



ADMINISTRATIVE GUIDANCE

CHILD AND ADOLESCENT
HEALTH CENTER
RETURN TO SERVICES GUIDANCE

INTRODUCTION

As Fall 2020 approaches, school personnel, parents and students are all anticipating what “back to school” will look like during the midst of the global COVID-19 pandemic. Whether schools re-open for in-person or online-only instruction, the Michigan Department of Health and Human Services Child & Adolescent Health Center program is positioned to support school staff, students and parents by providing safe, quality care to young people through various models of care: clinical Child and Adolescent Health Centers (CAHC), School Wellness Programs (SWP), Behavioral Health Sites (BHS) and Enhancing, Expanding Emotional Health (E3). Although services may be delivered differently, continued service delivery during the pandemic is critical to ensuring support for student health and learning. The Michigan Department of Health and Human Services CAHC program staff, together with the School-Community Health Alliance of Michigan and over 30 representatives from funded program sites across the state, convened a series of work groups to examine and plan for potential challenges to service delivery during this transitional time.

MDHHS recognizes that each CAHC, SWP, or E3 will have unique administrative concerns. This brief is intended to help your program consider and navigate alternatives to some of the major administrative facets of program and service delivery, including those specifically required in MDHHS Minimum Program Requirements. The CAHC Communications with Schools guidance may also be helpful as it holds valuable information on identifying your role and communicating with clients, families and school staff throughout the pandemic.

Please work with your assigned MDHHS Agency Consultant on factors impacting the ability to meet program requirements. With the assistance from your assigned consultant, teams can work together to readjust your goals and ensure plans are responsive to your unique program and school district's needs. **MDHHS is committed to flexibility during this time.**

UNDUPLICATED USERS

It is understandably difficult to project the number of clients (unduplicated users) that will be seen during a time of potentially rapid, fluid and unexpected change. Monitor your unduplicated user number as the school year progresses, and track the impact of reduced attendance, building closures, or other factors on your projected benchmark. Keep in touch with your assigned MDHHS Agency Consultant on factors that are impacting the number of unduplicated users seen and, with the help of your assigned consultant, re-determine as needed.

COMMUNICATING CHANGES TO HOURS AND SERVICES

In addition to the routine messages that your program communicates for accessing care outside of normal hours, consider planning for messages that instruct clients and their families on how services will change in the event of school closure.

COMMUNICATE CHANGES TO SERVICES, SUCH AS:

- Who (and how) to contact in the event school closures prevent access to the school building
- Availability of telehealth and telephone-only services
- What to expect in the look and feel of telehealth visits
- Best practices for ensuring privacy and confidentiality of telehealth and telephone visits
- Options and resources if technology access is limited and/or for limited data plans (identify in conjunction with schools and other community resources)

MEDICAID OUTREACH*

Except for E3 models, the CAHC program is supported by federal “Medicaid match” dollars. To secure these matching funds, a range of Medicaid outreach services must be provided. While some activities (such as Outreach Area 2/Assistance with Enrollment) may pose a challenge, activities in other areas may be simpler to provide even if schools should close.

NAVIGATING OUTREACH AREAS 1 & 5:

- **Outreach Area 1** (Medicaid Outreach and Public Awareness) can largely be met by using mass media. Literature distribution through mailings or using print or electronic media (e.g., websites, social media, local radio) to promote Medicaid-covered services would count for this requirement.
- **Outreach Area 5** (Medicaid-Specific Training) includes events that program staff participate in regarding: coordination and delivery of the Medicaid program and its benefits; how to assist families in accessing Medicaid services; how to refer children and adolescents for services. Online training is widely available and sent via CAHC [list serves](#) frequently.
- **Outreach Area 5** also includes coordination and delivery of Medicaid-specific training that the CAHC staff can provide to others (e.g., school staff and Community Advisory Councils) and that focuses specifically on Medicaid eligibility requirements, the application process, and how to increase access to services. The use of e-meeting technology is an option to meet this requirement.

**Not required for E3 models*

EVIDENCE-BASED INTERVENTIONS*

Reduced attendance, staggered schedules, building closures, a focus on core academic subjects coupled with a reluctance to release students from class, or other factors may all negatively impact your ability to deliver EBIs in classrooms; and perhaps also clinical EBIs (interventions delivered within the context of clinical appointments).

CONSIDER THE FOLLOWING OPPORTUNITIES TO DELIVER INTERVENTIONS BASED ON THE NEEDS OF YOUR TARGET POPULATION:

- Discuss interventions for clients with chronic conditions (managing asthma, hypertension, diabetes, etc.). This could be imperative, as COVID-19 is particularly perilous for people with chronic conditions.
- Consider reviewing program focus areas and selecting an intervention topic area such as alcohol, tobacco and other drug prevention and/or intensive mental health interventions. With the many changes brought on by the pandemic, this could be a crucial time to provide programming to those who may have difficulty coping, or who have witnessed others coping in negative ways.

Continually assess the needs of students, families and schools to identify particular interventions that are needed at this time. If you are not allowed to deliver curriculum in classrooms, you may be able to deliver clinical EBIs and/or provide interventions remotely using technology.

HEALTH EDUCATION*

The MI Safe Schools Roadmap encourages schools to offer wellness resources including education on basic hygiene (handwashing, basic care for colds & flus); social-emotional skill building such as coping skills and strategies to identify and manage stress; and to support staff with training on topics such as trauma-informed best practices, identification and referral of at-risk students, and self-care. Communicate with students, families and schools regarding needs and determine what you can offer.

Consider delivering health education support in a variety of ways, including written materials and through use of remote technology, if in person education is impacted.

**Not required for E3 models*

CLIENT SATISFACTION SURVEYS

Client satisfaction surveys are a component of both Continuous Quality Improvement and of a comprehensive needs assessment process. Not only has the physical environment for service delivery changed in response to COVID-19 precautions (masks, Plexiglas, physical distancing), but the service delivery mechanism itself may change (from in-person to telehealth services). It is important to understand the impact these changes may have on access to care, the service delivery experience, and perceived or actual quality of care.

TO SOLICIT THIS FEEDBACK, CONSIDER ADAPTING SURVEY QUESTIONS TO INCLUDE:

- Questions on how to reach and engage young people
- Their perceptions of telehealth
- How to improve the service delivery experience
- How safe or comfortable they feel coming to the program site
- What can be done to help them feel safer or more comfortable
- The best means for communicating should school close

Finally, consider moving your client satisfaction survey to a confidential, electronic platform so feedback can be gathered regardless of where or how services are provided.

COMMUNITY ADVISORY COUNCIL (CAC) & YOUTH ADVISORY COUNCIL (YAC)*

CAC and YAC input are both highly valued aspects of creating youth-friendly services that are both accessible to, and accepted by, the young people they serve. While it may not be possible to meet in-person depending on the MI Safe Start Phase your community is in when meetings are scheduled, contemplate meeting virtually or hold conference calls, as this has become commonplace during the pandemic. Increased flexibility in scheduling and the availability of virtual meeting access for parents who lack transportation may increase parental involvement. **Document any attempts made** for CAC and YAC input to meet the program requirements.

**Not required for E3 models*

INTERAGENCY AGREEMENTS

While an addendum or a statement of work that outlines respective roles in response to COVID-19 can be created to accompany the Interagency Agreement or Memorandum of Understanding between a program site and a school, it may not be necessary. Revisions to existing formal agreements will not be required by MDHHS at this time.

STAFFING COVERAGE

Staffing issues are the responsibility of the fiduciary and will not be covered within this brief, as each sponsoring agency has unique staffing models, policies, union agreements, and other factors that impact staffing considerations. MDHHS does not have authority in these matters. MDHHS recognizes that program staff may be quarantined due to a possible or confirmed COVID-19 exposure. This may impact service provision requirements and minimum hourly mandates will not be enforced during this time. Again, keep your MDHHS Agency Consultant on temporary or permanent staffing changes that may arise.