

Hennepin County Children’s Mental Health Collaborative  
**Hennepin County Response to “Practice and Policy Questions re: COVID-19 and Telehealth”**

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**Mission Statement**

*Improve access to and resources for high-quality, trauma-informed mental health services for children, youth and families within Hennepin County*

*The Hennepin County Children’s Mental Health Collaborative (CMHC) hosted four meetings with children’s mental health providers and representatives of community-based organizations, mental health organizations, school districts, county agencies and families between March 23 and 27, 2020. 75 individuals representing multiple children’s mental health programs and agencies across the county participated in these discussions on the impact of COVID-19. CMHC Coordinators submitted a summary of practice and policy questions to representatives from Hennepin County and the Minnesota Department of Human Services (DHS). Hennepin County responded on April 8, 2020. **See below for responses and contact the CMHC Coordinators with additional/follow-up questions you have.***

<b>Issues and Questions on the Impact of COVID-19 on Families</b>	<b>Hennepin County Responses &amp; Resources</b>
<p>1. Is there a consumer-focused information hub for families to ask questions, get questions answered and/or easily find information specific to children’s mental health services and learn what services are covered by insurance? Consumers requested information about MA coverage/waivers, what is being covered by insurance (public and private), family instruction for special education students/behavior management, etc.</p>	<p>Access and eligibility for children’s mental health services varies with the benefit set of the family’s insurance (public or private). Private insurance benefits and provider networks vary from one plan to another. Families with private insurance would need to contact their health plan if they have questions. The benefit set for public plans (Medicaid Fee for Service and Pre-Paid Medical Assistance Program) are the same but their provider networks vary. These types of questions required an individualized response to provide the most accurate and reliable information. If parents are struggling to access mental health services for their child/youth, and need assistance in accessing and coordinating services, they might consider getting a children’s mental health case manager. If they have questions about children’s mental health case management, or their eligibility for the service, they could contact Hennepin County Front Door at 612-348-4111.</p>
<p>2. Some parents are confused about what contact is available/allowed with their children in out-of-home placement and/or juvenile corrections. Providers have requested the state or county provide direct communication about visits/contact with children in out-of-home placement</p>	<p>Visitation/contact with children in out-of-home placement varies depending on the type of placement and the provider of the placement. Each of these types of placements and providers have different policies and procedures related to visitation and contact with the child. During the COVID 19 pandemic, each out of home placement provider is working to balance the needs of maintaining contact between the child and their family while</p>

<p>and/or juvenile detention during the pandemic. Providers ask similar communication be shared with community providers.</p>	<p>maintaining the health and well being of the children, foster parents, and staff in the home/facility. Therefore, inquiries related to visitation or contact is best addressed by contacting the foster home or facility. The county case manager/social worker assigned to the case can assist the family in making those inquiries and coordinating the contact with the child.</p>
<p>3. Inequities in access to technology, including computers, phones or tablets for online/distance learning and for use with mental health telehealth visits is exacerbated during this public health emergency. Lack of access increases stress for children, youth and their families. Are there resources available to address these needs now? Is there, or should there be, one entity leading this work in Hennepin County?</p>	<p>School districts have developed strategies for assisting families with devices for distance learning. Telehealth visits include the option of telephonic communication in most cases. We are not aware of available resources to provide families with access to technology.</p>
<p>4. Children’s mental health providers are finding that families have increased or changing needs, e.g. food security, housing concerns. Can mental health providers work with (or refer families to) school districts or Family Service Collaboratives to help identify families who need food, who weren’t previously eligible?</p>	<p>Hennepin County has a web site to get information regarding financial, housing and food services. The website address is <a href="https://www.hennepin.us/residents/emergencies/covid19">https://www.hennepin.us/residents/emergencies/covid19</a> Hennepin County also has a COVID 19 information line with information about resources for clothing, household supplies, financial assistance, food and medical care. That number is 612-348-3000.</p> <p>Each school district is providing food to children under 18 attending school in their district. The information on how to access food for children through schools is available in the school districts’ web sites.</p> <p>There is a list of food shelves available within Hennepin County available at <a href="https://www.caphennepin.org/community-resources/food-assistance">https://www.caphennepin.org/community-resources/food-assistance</a>.</p>
<p>5. Concerns that some undocumented families are relying on their adolescent children to work to support their families because their parents are not able to work (in this case in the food industry). What state resources are available to help undocumented families during this time?</p>	<p>Hennepin County is aware that undocumented people are being hit especially hard by this pandemic. The City of Minneapolis does have some gap funding available to assist families, including undocumented families. Information on this program can be found at: <a href="http://minneapolis.mn.gov/coronavirus/gap-funding">http://minneapolis.mn.gov/coronavirus/gap-funding</a>.</p> <p>Hennepin County is working with the city of Minneapolis to work out the details of getting resources to undocumented families. CLUES will be a key partner in making the connection between these resources and the undocumented community. The hope is to have money through the gap funding available to distribute in the next few weeks.</p>
<p>6. Some providers mentioned that children of essential workers are starting to get kicked out of childcare for behaviors, which is likely to happen more as children are feeling stressed. What</p>	<p>Hennepin County has a contract with Washburn in which they will consult with child care providers who are struggling to meet the needs of children demonstrating challenging behaviors. A parent or child care provider can access this consultation service by calling</p>

<p>state or county supports are in place for other providers, e.g. child care providers, to help address social emotional health needs of infants and young children?</p>	<p>emailing Carol Kuster at <a href="mailto:ckuster@washburn.org">ckuster@washburn.org</a>.</p>
<p>7. Families need help thinking about summer learning and care options. Parents were signing their children up for these opportunities, but its unclear how, or whether, these out-of-school time programs will operate. Who is the best messenger for these questions in Hennepin County?</p>	<p>Historically, Hennepin County has not been involved in providing or coordinating summer learning and child care options. Therefore, we do not have a system or dedicated people within Hennepin County who do this type of work. However, there are some resources available through DHS and Child Aware that may be helpful. You can access the DHS resources either by phone 1-888-234-1268 or via the web at <a href="https://mn.gov/mmb/children/families/">https://mn.gov/mmb/children/families/</a>. The Child Aware web site is <a href="https://www.childcareawaremn.org">https://www.childcareawaremn.org</a>.</p>
<p><b>Issues and Questions on the Impact of COVID-19 on Children’s Mental Health Practices &amp; Services</b></p>	<p><b>Hennepin County Responses &amp; Resources</b></p>
<p>1. Interpreters: There are issues and questions with access, consent and privacy. What advice does DHS or Hennepin County have for providers accessing interpreters?</p> <ul style="list-style-type: none"> <li>a. Access - not all interpreters are set up for telehealth</li> <li>b. Consent - providers are unclear how to manage consent for interpreters who are joining telehealth appointments</li> <li>c. Privacy – providers are trying to manage privacy for telehealth appointments since interpreters are often home with their own families</li> </ul>	<p>Hennepin County works with Language Line to provide interpreters, and they guarantee that their services are HIPPA compliant. In terms of privacy, it is the expectation of the interpreters to know how to deliver their services in a manner that ensures the privacy of the individuals receiving the services.</p>
<p>2. Providers are different levels of understanding and clarity on what telehealth services are billable, since this list is regularly being updated. Children’s mental health providers in Hennepin county requests telehealth coverage for the following services. Could DHS please clarify which of these services are covered, and provide links to online bulletins or notices?</p> <ul style="list-style-type: none"> <li>a. Targeted Case Management</li> <li>b. Diagnostic Assessment</li> <li>c. Day Treatment</li> <li>d. Systemic Family Therapy</li> <li>e. Care Coordination</li> </ul>	<p>Hennepin County Human Services is updating the partners web page as information is obtained from DHS regarding changes in service delivery related to COVID 19. Providers can access this information through the following website: <a href="https://www.hennepin.us/hhspartners">https://www.hennepin.us/hhspartners</a>.</p> <p>DHS also has a website dedicated to providing information to children’s mental health providers. The link to that website is: <a href="https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/childrens-mental-health/covid-19/">https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/childrens-mental-health/covid-19/</a>.</p>
<p>3. Could fee-for-services contracts with school districts,</p>	<p>The reimbursement structure for Hennepin County’s contracted services varies by the type</p>

<p>Hennepin County, and/or DHS be restructured using a three or six-month average for billing to help manage the unpaid costs associated with the transition into service delivery through telehealth for children’s mental health providers?</p>	<p>of service. It is difficult to employ a blanket strategy for all of our contracts. We recognize that agencies might be experiencing financial stressors. We encourage agencies to contact their Hennepin County contract manager to discuss their specific financial concerns.</p>
<p>4. Is there a billable code that can be used to bill for this transition to telehealth? These costs include staff training, outreach to all current families, outreach to families on waitlists, getting new consents for telehealth, etc.</p>	<p>The shift to telephonic and video conferencing has been a learning experience for everyone. At this time, there isn’t a billable code for the outreach and engagement services. We are hopeful that as people become more adapt at utilizing these methods for service delivery that they will be less time intensive.</p>
<p>5. Providers are beginning telehealth appointments with verbal consent while they work through technology or US Mail to secure written consent. However, they are concerned about their ability to bill for these services, including care coordination, without written consents. What are DHS’s expectations around obtaining these consents within a specific time period?</p>	<p>Hennepin County has provided guidance to providers on the partners web page, <a href="https://www.hennepin.us/hhspartners">https://www.hennepin.us/hhspartners</a> regarding electronic signatures for county forms. Hennepin County will defer to DHS for further clarification and guidance.</p>
<p>6. What are reporting expectations on contracts with the county, schools or the state? Are all reports due on current schedule or is an alternative plan being developed?</p>	<p>Hennepin County Human Services’ responses is only for the contracts with Hennepin County. The schools and the state will need to respond separately.</p> <p>Hennepin County Human Services Contract Management does not have plans to change the current reporting cycle for contract outcomes and outputs. However, if a provider is experiencing difficulty meeting their contract obligation for reporting, they should contact their contract manager to discuss options.</p>
<p>7. Day treatment and Systemic Family Therapy sessions are using telehealth strategies except for the most emergent needs. Will billing be an issue if some services are provided through telehealth visits while others take place in person?</p>	<p>Hennepin County is trying to align our service delivery expectations with those in the MHCP Provider Manual. While there have been changes allowing the use of telephone or video conferencing for some children’s mental health services, there has not been clarity regarding day treatment. Hennepin County has reached out for technical assistance from DHS related to the utilization of telehealth for day treatment.</p> <p>Systemic Family Therapy is a service that falls under the CTSS service requirements. It is our understanding that telehealth strategies are allowable for CTSS services. Service providers will be expected to make a decision of which service delivery method they will use based on the service needs of the individual family and the ability to mitigate the risk to the therapist. Therefore, billing will be accepted for either service delivery method.</p>
<p>8. Can children’s mental health providers still have access to schools or county buildings to provide in-person sessions if</p>	<p>On March 16, 2020, Hennepin County closed all of its buildings to the public. Most staff are working from home. Therefore, it is not an option for mental health providers to use</p>

necessary? Is there a single point of entry for schools or county staff?	county buildings to provide services.
9. There will likely be a need for technical assistance from health plans in terms of billing. Each plan makes their own decisions and it is difficult to keep up with what is allowable and what is not. Can the state or county assist with an FAQ on different health plan options?	DHS contracts with the various health plans for the Pre-paid Medical Assistance Program (PMAP). Therefore, Hennepin County would defer to DHS on this issue.
10. Communication between schools and county with community providers of children's mental health should be addressed. Everything is changing and finding consistent strategies to communicate with vendors and other community providers is important.	Hennepin County recognizes the need to ensure timely and accurate information. We acknowledge that this is challenging under the current situation. Mark Sander is the Hennepin County staff who coordinates our school mental health system. Feel free to contact him via email, <a href="mailto:mark.sander@hennepin.us">mark.sander@hennepin.us</a> or phone, 612-387-4191.
11. The designation of mental health providers as essential workers presents a public relations challenge for organizations because there is no consistency across mental health organizations in terms of how to manage in-person visits. What guidance should children's mental health providers use when conducting in-person visits?	There is guidance regarding in-person visits available on the Hennepin County Human Services partners page. The web address is <a href="https://www.hennepin.us/hhspartners">https://www.hennepin.us/hhspartners</a> .
12. Is there openness to considering alternative payment models or short-term solutions during this public health emergency?	Hennepin County's Behavioral Health area is particularly concerned about maintaining the network of mental health services within Hennepin County. We recognize the significant challenges that our community providers are experiencing during the COVID 19 pandemic. Behavioral Health-Children's Mental Health Program Managers and Contract Managers are maintaining close communication with contracted providers around service capacity, workforce issues and financial viability. While we cannot promise any concrete solutions, we are open to exploring possible alternatives.
13. Initial assessment of reduced billable hours makes it very difficult for children's mental health providers to keep fully staffed and respond to the likely growing need of this public health emergency. Is it possible to explore different business models to address these changing needs?	Hennepin County's Behavioral Health area is particularly concerned about maintaining the network of mental health services within Hennepin County. We recognize the significant challenges that our community providers are experiencing during the COVID 19 pandemic. Behavioral Health-Children's Mental Health Program Managers and Contract Managers are maintaining close communication with contracted providers around service capacity, workforce issues and financial viability. While we cannot promise any concrete solutions, we are open to exploring possible alternatives.
14. Based on past emergencies, it is likely that the stress of this public health emergency will be present when children return to school in the fall. How can adults work together to prepare	Hennepin County Children's Mental Health recognizes that during the past few weeks the majority of people's time and energy has been to create new ways to deliver services to children, youth and families. We are hoping for a period of relative stability in which our

for these increased needs?

community can engage in discussions related to the future. The research shows that children/youth who are exposed to some form of community crisis (i.e. Hurricane Katrina, Hurricane Sandy) exhibit symptoms six months following the event. It would be advantageous to have discussions about how to respond.