

*MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)*

**DATE: February 7, 2025; TIME: 9:10 AM**

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

[Find a local number](#)

Phone conference ID: 112 611 80#

**ATTENDANCE:**

Members Present:

- Keith Brill, MD
- Roshanda Clemons, MD, FAAP
- Erika Nematian, MPH
- Lora Redmon, BSN, RN, RNC-DB, C-FMC

Members Absent:

- Marsha Matsunaga Kirgin, MD
- Melinda Hoskins, Ms
- Fatima Taylor, M.Ed., CPM
- Mario Gaspar de Alba, MD
- Senator Rochelle Nguyen (non-voting)
- Assemblywoman Tracy Brown May (non-voting)

Staff Present:

- Vickie Ives, MA, Bureau Chief, Child, Family, and Community Wellness (CFCW)
- Tami Conn, MPH, Deputy Bureau Chief, CFCW
- Karissa Machado, MPH, Section Manager, Maternal, Child, and Adolescent Health (MCAH)
- Barbara Bessol, Administrative Assistant III, MCAH
- Alyssa DiBona, Administrative Assistant II, MCAH
- Rachel Marchetti, MBA, Nevada Home Visiting Program Manager, MCAH
- Dina Phippen, Adolescent Health Coordinator, MCAH
- Chayna Corpuz, MPH, Health Program Specialist, MCAH
- Jazmin Stafford, Health Program Specialist, MCAH
- Ryan Spencer, Program Officer I, MCAH
- Karla Rodriguez, MPH, Account for Family Planning Coordinator, MCAH

- Cortnee Smith, MSW, Social Services Program Specialist, MCAH
- Thomas Fletcher, Management Analyst II, MCAH
- Teresa Jarrett, Grants & Programs Analyst, MCAH
- Desiree Wenzel, Program Officer I, MCAH
- Jordan Lancaster, Applied Epidemiology Fellow, MCAH

Guests Present:

- Amanda Lattin, RN, University of Nevada Reno

## **Agenda Item 1**

### *Call to Order and Introduction*

The meeting was called to order at 9:10 am by the Chair, Dr. Keith Brill.

## **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 December 6, 2024 – Keith Brill, MD - Chair*

Chair Brill motioned for the approval of the meeting minutes from December 6, 2024.

Elika Nematian seconded the motion.

The motion passes unanimously.

## **Agenda Item 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*

Karissa Machado shared the letter on the screen.

Dr. Roshonda Clemons gave an overview of the February 7, 2025, MCHAB Subcommittee meeting and reasons why the Board should submit this letter of support. She also briefly summarized the history of the craniofacial clinic.

Dr. Brill elected for all present to read the draft letter displayed silently.

Dr. Brill motioned to approve the letter as written to be sent to the Administrator of the Division of Public and Behavioral Health (DPBH).

Dr. Clemons requested the founding year of the craniofacial clinic be added to the letter to bring awareness to the longevity of the clinic before it lost funding.

Dr. Brill agreed and suggested the second paragraph on the second line as the placement for the foundation date.

Ms. Machado made the edit in real time.

Dr. Brill motioned for the letter to be approved as corrected and sent to the DPBH Administrator.

Lora Redmon seconded the motion.

The motion passed unanimously.

Dr. Brill asked staff what the next steps are for sending the letter.

Tami Conn stated after the letter is finalized, it will be sent to the MCHAB listserv and to Administrator Phinney.

## **Agenda Item 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*

Ms. Conn updated the Board on the Alliance for Innovation in Maternity Health (AIM). She stated there are no major updates, and efforts continue to be made to implement the hypertension and hemorrhage bundles with several hospitals. There are approximately ten (10) hospitals currently participating.

Ms. Conn updated the Board on the Maternal Mortality Review Committee (MMRC) required biannual legislative report which was submitted at the end of December 2024 to the Legislative Counsel Bureau. The report is posted on the Department of Health and Human Services Office of Analytics reports home page and the DBPH Maternal, Child and Adolescent Health website.

Vickie Ives brought up the issue of a private perinatal quality improvement entity which has created difficulty recruiting hospitals into AIM participation. She also highlighted Senate Bill (SB) 78 in the current Nevada Legislative Session which deals with restructuring around boards and open meeting law committees. She deferred further comment/information to the second public comment period.

Ms. Conn expanded on the MMRC Data Report and briefly summarized its contents and highlighted the recommendations for how to prevent future maternal death. She noted the report continues to call out the need for a Perinatal Quality Collaborative (PQC) in Nevada and recommends the state focus on mental health and substance use.

Dr. Brill asked if there was a recommendation the Board could make regarding the creation of a PQC in Nevada.

Ms. Ives elects to discuss the topic further during the second public comment period.

Ms. Conn continued discussing AIM. She informed members the American College of Obstetricians and Gynecologists (ACOG) creates the evidence-based patient safety bundles

for AIM which are intended to be implemented by hospitals to improve specific maternal health outcomes in the clinical setting. There is no fee to participate but there is a data collection component. In many other states, AIM coordination and data collection is facilitated by a PQC. She stated Nevada is one of the few states that do not have a PQC, so the work is facilitated by DPBH staff.

Ms. Conn noted there is a private perinatal quality improvement company called Premier Perinatal that is working with some hospitals in Southern Nevada to implement patient safety bundles they developed (which are not developed/endorsed by ACOG and therefore are not evidence-based). This has caused those facilities to discontinue implementing the AIM's evidence-based patient safety bundles due to duplication of efforts.

Ms. Conn invited questions from the Board.

Dr. Clemons asked to clarify if Premier Perinatal is separate from the state PQC that is included in the upcoming biennium's budget request.

Ms. Conn confirmed Premier Perinatal is a separate entity from the state. Premier Perinatal is a national corporation working with hospitals nationwide.

Dr. Clemons asked if hospitals had signed contracts to work with Premier Perinatal.

Ms. Conn could not confirm if contracts had been signed only that the hospital declined to participate in AIM due to its partnership with this company.

Ms. Ives observed there is no data sharing between Premier Perinatal and state agencies; hospitals working with Premier Perinatal operate in a closed-loop system. Premier Perinatal does not use the data gathered to improve maternal health outcomes statewide and therefore does not function as a true PQC.

There are no other questions.

## **Agenda Item 6**

*INFORMATIONAL: Presentation on Maternal and Child Health (MCH) Reports and MCH Updates, Title V Block Grant Site Visit Review – Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH*

Ms. Conn provides an overview of Title V programs and the Title V site visit. All referenced slides are included and may be referenced in the meeting packet.

Dr. Brill asked if there was any impact to Nevada's Title V funding based on changes at the federal level.

Ms. Conn responded currently there has been no funding impact and no communication from federal partners regarding changes to funding or activities.

Dr. Brill asked if the Title V team can access health-related information/data needed from federal websites due to recent website changes/outages.

Ms. Ives informed the Board there have been impacts to the Pregnancy Risk Assessment Monitoring System (PRAMS) perinatal surveys. The impacts have made it so the program

cannot follow Institutional Review Board (IRB) protocols for survey implementation. Ms. Ives said all changes are important to note for awareness when items are taken down and made available again. She explained states enter data into federal systems, so when changes do happen, DPBH retains all the original data at the state level.

There are no other questions.

## **Agenda Item 7**

*FOR POSSIBLE ACTION: Make recommendations for future agenda items – Keith Brill, MD – Chair*

Dr. Brill requested suggestions for future agenda items. He also asked if the Board would like to track legislative bills in an official capacity.

Ms. Ives commented that past MCHAB members elected to meet more frequently or establish subcommittees to track legislative items but doing so is at the will of current membership. She reminded the Board its capacity is limited to making recommendations to the DPBH Administrator.

Dr. Brill gauged interest among the Board for tracking legislative items with the understanding that the Board's capacity is limited to making recommendations and meetings only happen quarterly.

There are no further comments regarding tracking legislative items.

Elika Nematian asked for clarification on the procedure for the submission of future agenda items.

Ms. Conn explained any items could be suggested during the current agenda item, as well as future agenda items can be submitted via email (or mail) to DPBH staff up to 30 days prior to the next scheduled Board meeting.

Ms. Ives referenced Nevada Revised Statute (NRS) chapter 442 for the list of topics under the purview of this Board for reference when submitting agenda item topics for consideration.

## **Agenda Item 8**

*Second Public Comment Period*

Ms. Ives shared a snapshot of the Governor's recommended budget which includes within the Maternal, Child, and Adolescent Health Section (Budget Account 3222) a request to support the creation of a statewide PQC. She encourages members to track the budget account throughout the Legislative Session if they are interested in the outcome of this budget request.

Ms. Ives also briefly summarized and brought the Board's awareness to SB78 which proposes to revise provisions and statewide structures relating to many boards, commissions, councils, and similar regulatory/advisory bodies.

Dr. Clemons asked in reference to the PQC if and how the collaborative was represented within the Governor's recommended budget.

Ms. Ives responded because of the need for certain types of subject matter expertise (SME) on a PQC, the funding, if approved through the Legislature, would likely move forward as a formal Request for Proposals (RFP) for an external entity to oversee the PQC activities. The budget request includes elements for a small PQC that could host trainings/webinars, manage/administer data systems, the basic staffing for a program coordinator, funds to pay for clinical SMEs from both the neonatal and obstetric maternal fetal medicine specialties, and other related budgetary components. The Governor's proposed budget only reflects a grand total and is not broken down into expense categories.

Dr. Clemons asked in reference to SB78 if it is related to the reorganization of the DHHS [Nevada Department of Health and Human Services].

Ms. Ives responded that in her perspective this bill is distinct and independent from the proposed reorganization of DHHS.

Dr. Brill requested a list of hospitals that participate in the AIM program.

Ms. Conn agreed to make the list available to the Board.

Dr. Brill asked if the primary reason for non-participation [in AIM] was the collaboration with private entities.

Ms. Conn responded it is a mix of reasons/barriers for each hospital. Some hospitals are participating with these private entities, but others are just not staffed sufficiently to accommodate the data reporting and normal coordination requirements. She noted again how many AIM initiatives are operated by PQCs in other states. Since PQCs are staffed by clinical experts, rather than non-clinical public health staff, they are more successful at encouraging and maintaining hospital participation.

Dr. Brill called for other public comment. None is made.

## **Agenda Item 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 a.m., and November 7, 2025, at 9:00 a.m.*

Dr. Brill asked if the times shown were previously approved.

Ms. Conn stated they were previously approved.

## **Agenda Item 10**

### *Adjournment*

The meeting was adjourned at 10:08 a.m.

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.