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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
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Cindy Pitlock, DNP
Administrator

RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM WORKGROUP MEETING MINUTES APRIL 13, 2022

All members participated via Microsoft Teams technology (video or audio).

VOTING MEMBERS PRESENT:

Jan Marson
Jaymee Oxborrow
Rebecca McGough
Sarah Hannonen

VOTING MEMBERS ABSENT:

Heather Plager
Jessica Flood
Lana Robards
Mala Wheatly
Melissa Washabaugh
Michelle Sandoval
Sarah Dearborn

STAFF AND GUESTS:

Charlene Frost, Nevada PEP
Jeanette Belz, Belz & Case
Kary Wilder, DCFS

1. Call to Order, Roll Call, Introductions – *Sarah Hannonen, Rural Children's Mental Health Consortium Vice Chair*

Ms. Hannonen called the meeting to order at 8:15 am. Kary Wilder, Administrative Assistant III, Planning and Evaluation Unit (DCFS), conducted roll call and quorum was established.

- #### **2. Public Comment.** *No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.*
- There was no public comment.

3. **For Possible Action.** Ten-Year Strategic Plan Update and Recommendations for Approval to the Department of Health and Human Services Director – *RCMHC Members*

Updates received from the System of Care (SOC) Grant and the PGH Mental Health Cabinet were reviewed and it was determined the best way to incorporate them was to add them as appendices. Charlene Frost volunteered to go through and add the appropriate content and verbiage to the 2022 Priorities section on pages 7-8 (specifically Priority 3 and Priority 5). Priority 3 will be updated to include SOC support of community-based training. The Focus training has started in the rural region, but not yet in schools. She will include notes to referring to the Appendix for the full report.

Ms. Frost will also add appropriate updates from Nevada PEP to Priority 4 on page 8 (supporting mental health policy on behalf of all the consortia).

The workgroup discussed and created a new Priority 5, “Increase Access to Quality-Based and Evidence-Informed Practices, Services and Supports”. SOC accomplishments (paragraph 5 in the SOC Update) with the expansion of Mobile Crisis to 24/7, MCRT step-down/step-up youth, access to flexible funding, self-directed respite dollars, and others will be incorporated into the new Priority 5 section.

Charlene Frost asked if the priorities were voted on at a previous regular meeting. Ms. Hannonen noted that the goals had been voted on. The group then reviewed and discussed the existing priorities. Everyone agreed to include an agenda item at the upcoming meeting to vote on the report priorities.

Ms. Frost suggested incorporating content from paragraph 4 of the SOC Update into Priority 2. Members agreed and Ms. Frost will add the appropriate information.

Members discussed inserting a statement into the Introduction stating that the Consortium is the oversight and monitoring committee organization for System of Care. Ms. Frost will re-draft the Introduction as suggested.

Members felt it was important to use a strengths-based sentence to replace the existing first sentence of Priority 4 and incorporate the fact that the RCMHC participates in being the legislative voice for rural communities. Ms. Marson suggested adding in a mention of previous successes. Ms. Frost suggested a potential re-vamped sentence, “Historically, the RCMHC has been a strong voice in advocating for changes that families need in our rural and frontier regions. We continue to be committed to asserting our influence strongly to advocate for changes that families need”. Members agreed with the suggested re-write and Ms. Frost will incorporate the new sentence into the first paragraph.

Information from the PGH Mental Health Cabinet update will be incorporated into page 10, Paragraph 2, Mental Health Awareness Activities. Ms. Frost will modify page 10 as noted and refer to the Appendix for the full report.

Jan Marson suggested adding content relating to the Consortium’s advocacy of Medicaid changes. Rebecca McGough described Medicaid’s recent requirement to continue coverage

for Neurofeedback treatments. She described benefits of Neurofeedback treatments and tools and their positive impacts for children with significant trauma and severe anxiety (especially in children with autism). The treatment helps minimize anxieties and helps children learn to deal with things differently by changing the way the brain processes. She felt that advocacy of the treatment would be important to assist in getting the Centers for Medicare and Medicaid Services (CMS) to pay for these services in the future. Ms. Frost stated that it was denied by CMS because it violated maintenance of efforts and it will be coming back up in 2024. Ms. McGough described the difficulties small rural clinics face in attempting to bill for these treatments. Ms. Hannonen suggested neuro-feedback treatments would be a good example of increasing access to quality, evidence-based treatments (Priority 5). Ms. McGough agreed to create and contribute an appropriate paragraph.

Ms. Hannonen asked if activities should be highlighted in the priorities or be standalone items in the report? Ms. McGough liked the visual aids and stimuli included in the report for Wellness Activities. She suggested using bold type in the sections to show how activities tie-in to the priorities. Ms. Frost suggested considering that the report audience is legislators and professionals (not necessarily families) and too many graphic images may be perceived as a distraction. Generally, these reports need to define priorities and needs in the rural communities and tell legislators the direction that RCMHC wants the State to take. Ms. Marson said that RCMHC needs to be the amplified voice for the community and show collaboration with other organizations.

Ms. Hannonen suggested adding an update from Youth Move, and possibly content about the recent IEP training to self-advocate. Ms. Frost will ask Lexie Beck for an update when she is back into the office on Tuesday.

Ms. McGough discussed adding professional initials after individual member names in the report to help answer potential questions about qualifications. Ms. Frost described issues with a potential perception of RCMHC membership appearing to be all professionals vs. family members. After further discussion, it was determined there were pros and cons and it would be appropriate to open this up for discussion at the regular meeting. Consistency in the report is important. Ms. Hannonen will send a blind copy email to members requesting they submit input and will request everyone respond to her only (in compliance with Open Meeting Law).

The workgroup discussed the importance and challenges of including disabled individuals or individuals with autism in meetings and decisions. It can be a challenge to keep legislators engaged when these individuals are speaking. Training and self-advocacy is important in growing future participants and decision-makers.

Sarah Hannonen suggested addressing future budget needs in the report. Ms. McGough suggested adding a projected budget cost, but the timeframe may be too short at this point. Ms. Frost suggested adding a note that the report budget numbers do not represent the entirety of the Consortium allocation and commitments. She suggested adding a paragraph to reference that, based on Covid-19 and inflation, the Consortium advocates for a budget increase to be considered by Richard Whitely for inclusion in his budget request to the Governor. She suggested sending a letter to Richard Whitely to consider a budget increase for the Consortium. Ms. Marson suggested this is a good time of year for this request during

budget-building and budget spend-down. Sarah Hannonen will share this information with the Chair to prepare a letter.

It was noted there were spelling and punctuation corrections needed throughout the report.

Ms. Hannonen summarized report content responsibilities and requested everyone send their updates to her in email. She will incorporate everything into the report and will send it to Kary Wilder. Timeframes for completion and posting of the revised report are very short and it was unclear if everything can be completed in time for the next meeting. Kristen Rivas reminded everyone that the revised report will also need to be ADA-Remediated before it can be sent out and posted. Jan Marson suggested including an executive summary at the beginning of the report and submitting it for approval at the next meeting with changes.

Responsibilities:

- Char Frost – Will ‘cross-walk’ the SOC and PGH Mental Health Cabinet update content into appropriate RCMHC priorities and reference the full reports as appendices. She will make the other modifications as described and will include a paragraph about budget. She will ask Lexie Beck for a Youth Move update and will also ask for an update from the Mobile Crisis Response Team.
- Jan Marson – Will email Sarah Dearborn to confirm her participation as a member. Ms. Marson will not be available for the next meeting.
- Rebecca McGough – Will contribute a paragraph about Medicaid coverage for Neurofeedback treatment for New Priority 5. She will do a review of the activities and integrate with the priorities.
- Sarah Hannonen – Will work with the Chair on changes and a budget request letter to Richard Whitely.

4. **For Possible Action.** Make Recommendations for Agenda Items for the Next Meeting

RCMHC Members

- Review and approve Service Priorities of the Strategic Report
- Review and approve the Service Priorities Report
- Nevada PEP Update
- Youth Move Update

7. **Public Comment.** There was no public comment.

8. **Adjournment.** Sarah Hannonen, Vice-Chair, adjourned the meeting at 9:58 a.m.

Next Meeting: April 21, 2022