



Clearinghouse on Supervised Visitation Phone Conference Agenda



August 12, 2020

Discussion

1. Welcome and Announcements – Everyone is invited!
2. **Check the listings** on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything email Lyndi Bradley at lbradley2@fsu.edu.
3. **Questions from Directors:** Can local health departments help programs with sanitation policies regarding COVID-19? We called a dozen health departments across the state and could not get a response from anyone.
4. Online Virtual Supervised Visitation during the COVID-19 Pandemic: One State's Experience (2020) https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3659692
5. New Protective Factors Posters Uploaded to Website: [Access to Concrete Community Support](#) and [Emotional & Social Competence of Children](#)
6. Free Books to Help Kids Cope with COVID-19: <https://www.apa.org/pubs/magination/covid-19-help-kids-cope>
7. Florida Perinatal Quality Collaborative Maternal Opioid Recovery Effort: Four-Part Video Series
8. Toxic Methanol in Hand Sanitizers
9. Updates on a Vaccine for SARS-CoV-2 Coronavirus
10. Sanitation Practices to Help Yourself and Others
11. Legislative Update on Child Welfare Issues



New Supervised Visitation Database Question!

Please note that a new **mandatory** question has been added to Florida's Supervised Visitation Database. This question:

Do you have a child support case with the Florida Child Support Program?

is being included to help determine how many supervised visitation clients also have Florida Child Support Program agreements. Please choose either YES / NO / Don't Know to answer the question. It is not mandatory that clients answer YES, only that they do answer the question.

The new question will appear on the Client Information page for a Visitor and Custodian as seen in the picture below.

Client Update for Case '2004-1-JonesMarion'

[<< Back to Clients Listing](#) [<< Back to Cases Listing](#)

Client Type:

Last Name: First Name: MI:

Date of Birth (YYYY-MM-DD):

SSN Last 4:

Gender:

Race/ethnicity of this Client

(Check all that apply)

- American Indian or Alaska Native
- Black/African American
- White
- Hispanic
- Other Races - If you are A and V funded, you can not choose this category.
- Asian
- Pacific Islander
- Two or More Races

Relationship to Child(ren)

If relationship is different for different children, please indicate separately for each child.

Last	MI	Date of Birth	Relationship to Child	
Jones	Jason	M	2000-03-02	Mother (Biological or adoptive)

Do you have a child support case with the Florida Child Support Program? Yes No Don't know

Client lives Out of state In state (indicate county and city)

County of Residence:

City of Residence:

Annual income - all sources (to be recorded separately for each custodian & visitor)

If you have any questions regarding the new variable, please contact Kelly O'Rourke, Database Manager at kes2523@my.fsu.edu

We received a few questions regarding the expectations for completing the new data and wanted to share the below updates to assist with implementing this new requirement.

- SAV programs do not need to re-submit quarterly reports to DCF for the Oct – Dec 2019 service period.
- Guidance received from the federal program about the new requirement was that the existing child support data element for the SAV grant has changed from “optional” to “mandatory.” A simple yes or no to the child support question is all they are asking for at this time.
- SAV programs will need to be sure that any cases with services from Oct 1, 2019 through September 30, 2020 have the new question answered in the database for Visitors and Custodians.
- For all existing cases, during the reporting year it is acceptable for programs to make changes in the database about the child support question even though the case was accepted earlier. This may include updating older or even closed cases in the database.
- The goal is to have a complete report by September 30, 2020 to indicate whether or not there is child support involvement in every case entered that year.
- FSU is working on revising the database report and expects to have it reconfigured for the next reporting cycle (January – March 2020). Once they have the new report configured, the report will show red errors where this question is missing which should help the SAV programs identify cases that need to be updated, if any.
- SAV programs may want to consider adding the child support question to their intake form to obtain the information.
- FSU staff are available to the SAV programs for any questions and/or technical assistance with the new data reporting. In addition, the FSU Clearinghouse reviewed this topic on their last statewide monthly conference call for SAV programs and plan to include this topic again on their call next month. FSU contacts are Kelly O’Rourke at kes2523@my.fsu.edu or (850) 222-3845 and Karen Oehme at koehme@fsu.edu or (850) 644-6303.

Thank you for your assistance with this new requirement.

ACCESS TO CONCRETE COMMUNITY SUPPORT

Community support includes people and places in the community that can help you meet your family's needs.

Community support can lessen the stress your family feels during hard times.

It's OK to lean on others to help you be the best parent you can be!



It's OK to ask for help. Making sure your family has what they need is the most important thing.

Ask your Supervised Visitation Program staff for referrals to places in the community for support.

YOUR COMMUNITY MAKES YOU STRONG!

Institute for Family Violence Studies
Clearinghouse on Supervised Visitation



EMOTIONAL & SOCIAL COMPETENCE OF CHILDREN

Children have **emotional competence** when they can express their feelings and needs. They have **social competence** when they understand the feelings and needs of others. You can teach your children these important life skills!



INFANTS

Acknowledge their feelings

Example: If your baby trips and starts crying you can say to them “Ouch! I’m sure that hurt. Let’s make it feel all better.”

YOUNG CHILDREN

Teach empathy

Example: While reading with your child, ask them about specific emotions, like “How do you think Mr. Bear is feeling right now?”

OLDER CHILDREN

Show care for others

Example: When they come home from school, ask your child how they are feeling and how their friends are: “What was the best part of your day?” and “How is your friend Sammy?”

TEENAGERS

Help them see a situation from a different point of view

Example: Your child is telling you about a problem with a friend. After you acknowledge their feelings, you can say something like, “Have you thought about...” or “Maybe they meant...”



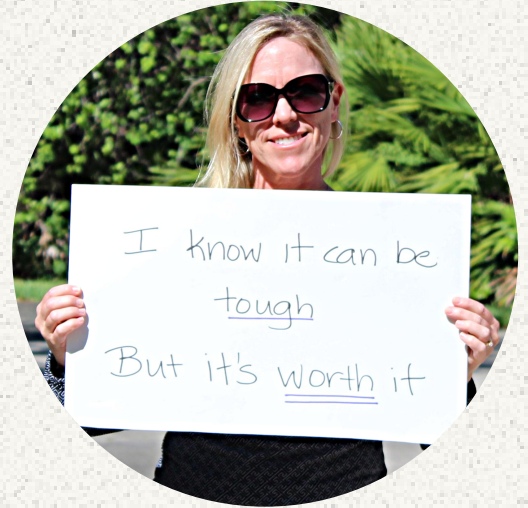
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FLORIDA PERINATAL QUALITY COLLABORATIVE MATERNAL OPIOID RECOVERY EFFORT FOUR-PART VIDEO SERIES

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT): A UNIVERSAL TOOL FOR PREGNANT WOMEN

SBIRT helps with early identification of women who need treatment for substance use disorder. Presented from the perspective of a practicing OB/GYN physician interacting with a woman affected by substance use. Includes recommendations for evidence-based screening tools. Focus is on increasing SBIRT for all pregnant women in order to increase the number of women who are identified and receive timely and appropriate treatment. 8 minutes.



LINKING MOTHERS & BABIES TO SERVICES: PLANS OF SAFE CARE (POSC)

Presented from a nurse's perspective, designed to help hospital teams understand the need for POSC for pregnant/postpartum women, and how to start the process for a POSC. Includes guidance for motivational interviewing. Appropriate for physicians, nurses, social work, and other members of the team interacting with women in a hospital setting. 9 minutes.

GETTING REAL: TAKING THE FIRST STEPS TOWARD RECOVERY

Written and presented by women in recovery, designed to help women choose to enter the recovery process. Discusses fears and barriers that prevent women from entering care, and tips for how to eliminate those barriers. Addresses the importance of support from the health care team in the recovery process. Appropriate for pregnant, post-partum, and parenting women with substance use disorder. About 3 minutes.

FROM JUDGMENT TO HEALING: THE IMPACT OF STIGMA

Designed to show how shifting the words we use can reduce stigma-related barriers to treatment and recovery. The language and content were developed by women in recovery. Appropriate for all audiences, especially professionals caring for pregnant and postpartum women with substance use disorders. About 2.5 minutes.

[HTTP://FPQC.ORG/MOREVIDEOS](http://fpqc.org/morevideos)



MORE Attention
Support
Services
Follow-up
Compassion



VIEW HERE



Toxic Methanol in Hand Sanitizers



The U.S. Food and Drug Administration is warning consumers, public workers and health care providers that there has been an increase in hand sanitizer products that have tested positive for methanol contamination. Most hand sanitizer products are labeled to contain ethanol (or ethyl alcohol) which is used as a sanitizing alcohol that is safe to come in contact with human skin; however, methanol, or wood alcohol, is toxic when absorbed through the skin or deadly if ingested.

Recent adverse effects observed by the FDA as a result of ingesting hand sanitizer containing methanol include: blindness, hospitalization and even death. Substantial methanol exposure can lead to:

- Nausea,
- Vomiting,
- Headache,
- Blurred vision,
- Permanent blindness,
- Seizures,
- Coma,
- Permanent damage to the nervous system,
- and death.

The individuals at highest risk of methanol poisoning are children and young adult who could accidentally ingest or drink these products. The FDA reminds consumers that the best way to avoid accidental exposure to methanol in contaminated hand sanitizers is to use soap and water to wash their hands frequently for at least 20 seconds, especially after going to the bathroom; before eating or handling food; and after coughing, sneezing or blowing their nose.

If soap and water is not readily available the Center for Disease Control and Prevention recommends using an alcohol-based hand sanitizer containing 60% or more of ethanol (ethyl alcohol).

As of July 2020, the FDA has advised consumers to not use any hand sanitizers products manufactured by the company Eskbiochem. The following is a list of product which the FDA has found to be contaminated with methanol – the FDA advises consumers to not use hand sanitizers from this list. Any updates to this list can be found on the FDA website linked below.

(FDA, 2020)

List of Contaminated Hand Sanitizers

- 4E Global's Blumen Clear Advanced Hand Sanitizer with 70% Alcohol
- 4E Global's Blumen Advanced Instant Hand Sanitizer Clear Ethyl Alcohol 70%
- 4E Global's Blumen Advanced Instant Hand Sanitizer Clear
- 4E Global's Klar and Denver Instant Hand Sanitizer (labeled with Greenbrier International Inc.)
- 4E Global's Modesa Instant Hand Sanitizer Moisturizers and Vitamin E
- 4E Global's Blumen Advanced Hand Sanitizer
- 4E Global's Blumen Advanced Hand Sanitizer Aloe
- 4E Global's Blumen Advanced Instant Hand Sanitizer Lavender
- 4E Global's Blumen Clear Lear Advanced Hand Sanitizer
- 4E Global's Blumen Clear Advanced Hand Sanitizer
- 4E Global's The Honeykeeper Hand Sanitizer
- 4E Global's Blumen Advanced Hand Sanitizer Clear
- 4E Global's Blumen Clear Advanced Instant Hand Sanitizer
- 4E Global's Blumen Clear Advanced Instant Hand Sanitizer Aloe
- 4E Global's Blumen Clear Advanced Instant Hand Sanitizer Lavender
- 4E Global's Blumen Aloe Advanced Hand Sanitizer, with 70% Alcohol
- 4E Global's Blumen Advanced Hand Sanitizer Lavender, with 70% alcohol
- 4E Global's Blumen Advanced Hand Sanitizer Aloe, with 70% alcohol
- 4E Global's Blumen Antibacterial Fresh Citrus Hand Sanitizer
- 4E Global's Blumen Hand Sanitizer Fresh Citrus
- 4E Global's Klar and Denver Instant Hand Sanitizer
- 4E Global's Hello Kitty by Sanrio Hand Sanitizer
- 4E Global's Assured Instant Hand Sanitizer (Vitamin E and Aloe)
- 4E Global's Assured Instant Hand Sanitizer (Aloe and Moisturizers)
- 4E Global's Assured Instant Hand Sanitizer Vitamin E and Aloe
- 4E Global's Assured Instant Hand Sanitizer Aloe and Moisturizers
- 4E Global's Blumen Instant Hand Sanitizer Fragrance Free
- 4E Global's Blumen Instant Hand Sanitizer Aloe Vera
- 4E Global's Assured Aloe
- AAA Cosmetics's bio aaa Advance Hand Sanitizer
- AAA Cosmetics's LumiSkin Advance Hand Sanitizer 4 oz
- AAA Cosmetics's LumiSkin Advance Hand Sanitizer 16 oz
- AAA Cosmetics's QualitaMed Hand Sanitizer
- DDI Multinacional's Earths Amenities Instant Unscented Hand Sanitizer with Aloe Vera Advanced

- DDI Multinacional's Hand Sanitizer Agavespa Skincare
- DDI Multinacional's Vidanos Easy Cleaning Rentals Hand Sanitizer Agavespa Skincare
- Eskbiochem's All-Clean Hand Sanitizer
- Eskbiochem's Esk Biochem Hand Sanitizer
- Eskbiochem's Lavar 70 Gel Hand Sanitizer
- Eskbiochem's The Good Gel Antibacterial Gel Hand Sanitizer
- Eskbiochem's CleanCare NoGerm Advanced Hand Sanitizer 80% Alcohol
- Eskbiochem's CleanCare NoGerm Advanced Hand Sanitizer 75% Alcohol
- Eskbiochem's CleanCare NoGerm Advanced Hand Sanitizer 80% Alcohol
- Eskbiochem's Saniderm Advanced Hand Sanitizer
- Grupo Insoma's Hand sanitizer Gel Unscented 70% Alcohol
- Limpo Quimicos' Andy's Best
- Limpo Quimicos' Andy's
- Limpo Quimicos' Gelclor
- Limpo Quimicos' NeoNatural
- Limpo Quimicos' Plus Advanced
- Liqesa Exportacion or Liq-E-S.A.'s Optimus Lubricants Instant Hand Sanitizer
- Maquiladora Miniara's Shine and Clean Hand Sanitizer
- Maquiladora Miniara's Selecto Hand Sanitizer
- Mystic International's Mystic Shield Protection hand sanitizer
- Soluciones Cosmeticas' Bersih Hand Sanitizer Gel Fragrance Free
- Soluciones Cosmeticas' Antiseptic Alcohol 70% Topical Solution hand sanitizer
- Soluciones Cosmeticas' Hand sanitizer (labeled with Wet Look Janitorial and Gardening Corp.)
- Tropicosmeticos' Britz Hand Sanitizer Ethyl Alcohol 70%
- Yara Elena De La Garza Perez Nieto's Daesi hand sanitizer
- Real Clean Distribuciones's Born Basic Anti-Bac Hand Sanitizer
- Real Clean Distribuciones's Anti-Bac Hand Sanitizer
- Real Clean Distribuciones's Scent Theory – Keep It Clean – Pure Clean Anti-bacterial Hand Sanitizer
- Real Clean Distribuciones's Scent Theory KEEP CLEAN Moisturizing Hand Sanitizer
- Real Clean Distribuciones's Cavalry
- Real Clean Distribuciones's ENLIVEN Hand Sanitizing Gel
- Real Clean Distribuciones's Lux Eoi Hand Sanitizing Gel
- Real Clean Distribuciones's Keep It Clean
- Real Clean Distribuciones's Hand Sanitizer
- MXL Comercial's Hand Sanitizer Disinfectant Gel 70% Ethyl Alcohol (labeled with Resource Recovery & Trading LLC)
- MXL Comercial's Hand Sanitizer Disinfectant Gel 70% Ethyl Alcohol Rinse Free Hand Rub (labeled with Resource Recovery & Trading LLC)
- ITECH 361's All Clean Hand Sanitizer, Moisturizer and Disinfectant
- Transliquid Technologies's Mystic Shield Protection hand sanitizer

- Saniderm Advanced Hand Sanitizer

(FDA, 2020)

(Kate Gibson, 2020)

FOR ANY QUESTIONS OR ACCIDENTAL INGESTIONS, PLEASE CALL



POISON CONTROL CENTER

1 800 222 1222



References

U.S. Food and Drug Administration. (2020, July 2). *FDA Updates on Hand Sanitizers with Methanol*.
<https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-methanol>

Gibson, K. (2020, July 27). *Another recall of potentially toxic hand sanitizers sold worldwide*. CBS News.
<https://www.cbsnews.com/news/toxic-hand-sanitizer-almost-80-brands-fda-warning/>

Updates on a Vaccine for SARS-CoV-2 Coronavirus



Approved Vaccines – vaccines approved for limited use

- The Chinese company CanSino Biologics has developed a vaccine based on an adenovirus called Ad5. In May, China's Academy of Military Medical Sciences' Institute of Biology reported promising results from the Phase I safety trials and in July they reported the vaccine producing a strong immune response.
 - o In June, the Chinese military approved the vaccine for a year as a "specially needed drug," however it has not been reported whether or not the vaccination will be mandatory for soldiers.

Phase III – vaccines in large-scale efficiency tests

- Moderna has developed a vaccine which utilizes mRNA to produce viral proteins in the body. The company partnered with the National Institutes of Health to test the vaccine in Phase II yielding promising results.
 - o The final trial will include 30,000 healthy participants in roughly 8 sites around the U.S.
 - o The Trump administration has provided Moderna with nearly \$1 billion in support for their efforts.
- The German company BioNTech has partnered with Pfizer and Chinese drug manufacturer Fosun Pharma to develop an mRNA vaccine. The results of their Phase I/II trials showcased the volunteers having produced antibodies against SARS-CoV-2 as well as an increase in immune cells (T cells) that respond to the virus.
 - o Some volunteers reported mild side effects including sleep disturbances and sore arms.
 - o In July the Trump administration awarded the project \$1.9 billion contract for 100 million vaccines to be delivered by December of 2020.
 - o The Phase II/III trials will include 30,000 participants in the U.S. and a number of other countries including Argentina, Brazil, and Germany
 - o Estimates show that Pfizer could manufacture 1.3 billion doses by the end of 2021.
- The British-Swedish company AstraZeneca alongside the University of Oxford have developed a vaccine based on a chimpanzee adenovirus called ChAdOx1. In July, the Phase I/II trials reported the vaccine as safe with no severe side effects. The vaccine was found to raise antibodies against the coronavirus as well as overall immune defense.

- The vaccine is currently in Phase III of testing in England, Brazil and South Africa.
- It is estimated the vaccine may be used for emergency vaccine as soon as October.
- In July, Chinese company Sinopharm launched Phase III trials for their vaccine which they found was safe and provoked an immune response from an inactive virus vaccine. The vaccine is being tested in the United Arab Emirates with a plan to have 15,000 people participate in their trials.
 - Sinopharm projects the vaccine should be ready for public use by the end of 2020.
- Sinovac Biotech is testing an inactive vaccine called CoronaVac. After Phase I/Phase II trials in June reported no major side effects and an immune response for its 743 participants, they have launched Phase III in Brazil.
- The Murdoch Children's Research Institute is conducting Phase III trials using the Bacillus Calmette-Guerin vaccine, which was developed to protect against Tuberculosis.

(Corum, Grady, Wee, Zimmer, 2020)

(Helen Branswell, 2020)

References

Corum, J., Grady, D., Wee, S., Zimmer, C. (2020, July 27). *Coronavirus Vaccine Tracker*. The New York Times. <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>

Nature. (2020, July 28). Coronavirus research updates: Mutations allow virus to elude antibodies. Nature Magazine. <https://www.nature.com/articles/d41586-020-00502-w>

Branswell, H., (2020, July 17). Covid-19 vaccines may cause mild side effects, experts say, stressing need for education, not alarm. <https://www.statnews.com>

Sanitation Practices to Protect Yourself and Others



How COVID-19 Spreads

- The virus spreads between people who are within 6 feet of contact with one another.
- COVID-19 spreads through respiratory droplets produced when an infected person coughs, sneezes or talks.
- When droplets land in the mouth or nose of people who are nearby and are not infected they can become infected by inhaling or swallowing these droplets.
- COVID-19 can be spread by people not displaying any symptoms.

What everyone should do to prevent the spread of COVID-19

- Wash your hands with soap and water for at least 20 seconds, especially after having been in a public place, after blowing your nose, coughing or sneezing.
- Washing your hand is most important:
 - o Before eating or preparing food,
 - o Before touching your face,
 - o After using the restroom,
 - o After leaving a public place,
 - o After blowing your nose, coughing or sneezing,
 - o After touching your face covering (cloth or disposable mask, bandana, or face shield),
 - o After changing diapers,
 - o After caring for a sick person,
 - o After touching an animal or pet.
- The use of hand sanitizer with at least 60% alcohol is also recommended when soap and water are not available.
- Avoid touching your eyes, nose or mouth with unwashed/unsanitized hands.

Avoiding close contact

- Avoid close contact with people who are sick or show signs of possible infection.
- Maintain a 6 foot distance with people who are sick within your household as well as people outside of your home.
 - o 6 feet of distance is recommended when in public due to people not showing symptoms even when sick.
 - o 6 feet of distance is roughly 2 arm's length from other people.

Covering your mouth and nose with a cloth when around other people

- You could spread the virus to others even if you do not feel sick.
- Face masks are worn to protect others in case you are infected.
- Face masks should be worn in public places and when around people who do not live in your household, especially when social distancing measures cannot be upheld.
- The Center for Disease Control and Prevention recommends that you should not use facemasks meant for healthcare working such as surgical masks and N95 respirators. These are critical supplies that should be reserved for healthcare workers and first responders.

Cleaning and Disinfecting

- Clean and disinfect frequently touched surfaces including: tables, doorknobs, light switches, countertops, handles desks, phones, keyboards, toilets faucets and sinks.
- The CDC recommends cleaning surfaces using detergent or soap/water before disinfecting them.
- While disinfecting the use of EPA-registered household disinfectants is effective.

(Center for Disease Control and Prevention, 2020)

Do not share personal items

- Do not share items such as:
 - o Phones,
 - o Makeup,
 - o Combs, etc.

Washing fresh groceries

- It is recommended to wash fresh produce after purchase and before preparing. It is best practice to run produce under water before eating/preparing. Do not use soap, detergent or commercial produce wash on items like fruits and vegetables.

Social Distancing

- Social distancing is very important in the prevention of COVID-19. It is recommended to avoid gathering in groups in public areas or at home and if in a public place such as a beach, mall, park etc. it is best to maintain a 6 foot distance from others.

(Noreen Iftikhar, 2020)

Myths and Facts About COVID-19 Protection and Prevention

1. Injecting, swallowing, bathing in or rubbing onto your body bleach, disinfectants, or subbing alcohol can protect you from COVID-19.
 - FALSE – These products are highly toxic and can be deadly if swallowed or injected. Disinfectants, bleach and soap/water are useful tools for cleaning surfaces, which is an important prevention step in stopping the spread of COVID-19; however they should never be used to self-treat or prevent the disease through rubbing on your body or bathing in bleach, disinfectants or rubbing alcohol. The only safe and effective prevention tool that should be used on your body is hand sanitizer and it should only be used on your hands or arms - external use only.
2. A vaccine to cure COVID-19 is available.
 - FALSE – Currently there is no vaccine for the COVID-19 virus. Scientists around the world are working on possible vaccines but a final version of one could be months away.
3. Ordering or buying products shipped from overseas will make a person sick.
 - FALSE - The World Health Organization has stated that the likelihood of becoming infected with COVID-19 from a commercial package is low due to packages most likely having travelled several days and having been exposed to different temperatures and conditions during transit.
4. You can get a face mask exemption card so you don't need to wear a mask.
 - FALSE - The United States Department of Justice has explicitly stated that all cards and flyers claiming the owner is exempt from mask-wearing regulations are fraudulent. Any card or flyer that suggests exemption from wearing masks in public areas that require them are NOT issues by the U.S. government and not supported by the Americans with Disabilities Act.
5. Antibiotics can kill COVID-19.
 - FALSE – Antibiotics do not kill viruses. Antibiotics are only effective when there is a known co-infection with bacteria.
6. Regularly rinsing your nose with saline helps prevent infection with COVID-19.
 - FALSE – There is no evidence that showcases saline as a preventative tool for COVID-19.
7. Shoes do not spread COVID-19.

- TRUE - The likelihood of the virus being spread by shoes is very low. However, it is recommended as a precautionary measure that in homes where infants or small children play/crawl on the floor that shoes be left at the entrance of the home in order to prevent them from coming in contact with dirt or waste that is carried in shoes.
8. The prolonged use of medical masks does not cause CO₂ intoxication nor oxygen deficiency.
- TRUE - If worn properly, with it fitting well enough to allow you to breath normally, there is no risk of CO₂ intoxication nor oxygen deficiencies. Disposable masks should not be re-used and should be changed when they become damp.
9. There are currently no drugs licensed for the treatment or prevention of COVID-19.
- TRUE - The World Health Organization states that there is currently no proof that hydroxychloroquine or any other drug can cure or prevent COVID-19. The misuse of hydroxychloroquine can lead to serious side effects, illness and even death.
10. Contraction of the COVID-19 virus is not lessened by temperature.
- TRUE – You can catch COVID-19 regardless of temperature or exposure to sunlight. The virus can be transmitted in any climate, whether it is hot/sunner, cold or humid.
11. Hand dryers and UV lamps are not effective in killing the COVID-19 virus.
- TRUE - Hand dryers are not effective in killing the virus and neither are UV lamps, which can cause skin irritation and eye damage.
12. Garlic and pepper do not prevent COVID-19.
- TRUE – While garlic is a healthy food option that has some antimicrobial properties, there is no evidence it protects individuals from contracting the virus. Similarly, adding pepper to your food has shown no relation to preventing or curing COVID-19.

(John Hopkins Medicine, n.d.)

(Cynthia Weiss, 2020)

(World Health Organization, 2020)

References

Center for Disease Control and Prevention. (2020, April 24). *Protect Yourself*.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

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<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/2019-novel-coronavirus-myth-versus-fact>

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Iftikhar, Noreen. (2020, June 4). *Coronavirus (COVID-19) Prevention: 12 Tips and Strategies*.

<https://www.healthline.com/health/coronavirus-prevention>



Legislative Update on Child Welfare Issues

For August 2020 Training

Institute for Family Violence Studies, College of
Social Work, Florida State University



Relevant New Laws

- Jordan's Law
- Child Welfare Bill
- DCF Accountability Act
- Adoption
- Service Members
- Children's Health Care
 - School Based Medicaid
 - Kidcare
 - Mental Health
- Donna's Law



Jordan Belliveau

Jordan Belliveau was a 2-year-old boy who was living in foster care for a year in Largo, FL. The court and social services decided he would be returned to his biological mother, Charisse Stinson and after 4 months of this decision he was found dead.

Jordan was found on September 4th, 2019, in decomposition after having been struck the head. The blow to his head caused bleeding beneath his scalp, a skull fracture and a brain hemorrhage, as reported by the Pinellas-Pasco Medical Examiner's Office.

The Medical Examiner's Office stated that he had suffered deep cuts and a leg fracture as well as having several healing wounds on his chin. The official cause of death was blunt force trauma after Jordan's mother become enraged and hit him in the head against a wall.



Red Flags in Jordan's Case

- A week before Jordan's death, case managers were unable to reach Jordan's mother, Charisse Stinson.
- There was documented evidence of Jordan's father, Jordan Belliveau Sr., committing domestic violence against his mother but this was never included in the case plan.
- Stinson requested anger management courses, but that request was never met nor included in her case plan.
- Stinson apparently lied about her compliance with counseling on multiple occasions.



Red Flags in Jordan's Case pt. 2

- Case managers failed to make the weekly home visits mandated by the case's safety plan.
- Stinson missed 3 of her 5 scheduled visits as well as 7 of 11 visits with a clinician.
- Clear lack of communication between Pinellas County Sheriff's Office CPID units and Directions for Living case managers.
- Lack of interaction and communication between the State Attorney, case managers and Jordan's foster parents.
- No objections were ever filed to prevent Jordan from being reunited with his biological parents.
- The parties involved with Jordan's case did not take shared ownership of the case which created a divided system of care.



Jordan's Law

- **Training on Head Trauma**

- Training on recognizing and responding to head trauma and brain injuries in children under six years old.
- This training will be developed by the Child Protection Teams within the Department of Health.
- The law also mandates that child welfare parents take a course on the dangers of head trauma in children.

- **Who will be trained?**

- child welfare professionals including child protection teams and sexual abuse treatment teams,
- circuit and court judges who work on child dependency cases,
- Guardian ad Litem program staff,
- law enforcement officers,
- out of home caregivers,
- Child Protective Investigators and DCF CLS attorneys



Jordan's Law

- **DCF & Law Enforcement Communication Process**
 - The Florida Department of Law Enforcement to advise local law enforcement that a person they are investigating is a parent or caregiver who is the subject of a child protective investigation.
 - FDLE must make available information regarding parents or caregivers of children in the foster care system to the Department of Children and Families and to other law enforcement agencies.
 - If a law enforcement officer has concerns for a child's health, safety, or well-being, the officer shall contact the Florida Central Abuse Hotline.
 - The hotline must advise the CPI or the case manager and CLS attorney after adjudication.



Child Welfare

Child Welfare

- Requires judicial training on...
 - secure attachment,
 - placement stability,
 - and impact of trauma on child development
- Early Childhood Courts
 - Permits circuit courts to create early childhood courts.
 - Sets up factors for the court's consideration.
 - Requires the Office of State Court Administration to contract for the evaluation of early childhood courts.
 - No appropriation for community coordinators or statewide training.



Child Welfare

Courts must be notified of hotline calls in open cases.

- DCF is required to notify the courts when the Hotline accepts a call for investigation concerning a children over whom the court has jurisdiction.

Shelter or Dependency Petitions in open cases with children at homes.

- Permits DCF to file a shelter or dependency petitions without a new child protective investigation or the agreement of the CPI if...
 - “the child is unsafe but for the use a safety plan”
 - The parent has not “sufficiently increased protective capacities” within 90 days of the transfer of the case from CPI to the lead agency.



Child Welfare

Speed time for foster care licensing

- Requires DCF to complete the child welfare and criminal history background checks within 14 days of receiving the results – unless additional information is required to complete processing.
- Requires...
 - CBC or providers to complete foster parents licensing within 30 days of the licensing study.
 - DCF to approve or deny a license within 10 days of reception of completed application, and no later than 100 days after the applicant completes orientation.



Child Welfare

Speed of Adoptive Parent Process

- Preliminary home study must be completed within 30 days of initiation of adoption process if the child is in DCF custody.
- Creates a new statute for child welfare adoption process.
 - DCF/CBC must respond to inquiries from prospective adoptive parents by referring them to a DCF approved adoptive parent training within 7 business days.
 - Prospective adoptive parent must
 - successfully complete adoptive parent training.
 - complete a DCF adoption application.
 - DCF/CBC must do a home study and complete a preparation process with the prospective adoptive parent.
 - When both are done, the entity shall determine whether applicant is appropriate to adopt.
 - DCF/CBC must approve or deny within 14 days.



Child Welfare

Adoption Process

- Adoptive Parent Training Not Required
 - If the person is a licensed foster parent, relative or non-relative caregiver who
 - had training within the last 5 years, or
 - has had the child in the home more than six months and understands the challenges and parenting skills needed for the child.



Child Welfare

Post disposition change of custody

- Adds 10 criteria for court to consider when determining whether change of legal custody or placement is in the child's best interest.
 - child's age,
 - physical, mental and emotional health benefits of staying or moving,
 - stability and longevity of placement,
 - established bond with current and proposed caregiver,
 - reasonable preference of the child,
 - recommendation of current caregiver,
 - GAL recommendation,
 - relationship with sibling,
 - likelihood of permanency in current or proposed,
 - placement,
 - other relevant factors



Child Welfare

Post disposition change of custody – removal from parents

- Add four factors for the court to consider whether to remove a child who was reunified with a safety plan or left at home under a safety plan.
 - circumstances of initial removal and subsequently identified issues;
 - length of time child was placed at home with in-home safety plan;
 - parent or caregiver protective capacities;
 - level of increase of protective capacities since the child was placed at home.
- It also requires the court to consider whether the permanency goal should be changed.



Child Welfare

Continuation of Jurisdiction after Reunification

- Requires the court to maintain jurisdiction – even after 6 months post reunification if a safety plan remains necessary for the child to reside safely at home.



Child Welfare HB 1105 – Parenting Partnership

Parenting Partnerships

- DCF & CBCs shall develop and support relationships between caregivers and birth or legal parents of children in out-of-home care, to the extent that it is safe, and in the child's best interest:
 - Facilitate telephone communication between parent and caregiver asap after placement
 - Facilitate in-person meeting asap after placement
 - Develop and support plan for parent to participate in medical educational appointments and extracurricular activities
 - Facilitate participation by caregiver in visitation with parent.
 - Involve caregiver in planning meetings with parent.
 - Develop and implement effective transition for the child's return home or other placement change
 - Support continue contact between caregiver and child after child returns home or moves to other permanent placement



Child Welfare HB 1105 – Parenting Partnerships

Parenting Partnerships

- Requires caregivers, parents, DCF and the CBC to “work cooperatively in a respectful partnership” they are to:
 - Interact and communicate professionally, share relevant information promptly and respect confidentiality.
 - Participate in developing the case plan, with child if appropriate.
 - Work together to implement the plan.
 - Keep caregiver involved by letting them participate in team meetings and court hearings; giving them timely notice and offer alternative methods of participation if they can’t be physically present.



Child Welfare HB 1105 – Parenting Partnership

Parenting Partnerships

- Requires caregivers to provide and DCF/CBCs to support excellent parenting:
 - Loving commitment to child and child's well-being
 - Appropriate supervision and positive methods of discipline
 - Encouragement of child's strengths
 - Respect for child's individuality, likes and dislikes
 - Providing opportunities to develop interests and skills
 - Being aware of the impact of trauma on behavior
 - Facilitating equal participation of child in family life
 - Involving child within his or her community
 - Committing to enable the child to lead a normal life



Child Welfare 1105 – Parenting Partnership

Parenting Partnerships

- Requires placement with a caregiver who...
 - Has the ability and willing to accept responsibility to care for the child, Is willing to learn about and respect child's culture, religion, ethnicity, physical or psychological needs, unique circumstances and family relationships. DCF/CBC must provide caregiver with all information. (existing law)
- Caregiver must have access to and take advantage of all training needed to improve skills in parenting child who experienced trauma, meet child's special needs and work effectively with all other agencies and entities.
- DCF/CBC must provide caregiver with services and supports needed to provide quality care.



Child Welfare HB 1105 – Parenting Partnership

Parenting Partnerships

- Incorporates existing Quality Parenting law provisions from 409.145 – regarding removal of children from the caregiver and requirement for transition unless removal is an emergency.
- If case plan includes reunification then DCF/CBC and caregiver must work with parents to improve their ability to care for and protect the child and provide continuity.
- Carries over and expands on roles of caregiver from previous 409.145(2)(a). But adds duty of DCF/CBC to support and facilitate caregiver in those items.
 - Specifies DCF/CBC may not retaliate against a caregiver for advocating for the child. (2) (b)(12)
- Case manager and supervisor to mediate disputes between caregiver and parent.
- Group Home staff that work with kids must meet same requirements as Level II foster parent.



Child Welfare HB 1105 – Parenting Partnerships

Case Plan Development

- Case plan must describe the responsibility of parents and caregivers to work together, when it is safe.
- Parents and caregivers to notify case manager if “ineffective communication takes place that negatively impacts the child.”

Judicial Review

- Requires the Judicial Review Social Studies Report include a section on what the caregiver reports on the well-being of the child, the impact of services and the relationship with the child’s parents
- Requires the court to determine whether the parents and caregivers have a productive relationship with meaningful communication and mutual support
- Effective July 1, 2020.



Accountability – DCF

DCF Accountability Act

- Creates a DCF Office of Quality –agency-wide §407.715
 - Create performance standards and metrics for
 - DCF, all contracted service providers: law enforcement, CBC lead agencies, Managing Entities, attorneys.
- Recommend initiatives to correct programmatic and systemic deficiencies.
- Report systemic or persistent failure to meet standards and make recommendations for corrective action to DCF Secretary.



Accountability – Child Welfare

DCF Accountability Act

- DCF must create a Statewide Accountability System for Child Welfare.
 - Assess overall health of child welfare system
 - Quality Measurement System
 - Defined levels of quality that includes CPI, Lead Agency and Attorneys
 - DCF and CBCs to use the information to provide enhanced quality
 - Report to the Governor, and Legislature by December 1.



Accountability – Sheriff

DCF Accountability Act

- Accountability for Sheriff CPIs
 - All must collaborate with DCF to monitor program performance on an on-going basis.
 - Sheriffs with grant agreements to provide CPI must adopt child welfare practice model and be measured by the same performance measures as DCF CPI.
 - Sheriffs that conduct CPI per statute, do not have to adopt the child welfare practice model and will not be held to performance metrics specific to the model: Pasco, Manatee, Broward, and Pinellas.



Accountability – DCF Attorneys

DCF Accountability Act

- Accountability for Attorneys Representing DCF
 - All attorneys (included contracted attorneys) must adopt the child welfare practice model.
 - All attorneys must collaborate with DCF to monitor performance
 - Performance evaluation shall be standardized statewide for all attorneys.
 - Random cases, peer reviewed
 - DCF to publish annual report on performance quality, outcome measurement attainment and cost efficiency of contracted attorney services. Report to include performance of DCF attorneys.



State of Hope Act

“State of Hope Act” - sections 1, 3, and 6 of DCF Accountability Bill

- Community Alliances
 - Identify and encourage development of faith and community-based programs, services and assistance.
 - Add a representative of such organization to alliance.
- Lead Agency
 - Designate employee to serve as liaison with Community Alliance and faith and community-based organizations.
 - Liaison to ensure lead agency staff and subcontractors are informed of the services and assistance those entities offer.



State of Hope Act

“State of Hope Act” - sections 1, 3, and 6 of DCF Accountability Bill

- CPI – Policies and Programs to mitigate and prevent secondary stress and burnout.
 - Staff recognition, support after critical incidents, training in self care, training in supervisory support and monitoring and responding to employees.



Workforce Development

DCF Accountability Act

- Curriculum Development. Florida Institute of Child Welfare and FSU School of Social Work to:
 - Develop curriculum to enhance knowledge and skills regarding child welfare practice. To be shared with any school that wants it.
 - Develop a “career long professional development curriculum.”
 - Create a consulting program to enhance workforce culture, supervision and management practices.
- Career Ladder
 - DCF and Florida Institute of Child Welfare are to create an expanded career ladder for child protective investigators.
- Takes Effect July 1, 2020.



Adoption

Adoptions Benefits

- Expands state employee adoption benefit to veterans, service members, and contract employees of the state, including “other-personal-services”.
- Takes Effect July 1, 2020.

Adoptions Records

- Permits the parties in adoption proceedings to authorize release of their own information without court order.
 - Minor children must have the written consent of their adoptive parents.
 - Can obtain own records with the name and identity of all other parties redacted;
 - Can obtain the name or identity of any other party who authorizes disclosure.
 - Can still obtain court order if party doesn't authorize
- Takes Effect July 1, 2020.



Service Members Relief Act

Service Members Relief Act

- Amends the **definition of abandonment** to state that it constitutes an absence of a parent due to service (deployment or prospective deployment) in the military cannot be considered as a factor in determining abandonment.
- Adds the federal Servicemembers Civil Relief Act as a law that Chapter 39 does not supersede. Requires DCF to follow federal law.
- Servicemembers are: Members of Armed Forces on active duty or state active duty, Florida National Guard, United States Reserve Forces.
- Takes Effect July 1, 2020.



Temporary Custody of Minor Children by Extended Family

Temporary Custody of Minor Children by Extended Family

- Permits parents to select fictive kin (close family friends) to take temporary custody of their children.
- Adds Best Interest Considerations
 - Adds to purpose section : “Protect the welfare of minor children by allowing transitions of custody consistent with their best interest.”
 - Permits the petition for temporary custody and the order terminating temporary custody to include provisions related to the child’s best interest.
 - Specifically references transition for children who return to their parents.
 - Other best interest considerations can be included.
 - Court can impose reasonable transition conditions if the initial finding was that the parent was unfit and the child has been in temporary custody for an extended period of time.
- Takes Effect July 1, 2020.



Children's Health Care

School Based Medicaid

- Permits schools to obtain reimbursement for services used by all Medicaid eligible students. Previously schools could only be reimbursed for students with Individual Education Plans.
- Services covered
 - Physical therapy;
 - Occupational therapy;
 - Speech therapy services;
 - Behavioral health services;
 - Mental health services; and
 - Transportation services.
 - Takes Effect July 1, 2020



Children's Health Care

Florida Kidcare

- Eliminates the lifetime cap of \$1 million on covered expenses.
 - Effective upon becoming a law.
 - Signed into law on April 8, 2020



Children's Mental Health

Children's Mental Health.

This bill is aimed at creating a coordinated system of care for addressing the serious mental and behavioral health concerns of children.

- Integrate services of child-serving systems.
- Mobile Response Teams (MRT) deployed as part of the system of care.
- Schools must deescalate and contact MRT before calling law enforcement to initiate Baker Act.
- DCF and AHCA to study highest users of crisis stabilization and evaluate quality of care provided to them.
- AHCA to test the Medicaid system to make sure that listed providers are available, and patients have access to providers.



Children's Mental Health

Children's Mental Health (HB 945)

Managing entities must create Mobile Response Teams

(MRT) as part of their system of care, which must include:

- Immediate, onsite, behavioral health crisis services
- Children and young adults to age 25 who
 - Have an emotional disturbance;
 - Are experience acute mental or emotional crisis;
 - Experience escalating emotional or behavioral symptoms that impair ability to function in family, living situation, or community; or
 - In the child welfare system and have high risk of placement instability.



Children's Mental Health

Children's Mental Health

- Mobile Response Teams will:
 - Triage new requests and respond in-person within 60 minutes, if prioritized.
 - Provide behavioral health crisis-oriented services that meet the needs of the young person.
 - Provide evidence-based practices to help deescalate and respond to behavioral challenges.
 - Screen, assess and refer to community services.
 - Coordinate care by facilitating transition to community services.
 - Ensure informed consent and confidentiality.
 - Promote information sharing and use of technology.
 - Coordinate with the Managing Entity and other partners to facilitate continuity of care.



Children's Mental Health

Children's Mental Health

- Coordinated system of care (new section)
 - Managing Entity to lead a plan to create a coordinated system of care.
 - Agencies and stakeholders to be involved
 - Plans due January 2022.
 - Plans to be implemented January 2023.
 - Create integrated service delivery approaches.
 - Identify gaps in the array of services and include in an assessment of needs.
- Foster parent training to include information on MRTs.
- CBCs to provide all caregivers with MRT contact information.
- K-12 Student and Parent Rights & 1002.33 Charter Schools
 - Before a principal or his or her designee contacts a law enforcement officer, he or she must verify that de-escalation strategies have been utilized and have outreached to a mobile response team unless the principal or the principal's designee reasonably believes that any delay in removing the student will increase the likelihood of harm to the student or others.



Children's Mental Health

- DCF and AHCA must:
 - Assess the quality of care provided to users of crisis stabilization units.
 - Review current standards of care and compare them to other state and national standards.
 - Make recommendations for improvement to standards.
 - Assess how they gather & interpret information, coordinate with other providers, create discharge plans to avoid or reduce further crisis stabilization services
 - Report must be submitted by November 15, 2020
- Medicaid Managed Care Accountability.
 - Requires AHCA to continuously test providers network databases to confirm providers are accepting patients and that patients have access to behavioral health services.
 - Takes effect July 1, 2020



Sexual Battery on a Minor

Donna's Law (HB 199)

Removes statute of limitations on prosecutions for sexual battery when the victim is younger than 18 – specifically for offenses committed after

July 1, 2020.

- Takes Effect July 1, 2020



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Contact the Clearinghouse

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