

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

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

MATERNAL AND CHILD HEALTH ADVISORY BOARD

DATE: May 3, 2024, 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:

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Meeting ID: 258 399 743 755

Passcode: ZW7LEi

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[+1 775-321-6111](tel:+17753216111), [1887690#](tel:+17753216111) United States, Reno

[Find a local number](#)

Phone conference ID: 188 769 0#

Members of the public wishing to provide public comment during the public comment periods set forth in the following agenda must raise their hand to signal that public comment would like to be made. If using the Microsoft Teams application, an individual may raise their hand by clicking the "Raise Your Hand" button (signified by a hand graphic) on the bottom tool bar of the application. (If utilizing the Teams application on a mobile phone, the "Raise Your Hand" function may be found by clicking the "..." button and selecting "Raise Hand.")

*Members of the public utilizing the call-in (audio only) number may raise their hand by pressing *5.*

Note: 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 – Melinda Hoskins, MS – Vice Chair

Members: Marsha Matsunaga Kirgan, MD; Melinda Hoskins, MS, Keith Brill, MD; Fatima Taylor, M.Ed., CPM; Katie Hackler, BSN, RN, RNC-OB; Lora Redmon, BSN, RN, RNC-OB, C-FMC; Roshanda Clemons, MD FAAP, Mario Gaspar de Alba, MD, Elika Nematian, MPH

Non-voting Legislative Members: Senator Rochelle Nguyen and Assemblywoman Tracy Brown-May

2. 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 MCHAB will place a five (5) minute time limit on the time individuals addressing the MCHAB. To provide public comment telephonically, dial 1-775-321-6111. When prompted to provide the meeting ID, enter 966 457 740. Members of the public utilizing the call-in (audio only) number may raise their hand by

pressing *5. Persons making comments will be asked to begin by stating their name for the record and to spell their last name.

3. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on February 2, 2023.

PUBLIC COMMENT

4. FOR POSSIBLE ACTION: Recommendation of new appointees and/or to renew expiring terms on June 30, 2024, for MCHAB members. Recommendations will be submitted to the Administrator for consideration for submission to the Nevada State Board of Health for consideration, pursuant to Nevada Revised Statutes (NRS) 442.133(2)a – Tami Conn, MPH, DPBH Deputy Bureau Chief, Child, Family and Community Wellness (CFCW)

PUBLIC COMMENT

5. FOR POSSIBLE ACTION: Election of Chair for the MCHAB. Elected nominee will be submitted to the Administrator for consideration for submission to the Nevada State Board of Health for consideration, pursuant to Nevada Revised Statutes (NRS) 442.133(2)a – Tami Conn, MPH, DPBH Deputy Bureau Chief, CFCW

PUBLIC COMMENT

6. INFORMATIONAL: Presentation on Fetal Alcohol Spectrum Disorder (FASD), Mario Gaspar de Alba, MD

PUBLIC COMMENT

7. INFORMATIONAL: Presentation on Maternal and Child Health (MCH) Reports and MCH Updates – Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH

PUBLIC COMMENT

8. FOR POSSIBLE ACTION: Updates and possible recommendations regarding the Alliance for Innovation on Maternal Health and the Maternal Mortality Review Committee– Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH

PUBLIC COMMENT

9. FOR POSSIBLE ACTION: Make recommendations for future agenda items – Melinda Hoskins, MS – Vice Chair

PUBLIC COMMENT

10. 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 MCHAB will place a five (5) minute time limit on the time individuals addressing the MCHAB.

11. Adjournment

Approved Future Dates:

August 2, 2024 – 9am

November 1, 2024 -9am

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/2023/2023_Maternal_Child_Health_Advisory_Board_Meeting_information/

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 Tierra Sears in writing by email (tsears@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) 687-7576 before the meeting date. Anyone who would like to be on the MCHAB 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 Tierra Sears, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 687-7576 or by email at tsears@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health Website at https://dpbh.nv.gov/Boards/MCAB/Maternal_and_Child_Health_Advisory_Board_home/ and on the Department of Administration's website at <https://notice.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 MCHAB 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 MCHAB at the below address thirty (30) calendar days prior to the meeting to ensure that adequate consideration is given to the material.

MCHAB, DPBH, Attn: Tierra Sears
4150 Technology Way, Suite 210
Carson City, Nevada, 89703

Attachment for Agenda Item #3

MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
February 2, 2024
9:00 AM

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on February 2, 2024, beginning at 9:00 A.M. at the following locations:

On Microsoft Teams

ID: 275 128 913 599 Passcode: uNGhJ8

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MWFKOWIxMzMtMzAyYy00MDU1LTk2N2UtODA4NjRiNDcyOWUw%40tHread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%229b476170-b5e1-4835-891e-09045be3df7d%22%7d

BOARD MEMBERS PRESENT

Melinda Hoskins, MS, APRN, CNM, BCLC

Keith Brill, MD

Marsha Matsunaga-Kirgan, MD

Lora Redmon, BSN, RNC-OB, C-FMC

Roshanda Clemons, MD FAAP

Mario Gaspar De Alba, MD

Elika Nematian, MPH

BOARD MEMBERS NOT PRESENT

Katie Hackler, BSN, RN, RNC-OB, CGN

Fred Schultz

Noah Kohn, MD

Senator Marilyn Dondero Loop

Assemblywoman Claire Thomas

Fatima Taylor, M.Ed., CPM

OTHERS PRESENT

Ghasi Phillips-Bell, ScD, MS, MCH Epidemiology Assignee to Nevada

Kagan Griffin, MPH, RD, Office of State Epidemiology, Operations Manager

Linda Anderson, Nevada Public Health Foundation

Dawn Yohey, CPP3, Department of Health and Human Services (DHHS), Director's Office (DO)

Maricruz Schaefer, Senior Public Health Nurse, Northern Nevada Public Health

Rachel Mack, Associate Director EMPOWERED Program

Andria Peterson, Executive Director of the Roseman University EMPOWERED Program

Tracey Carver, Sr. Director, Community Health, Comagine Health

Debra DeCius, Management Analyst II, DHHS, DO

Jeanne Freeman, Interim Clinic Services Manager for Carson City Health, and Human Services

Kelly Verling, Public Health Nurse Supervisor, Northern Nevada Public Health
Amy Lucas, Health Program Specialist II, DHHS Office of Analytics
Michelle Berry, Center for the Application of Substance Abuse Technologies
(CASAT), University of Nevada, Reno
Joan Waldo, Program Officer, DHHS, DO
Nicole Taylor, Improvement Advisor, Comagine Health
Natie Bladis, Biostatistician III, Office of Analytics, DHHS
Janice Enriquez, DNP, APRN, CNM. Assistant Professor School of Nursing, University
of Las Vegas
Ally Schenck, Evaluation Associate, Comagine Health
Joseph Filippi, Management Analyst, DO, DHHS
Farzad Kamyar, Psychiatrist, Roseman University EMPOWERED Program
Marricella Adams, LCSW, Roseman University EMPOWERED Program
Bard Coats, MD, Population Health, Comagine Health
Veronica Galas, Carson City Health and Human Services

1. Call to Order- Roll Call and Introductions- Melina Hoskins, MS, APRN, CNM – Vice Chair

Vice Chair Melinda Hoskins called the February 2, 2024, meeting to order at 9:05 A.M.

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

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

2. 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 MCHAB will place a five (5) minute time limit on the time individuals addressing the MCHAB. To provide public comment telephonically, dial 1-775-321-6111. When prompted to provide the meeting ID, enter 754 414 639#. Members of the public utilizing the call-in (audio only) number may raise their hand by pressing *5. Person making comments will be asked to begin by stating their name for the record and to spell their last name.

Vice Chair Melinda Hoskins read the above statement. No public comment.

3. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on May 5, 2023

MELINDA HOSKINS ENTERTAINED A MOTION TO APPROVE THE MAY 5, 2023, MEETING MINUTES. DR. KEITH BRILL MOTIONED TO APPROVE THE MINUTES. MELINDA HOSKINS SECONDED.

Vice Chair Hoskins asked for public comment.

No public comment.

VOTE WAS TAKEN ON THE MOTION, WHICH PASSED UNANIMOUSLY.

4. FOR POSSIBLE ACTION: Overview of Congenital Syphilis in Nevada: Data, Public Health, and Clinical Perspectives, with possible recommendations regarding congenital syphilis prevention - Amy Lucas MS, Office of Analytics, Department of Health and Human Services; Ghasi Philips-Bell, ScD, MS, Nevada Maternal and Child Health (MCH) Epidemiologist; Roshanda Clemons, MD, FAAP, Medical Director, Division of Health Care Financing and Policy; Division of Public and Behavioral Health (DPBH); Kagan Griffin MPH, Office of State Epidemiology; and Vickie Ives, MA, Child, Family, and Community Wellness (CFCW) Bureau Chief, DPBH

Vickie Ives introduced this series of presentations on an urgent issue around congenital syphilis (CS) rates in Nevada, stating the goal today is to present information on data, public health activities, best practices, and clinical perspectives in order to give you well-rounded sense of the issue, with the goal of getting recommendations for actions of the MCHAB. The MCAHB can make recommendations to the Administrator of DPBH for action to prevent the 100% preventable, very urgent issue. Ms. Ives stated it should be a never event and that each congenital syphilis case is a failure of the public health system. She states the goal is for the subject matter experts on the MCHAB, after hearing these presentations, to make recommendations for prevention. Ms. Ives stated that each number represented here today means a family is dealing with lifelong impacts to their health and their child's health. She said, as we look at the data, as we look at the clinical and public health information, I just ask that you be thinking about recommendations. She states, we will also be, as the year progresses, looking for that type of active participation and your expertise in developing recommendations not only around congenital syphilis but core issues in Nevada like preterm birth, low birth weight, large uptake, and utilization.

Amy Lucas, from the Department of Health and Human Services, gave a presentation on Congenital Syphilis in Nevada, 2022. She stated that the Office of Analytics made a congenital syphilis critical report, looking at different variables and touchpoints the mother had in her life. This presentation is an overview of this report. In the 2022 annual year there were 65 total births in which babies were born with Syphilis and only 64 could be linked to a birth or death certificate. This report is on the 64 cases, of which five (5) resulted in death (8% of total cases). Ms. Lucas displayed and talked through the congenital syphilis data by mother's race/ethnicity, age, resident county, prenatal care attainment, adequacy of prenatal care, self-reported drug use during pregnancy, birth outcomes, child welfare involvement, Women, Infants and Children (WIC) Program, Medicaid enrollment/utilization, supportive service usage, and syphilis screening and treatment. Ms. Lucas's summarized her finding as, most congenital syphilis cases (83%), the mother was not diagnosed early enough to adequately treat. Among these cases, only 26% had adequate prenatal care indicated on the birth record. This suggests a gap in appropriate screening and diagnosis even among women who are receiving adequate prenatal care. Ms. Lucas informed the board that she is available

for questions any time through email at alucas@dhhs.nv.gov and shared that there are publicly available data dashboards and reports at https://dhhs.nv.gov/Programs/Office_of_Analytics/DHHS_Office_of_Analytics/.

Tami Conn introduced the next presentation under the same agenda item, Dr. Ghasi Phillips-Bell.

Dr. Ghasi Phillips-Bell presented on Congenital Syphilis, Nevada 2022: Recommendations and Action plan. Dr. Phillips-Bell gave an introduction on her presentation and noted general interventions, programs or activities can be organized using a systems approach. One approach is the socioecological model (SEM). She explained the Health Impact Pyramid, different types of public health interventions and how it provides a framework to improve health. Dr. Phillips-Bell reviewed the sources of recommendations for congenital syphilis then proceeded to review all strategies for congenital syphilis reduction: strategy 1: support the enforcement of universal syphilis screening during pregnancy, strategy 2: educate and incentivize providers to comply with screening requirements and treatment recommendations, strategy 3: improve medical outreach capabilities, and strategy 4: work with emergency rooms and urgent cares to or clinics to develop standing orders for pregnant persons, optimize Medicaid eligibility, services, and alternative provider types. Dr. Phillips-Bell summarized future steps: solicit recommendations from the MCHAB, obtain feedback and support from key partners on the strategic plan, finalize the strategic plan, create a timeline, and develop specific, measurable, achievable, relevant, and time-bound (SMART) objectives to assess the impact of the activities. Dr. Phillips-Bell listed her contact information if anyone has further questions.

Tami Conn introduced the next presentation under the same agenda item is Dr. Roshanda Clemons.

Dr. Roshanda Clemons gives a presentation on Congenital Syphilis, a sentinel event. Dr. Clemons presents an overview of syphilis, congenital syphilis, neurosyphilis, and ocular syphilis symptoms, risk factors, stages, clinical presentation, effects on pregnancy, diagnosis/screening, complications, treatment and management. Dr. Clemons' reviewed national and local surveillance data, challenges in syphilis control, and solution strategies. These solutions consist of a conglomerate group: healthcare partners, patients and conduits (public health/data collectors). Dr. Clemons' listed her contact information if anyone has further questions.

Tami Conn introduced the next presentation under the same agenda item is Kagan Griffin presenting for Elizabeth Kessler.

Kagan Griffin, Operations Manager for the Office of State Epidemiology, presented on congenital syphilis activities on behalf of Elizabeth Kessler. Ms. Griffin presented an overview of the Office of State Epidemiology's Disease Investigation Specialist (DIS) activities, congenital syphilis review boards (CSRB) make up and activities, and the congenital syphilis Community Action Team (CAT) progress and activities. Ms. Griffin summarizes the six (6) themes of the CSRB and CAT: access to healthcare, receipt of

care, provider knowledge, individual knowledge, social factors, substance use and mental health, and other factors, including unplanned pregnancy, contraceptive use and involvement in sex work. Ms. Griffin asked for any questions about her presentation or any questions for any of the presentations under agenda item four (4).

Vice Chair Hoskins asked for any member questions on agenda item four (4).

Dr. Marsha Matsunaga-Kirgan asked for the six identify themes to be stated again from Ms. Griffin's presentation as the packet received prior did not list those identifiers.

Ms. Griffin apologized as they were missing from the slides and stated they are: access to healthcare, receipt of care, provider knowledge, individual knowledge, social factors, substance use and mental health, other factors, including unplanned pregnancy, contraceptive use and involvement in sex work.

Dr. Gaspar De Alba noted the last presentation talks about education in more areas than just doctors offices. He asked if anyone has ever reached out to the Nevada Minority Health and Equity Coalition (NMHEC) to help with education?

Ms. Griffin stated that she couldn't speak for everyone in the Office of Epidemiology but that is a great suggestion and that she would bring it up to the State Medical Epidemiologist.

Dr. Gaspar De Alba indicated that the partners there could be helpful on the educational side of this topic.

Ms. Ives stated we do work closely with NMHEC around a number of different maternal child health (MCH) topics and that has come up in some context but more formal asks for distribution of education materials and information sharing can be done.

Dr. Gaspar de Alba also mentioned instead of penalties to a doctor's office for not screening, instead tying a reimbursement for an office visit to documented screening.

Ms. Ives asked if Dr. Clemons would be able to speak on behalf of the topic for Medicaid.

Dr. Clemons informed Dr. Gaspar de Alba that there has been a discussion about a bonus incentive payment that has been presented to Centers for Medicare and Medicaid Services (CMS) and if approved it would go into effect in 2025.

Dr. Gaspar De Alba clarified that his question was if the reimbursement could be tied to completing the proper screenings and treatment, and if the correct screenings and treatment were not completed then that appointment would not have grounds to be covered by insurance.

Dr. Clemons wishes the board has some authority and could provide some guidance on how to enforce the screening requirements outlined in Nevada Revised Statutes.

Dr. Matsunaga-Kirgan mentioned that one barrier in Nevada is cost and how do we direct patients to where they could get screening done for free.

Ms. Ives mentioned the Account for Family Planning through the MCAH Section, funded by State General Funds is available to anyone who cannot otherwise obtain family planning services. The local partners that receive this funding can test and treat for syphilis. We can share the link to these [partners](#).

Ms. Ives stated this is a possible action item so if there are any recommendations from the board, we can capture those and share those with leadership. Ms. Ives also indicated that this is also a Medicaid reimbursement level testing and treatment and would be considered a covered service for Medicaid clients that Account for Family Planning would be for people who are under or uninsured and not for those on Medicaid.

Ms. Griffin stated that the Office of State Epidemiology Sexually Transmitted Disease (STD) prevention and Control program does provide funding that allows some community partners to claim 340B and provided more information to the MCHAB committee through the Teams chat stating it is also listed on their website.

Vice Chair Hoskins asked for any further questions.

Jollina Walker asked about Dr. Phillips-Bell's presentation regarding the at home testing kits and the alternate providers giving them out. She wanted to clarify if those are currently being distributed in Nevada or an idea for the future?

Dr. Phillips-Bell stated she didn't have the answer at this time but someone from Program might have an answer.

Ms. Ives stated that it is something the state moved into implementation and that is something that we are looking at feasibility to replicate in Nevada as was highlighted in the presentation. Different efforts in Louisiana were really tied to available funding. They found really good results with some programs, but it was tied to time limited funding that that that was not retained beyond that and some of those were not able to be sustained. They really leveraged the home visiting model, Nurse family Partnership in implementing that and we do have that home visiting model in Clark County.

Ms. Ives mentioned that because item number four (4) is an action item and not informational, if any board members request recommendations on the topic to go to leadership, a motion is required.

Vice Chair Hoskin's asked Ms. Ives for clarification if the recommendation would be sent to the director, or would they be suggested action by the various agencies?

Ms. Ives clarified that it would be at the board's discretion but if you give MCAH the verbiage we will make sure letters get to the DPBH Administrator.

Vice Chair Hoskins stated that maybe that could be a topic for a future meeting to discuss the political cycle for Nevada and when should the Board make these recommendations.

Dr. Matsunaga-Kirgan stated that a barrier is access to free testing. She believes if the state was to offer free testing for pregnant people for syphilis and human immunodeficiency virus (HIV) and advertise the program to the public.

Vice Chair Hoskin's asked Dr. Matsunaga-Kirgan if she wanted to make a motion or a recommendation to the Administrator.

Dr. Matsunaga-Kirgan indicated she is not entirely sure how to word it, but she thinks if the State can figure out a way to provide free testing for some critically important tests such as syphilis and HIV and make the public more aware that it is available, there could be significantly increase in screenings that are being done.

Dr. Gaspar De Alba asked who in state would we make that recommendation too?

Ms. Ives clarified that would be addressed to Cody Pinney. However, Ms. Conn and I could capture your feedback, place it in a letter and get it to the Administrator.

DR. MARIO GASPER DE ALBA ENTERTAINED A MOTION TO RECOMMEND THE DIVISION OF PUBLIC AND BEHAVIORIAL HEALTH TO EXPAND TESTING OPTIONS FOR INDIVIDUALS AT RISK, ESPECIALLY AT LOW OR NO COST AND EDUCATE THE PUBLIC ON THEIR AVAILABILITY AND THAT WE WORK WITH THE NEVADA MINORITY HEALTH EQUITY COALITION ABOUT USING COMMUNITY PARTNERS TO DEVELOP EDUCATION STRATEGIES. DR. MATSUNAGA-KIRGAN SECONDED THE MOTION.

Vice Chair Hoskins asked for public comment.

No public comment.

VOTE WAS TAKEN ON THE MOTION, WHICH PASSED UNANIMOUSLY.

DR. MARIO GASPER DE ALBA ENTERTAINED A MOTION TO INCENTIVIZE PROVIDERS TO PROVIDE REQUIRED SCREENINGS AND TO TIE REIMBURSEMENTS TO THE COMPLETION OF THOSE SCREENS. DR. MARSHA MATSUNAGA-KIRGAN SECONDED THE MOTION.

Vice Chair Hoskins asked for public comment.

No public comment.

VOTE WAS TAKEN ON THE MOTION, DR. BRILL VOTED NO, ALL OTHER MEMBERS

VOTED YES, MOTION PASSED.

5. INFORMATIONAL: Presentation on An Introduction to the EMPOWERED Program – Andria Peterson, PharmD

Dr. Peterson gave a presentation on an introduction to the EMPOWERED Program. Dr. Peterson stated the EMPOWERED Program is thankful for their community partners and Southern Nevada Health District. With Dr. Peterson is Rachel Mack, Dr. Farzad Kamyar, and Marricella Adams. Dr. Peterson talks about pregnancy and how it is a time for change, the problem (drug-induced deaths) the associated effect (neonatal abstinence syndrome), maternal mortality due to drug use, Nevada trends in women of childbearing age, neonatal abstinence syndrome (NAS), neonatal opioid withdrawal syndrome, and symptoms of NAS.

Rachel Mack continues the presentation and spoke about the solution that the EMPOWERED Program implements, EMPOWERED accomplishments for 2023, community mapping, expansion of EMPOWERED, and shared a success story video from an EMPOWERED client.

Dr. Peterson ended the presentation with their motto that EMPOWERED supports them on their path to recovery through stabilization to resiliency. Dr. Peterson asked if there were any questions, shared their website link, and solicited any feedback

Vice Chair Hoskins called for public comment.

No Public Comment.

6. INFORMATIONAL: Presentation on Southern Nevada Pathways Community HUB, Comagine Health – Tracy Carver, MPA, Jerry Reeves, MD, Nicole Taylor, MPH

Tracy Carver presented on the Comagine Health Southern Nevada Pathways Community Hub. Ms. Carver introduced the Nationally Certified Pathways Community HUB (PCH). The HUB started in 2021 and is an evidence-based care coordination model to improve health outcomes. Ms. Carver's presentation details how community health workers are part of the HUB, impact of the HUB, overview of the Southern Nevada Pathways Hub Silver Summit Pregnancy Pilot, complementary pathways, who they are serving, Health Resources and Services Administration (HRSA) Integrated Maternal Health Services (IMHS) Cooperative Agreement, IMHS partnerships, and next steps for expansion.

Vice Chair Hoskins called for public comment.

No Public Comment

7. FOR POSSIBLE ACTION: Presentation and possible recommendations regarding highlights of the Title V MCH Block Grant Application and Report on Federally Available Data (FAD) – Ghasi Philips-Bell, ScD, MS, Nevada Maternal and Child Health (MCH) Epidemiologist and Tami Conn, MPH, Deputy Bureau Chief, CFCW,

DPBH

Tami Conn and Dr. Philips-Bell presented on the Title V MCH Block Grant: State Updates. Ms. Conn presented a program overview of Title V, the most recent Title V priority areas, and program highlights and program successes. Dr. Philips-Bell presented a data overview of Title V federally available data, and reviewed Nevada's positive and negative outcome trends. All data presented can be found on the Title V MCH [dashboard](#) online. Ms. Conn and Dr. Philips-Bell left their contact information for further questions.

Vice Chair Hoskins asked if the board has any items for action or questions.

No questions or action items.

Vice Chair Hoskins called for public comment.

No Public Comment.

8. INFORMATIONAL: Presentation on MCH Reports and MCH Updates – Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH

Vickie Ives spoke on behalf of this agenda item. Ms. Ives stated if everyone can look at this portion of your packet that has programmatic updates from the team. In the interests of time, if there are any that folks have questions about the updates we are happy to address them but if there are no questions we can move onto the next item if that serves the chair.

Vice Chair Hoskins called for public comment.

No Public Comment

9. FOR POSSIBLE ACTION: Updates and possible recommendations regarding the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) – Tami Conn, MPH, Deputy Bureau Chief, BCFCW, DPBH

Ms. Conn gave a brief update stating there are no major updates on the MMRC and AIM Programs. The MMRC has a report due on April 1, 2024 and the data dashboard that Office of Analytics manages serves as this report update. The MMRC continues to meet and review cases. Ms. Conn introduced Max Moskowitz as a new staff member for the AIM Program. Mr. Moskowitz is working to help hospitals clean their data reporting over the last year and prepare to move each hospital when they are ready to the hemorrhage bundle which most are already working to implement.

Vice Chair Hoskins called for public comment.

No Public Comment

10. FOR POSSIBLE ACTION: Update on election, discussion, nomination, and possible

election of MCHAB Chair, pursuant to [Nevada Revised Statutes 442.135](#) – Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH

Ms. Conn reminded the board that Chair Gabor left last fall and we are now recruiting a new chair. Ms. Conn went over the bylaws stating a chair member can nominate themselves or another person, and ballots shall be written to vote on the nominee and NRS is just states that the board elects a chair. This can be done verbally, by writing in the team's chat, written after the fact, or by a formal ballot.

Ms. Conn stated that there are three new members and before nominating anyone she would like the new members to introduce themselves prior to any votes.

Elika Nematian stated they work for the University of Nevada Reno Extension and our extensions, part of the land grant university, I oversee all of the public health and nutrition education programs in Clark County.

Dr. Gaspar de Alba stated he is a developmental behavioral pediatrician at the current School of Medicine and a medical director at the Ackerman Autism Center.

Dr. Clemens stated she is the Medicaid Medical Director. Dr. Clemon's notes, even though I am in the Division of Medicaid, part of my duties also entail just providing medical expert clinical leadership and council to the various divisions under the Department of Health and Human Services and I am a board certified pediatrician as well.

Vice Chair Hoskins welcomed the new members.

Ms. Conn again stated this agenda item is for possible action. Options for nominating someone could be done now, it could be sent in after the meeting, or could be done at the next MCHAB meeting.

Vice Chair Hoskins asked what was preferred.

Dr. Gasper De Alba indicated he would rather take the second option. To send them in after the meeting.

Ms. Conn clarified that Ms. Hoskins would need to request the board to send their nomination to Ms. Conn and Ms. Ives and it can be for themselves or for another member and it would then be prepared for the next meeting for a vote.

DR. MARIO GASPER DE ALBA ENTERTAINED A MOTION FOR THE MEMBERS TO SUBMIT A NOMINATION TO MS. CONN AND MS. IVES FOR VOTE AT THE NEXT MEETING. ELIKA NEMATIAN SECONDED THE MOTION.

Vice Chair Hoskins asked for public comment.

No public comment.

VOTE WAS TAKEN ON THE MOTION, WHICH PASSED UNANIMOUSLY.

No Public Comment

- 11. FOR POSSIBLE ACTION:** Make recommendations for future agenda items and approve dates for future MCHAB meeting dates – Melinda Hoskins, MS, APRN, CNM – Vice Chair

May 3, 2024 – 9am

August 2, 2024 – 9am

November 1, 2024 -9am

DR. MARIO GASPAR DE ALBA ENTERTAINED A MOTION TO APPROVE THE FUTURE MEETING DATES. ELIKA NEMATIAN SECONDED THE MOTION.

Vice Chair Hoskins asked for public comment.

No public comment.

VOTE WAS TAKEN ON THE MOTION, WHICH PASSED UNANIMOUSLY.

Vice Chair asked if there are any recommendations for future agenda items. Ms. Conn stated the agenda items will be needed 30 days prior to the next meeting and that Dr. Gaspar de Alba will be presenting at the next meeting.

Vice Chair called for public comment.

No Public Comment

- 12. 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 MCHAB will place a five (5) minute time limit on the time individuals addressing the MCHAB.

No Public Comment

- 13. Adjournment**

Meeting adjourned at 12:11 P.M.

Attachment for Agenda Item #6

KIRK KERKORIAN
SCHOOL OF MEDICINE

UNLV

FETAL ALCOHOL SPECTRUM DISORDER

Mario J Gaspar de Alba, M.D.

Associate Professor of Pediatrics in Developmental-Behavioral Pediatrics

Medical Director Grant-a-Gift Autism Foundation Ackerman Center

CDC FASD DEFINITION

FASDs are a group of conditions that may occur in a person whose mother drank alcohol at any point during pregnancy.

These effects can include:

- physical problems
- problems with cognition, behavior, and learning
- Most often, a person with an FASD has a mix of these problems

THE SPECTRUM

FASDs include the Institute of Medicine of the National Academies (IOM) diagnostic categories:

- Fetal Alcohol Syndrome (FAS)
- Partial FAS (pFAS)
- Alcohol-Related Neurodevelopmental Disorder (ARND)
- Alcohol-Related Birth Defects (ARBD)

Hoyme, et al., (2016). Updated clinical guidelines for diagnosing fetal alcohol spectrum disorder. *Pediatrics*: 138, 1-18.

FAST FACTS

- Estimated prevalence of 1-5%
- Alcohol use reported during pregnancy was 5.1 per 1000 live births in 2021*
 - 168 infants born to mothers who ADMITTED alcohol use during pregnancy
- Estimated alcohol use among women 18-44 years in Nevada is 48.3% (2019)⁺
- 45% of pregnancies in the USA are unintended (Brooking Institute 2019)
- Analysis of 2015–2017 CDC Behavioral Risk Factor Surveillance System data:
 - 11.5% of pregnant women reported current drinking
 - 3.9% pregnant women reported binge drinking during the past 30 days (MMWR 4/19)

⁺MMWR Morb Mortal Wkly Rep. 2019 Apr 26; 68(16): 365–368.

*2022 NV Epidemiologic Profile

THE COST

- \$5.4 billion – Annual direct and indirect costs of Fetal Alcohol Syndrome (FAS) in the United States; health care, criminal justice, education
- \$860,000 to \$4.2 million - Average lifetime health cost of individual with full-blown FAS
- \$23,000 - Total costs per year for child with FASD (in 2017 dollars)
 - \$24,000 annual for adults with FASD

Robert J. Sokol. A Current Evaluation of the Economic Costs for Fetal Alcohol Spectrum Disorder (FASD). *Journal of Addiction Medicine*, 2018; 12 (6): 426

EPIDEMIOLOGY

- The percentage of infants prenatally exposed to alcohol who are born with FASD is unknown.
- Exposed children with FASD present with a spectrum of severity
 - Timing of exposure
 - Amount (binge worse than chronic)
 - Severity relative to dose and timing is **not** linear
 - Polydrug use (CDC 40%)
 - Genetics of alcohol metabolism (better metabolism of OH *may* decrease risk)
- FASD is underdiagnosed
 - Alcohol use not reported
 - Dysmorphic features less noticeable in newborns
 - CNS deficits and behavioral issues less obvious before preschool age

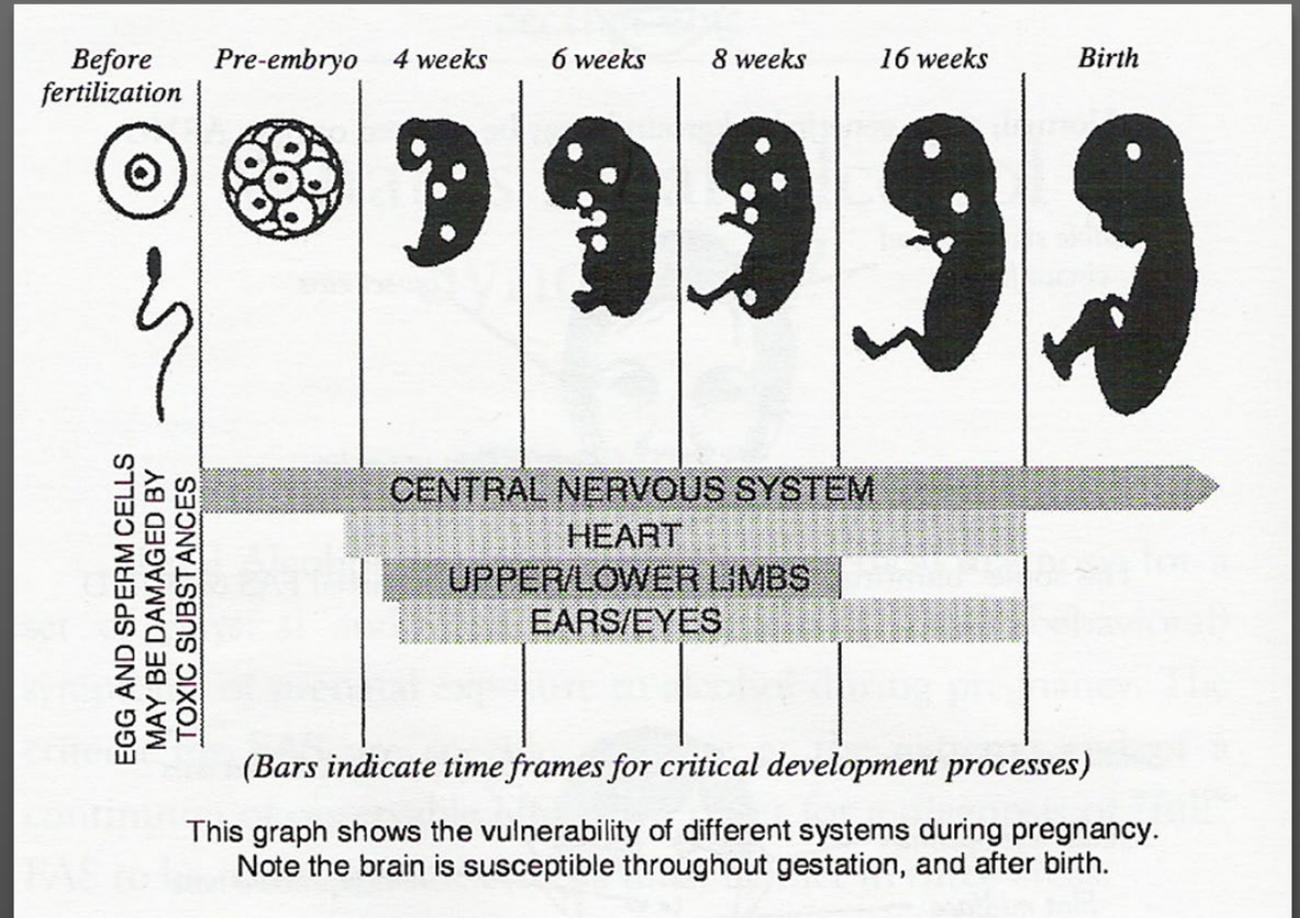
RISK

Host	Agent Exposure	Environment
<ul style="list-style-type: none">• Mother's age \geq 25• Gravidity \geq 3• Parity \geq 3• Higher rates of stillbirth and miscarriage• Infrequent practice of religion/spirituality• Low maternal education• Smokes cigarettes• Depression/psychological distress• Short stature• Low weight• Low BMI• Nutritional deficiency• Particular alcohol dehydrogenase polymorphisms	<ul style="list-style-type: none">• High BAC from large quantities of EtOH• Binge drinking (3+ per occasion)• Length of drinking career• Frequent smoker (lower birth weight)• Beer is beverage of choice of a majority of FASD mothers in most populations• Drinking outside of meals• Polysubstance abuse in urban studies• Change in gastric ADH activity• Change in nutritional status during pregnancy	<ul style="list-style-type: none">• Low SES• Not married, but living with partner• Culture accepting of heavy drinking• Family of origin of heavy drinkers• Partner is a heavy & frequent drinker• Alcohol-centered recreation popular• Social isolation from mainstream economy & society• Little or no knowledge or awareness of FASD

Alcohol Res Health. 2011; 34(1): 15–26.

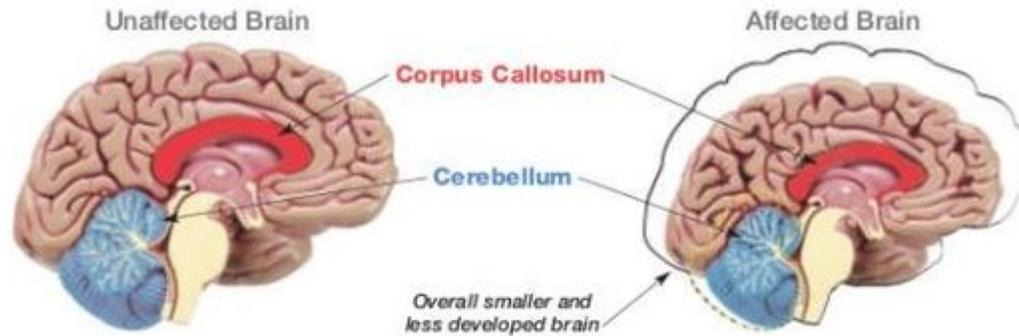
TIMING

- PAE during the 1st trimester generally results in damage to physical structure.
- The brain (CNS) develops throughout the entire pregnancy, and is affected by alcohol exposure throughout the pregnancy
- PAE during the third trimester typically affects growth/size of the fetus.



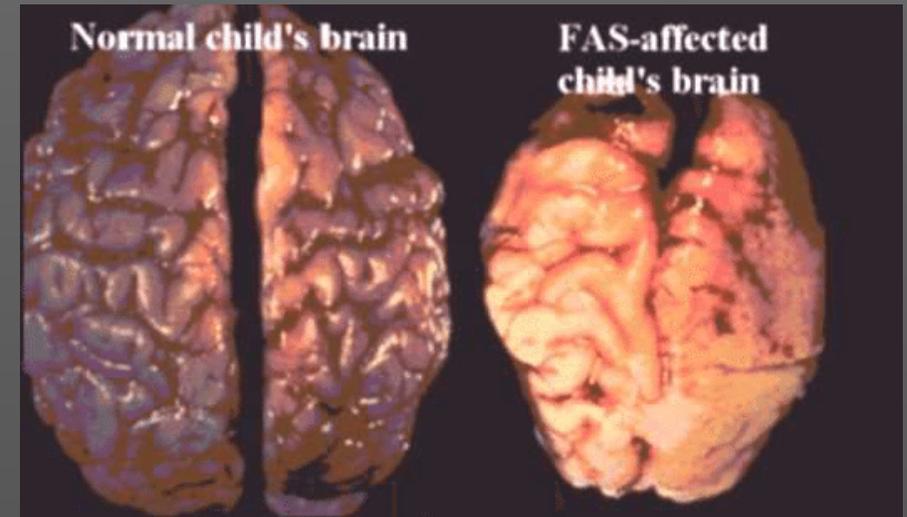
BRAIN EFFECTS

Brain Structures Most Sensitive to Prenatal Alcohol Exposure



Brain Structure	Function	Prenatal alcohol exposure may result in problems with:
Corpus Callosum	Communicates motor, sensory and cognitive information between the two hemispheres of the brain	Storing and retrieving information, problem solving, attention and verbal memory
Cerebellum	Processes input from other areas of the brain to coordinate motor and cognitive skills	Controlling movements, maintaining balance and fine motor skills

National Organization on Fetal Alcohol Syndrome (NOFAS)
1.800.66NOFAS or visit www.nofas.org

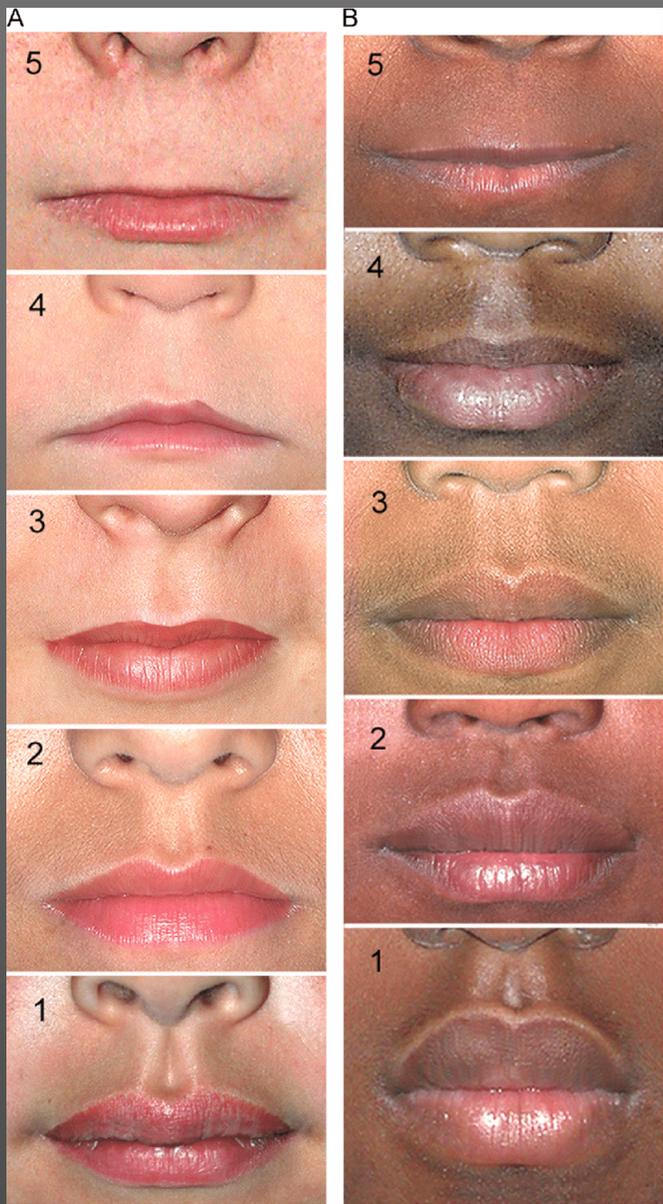


DIAGNOSTIC CRITERIA (IOM)

- A. Characteristic pattern of minor facial anomalies
 - A. Thin vermillion border of upper lip (score 4 or 5 on the lip/philtrum guide)
 - B. Smooth philtrum (score 4 or 5 on the lip/philtrum guide)
 - C. Short palpebral fissures ($\leq 10^{\text{th}}$ %ile)

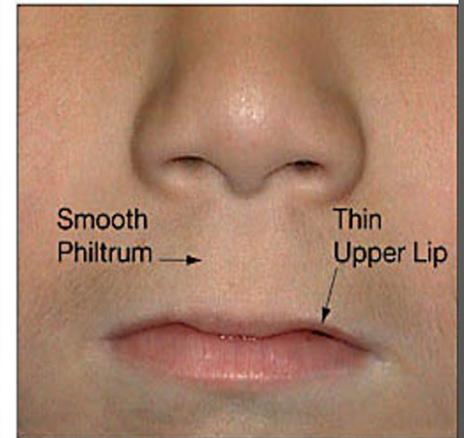
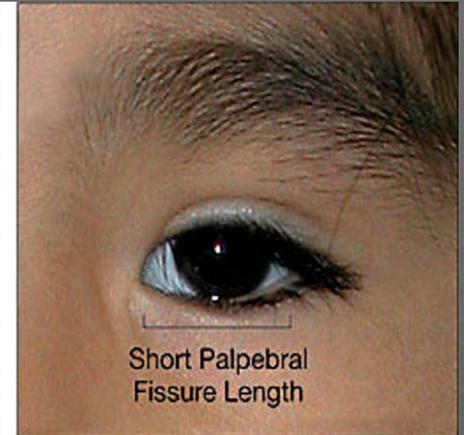
- B. Prenatal and/or postnatal growth deficiency
 - A. Birth weight and/or current weight $\leq 10^{\text{th}}$ %ile
 - B. Birth length and/or current length $\leq 10^{\text{th}}$ %ile

- C. Evidence of CNS involvement; ≥ 1 of the following:
 - A. Birth head circumference and/or current HC $\leq 10^{\text{th}}$ %ile
 - B. Structural brain anomalies – MC are congenital hydrocephalus and malformations of the corpus callosum
 - C. History of non-febrile seizures



Lip-Philtrum Guide 1

Lip-Philtrum Guide 2



DIAGNOSTIC CRITERIA

D. Neurobehavioral Impairment

- Children < 3 years of age: Evidence of developmental delay
 - Developmental skill > 1.5 SD below mean (-1.5SD = SS77, 7th%ile)
- Children \geq 3: cognitive and/or behavioral impairment (either of the below)
 - Cognitive Impairment: Evidence of global impairment (general ability > 1.5 SD below mean) OR cognitive deficit (> 1.5 SD) in at least one neurobehavioral domain; executive functioning, specific learning disorder, memory impairment, or visual-spatial impairment.
 - Behavioral Impairment: Evidence of behavioral deficit in at least 1 domain > 1.5 SD below mean in self-regulation (mood or behavioral regulation impairment, attention deficit, or impulse control)

DIAGNOSTIC CRITERIA

E. Confirmation of PAE; One or more of the following conditions:

- ≥ 6 drinks/week for ≥ 2 occasions during pregnancy
- ≥ 3 drinks per occasion on ≥ 2 occasions during pregnancy
- Documentation of alcohol-related social or legal problems in proximity to the pregnancy
- Documentation of intoxication during pregnancy by blood, breath, or urine content testing
- Positive testing with established alcohol-exposure biomarker(s) during pregnancy or at birth (specific fatty acids)
- Increased prenatal risk associated with drinking during pregnancy as assessed by validated screening tool (T-ACE, etc...)

DIAGNOSTIC CRITERIA

- FAS – A, B, C, and D
- FAS partial – A and D and B *or* C **OR** A, D, and E
- ARND – D and E
 - Cannot be diagnosed < 3 years of age

A- dysmorphic features
B- growth deficits
C- CNS abnormality
D- cognitive/behavioral
E- exposure

IMPAIRMENTS IN FASD

Neurobehavioral

- Learning and Memory
- Attention
- Executive Functions
- Self-Regulation
- Language Deficits
- Adaptive Functioning
- Sensory Processing
- Social Skills

Cognitive

- means falling in the borderline to mild ID range
- Avg IQs 65-75
- Hippocampus affected causing problems with learning new information and memory

Attention, Executive Functions, and Processing Speed

- Prevalence of ADHD in FASD up to 75%
- Poor planning, shifting, fluency, and concept formation
- Impaired/slower processing speed

ADAPTIVE FUNCTIONING

- Deficits in :
 - Social Skills
 - Communication Skills
 - Personal Living Skills
 - Community Living Skills
 - Adaptive Motor Skills
- Adaptive scores lower than expected for given cognitive scores...and those are already lower than average

BEHAVIORAL PHENOTYPE

- Babies :
 - irritable, cry often, nervous, or sensitive to sound and light, difficulty feeding
- Children:
 - behavioral problems, such as oppositional defiant disorder and aggressive or defiant behaviors, ADHD, naïve lying and stealing
- Adolescents:
 - anger control problems or violence, mental illness, such as depression or psychosis, drug and alcohol problems,
- Poor judgment and the inability to connect an action with its consequences
- Poor Self-Regulation - difficulty with self-soothing, sleep, temper outbursts, difficulty with mood and behavioral regulation

CRITICAL

- When developing treatment strategies remember:
 - FASD is brain damage, it isn't going to be "fixed"
 - General functioning/judgment of an individual with FASD is half their chronologic age, though they often attempt to act older than their age

PREVENTION

- The goal of a comprehensive prevention program is to provide overlapping levels of reinforcement (education and persuasion), incentives and interventions to prevent FAS from preconception to after delivery.
- Alcohol screening and brief intervention (SBI)
 - Alcohol SBI can occur as part of a patient's wellness and OB visits
 - A validated set of screening questions to identify a patient's drinking patterns, which takes only a few minutes. (T-ACE)
 - A short conversation with patients who are drinking too much, and referral to specialized treatment as appropriate.

PREVENTION

- Studies indicate that a supportive counselling and/or case management program can result in **60-80%** of pregnant women reducing their alcohol intake before the third trimester and **35-50%** stopping "heavy" drinking.
- In several clinical trials, intervention as a part of prenatal care has been successful in reducing alcohol consumption. Approximately **50%** of heavy drinkers were able to reduce their drinking to the moderate or rare category and these women had infants with higher birth weights and fewer characteristics of FAS.

PROTECTIVE FACTORS

- Two important Protective Factors have been shown to improve outcomes for children with FASDs:
 - *Early Identification and Diagnosis*
 - *Growing up in a Stable and Nurturing Home Environment*

TREATMENT

- Family support and education
- Academic supports
- Community supports/Mentorship – social skills, vocational skills, ADLs
- Behavioral Programs
 - PACT, FMF, Good Buddies
 - ABA
- Mental Health supports – PSR/BST, specialized counseling
- Pharmacotherapy



FETAL ALCOHOL SPECTRUM DISORDERS: WHAT DO OUR KIDS NEED?

Early Diagnosis

- Early Intervention Services
- Recognition that FASD is often “invisible” and not “just bad behavior”

Stable Homes of Good Quality

- Support and Training for Caregivers, On-Going support for these children and their families
- DO NOT REMOVE SUPPORTS WHEN CHILDREN/TEENS ARE DOING WELL

When with Biological Parents

- Parents need Substance Abuse Treatment, Ongoing Education and Training, Supports for their children and themselves

Ongoing Education, Screening and Surveillance for Drug/Alcohol Use by the child/teen

- Children, Teens and Young Adults at higher risk and higher rates for alcohol and other substance use disorders and addiction
- Recommended Approach: Again, No Safe Amount for youth prenatally exposed to alcohol or drugs to safely use alcohol/drugs in childhood, adolescence and young adulthood

ALCOHOL & PREGNANCY DON'T MIX

Healthy mothers and babies need everyone's support.



THANK YOU

FASD is 100% PREVENTABLE
PREGNANT?
DON'T DRINK



NO SAFE **TIME**
NO SAFE **KIND**
NO SAFE **AMOUNT**
OF ALCOHOL DURING PREGNANCY

www.SAFASD.ca

RESOURCES

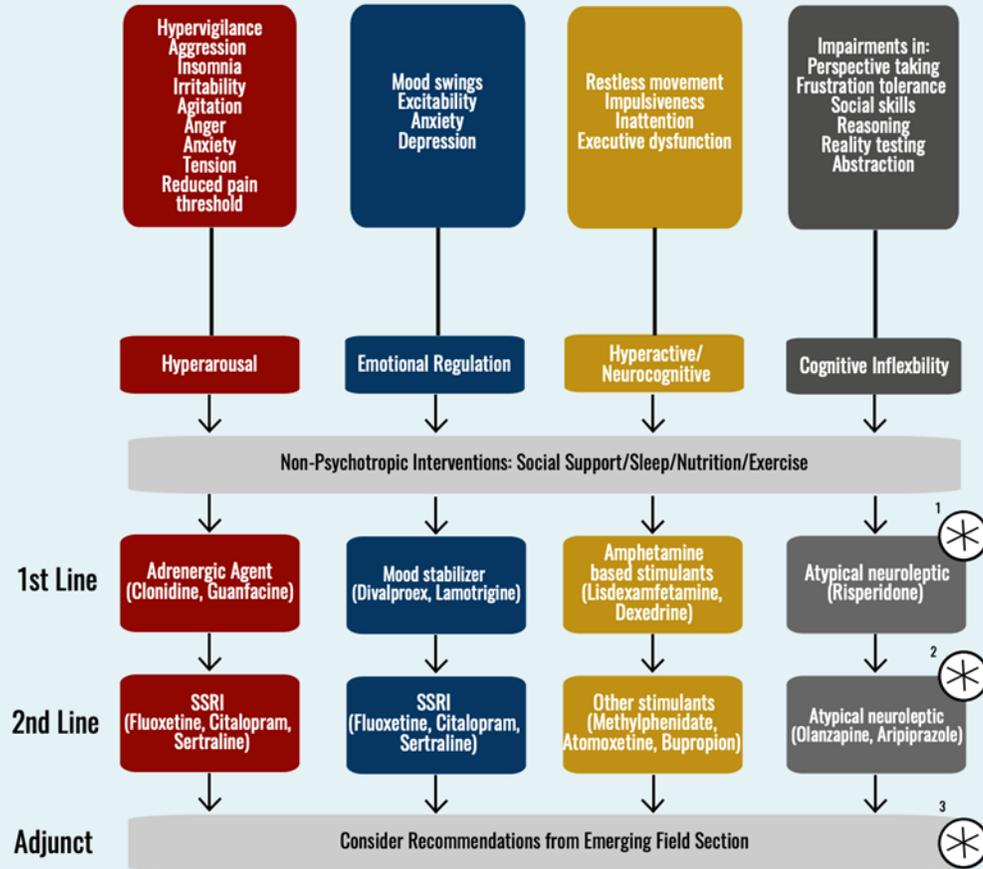
- NoFAS: National Organization on Fetal Alcohol Syndrome – (800) 66-NOFAS; www.nofas.org
- American Academy of Pediatrics – FASD Toolkit: www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/fetal-alcohol-spectrum-disorders-toolkit/Pages/default.aspx
- CDC: www.cdc.gov/ncbddd/fasd/index.html
- IHS: www.ihs.gov/telebehavioral/icp/icpfaqs/
- The Arc: www.thearc.org/what-we-do/resources/fact-sheets/fetal-alcohol-spectrum-disorder

Psychotropic Medication Algorithm for FASD/ND-PAE

Dr. Mansfield Mela et al., 2018 (all rights reserved)
Do not reproduce without permission

<https://research-groups.usask.ca/psycholegal-fasd/psychotropic-medication-algorithm-for-fasd.php>

Clusters of Signs & Symptoms



* Important Notes:

1 - This group of medications should not be used with preschool children and should only be used with children in consultation with child psychiatry.

2 - The studies showing evidence for Citalopram came before the new warnings of QTc problems. The experts recommend that Escitalopram be considered favorably ahead of Citalopram.

3 - The Adjunct section is only for adults and should not be used with children.

PHARMACOTHERAPY TREATMENT CLUSTERS

- Hyperarousal
- Emotional Regulation
- Hyperactive/Neurocognitive
- Cognitive Inflexibility

PRESENTATION AND MANAGEMENT INFANT/TODDLER

Presentation	Management
Sleep disturbances	Early identification and referral for EI, especially Occupational Therapy
Feeding difficulties	
Decreased visual focus	
Hyper-arousal/Irritability	Support for caregivers is essential
Problems with coordination and balance	

PRESENTATION AND MANAGEMENT SCHOOL AGE

Presentation	Management
Neurocognitive - lower intellectual quotient , learning disabilities, especially marked deficits in mathematics	special education; FASD specific strategies: Hands-on, Routines, Memory aids, Written schedules Communication with caregivers/ SWs/supervisors Repeat, repeat, repeat speech/language, occupational, & physical therapies
Self-Regulation - Withdrawal if overwhelmed with new learning demands; Disruptive behaviors in school setting	Individual therapy - behavioral (ABA) and cognitive
Adaptive/Social - deficits in social cognition and pragmatics, deficits in social perception, inappropriate social initiation/social interaction, inappropriate sexual behaviors, impaired gestural communication	Adaptive skills training
	Parent/caregiver support
	Medication – Child psychiatry

PRESENTATION AND MANAGEMENT

ADOLESCENCE

Presentation	Management
<p>Behavioral:</p> <ul style="list-style-type: none"> Problems with planning, organization, & time-management Problems with focusing Problems with temper, mood, & impulsive behaviors Poor judgment, problems understanding future consequences and cause and effect Acts like younger child - Vulnerability to peer pressure & high suggestibility/ victimization 	<ul style="list-style-type: none"> Screen for and treat co-occurring disorders Holistic approach - consider all aspects of life Safe, structured environments – home/community Include family and caregivers – support system Include client in building a treatment plan Consider needs for transition to adulthood: Family planning, vocational training, guardianship to support financial & medical decisions
<p>Learning:</p> <ul style="list-style-type: none"> Reading comprehension Math achievement Language problems Faulty logic Problems with abstract thinking 	<ul style="list-style-type: none"> Structure Supervision Simplicity Steps

PRESENTATION AND MANAGEMENT ADULTS

Presentation	Management
Difficulty holding a job/living independently	Vocational Rehabilitation Programs
Poor social skills/lack of reciprocal relationships Inappropriate sexual behavior	Establish routines and written guidelines Need to teach social rules and boundaries
Drug/alcohol abuse	Individual counseling and Support groups
Perseverates, Rigid Thinking/Behavior	Individual counseling
Dependent living	Supportive living, group home
Trouble with the law/incarceration	All of the above
Mental health problems	Individual counseling and regular screening in primary care

Attachment for Agenda Item #7

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

May 3, 2024

Updates are for January 1, 2024, through March 31, 2024

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 Maternal, Child and Adolescent Health 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

Dignity Healthy/ Maternal and Child Health (MCH) Coalition

- The Nevada Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, [Medical Home Portal](#), Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, [Sober Moms Healthy Babies](#), [Nevada Breastfeeds](#), and the Nevada Tobacco Quitline (NTQ).
 - New Mama Care Kits (count of 273 were distributed to post-partum individuals by the Southern MCH Coalition. The Northern MCH Coalition is in the process of expanding New Mama Care Kits distribution to the North and rural areas.
 - During this Quarter, Dignity Health received funding for our statewide Safe Sleep program with Cribs for Kids. During this time 155 parents/caregivers received safe sleep training and 46 safe sleep kits were distributed.
- The following meetings were held:
 - Northern MCH Coalition Meetings:
 - January 11, 2024
 - February 8, 2024
 - March 14, 2024
 - Southern MCH Coalition Meetings
 - February 13, 2024
 - March 12, 2024
 - Steering Committee Meetings:
 - February 12, 2024
- Social Media Posts
 - Facebook and Instagram followings:
 - Facebook likes increased from 601 to 614 with an increase of 13 over three months.
 - Instagram followings increased from 1,034 to 1,055 followings, an increase of 21 followings over three months.

- Instagram posts increased from 825 to 889 posts, an increase of 64 posts over three months.

The Regional Emergency Medical Services Authority (REMSA)

- REMSA is no longer working with the Title V MCH Program. An RFA was posted for the funds and Dignity Health was awarded additional funding to conduct our Cribs for Kids, Safe Sleep Program.

Northern Nevada Public Health (NNPH)

- Title V MCH Block Grant currently funds all NNPH Fetal Infant Mortality Review (FIMR) efforts. NNPH continues to review records for FIMR.
 - Two Case Review Team (CRT) meetings were held, with ten cases presented and discussed.
 - 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.

Other MIP Efforts

Substance Use During Pregnancy

- All subgrantees continue to promote the [Sober Moms Healthy Babies](#) 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

- [Nevada Breastfeeds](#) continues to be maintained, and the Breastfeeding Welcome Here Campaign continues to be promoted. Collaboration continues with WIC to enhance the [Nevada Breastfeeds](#) website to include early childcare providers that are breastfeeding friendly.

Tobacco Cessation

- As appropriate subgrantees continue to promote the NTQ.

Media Campaigns and Outreach Efforts

Safe Sleep

- A two-month TV and Radio Campaign aired 415 total TV spots and 4,784 radio spots aired.
 - TV
 - North: 232 English, 40 Spanish
 - South: 73 English, 70 Spanish

- Radio
 - North: 1,357 English, 643 Spanish
 - South: 2, 594 English, 190 Spanish

Sober Moms Healthy Babies Website

- A two-month TV and Radio Campaign aired 741 total TV spots and 4,318 radio spots aired.
 - TV
 - North: 233 English, 40 Spanish
 - South: 67 English, 129 Spanish
 - Radio
 - North: 1,0191 English, 459 Spanish
 - South: 2,888 English, 158 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) Care Center

- UNLV supports the Care Peer Program (CPP) to increase leadership opportunities for students providing campus presentations on campus sexual violence issues. The CPP is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social environments that protect against violence as well as components of healthy relationships and communication.
- 10 student leaders completed the 45+ hour Care Peer Program
- 2 student leaders completed the 5+ hour Advanced Care peer Program
- Peer Advocacy & Educator Training, Case Management Training ended on August 18, 2023 and a new round of Case Management Training was completed on February 9, 2024.
- Subrecipient met with the Rebel Ready Week team to debrief from the completed event and provide feedback for next year. Plans on how to expand consent education to at least 1 hour (to make the prevention piece more robust) and boost attendance at all sessions are being discussed.

University of Nevada, Reno (UNR), NevadaCARES

- 6 School of Public health interns completed the NevadaCARES 45-hour advocate training. (45-Hour)

- A total of 18 school of public health interns completed our 10-hour foundational training. (Packtivist)
- Over 7 presentations and events were provided to different groups over the UNR campus in the last quarter.
- NevadaCARES were successfully able to interact more with Sorority/Fraternity Life through various presentations.

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.
- Prevent Child Abuse Nevada provided a Training of Trainers for the Enough Abuse Program. This two-day training allowed for expansion to prevention and education efforts for more community members to learn the signs of child sexual abuse and how to prevent it from happening.
- Signs of Hope continues to be present in CCSD, charter schools, and community-based settings. They also continue to strengthen their community partnerships and make new connections.
- Signs of Hope had a successful relaunch of the Party Smart Campaign on social media with the Night Out fundraising event, where 3,917 impressions were reached across all of SOH social media accounts. In addition, collaboration with UNLV Care Center and The Center have been built, partnerships that SOH hopes to continue in the future to reach their demographics.

Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)

- NCEDSV continues to work with the statewide [Economic Justice Workgroup](#) to discuss and monitor the implementation of the passed economic justice bills. In the last quarter, new members to the economic justice workgroup were added and had pivotal conversations in how to narrow in their focus and reach as a workgroup.
- NCEDSV hosted an open training, *Power-Based Violence Economic Justice: Changing the conversations on Violence Prevention*, for anyone to attend. They recruited Workgroup members, community partners, and anyone interested in the topic of economic justice.
- NCEDSV staff participated in a training hosted by A Call to Men. The two-day training was - Institute for White Aspiring Allies. This training focused on including men in prevention work and dismantling systemic racism in our everyday advocacy work

[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

Response Rates

- 2020 Nevada PRAMS data had a response rate of 46% and 2021 data had a response rate of 36% which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. 2021 weighted data had a response rate of 34% which is under the CDC threshold of 50% to publish data. This data should be interpreted with caution due to the response rate.
- Total number of participants enrolled in study (since the beginning of the research) is 3,816
- The primary goal for Nevada PRAMS is to increase response rates moving forward. Other states have indicated that changing the appearance of the survey package can significantly impact the response rates. Nevada PRAMS is currently working on updating the survey package.
 - Nevada PRAMS conducted a focus group study on the three proposed survey covers and envelope designs. The focus group results were received in April and the entire survey packet was re-modeled in the beginning of 2023. The new survey covers were implemented in Phase 9 which began implementation May 1, 2023.

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

- October 2023- November 2023: 661 Total TV Spots Aired, 4,277 Radio Spots Aired
 - TV
 - North: 514 English, 54 Spanish
 - South: 48 English, 45 Spanish
 - Radio
 - North: 1,123 English, 671 Spanish
 - South: 2,392 English, 91 Spanish

Promotional Items

Nevada PRAMS provides promotional items with the PRAMS logo and DPBH website to a variety of organizations, hospitals, and clinics. Items were distributed to the Office of Vital Records during this reporting period.

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 provided reminder notices to families with children due for age-recommended vaccinations. Reminders were made for 203 children ages zero to six years old (y.o.) and for 2,883 children and youth ages seven to 17 y.o.
- Nurses conducted 15 adolescent wellness screening visits. Referrals were made for 20% afflicted with mood disorders with no youth self-reporting IPV, consumption of tobacco/nicotine, nor high enough amount of alcohol or substance use from CAGE screening to necessitate a referral.

Community Health Services (CHS)

- CHS administered age-appropriate infant and child immunizations in the clinic setting and through community immunization clinics.
- Clinic staff conducted adolescent wellness screenings. Referrals were made for any youth afflicted by depression and IPV, as well as users of substances, alcohol, and tobacco/nicotine.
- Nurses provided preventive education services with a focus on well-care screenings, contraceptives, STI screens, and immunizations.
- Nurses held three child/adolescent outreach events and served 111 young people.

Yoga Haven

- had a total of 1,473 points of contact with students in our classes during the 2nd quarter & we were able to collect 302 pre assessment surveys.
- Yoga classes were held serving 344 pupils in 166 classes.
- All school-based yoga teachers were successfully badged through Clark County School District.

- Yoga Haven hosted a "Refresher TIY Class" to help support teachers entering into site placements with the Spring semester on January 5th.

Nevada 211

- Nevada 211 received 443 calls/texts from individuals who were pregnant, had an infant in the home or resided with someone who was pregnant or a new parent. Callers (or text messengers) were provided with information and/or referrals to Title V MCH endorsed programs: Text 4 Baby (17%), PRAMS (16.3%), Perinatal Mental Health Disorder resources (0.4%), Cribs for Kids (0.6%), [Sober Moms Healthy Babies](#) (0.3%), and NTQ (0.4%).
- Data from all callers' needs were reported pertinent to the Title V MCH Program population such as suicide prevention (119), immunizations (0), car seat installation (4), [Medical Home Portal](#) (23), and breastfeeding support (0).

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

- All 17 school districts received surveys for the Kindergarten Health Survey (school year 2023-2024). The count given to schools was 26,883 with some institutions having returned completed questionnaires.

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 Family Navigation Network 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.
- Seventy (70) cases were generated by the toll-free hotline/online intake form. Many cases included or required information about more than one subject.
 - Partnering/decision making with providers: 77
 - Accessing a medical home: 35
 - Financing for needed health services: 365
 - Early and continuous screening: 80
 - Navigating systems/accessing community services easily: 432
 - Adolescent transition issues: 69
 - Other: Three (3)
- 20% of Family Navigation Network staff were trained on the [Medical Home Portal](#).

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. Three Technical Assistance training with 14 participants were conducted and 21 preschools and daycare centers were contacted and given informational materials.
- Data collection and evaluation for Pyramid Model activities is ongoing, with 15 sites collecting data. Ages and Stages Questionnaire screenings were performed on 262 children.

Medical Home Portal

- [Medical Home Portal](#) reports are located separately in the packet.
- Blueprint Collaborative conducted various focus groups across Northern and Southern Nevada to identify and determine how individuals, providers, and families view the [Medical Home Portal](#) and gain insight into ways the website can be more user-friendly.

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 NICRP.
- Title V MCH staff presented to the Nevada Governor's Council on Developmental Disabilities on CYSHCN Programs and provided data and reporting.
- Title V MCH CYSHCN Coordinator received training in emergency preparedness in an effort to better understand all of the implications surrounding the provision of effective care for CYSHCN in the event of a catastrophic emergency scenario.

Cross-Cutting Programs and Efforts

Diversity, Equity, Inclusion (DEI)

- CCHHS conducted a staff training, using Spark content provided by the Adolescent Health Initiative, on cultural responsiveness and nonverbal communication biases.