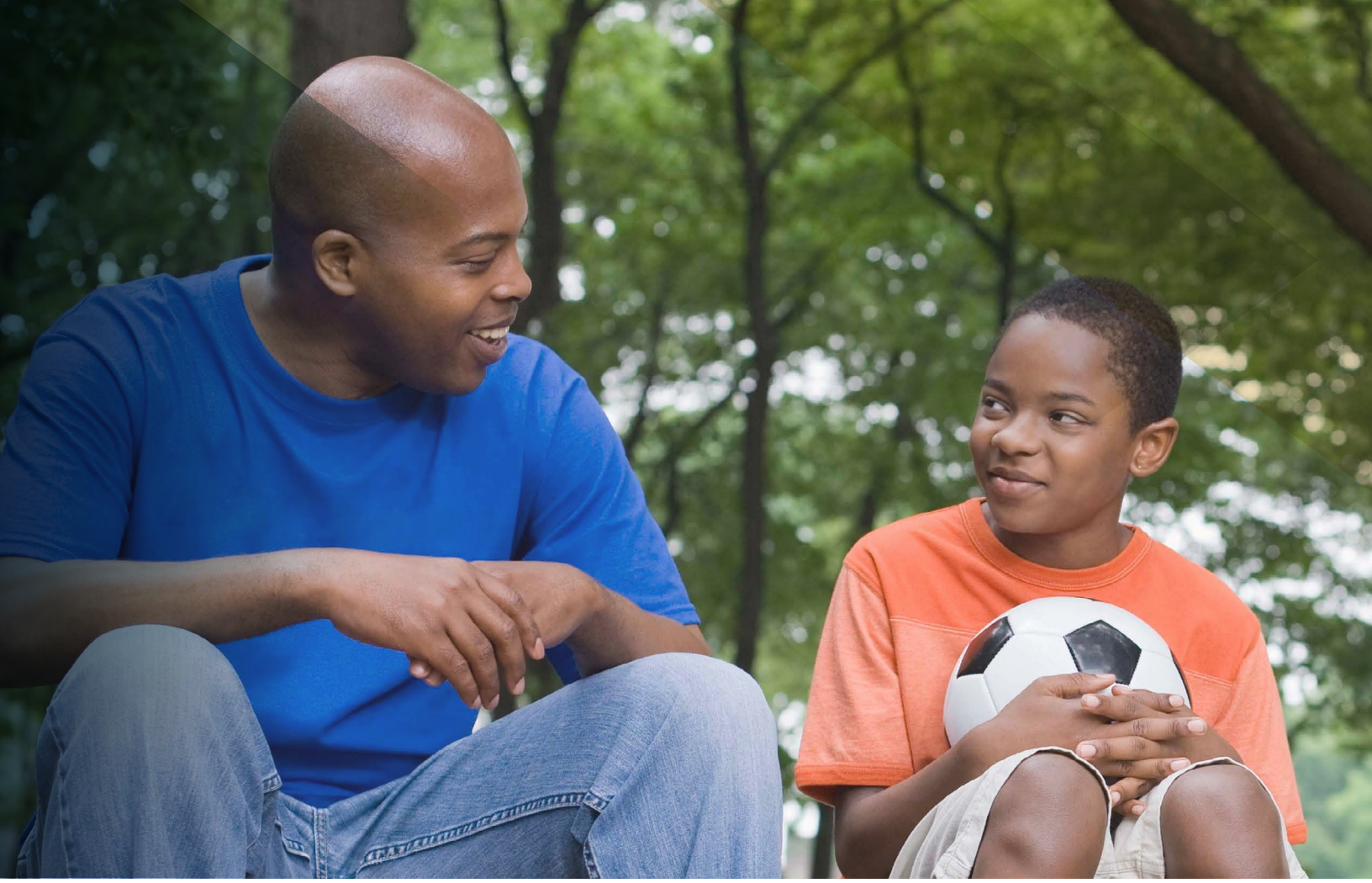

FLEXIBLE FOSTER CARE RATES DURING COVID-19:

A Playbook for Supporting Child and Youth Permanency through a Wraparound-Informed Approach

Operationalizing All County Letter 20-44

CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

UCDAVIS
Continuing and Professional Education | Human Services

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Section 1: A Playbook for Supporting Child and Youth Permanency through a Wraparound-Informed Approach

1.1 WHY A PLAYBOOK?

This Playbook is a practical guide for child welfare agencies and service providers to understand and implement Wraparound-informed strategies, recognize the flexible funding available on a short-term basis described in ACL 20-44 and to discern behavioral health service delivery pertaining to child welfare and probation described in this document.

Current California Wraparound county agencies, providers and stakeholders participated in surveys and interviews regarding the COVID-19 crisis and how service delivery has been affected including barriers met and strategies utilized to overcome these barriers. Despite a global pandemic and significant changes in the workplace in a very short period of time, administrators, supervisors and staff have rallied to find pragmatic and innovative ways within organizational guidelines to continue service delivery using Personal Protective Equipment (PPE) and creative alternative methods to in-person meetings. We appreciate each participants' time and the candor that was shared in the interviews that provide insight into the field of service delivery during the first weeks of the COVID-19 crisis.

Wraparound counties and service providers have taken on the incredibly difficult task of continuing to assess and deliver critical services to youth and families as systems for delivery have considerably shifted to meet specific federal, state and local policy requirements. Practitioners are continuing to modify care delivery practices within mandated guidelines while striving to maintain quality client services as is noted throughout this playbook.

Two specific fiscal opportunities are in place to support these care strategies during COVID-19. The first is flexible foster care rates through CDSS and county child welfare and probation agencies for Wraparound-informed approaches and services, and the second is Medi-Cal Specialty Mental Health Services (SMHS) through DHCS and county behavioral health agencies. These are described in Sections 3.2 and 3.3.

Wraparound and other models utilized in child welfare and probation work

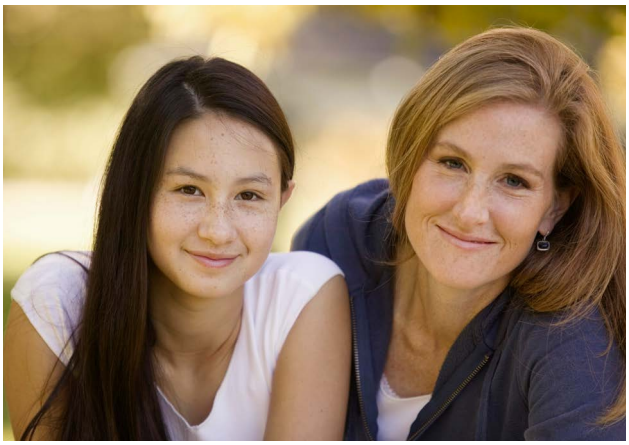
Currently California child welfare and probation agencies and providers are striving to improve outcomes for children and families involved in the child welfare system by implementing various promising and evidence based practice models and approaches such as, the Integrated Core Practice Model (ICPM)/California Child Welfare Core Practice Model (CPM), Safety Organized Practice (SOP), Structured Decision Making (SDM), and Child Family Team (CFT), Child and Adolescent Needs and Strengths (CANS) Tool, Adverse Childhood Experiences (ACES), Trauma Informed Care, System of Care for Children and Youth, and California Wraparound. All of these key practice models and approaches align with each other sharing many of the same primary principles and values. They can be, and often are, used in concert and inform each other as family-centered and team-based approaches to care. For purposes of this flexible funding, we specifically encourage agencies and providers to use the Wraparound philosophy and principles to find individualized strategies appropriate for children, youth, families and caregivers.

How did this Playbook Develop?

In response to the very real needs of child welfare and probation agencies and providers, the California Department of Social Services (CDSS) in collaboration with County Behavioral Health Directors Association of California (CBHDA) and the California Department of Health Care Services (DHCS) have developed this Playbook to provide program information and funding guidance regarding Wraparound and Wraparound-informed practices as a best approach to support children, youth, families and caregivers. Valuable information regarding impacts, barriers and strategies during COVID-19 were contributed from counties and local agencies through interviews and a survey with stakeholders in April 2020.

Who is the audience for this Playbook?

The Playbook provides information regarding the use of waivers and flexible funds to apply after all other possible funds have been exhausted to provide critical and necessary services and care consistent with our comprehensive efforts to improve outcomes. Administrators, managers, supervisors, coordinators and staff will find practical information including information pertaining to Wraparound-informed practices for child welfare, emphasizing the importance of the teamwork that is expected when serving California's children, youth and families.



How can we improve the Playbook?

This Playbook is intended to be an evolving informational guidebook. CDSS will continue to work with partners to update the playbook with timely, relevant, and useful information. This Playbook is informed by High Fidelity Wraparound and high-quality Wraparound practices, policies, workforce development, and organizational and fiscal structures from a multitude of providers and counties across the state and nation. Conversations, research, and data will continue to inform this playbook and Wraparound practice, programmatic, and fiscal development guidance, even after this crisis subsides. The CDSS and our partners look to all counties, providers, and organizations engaged in Wraparound and Wraparound-informed practice to provide their feedback and ideas. Please submit your suggestions and feedback to WraparoundQuestions@dss.ca.gov or visit https://www.cdss.ca.gov/inforesources/Foster-Care/Family-Centered-Services.

1.2 WRAPAROUND AND WRAPAROUND-INFORMED

California Wraparound is a strengths-based planning process that occurs in a team setting to engage with children, youth, and their families. Wraparound shifts focus away from a traditional service-driven, problem-based approach to care and instead follows a strengths-based, needs-driven approach. The intent is to build on individual and family strengths to help families achieve positive goals and improve well-being. Children and their families participate in collaborative Wraparound teams, designed to help meet family needs by using both formal and informal supports and resources, focusing on creating an environment where healing and growth can take place. The Wraparound approach emerged in the late 1980's in reaction to how youth with complex needs were being addressed and, now, it has continued to evolve over time into a standardized set of practices, identified phases, principles and activities. California Wraparound is intended to allow children to live and grow up in a safe, stable, permanent family environment. CDSS especially encourages the use of Wraparound for innovative problem-solving and creative solutioning for providers during the COVID-19 pandemic. For more information regarding the Wraparound program and frequently asked questions, please refer to All County Information Notice (ACIN) No. I-91-08 and ACIN No. I-52-15.

It is important to note here that the California Department of Social Services supports High Fidelity Wraparound, which is considered the best practices method for using Wraparound. High Fidelity Wraparound is the gold standard that is encouraged for all providers. However, during the COVID 19 crisis, the CDSS recognizes there is benefit, especially for counties and agencies who do not have a High Fidelity Wraparound program, to focus on using the best possible Wraparound-informed strategies.

Why Wraparound-Informed?

Wraparound-informed, for purposes of this Playbook, is defined as modified High Fidelity Wraparound where an emphasis is placed on using Wraparound philosophy and process while focusing on the following three specific Wraparound principles:

1. Family Voice and Choice
2. Individualized Planning
3. Persistence

However, before we review the rationale for focusing on these three principles, we must address that Wraparound, at its heart, consists of youth and family teams, a principles driven process, formal, informal and natural supports, cross-system collaboration and comprehensive action plans.

The hallmark of Wraparound is the child and family team which consists of the youth and family and individuals committed to them through natural, informal, formal and community support and service relationships. The child and family team help with the team member selection process, and the teams should be no more than 49% formal providers (i.e., there should be more unpaid participants than paid/formal participants). As we see now during times of such public health crises, natural supports are particularly important and include family members, extended family, neighbors, other caregivers, teachers, physicians, faith-based and other community supports who will partner with and support the child and family in achieving safety, permanency, well-being, and other goals as determined by the team. Natural supports are associations and/or personal relationships that enhance the quality and security of life.

Wraparound teams work to validate the family and youth experience seeking to understand and address behaviors and circumstances by looking beyond these behaviors and circumstances to the unmet needs that drive them. County child welfare and probation agencies, providers and other supports have broad experience, and may know a great deal about the family, but only families have a deep understanding for their own experience. Wraparound requires courageous conversations and constant attention to finding and insisting on a strengths-based perspective.

High Fidelity Wraparound includes 10 principles to guide and keep practitioners headed in the right direction during the Wraparound phases and process. The key difference between Wraparound care coordination and traditional case management or intensive care coordination alone is adhering to the Wraparound principles.

1. **FAMILY VOICE AND CHOICE (ALSO REFERRED TO AS FAMILY DRIVEN AND YOUTH GUIDED).** Family driven involves family/youth/child perspectives being prioritized during all phases of the process. The plan reflects family/youth/child values, preferences and strengths, with a trauma-informed lens. The needs of the family/youth/child determine how and when services are rendered, and how goals, interventions and outcomes are mutually defined.

   Youth guided means that youth have an equal voice in the care of their own lives while, also, following policies and procedures. The youth voice and vision are 100% the youth's and should not have any outside influence. An equal voice does not mean the only voice or that their voice negates team non-negotiables such as court orders. If youth and family voice is in conflict with court orders, there may be an opportunity for advocacy or to work toward amendments, education on rights, etc. Youth and parent/family partners are essential to the Wraparound team further uplifting the voices of the youth and family, and can have a profound impact on successful reunification.

   According to the National Wraparound Initiative, "the family partner's role is to serve the family, help them engage and actively participate on the team, and make informed decisions that drive the process". Family partners may also be called parent partners. Knowledgeable about community resources, services and supports for families, the family/parent partner has personal experience in raising a child with emotional, mental or behavioral needs. As a bridge between families and agency staff, the family/parent partner can serve as a mediator, and facilitator helping to make sure that the individuals needs are being addressed and met.

2. **INDIVIDUALIZED PLANNING.** Having individualized strategies is defined as a customized set of strategies, supports and/or services. These specific needs of the youth and family and are not based on a particular intervention model. And, they are not "canned" or "cookie cutter" but instead are individualized, which is both complex and complicated. A few key points:

   - The team utilizes the particular strengths, assets, resources and needs of the youth and family to develop and implement a customized set of strategies, supports and services.
   - Strategies, services and supports are not replicated for other families without an assessment of needs, strengths, and that family's vision.
   - Services are provided in response to needs, and should be based on the underlying reasons for behaviors or situations, and services should be held separately from goals (a hope, dream or destination is a goal, not a need).
   - If there is a need identified that the team is unable to meet, seek additional resources. Services and supports should not be limited to the county, the provider, the team's skill set or immediately available resources.

3. **PERSISTENCE ASKS THE QUESTION; HOW DO WE GET TO "YES"?** Despite challenges, the team persists to find solutions. As needs change, so do the strategies. The team agrees to change strategies as the needs of the youth and family change. The county and the provider shall work to not deny care or services because of extreme severity of need, and to never reject or eject the child and family from services. The team persists in working toward the goals included in the Wraparound plan of care until the team reaches agreement that the formal Wraparound process is no longer required. The persistence principal is for ALL team members, including the child and family members.

   Again, Wraparound-informed strategies utilize all the principles of Wraparound with a highlight on *family voice* and *choice*, *individualized* and *persistence* as described above.

1.3 SERVICE DELIVERY: GETTING TO YES

The Wraparound model and approach provide the path for the Wraparound child and family team to answer the question, “What does this family need right now?” Teams continually work to identify and develop individualized strategies, supports, and services, persisting to overcome any and all barriers and challenges along the way. We call this “getting to yes.” Wraparound child and family teams are focused on reunifying children and parents, whenever possible, by helping families become strong, resilient, and healthy. When reunification with parents is not an option, Wraparound child and family teams focus on permanency with a forever family through family finding, placement assessment and matching, engagement and relationship building with youth and perspective caregivers, and other specialized permanency services. During this process, the Wraparound child and family team also seeks to find and engage natural relationships to build the family’s network of support with informal, non-paid supportive people to ensure sustainability of safety, permanency, and well-being after the case has closed.

Embracing the fundamentals of Wraparound means establishing mutually created goals, creatively and persistently pursuing those goals, and changing goals as needs change. In embracing Wraparound philosophies and principles, people don’t fail, plans fail. And if this happens, revisit the plan. Keep persisting! Get to “yes!” In the following fiscal section, short term flexible foster care rates and behavioral health programming is discussed to support Wraparound and Wraparound-informed service delivery.

Section 2: COVID-19 Impacts, Barriers and Strategies

2.1 HOW HAS SERVICE DELIVERY BEEN IMPACTED?

Since the California Shelter in Place order was enacted on March 19, 2020, service providers reported a rapid service delivery model modification in the group interviews and survey that were conducted by CDSS. As health and safety information has emerged and regional, statewide and federal orders and recommendations have been issued, a new service delivery model became necessary to accommodate these changes. For nearly all providers, this included new safety and care assessments, adaptation, education, acquisition of materials and transition of service to overcome barriers to meet the needs of organizations, staff, children, youth, families and caregivers needs in an effort to reduce the transmission of COVID-19.

2.2 BARRIERS AND STRATEGIES

Providers described that the top two impacts and barriers to services were **maintaining safety** for all and the rapid **move to virtual meetings**. This includes safety from the point of view of Personal Protective Equipment (PPE) and how to best continue service delivery. Organizations report updating plans of care including treatment plans for those receiving mental health services. Assessments were swiftly made to determine whether families had access to a digital device and to the internet. Technology resources were obtained through flex funding, philanthropy or with school partners who provided chrome books for distance learning. In rural areas, internet access was an issue resolved for the most part with mobile hotspots. Face-to-face meetings were determined on a case-by-case basis although many services may have been moved to a virtual platform to protect the workforce and vulnerable populations to limit COVID-19 exposure. There are services which may have continued in-person based on the specific needs of the child/youth or family.

Some organizations continued face-to-face only for initial engagement. Other organizations spoke to the increased use of parent/family partners to engage new families and/or engage families to use digital platforms for supportive services. In response to maintaining safety, staff training operationalized their systems within their organizations for service delivery. This also paved the way for practitioners to provide information and coach their youth/families and caregivers regarding specific safety information to decrease the transmission of COVID-19 and talking to families about the potential use of digital platforms for service.

Digital Platforms as a Strategy

Counties and providers shared how digital platforms have created opportunities to engage, assess, and deliver services during the COVID-19 crisis, as well as barriers to utilizing digital platforms and strategies to overcome these barriers. Such strategies and barriers are listed in the table below.

Table 1:
Stakeholder Input on Barriers Related to Use of Technology While Sheltering in Place and Strategies to Address Them

Digital Platform Barriers	Digital Platform Strategies
Clients may not have access to adequate technology (internet-based devices), used for both home school-based learning and client engagement.	This is not a one-size-fits-all issue, some families and children may require one or more of the following: laptop, Chromebook, camera, or smart phone. It may take time and several conversations to help ensure each family has the appropriate technology so as communication and/or school engagement is not a barrier in and of itself. If the family does not have adequate technology (laptops, Chromebook, cameras etc.), consider asking school partners if there are technology loaner equipment; consider using flex funding and/or philanthropic options. • Be aware that families may require some coaching or teaching of how to use some of this equipment. • Caregivers and youth may meet simultaneously if two devices available (which may be beneficial at times), for example, Parent/Family partner can meet with family via Zoom while therapist meets with youth • Ask permission to use school issued chromebooks for therapy or other client services • Loan or purchase smart phones for service delivery/team meetings and interviews for jobs
Some families, especially those in rural settings, may require additional internet connectivity and/or higher speed internet	• Partner with school districts or other educational partners to provide Mobile Hotspots to students. iFoster is also a resource. • Provide families with information regarding Wi-Fi buses (if appropriate) that travel to some areas offering Wi-Fi access
Both staff and families/caregivers may need time to learn how to use technology	**Staff and families can be provided information needed to make transition to the digital platform** • Professional development for staff • Coaching for Families/Caregivers, Tip Sheets for Families/Caregivers, Training for Parent/Family Partners
Staff may need support with this adjustment *also;* working from home has caused daily work to be restructured in profound ways. For example, now it is possible for staff to have back to back meetings; which can be difficult to manage. Staff report missing out on the "decompression time" found when traveling to and from in-person meetings.	**To help navigate this challenge, leadership can:** • Make scheduling considerations and build in time between meetings; utilize team agreements; provide coaching to help navigate this new issue. Also consider reviewing trauma-informed workplace information when possible (See Section 4 below) • Ensure staff are building time in their schedule to deliver materials to families they may need for virtual sessions.

Families and Caregiver Strategies

Counties and providers shared specific barriers and strategies experienced by families and caregivers related to basic necessities such as food, housing, utilities, and transportation. Additionally, schoolwork, behavior management, employment, digital devices, budgeting, and COVID-19 related barriers and subsequent strategies were shared. Such strategies and barriers are listed in the table below. Additionally, regarding the social-emotional-developmental nuances of supporting young children and their families, please see Appendix, "Supporting Young Children During the COVID-19 (Coronavirus) Pandemic."

Table 2:
Stakeholder Feedback Regarding Barriers and Strategies Experienced by Families/Caregivers Related to Basic Necessities, Long Distance Learning and Behavioral Management

Family/Caregiver Barriers	Family/Caregiver Strategies
Families/caregivers have expressed challenges in meeting basic needs, including: • Housing • Utilities • Accessing food supplies and food banks, • Accessing food from schools for kids • Employment including day labor loss • Healthcare • Transportation	To meet some of these needs, providers have: • Paid for short term hotel stays, • Purchased generators for RV to provide housing for children • Provided referrals to housing programs with rental assistance • Assisted with rent payment • Assisted with calling utility companies • Helped with foodbank information • Paid for groceries • Linked to school provided meals • Helped complete unemployment paperwork • Linked to telehealth/telemedicine when needed with medical providers • Assisted with creative transportation challenges such as procuring bicycles or new engine for existing car (a garage donated labor)
Monitoring, assisting with, facilitating [etc] K-12 long distance learning and schoolwork has been difficult for many families/ caregivers to navigate, many of who are also working from home or struggling with job losses	To help with school demands, providers have: • Provided distance tutoring and mentoring support for children to help with schoolwork and which has also provided respite for caregiver • Sought additional mentor services
Sheltering in place has been difficult for many children and youth (and adults) which has exacerbated challenging behaviors and/or strained parent/ child relationships.	Providers have worked to develop and coach behavioral management tips with families and caregivers

(continued)

Table 2 *(continued)*:
Stakeholder Feedback Regarding Barriers and Strategies Experienced by Families/Caregivers Related to Basic Necessities, Long Distance Learning and Behavioral Management

Families and caregivers have expressed COVID-19 related fears, including how to protect themselves and family members from increased exposure or other safety related issues	Providers have provided tips and coaching to family and caregivers regarding COVID-19 on how to stay safe, which has included a COVID-19 in family safety plan
Families/caregivers have struggled with budgeting/job losses	Providers have offered budget planning programs and provided support around decision making

Table 3:
Stakeholder Input Regarding Engagement Strategies Used with Children and Families/Caregivers

Engagement Issue/ challenge	Engagement Strategies
Engagement with families/children in a virtual setting has impacted issues related to: • Privacy • Technology fatigue/sense of overwhelm • Engagement (especially hard to engage young children) • Technology fatigue due to overwhelming number of virtual meetings/calls (both for staff and families/children) • Sensitive or crisis feeling issues for client via digital/phone may need platform change (ie, move from a secure platform to more formal tele-health)	**Practitioners have striven to maintain continuity of care and address these barriers by:** • Addressing privacy worries/issues and helping all family members understand the importance of respecting privacy boundaries. • To hold attention spans a structured team check-in's is recommended that include a set of digital platform and session agreements along with a specific agenda for that check-in meeting. • Increase quality of engagement by increasing frequency of visits rather than holding long sessions on digital platforms • Using a research informed curriculum to structure time has worked well for some providers • Suggest group virtual activities with families/caregivers like cooking, dancing, music, reading, games, mask making (see larger list of potential engagement strategies in 3.4 below) • Suggest activities that increase opportunities for family/caregiver bonding with youth/child or as a therapeutic activity for youth/child to do individually • Individualize strategies regarding sensitive or crisis feeling issue coverage

Table 3 *(continued)*:
Stakeholder Input Regarding Engagement Strategies Used with Children and Families/Caregivers

Providers/practitioners have become increasingly creative in ways to engage families/ caregivers and children/youth.	To help families/children/youth navigate the stress of shelter in place, practitioners have encouraged/facilitated (practitioners are also providing coaching via technology to parents/caregivers as they engage in these activities): • Agency "warm-lines" • Family cooking session • Family "Mask Making" sessions • Dance Parties • Hair and make-up tutorials for teenagers • Bedtime stories/book reading for children • Virtual birthday parties • Use of virtual game Apps that allow for people in different households to interact with each other (for example, House Party App and Scattergories online App) **Practitioners have used the following to engage children/youth:** • Created videos to share with youth and families • Played games with children/youth online (House Party App can be used to play games like Connect 4 and Battleship) • Created activity packets for children/youth • Watched YouTube videos with youth • Provided youth leadership activities, or engaged youth in other organizations offerings **Other ways practitioners have engaged families/caregivers** • Left materials at the front door – door dash style – which included materials for meetings, case management, intervention packets, celebrations, food drop off etc • Encouraging exercise by providing tips and reporting out • Encouraged mindfulness activities
As needed, staff have held In-Person Meetings, which have also been modified to ensure safety	Staff have used the following to meet with families/youth in-person (with appropriate PPE): • Met with others through a window or screen door - staff have brought lawn chairs and sat at least 6 feet away or more with PPE as needed • Held outdoor picnics with appropriate distancing/masks • Walked with clients (outdoors) using appropriate distancing /masks

Section 3: Wraparound Fiscal 101 and Short-Term Flexible Funding

3.1 WRAPAROUND FUNDING HISTORY, REALIGNMENT AND ELIGIBILITY

California Wraparound was established in 1997 through Senate Bill 163 as a service alternative to placing children in high-level group home care. It is described in statute in Welfare and Institutions Code (WIC), Sections 18250 – 18258. The original legislation did not provide any new funds for Wraparound, but allowed counties to use the nonfederal share of foster care placement dollars, that would have otherwise been paid to a group home, in a flexible manner. Funds for each child enrolled in Wraparound, minus the cost of the actual placement, are pooled and used flexibly to provide service alternatives to high level residential care. These pooled funds, often referred to as a Wraparound Flex Fund, are not child specific. Federal Title IV-E funds are currently not available for Wraparound. Funding for Wraparound is flexible in order to meet the individualized identified needs of each youth and family.

Since realignment, Wraparound administration and funding was transferred from the state to counties and is part of each county's Local Revenue Fund, referenced in CFL: No. 11/12-18. The maximum rate available for Wraparound is defined in statute {WIC Section 18254(a)} as being equal to the rate for Short-Term Residential Therapeutic Programs (STRTP's). Per All County Letter (ACL) No. 19-70, a change to the Wraparound rate occurred due to the enactment of Assembly Bill (AB) 404. Effective July 1, 2019, the 4.15 percent California Necessities Index (CNI) increase applies to the current Wraparound rate and is $13,532 minus any out of home placement costs. The claiming instructions are included in CFL No. 01/02-51.

Wraparound reinvestment dollars are defined as unspent funds retained by the county as cost savings. The savings must be reinvested back into activities that benefits children and families and is determined by the individual county.

Eligibility criteria for Wraparound services, as defined by {WIC Section 18251(c)} include a child or nonminor dependent who is a ward or dependent of the juvenile court who is currently or is at risk of placement in out of home care. Counties can specify their own eligibility criteria, within the parameters of the statue, for how they enroll youth and families in Wraparound based on local need. In addition, a child who is eligible for Adoption Assistance Program (AAP) benefits may be eligible for Wraparound if Wraparound has been approved in lieu of out of home care {W&IC Section 16121(b)}.

3.2 FLEXIBLE FUNDING FOR COVID-19 RELATED ACTIVITIES

In order to support the needs of children, youth and families during the pandemic, counties and providers need a way to fund specific activities in a home-based family setting. The issuance of All County Letter 20-44 identified three existing rates that could be used to support a Wraparound-like level of care for youth and children impacted by the pandemic. The rates are the following: Family Only Rate, designated to support county homes (currently in the amount of $2,609), the Static rate ($6,291) designated for foster family agencies and/or other community based organization and the redirection of the Short -Term Residential Therapeutic Program rate ($13,532).

How are these rates to be used in a flexible manner?

- The flexible use comes with the relaxing of the eligibility requirement by not requiring counties to conduct the traditional rates determination. Foster Family Agency (FFA)s can get the Static rate based on the COVID criteria listed in ACL 20-44 and assumes that the needs of COVID-19 impacted young people and families are higher.
- The flexibility opportunity permits the county to split the Static rate between what is paid to the family and a provider. The amount of the rate that is not paid to a family can be paid to an FFA or a community-based organization to support the family with supports and services, which has not been a typical rate methodology.
- Counties are given the flexibility to negotiate rates with agencies, as opposed to using a fixed rate to support a resource home or an agency. Negotiated rates using the STRTP rate allows counties to individualize the payments to the needs of that family due to the COVID-19 pandemic. For example, County A exercises the option to use the STRTP rate for a family placement, they are going to pay the resource parent $4,000, and pay the agency (FFA or Other) the amount of $9,000. County B chooses the same option but pays the parent $2,000 and chooses to pay a Community Organization that is not an FFA $6,000.
- Mentioned below is the opportunity to partner across agencies to maximize funding. For County Behavioral Health Plans and Social Services Agencies that have agreements in place and permits them to transfer funding between agencies, those counties can leverage and expand services using the funding for the STRTP rates minus any placement costs. This requires a sophisticated fiscal and programmatic partnership in counties to implement a blended funding strategy for this purpose. This strategy can continue beyond COVID-19 exception using Wraparound funding. The blended funding strategy models are not new, and a very valuable reference that can be found in the "Developing Blended Funding Programs for Children's Mental Health Care Systems" manual. Although the reference pre-dates the 2011 realignment, and references the state Department of Mental Health, the concepts are still relevant examples for today's use.
- Although not new to Wraparound, the establishment and availability of a flexible funding stream is very important. Procedures need to be in place that include flexible mechanisms for ensuring that staff and providers (depending on the model) have timely access to flexible funds (e.g., within 2 hours for amounts under a set threshold and within 24 to 48 hours for amounts greater than the minimum). Procedures need to be set up for documenting and accounting for the use of flexible dollars. In addition to providing access to flexible dollars, the utilization of community resources and the inclusion of informal supports should be part of the strategy (i.e. public health or community resource centers, faith-based communities etc.)

Specific claiming instructions related to the Temporary Authorization of Higher Rates Due to Covid-19 can be found in CFL No. 19/20-89.

3.3 BEHAVIORAL HEALTH SERVICE DELIVERY

Wraparound programs could potentially include a valuable partner, county behavioral health. Children and youth who are full scope Medi-Cal beneficiaries are entitled to medically necessary Medi-Cal Specialty Mental Health Services (SMHS) under the Early Periodic Screening and Diagnosis (EPSDT) benefit. Because the target population for Wraparound-informed services frequently includes these beneficiaries, this is a great opportunity to partner across systems and potentially maximize funding streams to support this vulnerable population.

The Wraparound model seeks to identify the child, youth and/or family's individualized and immediate needs. Medi-Cal beneficiaries who need Wraparound-informed support may also need to be provided SMHS. It is not unusual for participants to have posttraumatic stress disorder with trauma-often layered and/or depression, anxiety, or other mental health diagnoses that can be treated through the SMHS benefit. Potential services may include individual and family therapy, crisis intervention, intensive care coordination (ICC), intensive home-based services (IHBS), or other medically necessary services covered under Medi-Cal. Medi-Cal SMHS can be provided alongside and in partnership with the Wraparound program.

COVID-19 & Telehealth Best Practices

For those County Mental Health Plans (MHPs) and contracted providers who have noticed a decrease of duration of Medi-Cal SMHS via telehealth with clients, consider increasing the frequency of sessions through telehealth. However, it is important to evaluate frequency of contacts to ensure appropriateness based on needs and preferences.

- Telehealth service focus may also include:
- Coping and resiliency skills;
- Establishing rapport with new clients and maintaining rapport with existing clients, as this will require more overt efforts during ongoing sessions via telehealth;
- Emphasize the importance of continuing mental health treatment to build on progress, prevent regression and explore the obstacles and discomfort of telehealth services, which may include offering different options of interventions that can be used remotely.
- County employees and contracted providers may have an age-appropriate conversation with the youth and the parent/caregiver (either separately or together depending on clinical appropriateness) acknowledging how COVID-19 has changed the way some services are provided and spend time to process this with clients. Explain to the youth and family the options of how services can be offered via phone (audio) or through telehealth.

Medi-Cal SMHS Reimbursement

Medi-Cal SMHS are administered by county mental health plans (MHPs) using dedicated funding sources, including tax and vehicle licensing fees that have been "realigned" to counties by the state and funds from the Mental Health Services Act (MHSA), California's millionaire's tax. As with other Medicaid programs, costs for SMH services are shared between the state/counties, and the federal government. MHPs may provide services directly or subcontract with community-based behavioral health providers. MHPs pay community-based providers for the SMH services they provide according to contract terms, typically on a fee-for-service basis. The MHP certifies that it has expended the non-federal share of the Medicaid payment and submits a Medi-Cal claim to the state for the federal share of cost for each service. MHPs are paid through a cost-based, fee-for-service reimbursement methodology. They may not claim federal funding in excess of the cost of providing SMH services. Each year, counties must work with the state to settle the interim federal payments they receive to cost, and must pay back federal funds if the state determines that the MHP was paid more than it cost to provide SMH services.

Funding for SMH services in California has been negatively impacted by COVID-19. The state funds dedicated to counties for SMH services will decrease in the coming years due to losses in tax revenues. Federal Medicaid funds are the single largest funding source available for SMH services, but because SMH services are reimbursed on a fee-for-service basis, counties may only claim federal Medicaid funds when reimbursable services are provided. As the emergency continues, providers of Wraparound services have a valuable opportunity to partner with MHPs to explore new service delivery models and ensure SMH services are accessible to children, youth and their families.

The Department of Health Care Services (DHCS) is issuing guidance to counties and Medi-Cal providers to assist them in providing medically necessary health care services in a timely fashion for patients impacted by COVID-19. DHCS was given authority to grant flexibility for certain requirements through Executive Order (EO) N-43-20. See DHCS COVID-19 Response website for related information notices and other flexibilities.

The Behavioral Health Information Notice 20-009 provides guidance on concrete steps counties and providers should take to minimize the spread of COVID-19, ensure ongoing access to care, and provide guidance on flexibilities given the Section 1135 waiver granted by the Centers for Medicare and Medicaid Services (CMS), effective March 15, 2020, and Governor's Executive Orders N-43-20 and N-55-20.

THANK YOU AND ACKNOWLEDGEMENTS

Thank you for reviewing this "FLEXIBLE FOSTER CARE RATES DURING COVID-19: A Playbook for Supporting Child and Youth Permanency through a Wraparound-Informed Approach, Operationalizing All County Letter 20-44" designed to provide information to support families and safe reunification during COVID-19. Counties and providers are encouraged to investigate the leveraging of the flexible funding opportunities (ACL 20-44) presented.

For additional questions or information regarding Medi-Cal SMHS specifically, please contact DHCS at: KatieA@dhcs.ca.gov. For additional questions or information regarding the Flexible Foster Care Rates During COVID-19 Playbook please contact WraparoundQuestions@dss.ca.gov or visit https://www.cdss.ca.gov/inforesources/Foster-Care/Family-Centered-Services.

The CDSS conducted interviews and a survey with the California Wraparound community to develop this Playbook. We extend our sincere thanks to the California Wraparound Advisory Committee, Seneca Family of Agencies, Family Care Network, Casa Pacific Centers, Orange County Wraparound, River Oak Center for Children, the HEROES Project, Uplift Family Services, Stanford Sierra Youth and Families, CBHDA, Victor Community Support Services, and Oak Grove Center for your support.

Last updated on June 2, 2020.

APPENDIX: Information and Resources for Providers

COVID-19 HEALTH AND SAFETY RESOURCES

In this section, you will find updated state and national COVID-19 related information and resources. In supporting the health and safety of staff, children, families and team members, current and accurate information is paramount in both communicating with clients and in developing strategies for Wraparound and Wraparound-informed service delivery.

California COVID-19 website

A website has been developed to provide information and resources pertaining specifically to COVID-19 in California. The latest information regarding COVID-19 including the latest data, the stay at home order, essential jobs, what you can do, how you can help and information for workers and how California is working around the clock to respond to COVID-19. https://www.covid19.ca.gov/.

California Department of Social Services Guidance (CDSS)

The CDSS website contains information specific to Child Welfare and COVID-19 with program selections regarding county offices, food, employment, in home service, hearings, reporting abuse, finding licensed care and reporting fraud to support youth and families. Updated headlines and hot topics are regularly updated. https://www.cdss.ca.gov/#covid19

California Department of Public Health (CDPH)

The CDPH website provides COVID-19 specific information as it relates to the impact on infectious disease control and prevention, food safety, environmental health, laboratory services, patient safety, emergency preparedness, chronic disease prevention and health promotion, family health, health equity and vital records and statistics. https://www.cdph.ca.gov

Centers for Disease Control and Prevention (CDC)

As the nation's health protection agency, CDC provides COVID-19 information on their website to inform and protect Americans regarding to national and international health, safety and security threats. https://www.cdc.gov/

Administration for Children and Families (ACF)

The Administration for Children and Families (ACF) promotes the economic and social well-being of families, children individuals and communities with funding partnerships, guidance, training and technical assistance. Information regarding the Coronavirus Aid, Relief, and Economic Security (CARES) Act (H.R. 748) summary may be accessed at this website. https://www.acf.hhs.gov/covid-19-resources

ALL COUNTY LETTERS

All County Letters (ACL) provide requirements and guidance for county and tribal child welfare social workers, juvenile probation officers, caregivers, and children's residential care providers regarding how to serve children and families during the evolving situation related to the Coronavirus (COVID-19)

ACL 20-25 provides updated information regarding child welfare and probation officers regarding provision of services.

ACL 20-33 contains the following information:

- Planning and Preparedness
- COVID-19 Symptoms or Exposure: Placement Preservation
- COVID-19 Symptoms or Exposure: Guidelines for Isolation, Quarantine, and Care
- Congregate Care Children's Residential Care Setting
- County Agency Emergency Contingency Planning
- Attachment for child-specific emergency plan recommendations for placing agencies and courts.

ACL 20-31 provides step-by-step visual guidance to document monthly caseworker visits or investigatory contacts that occurred via videoconferencing in the Child Welfare Services Case Management System (CWS/CMS).

ACL 20-28 provides interim guidance on completing Emergency Response (ER) Investigations during the current state of emergency related to COVID-19. It is critical to protect both the safety and well-being of children and families and the safety of county staff who are carrying out these duties. The following guidance is included within this ACL:

- Hotline assessments
- Use of Personal Protective Equipment (PPE) during investigations
- In-person contact during a child abuse/neglect investigation
- Preventive recommendations for social workers
- Safety planning and monitoring
- Emergency placements

ACL 20-57 provides information regarding Personal Protective Gear.

CHILD WELFARE INFORMATION DURING COVID-19

Virtual Technologies Work! Team-based Support and Planning by John VanDenBerg

Article Summary (https://nwi.pdx.edu/virtual-technologies-work-team-based-supports-and-planning/)

Recognized as one of the key pioneers of Wraparound, John VanDenBerg has made significant contributions to the concept of team-based planning for over 35 years. In the article, Virtual Technologies Work! Team-Based Supports and Planning (2020), he provides pragmatic information and support for how to add virtual technologies into the process of team-based planning. During the era of COVID-19, team-based supports and meetings are needed with even greater reason.

In this article, VanDenBerg summarizes the research which has identified the challenges as well as the strengths of virtual technology that includes long distance or remote learning. Initial engagement is hard especially if the person has complex needs. Strong facilitation is needed as group cohesion can be harder and so, that most individual team members participate. Technology can be a barrier (fear and lack of access) and individual team members may not volunteer for tasks.

On the strengths side, VanDenBerg notes, there is better access due to efficiency. An efficient process raises number served. Lower costs given no travel and there is an increase in wiliness of potential team members being willing to serve on a team. More ground rules and mechanisms for participation are needed. It is easier to maintain emotional safety and, overall, there is better time management given less logistics. And, now the technology is better than ever before including that many people have and can use their smart phones.

Key Points Summarized:

Providers can maximize the use of virtual meetings by maximizing the following elements.

Facilitation - Facilitation training is important and not to be overlooked to set up for success as it requires new skills with virtual co-facilitation roles with families.

Engagement - Initial engagement is significant to eventual outcomes and it can be done virtually. First contact, team composition, person/family preferences about meeting management, building technology skills for virtual meetings and special attention to meet HIPAA compliance that meets organization's needs such as stated prior agreements.

Crisis management –Initial crisis assessment and stabilization can be done in the first engagement meeting or via phone interviews.

Ground rules – Setting ground rules may be even more important for virtual planning than in-person. Common ground rules include all team members being fully present to participate with a willingness to let each person speak uninterrupted, have a process for rejoining the meeting if connection is lost, strong facilitation, positive outlooks required along with no blaming or shaming, verbal confirmation by all about confidentiality and verbal agreement to not discuss person/family outside of meetings.

Team Cohesion and Trust – Learning about each other establishes strong team cohesion and trust. Establish that every team member needs and gives support. This is a good time for person/family to share their own identified major needs. If anyone needs to leave the meeting early, there needs to be a process to do so that everyone understands.

Agenda – Work with person/family to develop a detailed agenda and share them with team members in advance. Active time monitoring for a specific time period allotted works well.

Evaluation – Formal meeting evaluations where team members fill out a separate evaluation regarding meeting effectiveness that is compiled by facilitators is even more important than with virtual meetings.

Taking the opportunity to maximize the use of virtual meetings and support is important to successful team-based meetings and outcomes. If there is an opportunity, work with local stakeholders to further refine how virtual supports and meetings will be done to continue building success.

National Wraparound Implementation Center (NWIC) and National Wraparound Initiative (NWI)

There are key elements of the Wraparound process practice model and potential modifications that may be necessary to effectively support children, youth and families participating in Wraparound during COVID-19, while also adhering to public health and safety standards. At the end of this document, there are several federal measures designed to facilitate access to virtual care that may be helpful. https://www.nwic.org

Adverse Childhood Experiences (ACES) Information and Resources pertaining to COVID-19:

Stress management resources including webinars for providers related to COVID-19, as well, as general resources providers can share with families to increase buffering and protective factors to reduce the impact of toxic stress.
https://www.acesaware.org/heal/covid19/

The Institute for Innovation and Implementation at the University of Maryland

The school of School of Social Work offers training and technical assistance related to COVID-19.

- HIPPA Compliant Technology during COVID-19
- COVID-19 Telehealth Medicaid Expansions State-by-State Guide
- Upcoming and Past Recordings of Conversations regarding experts and peers addressing challenges related to continuing the work during COVID-19

https://theinstitute.umaryland.edu/training/

Mental Health Technology Transfer Center (MHTTC)

The MHTTC offers training and technical assistance related to COVID-19.
https://mhttcnetwork.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA is an agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health by working to reduce the impact of substance abuse and mental illness on America's communities. They also offer training and technical assistance.
https://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf

The California Department of Education (CDE) Early Learning and Care Division, has

gathered helpful information and resources to support early learning and care providers and families during this crisis with particular emphasis on the specific needs of children with disabilities. One resource is "Taking Care of the Children - Six Sets of Resources" See information and other resources at this website.
https://cainclusion.org/resources/camap/newsletter-archive/202003-newsletter.html#families

Public Broadcasting Service (PBS) News Hour

10 Tips for Talking about COVID-19 With Your Kids

The Neurosequential Network

The Neurosequential Network, develops and disseminates innovative programs and practice to improve life for children, families and communities. It's an approach that integrates core principles of neurodevelopment and traumatology to inform service delivery. Videos with Bruce Perry on the effects of COVID-19 are available.
https://www.neurosequential.com/covid-19-resources

PROVIDER WORKPLACE RESOURCES: STRESS REDUCTION AND WELLNESS

One of the many important insights shared during the interviews conducted with service providers is that provider workplaces and provider landscapes have shifted considerably across California. Rapid change, overcoming barriers and implementing new strategies may affect everyone involved in service delivery. This section provides a small amount of information and resources for stress reduction and a trauma informed workplace to lend a measure of support to providers.

California Surgeon General's Playbook: Stress Relief during COVID-19

The California Surgeon General has created a guide with things you can do every day, at home, to help support your mental and physical health. Recognizing the action everyone is taking every day to lessen the immediate impacts of COVID-19, it is also important to minimize the secondary health effects of this pandemic. Learn more in the California Surgeon General's Playbook: Stress Relief during COVID-19. (PDF). The guide is also available in Arabic, Chinese (Simplified and Traditional), Korean, Spanish, Tagalog, and Vietnamese.

Navigating Psychosocial Impacts during COVID-19 Webinar, Beth Cohen

UC Davis Resource Center for Family Focused Practice Resources

Trauma expert, Beth Cohen, a Clinical & Organizational Psychologist and UC Davis instructor recently provided a webinar on Navigating Psychosocial Impacts of COVID-19 to providers of direct services to children, families and caregivers during a crisis. https://www.youtube.com/watch?v=PfiWJQEMIF8&feature=youtu.be

Key points of this webinar include:

- There is tremendous crisis & uncertainty with COVID-19. Take time to educate yourself and normalize some of the reactions you, co-workers or clients may have at this time. If we can gain an understanding of and a strategy for how to best navigate the pandemic that means we will have less traumatic stress disorder as a result.
- There are major dilemmas such as increased workload, stress, secondary trauma uptick, health and safety tissues and protocols to manage all while sometimes working at home (before and after sheltering order) during the pandemic for direct service providers.
- There are psychological, social impacts, denial/shock impacts to our workforce and if we can understand these and find good strategies to increase our resilience we will find ourselves better able to cope and work with clients during the pandemic.
- Social neuroscience tells us that threat and trauma occur in the brain and we all seem to be in a chronic vigilant state right now. This means our brains are operating less in the neocortex (logical, reasoning, planning, productivity) and more in the limbic (threat, fear) and reptilian (fight, flight) areas. We may experience having behaviors that we would not normally be displaying.
- Be aware of the maladaptive behaviors we may be having due to the state of our brains responding to the pandemic like more eating, less eating, over news consumption, obsessive behaviors, social isolating. Considering managing daily life with recognizing what you can control and setting intentions for behaviors you want to do can build your resilience.
- Psychological immunity, resilience may also be gained in other ways like deep breathing instead of the shallow breathing that many of us are doing now. Some people call this mindful breathing where you take in a deep breathe-in through your nose and expel all your air back out even from the bottom of your lungs in a long exhalation. There are other strategies to help build our resilience that are listed below.

Apps as Strategies and Resources:

- Provider Resilience App (designed by social workers)
- Healthy Minds App (Richard Davidson, Learn Mindfulness)
- Mindfulness app
- Mindful magazine
- Calm
- Tactical breather
- Breathe2Relax
- CBT-I Coach (sleep)
- T-2 Mood tracker (Emotion)
- ACT Coach (Acceptance)
- Exercise videos
- Jon Kabat-Zinn
- Insight Timer app
- Fitness Builder (activity)
- Virtual Hope box (Behavior Change)
- Honest Guys (YouTube)
- PTSD Coach (VA)

In conclusion, If we can build our own wellness and resilience, we can be better co-workers and better serve our clients. A silver lining to the pandemic can be that we can take the opportunity to have an experience of post-traumatic growth! Remember that in order to offer services to others you also must take care of yourself.

SUPPORTING YOUNG CHILDREN DURING THE COVID-19 (CORONAVIRUS) PANDEMIC

The State of California ordered all individuals to stay at home to help prevent the spread of Coronavirus (COVID-19). This order adds complications to an already stressful situation for foster children and families involved with child welfare services. During this health crisis, not only is it important to ensure we are taking preventative measures to keep young children from getting sick, but it is equally important to continue supporting their development, mental health and social emotional well-being.

Support Healthy Development

Routines are very important for young children. Disasters, forced isolation, and other traumatic situations often break their usual routines. Creating new routines or re-establishing usual routines can help children feel safe[1]. As much as possible, try to stick to daily habits, with wake-up times, meals, naps, and bedtimes as usual. Create an activity schedule that supports children in reaching developmental milestones.

- **Read books with your child.** It's not only fun but reading together strengthens your bond and helps your child with their development.

1 Joy D. Osofsky, Ph.D., Howard J. Osofsky, M.D., Ph.D. Supporting Young Children Isolated Due to Coronavirus (COVID-19). www.zerotothree.org document.

- **Play with your child!** Bring out the blocks, balls, jump ropes, costumes and let the creativity go. Play games that kids of all ages can play, like tag or hide and go seek. Let your kids make up new games. Encourage older kids to make up a workout or dance to keep them moving.
- Go outside to get some fresh air and a change of scenery. Take the baby out for a stroll, lay the blanket down and get some tummy time in. Play "I Spy" with toddlers, draw with sidewalk chalk or enjoy bubbles. Make sure to practice social distancing and wash hands thoroughly when returning into the house.
- Create time for quiet play such as drawing, puzzles, or sorting objects. Quiet time and independent play can help increase focus and attention, allow young children to relax and recharge their stimulating minds, and can help with emotional regulation.
- **Keep an eye on media time.** Whenever possible, play video games or go online with your child to keep that time structured and limited. If kids are missing friends or other family, try video chats to stay in touch.

Support Mental Health

Stress can affect very young children, even infants! It is important to notice a child's reactions, read cues and observe behaviors to get a sense of how they are feeling. Your attention and ability to respond in a nurturing way provides reassurance and increased sense of safety.

Young children are especially sensitive to the stress experienced by their caretakers. During this health crisis, parents and caregivers may be struggling with their own fears and anxiety which can feel amplified when combined with the stressors that led to the involvement of child welfare services. There are a variety of ways parents can take steps to manage their stress by practicing self-care: eating a balanced diet, being physically active, getting enough sleep, practicing daily gratitude, meditation or mindfulness techniques, following spiritual routines, and talking to a trusted friend. Reach out to a professional, if needed, for your own mental health. Reducing stress and regulating your anxiety is a good first step in support a young child's mental health.

Traumatic events or environments with frequent and constant stress can affect your child's development and behaviors, but not all children are affected in the same ways. Young children rely on their parents and caregivers to survive; therefore, a loving, responsive, and trusted adult presence can greatly buffer these effects. The chart below provides possible behaviors to look for in children and strategies to help.

Age Group	Reactions	How to Help
Infants[1]	• Does not want to be held • Cannot be comforted when upset, or is upset for longer than seems typical • Has problems eating and sleeping (too much or too little) • Will not make or keep eye contact, or avoids eye contact • Does not seem to interact with others • Does not make noises very often, like cooing or babbling sounds	• Take time to understand and recognize the baby's needs and respond to them quickly • Make eye contact, talk, sing, smile, and laugh • Provide routine and predictability to their day • Give lots of love, nurture, and attention!
Toddlers and Preschoolers[2]	• Fears of being alone • Bad dreams • Speech difficulties • Loss of bladder/bowel control, constipation, bed-wetting • Change in appetite • Increased temper tantrums, whining, or clinging	• Be extra patient and tolerant. Provide reassurance (verbal and physical) • Encourage expression through play, reenactment, and storytelling • Allow short term changes to sleep arrangements • Plan calming, comforting activities before bedtime • Maintain regular routines as much as possible • Avoid media exposure • Give lots of love, nurture, and attention!

Make sure to seek help from a doctor or request a referral to an infant mental health specialist if you have concerns about your child's behaviors. Healthcare is an essential service that is available during the stay at home order and many medical facilities are making "telehealth" available in their communities.

1 Kelty Mental Health Resource Centre. Infant Mental Health. https://keltymentalhealth.ca/infant-mental-health.

2 The National Child Traumatic Stress Network. Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019 (COVID-19). https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019

Support Family Visits

Social distancing does not mean social isolation. Family visits remain an essential service and is critical for children in foster care to have the opportunity to spend quality time with their parents and siblings whom they were separated. Bonding and attachment are crucial to an infant or toddler's healthy development, therefore, frequent face to face visits with young children and their families should continue if possible (in a controlled sanitized environment, following guidelines issued by the Center for Disease Control and Prevention).

Some jurisdictions may have protocols in place that prevent in-person visits, therefore, creativity is the key to support "virtual bonding". Here are some ideas to maintain attachment with your young child.

- Use video chats with apps like Facetime or Skype. If you do not have the equipment, contact your social worker or other professional support persons has resources to help. During video chats, enhance the time with your child by reading, singing, playing peek-a-boo, or pretending to tickle each other. Use props if available, like stuffed animals, play cars or dolls.
- Request increased telephone time, even if the calls are very brief so your child can hear your voice and loving words.
- Record your voice, in a voicemail or voice memo and provide the recording to be played to your child as part of their routine. You can sing a nighttime lullaby, the "Baby Shark" song, the teeth brushing song, recite the ABC's, or read your child's favorite book or story, etc.
- Consider other forms of communication such as text messaging, creating a short video, or writing a letter. Make texting fun by adding in emojis or filters. Video apps like Tiktok or iMovie are fun ways to make short video clips to share with your child. Write a letter or an email, draw pictures to tell a story and have it mailed.
- Keep in mind, the age of your child. A young child's ability to remain focused during your virtual bonding time may not be as long in duration as your in-person visits. Don't take things personally if your child cannot give full attention or ends the call early; and recognize that this situation is only temporary.

If You are Sick

If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your doctor for medical advice. For additional information, visit the Center for Disease Control and Prevention website.

Other Resources

For Children	For Parents and Caregivers
BrainPOP: Coronavirus	American Academy of Pediatrics: 2019 Novel Coronavirus (online article; en español)
National Public Radio: Just for Kids: A Comic Exploring the New Coronavirus	CDC: Coronavirus Disease 2019 (COVID-19): Manage anxiety and stress
PBS Kids: How to Talk to Your Kids About Coronavirus	Generations United: COVID-19 Fact Sheet for Grand families and Multigenerational Families
CDC: Talking with Children about the Coronavirus Disease 2019: Messages for parents, school staff, and others working with children	National Child Traumatic Stress Network: Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019 (PDF; en español)
Zero to Three: Tips for Families: Talking About the Coronavirus	Zero to Three: Young Children at Home during the COVID-19 Outbreak: The Importance of Self-Care
Child Mind Institute: Talking to Your Children about the Coronavirus (4-minute video; en español)	NAEYC: Tips for Video Chatting with Young Children
First 5 California: Facebook page	California Department of Public Health: Coronavirus Disease 2019 (COVID-19) Stay Informed
Zero to Three: At Home Activity Guide	Center on the Developing Child, Harvard University: Key Concepts
PBS Newshour: 10 Tips for Talking about COVID-19 With Your Kids	Dr. Barbara Stroud: Covid-19 Tips for Parents