

Joe Lombardo
Governor



Richard Whitley,
MS
Director



Cody L. Phinney,
MPH
Administrator

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

MATERNAL AND CHILD HEALTH ADVISORY BOARD

February 7, 2025, TIME: 9:00 AM until adjournment

This meeting is a virtual meeting and there is no physical location. The public is invited to attend.

MEETING LOCATION

VIDEO CONFERENCE LINK

Join on your computer, mobile app or room device

[Microsoft Teams](#)

Meeting ID: 279 814 506 051

Passcode: My9vB9qc

Dial in by phone

+1 775-321-6111

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Phone conference ID: 112 611 80#

NOTICE:

1. Agenda items may be taken out of order;
2. Two or more items may be combined; and
3. Items may be removed from agenda or delayed at any time

PUBLIC COMMENT: *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.*

1. CALL TO ORDER/ROLL CALL
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 Maternal and Child Health Advisory Board (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 112 611 80#. 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: Discussion and request for approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting held on December 6, 2024 – Keith Brill, MD – Chair
4. FOR POSSIBLE ACTION: Discussion and possible action to send the Craniofacial Clinic support letter to the Administrator of the Division of Public and Behavioral Health – Roshanda Clemons, MD – Subcommittee Chair
5. 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
6. INFORMATION ONLY: Presentation on Maternal and Child Health Reports and Updates, Title V Block Grant Site Visit Review – Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH
7. FOR POSSIBLE ACTION: Discuss and possible action on recommendations for future agenda items – Keith Brill, MD – Chair
8. 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 (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 112 611 80#. 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.
9. FOR POSSIBLE ACTION: Discuss and possible action for future meeting dates: May 2, 2025, at 9:00 a.m., August 1, 2025, at 9:00 a.m., and November 7, 2025, at 9:00 a.m.
10. ADJOURNMENT

NOTICES OF THIS MEETING WERE POSTED AT THE FOLLOWING LOCATIONS:

- The Nevada Division of Public and Behavioral Health website at https://dpbh.nv.gov/Boards/MCAB/Meetings/2025/Maternal_and_Child_Health_Advisory_Board/
- The Nevada Division of Public and Behavioral Health – 4150 Technology Way, Carson City, NV 89706
- The Department of Administration's website at <https://notice.nv.gov>.

This meeting is a public meeting, recorded and held in compliance with and pursuant to the Nevada Open Meeting Law, pursuant to NRS 241. By Participating, you consent to recording of your participation in this meeting. All voting members should leave their cameras on for the duration of the meeting and refrain from entering any information into the chat function of the video platform.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements are necessary, please notify Barbara Bessol in writing by email (bbessol@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 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. To join the MCHAB listserv, please follow the directions below to subscribe/unsubscribe to all emails.

- [Click here to send an email for the MCHAB listserv.](#)
 - Include only "subscribe MCHAB" in the body of the email; or
 - Include only "unsubscribe MCHAB" in the body of the email.
 - Do not include any text in the subject line.

If you need supporting documents for this meeting, please notify Barbara Bessol, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-4235 or by email at bbessol@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health Website at https://dphh.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 require 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.

If at any time during the meeting, an individual who has been named on the agenda or has an item specifically regarding them, including on the agenda is unable to participate because of technical difficulties, please contact Barbara Bessol, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-4235 or by email at bbessol@health.nv.gov and note at what time the difficulty started to that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.

Please be cautious and do not click on links in the chat area of the meeting unless you have verified that they are safe. If you ever have questions about a link in a document purporting to be from the Maternal and Child Health Advisory Board, please do not hesitate to contact Barbara Bessol, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-4235 or by email at bbessol@health.nv.gov. Please refrain from commenting in the chat area of the meeting, unless requested to, because minutes are required to be taken of the meeting.

MCHAB, DPBH, Attn: Barbara Bessol
4150 Technology Way, Suite 210
Carson City, Nevada, 89706

Attachment for Agenda Item #3

MATERNAL AND CHILD HEALTH ADVISORY BOARD

DATE: December 6, 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:

Join on your computer, mobile app or room device

Microsoft Teams [Need help?](#)

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Meeting ID: 231 815 156 373

Passcode: EF6m3gN7

Dial in by phone

[+1 775-321-6111,241051250#](#) United States, Reno [Find a local number](#)

Phone conference ID: 241 051 250#

ATTENDANCE:

Members Present:

- Marsha Matsunaga Kirgan, MD
- Fatima Taylor, M.Ed., CPM
- Roshanda Clemons, MD, FAAP
- Elika Nematian, MPH

Members Absent:

- Keith Brill, MD, Chair
- Mario Gaspar de Alba, MD,
- Melinda Hoskins, MS, Vice Chair

Non-Voting Legislative Members Absent

- Senator Rochelle Nguyen
- Assemblywoman Tracy Brown May

Member Reappointment Packet Pending Present

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

Staff Present:

- Vickie Ives, MA, Bureau Chief, Child, Family, and Community Wellness (CFCW)
- Tami Conn, MPH, Deputy Bureau Chief, CFCW
- Tamera Brower, Administrative Assistant IV, CFCW
- Barbara Bessol, Administrative Assistant III, Maternal, Child, and Adolescent Health (MCAH)
- Chasi Phillips-Bell, PhD, Epidemiology Assignee, MCAH
- Jordan Lancaster, Applied Epidemiology Fellow, MCAH
- Robyn Cunnally, RN, Maternal Mortality Review Committee Nurse Abstractor, MCAH
- Max Moscowitz, MPH, State Systems Development Initiative Program Manager, MCAH
- Rachel Marchetti, MBA, Nevada Home Visiting (NHV) Program Manager, MCAH
- Helina Ashagrie, NHV Program Coordinator, MCAH

- Perry Smith, Early Hearing Detection and Intervention (EHDI) Program Manager, MCAH
- Iain Dover, MPH, EHDI Data Analyst, MCAH
- Chayna Corpuz, MPH, Rape Prevention Education Program Coordinator, MCAH
- Colleen Barrett, MPH, Maternal and Child Health (MCH) Epidemiologist, MCAH
- Cassius Adams, MS, Children and Youth with Special Health Care Needs Program Coordinator, MCAH
- Ryan Spencer, MPH, Sexual Risk Avoidance Education Program Coordinator, MCAH
- Jazmin Stafford, Personal Responsibility Education Program Coordinator, MCAH
- Teresa Jarrett, Grants and Projects Analyst I, MCAH
- Tom Fletcher, Management Analyst II, MCAH

Guests:

- Dr. John Menezes, MD, University of Nevada Las Vegas (UNLV)
- Senator Marilyn Dondero Loop
- Sabrina Schnur, Belz and Case Government Affairs
- Jeanne Freeman, PhD, CHES, Carson City Health and Human Services
- Kelly Verling, RN Northern Nevada Public Health
- Linda Anderson, Nevada Public Health Foundation

Agenda Item 1

1.Call to order/roll call – Keith Brill, MD – Chair

The meeting was called to order at 9:18 am by the meeting facilitator, Dr. Matsunaga Kirgan.

Agenda Item 2

First Public Comment Period

No public comments were made during this period.

Agenda Item 3

FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on August 4, 2024, Dr. Matsunaga Kirgan – Meeting Facilitator

A motion to approve meeting minutes was made by Dr. Roshanda Clemons and was seconded by Fatima Taylor. The motion was unanimously approved. There was no public comment.

Agenda Item 4

FOR POSSIBLE ACTION: Updates and possible recommendations regarding Nevada's Craniofacial Clinic – Dr. John Menezes, University of Nevada Las Vegas (UNLV)

Dr. Menezes updated the members on Nevada's Craniofacial Clinic which was introduced in the previous board meeting. He states the UNLV Dental School received state funding to

renovate the Nevada Craniofacial Clinic, but the funding was appropriated elsewhere without reason, resulting in his decision to no longer work with the dean to establish it at the dental school. Dr. Menezes began working with the Kirk Kerkorian School of Medicine to establish his own team and space. He has secured a new clinic space near Mountainview Hospital and has requested one half day per month starting in the spring on a Tuesday and has tentatively been given approval for that day. He is currently working on Memorandums of Understanding (MOUs) as they were not completed by the dental school as originally planned in the last year and a half. The school of medicine is now working to establish these MOUs with different entities across the system that would be contributing services to the clinic.

Dr. Menezes outlined two (2) alternatives for consideration for funding for this clinic and for all children with special needs: 1) reestablish funding to service children with special needs from ages 0 – 17 years, 2) reestablish funding through Nevada Early Intervention Services (NEIS) at a level that NEIS would consider enough to support the clinic.

Dr. Matsunaga-Kirgan thanked Dr. Menezes for his efforts towards getting this set up and asked if there is anyway the MCHAB can be of assistance.

Dr. Menezes stated if the state senators on this committee could provide a base level of increased funding to service children zero (0) to seventeen (17). I think that that the board could help out there in terms of working with the senator and helping to draft what is needed. Secondly, if there is any opportunity for the school to work with the board, on matching goals across entities. There are about 35 children annually that need these clinic services. There are many more children with other special health care needs that could utilize NEIS services, orthodontic and oral maxillofacial surgery.

Dr. Menezes calls for present Senators to champion the ELSA Act in Nevada. The Ensuring Lasting Smiles Act (ELSA) would require private insurance to cover oral surgery and other procedures for congenital anomalies, including cleft lip and palate.

Dr. Menezes asked how these comments work towards an action item.

Vickie Ives reminded the committee of their authority to make recommendations to the Administrator of the Division of Public and Behavioral Health.

Dr. Clemons states that she brought this information to the medical benefits department. She shared that Centers for Medicare and Medicaid Services updated guidelines allow for comprehensive coverage for all children. Children with special needs who are insured by Nevada Medicaid/Medicare should have their dental needs covered. Dr. Clemons recommends writing a letter to the Division of Public and Behavioral Health (DPBH) and Nevada Medicaid to request support for a potential 1115 waiver to ensure coverage. This would be in addition to getting legislative support.

Dr. Menezes asked Fatima Taylor her thoughts on getting funding to support ages zero (0) to seventeen (17).

Fatima Taylor stated the budgets are already created for this upcoming biennium. She stated the funding would need to be separate, one-shot funding since the budgets were already set. It would not be an expansion of NEIS services, rather a separate specialty clinic.

Dr. Matsunaga-Kirgan opened it for public comment. No public comment made.

Dr. Menezes expresses a desire for the Board make a recommendation in favor of state support for the Craniofacial Clinic.

Dr. Clemons motions for the MCHAB to draft an official letter to DPBH, Medicaid, Part C Nevada Early Intervention Services (NEIS) requesting substantial and sustainable fiscal support for the Craniofacial Clinic Team to be able to cover comprehensive medical needs for children from birth to 21 years, and to request legislative support.

Dr. Matsunaga-Kirgan seconds the motion.

Dr. Matsunaga-Kirgan requests the draft letter include a request for assistance from Dr. Menezes, Dr. Clemons, and Fatima Taylor.

Dr. Matsunaga-Kirgan calls for public comment before the vote.

Vickie Ives suggests the Board form a Subcommittee to draft the letter and bring it back to the full Committee for further action if the contents of the letter cannot be approved today.

Dr. Clemons amends the original motion to include the establishment of a Subcommittee to draft the letter. She states the Subcommittee members will include Dr. Clemons, Dr. Menezes, and any volunteers from the Board.

Dr. Matsunaga-Kirgan seconds the motion.

The motion was unanimously approved. There was no public comment.

Agenda Item 4

INFORMATIONAL: Nevada Early Hearing Detection and Intervention (EHDI) Program Overview – Perry Smith, EHDI Program

Perry Smith presents information about the Nevada EHDI Program including how Nevada's program compares to other states in the nation regarding testing, diagnosis, and intervention rates. All referenced documents are included in the meeting packet.

Dr. Clemons thanked Mr. Smith for his presentation and asked if Mr. Smith can identify who is not receiving hearing screens and if it is connected to the setting in which they are born in.

Mr. Smith responds that we are in line with national averages. The EHDI Program does receive some midwife reported data and does desire to increase the number of midwives reporting their data to the program. Midwives are not required to report on hearing loss and rural communities face difficulty in receiving pediatric audiology services. He states the program is working internally and with statewide partners on solutions.

Dr. Clemons inquiries about gaps in follow-ups after screening.

Mr. Smith replies the EHDI staff includes a follow-up coordinator who contacts the families. Many follow-up attempts are successful but there is room for improvement. The ideal fix would be to have pediatric audiologists in all major communities here in the state. This is also a nationwide issue

Dr. Clemons recognizes there is a lack of workforce and offers solutions for rural residents such as working on transportation from rural communities to audiology centers in Reno or Las Vegas.

Dr. Matsunaga-Kirgan leaves the meeting for clinical obligations, and Dr. Clemmons takes over as acting chair.

Dr. Clemons calls for comments or questions from the Board for Mr. Smith.

Fatima Taylor asks about education and resources regarding unilateral hearing loss.

Mr. Smith responded that yes, there is literature about unilateral hearing loss and that it can cause delays, and they encourage families to see early intervention services to help with that.

Dr. Clemons asked if there is public facing education on that topic that can be distributed.

Mr. Perry Smith stated there is not a public facing flyer, but something can be put together on the literature that exists on that topic.

Dr. Clemons calls for public comment.

There was no public comment.

Dr. Matsunaga-Kirgan left the meeting early, resulting in meeting quorum is lost. No further action may be taken. All agenda items not covered will be moved to the February 7, 2025, meeting agenda.

Adjournment

The meeting is adjourned by Dr. Clemons, meeting facilitator, at 10:12 AM.

Next Meeting

The next meeting is set for February 7, 2025 at 9am.

Minutes were prepared by Barbara Bessol, Administrative Assistant III, Maternal, Child and Adolescent Health Section, Bureau of Child, Family and Community Wellness, Nevada Division of Public and Behavioral Health.

Attachment for Agenda Item #4

February 7, 2025

Cody L. Phinney, MPH
Administrator
Nevada Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV, 89706

Dear Administrator Phinney,

Children and youth with special health care needs (CYSHCN) include those living with cleft and craniofacial conditions who require specialized, interdisciplinary care from birth through adulthood. The child born with cleft lip and/or palate may experience problems with feeding, respiration, dentition, hearing, speech, language, intellectual development, and psycho-social development. If the cleft is associated with a specific craniofacial syndrome, other physical problems may be present such as cardiac, kidney, limb, and visual impacts. The need for a comprehensive treatment program that can extend from birth to adulthood, with a complex of interventions that vary by age due to issues with growth and development, is vital to the child living a healthy and successful life.

Unfortunately, due to defunding and logistical challenges during the COVID-19 pandemic, Nevada lost its accredited craniofacial clinic in 2020 and needs to reestablish the program to align with the national gold standard of family-centered, community-based care recommended by the American Cleft Palate-Craniofacial Association. Nevada and Alaska are now the only U.S. states without an accredited team, leaving patients without adequate support or resources. Unmet demand for services statewide highlights the need to reestablish a program to provide comprehensive, integrated, patient-centered care for children with cleft and craniofacial conditions.

State funding support is necessary to reestablish Nevada's craniofacial team in collaboration with the state's medical schools and the Aging and Disability Services Division (ADSD) Nevada Early Intervention Services (NEIS) Program. Reestablishing, and securing sustainable funding for, an accredited team is a critical step toward ensuring evidence-based, high-quality care for children with cleft and craniofacial impacts and will benefit Nevada families, patients, and health care professionals statewide. Early intervention and the involvement of a multitude of specialists working together with the family can change the course of lifelong impacts if appropriate care is received timely.

Therefore, the Maternal and Child Health Advisory Board (The Board) urges the Division of Public and Behavioral Health (DPBH) to collaborate across the Nevada Department of Health and Human Services to request sustainable fiscal and legislative support to 1) reestablish funding for a clinic to provide cleft/craniofacial services to CYSHCN from birth to age 17 years and 2) reestablish funding through NEIS at a level the Program would consider enough to support the clinic. The Board discussed the need for reestablishing a craniofacial clinic during the December 6, 2024, Board meeting and during the subcommittee meeting held on January 31, 2025.

The Board strongly encourages the DPBH Administrator to share this letter and supporting materials with the Division of Health Care Financing and Policy, the Individuals with Disabilities in Education Act (IDEA) Part C Office, and the ADSD NEIS Program. Additionally, the Board enthusiastically supports any Bill Draft Request(s) or legislation introduced regarding this topic during the 83rd Nevada Legislative Session as addressing a critical gap and unmet need in the State to have an accredited cleft lip and/or palate and craniofacial team to ensure optimal health and outcomes.

This request aligns with DPBH's mission to ensure all people in Nevada can live their safest, longest, healthiest, happiest life equitably and regardless of circumstances. Without a craniofacial clinic, these children will not receive the services they need, as no alternative options for this care exist in Nevada.

Sincerely,

Maternal and Child Health Advisory Board Members

MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB) Subcommittee

January 31, 2025, 11:11 AM

(DRAFT) Meeting Minutes

Location: Microsoft Teams Meeting

Type of Meeting: Regular Meeting

ATTENDANCE:

Members Present:

- Fatima Taylor, M.Ed., CPM
- Roshanda Clemons, MD, FAAP
- Senator Rochelle Nguyen (non-voting)

Members Absent:

- Keith Brill, MD
- Melinda Hoskins, MStcr
- Assemblywoman Tracy Brown May (non-voting)
- Marsha Matsunaga Kirgin
- Mario Gaspar de Alba, MD
- Erika Nematian, MPH

Staff Present:

- Vickie Ives, MA, Bureau Chief, Child, Family, and Community Wellness (CFCW)
- Karissa Machado, MPH, Section Manager, Maternal, Child, and Adolescent Health (MCAH)
- Barbara Bessol, Administrative Assistant III, MCAH
- Ghasi Phillips-Bell, PhD, Epidemiology Assignee, MCAH
- Jordan Lancaster, Applied Epidemiology Fellow, MCAH

Guests:

- Esther Y. Kwon

Agenda Item 1

Call to Order and Introduction

The meeting was called to order at 11:11 am by the subcommittee Chair, Dr. Roshanda Clemons.

Agenda Item 2

First Public Comment Period

No public comments were made during this period.

Agenda Item 3

INFORMATIONAL ONLY: Discussion of the purpose and operation of the Subcommittee as outlined in the draft minutes from the December 6, 2024, meeting of the Maternal Child and Health Advisory Board (MCHAB).

Vickie Ives stated the focus of this subcommittee is to draft a letter in support of the craniofacial clinic as outlined in the draft minutes from the December 6, 2024, MCHAB meeting. The letter will be written to the Administrator of the Division of Public and Behavioral Health (DPBH).

Agenda Item 4

FOR POSSIBLE ACTION: Discussion and possible action to draft a letter to the Administrator of the Division of Public and Behavioral Health requesting fiscal and legislative support for the Craniofacial Clinic Team, to include sharing the letter with Nevada Medicaid, the Individuals with Disabilities Education Act (IDEA) Part C Office and Nevada Early Intervention Services and recommend to MCHAB.

Karissa Machado stated this meeting should give DPBH support staff the language of the letter to be drafted to the DPBH Administrator and other named parties from the December 6th MCAHB meeting. She defers to the Board on content of the letter and offers to format the letter at the subcommittee's direction.

Dr. Clemons asked to utilize the language and information from the presentation given by Dr. John Menezes at the August 2, 2024, MCHAB meeting. She asked if the letter will be drafted during the meeting or if the letter will be drafted by Dr. Clemons or a staff member after the meeting.

Ms. Ives responded the Board would outline a letter, and staff will write the letter in adherence to the outline. Once the letter is written, staff will publish the letter with enough time for the Board to review and offer modifications or acceptance at the next full meeting. She also recommended that if any ancillary materials or additional documents need to be submitted for the creation of the letter, they be submitted by end of business day January 31, to be supplied to the Board in accordance with open meeting law time constraints.

Dr. Clemons asked to utilize the minutes and presentation on this topic from December and August meetings to establish the language of the letter.

Dr. Clemons offered to pull up the aforementioned presentation and suggested the Board read through December 6, 2024, MCHAB meeting minutes and highlighted sections for reference in language utilization.

She asked for Board members' comments.

Staff pulled up MCHAB meeting minutes from December 6, 2024.

Dr. Clemons reiterated the highlighted portions are not in order but are to indicate language that should be incorporated into the drafted letter. The highlighted portions of the minutes

include the background information on the University of Nevada Las Vegas Craniofacial Clinic, the three (3) alternatives for consideration

Dr. Clemons indicated which entries from the December 6, 2024, meeting to include into the letter draft including passages from Agenda item 4, including paragraph one, two, three, and four.

Fatima Taylor recommended inclusion of paragraph eight.

Senator Nguyen asked if the craniofacial clinic is on the Governor's executive budget or in the Nevada System of Higher Education (NSHE) budget and asked if any of the Board members are aware of any inclusion of the clinic in the budgets.

Ms. Ives stated inclusion was not mentioned in past meetings. She stated the craniofacial clinic was first introduced as an informational item in August, then reintroduced as an action item in December's meeting.

Senator Nguyen asked if any other bill draft requests (BDR) exist beside the request she has already submitted. She explained she has been working with the University of Nevada Las Vegas (UNLV) School of Dentistry and UNLV School of Medicine as she was made aware of these issues with the clinic. Senator Nguyen stated she filed a BDR requesting the restoration of the funds that had been cut and it should be posted within a week. Senator Nguyen stated the letter could reference this upcoming BDR.

Ms. Ives provided a brief summary of draft language focused on a comprehensive cleft and craniofacial team be established in Nevada, including maintenance of accreditation by adhering to best practices and national standards. Funding would support an interdisciplinary team focused on patient-centered care and quality improvement. This would leverage resources for the zero (0) to three (3) years of age population while expanding to cover all children with special health care needs 0-17. Some staffing portions are mentioned as a component of the proposed craniofacial team.

Dr. Clemons responded to her knowledge, from Nevada Medicaid, there are no BDRs or budgets proposed currently for a clinic. She indicated she brought the matter to the attention of the Administrator of Medicaid but had not met on the topic yet. Dr. Clemons inquired about how much funding this requires for the next three (3) years. She agreed to include within the letter that a BDR is being drafted and hopes to include the finalized version once it is completed.

Vickie Ives noted drafting the letter, then allowing for approval time from the full MCHAB at the next meeting will allow the full publishing of the BDR and the language, reference number and link if it is available by the time of that meeting.

Senator Nguyen informed the Board writing the letter with specifics about the type of legislation to promote the bill will add support to the bill upon review during the legislative session. She urged the Board to act quickly and indicated that the Governor's Office has already presented the BDRs in the State of the State Address, and the craniofacial clinic was not among them. She elaborated that funding was not included for the craniofacial clinic within the NSHE funding request.

Dr. Clemons thanked the Senator for the information and is thankful for the guidance that the letter should reference the BDR.

Senator Nguyen reiterated the power of MCHAB member support for the BDR in support of the craniofacial clinic.

Dr. Clemons asked Senator Nguyen if it would be better to draft the letter for funding in support of the BDR rather than indicating Medicaid funding.

Senator Nguyen suggested providing background on the need for a craniofacial clinic, why this is important, and high-level funding solutions, in addition to support of the BDR. Once the BDR has progressed, more in depth language can be added to allow for limited funding.

Dr. Clemons motioned to draft a letter supporting the reestablishment, with funding, of the craniofacial team that was disbanded due to funding cuts in 2020. The draft letter will incorporate language from the meeting minutes from the December 2024 MCHAB meeting. The language has been highlighted. Reference will be made to the background, funding, and historical information from Dr. Menezes' presentation and reference to the BDR from Senator Nguyen.

Ms. Taylor seconded the motion.

Dr. Clemons called for a vote. The motion passed unanimously.

Dr. Clemons asked if she should draft the letter.

Ms. Ives responded Dr. Clemons may draft it if desired and offered assistance from staff to draft if helpful.

Senator Nguyen suggested utilization of staff to draft the letter.

Dr. Clemons concurred.

Agenda Item 5

Second Public Comment Period

No comment was given

Adjournment

The meeting was adjourned by Dr. Clemons, Subcommittee Chair, at 11:45 AM.

Next Meeting

The next full Board meeting had previously been set for February 7, 2025, at 9am.

Attachments

Meeting agenda and packet are posted online and at physical locations in accordance with Open Meeting Law.

Minutes were prepared by Barbara Bessol, Administrative Assistant III, Maternal, Child and Adolescent Health Section, Bureau of Child, Family and Community Wellness, Nevada Division of Public and Behavioral Health.

DRAFT

Attachment for Agenda Item #6

Nevada Title V Maternal and Child Health (MCH) Site Visit Review

Tami Conn, MPH, Deputy Bureau Chief
Bureau of Child, Family, and Community Wellness

February 7, 2025



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.



ALL IN GOOD HEALTH.

AGENDA

1. Organization
2. NPMs and Priority Areas: Needs Assessment
3. Title V MCH Program Highlights
4. Contact Information

Department of Health and Human
Services

Division of Public and Behavioral
Health (DPBH)

Bureau of Child, Family and
Community Wellness (BCFCW)

Maternal, Child, and Adolescent
Health Section (MCAH)

Maternal, Child and Adolescent Health Section

Title V Maternal Child Health (MCH) Program

Pregnancy Risk Assessment Monitoring System (PRAMS)

Teen Pregnancy Prevention

- Personal Responsibility Education Program (PREP)
- Sexual Risk Avoidance Education (SRAE)

Early Hearing Detection and Intervention (EHDI)

Nevada Maternal Infant and Early Childhood Home Visiting (MIECHV) Program

Rape Prevention and Education (RPE) Program

Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM)

Account for Family Planning (AFP)

Alliance for Innovation on Maternal Health (AIM)

Title V MCH Program

Maternal and
Infant Program
(MIP)

Children and Youth
with Special Health
Care Needs
(CYSHCN)

Adolescent Health
and Wellness
Program (AHWP)

Rape Prevention
and Education
(RPE) Program

MCH Epidemiology

Fiscal Staff

State Systems
Development
Initiative (SSDI)

A photograph of a family walking outdoors, overlaid with a blue tint. In the foreground, a young girl with curly hair is smiling and wearing a white helmet. Behind her, a man and a woman are walking, and a stroller is visible. The background shows trees and a house.

Title V MCH Program Highlights



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**



Priority Areas Based on Needs Assessment

Improve preconception and interconception health among women of childbearing age – NPM 1

Breastfeeding promotion - NPM 4

Promote Safe Sleep - NPM 5

Increase developmental screening - NPM 6

Priority Areas Based on Needs Assessment

Improve care coordination - NPM 10

Promote a Medical Home - NPM 11

Increase transition of care for adolescents and
Children and Youth with Special Health Care Needs
(CYSHCN) - NPM 12

Reduce substance use during pregnancy –
NPM 14

Maternal and Infant Program



Through NevadaBreastfeeds.org, 89 businesses signed the pledge to provide welcoming environments for breastfeeding.

Cribs for Kids distributed 968 Safe Sleep Survival Kits and provided associated education.



Northern Nevada Public Health (NNPH) Fetal Infant Mortality Review (FIMR) reviewed 47 cases.

The Statewide MCH Coalition, funded by Title V MCH, distributed 558 “New Mama Care Kits” in Southern Nevada and distributed resources for Title V priorities.

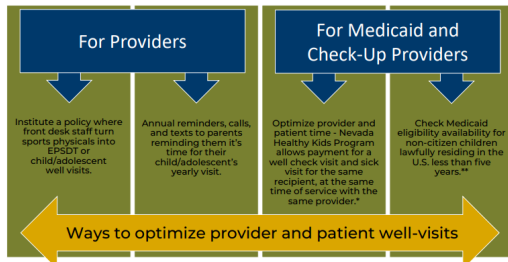


Adolescent Health and Wellness Program



Yoga Haven reached 154 adolescents through their Trauma- Informed Yoga for Youth work.

Enhance Your Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and Well Visits



NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

*Medical Services Manual (MSM) Chapter 500-Healthy Kids Program **MSM 400.2700

Title V MCH, in collaboration with the Nevada DHHS, Office of Analytics formed an infographic with the goal of increasing Medicaid reimbursed EPSDT and child well-visits. The document will encourage providers to change practices, including but not limited to, implement annual reminder systems, and engage callers during appointment making to turn sports physicals into EPSDT/well-visits.

Carson City Health and Human Services provided wellness screenings and education to 124 adolescents.



Adolescent Health and Wellness Program



Community Health Services provided wellness screenings and education to 1562 adolescents.

Nevada 211 call specialists responded to 81,562 inquiries related to Text4Baby, Pregnancy Risk Assessment Monitoring System, Cribs for Kids, Nevada Tobacco Quitline, Sober Moms, Healthy Babies, and Perinatal Mental Health Disorders.



CYSHCN Program

Family Navigation Network helped 154 families of children and youth with special healthcare needs navigate the healthcare system.



The Children's Cabinet Nevada Pyramid Model Partnership completed 283 Ages and Stages Questionnaires developmental screenings in participating school district classrooms.

The Nevada Coalition to End Domestic and Sexual Violence provided cross-training workshops for the prevention of relationship abuse in young adults with developmental disabilities and developed infographics to increase awareness of local community-based organizations offering resources.



QUESTIONS?



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

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**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

Maternal and Child Health Advisory Board (MCHAB) Maternal Child Health (MCH)
Program Updates
November 1, 2024

Updates are for July 1, 2024, through September 30, 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 Health / Maternal and Child Health (MCH) Coalition

- The Nevada Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, , Perinatal Mental Health Disorders (PMHD), Nevada 211, , and the Nevada Tobacco Quitline (NTQ).
 - New Mama Care Kits were distributed to post-partum individuals by the Southern and Northern MCH Coalitions. A total of 251 kits were distributed.
 - During this Quarter, Dignity Health distributed 265 safe sleep kits
- The following meetings were held:
 - Northern MCH Coalition Meetings:
 - August 8, 2024
 - Southern MCH Coalition Meetings
 - August 13, 2024
 - September 10, 2024
 - Steering Committee Meetings:
 - August 12, 2024
- Social Media Posts
 - Facebook and Instagram followings:
 - Facebook likes decreased from 614 to 613.
 - Instagram followings increased from 1,070 to 1,098
 - Instagram posts increased from 946 to 960.

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.
 - Three Case Review Team (CRT) meetings were held, with fourteen cases presented and discussed.

Other MIP Efforts

Substance Use During Pregnancy

- All subgrantees continue to promote the website.

Breastfeeding Promotion

- continues to be maintained, and the Breastfeeding Welcome Here Campaign continues to be promoted. Collaboration continues with WIC to enhance the website to include early childcare providers that are breastfeeding friendly.

Tobacco Cessation

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

Media Campaigns and Outreach Efforts

Safe Sleep

- A two-month TV and Radio Campaign aired 1,474 total TV spots and 5,912 radio spots aired.

Sober Moms Healthy Babies Website

- A two-month TV and Radio Campaign aired 1,433 total TV spots and 6,608 radio spots aired.

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 from the Preventive Health and Health Services (PHHS) grant and the Title V MCH 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.
- Most notable progress this past quarter was the success in incorporating the Care Center's prevention education programming into UNLV's "First Year Experience" as a required web-based course that is a part of orientation for first year incoming students. Through this opportunity, all incoming students will be provided with prevention education in the summer before starting classes at UNLV, giving them a strong foundation for understanding consent and healthy relationships as well as a knowledge of campus confidential and non-confidential resources.

University of Nevada, Reno (UNR), NevadaCARES

- UNR's NevadaCARES program is an initiative to employ a public health approach to prevent sexual violence and to improve the overall health, wellbeing, and safety of the UNR campus community.
- NevadaCARES has successfully increased reach to Sorority/Fraternity Life members through various presentations.
- NevadaCARES continues to build rapport with the Boys and Girls Club of Carson City as well as SaferNights, a harm reduction program in Reno, aimed at Reno area nightlife.

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

- Signs of Hope continues its efforts to increase protective environments to prevent sexual violence in educational institutions, hospitality and event venues, and the Southern Nevada community at large.
- The Prevention, Education, and Outreach (PEO) Department continues to reach attendees from the following venues in Las Vegas: TAO, Marquee, Hakkasan, and Jewel nightclub. Attendees were security staff, bussers, cocktail servers, bartenders, barbacks, hosts, promoters, management, cashiers, restroom attendants, and other cleaners. Through this training, attendees learned what sexual assault is, how to identify signs of a perpetrator, and how to intervene in the hospitality setting.

Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)

- NCEDSV continues to work with the statewide to discuss and monitor the implementation of the passed economic justice bills that impact women and girls in Nevada through violence prevention strategies. During this quarter, the economic justice workgroup hosted their first in-person retreat where all members of EJ were able to connect and network through shared efforts.

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 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 PRAMS 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

- The primary goal for Nevada PRAMS is to increase response rates moving forward. Nevada PRAMS Staff organizes and meets annually with the Nevada PRAMS Steering Committee to discuss project goals, challenges, and achievements, most recently on 6/6/2024

- Between April and October, five (5) batches (Batch 79 to 83) have been conducted
 - Average response rate for this period is 37.7%
 - Highest response rate for this period is 52% (from Batch 78)
- 85 Completed batches since the beginning of the project

PRAMS Data Requests

- Data can be requested via the Office of Analytics at

Media Campaigns and Outreach Efforts

PRAMS TV and Radio Campaign

- August 2024 – September 2024
 - 585 Total TV Spots Aired
 - 3,560 Radio Spots Aired

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 Dignity Health and during the MCH Coalition Fall Symposium.

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

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 sent 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.
- Purchased advertisement in the form of preview movie ads at local theater to increase awareness in community.

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

- Served a total of 3,231 students in over 327 classes. Yoga classes were held at community facilities, parks, schools and community pop up events.
- Pre-assessment & post-assessment surveys have now been translated into Spanish to better serve all students.
- Latest data collected by Yoga Haven's pre/post survey showed, after participating in yoga practice with YH, 55% of students felt yoga was helpful, 98% felt respected by their teacher, 89% felt safe in their yoga class, 79% learned a new skill, 95% felt yoga had a positive impact on their mental health, and 92% felt yoga had a positive impact on their physical health.
- Yoga Haven began a children's and pregnant parents' yoga and meditation program called "Mama Mentorship" which is offered 2x a month.
- In August they hosted an outreach event w/a pop up community Yoga/Meditation class to commemorate Black Breastfeeding week, which is the largest human milk donation event in Clark Co. (possibly the State), the response from the community was better than anticipated.
- In September they participated in Vegas VegFest and were given center stage and demonstrated some mindfulness & gentle yoga with over 122 people participating.
- Many more pop-ups planned related to Maternal Child Health.

Nevada 211

- Nevada 211 received 661 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: PRAMS (14.6%), Perinatal Mental Health Disorder resources (0.4%), (0.1%), and NTQ (0.2%).
- Data from all callers' needs were reported pertinent to the Title V MCH Program population such as suicide prevention (78), immunizations (2), car seat installation (6), (1), Infant sleep safety (2), and breastfeeding support (1).

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

- All 17 school districts received surveys for the Kindergarten Health Survey (school year 2024-2025). The count given to schools was 25,109 with some institutions having returned completed questionnaires. NICRP is working on a tracking process, so they can now call and remind the schools to send the surveys out next quarter. They also have started a data entry process.

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

The CYSHCN Program provides resources and support to community agencies serving children from birth to age 21. The CYSHCN Program successfully moved away from a direct services approach to focus on funding various community programs bridging service gaps, linking families to appropriate resources and providers. This includes developing strategies to better serve children and families through a network of federal, state, and local community and family-based partners.

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 health care systems. Family Navigation Network provides free one-to-one support, training, and printed materials to families and professionals who serve them.
- 508 cases were generated by the toll-free hotline, online intake form, through email, and in-person. Many cases included or required information about more than one subject.
 - Partnering/decision making with providers: 184
 - Accessing a medical home: 123
 - Financing for needed health services: 1,172
 - Early and continuous screening: 179
 - Navigating systems/accessing community services easily: 1,428
 - Adolescent transition issues: 198
 - Other: 41
- 2 Family Navigation Network staff were trained on the .

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. Ten (10) Technical Assistance trainings with 42 participants were conducted and 92 preschools and child care centers were contacted and given informational materials.
- Data collection and evaluation for Pyramid Model activities is ongoing, with 68 sites collecting data. Ages and Stages Questionnaire screenings were performed on 615 children.