

**MATERNAL AND CHILD HEALTH ADVISORY BOARD MEETING
DRAFT MINUTES
FEBRUARY 12, 2016
09:00 A.M.**

The Maternal and Child Health Advisory Board held a public meeting on February 12, 2016, beginning at approximately 9:05 A.M. at the following locations:

Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, Nevada 89706

Health Care Quality and Compliance
4220 S. Maryland Parkway, Suite 810
Las Vegas, Nevada 89119

AT&T Conferencing
Dial-in Toll-Free Number 1-877-336-1831
Participants Code 4756895

BOARD MEMBERS PRESENT

Veronica (Roni) Galas, Chair
Lisa Lottritz, RN, BSN
Assemblywoman Ellen Spiegel
Noah Kohn, MD
Melinda Hoskins, MS, APRN
Keith Brill, MD
Marsha Matsunaga-Kirgan, MD
Fatima Taylor

BOARD MEMBERS NOT PRESENT

Senator Patricia Farley
Fred Schultz
Tyree Davis, DDS, Vice-Chair

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Andrea Rivers, Section Manager, Maternal, Child and Adolescent Health (MCAH), Bureau of Child, Family and Community Wellness (BCFCW)
Laura Valentine, Title V/MCH Program Manager, MCAH, BCFCW
Evelyn Dryer, Grant Manager, Nevada Home Visiting, MCAH, BCFCW
Sarah Demuth, Adolescent Health Program Officer, MCAH, BCFCW
Andrea Skewes, PREP Coordinator, MCAH, BCFCW
Ingrid Mburia, MCH Epidemiologist, MCAH, BCFCW
Christina Turner, Maternal and Infant Health Coordinator, MCAH, BCFCW
Cailey Hardy, Administrative Assistant, MCAH, BCFCW
Eileen Hough, Adolescent Health Program Specialist, MCAH, BCFCW
Debra Kawcak, Children and Youth with Special Health Care Needs Program Coordinator, MCAH, BCFCW
Melissa Slayden, Management Analyst, Office of Public Health Informatics and Epidemiology (OPHIE)
Sandra Ochoa, Biostatistician, OPHIE

OTHERS PRESENT

Amanda Spletter, Clark County Family Services
Ryan Studebaker, Division of Welfare and Supportive Services (DWSS)
Thomas Brundige, DWSS
Tomomi Murakami, Health Coordinator
Jackie Kennedy, Statewide MCH Coalition Coordinator
Pita Gomez, Washoe County Health District
Julie Baskin, Washoe County Health District

Chair Veronica Galas called the Maternal and Child Health Advisory Board (MCHAB) meeting to order at 9:05 a.m. Ms. Galas indicated the meeting was properly posted at locations listed on the agenda in accordance with the Nevada Open Meeting Law.

1. Roll call and introductions

Roll call was taken and it was determined a quorum of the Maternal and Child Health Advisory Board was present.

2. Vote on minutes from the November 6, 2015 meeting

Chair Veronica Galas asked if there were any corrections to the draft minutes from the November 6, 2015 meeting.

Dr. Noah Kohn corrected page three (3) in the last paragraph to add “Academy” in “American Pediatrics”.

Eileen Hough corrected page four (4) in the last paragraph to remove “applied” and state “Nevada intends to apply”.

CHAIR GALAS ENTERTAINED A MOTION TO APPROVE THE MINUTES WITH THE CORRECTIONS. A MOTION TO APPROVE THE MINUTES WITH THE CORRECTION WAS MADE BY DR. NOAH KOHN. MELINDA HOSKINS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

3. Presumptive Eligibility for Pregnant Women – Nevada Division of Welfare Supportive Services

Thomas Brundige from the Division of Welfare and Supportive Services (DWSS) presented on the Eligibility Partnerships Program. Mr. Brundige informed members in 2015 DWSS renewed its commitment to partnering with other Medical and Social Service Providers in Nevada in an attempt to connect people with the services they need. There is a renewed focus on Population Health and Early Intervention. Some of DWSS current partnerships are with Renown Hospital, Tribal Clinics, Family Resource Centers, Project Homeless Connect, Capital City Circles, and Northern Nevada HOPES. Since 2007 the total caseload of recipients increased by 403%. From 2013-2015 DWSS radically transformed their service delivery process by completing approximately 70% of applications at first contact. DWSS has added 53 Eligibility Specialists to the Call Center, added 35 Eligibility Specialists to Testing, and increased 300% in community outreach.

Ryan Studebaker informed members Presumptive Eligibility is a process under the Affordable Care Act to connect eligible people to Medicaid. Participation is optional for qualified hospitals and facilities. Hospitals and facilities must agree to follow Federal and State requirements and maintain all performance standards as set by DWSS. Hospital staff can apply patients for Presumptive Eligibility through an online portal at the hospital and receive instant notification of eligibility. Current partnerships with DWSS include: Carson Tahoe Health, Carson Valley Medical Center, North Vista Hospital, Renown Health, University Medical Center, and Valley Health Systems.

Presumptive Eligibility begins the day eligibility is determined. If a recipient completes a full Medicaid application, the Presumptive Eligibility ends the day Medicaid determination is made. If no Medicaid application is filed, the Presumptive Eligibility ends the last day of the month following Presumptive Eligibility determination. Presumptive Eligibility is only allowed once every 24 months. Benefits for Presumptive Eligibility are the same as those provided under Medicaid. Federal regulations limit Presumptive Eligibility benefits for pregnant women to ambulatory prenatal care only and not inpatient or non-prenatal care. Women on Medicare are not eligible for Presumptive Eligibility. Unlike Medicaid, Presumptive Eligibility does not have prior medical capability coverage. Providers who agree to assist clients for Presumptive Eligibility are required to assist any person wanting to apply for Presumptive Eligibility. Providers cannot receive payment, reimbursement or charge applicants to apply for Presumptive Eligibility or assist with Medicaid applications.

Chair Veronica Galas thanked DWSS and opened the floor for questions. Assemblywoman Spiegel asked how a caseload is defined. Mr. Brundige stated a case load is defined by one head of the household who is active in one program. Assemblywoman Spiegel stated the data provided shows the current number of caseloads DWSS serves is 62% of households in Nevada and asked if the data was accurate. Mr. Brundige stated yes. Dr. Noah Kohn thanked DWSS for the presentation. Judy Henderson asked what to recommend to recipients for the quickest way to apply for benefits. Mr. Brundige stated it could take up to three hours for an appointment in a local office, but an online application would be the fastest way to apply for benefits.

4. Update and discussion on Advanced Practice Registered Nurse (APRN) Insurance Credentials and Access

Laura Valentine stated at the last MCHAB meeting, members inquired if the Insurance Division could help with Statutes to mitigate barriers requiring APRNs to be employed by physicians to get credentialed by insurance companies. The Insurance Division does not see it as their role to ensure APRNs can provide services and bill the insurance company. Melinda Hoskins informed members she was contacted by the Medical Director for Prominence Health Plan, and he has decided to try and begin a process to open up credentialing to APRNs through Prominence Health Plan.

5. Reports

Laura Valentine informed the members the meeting packet contains a summary of findings from the Health Resources Services and Administration (HRSA) Title V/MCH Block Grant review from August, 2015. The noted strengths are: Baby Birth Evaluation and Assessment

of Risk Survey (Baby BEARS), Fetal Infant Mortality Review (FIMR), Community Health Workers (CHW), Screening, Brief Intervention, Referral, and Treatment (SBIRT) training, Cribs 4 Kids and the Medical Home Portal. Some of the weaknesses are: trend analysis for more than one year, inclusion of tribal entities and data to support priorities and selection of National Performance Measures. Some of the recommendations made by HRSA were to include: Tribal relationships described, partnerships with other programs, especially Home Visiting and Title X, and to have an ongoing status of immunizations and teen pregnancy.

Ms. Valentine also informed the members Nevada MCH Coalition has begun to place regional websites under one website for ease of access to all information. Ms. Valentine asked if there were any questions with the programs reports.

Melinda Hoskins asked what data is available for perinatal depression screening, the numbers of providers who are providing screenings, and if there are any programs in the state promoting post-partum or perinatal anxiety screenings and trainings for offices or providers. Ms. Hoskins asked if there was data for the suicide rate relating to perinatal disorders and what resources are available for women for counselling and inpatient care for depression related to perinatal disorders. Ms. Valentine informed members there has been discussion on post-partum depression and outreach to partners. Ms. Valentine informed the members she will get the numbers of screenings and suicide rates available for the next meeting. Ms. Valentine called Melissa Slayden and Sandra Ochoa to provide an update of the collection of data. Ms. Ochoa informed the members efforts are being made to create a maternal mortality report and continually to work with Collaborative Improvement and Innovation Network (CoIIN) to reduce infant mortality. Melissa Slayden stated the Office of Public Health Informatics and Epidemiology (OPHIE) is currently working on hospital report cards for 2012, 2013 and 2014. The hospital report cards have data regarding prenatal care and birthing reports.

Ms. Valentine thanked OPHIE for the update.

Dr. Noah Kohn mentioned the data in the report on America's Health Rankings, showed the Primary Care Physicians number per 100,000 population is 85.6 in Nevada while the number one (1) ranked state has 206.7 primary care physicians per 100,000 population. Dr. Kohn suggested more physicians could help with all the other problems Nevada has. If Nevada had more incentives and encouragements for physicians to move to Nevada, it could solve many issues.

6. Discussion and selection of up to three (3) additional State Maternal and Child Health Priorities

Laura Valentine informed members in the attachment in the packet shows the National Performance Measures (NPMs) Nevada selected and the State Maternal and Child Health Priorities.

Ingrid Mburia gave a presentation (Exhibit A) for members to select State Performance Measures (SPMs) and Evidence-based or Evidence Informed Strategy Measures (ESMs). Ms. Mburia asked members to help develop three to five (3-5) SPM to address priority needs not addressed through the NPMs and ESMs. Health Resources Services and Administration

(HRSA) requires each state to develop an ESM for each selected NPM. ESMs have to be measurable and have evidence the activity is related to the performance measure chosen. Ms. Mburia gave points to consider when choosing a performance measure. HRSA recommends selecting a performance measure with data available annually for tracking purposes to ensure goals are being achieved. The performance measure needs to be measurable. Ms. Mburia informed the members of the identified priority needs from the Needs Assessment and which priorities are already being addressed by a NPM. Chair Veronica Galas opened the floor for comments and questions.

Lisa Lottritz mentioned a common need in all domains is mental health and should be a focus. Ms. Lottritz asked if mental health is a measurable outcome with accessible data. Ms. Mburia stated further research would need to be done to determine. Assemblywoman Ellen Spiegel thanked Ms. Mburia for the presentation and mentioned bullying and cyber bullying is a Governor's priority. There has been an increase in bullying and there is an efficient amount of data to choose this as priority. Ms. Mburia mentioned there is data collected for bullying from the Youth Risk Behavioral Survey conducted every other year if chosen as a priority. Dr. Noah Kohn asked in the perinatal/infant health domains why the top five (5) issues aren't being addressed. Dr. Kohn also mentioned access to care shows up as an issue in all domains and if there was access to care, many of the issues could be solved. Ms. Mburia informed the members there is prenatal care data collected from the birth certificates. This could supply data for prenatal care access. Dr. Marsha Matsunaga-Kirgan commented Nevada was ranked low for access to prenatal care showing there is a strong need for access to prenatal care. Ms. Mburia informed members there is some challenges with collecting data for access to care especially related to Medicaid. It's very important to make sure data collected is reliable. OPHIE is currently working to try and get access to reliable Medicaid data. Dr. Keith Brill mentioned family planning and teen pregnancy prevention can go hand in hand when looking at long term goals and accomplishments.

Ms. Lottritz asked with substance use if the main focus is on tobacco. Ms. Mburia informed there are two measurements for the substance use priority. One measurement is looking at the percentage of women smoking tobacco during pregnancy and the other one is the percentage of children who live in a household where someone smokes. Ms. Lottritz suggested to include all substance use including alcohol, illicit drugs, and prescription drugs. Ms. Mburia informed the members in the 2003 revised birth certificate which was adopted by Nevada in May 2009 is now able to capture records of drug use for prescription and illicit drugs. A problem with this is under-reporting which makes the data unreliable since it's the only source of data to collect statewide. If accepted for federal funding to conduct the Pregnancy Risk and Monitoring Survey (PRAMS) the state will be able to collect substance use data before, during and after pregnancy and could be used as reliable data going forward. Chair Veronica Galas recapped on the priorities members selected: mental health, bullying/cyber bullying, access to care/access to prenatal care, family planning and teen pregnancy prevention and expanding substance use beyond tobacco to include alcohol, prescription drugs and illicit drugs. Lisa Lottritz asked if the priorities need to be decided at the February 12, 2016 meeting. Ms. Lottritz asked if it was possible to have the five (5) selections be further evaluated to determine if there are measurable outcomes for the priorities. Ms. Mburia informed the members the priorities need to be reported to HRSA by

July 15, 2016. Chair Veronica Galas mentioned the idea of creating a subcommittee help create a report for recommendations to select the priorities.

Ms. Mburia agreed a subcommittee could be the best option to meet multiple times before the next scheduled MCHAB to have the recommendations ready for the board at the next scheduled meeting. Chair Veronica Galas asked if any of the members would like to join the subcommittee. Dr. Marsha Matsunaga-Kirgan, Lisa Lottritz, and Melinda Hoskins stated they would join the subcommittee.

CHAIR GALAS ENTERTAINED A MOTION TO CREATE A SUBCOMMITTEE TO EXPAND THE PRIORITIES SELECTED TO CREATE REPORTS AND RECOMMENDATIONS FOR THE NEXT JUNE 10, 2016 MCHAB MEETING. A MOTION TO CREATE THE SUBCOMMITTEE TO REPORT AND RECOMMEND MATERNAL AND CHILD HEALTH PRIORITIES WAS MADE BY LISA LOTTRITZ. DR. NOAH KOHN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

7. Maternal and Child Health Advisory Board Member Orientation

Laura Valentine gave a brief overview of the Department of Health and Human Services along with the Division of Public and Behavioral Health. Ms. Valentine informed the members there will be an orientation binder available for the members with the slides and information. Ms. Valentine informed members what entities and services Maternal, Child and Adolescent Health (MCAH) funds based on the five (5) year strategic plan priorities. MCAH tracks progress through the National Performance Measures and the National Outcome Measures.

Ms. Valentine informed the members all Boards and Commissions are developed to determine specific needs in Nevada and support certain initiatives to reduce/ameliorate the level of need, including: White Papers or other planning documents, letters of support, participate in needs assessment, town halls and other community-level activities to gather information and increase knowledge/participation, Legislative presentations and participation across diverse boards/commissions, and other community activities. Specific NRS requirements affecting Maternal and Child Health can be found in NRS 442.133. Ms. Valentine stated new members for the MCHAB are appointed by either the State Board of Health (voting members) or, the Legislative Commission of Nevada (non-voting members).

Ms. Valentine informed the members the purpose of the MCHAB is to advise the Administrator of the Division concerning perinatal care to enhance the survivability and health of infants and mothers, and concerning programs to improve the health of preschool children to achieve outlined objectives. Ms. Valentine informed the members all materials and information will be sent to members as an MCHAB Orientation Binder.

8. Discuss and recommend agenda items for the next meeting

Chair Veronica Galas stated the next meeting will allow time for the presentation from the subcommittee along with discussion and selection of the priorities. Melinda Hoskins requested a presentation regarding what data is available in Nevada for perinatal mental health, depression, anxiety, and obsessive-compulsive disorder (OCD). Laura Valentine mentioned data was requested for maternal mortality.

9. Public Comment

There was no public comment.

10. Adjournment

Meeting was adjourned at 12:00 P.M.

DRAFT