Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Maternal and Child Health Advisory Board

MEETING AGENDA

DATE: August 5th, 2022, TIME: 9:00 AM

The meeting will be held via teleconference only. **Members of the public who wish to attend and participate remotely are strongly encouraged to do so by utilizing the following meeting link or call-in number:**

CALL-IN NUMBER: +1 (775) 321-6111 ACCESS CODE: 474010031#

ONE TAP PHONE NUMBER: +1 775-321-6111,,474010031#

VIDEO CONFERENCE LINK: Click here to join the meeting

If calling in using a cell phone, please remember to mute your phone

Note: Unless a specific time is noted, agenda items may be taken out of order, combined for consideration, and or removed from the agenda at the chairperson's discretion.

1. **Call to order/roll call – Linda Gabor, MSN, RN, Chair**
   Members: Linda Gabor, MSN, RN (Chair), Melinda Hoskins MS, APRN, CNM; Fred Schultz; Marsha Matsunaga Kirgan, MD; Keith Brill, MD; Noah Kohn, MD; Fatima Taylor, M.Ed., CPM; Katie Hackler, BSN, RN, RNC-OB; Lora Carlson, BSN, RN, RNC-OB, C-FMC; Senator Marilyn Dondero Loop; and Assemblywoman Claire Thomas

2. **FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on May 6, 2022 – Linda Gabor, MSN, RN, Chair**

   PUBLIC COMMENT

3. **FOR POSSIBLE ACTION: Discussion and possible approval of Updated Maternal Child Health Advisory Board Committee Bylaws – Linda Gabor, MSN, RN, Chair**

   PUBLIC COMMENT

4. **INFORMATIONAL: Presentation on Centers for Disease Control and Prevention (CDC) Levels of Care Assessment Tool (LOCATe)– Janice Enriquez, APRN, University of Nevada, Las Vegas (UNLV) School of Nursing, Student, Doctor of Nursing Practice**

   PUBLIC COMMENT

5. **FOR POSSIBLE ACTION: Presentation and possible recommendations to the Division of Public and Behavioral Health regarding Maternal and Child Health (MCH) COVID-19 Data and Resources – Hayley Owens, Management Analyst IV, Supervisor, Child and Family Services Unit, Office of Analytics, Department of Health and Human Services (DHHS)**

PUBLIC COMMENT

6. **FOR POSSIBLE ACTION: Updates and possible recommendations to the Division of Public and Behavioral Health regarding the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) – Tami Conn, MCAH Section Manager, DPBH**

PUBLIC COMMENT

7. **INFORMATIONAL: Presentation on the Congenital Syphilis Review Board – Elizabeth Kessler, MPH, Office of Public Health Investigations and Epidemiology (OPHIE) Surveillance Manager, OPHIE, DPBH, and Savannah Law, Disease Control Specialist, OPHIE, DPBH**

PUBLIC COMMENT

8. **INFORMATIONAL: Presentation on MCH Reports and MCH Updates – Kagan Griffin, MPH, RD, Title V MCH Program Manager, MCAH, DPBH**

PUBLIC COMMENT

9. **FOR POSSIBLE ACTION: Presentation and possible recommendations to the Division of Public and Behavioral Health regarding highlights of the Title V MCH Block Grant Application and Report on Federally Available Data (FAD) – Kagan Griffin, MPH, RD, Title V MCH Program Manager, MCAH, DPBH**

PUBLIC COMMENT

10. **FOR POSSIBLE ACTION: Make recommendations for future agenda items – Linda Gabor, MSN, RN, Chair**

PUBLIC COMMENT

11. **Public Comment**
    No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the Maternal and Child Health Advisory Board will place a five (5) minute time limit on the time individuals addressing the Maternal and Child Health Advisory Board.

12. **Adjournment**

NOTICES OF PUBLIC MEETING HAVE BEEN POSTED AT THE FOLLOWING LOCATIONS:

The Nevada Division of Public and Behavioral Health website at
https://dpbh.nv.gov/Boards/MCAB/Meetings/2022/2022NVMCHAB/

The Department of Administration's website at https://notice.nv.gov/
The Division of Public and Behavioral Health - 4150 Technology Way, Carson City, NV, 89706

We are pleased to make reasonable accommodations for members of the public who are living with a disability and wish to attend the teleconferenced meeting. If special arrangements are necessary, please notify Desiree Wenzel in writing by email (ddwenzel@health.nv.gov), by mail (Maternal and Child Health Advisory Board, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 684-4235 before the meeting date. Anyone who would like to be on the Maternal and Child Health Advisory Board mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above.

If you need supporting documents for this meeting, please notify Desiree Wenzel, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 434-9150 or by email at ddwenzel@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health Website at www.dpbh.nv.gov.

This body will provide at least two public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. Additionally, it is the goal of the Maternal and Child Health Advisory Board to also afford the public with an item-specific public comment period. No action may be taken on a matter raised under public comment unless the item has been specifically included on the agenda as an item upon which action may be taken. The Chair retains discretion to only provide for the Open Meeting Law's minimum public comment and not call for additional item-specific public comment when it is deemed necessary by the chair to the orderly conduct of the meeting.

Written comments in excess of one (1) typed page on any agenda items which requires a vote are respectfully requested to be submitted to the Maternal and Child Health Advisory Board at the below address thirty (30) calendar days prior to the meeting to ensure that adequate consideration is given to the material.

Attachment for Agenda Item #2

MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
May 6, 2022
9:00 AM

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on May 6, 2022, beginning at 9:00 A.M. at the following locations:

Call in Number: 1-775-321-6111
Access Code: 681 24 424#
Video: https://teams.microsoft.com/l/meetup-join/19%3ameeting_MGE2ODJiODEtZTAxNi00YTQ3LThhNTQtYmNhNTUwNmI4OGY5%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22bb84ca8a-3f3b-4056-a6d9-384f4ed76533%22%7d

BOARD MEMBERS PRESENT
Chair Gabor (Linda), MSN, RN
Fatima Taylor, M.Ed., CPM
Marsha Matsunaga-Kirgan, MD
Keith Brill, MD
Melinda Hoskins, MS, APRN, CNM, IBCLC
Katie Hackler, BSN, RN, RNC-OB
Lora Carlson, BSN, RN, RNC-OB, C-FMC
Noah Kohn, MD
Senator Marilyn Dondero Loop
Assemblywoman Claire Thomas

BOARD MEMBERS NOT PRESENT
Fred Schultz

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT
Kyle Devine, MSW, Bureau Chief, Child, Family and Community Wellness (CFCW)
Vickie Ives, MA, Deputy Bureau Chief, CFCW
Tami Conn, Section Manager, Maternal, Child, and Adolescent Health (MCAH) Section, CFCW
Kagan Griffin, MPH, RD, Program Manager, Title V Maternal and Child Health (MCH), MCAH, CFCW
Jazmin Sarmiento, Program Coordinator, Teen Pregnancy Prevention, MCAH, CFCW
Perry Smith, Early Hearing Detection and Intervention (EHDI) Coordinator, MCAH, CFCW
Desiree Wenzel, Administrative Assistant III, Office Manager, MCAH, CFCW
Rhonda Buckley, Administrative Assistant II, EHDI, MCAH, CFCW
Elli Komito, MPH, Program Coordinator, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), MCAH, CFCW
Rebecca Clark, Program Coordinator, Account for Family Planning, MCAH, CFCW
Thomas Fletcher, Management Analyst II, MCAH, CFCW
Sarah Jane Smith, MPH, MA, Health Equity Project Manager, MCAH, CFCW
Taliman Afroz, PhD, State Systems Development Initiative (SSDI) Manager, MCAH, CFCW
Eileen Hough, MPH, Adolescent Health and Wellness Coordinator, MCAH, CFCW
Cassius Adams, MSHCD, Children and Youth with Special Healthcare Needs Coordinator, MCAH, CFCW
Anastasia Cadwallader, MBA Contracted Grants & Project Analyst I, MCAH, CFCW

OTHERS PRESENT

Cachet Wenziger, Biostatistician II, Department of Health and Human Services (DHHS), Office of Analytics
Abigail Hatefi, Health Program Specialist I, Substance Abuse Prevention and Treatment Agency (SAPTA)
Chris Elaine Mariano, University of Nevada, Las Vegas (UNLV) School of Nursing, Student, Doctor of Nursing Practice
Carla DeSisto, PhD, MPH, Epidemiologist, Centers for Disease Control and Prevention (CDC)
Dominique Seck, COVID-19 Program Coordinator, Nevada Office of Minority Health and Equity (NOMHE), DHHS
Janice Enriquez, APRN, UNLV School of Nursing, Student, Doctor of Nursing Practice
Charles Dorman, MS, RD, FACHE, Director of Outreach, HealtHIE Nevada
Sharon Moffatt, Consultant, March of Dimes
Jennifer Sedlmeyer, BSN, MSN, RNC-NIC, RNC-MNN, Director of Professional Education, March of Dimes
Eilish Kelderman, Program Coordinator, Family Navigation Network, Nevada Center for Excellence in Disabilities, University of Nevada, Reno

1. **Call to Order- Roll Call and Introductions- Linda Gabor, MSN, RN, Chair**

   Chair Linda Gabor called the May 6th meeting to order at 9:00 A.M.

   Roll call was taken, and it was determined a quorum of the MCHAB was present.

   Chair Gabor moved agenda item number 9, Presentation on Centers of Disease Control and Prevention (CDC) Levels of Care Assessment Tool (LOCATe), to agenda item number 5.

2. **Public Comment**

   Public Comment - None

3. **FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal Child Health Advisory Board meeting on January 12, 2021– Linda Gabor, MSN, RN; Chair**

   Chair Gabor stated on page four under agenda item number seven to change public service announcements to public service agreements.

   KEITH BRILL ENTERTAINED A MOTION TO APPROVE THE JANUARY 12, 2021, MEETING MINUTES. ASSEEMBLYWOMAN CLAIRE THOMAS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY

   Desiree Wenzel requested attendees identify themselves in the Microsoft Teams chat box.

4. **INFORMATIONAL: Walkthrough of Maternal Child Health Advisory Board Committee Bylaws – Kagan Griffin, MPH, RD, Title V Maternal Child Health (MCH) Program**

Manager, Maternal, Child, and Adolescent Health (MCAH), Division of Public and Behavioral Health (DPBH)

Kagan Griffin greeted the two new members. Ms. Griffin mentioned the presentation is not up to date with the current gender-neutral language changes, as the language has not yet been codified. Assembly Bill (AB) 287 of the 81st legislative session changed to gender neutral language, and those changes are in law but are not showing as codified yet. Ms. Griffin stated the objectives of the MCHAB are set forth in Nevada Revised Statutes (NRS) 422.137. The purpose of this Advisory Board is to advise the Administrator of the Division concerning perinatal care to enhance the survivability and health of infants and those who have given birth and concerning programs to improve the health of preschool children, and to achieve multiple health objectives as outlined in the relevant NRS. Ms. Griffin reviewed all relevant bylaws and statutes for the MCHAB.

Public Comment:

Eileen Hough asked if the bylaws address children as far as preventable diseases. Ms. Hough stated NRS 442.137 is addressing survivability and health of infants and mothers and concerning programs to improve the health of preschool children. Ms. Hough asked if there was an age limit.

Vickie Ives stated the use of the word children in the bylaws does not necessarily limit discussion of adolescence.

Chair Gabor asked once the gender-neutral language is codified, will it be included and brought to the next Board meeting?

Ms. Griffin stated yes, once the bylaws are codified, they will be presented to the Board.

5. INFORMATION: Presentation on Centers of Disease Control and Prevention (CDC) Levels of Care Assessment Tool (LOCATe) – Carla DeSisto, PhD, MPH, Epidemiologist, CDC

Dr. Carla DeSisto presented the CDC Levels of Care Assessment Tool.

Dr. DeSisto stated risk appropriate care and perinatal regionalization has been promoted since the 1970s to make sure pregnant people and neonates receive care at facilities that have the staff and equipment necessary to care for them based on their health risks. The guidelines for these levels of care are set by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal Fetal Medicine (SMFM) and have been embraced by many states. Dr. DeSisto stated there are challenges to the risk appropriate care system including reimbursement policies, implementation of guidance from AAP, ACOG, and SMFM, and geographic context. LOCATe contains questions that address the guidelines from AAP, ACOG, and SMFM and produces standardized assessments to give health facilitates and states information about the level of care the facility provides. It also facilitates stakeholder conversation and increases stakeholder understanding about the landscape of

perinatal care available. The tool is designed to minimize burden on respondents. LOCATe is not a tool for formal designation of levels of care or health care regulation. The LOCATe process starts with building support for participation, and when the state is ready to implement, the lead organization or champion will provide facilities with the LOCATe survey link. The champion sends data back to CDC to assess levels and this information is provided back to the champion to use and share data as desired.

Dr. Keith Brill asked if the Board is the entity that would try to champion this. Dr. Brill stated it is a great idea if Nevada is ready. Dr. Brill asked what the next steps are and would ACOG and the Alliance for Innovation on Maternal Health (AIM) be who champions this to get to the next step.

Janice Enriquez stated she is a Doctor of Nursing Practice student, and she is the champion who will be the one to help implement LOCATe.

Dr. Brill asked how long the process takes.

Chair Gabor asked for any other questions or comments from the Board.

Dr. Noah Kohn asked if there is a mechanism in place to automatically or semi-automatically update the LOCATe tool and subsequently complete reassessments at the various state levels.

Dr. DeSisto asked for clarification on the question; if ACOG or SMFM update their guidelines, is there a way to automatically update the LOCATe tool?

Dr. Kohn stated yes, or at least to have it flagged so that someone from the CDC will go and do it manually.

Dr. DeSisto mentioned the CDC changed from LOCATe version eight to LOCATe version nine because ACOG and SMFM did update their guidelines in 2019. Dr. DeSisto mentioned part of her job is to provide updates to the LOCATe tool. Regarding the reimplementation piece, several states after the ACOG and SMFM guidelines were updated reimplemented the LOCATe tool so their information was up-to-date with the current guidelines.

Dr. Brill asked about implementation with several different healthcare systems that don't necessarily interact with each other. They all have their own level three Neonatal Intensive Care Units (NICUs). Dr. Brill stated if a baby needs to be transferred after birth, they tend to keep babies at their same system unless they need very high level of care. Dr. Brill asked if a mother in labor presents at a level one or two facility and needs to go to a level three, what tends to happen? Do they have to have relationships set up in advance to transfer, and how does that work when a patient needs to go to a higher level?

Dr. DeSisto mentioned some states have more structured perinatal regionalization than others. In some states there are very specific mechanisms that say if you are in this geographic location, you need to go to this hospital, while other states are a little less standardized in that way. LOCATe collects information about whether hospitals have transfer agreements to transfer to another facility and also participates in transfer agreements to receive transports.

Dr. Marsha Matsunaga-Kirgan asked as the requirements for each level change, are the current hospitals using LOCATe allowed a certain amount of time to make the adjustments or are they automatically designated a new level?

Dr. DeSisto mentioned LOCATe is not a tool for designation and it is not a tool for regulation. The CDC does not have any sort of authority to officially say this hospital is a level two, some states have designated authority. Dr. DeSisto stated this is an assessment, it is not an official designation. Dr. DeSisto stated that of hospitals that have implemented LOCATe since ACOG and SMFM guidelines were updated in 2019, the first state to finish reimplementation of updates finished in 2022, and there is not a time pressure to update based on updated clinical guidelines.

Ms. Enriquez stated earlier Dr. Brill asked about implementation and how long it would take. The plan is to implement LOCATe this fall. Once all the information is collected, it will go to Dr. DeSisto, then Ms. Enriquez will be able to report those findings back to those hospitals. Ms. Enriquez mentioned any hospitals who want extra time to add to their answers so the hospitals can have another reassessment can do so, to accurately figure out what their level of care is that they are providing for the maternal aspect. Ms. Enriquez stated she will need the contact information for doctors, the charge nurses in the maternal hospitals, and information about the facilities. Information about northern areas and which hospitals have labor and delivery units would help.

Dr. Brill asked what would happen after the LOCATe tool is implemented. Do the labor floor and the hospitals fill this out and then get the recommendations? Dr. Brill asked then do we present this to somebody, does it go to the State Board of Health, or does it go to the DHHS? What is the next step to possibly get a state regulation or someone to oversee this?

Ms. Enriquez stated yes, this can be presented to the Board of Health. Hospitals can apply for designation through the Joint Commission on Accreditation of Healthcare (JCAHO), and once the LOCATe tool is completed, they can use that information to help apply.

Lora Carlson states she is the nurse manager at Renown Hospital in Reno, Nevada. Ms. Carlson mentioned she can get Ms. Enriquez in touch with her facility and then with other northern Nevada hospitals that do deliveries.

Ms. Enriquez stated her email address is in the chat, and if anyone has any questions to please contact her.

Assemblywoman Claire Thomas asked Ms. Enriquez what school she is affiliated with.

Ms. Enriquez stated the University of Nevada, Las Vegas (UNLV) School of Nursing.

Chair Gabor mentioned this will be a tool to help hospitals to apply for designation through JCAHO.

Dr. Brill asked that we keep this as an open item on the future agendas to get timely updates**.**

Chair Gabor stated we will make sure to note that in the comments.

No Public Comment.

6. **FOR POSSIBLE ACTION: Presentation and possible recommendations to the Division of Public and Behavioral Health regarding Maternal and Child Health (MCH) COVID-19 Data and Resources – Jen Thompson, Health Program Manager II, Office of Analytics, Department of Health and Human Services (DHHS)**

Cachet Wenziger presented the COVID-19 updates for Jen Thompson.

Ms. Wenziger stated all data within this presentation is subject to change. Small counts have been suppressed. Some records may be missing demographic information such as race, age, and gender.

Dr. Kohn mentioned these numbers are undercounted, as the total number of COVID cases in school-age children is higher than thirteen thousand. The trend lines are very useful for seeing what is happening in recent few weeks and that is echoed by what we are seeing from national data as well. Dr. Kohn stated that there may be an emerging link between COVID-19 and multisystem inflammatory syndrome in children (MIS-C). The case definition of COVID requires either that you test positive for COVID antibodies, or you have a close contact who had a confirmed case of COVID. Dr. Kohn stated that MIS-C is caused by a prior or concurrent case of COVID, typically thought of as a recent prior case.

Ms. Wenziger stated she will update slides with updated information.

Chair Gabor asked if it would be possible at the next meeting to know what percentages of the Nevada's population are by race to better understand the vaccination percentages by race.

Ms. Wenziger stated that the information is on the COVID dashboard. Ms. Wenziger did not include the slides because it was going to take a lot of space but will add those for the next meeting.

Ms. Griffin stated the slides are provided the day of the meeting to be up-to-date, they are not included in the packet but will be emailed after the meeting.

Ms. Ives stated if of interest to the Board, the Nevada State Immunization Program also has data for pediatric uptake by country, if that helps for future agenda items. Ms. Ives offered to reach out to them to present some of their vaccination updates for the pediatric population, if of interest to the Board.

No Public Comment

7. **FOR POSSIBLE ACTION: Updates and possible recommendations to the Division of**

Public and Behavioral Health regarding the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) – Tami Conn, MCAH Section Manager, DPBH

Tami Conn presented the AIM and MMRC updates. Nevada is a newer AIM state, with six birthing facilities and one acute care facility ready to participate in AIM this fall. There are 18 birthing facilities in the state according to the AIM definition of a birthing facility having ten or more live births a year. Ms. Conn mentioned the original REDCap data reporting system for AIM was up to date; however, the program recently made a change to a new data system called Life Qi that other AIM states have shifted to using. The data system for Life QI has been built and is moving into testing phase to ensure everything is correct in the data system and ready for reporting this fall. Ms. Conn stated they are working to schedule a summer training series for AIM, which will lead into fall bundle implementation. Hypertension is the first AIM bundle in fall of 2022. Ms. Conn mentioned if you are involved with a birthing facility interested in participating in AIM to contact her. Ms. Conn stated the Maternal Mortality Review Committee has met one time in 2021 and half of that review was a joint review with the Domestic Violence Fatality Review team, which was the first for MMRC and it was great joint review. Ms. Conn went over funding updates including receiving CDC funding in September of 2021. The continuing application for that funding source was completed last week**.** CDC Disparity funding was received through the Chronic Disease Prevention and Health Promotion Section to hire two social work staff members through CDC Foundation to conduct key informant and family interviews supporting MMRC and collect social determinants of health data and other contributing factors not necessarily seen in the medical records. Ms. Conn stated they have successfully hired one person and the second will be starting at the end of next month. The MMRC April 1st report on maternal mortality and severe maternal morbidity has been posted online and was dropped in the chat box (https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/Maternal%20Mortality%20and%20Severe%20Maternal%20Morbidity%20Report%202021(1).pdf) Ms. Conn stated that AB 119 of 81st legislative session made updates to MMRC NRS that allow for collaboration with the Advisory Committee of the Office of Minority Health and Equity on the biannual legislative report. MMRC staff met with them last year and are preparing for the first legislative report done in collaboration due December of 2022.

Dr. Brill asked if he could have a list of which hospitals or birthing facilities are the six, so that we can reach out to the others.

No Public Comment

8. INFORMATIONAL: Presentation on the Nevada Moms and Babies Pilot: HealtHIE Nevada – Charles Dorman, MS, RD, FACHE, Director of Outreach, HealtHIE Nevada

Charles Dorman presented on HealtHIE Nevada. Mr. Dorman stated that HealtHIE Nevada is a 501(c) non-profit that is the health information exchange (HIE) for Nevada, and the role is to help with interoperability and a library of clinical data. The project started in 2019 when care management staff was complaining about how long it takes to go to offices to mine electronic records and HEDIS data. Mr. Dorman stated this was a huge issue, and that labor and delivery

in the hospital in Nevada uses a certain electronic medical software, but in the local practice a different electronic medical record is being used. The information in the hospital system is not able to be shared in the local practice. The HIE through participation of physician practices, primary care and specialists, hospice organizations, home health, skilled nursing facilities, hospitals and other entities bring all clinical data into their library for providers to access. Mr. Dorman stated he focuses on payers, particularly Managed Care Organization (MCO) groups, to advance this project. Mr. Dorman stated the lack of data sharing is impacting obstetricians, payers, mothers, and infants. This project attempts to help with data sharing. Mr. Dorman stated neonatologists need immediate access to hospital birth data, and that is oftentimes a challenge, primarily because it is a challenge to link infants with new moms through the medical record. The payers support the State of Nevada MCO contracts and collecting quality data for reporting purposes is labor intensive and costly. Mr. Dorman stated obstetric providers were picked for a pilot because most use eClinicalWorks electronic medical record and there aren't many providers. As part of the pilot, they are working to get organizations interested in participating. Mr. Dorman stated the goal of the pilot is to get this group of obstetric providers to participate, share data with us, and work with eClinicalWorks to bring that data in and begin sharing it. The key data elements for collection are prenatal immunization status, prenatal depression screening and follow up, postpartum depression screening and follow up, prenatal postpartum care, antepartum admission prior to 37 weeks and prior to labor and delivery, NICU admission, neonatal death, maternal death, maternal morbidity, and maternal mortality. Mr. Dorman stated the desired outcomes are to deliver real-time obstetric quality data to participating payers by March 31, 2023, and real time clinical data to the obstetric community within HealtHIE Nevada by June 30, 2022.

Dr. Marsha Mastsunaga-Kirgan stated the UNLV School of Medicine Obstetrical Practices were not included and asked is that something that has been looked at or purposely not included.

Mr. Dorman stated UNLV Obstetric Practices have access to their system though University Medical Center's Epic interface, and that is one of the reasons why it may not be as valuable. Mr. Dorman stated they are more than welcome to participate.

Dr. Brill stated he will coordinate with Mr. Dorman to help Women's Health Associates of Southern Nevada participate.

Chair Gabor mentioned she works with the Fetal Infant Mortality Review Program. Chair Gabor stated how helpful this would be for them as they have delays in receiving records form the different obstetric providers. Most of them are awesome and fast but it would be great to not bother their staff to pull records. It would be useful for the Maternal Mortality Review team, as well.

Mr. Dorman stated the Obstetrician/Gynecologist (OBGYN) Associates need the prenatal workflow sheet. High risk pregnancy is more interested in HEDIS measures, so the proposal tried to accommodate everyone's needs. It is a win for payers, obstetric practices, and citizens of Nevada.

Ms. Griffin stated Katie Hackler stated in the chat she is the obstetric patient educator, prenatal coordinator at Carson Medical Group and she is also willing to help coordinate.

Dr. Kohn stated it's a great example of this body making positive connections and promoting health to have Mr. Dorman and Dr. Brill be able to connect.

Mr. Dorman stated next on the list is pediatric practices to share data. The third area after that is social determinants of health which will have a huge impact on maternal and child health.

No Public Comment

9. INFORMATIONAL: Presentation on March of Dimes' Online Toolkit on Stigma Reduction Focused on Women of Child-Bearing Age – Sharon Moffat, Consultant, March of Dimes

Sharon Moffat presented the website for March of Dimes' online toolkit on stigma reduction. Ms. Moffat stated this tool is used with communities to raise awareness of stigma and promote discussion. This tool was designed with support from CDC and National Birth Defects and Developmental Disabilities which have provided funding for five years to support this tool. RTI did design, and this is a research-based tool. Ms. Moffat navigated through the site to show resources available, and stated the intended audience is healthcare providers providing care to women of child-bearing age and their families, but it is not limited to that. Ms. Moffat stated that the toolkit is focused beyond the impact of stigma and includes what you can do, such as changing language. Ms. Moffat introduced Jennifer Sedlmeyer to present on the maternal mental health and substance use disorder toolkit.

Ms. Sedlmeyer stated the largest source of stigma women are facing is when they are pregnant and facing substance use issues. Ms. Sedlmeyer stated tools on the site can be implemented in the care setting to assess bias to mitigate biases, learning from patient scenarios, and using different techniques to create a more inclusive environment. It is incorporated into the professional education programs at March of Dimes.

Dr. Kohn thanked everyone for the great presentations.

No Public Comment

10. INFORMATIONAL: Presentation on Inclusive Language Related to Sexual and Gender Minority (SGM) and Maternal and Child Health Communities – Dominique Seck, COVID – 19 Program Coordinator, Nevada Office of Minority Health and Equity (NOMHE), DHHS

Dominique Seck presented on avoiding stigmatizing language in service delivery. Ms. Seck stated NOMHE's mission is to address health disparities that impact the state's minority populations identified by ability status, race, ethnicity, sexual orientation, gender identity, and economic background. This mission is action through education outreach advocacy to ensure the systemic embedding of health equity. Health literacy principles advance health equity by ensuring information is clear and make communication more inclusive. Ms. Seck provided an overview of CDC's Health Equity Guiding Principles for Inclusive Communication.

No Public Comment

11. INFORMATIONAL: Presentation on MCH Updates – Kagan Griffin, MPH, RD, Title V MCH Program Manager, MCAH, DPBH

Kagan Griffin introduced MCAH's new staff members, the Children and Youth with Special Health Care Needs Coordinator, Cassius Adams, and the State Systems Development Initiative Manager, Dr. Taliman Afroz.

No Public Comment

12. FOR POSSIBLE ACTION: Make recommendations for future agenda items – Linda Gabor, MSN, RN, Chair

Chair Gabor stated for future meetings would like to have progress updates on LOCATe, AIM, and MMRC. Chair Gabor stated she would like a presentation from the Congenital Syphilis Review Board.

No Public Comment

Meeting adjourned at 11:03 A.M.

Attachment for Agenda Item #3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
ADVISORY BOARD ON MATERNAL AND CHILD HEALTH
BYLAWS

ARTICLE I – CREATION

The name of this group shall be the Advisory Board on Maternal and Child Health, hereinafter referred to as the MCH Advisory Board, which is created under Nevada Revised Statute (NRS) 442.133 through 442.150.

ARTICLE II – PURPOSE AND OBJECTIVES

As set forth in NRS 442.137, the purpose of the MCH Advisory Board is to advise the Administrator of the Division concerning perinatal care to enhance the survivability and health of infants and ~~mothers~~persons who are pregnant, are giving birth and have given birth, and concerning programs to improve the health of preschool children, to achieve the following objectives:

1. Ensuring the availability and accessibility of primary care health services;
2. Reducing the rate of infant mortality;
3. Reducing the incidence of preventable diseases and handicapping conditions among children;
4. Identifying the most effective methods of preventing fetal alcohol syndrome and collecting information relating to the incidence of fetal alcohol syndrome in this state;
5. Preventing the consumption of alcohol by women during pregnancy;
6. Reducing the need for inpatient and long-term care services;
7. Increasing the number of children who are appropriately immunized against disease;
8. Increasing the number of children from low-income families who are receiving assessments of their health;
9. Ensuring that services to follow up the assessment are available, accessible and affordable to children identified as in need of those services;
10. Assisting the Division in developing a program of public education that it is required to develop pursuant to NRS 442.385, including, without limitation, preparing and obtaining information related to fetal alcohol syndrome;
11. Assisting the University of Nevada School of Medicine in reviewing, amending and distributing the guidelines it is required to develop pursuant to NRS 442.390; and
12. Promoting the health of infants and ~~mothers~~ persons who are pregnant, are giving birth or have given birth by ensuring the availability and accessibility of affordable perinatal services

The MCH Advisory Board shall not have policy-making or regulatory authority. The MCH Advisory Board shall advise the Division Administrator, including recommendations, in order to:

1. Assist the Division of Public and Behavioral Health personnel in determining the needs of local communities and in setting priorities for the promotion of maternal and child health; and
2. Assist in the development of performance indicators, accountability measures, reporting requirements and program policies

ARTICLE III – BOARD REQUIREMENTS

A. Membership:

As specified in NRS 442.133, the MCH Advisory Board consists of:

1. Nine voting members to be appointed by the Nevada State Board of Health from a list of persons provided by the Administrator of the Division of Public and Behavioral Health;
2. A nonvoting member who is a member of the Senate appointed by the Legislative Commission; and
3. A nonvoting member who is a member of the Assembly appointed by the Legislative Commission

Voting members are appointed to serve two-year terms. Non-voting legislative representatives serve terms that begin on the third Monday in January of odd-numbered years and end the third Monday in January of the next odd-numbered year. Each voting member shall sign a conflict of interest form provided by the Department of Health and Human Services and updated as needed.

Each member is expected to actively participate in a majority of the meetings and participate in assigned tasks. The MCH Advisory Board may, after discussion, request a member to resign due to two absences without cause.

B. Terms:

Any member of the MCH Advisory Board may be reappointed. One term renewal may occur automatically. For all subsequent renewals, MCH Advisory Board members will review the contributions of the member prior to the next renewal period. Their recommendations will be sent forward to the Division of Public and Behavioral Health for justification to the State Board of Health office for renewing or terminating the membership.

C. Officers:

The members of the MCH Advisory Board shall elect a chairperson and a vice chairperson from among their membership at the second meeting of the biennium. Election shall be by a majority of all voting members. Ballots shall be written unless there is only one nominee for the office. If a majority vote is not received on the first ballot, balloting shall continue until one member receives a majority.

The terms of office for the chairperson and vice chairperson, in accordance with all other members, shall be for two (2) years with eligibility for re-election. When a vacancy occurs in the office of chairperson, the vice chairperson shall assume the office and duties of the chairperson.

The chairperson shall preside at all meetings and generally supervise the affairs of the MCH Advisory Board, or designate a representative to do so if the vice chairperson is unavailable. The vice chairperson shall act for, and in behalf of, the chairperson in all cases of his/her absence.

D. Voting:

According to Open Meeting Law a majority of all members required to take action by vote represents a quorum of that body. As there are nine (9) voting members, a total of five (5) members shall constitute a quorum.

Each appointed member shall have one vote. In accordance with NRS 241.025, (1)(a) the public body may not designate a person to attend a meeting of the public body in the place of a member of the public body; and (1)(b), a member of the public body may not designate a person to attend a meeting of the public body in his or her place unless such designation is expressly authorized by the legal authority pursuant to which the public body was created.

ARTICLE IV – MEETINGS

The MCH Advisory Board shall meet at least quarterly and at the times and places specified by the call of the chairperson. Agenda items may be submitted in writing, no later than 30 days before the next scheduled meeting and can be submitted by MCH Advisory Board members and/or Division of Public and Behavioral Health personnel.

Meetings shall be conducted in accordance with NRS Chapter 241 – Nevada's Open Meeting Law. MCH Advisory Board members shall, to the extent practicable, inform Division of Public and Behavioral Health personnel at least 24-hours in advance of an anticipated absence.

ARTICLE V – COMPENSATION

As described in NRS 442.133(4), except during a regular or special session of the Legislature, each Legislator who is a non-voting member of the MCH Advisory Board is entitled to receive the compensation provided for a majority of the members of the Legislature during the first 60 days of the preceding regular session for each day or portion of a day during which he/she attends a meeting of the MCH Advisory Board or is otherwise engaged in the work of the MCH Advisory Board and the per diem allowance and travel expenses provided for state officers and employees generally. The salaries, per diem and travel expenses of the Legislative members must be paid from the Legislative Fund.

Each voting member of the MCH Advisory Board serves without compensation but is entitled to receive the per diem allowance and travel expenses provided for state officers and employees

generally. The per diem allowance and travel expenses must be paid from the Account for Maternal and Child Health Services.

ARTICLE VI – SUBCOMMITEES

The chairperson may appoint a subcommittee to study and make recommendations regarding a specific issue as requested by the Administrator or a MCH Advisory Board member. Terms and membership of a subcommittee appointment include:

1. The terms of the members of each subcommittee shall be determined by the MCH Advisory Board chairman;
2. Any member of a subcommittee may be reappointed;
3. A subcommittee shall remain active, until terminated, by a majority vote;
4. At least one (1) MCH Advisory Board member shall serve on each subcommittee;
5. Non-voting members and non-members may also serve;
6. Subcommittees shall be chaired by a member of the MCH Advisory Board; and
7. The MCH Advisory Board shall be informed of subcommittee activities by periodic reports

ARTICLE VII – STAFFING

Staff to the MCH Advisory Board shall be provided by the Nevada Division of Public and Behavioral Health for purposes of secretarial, research and other needs.

ARTICLE VIII – AMENDMENTS

Proposed amendments to the bylaws shall be submitted in writing to any member of the MCH Advisory Board 30 days prior to any regularly scheduled meeting. The bylaws may be amended as approved by a majority of the MCH Advisory Board voting members. These bylaws may be altered, amended, or replaced by a majority of the MCH Advisory Board members at any of its regularly-scheduled meetings subject to affirmation of the Administrator.

ADOPTED AND APPROVED this _____ day of_____.

Chairperson, Maternal and Child Health Advisory Board

Board Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPROVED:

_____

Cody L. Phinney, MPH, Administrator, Division of Public and Behavioral Health

Adopted by the Maternal and Child Health Advisory Board on 3/5/1992

Revision 11/30/1995

Revision 9/16/2005

Revision 7/7/2006

Revision 7/10/2009

Revision 6/24/2011

Revision 6/7/2017

** CONFLICT OF INTEREST FORM - SEPARATE DOCUMENT*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)
DISCLOSURE STATEMENT

The Maternal and Child Health Advisory Board (MCHAB) Bylaws include the following statements regarding Conflicts of Interest:

> The Department will survey its Advisory Board members annually to collect information regarding their affiliations outside of the Division of Public and Behavioral Health. If a member's personal or employment circumstances change before twelve (12) months have elapsed, it is the member's responsibility to update the Disclosure Statement and submit it to the Division of Public and Behavioral Health.

Conflicts of interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member, or otherwise have the appearance of a conflict of interest. When funding or other decisions are made regarding an organization with which the member has an affiliation, the member shall state his intention to abstain from making specific motions or casting a vote, before participating in related discussion. The Chairperson, or a majority of the Advisory Board, may also declare a conflict of interest exists for a member, and ask that the member be removed from the voting process.

Please list any of the following affiliations in the lines below: 1) Employers; 2) Boards or Commissions; 3) Organizations in which you or any member of your immediate family has a substantial or material interest and, to your knowledge, the MCHAB has a grant, contract or cooperative agreement with; 4) Any allegiance or financial interest you or any member of your immediate family has that might affect or appear to compete with your duties on the MCHAB.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

_____

Name (please print) Signature Date

Please complete the form and return it by mail to:

Division of Public and Behavioral Health
Maternal and Child Health Program
4150 Technology Way, Suite 210
Carson City, NV 89706

or, Fax it to: (775) 684-5998

Thank you very much for your adherence to the Bylaws.

Attachment for Agenda Item #5

PLACEHOLDER FOR UPDATED PRESENTATION

Steve Sisolak
Governor

Richard Whitley
Director

State of Nevada

Department of Health and Human Services

Update on COVID-19 (Coronavirus) within the Maternal Child Health Population

Office of Analytics

Hayley Owens

Helping people. It's who we are and what we do.

Attachment for Agenda Item #6

Steve Sisolak
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.

Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

Request for Letters of Interest

DATE: August 2, 2022

RE: Maternal Mortality Review Committee Seeking a Member

During the 80th Session of the Nevada Legislature, Assembly Bill 169 passed, establishing the Nevada Maternal Mortality Review Committee (MMRC) with an effective date of January 1, 2020 (Nevada Revised Statutes [NRS] 442.751 through 442.774, inclusive). The vision of the Nevada MMRC is to eliminate preventable maternal deaths, reduce severe maternal morbidity, and improve population health for women of reproductive age in Nevada.

Pursuant to NRS 442.764, the Director of the Department of Health and Human Services will make appointments. The section reads: "*The Director shall appoint to the Committee not less than 6 members and not more than 12 members who:(a) Are providers of health care, representatives of nonprofit organizations whose work is related to health care or women's issues, representatives of agencies involved in vital statistics, law enforcement and public health and other persons interested in maternal health and welfare; and (b) Represent the racial, ethnic, linguistic, and geographic diversity of this State.*"

Nevada's MMRC is seeking a new member. If you are interested in being considered for possible appointment to the MMRC please contact Vickie Ives, phone 775-220-4109, or by email: vives@health.nv.gov or Tami Conn, phone 775-684-4023, email: tconn@health.nv.gov, Fax: 775-684-4245, or Mailing address: 4150 Technology Way, Carson City, Nevada 89706 by Friday, August 26th, 2022 and submit a letter of interest and a resume or *curriculum vitae*. Materials submitted will be forwarded to the Director for consideration for possible appointment.

Attachment for Agenda Item #7

Steve Sisolak
Governor

Richard Whitley
Director

State of Nevada

Department of Health and Human Services

Congenital Syphilis

Division of Public and Behavioral Health

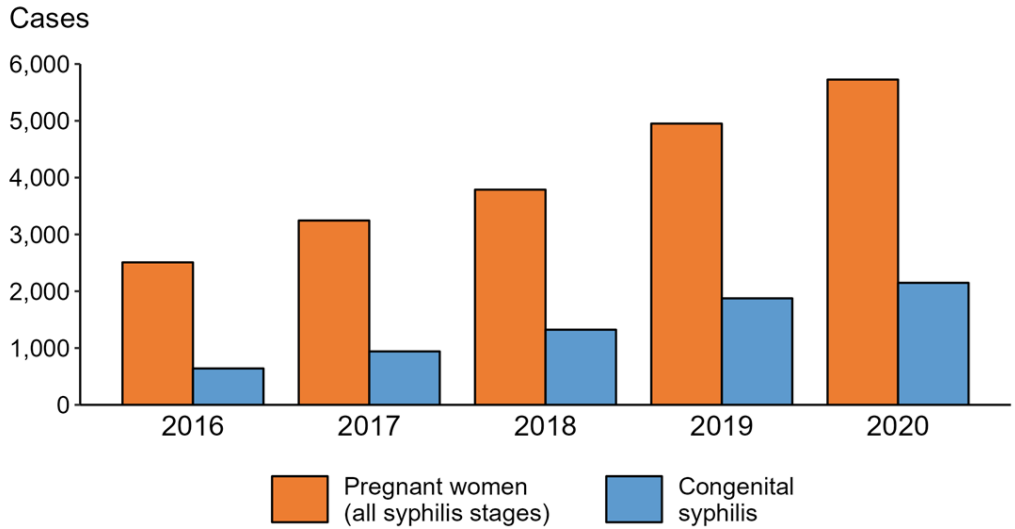
Savannah Law

7/28/2022

Helping people. It's who we are and what we do.

What is Congenital Syphilis?

- Congenital syphilis is an infection with the bacterium Treponema pallidum in an infant or fetus. It is acquired during pregnancy when a pregnant person has untreated or inadequately treated syphilis.
- Syphilis is transmitted to the fetus via the placenta. A pregnant person must receive proper treatment at least 30 days prior to delivery to prevent transmission to the infant.
- Untreated pregnant women infected with syphilis have a much higher risk of premature delivery, miscarriage, stillbirth, and early infant death.



Treatment of Syphilis

- Syphilis is a bacterial infection, so is treated with antibiotics.
- Treatment of syphilis is determined based on what stage of syphilis the patient has. Early syphilis (primary, secondary, early non-primary non-secondary) is treated with 1 shot of 2.4 mu bicillin (also called penicillin G benzathine). Latent syphilis is treated with 3 shots of 2.4 mu bicillin given each a week apart.
- Treatment of congenital syphilis is 100,000 – 150,000 units/kg/body weight/day of aqueous crystalline penicillin G via IV every 12 hours for the first 7 days of life and every 8 hours thereafter for a total of 10 days.

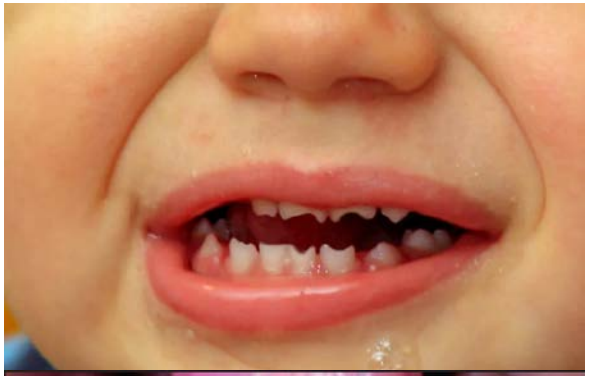
Treatment of Syphilis, Cont.

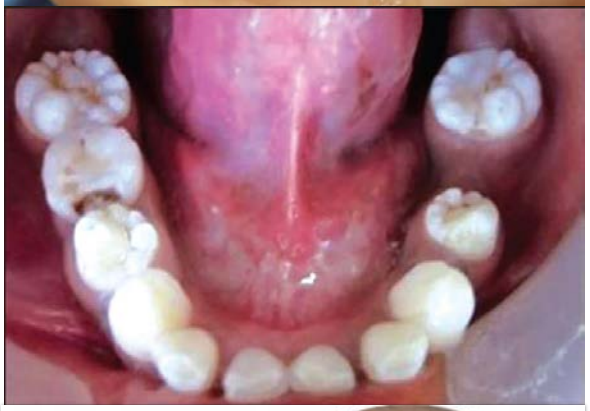
- Mothers not tested or treated for syphilis prior to delivery ("drop in deliveries") are tested at the time of delivery as well as the infant. Both mother and baby are immediately started on treatment after delivery.
- Bicillin is the recommended treatment by the CDC for pregnant women, even in those with penicillin allergies. This is because there are T. pallidum chromosomal mutations which when treated with the alternative treatment (doxycycline) can result in the failure of treatment. In instances of penicillin allergy, it is recommended that health care providers perform penicillin desensitization.

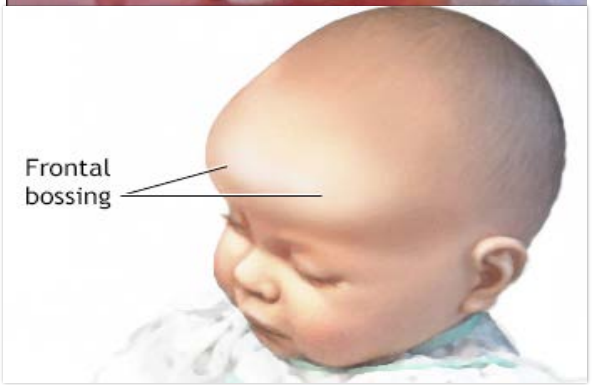
Syphilis in Infants

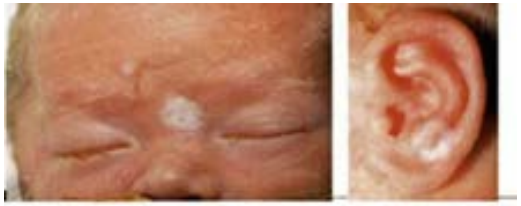
- In Nevada, infants are tested for syphilis at birth and evaluated for signs or symptoms of congenital syphilis. However, a baby born alive with syphilis may be asymptomatic initially.
- If treatment is not immediate, the baby may develop complications within a few weeks. Infants who do not receive treatment may have developmental delays, seizures, or die.
- **Congenital syphilis symptoms:** Rhinitis ("snuffles") or pneumonia, enlarged liver or spleen, skin rash, jaundice, optic damage or neurological issues, low birth weight, elongated long bones, anemia, and meningitis.
- **Latent manifestations of congenital syphilis:** Saddle nose, frontal bossing, tibial thickening (saber shins), joint swelling, perforation of hard palate, abnormal tooth development (Hutchinson's teeth, mulberry molars), and neurologic deafness.

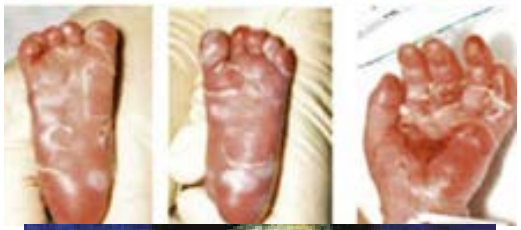
Clinical Symptoms of Congenital Syphilis

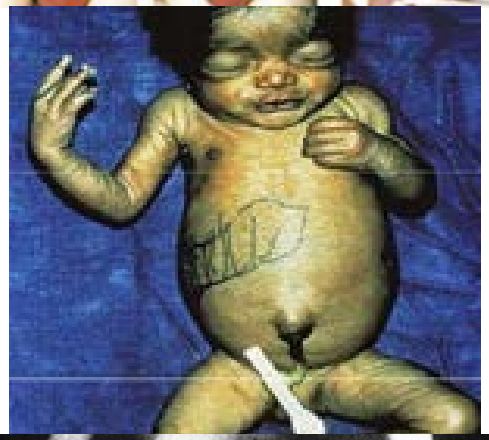






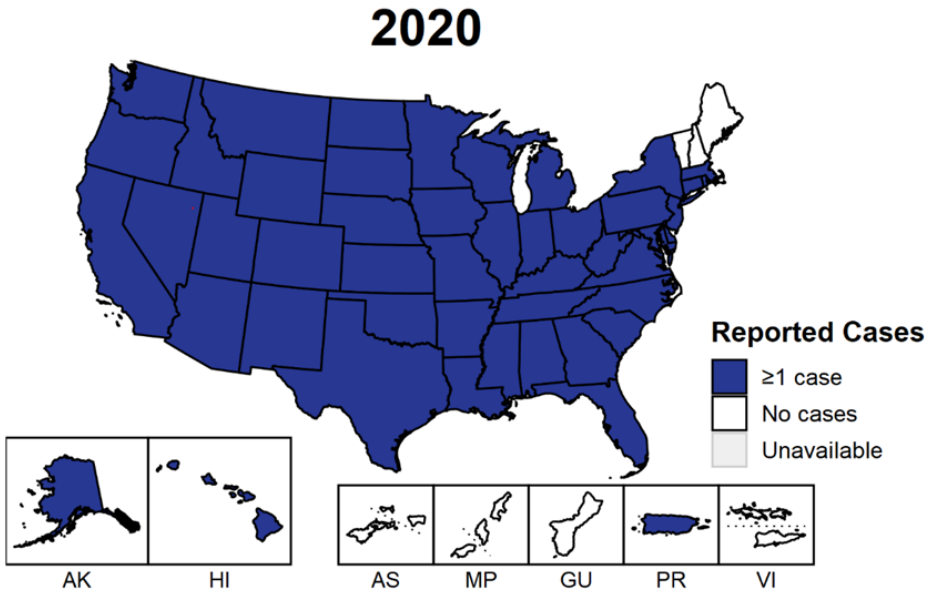




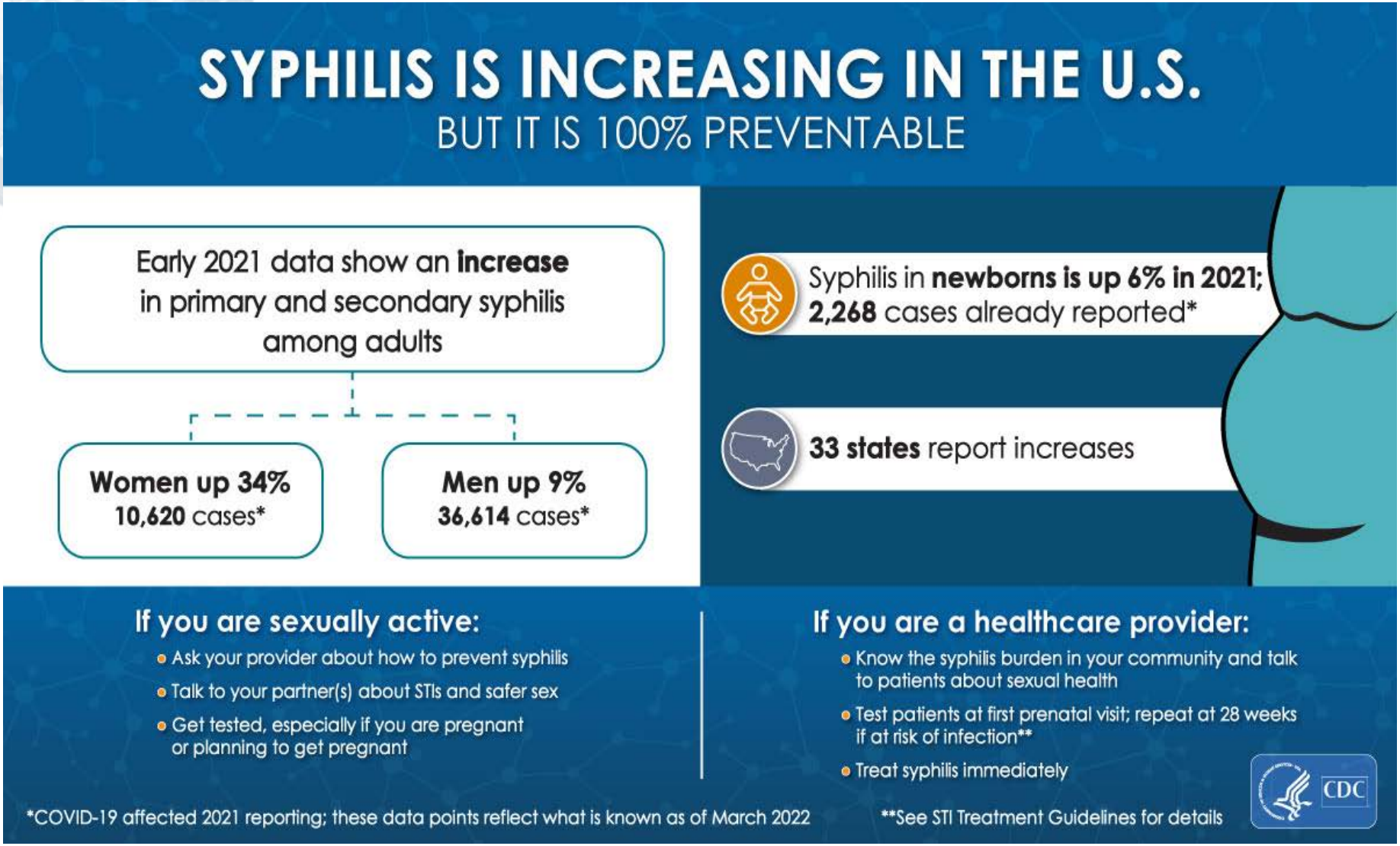


Statistics

- During 2020, there were 133,945 newly infected cases of syphilis (all stages).
- Preliminary 2020 data shows more than 2,200 cases of congenital syphilis in the United States.
- In 2020, Nevada had the 4th state highest incidence of congenital syphilis in the United states. Nevada reported 46 cases that year.
- The national congenital syphilis rate of 57.3 cases per 100,000 live births in 2020 represents a 15% increase relative to 2019 and 254% increase relative to 2016.
- About 40% of cases of untreated syphilis in pregnant women result in infant death.



Reference:
https://www.cdc.gov/nchhstp/pregnancy/effects/syphilis.html


SYPHILIS IS INCREASING IN THE U.S.
BUT IT IS 100% PREVENTABLE
Early 2021 data show an increase in primary and secondary syphilis among adults
Women up 34%
10,620 cases*
Men up 9%
36,614 cases*
Syphilis in newborns is up 6% in 2021; 2,268 cases already reported*
33 states report increases
If you are sexually active:
Ask your provider about how to prevent syphilis
Talk to your partner(s) about STIs and safer sex
Get tested, especially if you are pregnant or planning to get pregnant
If you are a healthcare provider:
Know the syphilis burden in your community and talk to patients about sexual health
Test patients at first prenatal visit; repeat at 28 weeks if at risk of infection**
Treat syphilis immediately
CDC
*COVID-19 affected 2021 reporting; these data points reflect what is known as of March 2022
**See STI Treatment Guidelines for details

Questions?

Contact Information

Savannah Law

Disease Control Specialist

slaw@health.nv.gov

(775) 434-4358

Steve Sisolak
Governor

Richard Whitley
Director

State of Nevada

Department of Health and Human Services

Congenital Syphilis Case Review Boards

Division of Public and Behavioral Health

Elizabeth Kessler, MPH

7/28/2022

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Agenda

1. Presentation Objectives
2. Using the Fetal and Infant Mortality Review (FIMR) Methodology to Review Cases of Perinatal HIV and Congenital Syphilis
3. Q&A

Presentation Objective

- Increase knowledge of the history and background of Case Review Boards (CRBs)
- Increase knowledge of the CRB development and implementation process
- Increase awareness of tools used for CRB development and implementation

Purpose of Review Boards

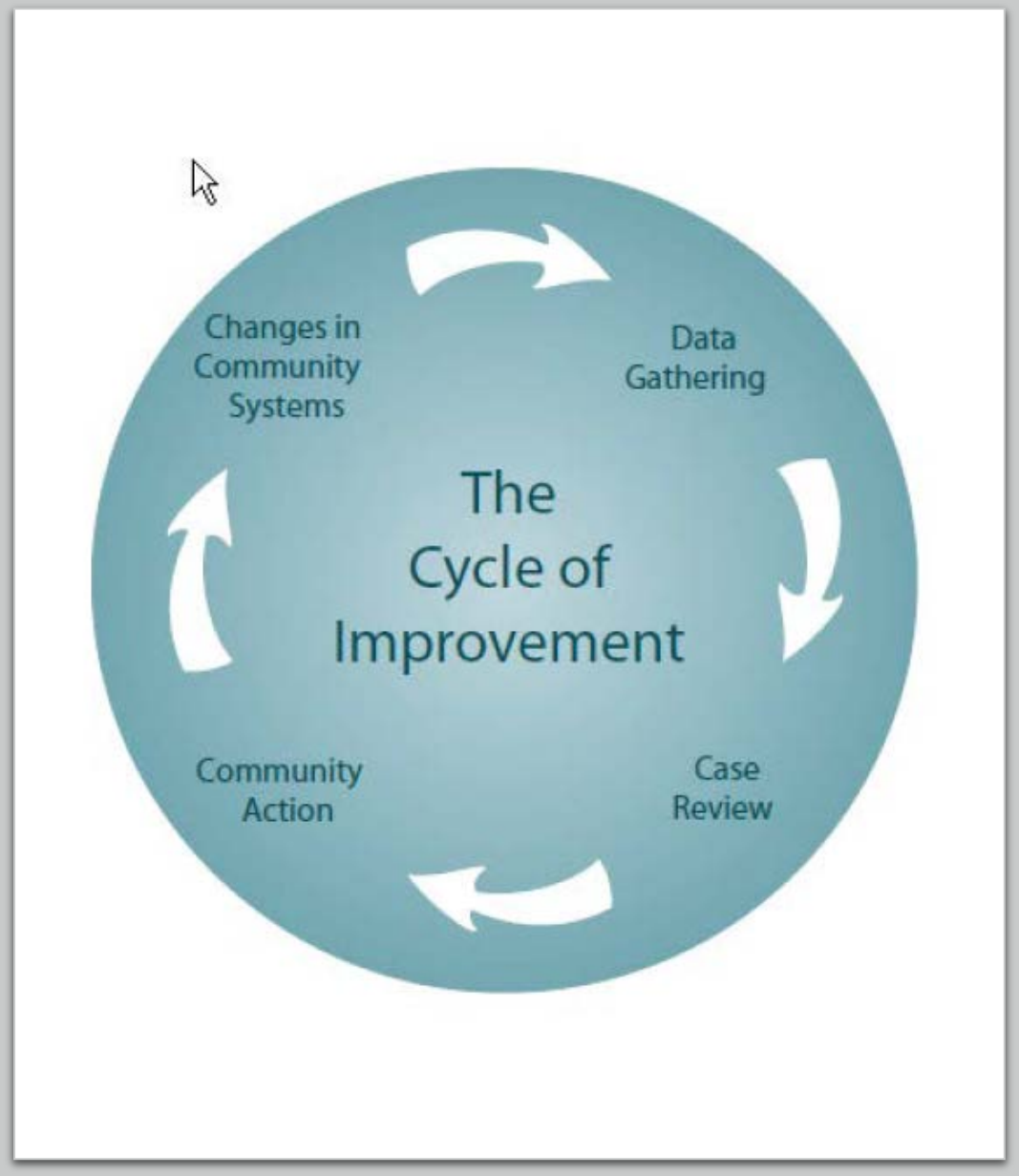
- Examine cases
- Involve a multi-disciplinary panel of subject matter experts
- Identify missed opportunities for prevention
- Create and execute an action plan

FIMR/HIV Methodology Overview

- FIMR/HIV is a continuous quality improvement process used to review cases of perinatal transmission or cases in which key perinatal HIV prevention opportunities were missed. This process allows for:
  - Identification of local systems issues
  - Improvements in systems of care
  - Facilitates partnership and collaboration

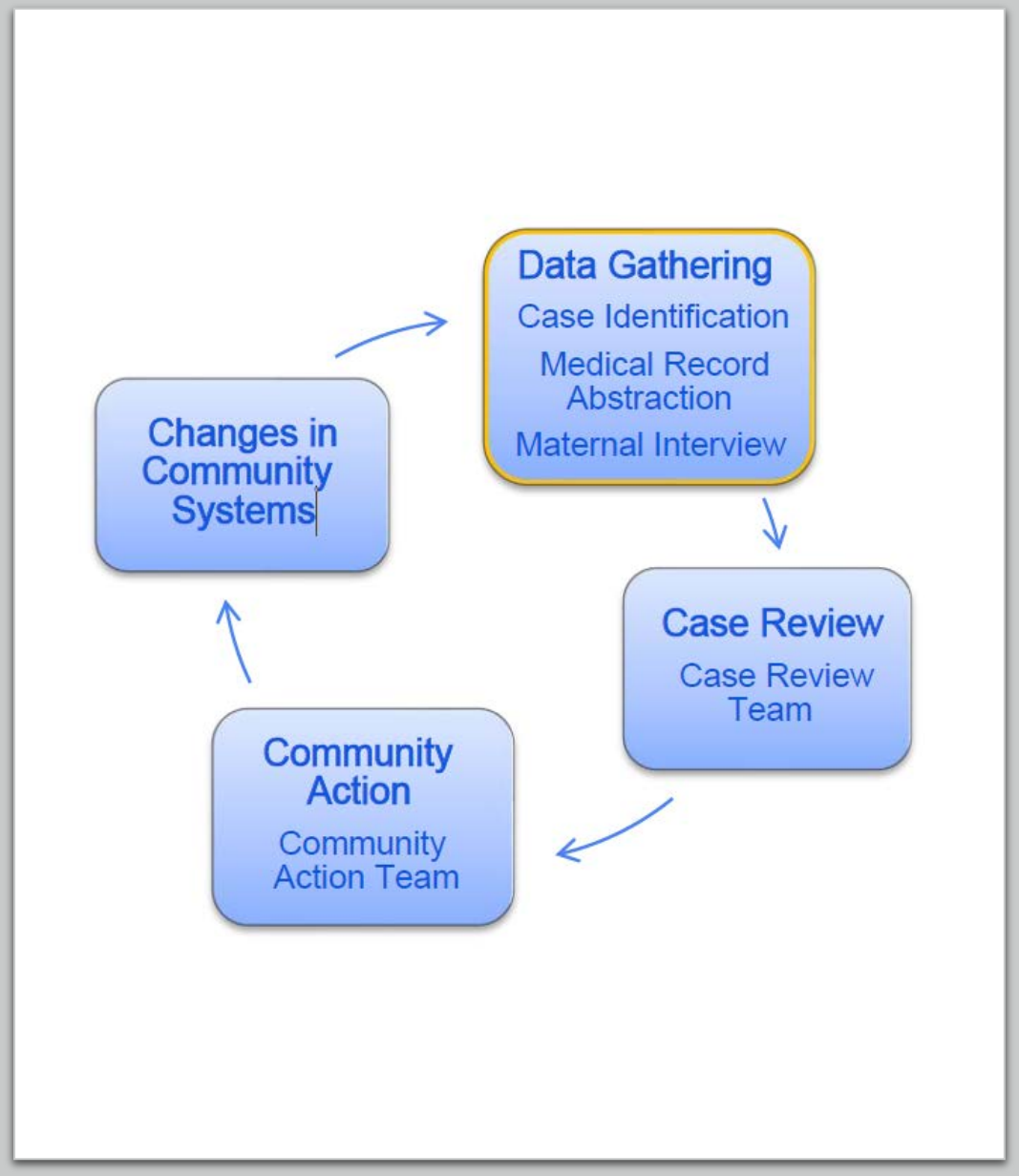
FIMR/HIV Prevention Methodology

- Data Gathering
  - Case Identification
  - Medical Record Abstraction
  - Maternal Interview
- Case Review
- Community Action
- Changes in Community Systems



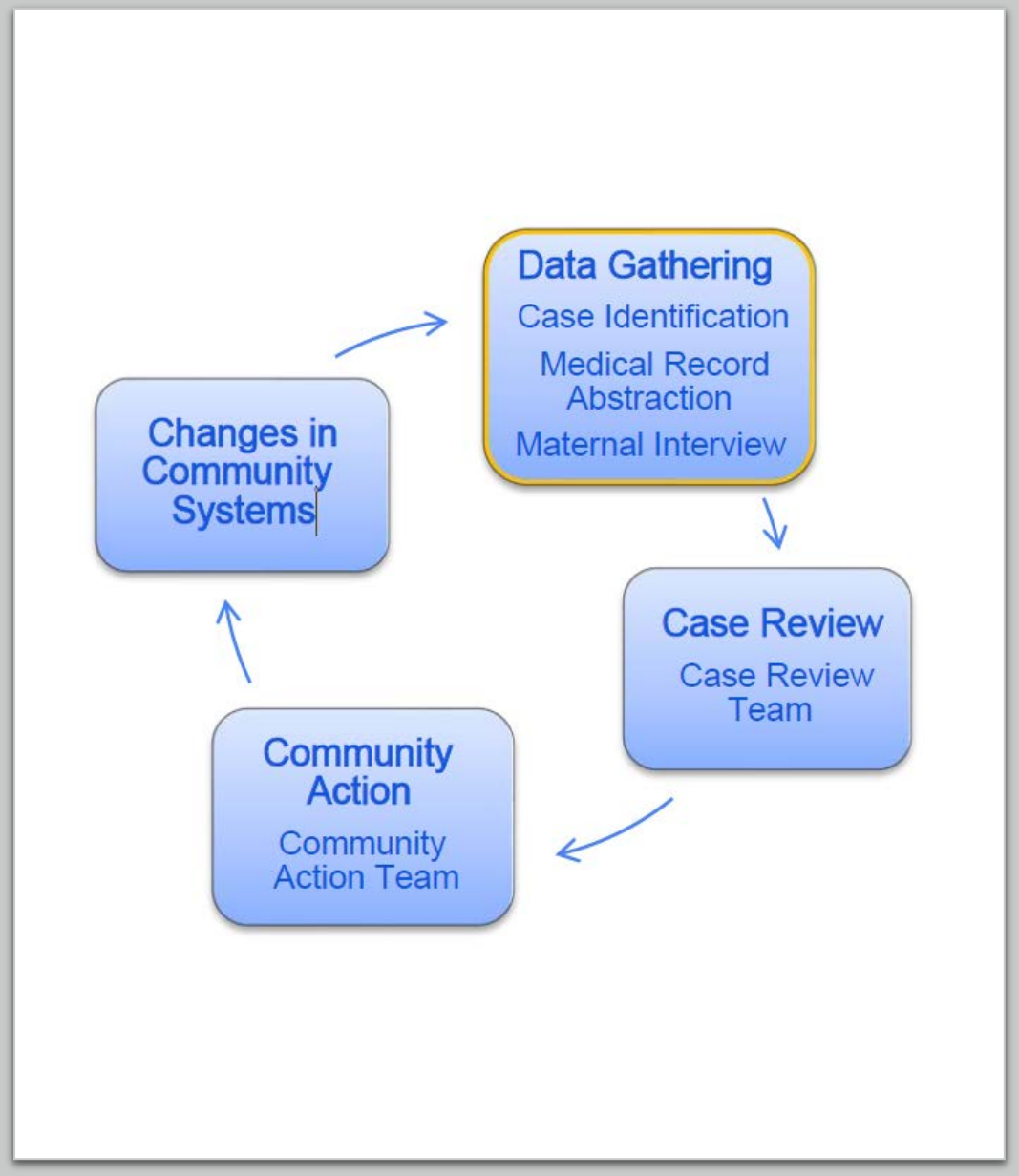
Case Identification and Data Gathering

- FIMR/HIV case:
  - HIV-exposed infant/fetus
  - >24 weeks gestation and <24 months
- Priority assessment:
  - Assists sites with case selection
- All cases are de-identified



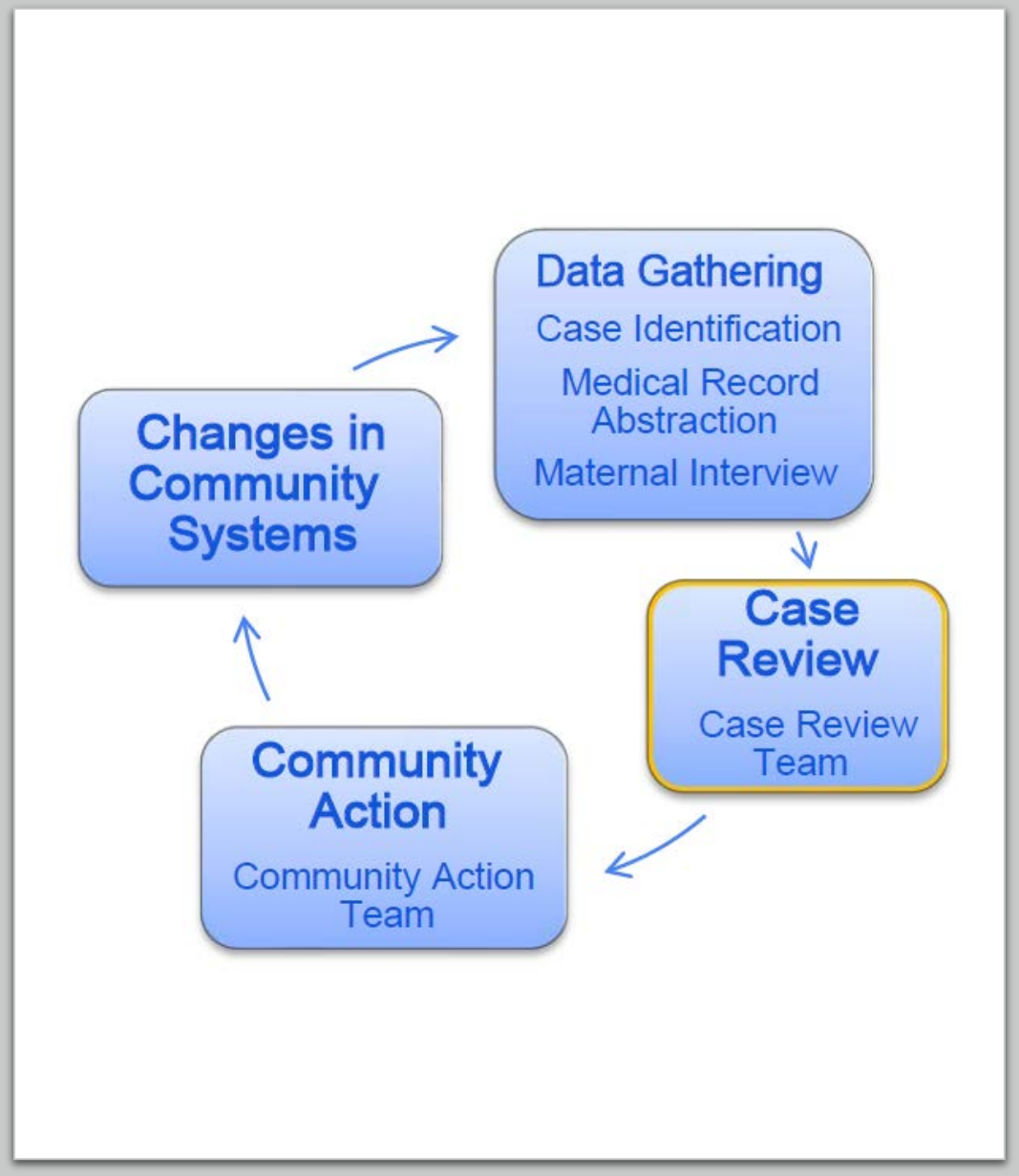
Maternal Interview

- Obtains the mother's unique perspective objectively, through a 3rd party interviewer
- Collects information not available in the medical record
- Opportunity for re-engaging women in care, and meeting immediate needs
- Always done with the women's consent



Case Review Team

- The Case Review Team's (CRT) primary responsibility is to review cases for systems issues
- The CRT is multidisciplinary
- The CRT looks at how community resources and services were provided to a woman and family, and identifies gaps in services
- The CRT develops and reports their recommendations to the Community Action Team



Community Action Team

- The Community Action Team (CAT) initiates systems change based on findings and recommendations from the CRT
- Diverse membership:
  - Represents diverse ethnic and cultural groups in the community
- "Champions" and leaders from within the community

Case Review Team & Community Action Team

CRT Examples

- Health Department
- Maternal & Child Health
- Ryan White, Parts A-D
- Clinicians
- Consumers
- AIDS Education & Training Centers
- Mental Health
- Substance Abuse
- Healthcare Financing
- Child Welfare
- Department of Corrections

CAT Examples

- Maternal & Child Health
- DHS
- Ryan White, Parts A-D
- Clinics & Hospital Systems
- Consumers
- Legislature
- Mental Health
- Substance Abuse
- Medicare/Medicaid
- Child Welfare
- Housing

Community Action Team: Setup

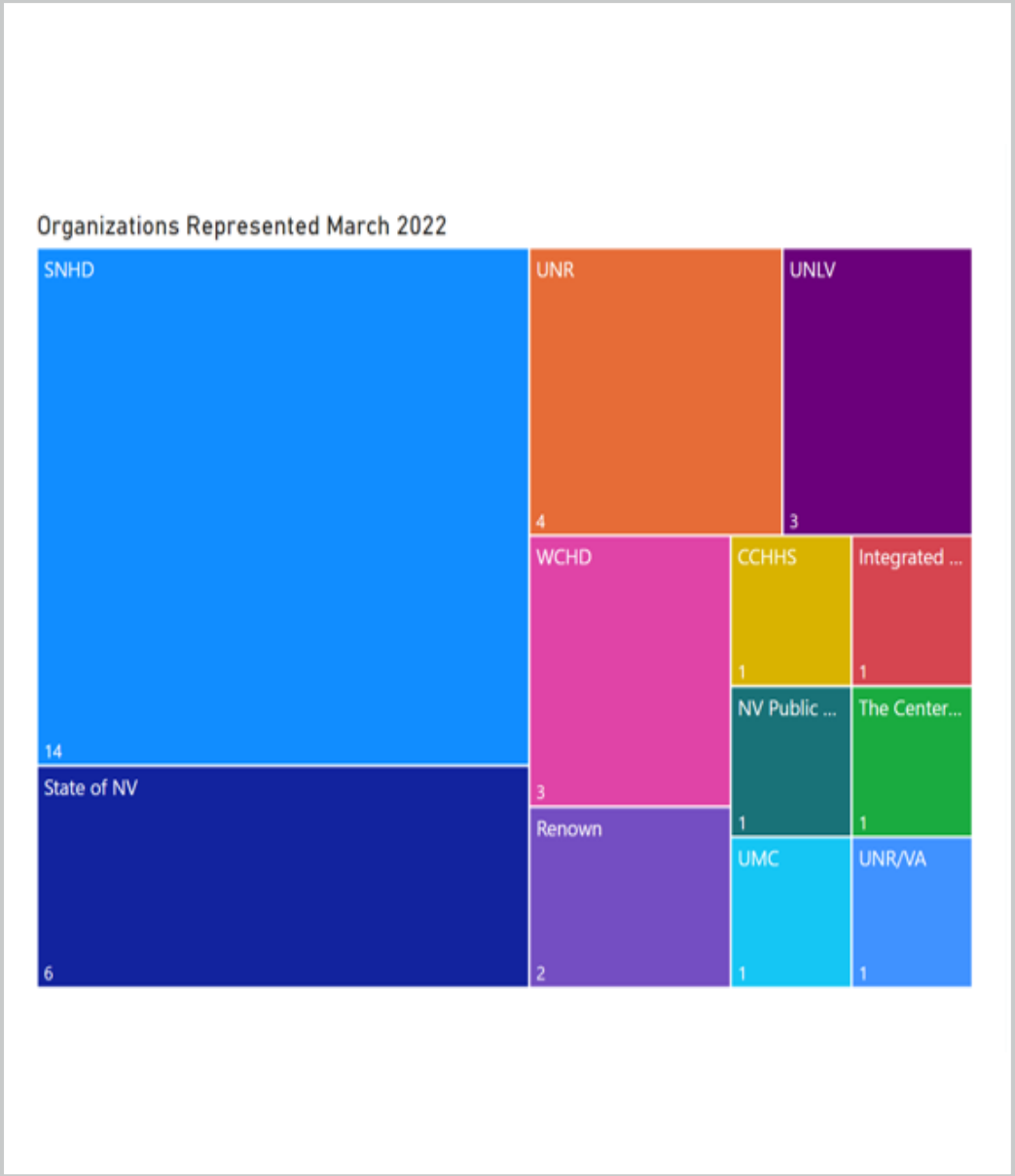
- Large, stand-alone committee
- Sub-group of a pre-existing committee or coalition
- Meeting frequency
- Small groups with focused interests based on systems issues identified in case reviews
  - Preconception Care subgroup
  - Cultural Competency subgroup
  - Mental Health/Substance abuse subgroup

Congenital Syphilis Case Reviews in Nevada

- 3 Case Review Meetings
  - December 2021 (3 cases)
  - March 2022 (3 cases)
  - June 2022 (2 cases)
- All cases from Southern Nevada
  - Next two meetings will feature cases from other areas of the state

Organizations Represented for March 2022, CSRB

- Public Health lab and Dermatology were recruited
- Providers numbers have maintained
- Provider Specialties have diversified (Pharmacy and infectious disease).



Titles of Case Review Participants

Provider Specialties: Case Review Participants

Common Themes

- In the West, the most commonly missed opportunity was a **lack of timely prenatal care (41.1%)**, followed by a lack of adequate maternal treatment despite a timely diagnosis (28.6%).
- Southern NV- Work culture (entertainment industry night shift/day shift)

CSRB Findings

- Unstable Housing
  - Living with family
  - Temporary housing
- Childcare
  - In NV, cases involve more than one child
  - What to do with other children?
- Time
  - Time off from work
  - Time to attend appointment
- Transportation
  - Transportation to appointment
  - Transportation to health department

CSRB Finding Continued…

Substance Use

- Substance use
- Lack of education
  - Policy – NV wide
- Forgetting or refusal to use contraceptives.

Care (before and after)

- Unfortunately, in some cases interventions have failed before birth
- Are protocols easily accessible to providers?
- Is there adequate education for providers (bridge to care)?
- Do providers have resources for CS cases who identify as BIPOC?

Acknowledgements

- University of Nevada, Reno
- Carson City Health and Human Services
- Southern Nevada Health District
- Washoe County Health District

Questions?

Contact Information

Elizabeth Kessler, MPH

OPHIE Surveillance Manager

ekessler@health.nv.gov

(775)447-4494

Acronyms

- CAT: Community Action Team
- CRT: Case Review Team
- CSRB: Congenital Syphilis Review Board
- FIMR: Fetal Infant Mortality Review
- HIV: Human Immunodeficiency Virus

Attachment for Agenda Item #8

Maternal and Child Health Advisory Board (MCHAB) Maternal Child Health (MCH) Program Updates

8/5/2022

Maternal and Infant Health Program (MIP)

The MIP provides technical assistance, resources and support to private and public agencies serving women, ages 18 through 44, mothers and infants. The MIP Coordinator works closely with these agencies as well as the Title V MCH Program Manager and MCAH Section Manager to improve the health outcomes of women of childbearing age, mothers, and infants.

Maternal and Infant Health Program Title V/MCH Funded Partners

MCH Coalition

- The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Nevada Children's Medical Home Portal, Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, SoberMomsHealthyBabies.org, NevadaBreastfeeds.org, and the Nevada Tobacco Quitline.
    - During this quarter, 361 New Mama Care Kits were distributed to post-partum individuals by the South MCH Coalition. The North MCH Coalition is in the process of expanding New Mama Care Kits distribution to the North and rural areas.
- A new campaign "Count the Kicks" started in October of 2021 to shed light on and prevent stillbirths in Nevada.
- The following meetings have been held this quarter:
    - North MCH Coalition Meetings:
        - April 12, 2022
        - May 12, 2022
        - June 9, 2022
    - South MCH Coalition Meetings
        - April 12, 2022
        - May 10, 2022
    - Steering Committee Meetings:
        - June 16, 2022
- Social Media Posts
    - From April 1, 2022, to June 30, 2022, for Facebook and Instagram followings:
        - Facebook likes increased from 499 to 511 with an increase of 12 over three months from April 1, 2022, to June 30, 2022.
        - Instagram followings increased from 619 to 745 followings, an increase of 126 followings over three months from April 1, 2022, to June 30, 2022.
        - Instagram posts increased from 349 to 411 posts, an increase of 62 posts over three months from April 1, 2022, to June 30, 2022.

The Regional Emergency Medical Services Authority (REMSA)

- REMSA continues to provide safe sleep media outreach and conduct activities with safe sleep partners as part of their Cribs for Kids Program, including community event participation statewide.
    - 890 Infant Safe Sleep Brochures were distributed this quarter.
    - 263 survival kits were purchased and distributed this quarter.
- REMSA also focuses on injury prevention and distributed 20 posters and 11 binders this quarter.
- The program coordinator position has been vacant this quarter, so training and distribution numbers may differ from prior reports.

Washoe County Health District (WCHD)

- Title V MCH Block Grant currently funds all WCHD Fetal Infant Mortality Review (FIMR) efforts. WCHD continues to review records for FIMR.
    - Two Case Review Team (CRT) meetings were held from April 1, 2022, to June 30, 2022, with nine cases presented and discussed. Eighteen new FIMR cases were received between April 1, 2022, and June 30, 2022.
    - FIMR staff continue to assist with the dissemination of materials for the "Count the Kicks" fetal movement awareness campaign and assists Healthy Birth Day, Inc. With outreach efforts as needed.
    - FIMR staff will be assisting with the implementation and distribution of "New Mama Care Kits" in Northern Nevada once the project rolls out in Northern Nevada.

Carson City Health and Human Services (CCHHS)

- CCHHS conducted 375 adult wellness screenings. Referrals were made for six women afflicted with mood disorders, eight who use alcohol, and eight with a history of substance use. No referrals were made for domestic violence assistance.
- CCHHS counseled self-identified persons who use tobacco/nicotine with a Brief Tobacco Intervention resulting in 1 referral to the NTQ to change smoking/vaping habits. CCHHS posted one-monthly NTQ message on the clinic signage.
- During clinic visits, 32 youth or family members received information about health care transition and were provided with resources to learn more.
- CCHHS educated women receiving positive pregnancy test results about breastfeeding during clinic visits.
- CCHHS works collaboratively with the in-house WIC office and discussed the value of a medical home with 172 individuals and or families.
- As many as 226 vaccination reminder cards were sent for infants/toddlers ages four-months through 59-months old in need of recommended vaccines.
- CCHHS promoted adult well visits for one-month on clinic digital signage and through social media. One-monthly Facebook campaign promoting adult well-visits reached 225 individuals.
- CCHHS held one monthly digital signage campaign promoting Text4Baby. Additionally, one Facebook monthly campaign reached 4,350 individuals with 59 engaged users.
- CCHHS posted one monthly Nevada 211 and Medical Home Portal awareness message on the clinic signage. The one-month Nevada 211 Facebook campaign reached 3,099 individuals with

13 engaged users. The one-month Medical Home Portal Facebook campaign reached 2,043 with 22 engaged users.
- CCHHS staff conducted three community outreach event and distributed various materials pertinent to maternal and child health to 125 individuals.
- CCHHS partners with the Division of Welfare and Supportive Services (DWSS) by placing insurance enrollment staff on-site.

Community Health Services (CHS)

- CHS conducted wellness screenings for adults up through age 44. Referrals were made for individuals afflicted by domestic violence, mood disorders, and substance use. Additionally, patients were provided with nutrition, weight, and exercise information.
- CHS counseled self-identified persons who use tobacco/nicotine with a Brief Tobacco Intervention.
- CHS provided preventive education services with a focus on well-care screenings, contraceptives, sexually transmitted infection (STI) screens, immunizations, as well as nutrition, weight, and exercise information to individuals.

Other MIP Efforts

Substance Use During Pregnancy

- All subgrantees continue to promote the SoberMomsHealthyBabies.org website
- Title V MCH staff participate in Substance Use workgroups and collaborate with the Substance Abuse Prevention and Treatment Agency (SAPTA) on the Comprehensive Addiction Recovery Act (CARA) initiatives. This includes the Infant Plan of Safe Care, Promoting Innovation in State/Territorial Maternal and Child Health Policymaking (PRISM) Learning Community and Opioid Use Disorder, Maternal Outcomes, and Perinatal Health Initiative (formerly Neonatal Abstinence Syndrome Initiative (OMNI)) efforts.

Breastfeeding Promotion

- NevadaBreastfeeds.org continues to be maintained, and the Breastfeeding Welcome Here Campaign continues to be promoted.

Media Campaigns and Outreach Efforts

Safe Sleep

- A TV and Radio Campaign ran from March 1, 2022, through April 30, 2022, with 534 total TV spots aired and 3,146 radio spots aired
    - TV
        - North: 106 English, 26 Spanish
        - South: 157 English, 245 Spanish
    - Radio
        - North: 1,127 English, 103 Spanish
        - South: 1,563 English, 353 Spanish

SoberMomsHealthyBabies.org

- A TV and Radio Campaign ran from March 1, 2022, through April 30, 2022, with 498 total TV spots aired and 3,025 radio spots aired

- TV
  - North: 103 English, 23 Spanish
  - South: 117 English, 255 Spanish
- Radio
  - North: 1,000 English, 106 Spanish
  - South: 1,780 English, 139 Spanish

Rape Prevention and Education Program (RPE)

The Nevada RPE Program is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) in response to the Violence Against Women Act of 1994. The RPE Program focuses on preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors to prevent sexual violence. CDC funds the RPE Program, along with sexual violence funds set-aside through Preventive Health the Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program Block Grant.

RPE Funded Partners

University of Nevada, Las Vegas (UNLV)

- UNLV received 23 applications for their CARE Peer Program (CPP) during this reporting period; applications will be reviewed and interviews will be conducted in May 2022.
- Director Attended virtual site fair for Human Service interns to promote CPP, approximately 10 students reached. Instagram was used to promote CPP with a reach of 620 unique users.
- UNLV conducted 2 live presentations to the Academic Success Center and COLA 100 class. There were also 8 virtual presentations.

Safe Embrace

- Safe Embrace attended three community outreach events during this reporting period. In addition, two staff members were able to attend two in-person bystander intervention trainings by another RPE recipient, Signs of Hope in Las Vegas, NV.
- Safe Embrace has conducted outreach and scheduled trainings with three new hospitality and entertainment venues. Since the program's start in late 2019, 23 establishments have MOUs in place and receive information, training, and policy guidance.
- Safe embrace has completed six trainings with local hospitality and entertainment venues.

Signs of Hope (formerly Rape Crisis Center of Las Vegas)

- Signs of Hope continues to institutionalize relationships with MGM Resorts International and Wynn Resorts and seek new partnerships to expand safety practices. In the last year, 27 presentations were given at 8 different properties.
- Signs of Hope continues to support a 24-hour crisis response hotline.

Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)

- NCEDSV is continuing the work of the statewide Economic Justice Workgroup; they currently have 15 organizations across Nevada that participate. The workgroup convened four times during this reporting period. To help raise awareness around the workgroup and educate policymakers, NCEDSV has created a sign-on letter that workgroup members have added their names and organizations to. The letter will be sent to Governor Sisolak in April 2022.

Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) Program

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Nevada Division of Public and Behavioral Health and the Centers for Disease Control and Prevention (CDC). The purpose is to determine protective factors for healthy, full-term births as well as risk factors for short-term births, babies born with disabilities, and maternal health. To do this, the questionnaire asks new mothers questions about their behaviors and experiences before, during, and after their pregnancy. The overall goal of PRAMS is to reduce infant morbidity and mortality and to promote maternal health by influencing maternal and child health programs, policies, and maternal behaviors during pregnancy and early infancy.

PRAMS Data Collection Efforts

Supplemental Questions

- NV PRAMS completed the disability supplemental questions for 2021 births with MCH Title V Program and State general funds and switched to opioid supplemental questions in 2022. The disability and opioid supplement will continue to rotate every other year. Data from the survey will inform future data driven MCH efforts.
- NV PRAMS completed the COVID-19 supplemental questions for July 2020 through June 2021 births. This supplement was only completed once, and data will inform future data driven MCH efforts related to pandemic response.

Response Rates

- 2017 Nevada PRAMS data had a response rate of 41% and 2018 data had a response rate of 39%, which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. 2019 weighted data was received in February and had a response rate of 42% which is under the CDC threshold of 50% to publish data. This data should be interpreted with caution due to the response rate.
- 2020 Nevada PRAMS data was received back from CDC October 2021, and had a response rate of 43%. This is under the CDC threshold of 50%, and data should be interpreted with caution due to the response rate.
- The primary goal for Nevada PRAMS is to increase response rates moving forward. A focus group is being conducted with University of Nevada, Reno to get feedback on if different letterheads might increase participant response.

PRAMS Data Requests

- Data can be requested via the Office of Analytics at data@dhhs.nv.gov.

Media Campaigns and Outreach Efforts

PRAMS TV and Radio Campaign

- March 2022- May 2022: 561 Total TV Spots Aired, 3,308 Radio Spots Aired
    - TV
        - North: 90 English, 31 Spanish
        - South: 208 English, 232 Spanish
    - Radio

- North: 1,135 English, 98 Spanish
- South: 1,807 English, 268 Spanish

Promotional Items

Children's Health and Adolescent Health and Wellness Program (AHWP)

The Title V MCH Section focuses on children's health as part of the adolescent health program. The Adolescent Health and Wellness Program (AHWP) uses the public health approach by addressing risk factors which increase the likelihood of negative health outcomes in youth. Adolescence, the transition from childhood to early adulthood, is a critical phase in human development. While adolescence may appear to be a relatively healthy period of life, health patterns, behaviors, and lifestyle choices made during this time have important long-term implications.

Adolescent Health and Wellness Program Title V/MCH Funded Partners

Carson City Health and Human Services (CCHHS)

- CCHHS conducted 30 adolescent wellness screenings. Referrals were made for two youth afflicted with mood disorders. No referrals were made for domestic violence needs, substances/alcohol use.
- During clinic visits, 32 youth or family members received information about health care transition and were provided with resources to learn more.

Community Health Services (CHS)

- CHS administered age-appropriate infant and child immunizations in the clinic setting and through community immunization clinics.
- CHS conducted adolescent wellness screenings. Referrals were made for individuals afflicted by domestic violence, with mood disorders, and substance use. Additionally, youth were provided with nutrition, weight, and exercise information.
- CHS provided preventive education services with a focus on well-care screenings, contraceptives, sexually transmitted infection (STI) screens, and immunizations.

Urban Lotus Project (ULP)

- Urban Lotus Project Trauma-Informed Yoga for Youth conducted 62 no-cost yoga classes to adolescents. Nine different agencies hosted the yoga sessions with ULP conducting one virtual class a week. As many as 223 individuals participated. Most students attended multiple yoga classes resulting in at least 393 pupil exposures.
- ULP staff presented at the 2022 annual Nevada Health Conference (Title V MCH funded) and shared principles and science behind trauma-informed yoga. Movement activities accompanied their presentation.

Nevada Institute for Children's Research and Policy (NICRP)

- Preparations are being made to clean data for The Kindergarten Health Survey 2021-2022. The annual report each year is placed inside https://nic.unlv.edu/reports.html

Other Children's Health and AHWP Efforts

Adolescent Well Visits

- *Does Your Teen Need Health Coverage?* brochures were disseminated to various agencies and at outreach events addressing the value of adolescent well-visits and how to apply for health insurance.
- The annual pre-order resulted in requests for 34,000 brochures titled *Does Your Teen Need Health Coverage?* with a mix of 19,000 English/15,000 Spanish. These brochures will be disseminated at least one month before open insurance enrollment starts (fall 2022).

Health Care Transition

- Resources from www.gottransition.org were disseminated to partners and at community events.

Sexual and Behavioral Health Collaboratives

- MCAH staff attended LEAHP project meetings to help develop state action plans for adolescent reproductive and sexual health education and services, as well as safe and supportive environments.

CoIIN Participation

- Title V MCH staff served as the HRSA representative on the Comprehensive School-Mental Health CoIIN. This partially funded HRSA project focused on supports and services promoting a positive school climate, social-emotional learning, and mental health and well-being while reducing the prevalence and severity of mental illness.

Media Campaigns and Outreach Efforts

Adolescent Well Visits and Health Care Transition

- DP Video and MCH staff made plans for the creation of animated videos on the topics of (1) adolescent well visits and (2) health care transition. Research shows animation, as well as videos draw in audiences, especially youth. The videos will conform with the content of the text messages developed in prior social media campaigns.

Children and Youth with Special Health Care Needs (CYSHCN) Program

CYSHCN Program Title V/MCH Funded Partners

Nevada Center for Excellence in Disabilities (NCED) and NCED Family Navigation Network

- NCED hosted the final four sessions of the University of Nevada, Reno (UNR) Project ECHO six-session series on health care transition. At least one session was attended by each of the 87 participants.
- NCED started the evening summer learning series for youth with special health care needs, their families/caregivers, and agencies serving this population. The six sessions are focused on topics of interest for special needs children and includes content about the concept of health care transition. Of the first two sessions, 34 attended the initial one with 47 participants at session two.

- NCED Family Navigation Network became a new partner in July 2021 and supports families of children and youth with special health needs to navigate complex healthcare systems. Family Navigation Network provides free one-to-one support, training, and printed materials to families and professionals who serve them.
    - During this quarter, 19 calls to the hotline were answered. 13 calls were about therapy options, 9 were about school-related issues, 18 were about insurance/payment/Katie Beckett issues, 10 were about college options for a child with a developmental disability. 10 referrals were made for educational advocacy, therapies, and paying for services.
    - 100% of staff trained on the Medical Home Portal.
    - 24% of families were trained.

Children's Cabinet

- The Family Engagement Coordinator with The Children's Cabinet provides technical assistance and facilitates parent involvement in social emotional Pyramid Model (TACSEI) activities. From April 1st, 2022, to June 30th, 2022, four Technical Assistance trainings with 22 participants were conducted and 8 preschools and daycare centers were contacted and given informational materials.
- Data collection and evaluation for Pyramid Model activities is ongoing, with 14 sites collecting data. 210 children have received Ages and Stages Questionnaire screenings.

Medical Home Portal

- Medical Home Portal reports are located separately in the packet.

Other CYSHCN Program Efforts

- Title V MCH staff continued participation in the Pediatric Mental Health Care Access Program (PMHCAP) with the Nevada Division of Child and Family Services (DCFS). PMHCAP uses telehealth strategies like Mobile Crisis Response teams to expand mental health services for children in Nevada. Title V MCH staff recently peer reviewed the Early Childhood Mental Health Brief Development process and protocols initiated by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).
- Title V MCH staff presented to the Nevada Governor's Council on Developmental Disabilities (NGCDD) on CYSHCN Programs and provided data and reporting.
- Title V MCH staff attended several meetings to learn about updates related to CYSHCN efforts.
- Title V MCH staff assisted in efforts to create and disseminate sensory-friendly vaccine kits designed to help medical providers through the process of vaccinating CYSHCN who experience difficulties during the vaccination process.

Media Campaigns and Outreach Efforts

Family Navigation Network

- A social media campaign for Family Navigation Network will run through September in an effort to promote the Medical Home Portal.

Cross-Cutting Programs and Efforts

Nevada 211

- Nevada 211 received 186 calls/texts from individuals who were pregnant or living with someone pregnant. Callers were given information and/or referrals to the following Title V MCH endorsed programs: PRAMS (30), Sober Moms Healthy Babies website (1), Medical Home Portal (16), Text 4 Baby (67), Cribs for Kids (8) Perinatal Mood & Anxiety Disorder (1), and Nevada Tobacco Quitline (2).

Tobacco Cessation

- As appropriate subgrantees continue to promote the Nevada Tobacco Quitline (NTQ).

Other Title V MCH Program Efforts

- Title V MCH is working with University of Nevada, Reno NCED to conduct focus groups of youth ages 12 through 18 to gather youth-identified priorities, facilitators, and barriers for increasing youth engagement. At least three of these focus groups will be comprised of youth from the following priority populations:
    - Youth with special health care needs
    - Youth of color
    - Youth who are Spanish speaking
    - Youth residing in rural counties/areas
- Surveys will be administered to parents of these youth to identify family priorities.
- A focus group with families served by UCED's program for substance-exposed maternal-infant dyads will be conducted to inform maternal and infant heath priorities.
- From these focus groups and surveys, a final report will be completed that includes an action plan, recommendations, and road map for increasing youth and family engagement in the future, and key information learned from the substance exposed maternal-infant dyad focus group.

July 7, 2022

Medical Home Portal

FFY2022 Q3 REPORT

1. FEATURE UPDATES

Features that have been significantly reworked or updated during the Quarter ending June 30, 2022.

A. Service Directory Map Legend

i. A legend was added to the Service Directory map and waypoint colors now distinguish local, statewide, and nationwide resources.

B. Crisis Line Prioritization

i. A prioritization option was added that allows state partners to prioritize crisis line information to the top of the demographics information within a Service Directory listing.

C. Service Provider Category Review and Updates

i. The Portal team continued its review of Service Provider Categories and associated mapping to AIRS Taxonomy codes. The following category groups were reviewed and updated this quarter:

1. *Breastfeeding*
2. *Care Coordination*
3. *Child Development*
4. *Childcare and Respite*
5. *Community Cultural Organizations*
6. *Disability Services*

2. CONTENT UPDATES

Content that has been published or updated during the Quarter ending June 30, 2022.

A. New Content

i. Clinical

1. *Pediatric Diabetes Screening & Management Care Process Model*
2. *Thickened Liquids & Modified Foods*

B. Updated Content

i. Clinical

1. *Argininemia (newborn disorder page)*
2. *Argininosuccinic Aciduria (newborn disorder page)*
3. *CACT & CPT II Deficiencies (newborn disorder page)*
4. *Carnitine Uptake Defect (newborn disorder page)*
5. *CPAP & BIPAP Therapy for Children*
6. *Inflammatory Bowel Disease (diagnosis module)*
7. *LCHAD & TFP Deficiency (newborn disorder page)*
8. *Medium-Chain Acyl-CoA Dehydrogenase Deficiency (newborn disorder page)*
9. *Phenylketonuria (newborn disorder page)*
10. *Toilet Training Children with Special Needs*
11. *Tyrosinemi Type I (newborn disorder page)*

ii. For Families

1. *Care Notebook- Spanish*

3. GOOGLE ANALYTICS

Google Analytics April 1 – June 30, 2022. Traffic Refined for Quality Segment. (Percentage change from previous quarter.) [Percentage change from previous year.]

A. Aggregated Subdomains

i. Users: 128,195 (-3.43%) [+8.82%]
ii. Sessions: 148,517 (-3.86%) [+10.47%]
iii. Pageviews: 217,470 (-3.94%) [+3.84%]

B. Nationwide

i. Users: 57,279 (-6.98%) [+24.15%]
ii. Sessions: 65,856 (-6.82%) [+25.18%]
iii. Pageviews: 84,390 (-6.43%) [+22.26%]

C. Nevada

i. Users: 7,527 (-2.94%) [+39.88%]

ii. Sessions: 8,625 (-3.35%) [+40.87%]

iii. Pageviews: 14,370 (-3.67%) [+32.90%]

Nevada Primary Care Office (PCO)

Our Mission

The PCO is program within the Nevada Division of Public and Behavioral Health that works to improve the health care infrastructure of Nevada. The PCO supports the Division's mission to promote the health of Nevadans by working to:

- Improve access to primary health care services for Nevada's underserved;
- Increase availability of primary care providers in underserved areas;
- Increase access to maternal and child health care service for underserved populations; and
- Improve provider access to health care financing resources.

Programs and Services

The PCO is funded by a federal grant from the Health Resources Services Administration (HRSA) to support the following services:

- Complete applications for federal designation of Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas of Populations (MUA/Ps). These designations support eligibility for increased federal funding and recruitment of health care professionals;
- Review applications and provide letters of support for the J-1 Physician Visa Waiver program to bring international medical graduates to underserved areas in Nevada; and
- Review site applications and provide recommendations for the National Health Service Corps loan repayment and scholar programs.

The PCO also engages in the following activities:

- Support primary care workforce development through linkages with education and training, licensure and certification, and recruitment and retention.
- Review applications for certificates of need for construction, or expansion, of facilities providing medical care in counties with less than 100,000 population, or communities with less than 25,000 population in counties with more than 100,000 population.

Oversight

The Primary Care Advisory Council (PCAC) was established in 2008 to enhance oversight of the PCO and the services provided, in an advisory capacity to the Administrator of the Division of Public and Behavioral Health. Creation of the PCAC led to statutory and regulatory changes to ensure compliance with the J-1 Physician Visa Waiver program, under NRS 439A.130-185 and NAC 439A.700-755.

Linkages

The PCO works with many public and private partners to support the health care safety net, including: Nevada Primary Care Association, Federally Qualified Health Centers, Rural Health Centers, Critical Access Hospitals, National Health Service Corps sites, State Office of Rural Health, Nevada Rural Hospital Association, University of Nevada School of Medicine, Western Interstate Commission for Higher Education, Nevada Division of Health Care Financing and Policy, and multiple health professional licensing boards. Facilitated activities include strategic planning for shortage designations, primary care data development and sharing, recruitment and retention strategies, and workforce development.

Contact

The Nevada PCO can be contacted at nvpco@health.nv.gov or at 775-684-2204

PCO Highlights from January 2022 – March 2022

- NHSC activities increase awareness of the program and subsequent program participation, which leads to increased recruitment and retention of health providers for underserved maternal, pediatric, and adolescent populations. These safety net health care sites serve all patients regardless of ability to pay and represent critical primary care, mental health, and dental access points for maternal, pediatric, and adolescent populations in Nevada. The Site NHSC Cycle opened in April and was extended until June 7th; the Primary Care Office approved 3 applications.

- The deadline for Health Professional Shortage Areas (HPSAs) that are in a proposed for withdrawal status was extended until July 2023. This allows the PCO an additional year to update any outstanding HPSAs, and to create new HPSAs with more accurate provider data and new rational service areas.

- The PCO has been working closely with stakeholders and UNR on Senate Bill 379. SB 379 outlines and provides guidance on which questions can be included in optional provider surveys.

- The J-1 program has received *14* applications so far this program year, with *one* application received at the beginning of July that has been reviewed and is ready to present to the Primary Care Advisory Council (PCAC). These providers will serve underserved populations including maternal, pediatric, and adolescent populations in Las Vegas and Reno area.

- The Primary Care Office received a Certificate of Need Application from Battle Mountain General Hospital for their renovation and expansion, which was reviewed and approved by the Director's Office in July.

- Quarterly meetings continue with our safety net partners, as we continue to collaborate on data development and sharing, provider recruitment and retention, shortage designations, and workforce development. The PCO has determined that combining the multiple quarterly meetings into one longer, cohesive meeting will be more beneficial for all parties involved, and these will begin in August. In addition, a new and improved quarterly newsletter is in the works and will be sent out in late August.

STATE OF NEVADA

DIVISION OF HEALTH CARE FINANCING AND POLICY

NEW COMMUNITY HEALTH WORKER SERVICES

During the 81st Legislative session (2021), Assembly Bill 191 and Senate Bill 420 added community health worker (CHW) to the list of approved Nevada Medicaid State Plan providers.

The Division of Health Care Financing and Policy (DHCFP) has implemented a new provider type (PT) 89 – Community Health Worker and established Medicaid policy for CHW services. On July 7, 2022, the Centers for Medicare and Medicaid Services (CMS) approved Nevada Medicaid's State Plan Amendment to include CHW services.
Visit Web Announcement 2853

WHAT IS COVERED

A CHW is trained to educate the public on improving health care delivery and options, coordination of services, and providing culturally and linguistically appropriate health education.

CHW services must be related to disease prevention and chronic disease management. Services must be rendered under the supervision of a physician (PT 20), physician's assistant (PT 77) and/or advanced practice registered nurse (PT 24) and must be linked to those provider types when they enroll in Nevada Medicaid.

For CHW service policies, please visit Medicaid Services Manual Chapter 600 - Physician Services.

WHEN CAN ENROLLMENT BEGIN

As of February 1, 2022 CHW providers may begin enrolling as a PT 89 – CHW provider with Nevada Medicaid.
Visit Web Announcement 2697

NEVADA CHW CERTIFICATION

CHW I and CHW II certification consists of training, experience, compliance with code of ethics, residency
requirements and additional requirements. To learn more please visit the Nevada Certification Board (nevadacertboard.org)

HOW TO ENROLL

1. Must have and provide Supervising Collaborative Agreement.
2. Visit PT 89 - Community Health Worker **Provider Enrollment Checklist** to see complete list of necessary documents.
3. Apply as a Nevada Medicaid PT 89 - Community Health Worker at **Provider Enrollment .**

HELPFULL MEDICAID LINKS

Medicaid Provider Portal
www.medicaid.nv.gov

DHCFP website
www.dhcfp.nv.gov

State of Nevada
Division of Health Care Financing and Policy

New Doula Services

During the 81st Legislative session (2021), Assembly Bill 256 and Senate Bill 420 added doulas to the list of approved Nevada Medicaid State Plan providers.

The Division of Health Care Financing and Policy (DHCFP), with the collaboration of practicing doulas throughout Nevada, has implemented a new provider type (PT 90 - Doula) and corresponding policy. On July 7, 2022, the Centers for Medicare and Medicaid Services (CMS) approved Nevada Medicaid's State Plan Amendment to include doula services.
Visit *Web Announcement 2853*

What is covered?

Doula Services per Nevada Medicaid policy are delivered by a non-medical trained professional who provides education, facilitates access to resources, advocacy, emotional and physical support during pregnancy, labor/delivery, and postpartum period.
For doula service policies, please visit
Medicaid Services Manuals (MSM)
·MSM 600 – Physician Services
·MSM 2900 – Federally Qualified Health Centers

When can enrollment begin?

As of April 1, 2022, doulas may begin enrolling as a PT 90 – Doula as an independent provider or as a group with Nevada Medicaid. Providers who enroll after April 1, 2022, may request a retroactive enrollment back to the Doula Certification effective date as issued by the Nevada Certification Board (NCB).
Visit *Web Announcement 2753*

How to enroll:

1. Apply and obtain a Doula Certification from the Nevada Certification Board.
2. Visit PT 90 - Doula *Provider Enrollment Checklist* to see list of necessary documents.
3. Apply as a Nevada Medicaid PT 90 -Doula at *Provider Enrollment*.

Nevada Doula Certification:

Doula certification consists of training, experience, compliance with code of ethics, residency requirements and accepted additional certifications. To learn more visit *Nevada Certification Board (nevadacertboard.org)*

Helpful Medicaid links:

Medicaid Provider Portal
www.medicaid.nv.gov

DHCFP website *www.dhcfp.nv.gov*

Attachment for Agenda Item #9

Steve Sisolak
Governor

Richard Whitley
Director

State of Nevada

Department of Health and Human Services

Title V Maternal and Child Health (MCH) Block Grant: Data Updates

Division of Public and Behavioral Health

Kagan Griffin, MPH, RD, Title V MCH Program Manager

06/30/2022

Helping people. It's who we are and what we do.

Overview

- The Federally Available Data (FAD) is provided by the Maternal Child Health Bureau (MCHB) to assist states in reporting the Title V MCH National Outcome Measures (NOMs) and National Performance Measures (NPMs)

- This resource allows state to make comparisons to U.S. and other state data, as well as examine trends

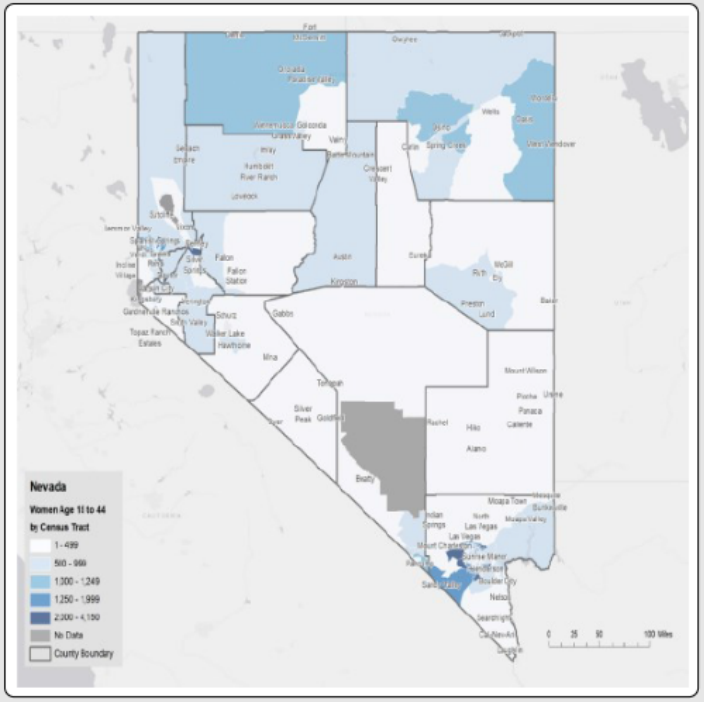
HRSA Maternal & Child Health

Data Dashboard

Maternal Health | Infant/Perinatal Health | Child Health | Children & Youth with Special Health Care Needs | Adolescent Health | Cross Cutting Measures

Maternal Health Overview | Prenatal Care | Morbidity and Mortality | Teen Birth Rate | Smoking During Pregnancy | Cesarean Deliveries | Preventive Medical Care

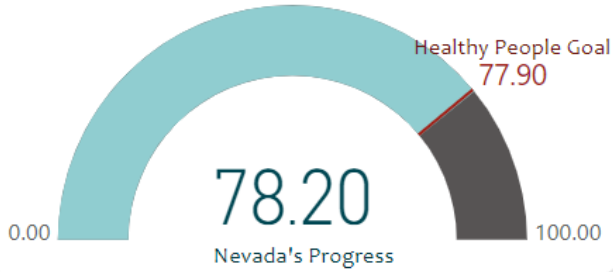
Maternal Health Measures in Nevada



Population of women ages 18-44 in Nevada
Data Source: Office of Analytics

Nevada's progress in meeting Healthy People 2020 Goals

Percent of Women in Nevada who Received Prenatal Care in the First Trimester in 2020



Data Source: National Vital Statistics System

[Link to Data Dashboard]

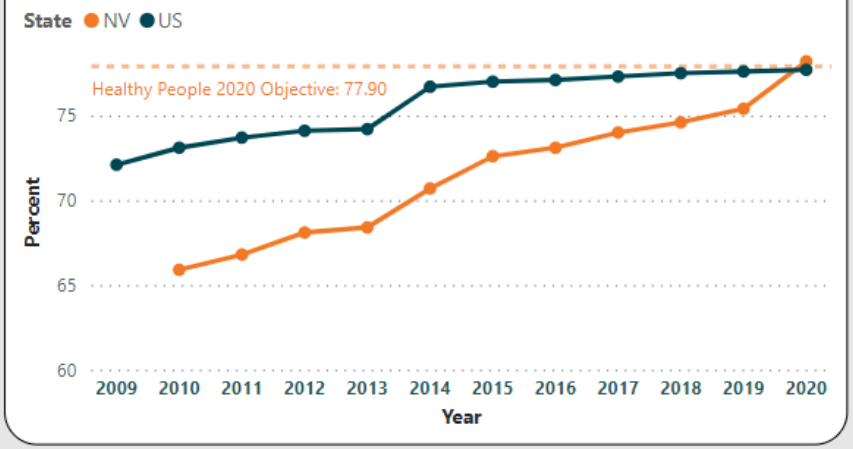
Data Dashboard

Maternal Health | Infant/Perinatal Health | Child Health | Children & Youth with Special Health Care Needs | Adolescent Health | Cross Cutting Measures

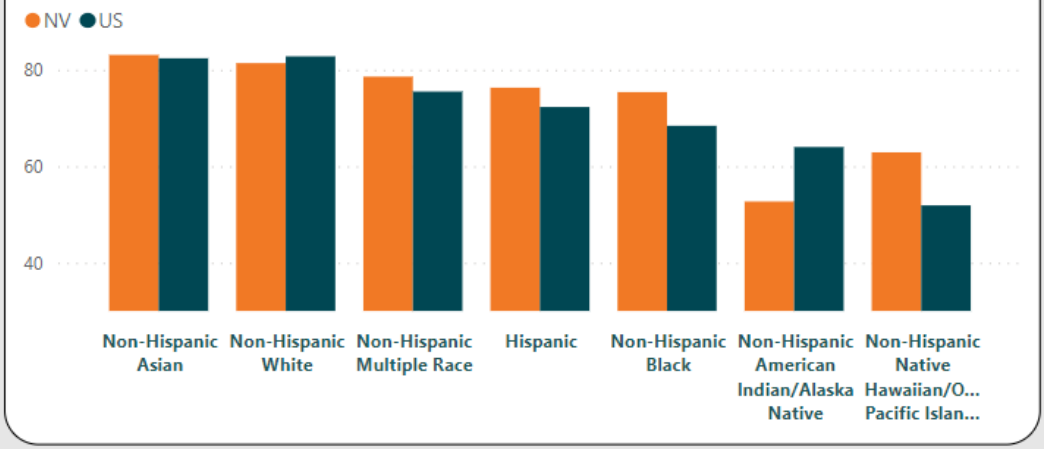
Maternal Health Overview | **Prenatal Care** | Morbidity and Mortality | Teen Birth Rate | Smoking During Pregnancy | Cesarean Deliveries | Preventive Medical Care

Prenatal Care

Percent of Pregnant Women who receive prenatal care beginning in the first trimester



2020 Percent of Pregnant Women who receive prenatal care beginning in the first trimester by Race/Ethnicity



Nevada Percent Change from 2010 to 2020

18.66%

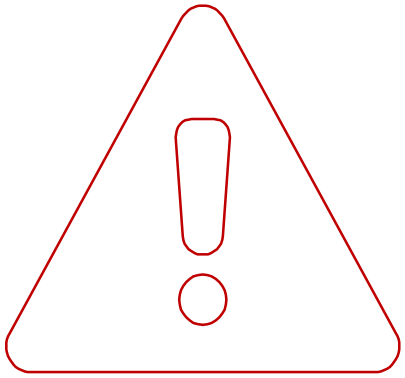
Breakdowns

Educational Attainment	Marital Status	Nativity	**Race/Ethnicity**	WIC Participation
Health Insurance	Maternal Age	Plurality	Urban-Rural Residence	

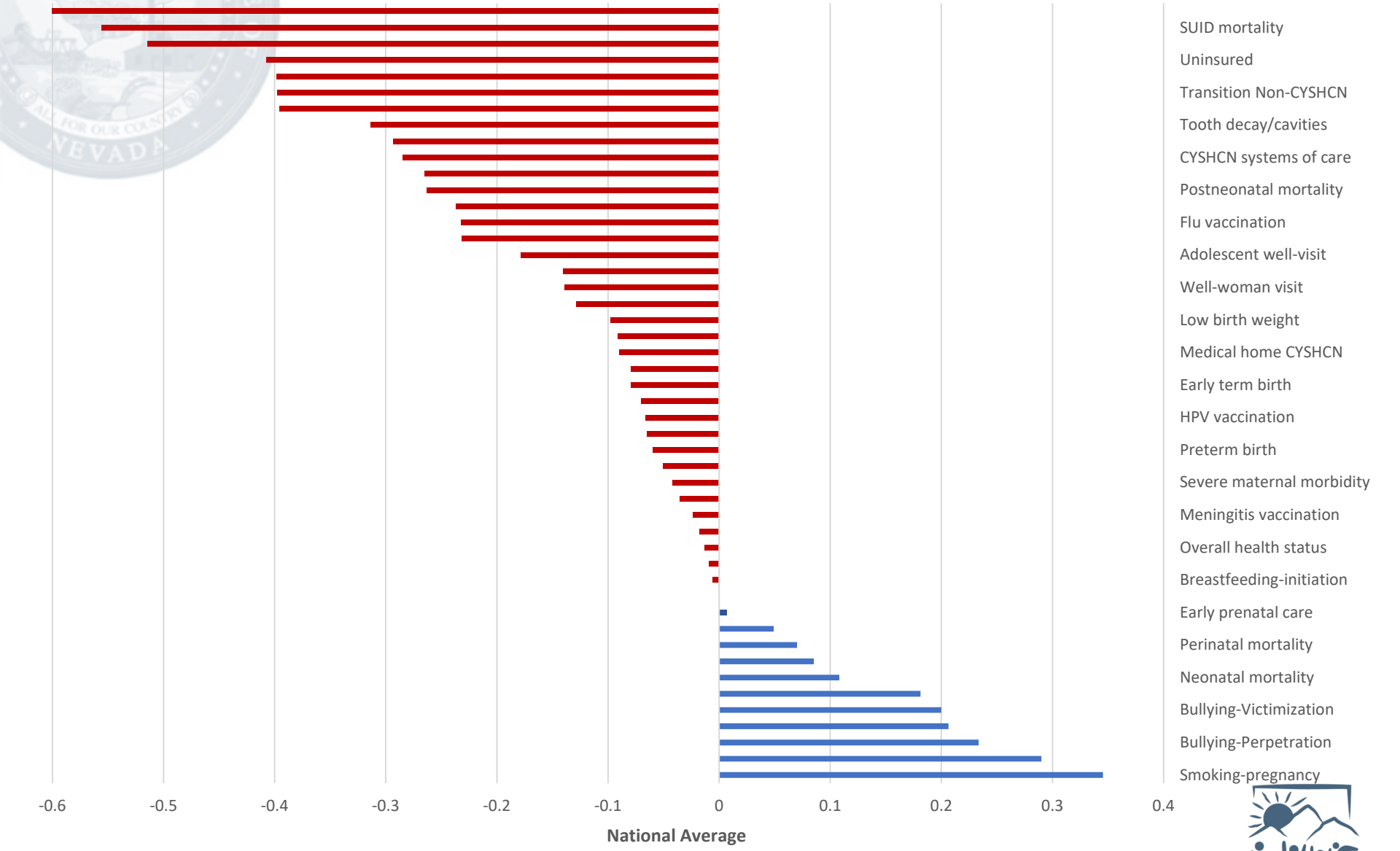
Data Source: National Vital Statistics System

[Link to Data Dashboard]

Nevada Data Trends and Highlights



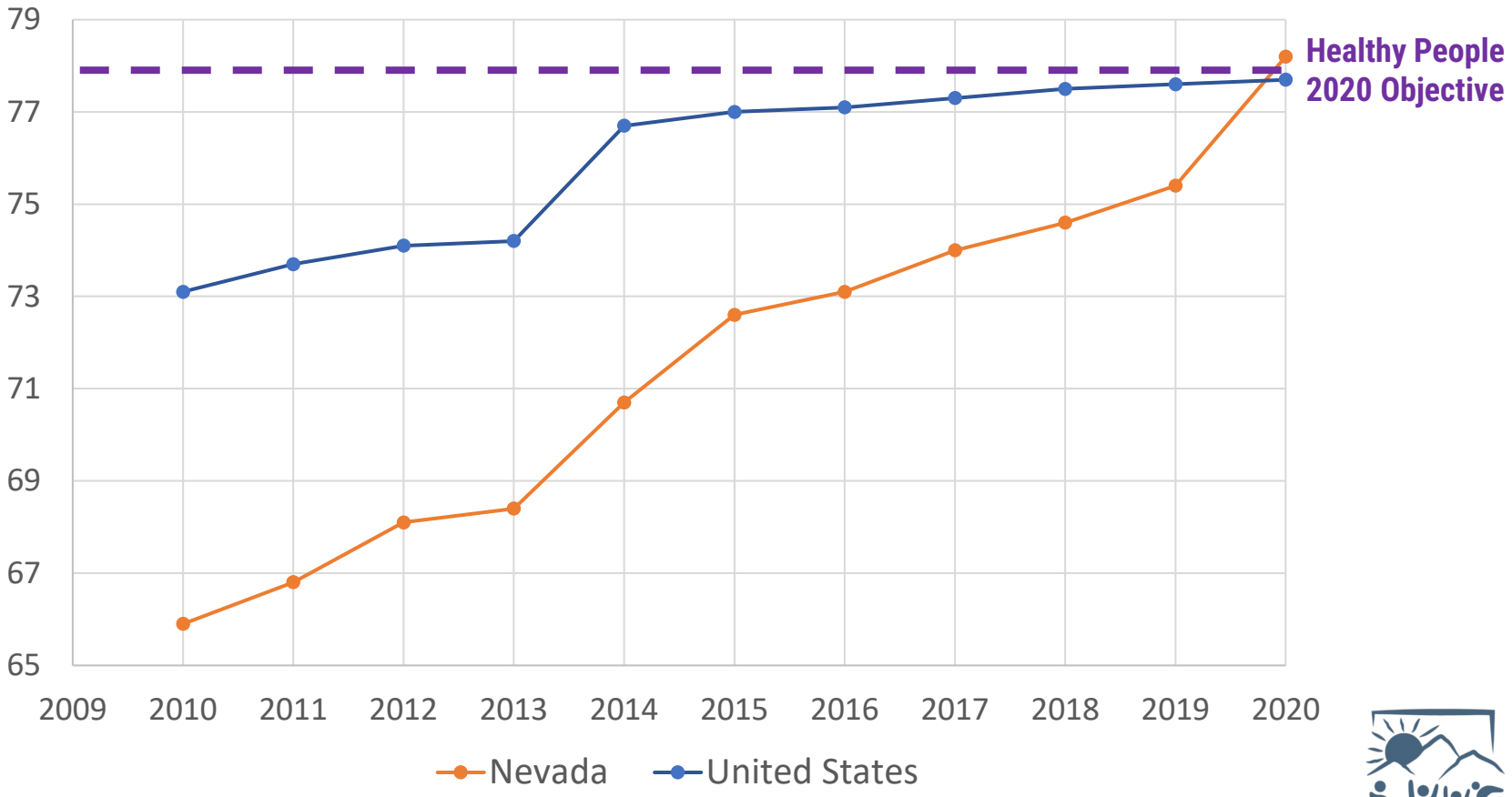
Nevada Maternal and Child Health Indicators



MCH Outcome Measures Positive Trends

Positive trends are defined as significant improvement from the previous year, or an increase in national ranking status.

NOM 1: Percent Of Women Who Receive Prenatal Care Beginning In The First Trimester

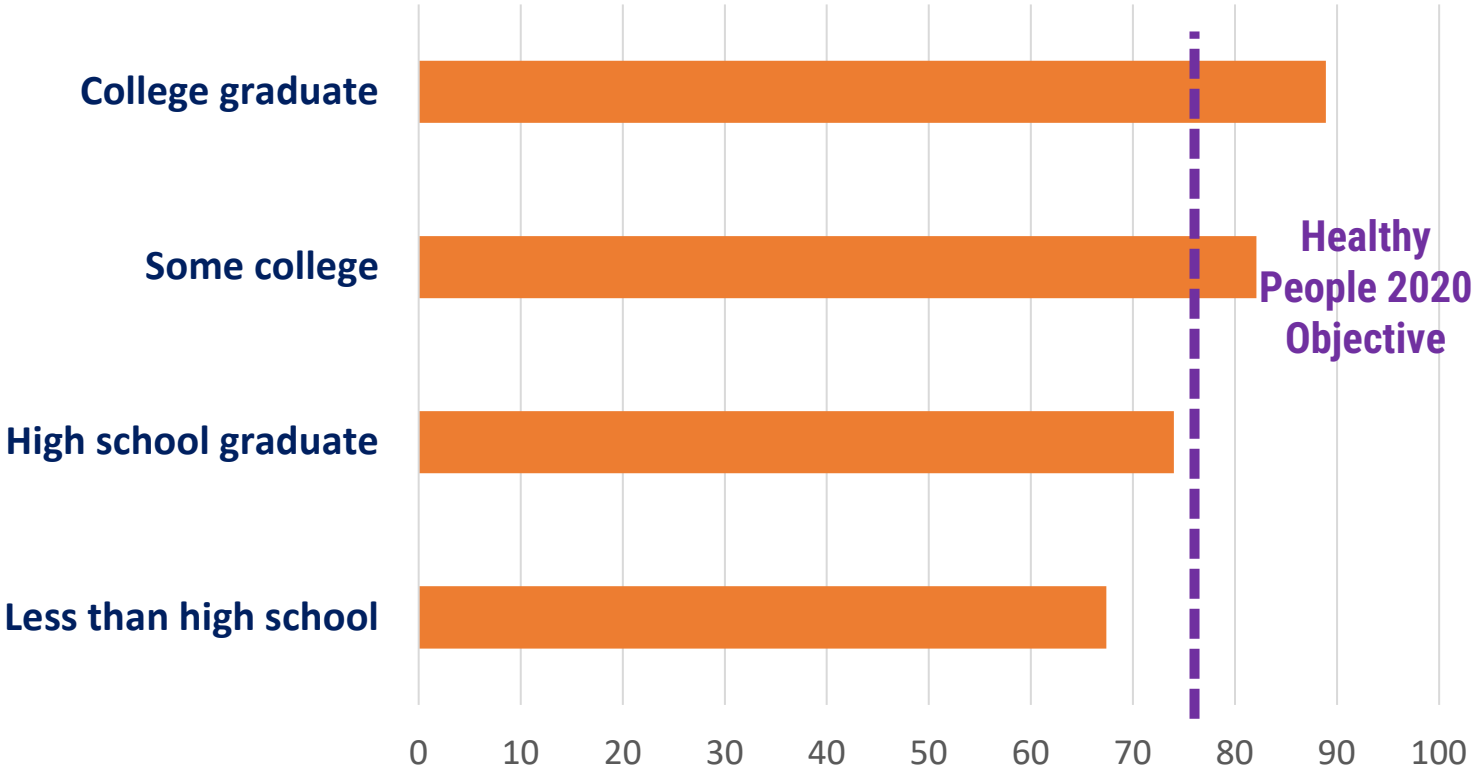


Data Source: National Vital Statistics System (NVSS)

Percent Of Women Who Receive Prenatal Care Beginning In The First Trimester											
	2010	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Nevada	65.9	66.8	68.1	68.4	70.7	72.6	73.1	74	74.6	75.4	78.2
United States	73.1	73.7	74.1	74.2	76.7	77	77.1	77.3	77.5	77.6	77.7
Healthy People 2020/2030 Objective	77.9/80.5										
NV % Change 2010-2020	**+18.7%**										
NV Ranking	**28th** out of 50 states and District of Columbia										

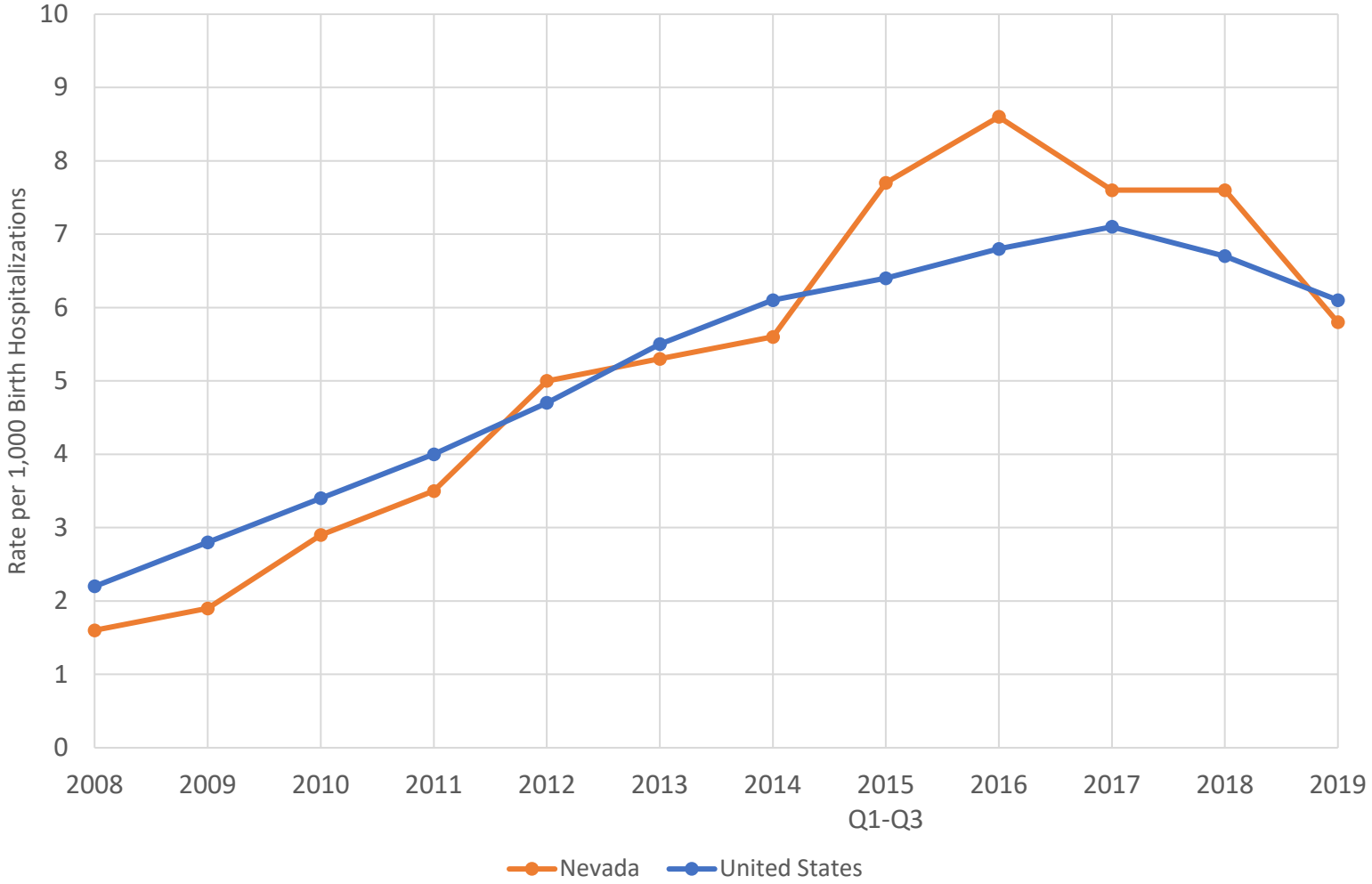
Data Source: National Vital Statistics System (NVSS)

2020 Prenatal Care In The First Trimester By Educational Attainment



Data Source: National Vital Statistics System (NVSS)

NOM 11: Rate of Neonatal Abstinence Syndrome per 1,000 Birth Hospitalizations



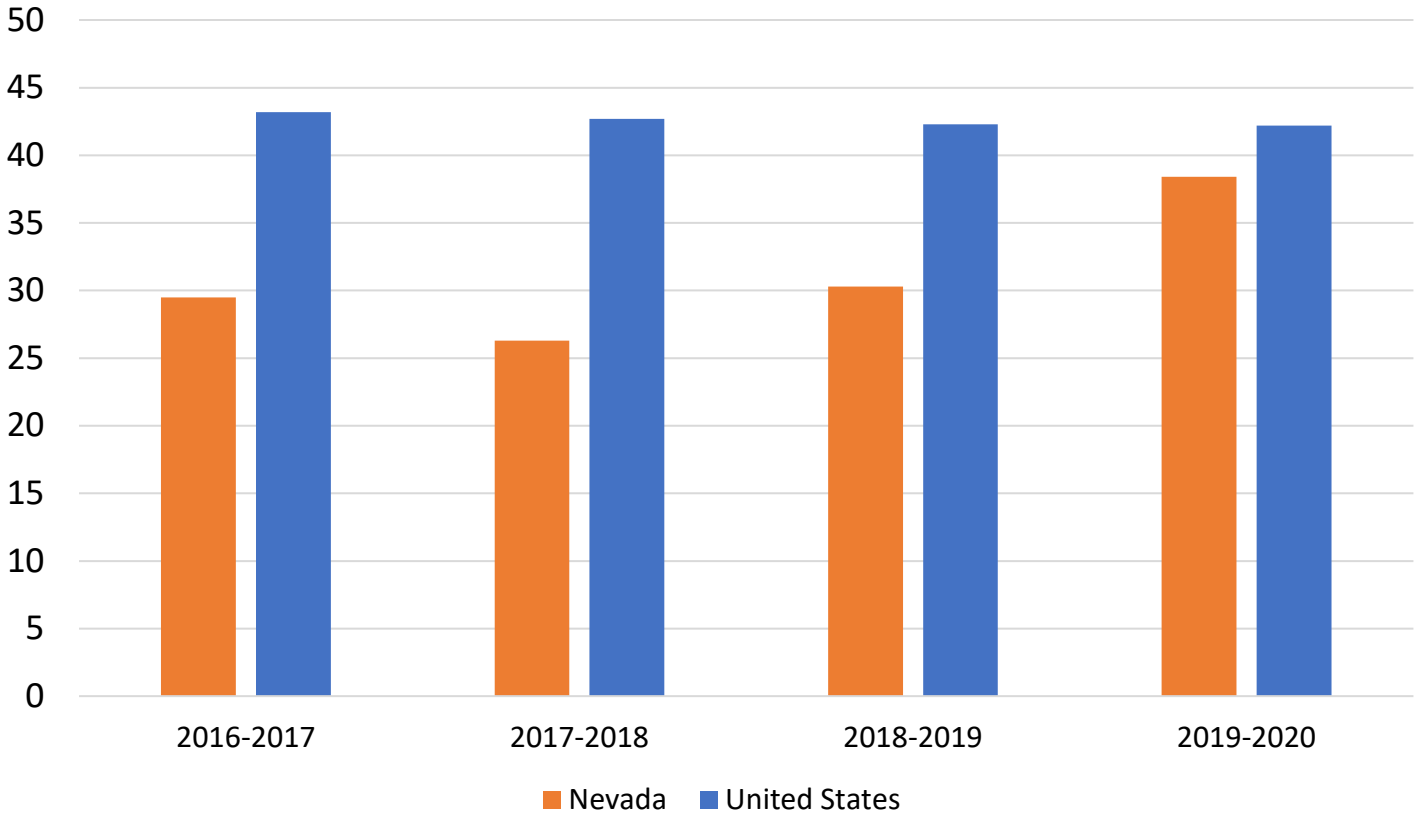
Data Source: Health care Cost & Utilization Project – State Inpatient Database (HCUP-SID)

Rate of Neonatal Abstinence Syndrome per 1,000 Birth Hospitalizations

	2008	2009	2010	2011	2012	2013	2014	2015 Q1-Q3	2016	2017	2018	2019
Nevada	1.6	1.9	2.9	3.5	5.0	5.3	5.6	7.7	8.6	7.6	7.6	5.8
United States	2.2	2.8	3.4	4.0	4.7	5.5	6.1	6.4	6.8	7.1	6.7	6.1
NV % Change 2016-2019	**-32.6%**											
NV Ranking	**22nd**											

Data Source: HCUP-SID

NPM 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home

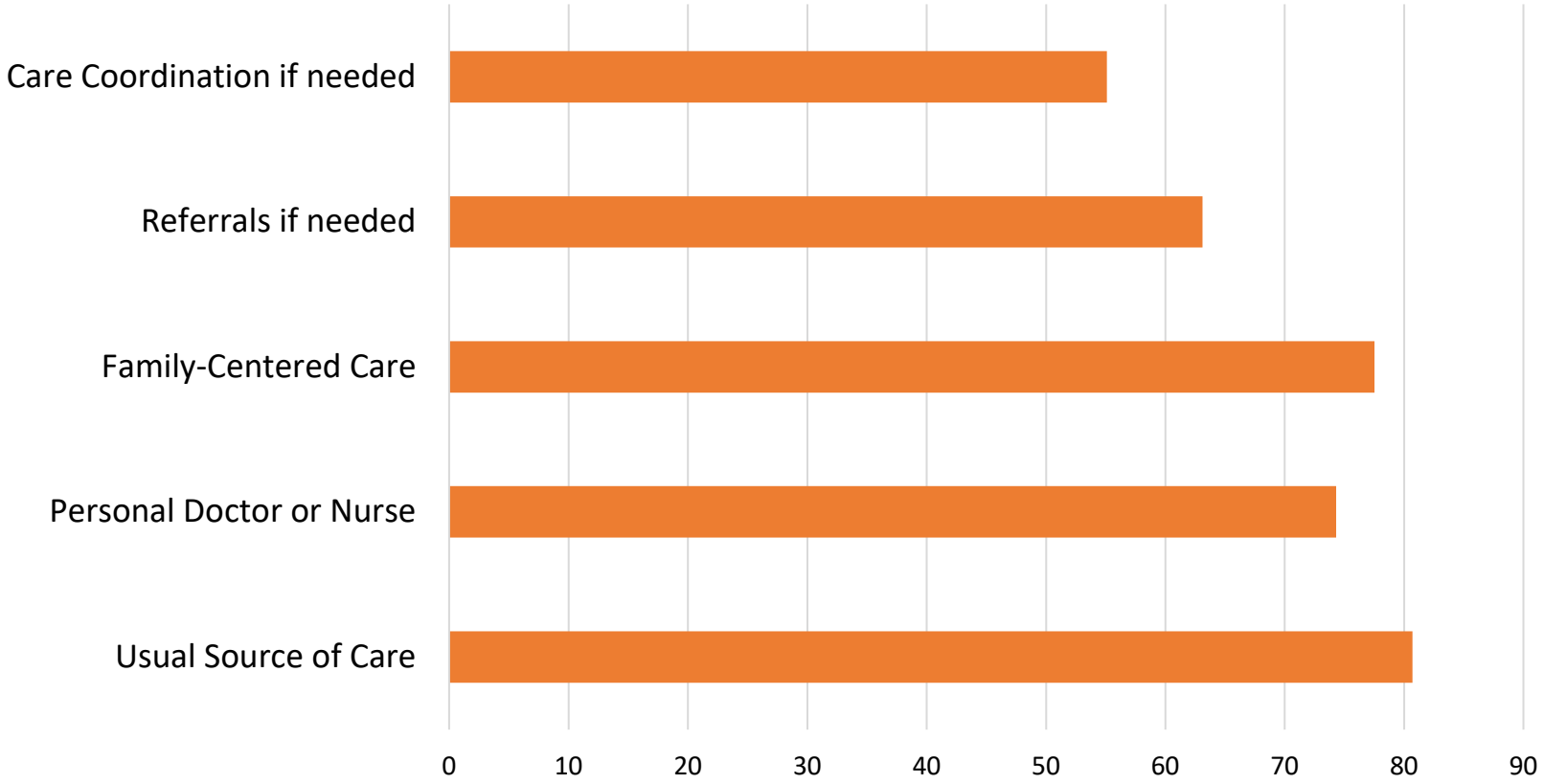


Data Source: National Survey of Children's Health (NSCH)

Percent of children with special health care needs, ages 0 through 17, who have a medical home				
	2016-2017	**2017-2018**	**2018-2019**	**2019-2020**
Nevada	29.5	26.3	30.3	38.4
United States	43.2	42.7	42.3	42.2
NV % Change 2016/2017 to 2019/2020	**30.2%**			
NV Ranking	**44th**			

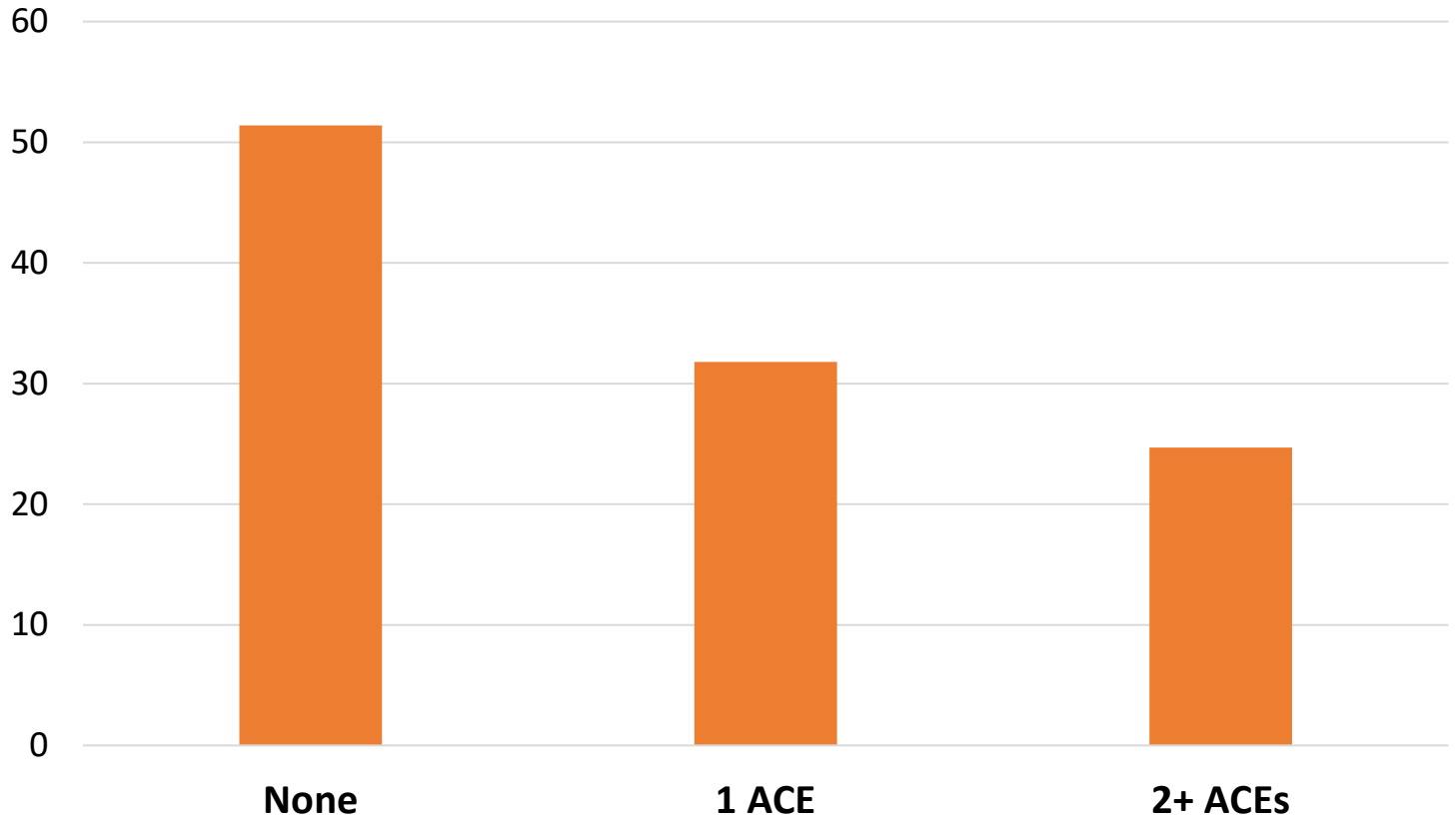
Data Source: National Survey of Children's Health (NSCH)

2019-2020 Medical Home for Children with Special Health Care Needs by Component of Care



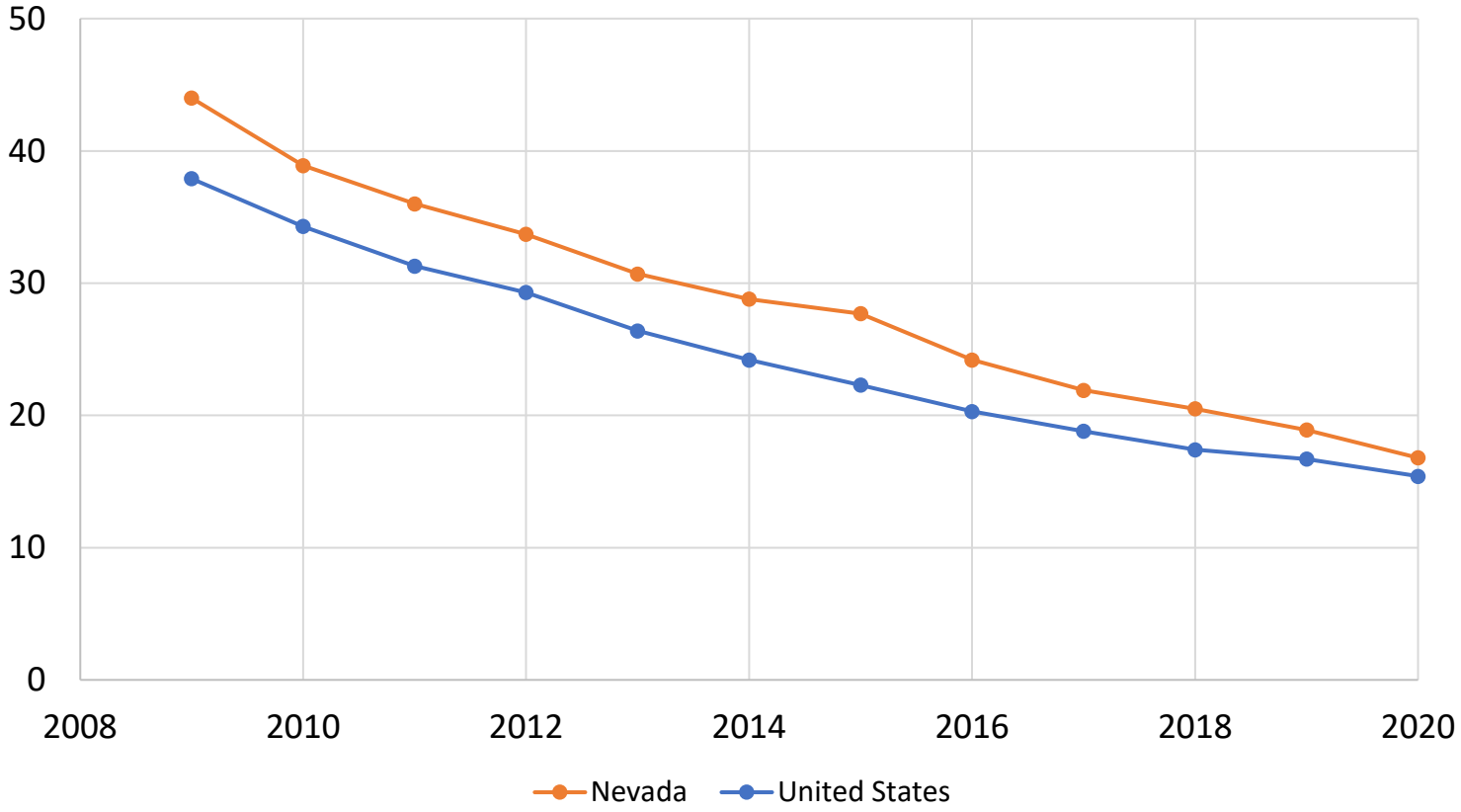
Data Source: National Survey of Children's Health (NSCH)

2019-2020 Percent of Children with Special Health Care Needs with a Medical Home by Adverse Childhood Experiences (ACEs)



Data Source: National Survey of Children's Health (NSCH)

NOM 23: Teen Birth Rate, Ages 15-19, Per 1,000 Females

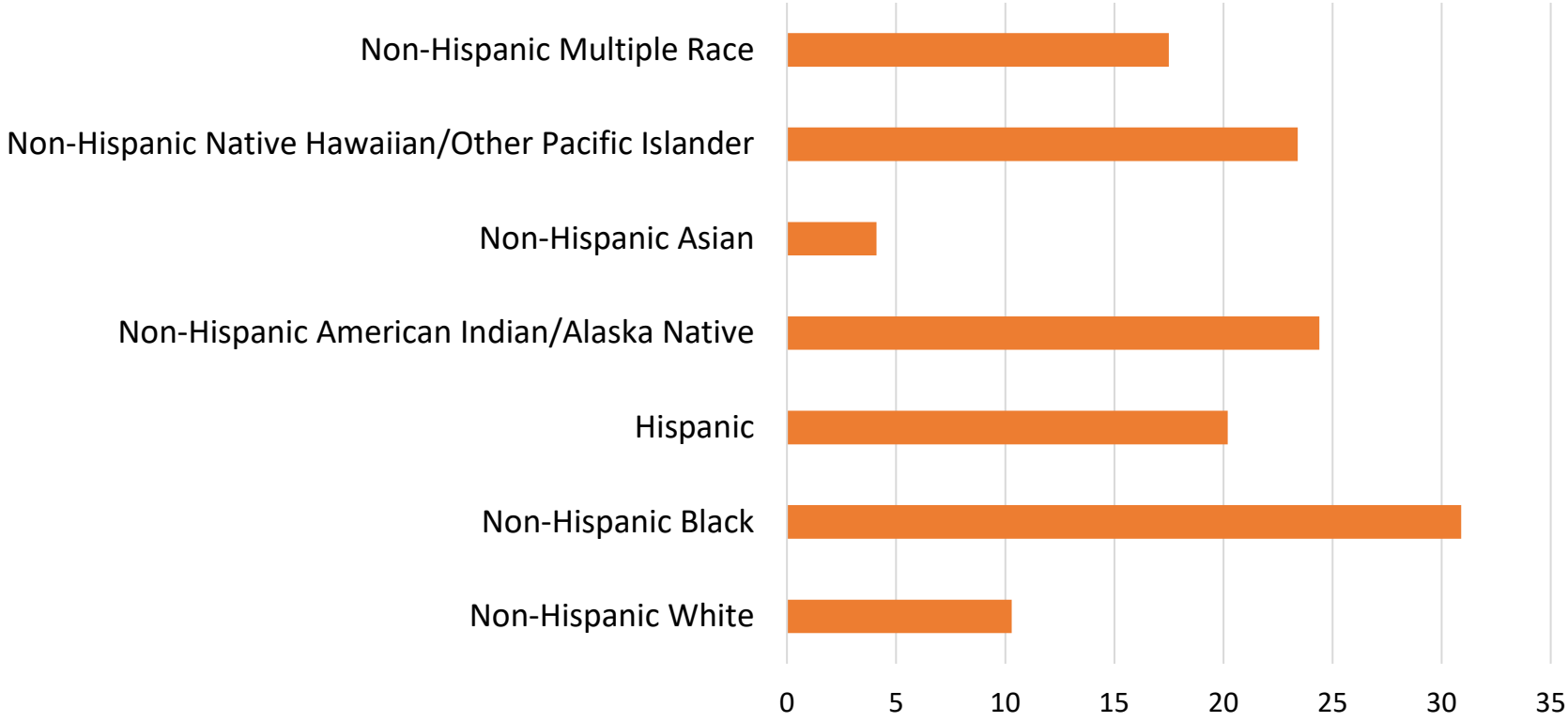


Data Source: National Vital Statistics System (NVSS)

Teen Birth Rate, Ages 15-19, Per 1,000 Females												
	2009	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Nevada	44	38.9	36	33.7	30.7	28.8	27.7	24.2	21.9	20.5	18.9	16.8
United States	37.9	34.3	31.3	29.3	26.4	24.2	22.3	20.3	18.8	17.4	16.7	15.4
NV % Change 2009-2020	**-61.8%**											
NV Ranking	**31st**											

Data Source: National Vital Statistics System (NVSS)

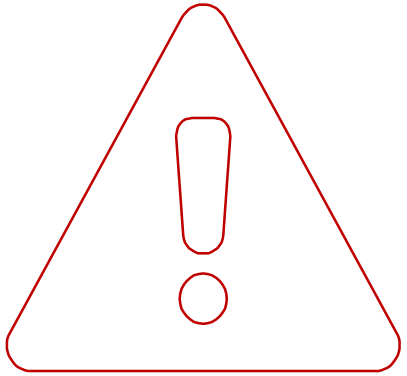
2020 Teen Birth Rate, Ages 15-19, Per 1,000 Females by Race and Ethnicity



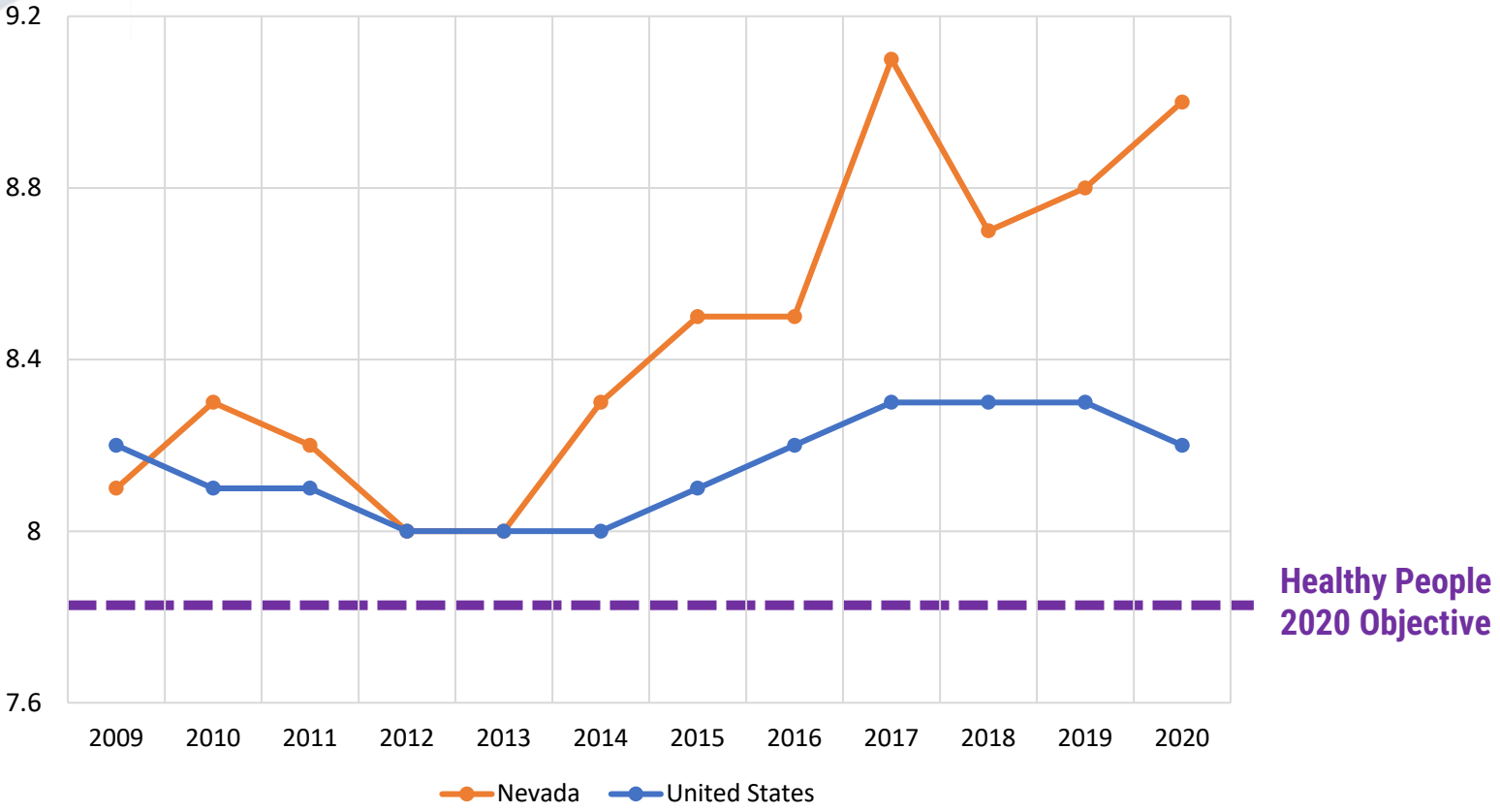
Data Source: National Vital Statistics System (NVSS)

MCH Outcome Measures Negative Trends

Negative trends are defined as a significant lack of improvement from the previous year, or a decrease in national ranking status. While Nevada might show slight improvements in measures, if national standing was lost, it was defined as a negative trend.



NOM 4: Percent Of Low Birth Weight Deliveries (<2,500 Grams)



Data Source: National Vital Statistics System (NVSS)

Percent Of Low Birth Weight Deliveries (<2,500 Grams)												
	2009	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Nevada	8.1	8.3	8.2	8	8	8.3	8.5	8.5	9.1	8.7	8.8	9.0
United States	8.2	8.1	8.1	8	8	8	8.1	8.2	8.3	8.3	8.3	8.2
HP 2020 Objective	**7.8**											
NV% Change 2009-2020	**+11.1%**											
NV Ranking	**40th**											

Data Source: National Vital Statistics System (NVSS)

Percent Of Low Birth Weight Deliveries (<2,500 Grams) By Race and Ethnicity

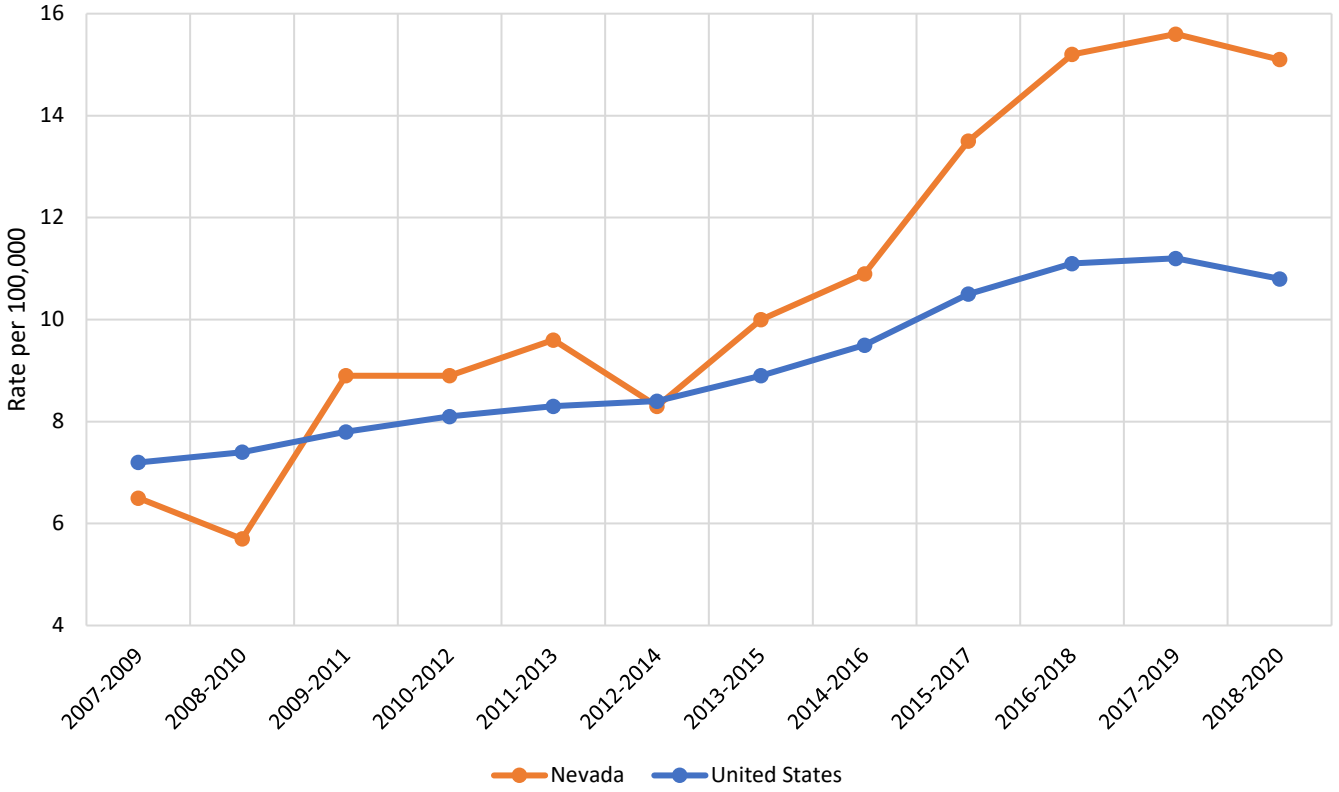
	White	Black	Asian	*AI/AN	*API	Multiple Race	Hispanic
2020	7.6	14.7	10.3	9.4	8.7	9.2	7.9
2019	7.6	14.0	10.8	6.1	8.9	9.1	7.7
2018	7.7	12.7	10.2	8.6	10	10.5	7.7
2017	7.9	15.6	9.8	7.9	7.1	10.7	7.9
Met 2020 HP Objective?	**Yes**	**No**	**No**	**Yes**	**No**	No	**No**

**AI/AN – American Indian/Alaska Native*

**API - Native Hawaiian/Other Pacific Islander*

Data Source: National Vital Statistics System (NVSS)

NOM 16.3: Adolescent Suicide Rate, Ages 15-19, Per 100,000

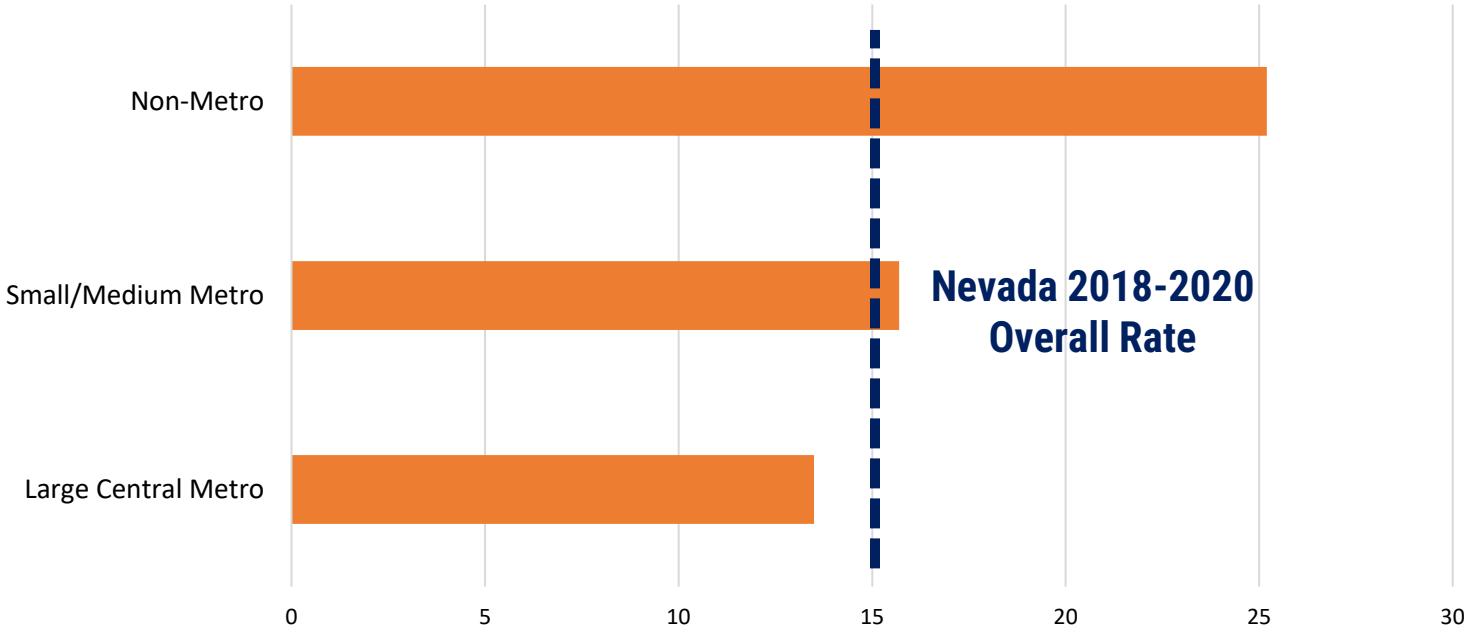


Data Source: National Vital Statistics System (NVSS)

Adolescent Suicide Rate, Ages 15-19, Per 100,000												
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Nevada	6.5	5.7	8.9	8.9	9.6	8.3	10	10.9	13.5	15.2	15.6	15.1
United States	7.2	7.4	7.8	8.1	8.3	8.4	8.9	9.5	10.5	11.1	11.2	10.8
NV % Change 2007/2009-2018/2020	**+132%**											
NV Ranking	**36th**											

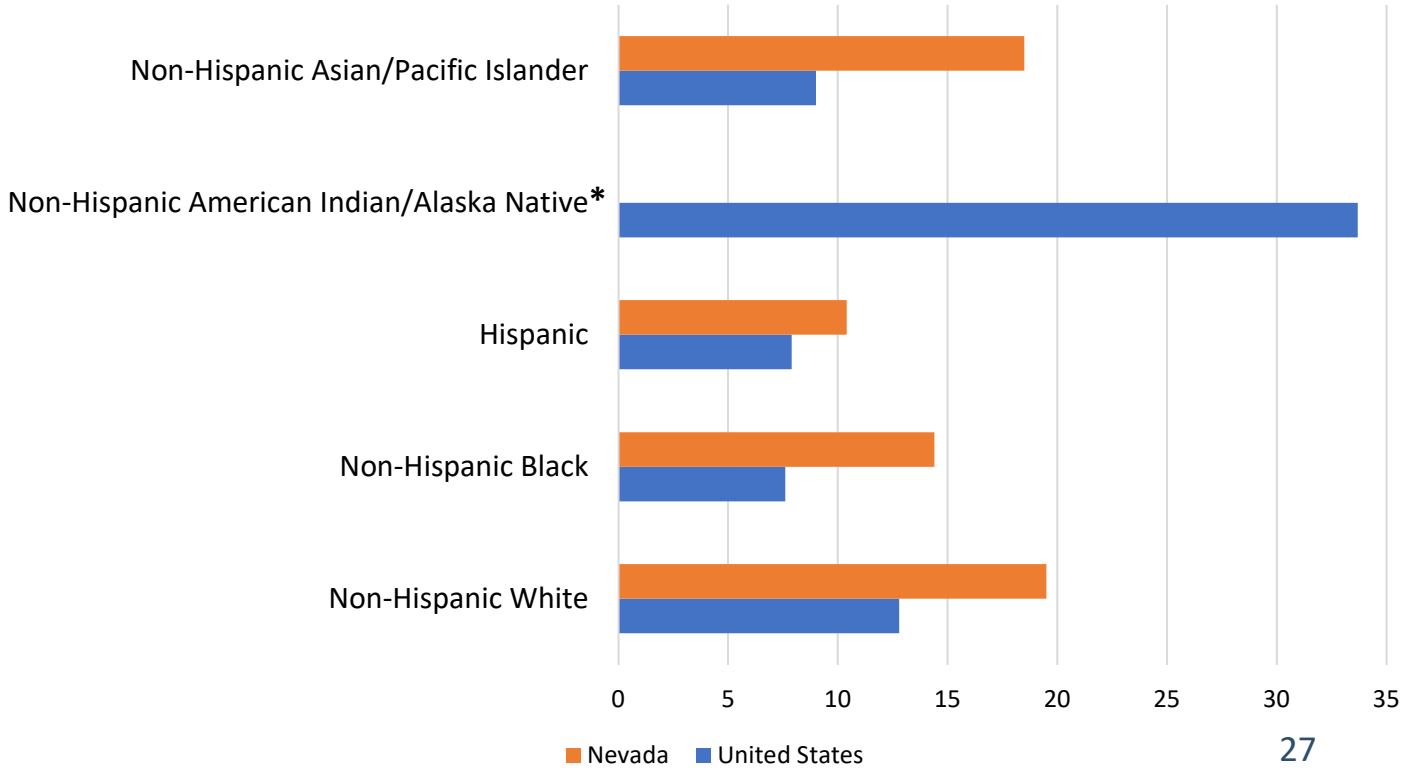
Data Source: National Vital Statistics System (NVSS)

2016-2020 Adolescent Suicide Rate, Ages 15-19, Per 100,000 By Urban/Rural Residence



Data Source: National Vital Statistics System (NVSS)

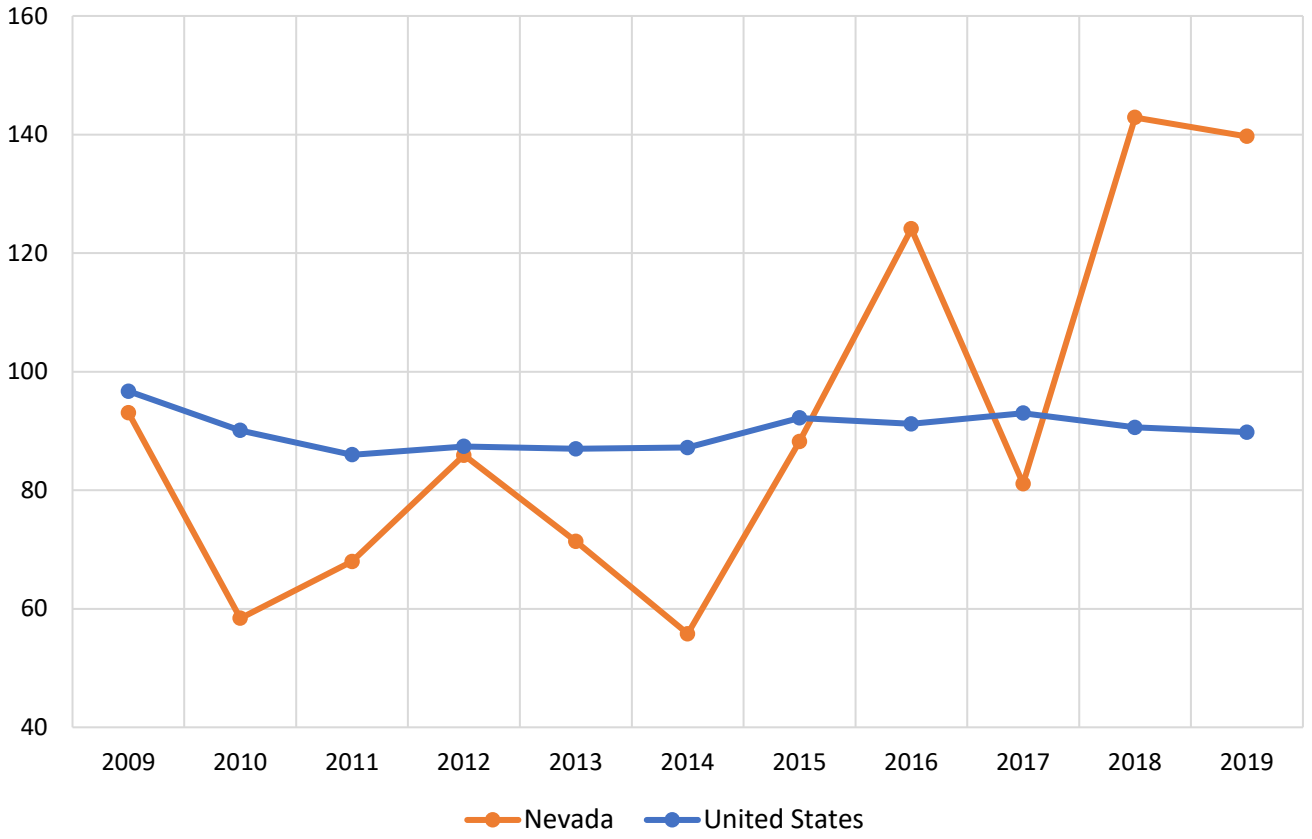
2016-2020 Adolescent Suicide Rate, Ages 15-19, Per 100,000 By Race and Ethnicity



Data Source: National Vital Statistics System (NVSS)

*Nevada data not available

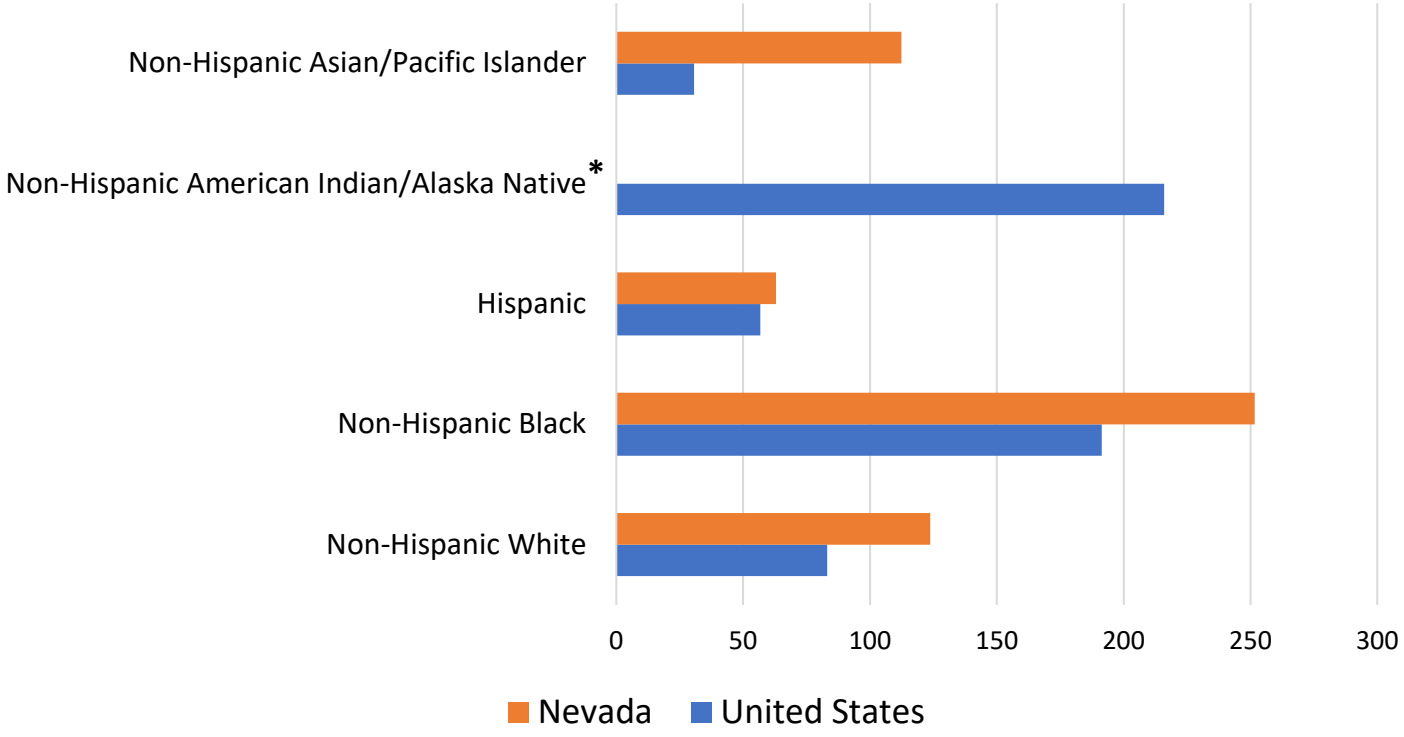
NOM 9.5: Sleep-Related Sudden Unexpected Infant Death (SUID) Rate per 100,000 Live Births



Sleep Related Sudden Unexpected Infant Death Rate (SUID) Rate per 100,000 Live Births											
	2009	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
Nevada	93.1	58.4	68.0	85.9	71.4	55.8	88.2	124.1	81.1	142.9	139.7
United States	96.7	90.1	86.0	87.4	87.0	87.2	92.2	91.2	93.0	90.6	89.8
NV% Change 2009-2019	**+50.1%**										
NV Ranking	40th										

Data Source: National Vital Statistics System (NVSS)

2016-2018 Sleep-Related Sudden Unexpected Infant Death (SUID) Rate per 100,000 Live Births by Race and Ethnicity



Data Source: National Vital Statistics System (NVSS)

*Nevada data not available due to suppression, as numerator <10

Questions?

Contact Information

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https://dpbh.nv.gov/Programs/TitleV/TitleV-Home/

Acronyms

- ACS- American Community Survey
- FAD- Federally Available Data
- HP 2020- Healthy People 2020
- MCH- Maternal and Child Health
- MCHB-Maternal Child Health Bureau
- NOM-National Outcome Measure
- NPM-National Performance Measure
- NVSS- National Vital Statistics System
- NSCH- National Survey of Children's Health
- HCUP-SID- Health care Cost & Utilization Project – State Inpatient Database