



Leading the Way in Coordinated Care

The Institute for Innovation and Implementation Special Guidance Report:

Managing and Responding to Coronavirus (COVID-19)

March 20, 2020

NOTE: *The Institute for Innovation and Implementation, University of Maryland Baltimore School of Social Work (The Institute) understands that events related to Coronavirus (COVID-19) are moving quickly and acknowledges that the guidance provided in this document will need to be updated as new developments continue to unfold. We, therefore, advise you to adhere, first and foremost, to the guidance being provided by your federal, state, and local governments as well as your employing organization.*

The purpose of this document is to review key elements of FOCUS and potential modifications that may be necessary to effectively support young people and families during COVID-19, while also adhering to public health and safety standards. At the end of this document, we also summarize several federal measures designed to facilitate access to virtual care that may be helpful.

ASSURING CARE COORDINATION/FOCUS QUALITY AND FIDELITY WHILE ADHERING TO PUBLIC HEALTH DIRECTIVES

Wherever possible, FOCUS collaboration, process, and quality assurance activities should continue at the same frequency and intensity, even if the methods need to be temporarily modified to protect the health and safety of staff, children, families, and team members. Although The Institute understands that modifications may be needed at this time, we do not have any research or history to know how outcomes could be impacted by the modifications we describe below.

FOCUS Process Characteristics and Practices that could be impacted by COVID-19:

- FOCUS is a process that involves weekly check-ins between the care coordinator and family (face to face, by phone, or other means), and monthly plan of care review meetings (face-to-face interactions involving the care coordinator, youth, and family) throughout the care planning process.

- FOCUS is defined by an authentic partnership between the care coordinator and the family, with the care coordinator functioning as the hub of communication, services, supports, and community resources. Meetings are essential for development and implementation of the plan of care and should occur no less frequently than once every 30 days.
- During monthly plan of care review meetings with the family, individualized strategies are selected and implemented to meet the needs of the child and family members. These strategies include both formal responses (therapy, school-based, etc.) and informal, and community-based responses (church youth group, AA/NA groups, youth sports league, etc.).
- Emergency family meetings are scheduled within 24 to 72 hours of a crisis event in order to review and update the crisis plan.
- FOCUS practices make provisions for 24-hour-a-day, 7-day-a-week on-call support to children and families participating in care planning. This on-call support is individualized and outlined by the FOCUS care coordinator in each crisis plan and is specific to local resources/appropriate community-based providers.
- FOCUS supervisors conduct weekly individual supervision, facilitate group supervision with their team, and participate in at least monthly coaching with a content expert.
- Face-to-face training and coaching opportunities are provided to FOCUS staff and supervisors.

To ensure best practices and continue to meet the needs of children and families, we recommended:

- If possible, based on guidance from employing organizations and public health safety standards, face-to-face interactions and meetings should continue to occur with children, families, and key participants. Social distancing and related personal/environmental hygiene practices should be applied as appropriate.
- Care coordinators and other staff should not participate in face-to-face meetings if they have symptoms that public health and medical authorities believe require isolation and/or believe to have been exposed to COVID-19. Other forms of communication (telephone, video conferencing, e-mail, etc.) should be employed instead.
- If a care coordinator is unwell and cannot work, they should immediately notify their supervisor so timely and appropriate decisions can be made in order to most effectively support the children and families with whom they partner.
- If necessitated by organizational policy decisions, FOCUS staff, supervisors, and leadership will develop internal forms of communication to be used that are not face-to-face (texting, email, video conferencing, etc.). Any group activities, including group supervision, should continue to occur in a group format via video or telephone conferencing. Structure and content of supervisory sessions should remain intact and aligned with the FOCUS practice model.
- FOCUS supervisors should maintain the same frequency of contact with care coordinators and should ensure that alternative forms of communication sufficiently meet the supervision, coaching, and support needs of staff.
- FOCUS supervisors and organizational leadership will ensure that all care coordinators and other staff have access to technology that will allow all work activities to continue from home or a remote location as appropriate.
- FOCUS referral sources should be updated on a regular basis concerning any (necessary short term) modifications being made to the FOCUS practice model and the care planning process.

- All children and families enrolled in FOCUS, as well as providers/supports participating in the plan of care, should be informed and updated of any modifications being made to the FOCUS practice model and the care planning process due to COVID-19.

To ensure the safety of FOCUS staff in the community and in the homes of families they serve, we recommended:

- Organizations will provide FOCUS staff with appropriate and valid resources related to COVID-19 that can be used to educate families on prevention, awareness, and appropriate responses.
- FOCUS staff will partner with each family to determine additional resources that may be needed during this time in order to maintain safety, health, and wellbeing including thermometers, resources for accessing food and other basic essentials, contact numbers for medical professionals, etc.
- FOCUS staff should assess changes in the ecology that may occur due to (changing) community restrictions, or because someone becomes ill with COVID-19, and develop a concrete plan to address the potential impact those changes may have on referral behaviors, relationships, the meeting of basic needs, implementation of the plan of care, etc.

For example:

- Youth is not able to attend school for the next month (consider supervision needs, educational needs, peer interaction needs, etc.)
- If families must quarantine (consider the impact on family relations, youth supervision, monitoring plans, etc.,)
- Restrictions on access to formal services and informal, community-based activities (consider options that do exist and adapt current strategies accordingly)
- The formal crisis plan for each family should also be revised regularly in order to ensure that it is relevant and effective based on the current situation.
- FOCUS staff and supervisors will assess and develop alternative ways (telephone, video conferencing, e-mail, etc.) to continue to provide model-aligned care planning to children and families in the case that face-to-face interactions must be paused due to public health safety standards.
- FOCUS staff will contact each family prior to a face-to-face interaction to assess if anyone in the home has symptoms of COVID-19. If symptoms are present, staff should not physically interact with exposed individuals and should assist the family in developing a plan to obtain medical care. Ongoing contact with the family should then be adjusted to alternative methods of communication (telephone, video conferencing, e-mail, text, etc.).

To ensure the training and ongoing development of FOCUS staff, we recommended:

- FOCUS supervisors and organizational leadership will stay up to date with recommendations for staff regarding attendance at trainings and other workforce development activities and will formally share those expectations with staff.
- Federal, state, and local governments as well as organizations have now restricted the size of group meetings to no more than 10 individuals. This may result in face-to-face training being conducted using an alternative approach such as video conferencing. ***The Institute, for example, continues to hold its scheduled trainings and coaching sessions virtually.*** In some cases, however, it may be necessary to postpone training until a later date.

- FOCUS trainers and coaches should have a backup plan to host upcoming trainings and other workforce development activities through video conferencing or other means in case face-to-face interaction is not viable. This may require adjustments to training time or exercises.
- If you currently participate in training through *The Institute*, please note that adjustments have already been made to conduct FOCUS trainings scheduled through April 30, 2020 through a virtual platform. Registered participants will be emailed with appropriate links prior to training.
- If you currently participate in coaching activities with The Institute, please note that all on-site coaching sessions scheduled through April 30, 2020 will now be conducted through telephone or video conferencing. Your assigned FOCUS coach will reach out to you individually to determine the method of communication that will work best.

Please note that additional documentation around federal guidance will be shared through The Institute's homepage.

If you have any questions, feedback, or ideas for The Institute about assuring maximum adherence to the principles and practice model for FOCUS during COVID-19, feel free to [contact us](#).