Minutes
April 16, 2020 9:00 a.m. – 10:19 a.m. Zoom Meeting Only

Call to order 9:05 am

Zoom: Dan Breshears, Loretta Alexander, Paula Rawls, Mike Motley, Jerri Clark, Michelle Brown, Elaine Prewitt, Melinda Kinnison, Cheria McDonald, Charles Hervey, Carole Garner, Dave Oberembt, Debbie Head, Debra Stewart, Lucas Harder, Tamara Baker Absent: Patrick Casey, Rosa Hatch, Matthew Nix

Staff by Zoom: Ashley Williams, Shannon Borchert

Guests by Zoom: Charis Mian, Elizabeth Kindall, Brittany Rogers, Lisa Mundy, Ariel Schaufler, Chenell Tucker, Sarah Brisco, Dawn Jeffrey, Kim Hooks, Lynette Slaughter, Miranda Curbow, Kaley Spears, Kim Scott, Mike Riddell

Review of February 2020 Minutes: M. Kinnison motioned to adopt minutes as amended; D. Breshears seconded motion.

Act 1220 & Coordinated School Health Reports: D. Breshears motioned to accept reports; C. McDonald seconded motion; minutes accepted.

Act 1220 Report (Shannon Borchert and Ashley Williams)
- Completing Indistar reports
- Transitioning scheduled professional development to digital formats.
- April 30, 2020 Wellness Committee Training scheduled with Central Region and Arkansas River Educational Cooperative.
- Healthy Active Arkansas Reviewed grant applications: finalist will be announced later.
- Student Wellness Advocacy Group Program (SWAG) is partnering with Project Prevent Youth Coalition (PPYC) for fall conference on October 28, 2020 at the Vine Center at the 4-H Center in Ferndale, AR

CSH Report (Lisa Mundy and Ariel Schaufler)
- SHS is working on next school years' quarterly CSH meeting dates and focus areas
- SHS is working with ADH marketing to create an educational resource for schools to increase accuracy of student responses on nutrition section of YRBS (self-reporting their servings of fruits and vegetables and 100% fruit juices)
- Created COVID-19 and distance learning resource folder within CSH shared file

As of April 7: 537 total views

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Countries Indicated:

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Old Business

2019 Nutrition and Physical Activity Rules Update: The State Board of Education authorized the release of the Rules for public comment pending Governor approval at its February meeting. The Rules are still pending at the Governor’s office. After receipt of approval from the Governor's office, the Rules will be released for public comment for thirty days, which will be announced by a Commissioner’s Memo. Lucas will watch it and let the rest of the Committee know as soon as the Rules are released.
CHILD HEALTH ADVISORY COMMITTEE

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New Business

Arkansas Academy of Nutrition & Dietetics presentation – Carole Garner
See included slides

School-Based Mental Health - Dr. Betsy Kindall and Charis Mian
See included slides

A recommendation development could be beneficial if focused on training on mental health and behaviors in the classroom

Member Updates
Loretta Alexander: by checking the Arkansas Advocates for Children and Families, people can remain updated on changes impacting children and families.

Charles Hervey: SHAPE Arkansas is in the planning process of transitioning to all distance learning for summer professional developments. OPEN Physical Education has virtual trainings for those interested in online content.

Adjourn: 10:19 a.m.

Next Meeting: Thursday, May 21, 2020 from 9:00 a.m. – 12:00 p.m.
Freeway Medical Building, 5800 W. 10th, Boardroom 906, Little Rock, AR 72205

2020 Recommendations Subcommittees Breakout

Counseling, Psychological, & Social Services
Dan Breshears
Loretta Alexander
Paula Rawls
Tamara Baker
Mike Motley
Jerri Clark

Health Education
Michele Brown
Dr. Pat Casey
Dr. Rosa Hatch
Melinda Kinnison
Cheria McDonald
Charles Hervey
Dr. Matthew Nix

Nutrition
Carole Garner
Dave Oberembt
Debie Head
Debra Stewart
Dr. Elaine Prewitt
Child Nutrition Legislation & Initiatives

CAROLE GARNER MPH, RDN, LD
ARKANSAS ACADEMY OF NUTRITION AND DIETETICS

Federal Court Strikes Down Trump Administration School Nutrition Rollbacks - sodium, whole grains, & milk.
- violated the Administrative Procedure Act.
- USDA has 60 days to appeal the decision
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Lifelong Nutrition for Arkansas

CARES Act

Child Nutrition Programs
- $8.8 billion in additional funding to support increased caseload due and ensure access to meals while school is not in session

SNAP
- $15.5 billion to support increased caseload

Families First Act

Provide the USDA with the authority to issue nationwide school meal waivers to more quickly utilize flexibilities

Give states the authority to use a pandemic electronic benefit transfer (P-EBT) program to provide families an EBT card with the monetary value of school meals not accessible during school closures

SNAP – eliminate ABAWD work requirement
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Representative Womack

Ag Appropriations
Child Nutrition
  ◦ Team Nutrition
  ◦ Kitchen Equipment Grants
  ◦ Summer Food Service Program EBT Demonstrations
SNAP
WIC

Social Media

Child nutrition programs improve children’s diets and health nationwide. @JohnBoozman, give kids a #healthy start – prioritize child nutrition programs! #eatrightPRO #InvestInNutritionFY21

An estimated 1 in 10 U.S. households with children struggles with food insecurity. Congress can #InvestInNutritionFY21 to ensure children have access to nutritious meals. #eatrightPRO
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UAMS – NW
Reduce sodium in school meals
  • Springdale SD
    • food service guidelines
    • procurement practices
    • food preparation practices
    • environmental strategies
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ARKANSAS MODELS OF SBMH

- SBMH for billing purposes (schools only)

- Most schools (90%)—contract with a MH agency
  - Behavioral Health Agencies
  - ILP (Independently Licensed Practitioner)
- Purchase Service Agreements*
- School District Employed*
- Hybrid Model*

* indicates the school bills for the services (which requires 30% match)
ARANSAS BEST PRACTICES MODEL

- Schools should practice under formalized contracts
- 70%/30% Model for clinicians on campus
- 1.0 FTE Therapist per 500 Students
- Caseload Size
- ADE SBMH Certification Manual for billing
- INDISTART Wellness Priority

LICENSEURE FOR AR BILLING

- Medicaid billing by the school district only. School is not a site of service for private insurance.

- Schools can bill for the following scopes by practice licensure:
  - LCSW (Licensed Clinical Social Worker)
  - LPC (Licensed Professional Counselor)
  - LPE (Licensed Psychological Examiner)
  - School Psychologist
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TELEMEDICINE

TRAINING CURRENTLY OFFERED TO SCHOOL DISTRICTS:

- SBMH Best Practices for Schools
- Mental Health First Aid (100+ trainers, 1500+ certified MHFAiders by end of 2020)
- Adverse Childhood Experiences (ACEs)
- Trauma Sensitive Schools / Practices
- Self-Care Strategies for Educators
- PCIT Skills for PreK (Parent Child Interaction Therapy skills)
- Why Try? Training for AWARE districts
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MENTAL HEALTH FIRST AID

COVID-19
Continuation of Mental Health Services During Pandemic
UPDATE: School Health Services COVID-19 School Closure Guidance

The purpose of this guidance is to ensure school personnel have the most up-to-date information for operating school health programming during the COVID-19 outbreak. Please visit School Health Services School Closure Guidance.

Medicaid Related Services - Behavioral Health Services

School-based Mental Health Services: On March 18th, the Division of Medical Services (DMS-Medicaid) released a policy update memorandum suspending the rule related to originating site requirements for certain behavioral health providers and expanding the technology options for delivering services, including telephones. The DMS document may be found at the following link:

DMS-Medicaid Telemedicine Requirements for certain Behavioral Health Providers during the COVID-19 Public Health Emergency

- District personnel may consider communicating with the existing school-based mental health/agency providers to assist with establishing a telehealth service model for students during the COVID-19 outbreak.
- For students without access to internet services, the district may collaborate with the school-based mental health/agency provider to establish a protocol to designate a public location (Safe Zone) where a secure Wi-Fi connection may be accessed from the beneficiary's vehicle/or other similar confidential location.

REMOTE SERVICES

- Telephonic/Video
- Telemental Health:
SAFETY ON CAMPUS

Maintain infectious disease guidelines set by ADH and CDC:

- modification of drop off/pick up procedures
- monitoring of symptoms
- social distancing
- intensification of cleaning/disinfection efforts
- covering of mouth and nose with a cloth mask

DROP OFF/PICK UP

- Hand hygiene stations should be set up at the entrance of the facility, so that individuals can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to sign-in sheets. If possible, place sign-in stations outside.

- Consider staggering arrival and drop off times and/or plan to limit direct contact with parents/families as much as possible. Mental Health Providers (MHPs) may choose to greet children outside as they arrive. The MHP may be designated to walk the students arriving for services to/from the provider's designated area.

- Persons who have a fever or other signs of illness should not be admitted to the school. Parents should be encouraged to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen individuals upon arrival, if possible: conduct temperature screenings, make a visual inspection of the child for signs of infections (which could include flushed cheeks, fatigue, etc.).
PROTOCOL TO SAFELY CHECK TEMPERATURE

- Perform hand hygiene.
- Put on Personal Protective Equipment (PPE): a mask and a single pair of disposable gloves.
- Check the individual's temperature.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by the CDC for infection control.
- Remove and discard PPE.

SOCIAL DISTANCING STRATEGIES

- **Stagger arrival/departure times** and/or have the MHP pick up the student as he/she arrives. Plans for curbside drop off and pick up should limit direct contact between parents/staff and adhere to social distancing recommendations.
- Space provided for therapy should be *set up in a way to adhere to 6 feet of social distancing*.
- If a child is attending for an individual session, *have family members wait outside the facility*. 
CLOTH FACE COVERINGS

- Cloth face coverings are not a substitute for social distancing.
- Cloth face coverings should not be placed on young children younger than 2 years of age, anyone who has trouble breathing, incapacitated or otherwise unable to remove the cover without assistance.
PSYCHOLOGICAL EFFECTS OF QUARANTINE

- Effects could be significant, wide-ranging and long lasting
- Rates of PTSD among quarantined youth: 4x higher than baseline
- Likely rise of depression, anxiety, anger, grief, fear, insomnia, etc.
- Increase in avoidant behaviors and long term behavioral changes (avoiding crowds, excessive hand washing, etc.)

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext

STRESSORS POST QUARANTINE

- Socioeconomic distress is a risk factor for symptoms of psychological disorders
- Research shows direct link of deaths from suicide and addiction with increase of unemployment
- Jarring to imagine the impact of these losses on generations of families

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CRISIS MANAGEMENT

- Help prevent long-term trouble by providing families with information on how to manage stress generated by COVID-19 ASAP. Maintain familiar routines (or create new ones), help children find positive ways to express feelings, highlight actions adults are taking to ensure safety, how social media/share may escalate negative symptoms, identify resources for accurate information, tips on self-care.

- Offer web-based educational videos to promote a healthy lifestyle at home.

- AMI: Look for ways to arm students with the ability to distinguish truth from rumors, how to track links back to original sources, how to find valid sources of strong information, offer assignments that allow youth to process feelings and developments around them.

- Check on at-risk youth, or those who have struggled previously with mental health concerns post-card, email, a phone call. Families may be dealing with larger concerns.

- Provide families with resources on how and where to seek additional help.

- Consider if current roster of social workers/counselors will be sufficient to meet the social-emotional needs of returning students.

- Consider additional training for staff to identify students in crisis. Check to see if protocols need to be revamped.

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WE ARE IN THIS TOGETHER

THROUGHOUT OUR HISTORY, AMERICA'S GREATEST CHALLENGES HAVE SUMMONED OUR GREATEST STRENGTHS