Children’s Trust of Massachusetts Response to the COVID-19 Crisis

Coordination with funded agencies:

* Video Conferencing: through the use of Zoom video conferencing technology, on March 12, 2020 Children’s Trust staff met with all coordinators and supervisors to discuss the then impending crisis following the governors directive banning all large in-person meetings two days prior. The meeting format was well received by all agency leaders and will be the preferred method for group convening moving forward.
* Technology Upgrades: programs were also in the midst of coordinating agency purchases for technology upgrades in the form of tablets, laptops, video cameras, cell phone, scanners, etc. to better support working with families in the field. The onset of the COVID-19 crisis has emphasized the importance of technology which allows remote interaction between Children’s Trust and lead agencies, lead agencies with their staff, and staff with participants
* Funding reallocation: Children’s Trust has also encouraged programs to reallocate any unexpended funding due to canceled groups and trainings to the purchase of needed resources for participant families. Program were also encouraged to support the continual engagement of staff by directing them to on-line training or special projects during this time where they may be completing less visits with families.

Implementation support:

* Virtual Home Visits: the HFM network is requiring the use of video technology for all virtual home visits. Programs were encouraged to utilize the platforms participants are most comfortable using when video conferencing (e.g. Facetime, Skype, Google Hangout, Zoom, etc.). Children's Trust has also added "Virtual Home Visit" to its Participant Data System (PDS) used by home visitors to document visits and indicate the type of home visit.
* Utilizing Service Level Changes: HFM supported guidance provided by Healthy Families America regarding the use of service level changes. Whenever appropriate programs were directed to utilize the service levels "other" and "reengagement" based on participant and staff availability to complete home visits.
* Virtual Meetings: Advisory board and team meetings can also be conducted virtually utilizing applications such as ZOOM, GoToMeeting, etc. Given the current public health guidance on social distancing, these options were strongly encouraged. All attendees are not required to attend these meeting via video (as with virtual home visits). Attendees are allowed to attend via voice only, if video is not an option.
* Remote Supervision documentation: programs were encouraged to transition from in-person supervision to virtual supervision meetings as agencies move to working remotely. While adhering to model requirements for supervision frequency, duration, and participant case review frequency programs were provided guidance on how to develop electronic supervision tracking logs (see attached)
* Enrolling New Families: relationship building and information gathering with new families should simulate (as best as possible) the process as it occurs during the first in-person meeting with a participant. Challenges related to the completion of participant screens must be documented within PDS and supervision records.
* Securing HFM consents: The HFM consent form can be sent to participants via traditional mail or email. Once a participant has reviewed the HFM Consent, it should be discussed during the virtual home visit, and new participants can indicate via email or text message if they agree to sign the consent. Remember, participants are not required to sign the HFM Consent to receive services. However, programs must keep track of which participants have not agreed to sign a consent so their data is not included in evaluation.
* Virtual Home Visit Content: HFM Home Visiting policy states, "Home visits will have content focused on providing participants with information and support based on stated needs, interest, goals, and/or the goals of HFM." With this as our agreed upon approach, a virtual home visit can be an opportunity to:
  + discuss parent child interaction
  + share information with families
  + receive updates from family on their needs and goals
  + offer/make referrals
  + relationship build and gather information
  + Goal plan, etc.
* Legal Advocacy and Support: Since 2015 Children’s Trust has partnered with the attorneys at Medical Legal Partnership Boston (MLPB) to provide consultation and training to HFM programs. MLPB attorneys focus on ensuring health equity through legal means by addressing social determinants of health. Since the crisis they have provided consultation to programs that helped prevent participants from being evicted from shelter placement due to illness, and led to the dissemination of statewide guidance to all shelter programs from state officials. MLPB has also put together a webinar to inform staff of resources available to support families through the crisis and also understand legal and bureaucratic changes to MA government systems. (See attached announcement).