

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

April 29, 2020

Etonde Awaah & Laura LaCroix-Dalluhn, Coordinators

etonde@lacroixdalluhnconsulting.com & laura@lacroixdalluhnconsulting.com

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. DHS responded on April 21, 2020. See below for their responses*; Coordinators have included additional information in **purple** after receiving responses from DHS.

Please note:

- Hennepin County has created a COVID-19 hotline (612-348-3000) and website: <https://www.hennepin.us/covid-19>
- The State of Minnesota has created a Mental Health website to assist children, families and individuals to assist them through this time: <https://mn.gov/covid19/for-minnesotans/get-help/mental-health.jsp>

Issues and Questions on the Impact of COVID-19 on Families	Hennepin County Responses & Resources	DHS Responses & Resources <p><i>*From Eric Ratzmann, County Relations Director, DHS External Relations: “You’ll notice that there are still questions that are not answered in this document. The agency is receiving these and similar questions from various stakeholders. Our Behavioral Health Division is working on a FAQ document that they will be directing folks to. Unfortunately, that is not yet available. When that is available, we will be directing folks to that as the most up-to-date information.”</i></p>
1. Is there a consumer-focused information	Access and eligibility for children’s mental health	Preserving health care coverage for Medical

<p>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>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>Assistance and MinnesotaCare (CV17): The commissioner continued enrollment in public health care programs to ensure that no one enrolled in Medical Assistance or MinnesotaCare loses coverage during the pandemic, unless an enrollee requests that their coverage ends or moves out of Minnesota. The department is not sending notices on the need to renew coverage or closure notices to Minnesotans on Medical Assistance and MinnesotaCare.</p> <p>Affected statutes and rules:</p> <ul style="list-style-type: none"> • Minnesota Statutes, sections 256B.056, subdivision 7a; 256L.05, subdivision 3a; 256L.06, subdivision 3; 256L.07, subdivision 1 • Minnesota Rule, part 9505.0115, subpart 2 <p>Additional member information:</p> <ul style="list-style-type: none"> • Members may visit the Member contacts page or the MHCP Member Help Desk page for information • The Minnesota Health Care Programs (MHCP) Member Evidence of Coverage page is information about people who have fee-for-service coverage and it explains what the coverages are and how to use it. For questions related to COVID-19, call the member call center • Information about People we serve: <ul style="list-style-type: none"> ○ Health care for Adults ○ Health care for Children and families • Summary of Coverage, Cost Sharing and limits DHS-3860 • County contact information
<p>2. Some parents are confused about what</p>	<p>Visitation/contact with children in out-of-home</p>	<p>Member resources:</p>

<p>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 and/or juvenile detention during the pandemic. Providers ask similar communication be shared with community providers.</p>	<p>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 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>	<ul style="list-style-type: none">• County contact information• United Ways <p>Allowing foster care caseworker visits by video (CV11): The commissioner waived state requirements for foster care caseworkers to permit video conferencing or any similar technology to serve as the monthly visit between a child and their foster care caseworker, which aligns with federal guidance issued March 18, 2020. State and federal law have prohibited video conferencing and normally require that monthly caseworker visits be held face-to-face.</p> <p>Affects Minnesota Statutes, section 260C.212, subdivision 4a</p> <p>Related operational changes:</p> <ul style="list-style-type: none">• Bulletin #20-68-11, issued March 23, 2020: Monthly Caseworker Visits Modified to Permit Videoconferencing <p>The commissioner eased certain limits on receiving care and services through telephone and video visits that can instead be provided safely and effectively without a face-to-face visit by:</p> <ul style="list-style-type: none">• Expanding the definition of telemedicine to include telephone calls so providers who have a telemedicine agreement in place with DHS can serve patients through telephone visits;• Allowing a provider’s first visit with a patient to be conducted on the phone;• Allowing Children’s Health Insurance Program (CHIP), Medical Assistance or MinnesotaCare enrollees to have more than three telemedicine visits in a week; and• Requiring managed care plans to follow these policies.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>These measures help enrollees and providers follow social distancing best practices.</p> <p>DHS is also considering how best to provide flexibility for greater use of communications technology in specific settings and for certain types of treatment, including group therapy and residential treatment settings.</p> <p>Affected statutes and rules:</p> <ul style="list-style-type: none"> • Minnesota Statute 256B <p>Modifying timelines and face to face requirement for child protection responses to alleged maltreatment: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-320448</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>FCC Announces \$200 Million for COVID-19 Telehealth Program</p> <p>Today, the Federal Communications Commission announced that its Wireline Competition Bureau will begin accepting applications for \$200 million in funding through the COVID-19 Telehealth Program beginning on <u>Monday, April 13, 2020 at 11:00 AM Central Time.</u></p> <p>These funds, appropriated by the CARES Act (P.L. 116-136), will help healthcare providers purchase the <i>connectivity and devices</i> they need to care for patients remotely in response to COVID-19. Applications can be filed through a dedicated application portal: www.fcc.gov/covid19telehealth.</p> <p>Please direct questions to Richard Lukas (rlukas@nga.org; 202-624-3623) and Maribel Ramos (mramos@nga.org; 202-624-5378). For more information, please visit the FCC Resources and Telehealth Program Portal</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 https://www.hennepin.us/residents/emergencies/covid19. 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 https://www.caphennepin.org/community-resources/food-assistance.</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: http://minneapolis.mn.gov/coronavirus/gap-funding.</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>Member resources:</p> <ul style="list-style-type: none"> • County contact information • United Ways <p>Immigrant communities have a particular need for guidance due to fear and confusion over the federal “public charge rule.”</p> <p>Earlier this year, DHS distributed an informational flyer about the public charge rule which provides contacts for free and confidential legal advice. We’ve recently translated the flyer into Hmong, Karen, Somali, and Spanish. Additional PDF versions of the flyers are attached to this email.</p> <p>Another important reminder is the U.S. Citizen and Immigration Services (USCIS) issued a notice that</p>

		testing, treatment, and preventive care related to COVID-19 will not be included in public charge determinations.
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 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?	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 emailing Carol Kuster at ckuster@washburn.org .	<p>Training and coaching resources for child care providers: Take advantage of resources for trainers and coaches</p> <p>Resource for trainers and coaches are available through Child Care Aware of Minnesota and Achieve, the Minnesota Center for Professional Development.</p> <p>Get help addressing needs of infants and toddlers</p> <p>Help meeting health and safety standards in childcare settings is available through the Center for Inclusive Child Care.</p> <p>State information for Child care providers and workers responding to COVID-19: https://mn.gov/mmb/childcare/providers/</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?	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 Child Aware that may be helpful. You can access Child Aware web site is https://www.childcareawaremn.org .	<p>Information on summer programming is beginning to emerge. You can find emerging information through the statewide out-of-school time network, Ignite Minnesota</p> <p>https://igniteafterschool.org/covid-19-related-afterschool-resources</p> <p>School districts are currently making plans for summer learning. Their decisions will be announced in May 2020.</p>
Issues and Questions on the Impact of COVID-19 on Children’s Mental Health	Hennepin County Responses & Resources	DHS Responses & Resources
		<i>*From Eric Ratzmann, County Relations Director, DHS External Relations:</i>

<p>Practices & Services</p>		<p><i>“You’ll notice that there are still questions that are not answered in this document. The agency is receiving these and similar questions from various stakeholders. Our Behavioral Health Division is working on a FAQ document that they will be directing folks to. Unfortunately, that is not yet available. When that is available, we will be directing folks to that as the most up-to-date information.”</i></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"> a. Access - not all interpreters are set up for telehealth b. Consent - providers are unclear how to manage consent for interpreters who are joining telehealth appointments c. Privacy – providers are trying to manage privacy for telehealth appointments since interpreters are often home with their own families 	<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>Interpreters: Interpreter policy for fee-for-service can be found on the provider manual page here: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_157632</p> <p>Access: Interpreters in the fee-for-service program do not bill the Department directly. The health care provider arranges the interpreter and bills for the services. Interpreter services can be provided in person, via video and via phone. Interpreters are not required to submit the telemedicine assurance statement.</p> <p>Consent: There are no unique consent requirements for interpreter services. Providers should follow the same consent policies they employ for all other services.</p> <p>Privacy: Appropriate and reasonable steps should be taken to ensure patient privacy.</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</p>	<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: https://www.hennepin.us/hhspartners.</p>	<p>Targeted Case Management: Targeted Case Management Bulletin on Face-to-Face contact requirements, April 2, 2020</p> <p>The commissioner temporarily expanded access to telemedicine for Minnesotans enrolled in Medical Assistance and MinnesotaCare who receive health</p>

<p>clarify which of these services are covered, and provide links to online bulletins or notices?</p> <ul style="list-style-type: none">a. Targeted Case Managementb. Diagnostic Assessmentc. Day Treatmentd. Systemic Family Therapye. Care Coordination	<p>DHS also has a website dedicated to providing information to children’s mental health providers. The link to that website is: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/childrens-mental-health/covid-19/.</p>	<p>care, mental health treatment, or substance use disorder treatment. This includes allowing MA and MinnesotaCare enrollees to have more than three telemedicine visits per week. Specifically, the commissioner expanded the providers who are permitted to provide services through telephone and video visits to include the following providers and their tribal provider equivalents:</p> <ul style="list-style-type: none">• Providers who are considered “licensed health care providers” under section 256B.0625, subdivision 3b, paragraph (e), and providers who licensed medical providers supervise;• Mental health certified peer specialists and mental health certified family peer specialists where they are currently authorized to provide services;• Mental health rehabilitation workers in Adult Rehabilitative Mental Health Services (ARMHS);• Mental health behavioral aides in Children’s Therapeutic Support services (CTSS); and• Alcohol and drug counselors, alcohol and drug counselor-tmps, recovery peers, and student interns in licensed SUD programs. <p>The commissioner also temporarily expanded telemedicine (including telephone and video visits) to Rule 25 assessments, comprehensive assessments, and group therapy.</p> <p>These measures help enrollees and providers follow social distancing best practices. DHS is seeking federal approval for these changes and will provide specific guidance once approval is obtained.</p> <p>Affects Minnesota Statutes sections 256B.0625, subd. 3b(e); 256B.0625, subd. 46; 254B.05, subd. 5,(f); and Minnesota Rules, part 9530.6615, subp. 3, item A</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>School-based Mental Health Services Allowing telemedicine alternative for School-Linked Mental Health services and Intermediate School District Mental Health services for children and their families (CV21)</p> <p>The commissioner temporarily waived certain requirements for School-Linked Mental Health and Intermediate School District Mental Health Innovation programs to allow for services via telemedicine. This action:</p> <ul style="list-style-type: none"> • Authorizes reimbursing school mental health providers for expanded telemedicine services through grant funds; • Increases flexibility to no longer require the first visit be in person; • Waives the three-day-per-week limit on telemedicine; and • Allows telephone and other non-secured electronic communications platforms, such as Skype. <p>Affects Minnesota Statutes, sections 245.4901; 256B.0625, subd. 46; and 256L.03, subd. 1.</p>
<p>3. Could fee-for-services contracts with school districts, 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>The reimbursement structure for Hennepin County’s contracted services varies by the type 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</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</p>	<p>There is no additional payment for telehealth infrastructure.</p>

<p>consents for telehealth, etc.</p>	<p>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, https://www.hennepin.us/hhspartners regarding electronic signatures for county forms. Hennepin County will defer to DHS for further clarification and guidance.</p>	<p>Parent or guardian oral consent may be accepted in lieu of a paper written signature as Individual Treatment Plan (ITP) approval for a child receiving CTSS services. This includes ITPs and 90 day reviews. A secure electronic signature also is permitted. [Behavioral Health Memo #20-03]</p> <p>Generally speaking, there are no unique consent requirements for interpreter services. Providers should follow the same consent policies they employ for all other services. However, if the service being provided requires specific consent considerations, those policies are still in place and required.</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' response 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>See bulletin on flexibility in budgets and deliverables for existing BHD grants: https://content.govdelivery.com/accounts/MNDHS/bulletins/285f000</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 necessary? Is there a single point of entry for schools or county staff?</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 county buildings to provide services.</p>	
<p>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?</p>	<p>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.</p>	<p>The state can assist with providing general information on where each health plan posts its COVID related guidance for providers and where to reach out with questions regarding billing. However, providers will need to continue working directly with the health plans for billing and other policy guidance in order to access the most accurate information.</p>
<p>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.</p>	<p>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, mark.sander@hennepin.us or phone, 612-387-4191.</p>	<p>The Minnesota Commissioner of Administration issued the following advisory regarding communications between School Districts and Counties. The Advisory Opinion 20-005 has been issued pursuant to Minnesota Statutes, section 13.072 (2019) addressing the following issues:</p> <ol style="list-style-type: none"> 1. When may an employee in one unit of a government entity subject to the Minnesota Government Data Practices Act access private or confidential data on individuals collected by another unit or a different program within the same government entity?

		<p>2. When may private data be shared or exchanged between a school district and a county without written consent of the individual subject of the data?</p>
<p>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?</p>	<p>There is guidance regarding in-person visits available on the Hennepin County Human Services partners page. The web address is https://www.hennepin.us/hhspartners.</p>	<p>CDC Guidance for Critical Workers: https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html</p>
<p>12. Is there openness to considering alternative payment models or short-term solutions during this public health emergency?</p>	<p>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.</p>	
<p>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?</p>	<p>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</p>	

	<p>contracted providers around service capacity, workforce issues and financial viability. While we cannot promise any concrete solutions, we are open to exploring possible alternatives.</p>	
<p>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 for these increased needs?</p>	<p>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 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.</p>	