NATIONAL ALLIANCE
of home visiting models

MODEL GUIDANCE IN RESPONSE TO COVID-19

The National Alliance of Home Visiting Models (Alliance) recognizes the importance of supporting home visiting and parent education programs during this critical and unprecedented time. As the world continues to face the spread of the Coronavirus/COVID-19, the Alliance wants to assure the home visiting community that its top priority remains the safety and well-being of staff and families. Model Alliance members provided guidance to states and local programs related to adapting family service delivery. The purpose of this fact sheet is to provide the most recent guidance from each of the Alliance members, in one place. Due to the fluid nature of COVID-19, the following model-specific recommendations will be continually updated as any new information is received from the Centers for Disease Control and Prevention (CDC), and the federal government.

Attachment & Biobehavioral Catch-up

ABC has created the following document: ABC and COVID-19 to guide decision-making for ABC implementation sites and parent coaches that are unable to provide ABC home visiting sessions due to social distancing and shelter-in-place restrictions. Consultation with our parent coaches and community partners these last few weeks have made it clear that each site will have unique factors influencing the ways in which they will continue to serve families through the outbreak. The document provides guidance for two types of continued clinical work with your ABC families:

- **TeleABC**: Using video technology to continue to provide 10-sessions of ABC to families (with some modifications)
- **Contact Maintenance**: Using texts, calls, and/or video) to check in with families regarding ABC targets and themes during this time, but not with the purpose of or at the level of completing ABC

child first

This is an unprecedented time in our nation and in the world. The stress and hardships that are being experienced are especially overwhelming to our families who were already trying to cope with poverty, mental health problems, interpersonal violence, substance abuse, food insecurity, lack of health care, and unstable housing. It is clear that the support and services that we at Child First can offer are needed now more than ever. We need to be there for both our existing and for new families. The closure of all

avenues for social interaction and the need to practice social distancing means that our support and services can be a lifeline to families in crisis.

We at the NPO want to thank each one of you for the incredible work you are doing. We know that you are also dealing with stress within your own families. We are here to support you in any way that we can. Please do not hesitate to reach out to your State Clinical Director or directly to any one of us.

There are a few policies and practices that we would like to update:

1. You will be receiving **weekly communications from the NPO** each Wednesday, with updates on practice and policy. This will be posted through our Absorb platform and also sent to the Senior Leaders of each affiliate agency. You will also receive periodic emails from your State Clinical Director or NPO with important resources.
2. It is Child First NPO's recommendation that you **continue to enroll** the highest need families, especially those who are involved with child welfare. Stabilization and meeting basic needs must be foremost at this time. At the same time, your continued contact with the families gives them essential support, knowing that they are not alone at this critical time.
3. We are trying hard to establish **video-conferencing or telehealth** across the Network. As this has not been part of our usual practice, we understand that it may be challenging for both our affiliate sites and especially for our families. Further information will be forthcoming. If you are having difficulty with this process, please contact the NPO. If video-conferencing is not possible, please continue to connect with families via phone. You have all received guidance about documentation of video or phone contact in CFCR. Please reach out if you are having any difficulty with this process.
4. Please continue to educate your families about the **risks of the coronavirus** and the need for both careful cleaning and social distancing. This is unlike any illness that we have seen before, and it may take repetition for them to fully understand these risks.
5. It is important that the both the **risks within the home and the immediate needs** of all families are regularly assessed so that you know how best to direct your care coordination activities. Much of this information is already known to you through the Parent Questionnaire and our intake process, (e.g., caregiver mental health, substance abuse, DCF involvement, child behavioral challenges, chronic health problems, etc.). Our Clinical and Data Departments are working on an easy way for you to track immediate needs (e.g., parental stress and mental health needs, food insecurity, housing instability, child behavioral escalation, job loss, lack of income, access to internet and phone, etc.). More to come.
6. You are all doing incredible work to **meet the needs** of your families. It is important that you be able to both document and track what you are doing. (Among those that you have communicated to us include: bringing food, formula, and diapers to families; obtaining cleaning supplies; connecting them to internet and securing phone access; obtaining funding for rent and utilities; providing fun and educational activities for both children and adults). Our Clinical and Data Departments are working on developing an easy way that we can track all that you do in CFCR. More to come.
7. NPO is monitoring and organizing **resources** to cope with the coronavirus crisis, so please feel free to reach out if you are looking for a specific resource. We will be posting selected resources on our website and Facebook.
8. NPO has established **email Outlook groups** within each state for both Clinicians and Care Coordinators/Family Resource Partners. These are specifically so that you can share resources and information with each other. We will be organizing the information shared so that it is easy to access. More to come.
9. Lastly, Child First will be **adapting fidelity expectations in the face of the limitations imposed by the coronavirus crisis.** What is most important is that you take care of yourselves and your families!

Family Connects International acknowledges the difficulty of this situation and appreciates all the work each site is doing to support their community. While we may not have access to all our resources and community connections that we would like, we recognize and appreciate any level of support and connection you provide to families. We encourage you to continue to partner with your local health departments and determine, as a team, what is best for your community.

Our goal, as always, is to support families and connect them to needed resources. We recognize that any level of support is better than no support. At a time of fear, anxiety, and a high-risk of isolation, a phone call may provide great comfort to a family. Do not underestimate the difference you are still making in the community.

Please notify Emily Wright of any modifications being made to the IHV or process. Please keep record of start date and end date of these modifications.

- reminder that modifications are to be a temporary means of support as they do not provide model fidelity
- if utilizing telehealth, be sure it follows your organizations HIPPA guidelines

We encourage sites to stay up-to-date on the status of resources in their communities and any alternatives that are being offered. FCI will work with all of the Community Alignment Specialists to maintain a shared list of on-line resources for all clients. We encourage creative ideas to supporting communities such as WebEX offerings, referring patients to any local online 'new mom's groups', or your FCI team leading an online discussion.

We offer a warm thank you to all our Family Connects' sites for your continued work to strengthen the families of your communities. Please do not hesitate to reach out to us with any questions on how we can continue to support you in the work that you do.

The Office of Head Start (OHS) recognizes that grantees are concerned about the impact Coronavirus Disease 2019 (COVID-19) may have on their programs. Head Start and Early Head Start programs should take steps to prevent the introduction and spread of coronavirus among their staff, children, and families. Through collaboration and coordination with local health departments, programs can take steps to disseminate information about the disease and its potential transmission.

Program Closure

In response to COVID-19, OHS is advising grantees to coordinate with local health authorities and implement their existing policies and procedures related to closure of Head Start and Early Head Start centers during infectious disease outbreaks. Closure of centers in areas heavily impacted by COVID-19 is an important element of containing and limiting its spread. Many Head Start and Early Head Start programs are following the lead of school systems and local health authorities and closing centers. If program operations are impacted by the coronavirus, please reach out to your Regional Office to inform them of any programmatic changes.

For comprehensive guidance for ACF programs please visit: Coronavirus Response (COVID-19) Shared Resources for Programs

Healthy Families America recognizes everyone is doing everything they possibly can to maintain contact with families during this time, including texts, calls, and even periodic home visits when feasible. It is important to document these contacts and to document when there are changes to usual and expected practices. At the National Office, we understand the needs of families and staff shift during severe crises and/or disasters. The emphasis should be on maintaining connection (in whatever way is possible), offering a calming presence, providing support based on current needs, and keeping the dynamics of the parent-child relationship central. Even during this health challenge, parents will continue to get pregnant and need our support—maybe more than ever! No site will be penalized for acting in the best interest of participant families and staff.

HFA policies for disease outbreaks and health crises:

HFA/PCAA policies follow the CDC's recommended guidelines for prevention, treatment and travel when there is a health outbreak or risk of outbreak. Please note: While we can give guidance on HFA model expectations during such health outbreaks, we know local agencies are also providing guidance and new expectations. Please follow agency protocol as needed.

HFA day-to-day activities:
Agencies implementing HFA services and all state-level leaders and administrators should practice prevention when it comes to COVID-19, or any other outbreaks or potential outbreaks.

If local community leaders or health departments take actions to decrease the spread of a virus, such as dismissing schools, HFA day to day activities can be performed remotely for the duration of such restrictions. In addition, if families being served by HFA have recently traveled to an identified area of outbreak and are exhibiting symptoms, it is advisable to visit with that family remotely until they are well (and refer them to care).

For Home Visiting Services:
The HFA Best Practice Standards allow for exceptions to in-person home visits in situations such as this, and these exceptions have been utilized in the past when sites have been affected by natural disasters. Within the definition of a home visit, we learn:

Also, in very limited, special situations such as when severe weather, natural disaster or community safety advisory impedes the ability to conduct a home visit with a family, a virtual home visit via phone(skype, FaceTime, doxy.me or other video technology preferred), can be counted when documented on
a home visit record and the goals of a home visit are met, including some of the focus areas.

For more guidance, including the goals of a home visit, please refer to the glossary section of the HFA Best Practice Standards, under "Home Visit".

If needed, please consult with your local team about legal requirements / compliance issues. HIPAA compliance protocols in your location should be considered when choosing a virtual platform. Texting

services such as pMD, and cloud services such as Box/Dropbox/Google Drive may be other helpful tools to use in supporting virtual visits.

For supervision:
In a similar fashion to home visiting, supervision is provided for all direct service staff whether serving families or not (unless they are on leave) and including when home visits are occurring virtually. Supervisors should be on call as needed to help staff manage their responsibilities in a virtual capacity. As we know, home visiting can already be a high-stress job, and virtual home visiting during a time when there is an outbreak of disease in the community is no different. Supervisors have a critical role of offering guidance, emotional support, and insight into the impact of the work on the worker.

It has long been the case that under extenuating circumstances, supervision can be conducted virtually, though use of video technology is highly preferred when possible (vs phone contact). If supervision sessions are occurring in a virtual capacity; supervisors should maintain documentation of such sessions. Please see the intent of Standard 12-1.B for more details. Also please note: While the intent of 12-1.B states that at least one in-person monthly supervision is required, if that level of contact is not possible, supervisors and sites should document this detail as well.

If the site decides to place families on a Creative Outreach level until the community advisories have been lifted, supervisors should assist staff on check-ins with families and keep staff updated about community-level responses.

For additional information of HFA's response, please visit:
https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/

HIPPYUSA®
Home Instruction for Parents of Preschool Youngsters

HIPPY USA is continuously working to develop guidance for its field of professionals and paraprofessionals during closures and to share preventative measures being enacted to decrease the spread of COVID-19. Our guidance, developed with adherence to guidelines from national and world health organizations, is designed to inform our field of practitioners how to lessen the risk of exposure by using social distancing strategies, support the continuation of HIPPY program operations for staff and leadership, and maintain the peer to peer connection between home visitors, parents, and families. Our guidance is based on feedback from state and program leaders and follows health recommendations by the Centers for Disease Control and Prevention. We expect to update this document periodically as this crisis continues to unfold, but we want to share the information and resources that are currently available as well as the most up to date information and protocols to support continued HIPPY program operations.

Please view this link for the full HIPPY guidance document: Best Practice Guidance for Virtual Operations for Home Visiting in Response to the Coronavirus Pandemic

Additional Resource: HIPPY USA Staying Engaged PDF

The Nurse-Family Partnership National Service Office is actively monitoring the impact of COVID-19 on our families, our teams and our communities.

General Guidance for Accessing Information about COVID-19 and Continuity of Care:

- We strongly advise you to access information about COVID-19 directly from vetted sources that are updated regularly. Two examples are the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO)
- For guidance regarding pregnant women and children, the CDC has an "specific groups" information page which is updated regularly.
- Stay current with local updates and guidance on clinical practice from your local, or state, public health authorities.
- NFP nurses are well positioned to provide guidance to clients and their families (including infants and children) regarding when to seek medical care and when to utilize information hot/warm lines or reschedule appointments if possible (e.g. a routine well-child checkup).
- Utilize appropriate Alternate Visit Scheduling (AVS) to increase capacity to maintain connection with clients if there is a reduction in nursing workforce due to temporary assignment to COVID-19 activities or illness.

Our guidance addresses strategies for maximizing continuity of the nurse-client connection. NFP nurses and all home visitors are ideally positioned to support their families during this stressful time. Use of telehealth and alternate visit schedules have been part of the NFP model elements since early 2017 and was utilized as part of the original NFP randomized control trials. The primary purpose is to support retention of clients by meeting their personal need for flexibility. We are also encouraging agencies, based on their needs and the needs of their community, to deepen their integration of telehealth and adjusted visit schedules, consider rotation of staffing for assignments of COVID-19 duties, and to use strategies to maintain referrals and enrollments. Please see links below for established model guidance and best practices to support these adjustments while maintaining fidelity to the NFP model.

Guidance for Adapting the Visit Schedule

Adapting NFP Visits

NFP Telehealth Fact Sheet

ParentChild+

Starting Virtual Visits
Many sites have already begun virtual visits. We will be sharing our first round of "best practices", which sites have been helping us build.

What Should Virtual Visits Look Like?
Please note we all understand that any virtual visit will and should look very different from typical ParentChild+ home visits, but we also know that in this time of crisis we will need to do lots of things differently. Because of the traumas and challenges families are currently experiencing, these virtual visits may look even more different, focusing much more on listening, being a source of support, and connecting families to resources and referrals. These visits can be conducted on FaceTime, WhatsApp, Zoom, or by phone if that is the only technology available (we are in the process of polling all sites about site staffs' tech access from home and tech and access issues for families). Visits may, but do not need to, involve a new VISM (see note below), and they may (but do not have to) occur at the times of the families' previously scheduled in-person visits. They should take place twice a week if possible, and sites should also provide for other ways for families to reach them during the week as needs arise.

Program Cycles and Virtual Visits
We know there are many technical questions that will arise as we move forward and we are here to work those out with you, your agency, and your funders. There will be no single answer to many of these questions, including will these visits supplement a family's full 92 visits or replace them, how will assessments be conducted if a family is finishing the program, etc. To start with, we very much hope that these virtual visits will be viewed as supplemental visits in a time of crisis and that we will all be able to work with funders to give families, who can access them, their full complement of in-person visits post-crisis. But we also fully understand that this may not always be possible due to fiscal reasons, staffing circumstances, because some families are almost finished with the program, because families may be aging out of the program/moving on to pre-k, and for a host of other reasons, this may not always be possible.

Do Virtual Visits Require New VISM?
The virtual visits will not require new VISM. There are so many things that can be done in these visits through conversations, songs, games, and using VISM already in the home – lots of ideas to come!

How Should These Visits be Tracked?
At this time we would like you to use the new Family Check-in form created to track contacts in this crisis, rather than the standard Home Session Record. These virtual visits are not typical visits and we think the check-in form is a better record of what will be discussed/happening in these visits, particularly the critical conversations about and referrals for the unique needs this situation has presented. We will be providing an updated version of the form that will ask if you have been able to give families any VISM, as we know some sites have been able to deliver them, and what other items you have been providing families, such as food, diapers, and household supplies.

Moving Forward
We are here to work through all contingencies with you - finding creative ways to continue working with families through virtual visits now; designing plans for transitions between this year and next year to get as close to the full number of in-person visits as possible within budgets; creative scheduling; year-round operations; and adjustments in the numbers of families with whom you work.

Our Immigrant Families
We are particularly concerned about reports on how the pandemic is impacting immigrant families and families with home languages other than English, specifically their fear of accessing medical care and other essential services. We are also hearing about immigrant families experiencing racism and discrimination specific to coronavirus. We are consulting with our immigrant advocacy partners and will develop additional

guidance and provide additional resources on how to support all our families during this crisis. In the meantime, please remember that in most states, community clinics serve people who require medical care, regardless of their status and ability to pay. And some states, such as California, Massachusetts, and New York, among others, cover medical care costs for uninsured immigrant children.

We recognize that some of you are already experiencing incidents of COVID-19 in your state and even, perhaps, in your community. Parents as Teachers National Center recommends following the advice of the Centers for Disease Control and Prevention, as well as state and local health mandates during the COVID-19 (Coronavirus) health crisis. Please click on the provided links for the most up-to-date guidance provided by PAT:

- Supporting Families during the COVID-19 Public Health Crisis: PAT Model Guidance
- Model Fidelity and the COVID-19 Health Crisis

If you are a parent educator and have additional questions, please consult your program supervisor or email Parents as Teachers National Center at customerservice@parentsasteachers.org.

SafeCare is dedicated to ensuring the safety and well-being of all their program staff and families they serve. SafeCare has sent an initial message to all users of their online portal emphasizing well-being of all home visitors and families. SafeCare has provided the following guidance:

- Programs are to follow local, state, tribal, federal guidance
- Programs are to provide flexibility around session frequency and delivery (i.e., virtual sessions) and postponement of visits as needed
- Large groups are to postpone workshops for a later date

SafeCare is providing the following support to implementing agencies:

- additional coaching support around delivery of remote sessions
- adjusted scheduled trainings, and offering workshops via webinar
- sending weekly messages to all implementing agencies about supporting families, ideas for bonding activities for kids/families, and staying safe and healthy
- SafeCare would like to recommend all programs continually check with the CDC and WHO for the most recent COVID-19 guidance: https://www.cdc.gov/ https://www.who.int/