remote session, the following details must be verified and/or documented: provider and client identity and provider and client contact information [5]. The provider and the client (or the client's parent/guardian) should confirm that the client's location affords sufficient privacy to conduct the remote session. The identity, professional credentials, and contact information of a health care provider providing telemedicine or telehealth services shall be made available to the client during and after the provision of services. The contact information shall enable the client to contact the health care provider, or substitute health care provider authorized to act on behalf of the provider who provided services, for at least 72 hours following the provision of services.

   b. Client's appropriateness for remote services: The provider must determine whether the client is appropriate for remote services with or without professional staff immediately available.
      i.   If the service is delivered by a licensed clinician or an individual working under the supervision of a licensed clinician, assessing whether the client is appropriate for Remote Service Delivery should also include a determination of the appropriate setting for service delivery (e.g., home-based, professionally supervised) – including an assessment of the client's distance to the nearest emergency medical facility, support system, clinical status, and competence with technology. Providers should also consider whether there are clinical aspects of the patient's care requiring in-person examination [1,3,5].

   c. Informed consent: A provider does not need explicit consent from the client to provide services through telehealth, as the client's voluntary participation in the telehealth encounter is considered sufficient consent to proceed via telehealth. The client's affirmative consent is, however, still necessary to share medical information with any other heath care provider or if the particular service requires informed consent. Consent may be oral, written or digital, provided that the chosen method of consent is deemed appropriate under the standard of care.

   d. Physical environment: The professional and client environment should be comparable to the standard provided as part of in-person services. Visual and auditory privacy should be ensured, lighting and seating should maximize the client's comfort, and technology and lighting should be adjusted to maximize the visibility of the client, provider, and other participants in care [3,4,5].

   e. Collaboration and coordination of care: With client consent, providers should arrange for regular, private communication with other professionals involved in the client's care [6,7].

   f. Emergency management: Emergency management should be considered for supervised and unsupervised settings. Providers should be familiar with the laws related to involuntary

hospitalization and duty-to-notify in the client's jurisdiction, familiar with client's access to transportation in the case of an emergency, and aware of local emergency services. When services are provided outside of the client's home (e.g., in a clinic or school), the provider should become familiar with the facility's emergency management procedures or, as needed, coordinate with the facility to establish basic procedures. When providing services in a setting without immediately available professional staff, the provider should request contact information for a family or community support person to be called on in case of an emergency [5].

g. Medical issues: If the service is delivered by a licensed clinician or an individual working under the supervision of a licensed clinician the provider should be familiar with the patient's prescription and medication dispensation options as well as the availability of specific medications where the patient is located [5].

h. Referral resources: If the service is delivered by a licensed clinician or an individual working under the supervision of a licensed clinician, the provider should be familiar with available local, in-person mental health resources should he or she need to refer the patient to additional or alternative mental health services [5].

i. Management of client-provider relationship: The provider should have clear policies in place around communication with clients, including appropriate sharing of content via different technologies, response times, and boundaries [1].

j. Cultural competency: Providers should be familiar with the culture and environment in which the client is situated, should assess the client's prior exposure to and familiarity with the technological mode of service delivery, and be aware of how these factors could affect treatment interactions between the client and the provider [1,3].

II. **Special Considerations for Children and Adolescents**

a. Procedures for evaluation and treatment of youth via electronic communication should consider the developmental status of youth (e.g., speech capability, motor functioning) [1].

b. The child or adolescent's physical environment should facilitate assessment (e.g., adequate room size, simple toys and activities). The size of the room should be large enough to accommodate one or more adults and movement of the child. Some settings may not be appropriate for assessment and treatment of youth (for example, hostile home environments) [3,4,6].

c. Participation of adults in the delivery of their child's remote services should generally adhere to standard in-person practices however, modifications may be needed. For example, an in-person "presenter" may be needed to help assist with rating scales, collecting vital signs, managing the child, etc. Families with a maltreatment history may not be appropriate for remote services delivered in an unsupervised setting (e.g., home) [1,4]. Additionally, parents should be assessed for their ability to safely participate in and/or supervise telemedicine sessions for their children. [3,4].

III. **Special Considerations for Providers of Domestic Violence and Sexual Violence Prevention and Intervention Programs**

When using virtual services for survivors of domestic and sexual violence, survivor safety and confidentiality considerations remain paramount. National Technical Assistance Providers have provided comprehensive guidance to help providers shift to virtual services swiftly, during this public health emergency, while still ensuring compliance with confidentiality and privacy provisions required by the Health Insurance Portability and Accountability Act (HIPAA), Violence Against Women Act (VAWA) and Family Violence and Prevention Services Act (FVPSA). See Appendix B which covers equipment, digital platforms, informed consent, and survivor-centered processes for the delivery of services.

Appendix D
Virtual Domestic and Sexual Violence Services Best Practices Addendum

Virtual Domestic and Sexual Violence Services Best Practices Addendum

Note: Many of these practices/standards are adapted from the National Network to End Domestic Violence's Technology Safety Website.https://www.techsafety.org/https://www.techsafety.org/resources

Best Practice 1: Prioritize Safety and Security:

General Information: Minimize the risks related to using digital platforms; update safety and privacy planning protocols to educate survivors about those risks; protocols should include helping survivors make informed choices about their use of each platform, and strategies to help them safety plan and about how to minimize the storage of sensitive information on their devices or accounts.

- **With phone communication:** Make sure it is safe to call a survivor and ensure they are in a private place; allow them to call back if needed; leave a vague message, if needed; let them know when is a good time to call you back; if a call is dropped, ask survivors ahead of time if they would like to call you back, or you call them back; manually dial *67 before you dial the number of the survivor, if possible, although some survivors may reject blocked numbers. https://www.techsafety.org/resources-agencyuse/phone-communication-bestpractices

    As you may be using cell phones to communicate with survivors during this pandemic: Advocates should use program provided cell phones if possible to ensure safety and security; location sharing should only be on with the consent of advocate; don't save survivor contact info in the phone; all incoming and outgoing calls should be purged regularly.https://www.techsafety.org/resources-agencyuse/cell-phone-bestpractices

- **With text:** Use data encryption services; try to use only service provided cell phones; survivors could download a specific app if possible; create appropriate staff boundaries; more than one advocate may be required for text-based communication; clarify points or statements if confusion (https://kaofeng-lee-s90t.squarespace.com/text-best-practices).

- **With chat-based services:** check with safety and minimize interception; let survivors know what will happen when you end the conversation (if chat-based services will go down); do not allow chat-based services to be saved or coped; ensure survivors of their choices and limit confidential

information; ensure data security through encryption (https://www.techsafety.org/chat-best-practices).

Limit apps' access to the device's location, contacts, and other potentially sensitive information

- **With video:** Use a combination of video and audio if video cuts out; develop a plan of action if a call is dropped; advocates should only use organization issued devises; talk with survivors about the safety of their surroundings; check-in if they continue to feel comfortable with video conferencing, if continual; identify interpreters as needed; assure secure and encrypted services (https://kaofeng-lee-s90t.squarespace.com/video-best-practices).

- The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and will enter into a HIPAA Business Associate Agreement https://www.jotform.com/blog/best-hipaa-compliant-video-conferencing-software/

  o Skype for Business
  o Updox
  o VSee
  o Zoom for Healthcare
  o Doxy.me
  o Google G Suite Hangouts Meet
  o RingCentral

  Please also see additional Information: *Enforcement discretion for telehealth remote communications during COVID-19* from U.S Department of Health and Human Services https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html) especially: "Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without the risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications. Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public-facing, and should <u>not</u> be used in the provision of telehealth by covered health care providers"

Checklist when using mobile devices https://www.techsafety.org/resources-agencyuse/mobilecomputing-bestpractices**:**

- Do not use personal devices for work purposes.

- Do not mingle personal and professional data on the devices, particularly if professional data includes survivor information.

- Do put a passcode on the device.

- Do install security updates and download anti-malware protection on all devices.

- Do review the privacy and security settings on the device and in each app.

- Do not use public Wi-Fi if accessing client information or other sensitive information. Instead, use a secure network or VPN to connect with the office or to share files. Also, consider using a secure cloud-based file-sharing system.

- Do only download apps that are necessary for work.

Best Practice 2: Clear Communication
Check in to make sure that what you are communicating is not being misinterpreted, as this can be difficult without seeing body language from both the survivor or advocate; avoid automated responses by text or chat services, and slang or emojis; for interpretation, utilize multilingual advocates of live interpreters.

Best Practice 3: Protect Privacy by Collecting Minimal Information:
As necessary, turn off platforms that collect incidental data that can be personally identifying; data collection policies should be the same whether speaking face to face, through text, etc.; collect only as much information as necessary.

Best Practice 4: Provide quality digital services:
Determine how and when you share information to the survivor about their rights, confidentiality, mandatory reporting, and other information, as you would normally do; this should be done at the start of the conversation before too much information is shared.

Best Practice 5: Survivors have the right to make informed choices:
- Be clear with survivors when services are available; if it is 24/7 or within a specific time frame, specify that information upfront; provide notices of wait times if survivors need to wait for a survivor; possibly provide video, text, chat, or phone availability to ongoing clients; provider choice.
- Create protocols for staff to ensure they know how to proceed if a survivor drops from the call.

Best Practice 6: Plan for the unexpected:
Plan to let survivors know if your services are completely down due to unforeseen circumstances**.**

Additional Information:

Health systems are open during this public health emergency, so this should be communicated to survivors (https://cdn.ymaws.com/www.forensicnurses.org/resource/resmgr/docs/COVID-19.pdf**):**

Communicate to patients seeking treatment after abuse that the healthcare system is open and safe for them to access.

Other tips on sexual violence response in disaster
https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Sexual-Violence-in-Disasters_A-planning-guide-for-prevention-and-response.pdf)

- Alert responders/advocates about the possibility that disasters may cause re-traumatization of sexual assault survivors and that they may need counseling from rape crisis or other specially trained professionals or volunteers.
- Ensure documentation is kept in a secure location.

Appendix F

Attestation Template: Adherence to Standards of Care

By my signature below, I hereby attest that I am authorized to sign this document on behalf of my organization and agree my organization will implement the Standards of Care for Remote Service Delivery, and as applicable, the Virtual Domestic and Sexual Violence Services Best Practices for the DCF contracted programs listed:

{DCF WILL INSERT A LIST OF SPECIFIC PROGRAMS FOR EACH PROVIDER}

_____

Signature   Date

_____

Printed Name, Title

Appendix D

Virtual Domestic and Sexual Violence Services Best Practices Addendum

Note: Many of these practices/standards are adapted from the National Network to End Domestic Violence's Technology Safety Website.https://www.techsafety.org/https://www.techsafety.org/resources

Best Practice 1: Prioritize Safety and Security:

General Information: Minimize the risks related to using digital platforms; update safety and privacy planning protocols to educate survivors about those risks; protocols should include helping survivors make informed choices about their use of each platform, and strategies to help them safety plan and about how to minimize the storage of sensitive information on their devices or accounts.

- **With phone communication:** Make sure it is safe to call a survivor and ensure they are in a private place; allow them to call back if needed; leave a vague message, if needed; let them know when is a good time to call you back; if a call is dropped, ask survivors ahead of time if they would like to call you back, or you call them back; manually dial *67 before you dial the number of the survivor, if possible, although some survivors may reject blocked numbers. https://www.techsafety.org/resources-agencyuse/phone-communication-bestpractices

  As you may be using cell phones to communicate with survivors during this pandemic: Advocates should use program provided cell phones if possible to ensure safety and security; location sharing should only be on with the consent of advocate; don't save survivor contact info in the phone; all incoming and outgoing calls should be purged regularly.https://www.techsafety.org/resources-agencyuse/cell-phone-bestpractices

- **With text:** Use data encryption services; try to use only service provided cell phones; survivors could download a specific app if possible; create appropriate staff boundaries; more than one advocate may be required for text-based communication; clarify points or statements if confusion (https://kaofeng-lee-s90t.squarespace.com/text-best-practices).

- **With chat-based services:** check with safety and minimize interception; let survivors know what will happen when you end the conversation (if chat-based services will go down); do not allow chat-based services to be saved or coped; ensure survivors of their choices and limit confidential

information; ensure data security through encryption (https://www.techsafety.org/chat-best-practices).

Limit apps' access to the device's location, contacts, and other potentially sensitive information

- **With video:** Use a combination of video and audio if video cuts out; develop a plan of action if a call is dropped; advocates should only use organization issued devises; talk with survivors about the safety of their surroundings; check-in if they continue to feel comfortable with video conferencing, if continual; identify interpreters as needed; assure secure and encrypted services (https://kaofeng-lee-s90t.squarespace.com/video-best-practices).

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- Alert responders/advocates about the possibility that disasters may cause re-traumatization of sexual assault survivors and that they may need counseling from rape crisis or other specially trained professionals or volunteers.
- Ensure documentation is kept in a secure location.

Additional Resources

Link to Telehealth informed consent:
https://www.socialworkers.org/LinkClick.aspx?fileticket=fN67-dWQReM%3d&portalid=0

Other:

- https://naswnj.socialworkers.org/News/COVID-19-FAQ-Resources
- https://www.americantelemed.org/
- https://www.samhsa.gov/sites/default/files/medicare-telemedicine-health-care-fact-sheet.pdf)
- https://netrc.org/
- https://naswnj.socialworkers.org/News/COVID-19-FAQ-Resources
- https://cdn.ymaws.com/www.naswnj.org/resource/resmgr/clinical_sw/Telemedicine-Telehealth_Law_.pdf
- https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Sexual-Violence-in-Disasters_A-planning-guide-for-prevention-and-response.pdf
- https://www.yumpu.com/en/document/read/39636813/toolkit-with-report-form-pennsylvania-coalition-against-domestic-
- https://www.techsafety.org/digital-services-during-public-health-crises
- https://www.futureswithoutviolence.org/get-updates-information-covid-19/
- https://vawnet.org/news/preventing-managing-spread-covid-19-within-domestic-violence-programs
- https://vawnet.org/materials/disaster
- https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019
- https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/
- https://www.futureswithoutviolence.org/get-updates-information-covid-19/
- https://www.ena.org/practice-resources/COVID-19
- https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- https://njcedv.org/
- https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/checklist.html
- https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/practice-preparedness.html
- https://vawnet.org/sc/response

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_____

Signature   Date

_____

Printed Name, Title

Additional Resources

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Other:

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- https://www.americantelemed.org/
- https://www.samhsa.gov/sites/default/files/medicare-telemedicine-health-care-fact-sheet.pdf)
- https://netrc.org/
- https://naswnj.socialworkers.org/News/COVID-19-FAQ-Resources
- https://cdn.ymaws.com/www.naswnj.org/resource/resmgr/clinical_sw/Telemedicine-Telehealth_Law_.pdf
- https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Sexual-Violence-in-Disasters_A-planning-guide-for-prevention-and-response.pdf
- https://www.yumpu.com/en/document/read/39636813/toolkit-with-report-form-pennsylvania-coalition-against-domestic-
- https://www.techsafety.org/digital-services-during-public-health-crises
- https://www.futureswithoutviolence.org/get-updates-information-covid-19/
- https://vawnet.org/news/preventing-managing-spread-covid-19-within-domestic-violence-programs
- https://vawnet.org/materials/disaster
- https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019
- https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/
- https://www.futureswithoutviolence.org/get-updates-information-covid-19/
- https://www.ena.org/practice-resources/COVID-19
- https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- https://njcedv.org/
- https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/checklist.html
- https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/practice-preparedness.html
- https://vawnet.org/sc/response

Additional Resources
- American Telehealth Association: https://www.americantelemed.org/
- Mid-Atlantic Telehealth Resource Center. "Telebehavioral Health Center of Excellence". https://tbhcoe.matrc.org/
- NASWNJ. Tips for Understanding the NJ Telemedicine/Telehealth Law: Implications for the Practice of Social Work. Accessed from: https://cdn.ymaws.com/www.naswnj.org/resource/resmgr/clinical_sw/Telemedicine-Telehealth Law.pdf
- Northeast Telehealth Resource Center. https://netrc.org/

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