
Maternal and Child Health Advisory Board MEETING AGENDA

DATE: February 10, 2023, TIME: 9:00 AM

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

CALL-IN NUMBER: +1 (775) 321-6111 ACCESS CODE: 987 609 938#

ONE TAP PHONE NUMBER: [+1 775-321-6111,,987609938#](tel:+17753216111)

VIDEO CONFERENCE LINK: [Click here to join the meeting](#)

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

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

1. Call to order/roll call – Linda Gabor, MSN, RN, Chair

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

2. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on December 16, 2022 – Linda Gabor, MSN, RN, Chair

PUBLIC COMMENT

3. FOR POSSIBLE ACTION: Discussion and possible recommendations regarding consideration of new appointees and/or to renew expiring terms for MCHAB members. Recommendations will be submitted to the Administrator for consideration of submission to the Nevada State Board of Health for consideration of renewal appointment – Linda Gabor, MSN, RN, Chair

PUBLIC COMMENT

4. FOR POSSIBLE ACTION: Presentation and possible recommendations to the Division of Public and Behavioral Health (DPBH) regarding the *Maternal Mortality and Severe Maternal Morbidity, Nevada 2020-2021* report – Praseetha Balakrishnan, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services (DHHS) and Tami Conn, MPH, Maternal, Child, and Adolescent Health Section Manager, DPBH

PUBLIC COMMENT

5. FOR POSSIBLE ACTION: Discussion of Advisory Board member highlighted Maternal and Child Health Bill Draft Requests, including but not limited to BDR 40-380, 15-425, 15-40, 40-44, and 40-64, for possible recommendations of the Board to the Administrator of DPBH, including possible recommendations to form a BDR subcommittee– Linda Gabor, MSN, RN, Chair

PUBLIC COMMENT

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

PUBLIC COMMENT

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

PUBLIC COMMENT

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

9. Public Comment

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

10. Adjournment

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

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

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

We are pleased to make reasonable accommodations for members of the public who are living with a disability and wish to attend the teleconferenced meeting. If special arrangements are necessary, please notify Kagan Griffin in writing by email (kgriffin@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) 684-4134 before the meeting date. Anyone who would like to be on the Maternal and Child Health Advisory Board mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above.

If you need supporting documents for this meeting, please notify Kagan Griffin, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-4134 or by email at kgriffin@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health Website at www.dpbh.nv.gov.

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

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

**MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
December 16, 2022
9:00 AM**

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on December 16, 2022, beginning at 9:00 A.M. at the following locations:

Call in Number: 1-775-321-6111

Access Code: 267 207 129#

Video: https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGFzZDMzZjgtODgzYy00ZGFiLWJiYTgtOTZjMTlmNTc0MzU1%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22bb84ca8a-3f3b-4056-a6d9-384f4ed76533%22%7d

BOARD MEMBERS PRESENT

Chair Gabor (Linda), MSN, RN

Marsha Matsunaga-Kirgan, MD

Keith Brill, MD

Katie Hackler, BSN, RN, RNC-OB, C-FMC

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

BOARD MEMBERS NOT PRESENT

Melinda Hoskins, MS, APRN, CNM, IBCLC

Fred Schultz

Noah Kohn, MD

Fatima Taylor, M.Ed., CPM

Senator Marilyn Dondero Loop

Assemblywoman Claire Thomas

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Vickie Ives, MA, Deputy Bureau Chief, Child, Family and Community Wellness (CFCW)

Tami Conn, MPH, Section Manager, Maternal, Child, and Adolescent Health (MCAH) Section, CFCW

Kagan Griffin, MPH, RD, Program Manager, Title V Maternal and Child Health (MCH), MCAH, CFCW

Jazmin Stafford, Program Coordinator, Teen Pregnancy Prevention, MCAH, CFCW

Rhonda Buckley, Administrative Assistant II, EHDI, MCAH, CFCW

Elli Komito, MPH, Program Coordinator, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), MCAH, CFCW

Eileen Hough, MPH, Adolescent Health and Wellness Coordinator, MCAH, CFCW

Cassius Adams, MSHCD, Children and Youth with Special Healthcare Needs Coordinator, MCAH, CFCW

Samm Warfel, Program Coordinator, Rape Prevention and Education (RPE), MCAH, CFCW

Anastasia Cadwallader, MBA, Maternal and Infant Health Program Coordinator, MCAH, CFCW

Chayna Corpuz, MPH, Sexual Risk Avoidance Education Program Officer I, MCAH, CFCW

Cortnee Scurry, MSW, Contracted Maternal Mortality Review Committee MSW

Tierra Sears, Administrative Assistant II, DPBH, CFCW

Lisa Light, Accounting Assistant III, Immunization Program and MCAH, CFCW

OTHERS PRESENT

Ghasi Phillips-Bell, ScD, MS, Centers for Disease Control and Prevention (CDC) MCH Epidemiology Assignee to Nevada

Praseetha Balakrishnan, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services (DHHS)

Marcia O'Malley Project Coordinator, Family Navigation Network (FNN), Nevada Center for Excellence in Disabilities (NCED), University of Nevada, Reno (UNR)

Denise Tanata, J.D., ECCS Director, The Children's Cabinet

Jennifer Vanderlaan, PhD, MPH, CNM, FNP, Assistant Professor, UNLV School of Nursing

Kelly Verling, RN, BSN, Public Health Nurse Supervisor, Washoe County Health District (WCHD)

Jamelle Nance, Strong Start Prenatal-to-Three Director, Children's Advocacy Alliance (CAA)

Jeanette Belz, Belz & Case Government Affairs, CAA

Eilish Kelderman, LMSW, Coordinator, FNN, NCED, UNR

Katharyn Reece, MHL, BSN, RN, CEN, Clinical Services Manager, Carson City Health and Human Services

April Cruda, MPH, Program Officer II, Office of Minority Health and Equity (NOHME), DHHS, Director's Office

Abigail Hatefi, Health Program Specialist I, Substance Abuse Prevention and Treatment Agency, DHHS

John Packham, PhD, Associate Dean, Office of Statewide Initiatives, Co-Director, Nevada Health Workforce Research Center

Joyce Abeng, MPH, Public Health Diversity Advisor, Larson Institute, UNR School of Public Health

Logan Gallaway, Contracted Economist II, Office of Analytics, DHHS

Lisa Lottritz, MPH, RN, Division Director, Community and Clinical Health Services, WCHD

Tina Dortch, MPA, Program Manager, NOHME, DHHS, Director's Office

Tori Diego, Program Manager, Nevada Statewide Maternal and Child Health Coalition

Veronica Galas, Division Manager, Carson City Health and Human Services

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

Chair Linda Gabor called the December 16, 2022, meeting to order at 9:02 A.M.

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

Kagan Griffin requested attendees identify themselves in the Microsoft Teams chat box.

2. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal Child Health Advisory Board meeting on August 5, 2022– Linda Gabor, MSN, RN; Chair

MARSHA MATSUNAGA-KIRGAN, MD, ENTERTAINED A MOTION TO APPROVE THE AUGUST 5, 2022, MEETING MINUTES. KEITH BRILL, MD, SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No Public Comment.

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

Chair Gabor stated the vote is to update the MCHAB Committee Bylaws to align with changes made to the relevant Nevada Revised Statutes (NRS) during the 81st Legislative Session. Chair Gabor explained the vote taken at the August 5, 2022, meeting was not conducted according to proper procedure, so a new motion to conduct a vote is needed.

Assembly Bill (AB) 287 of the 81st Legislative Session changed to relevant NRS to gender neutral language, and those changes were codified, resulting to wording changes in the objectives of the MCHAB as set forth in NRS 442.137. Under Article 2 (two) of the MCHAB Bylaws, the purpose and objectives on objective number 12 (twelve) change the word mothers to persons who are pregnant and giving birth or have given birth.

DR. BRILL ENTERTAINED A MOTION TO VOTE ON UPDATING THE MCHAB COMMITTEE BYLAWS TO ALIGN WITH CHANGES MADE TO THE RELEVANT NRS DURING THE 81ST LEGISLATIVE SESSION. LORA CARLSON SECONDED THE MOTION.

THE VOTE TO APPROVE THE CHANGES TO THE MATERNAL CHILD HEALTH ADVISORY BOARD BYLAWS PASSED UNANIMOUSLY.

No Public Comment.

4. FOR POSSIBLE ACTION: Discussion and possible recommendations regarding consideration of new appointees and/or to renew expiring terms for MCHAB members. Recommendations will be submitted to the Administrator for consideration of submission to the Nevada State Board of Health for consideration of renewal appointment – Linda Gabor, MSN, RN, Chair

Chair Gabor stated she would like to have a discussion regarding attendance at MCHAB meetings. Chair Gabor asked Ms. Griffin to read the relevant section of the MCHAB Bylaws. Ms. Griffin read Article III (Board Requirements) Section A (Membership) of the MCHAB Bylaws: “Each member is expected to actively participate in a majority of the meetings and participate in assigned tasks. The MCH Advisory Board may, after discussion, request a member to resign due to two absences without cause.”

Dr. Matsunaga-Kirgan asked to what period of time the two absences without cause referred.

Ms. Griffin stated the Bylaws do not specify, but is most likely for the term of a member.

Vickie Ives asked if it would be helpful to copy the Bylaws into the chat, along with the scope of the role of the Board and the list of Board members to assist in discussion.

Dr. Matsunaga-Kirgan asked if the screen could be shared instead with the Bylaws pulled up.

Ms. Griffin shared the Bylaws on her screen.

Chair Gabor stated the MCHAB has experienced not having quorum for meetings which negatively impacts the schedules of many people. Chair Gabor stated she would like to hear discussion from Board members regarding attendance and if frequent absences of some Board members affects their ability to perform MCHAB duties.

Dr. Matsunaga-Kirgan stated her support that a Board member should be expected to be an active participant on the Board. Dr. Matsunaga-Kirgan asked how an absence needs to be documented in order to be considered with cause and if a conflicting meeting would be considered with cause?

Ms. Griffin stated a conflicting meeting would be considered with cause, and that letting Ms. Griffin know in an email would be appropriate documentation.

Chair Gabor stated there is an issue with a Board member who has not attended a meeting in over a year. Chair Gabor stated that the member has expressed interest in staying on the Board, but has still not been attending meetings. Chair Gabor asked if the Board would support asking that member to resign so the position could be refilled?

Dr. Matsunaga-Kirgan stated sending a letter or e-mail stating the attendance expectations and that the Board has noticed they have not been met would be best, to give the members a notice so they can either make changes or resign.

Dr. Brill stated that communications with Board members who miss a meeting should start after missing one meeting without cause, instead of after a year of missing meetings.

Chair Gabor stated that after a letter has been sent to a Board member for attendance, and the member does not still participate in meetings, according to the Bylaws it would be appropriate to ask for resignation from that Board member.

DR. MATSUNAGA-KIRGAN ENTERTAINED A MOTION TO SEND A LETTER TO BOARD MEMBERS WHO ARE NOT MEETING ATTENDANCE REQUIREMENTS AS SET FORTH IN THE MCHAB BYLAWS. IF FAILED ATTENDANCE CONTINUES TO OCCUR, RESIGNATION WILL BE REQUESTED FROM THE BOARD MEMBER. DR. BRILL SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No Public Comment.

5. INFORMATIONAL: Presentation on Health Workforce Shortages and Policy: Implications for Maternal and Child Health in Nevada—John Packham, PhD, Associate Dean, Office of Statewide Initiatives, Co-Director, Nevada Health Workforce Research Center, University of Nevada, Reno School of Medicine

John Packham, PhD, stated a correction to his credentials from the agenda—he is a PhD, not a

MD. Dr. Packham presented on health workforce development in Nevada, including an overview of the health workforce demand in Nevada, data on persistent workforce shortages in primary care, dental health, mental health, and nursing, and opportunities and strategies to address provider shortages. Dr. Packham stated a white paper entitled “Addressing Nevada’s Nursing Workforce Shortages: A Call to Action” can be found in the meeting packet. Dr. Packham stated an update to the *Nevada Rural and Frontier Health Data Book* will be published soon, and he will work to get that disseminated to the Board.

Chair Gabor asked if other western states, including California, Oregon, Washington, and Hawai’i, are seeking inclusion in the Nurse Licensure Compact?

Dr. Packham stated there are efforts in those states to be included, but he can really only speak about Nevada. Dr. Packham stated there has been pushback in Nevada, but data finds 90 to 95 percent support of the compact among registered nurse licensees in Nevada. The Nevada Nurses Association also supports the compact.

Dr. Brill asked if there is data about the location of physician assistants and nurse practitioners?

Dr. Packham said most are located in Southern Nevada, and not in the rural and frontier areas.

Ms. Carlson stated she is a nursing leader at Renown. Ms. Carlson said in the past two years she has seen a large increase in nursing staff wanting to work part time or per diem. Ms. Carlson asked if the nursing shortage number data reflects this trend, because she is concerned the nursing shortage data is larger than what is being presented in the current data.

Dr. Packham stated this will be a larger problem moving forward as the economy improves as more options become available to workers. Dr. Packham stated he does not have concrete data related to that question at this time.

Ms. Carlson stated that probably 65 percent of her nursing staff is full time, and the other 35 percent are per diem or part time, which is an increase of 20 percent in the past two years.

Dr. Packham stated that the Nevada Hospital Association reported hospitals across the state have 400 to 500 in-patients who are medically cleared for discharge but cannot find post-acute care due to shortages in post-acute care and rehabilitation.

Chair Gabor stated she looks forward to hearing back from Dr. Packham in a year or two with updated numbers.

No Public Comment

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

Praseetha Balakrishnan presented COVID-19 updates for the maternal and child health population in Nevada. Ms. Balakrishnan provided an overview of COVID-19 cases, deaths, vaccinations, and specific data related to childbearing-age women, youths, and pregnant people, including case, death, and vaccination breakdowns by age group and race and ethnicity.

Chair Gabor thanked Ms. Balakrishnan for the presentation and for the clear definitions of overrepresentation and underrepresentation related to the data.

No Public Comment

7. INFORMATIONAL: Presentation on Children’s Advocacy Alliance 2023 Legislative Priorities—Jamelle Nance, Strong Start Prenatal-to-Three Director, Children’s Advocacy Alliance

Jamelle Nance presented on the 2023 legislative priorities related to maternal and child health for the Children’s Advocacy Alliance on behalf of the Health Policy Manager, Carissa Pearce. Ms. Nance explained data and research used to determine and support legislative priorities came from the Policy Impact Center through Vanderbilt University and expertise of partners, parents, and community members. Ms. Nance provided an overview of maternal health policies including twelve-month postpartum Medicaid coverage and paid family leave, and child health policies including twelve months of continuous eligibility and updated Nevada Revised Statutes language to Fetal Alcohol Spectrum Disorder.

No Public Comment

8. INFORMATIONAL: Presentation on Nevada Early Childhood Comprehensive System (ECCS) Strategic Priorities –Denise Tanata, J.D., ECCS Director, The Children’s Cabinet

Denise Tanata presented on updates to the Health Resources Services Administration (HRSA) Early Childhood Comprehensive Systems grant awarded in August 2021 and runs through July 2026. Ms. Tanata provided an overview of the new strategic plan for the Nevada Early Childhood Advisory Council to align with the grant, as well as the relevant goals and priorities.

No Public Comment

9. INFORMATIONAL: Presentation on Health in All Policies (HiAP) – Joyce Abeng, MPH, Public Health Diversity Advisor, Larson Institute, University of Nevada, Reno School of Public Health

Joyce Abeng presented on HiAP and the work being prepared by the Larson Institute for the upcoming legislative session. Ms. Abeng explained the role of HiAP to integrate health considerations into policymaking across sectors to improve the health of all communities and provided an overview of HiAP projects. Ms. Abeng discussed a HiAP project focused on doula services and identifying ways to make doula work more sustainable, equitable, and inclusive that has resulted in the development of a birthing resources directory and work on a white paper. Ms. Abeng discussed Assembly Bill 256 of the 81st Legislative and efforts to incentivize Medicaid with higher reimbursement rates to motivate more doulas to become Medicaid providers in

Nevada.

Ms. Carlson asked if other states are employing doulas within hospitals?

Ms. Abeng stated she will find out and email Ms. Carlson.

Chair Gabor asked when Ms. Abeng's white paper will be completed?

Ms. Abeng stated by January 1st the health note and white paper will be available and she will be conducting a health note training session for policymakers.

No Public Comment

10. FOR POSSIBLE ACTION: Discussion of Maternal and Child Health Bill Draft Requests (BDRs), including BDRs 40-380, 15-425, 15-40, 44 and 64, and possible recommendations to the Administrator of DPBH, including possible recommendations to form a BDR subcommittee– Linda Gabor, MSN, RN, Chair

Chair Gabor stated that the Board could either form a Legislative Subcommittee as it has done the past to make recommendations or come to the February meeting with identified BDRs and use the February meeting to draft language as a group for recommendations.

Dr. Brill asked for clarification on the recommendation process and if the Board's recommendations have produced results in the past?

Chair Gabor stated that one of the objectives of the Board is to make recommendations, and that the impact of the Board most likely depends on information being received from other entities.

Dr. Brill stated he is not suggesting the Board stop making recommendations but would like feedback to make sure the Board is making an impact and understand the weight of the Board on legislative outcomes.

Ms. Griffin read the MCAHB Bylaws pertaining to the purposes of the Board in Article 2.

Ms. Ives provided an overview of the history of recommendations and the Committee. Ms. Ives stated the current one sentence BDR descriptions make it difficult to understand the full scope of the policy landscape until the bill text is published which can be fairly late possibly impacting recommendations timelines. Ms. Ives stated if there is a specific bill during session a group wants to support a letter is useful and is what MCHAB has done in the past. Ms. Ives stated letters go to the DPBH Administrator. Ms. Ives noted making suggestions on specific policy recommendations as early as possible is helpful given existing timelines.

Dr. Brill asked for more general information regarding recommendations from the Board and if they have ever made an impact in the past.

Ms. Ives stated that letters from the Board are helpful to have that information go to DPBH

leadership if they are needed to testify or present educational material around a bill. The letter is helpful to show the MCHAB body of experts have highlighted a bill as a priority. Ms. Ives stated that these recommendations are valuable which is why this pathway is codified in statutes.

Chair Gabor stated she feels strongly working on this in February rather than doing a separate subcommittee would be more impactful. Chair Gabor encouraged members of the Board to come to the February meeting prepared with bills they strongly support and supporting documentation and work on putting together recommendations at the February meeting.

The Board unanimously agreed this was acceptable.

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

Tami Conn provided an update on AIM and stated the first patient safety bundle, the severe hypertension bundle, launched on October 1st and the first quarter of data reporting is due mid-January. Ms. Conn stated that there are 18 birthing facilities in Nevada and there are nine facilities enrolled in AIM and one rural non-birthing facility hospital also participating. Ms. Conn invited any interested hospitals to join AIM and stated that even though the first bundle has started it is not too late to enroll.

Ms. Conn also provided an update on the MMRC, stating the Committee has met four times so far in 2022 and the upcoming legislative report is due at the end of December, which will contain data from calendar years 2020 and 2021. Ms. Conn stated after the report is submitted and approved by the Legislative Counsel Bureau it will be shared and posted online. Ms. Conn also stated informant interviews started being conducted to help provide more information on cases. Ms. Conn stated there is an open spot for a member and the announcement will be released and shared with the MCHAB Listserv.

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

Ms. Griffin presented updates on the Title V MCH Program. Ms. Griffin introduced Chayna Corpuz, MPH, as the new Sexual Risk Avoidance Education (SRAE) Program Officer I, and Dr. Ghasi Phillips-Bell as Centers for Disease Control and Prevention Epidemiology Field Assignee to Nevada supporting Maternal Child Health for the Division.

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

Chair Gabor stated that the February meeting will include a discussion of BDRs of interest to the Board and drafting language for the letter and if necessary, the opportunity to form a legislative subcommittee.

14. FOR POSSIBLE ACTION: Approval of MCHAB meeting dates for 2023—Linda Gabor, MSN, RN, Chair

Chair Gabor stated the 2023 MCHAB meeting dates needing approval from the Board are for February 10th, May 5th, August 4th, and November 3rd.

DR. MATSUNAGA-KIRGAN ENTERTAINED A MOTION TO APPROVE THE MEETING DATES FOR THE MATERNAL CHILD HEALTH ADVISORY BOARD FOR 2023. DR. BRILL SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No Public Comment

15. Public Comment

Ms. Ives stated American Rescue Plan Act (ARPA) funding granted to the Nevada State Public Health Laboratory will help support eventual addition of additional conditions to the blood spot panel. These conditions include X-linked Adrenoleukodystrophy (x-ALD), Spinal Muscular Atrophy (SMA), Mucopolysaccharidosis Type I (MPSI – Hurler syndrome), Mucopolysaccharidosis Type II (MPSII – Hunter syndrome), and Glycogen Storage Disease Type II (Pompe). This funding will support the purchase of equipment, reagents, testing, and baseline setting to support the new conditions. Ms. Ives also noted another project related to opioids will be implemented by the Nevada State Public Health Laboratory and the lab would be the point of contact for any questions.

Meeting adjourned at 11:28 A.M.

Placeholder for Agenda Item 4:

Presentation on Maternal Mortality and Serve Maternal Morbidity, Nevada 2020-2021 Report, Praseetha Balakrishnan, MS, Biostatistician II, Office of Analytics and Tami Conn, MPH, Maternal, Child and Adolescent Health Section Manager

82nd (2023) Legislative Session Bill Draft Requests for Discussion

Maternal Child Health Advisory Board Scope per NRS 442.137

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

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

MCHAB Member Identified BDRs of Interest

- AB6 (BDR 40-380)
Assembly Committee on Health and Human Services
Revises provisions relating to the cost of health care.
- SB38 (BDR 15-425)
Senate Committee on the Judiciary
Revises provisions relating to offenses against children.
- BDR 15-40
Assemblywoman Rochelle Nguyen
Revises provisions governing women's health.
- BDR 40-44
Senator Cannizzaro
Revises provisions relating to women's health.
- BDR 40-64
Assemblywoman Thomas
Revises provisions governing the Maternal Mortality Review Committee.

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

1/13/2023

Updates are for October 1, 2022, through December 30, 2022

Maternal and Infant Health Program (MIP)

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

Maternal and Infant Health Program Title V/MCH Funded Partners

MCH Coalition

- The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Nevada Children's Medical Home Portal, Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, SoberMomsHealthyBabies.org, NevadaBreastfeeds.org, and the Nevada Tobacco Quitline.
 - During this quarter, 224 New Mama Care Kits were distributed to post-partum individuals by the South MCH Coalition. The North MCH Coalition is in the process of expanding New Mama Care Kits distribution to the North and rural areas.
- A new campaign "Count the Kicks" started in October of 2021 to shed light on and prevent stillbirths in Nevada and is ongoing.
- The following meetings have been held this quarter:
 - North MCH Coalition Meetings:
 - October 13, 2022
 - November 10, 2022
 - South MCH Coalition Meetings:
 - October 11, 2022
 - November 8, 2022
 - Steering Committee Meetings:
 - November 17, 2022
- Social Media Posts for MCH Coalition
 - From October 1, 2022, to December 31, 2022, for Facebook and Instagram followings:
 - Facebook likes increased from 551 to 558 with an increase of 7 over three months from October 1, 2022, to December 31, 2022.
 - Instagram followings increased from 854 to 910 followings, an increase of 56 followings over three months from October 1, 2022, to December 31, 2022.
 - Instagram posts increased from 511 to 567 posts, an increase of 56 posts over three months from October 1, 2022, to December 31, 2022.

The Regional Emergency Medical Services Authority (REMSA)

- REMSA continues to provide safe sleep media outreach and conduct activities with safe sleep partners as part of their Cribs for Kids Program, including community event participation statewide.
 - No Infant Safe Sleep Brochures were distributed this quarter.
 - 352 survival kits were purchased and distributed this quarter.
- REMSA also focuses on injury prevention and distributed 0 posters and 2 binders this quarter.
- The program coordinator position has been vacant this quarter, so training and distribution numbers may differ from prior reports.

Washoe County Health District (WCHD)

- Title V MCH Block Grant currently funds all WCHD Fetal Infant Mortality Review (FIMR) efforts. WCHD continues to review records for FIMR.
 - Two Case Review Team (CRT) meetings were held from October 1, 2022, to December 31, 2022, with eight cases presented and discussed. Six new FIMR cases were received between October 1, 2022, and December 31, 2022.
 - FIMR staff continue to assist with the dissemination of materials for the “Count the Kicks” fetal movement awareness campaign and assists Healthy Birth Day, Inc. With outreach efforts as needed.
 - FIMR staff will be assisting with the implementation and distribution of “New Mama Care Kits” in Northern Nevada once the project rolls out in Northern Nevada.

Carson City Health and Human Services (CCHHS)

- CCHHS conducted 338 adult wellness screenings. Referrals were made for 12 women experiencing intimate partner violence, 8 afflicted with mood disorders, 9 who use alcohol, and 9 with a history of substance use.
- CCHHS counseled self-identified persons who use tobacco/nicotine with a Brief Tobacco Intervention resulting in 9 referrals to the NTQ to change smoking/vaping habits.
- During clinic visits, 31 youth or family members received information about health care transition and were provided with resources to learn more.
- CCHHS referred 16 pregnant persons to WIC for breastfeeding education and support.
- CCHHS works collaboratively with the in-house WIC office and discussed the value of a medical home with 79 individuals and or families.
- CCHHS clinic signage and social media:
 - Two monthly Sober Moms Healthy Babies website awareness messages were placed on the clinic signage and one Facebook campaign was conducted. Social media reached 1,298 viewers with 150 engaging.
 - One monthly Text 4 Baby awareness message was placed on the clinic signage. The one-month Text 4 Baby Facebook campaign reached 1,384 individuals with 195 engaged users.
 - One monthly women well-visit awareness message was placed on the clinic signage. The one-month well-visit campaign reached 2,222 individuals with 52 engaged users.
 - One monthly health care transition awareness message was displayed on Facebook. The campaign reached 875 individuals with engagement of 156 users. This successful

interaction resulted from Facebook opening more targeted audience features and time of day it previewed.

- One monthly health care transition awareness message was displayed on Facebook. The campaign reached 875 individuals with an engagement of 156 users.
- One monthly Medicaid awareness message was displayed on Facebook. The campaign reached 3,139 individuals with 341 engaged users.

Community Health Services (CHS)

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

Other MIP Efforts

Substance Use During Pregnancy

- All subgrantees continue to promote the SoberMomsHealthyBabies.org website
- Title V MCH staff participate in Substance Use workgroups and collaborate with the Substance Abuse Prevention and Treatment Agency (SAPTA) on the Comprehensive Addiction Recovery Act (CARA) initiatives. This includes the Infant Plan of Safe Care, and Perinatal Health Initiative efforts.

Breastfeeding Promotion

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

Media Campaigns and Outreach Efforts

Safe Sleep

- A TV and Radio Campaign ran from October 1, 2022, through November 30, 2022, with 101 total TV spots aired and 2,673 radio spots aired
 - TV
 - North: 73 English, 12 Spanish
 - South: 16 English, 0 Spanish
 - Radio
 - North: 809 English, 130 Spanish
 - South: 1,659 English, 75 Spanish

SoberMomsHealthyBabies.org

- A TV and Radio Campaign ran from October 1, 2022, through December 31, 2022, with 94 total TV spots aired and 2,882 radio spots aired
 - TV
 - North: 69 English, 11 Spanish
 - South: 14 English, 0 Spanish
 - Radio
 - North: 852 English, 295 Spanish
 - South: 1,654 English, 81 Spanish

Rape Prevention and Education Program (RPE)

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

RPE Funded Partners

University of Nevada, Las Vegas (UNLV)

- UNLV received 23 applications for their Care Peer Program (CPP) during this reporting period; applications will be reviewed and interviews will be conducted in May 2022.
- Director attended virtual site fair for Human Service interns to promote CPP, approximately 10 students reached. Instagram was used to promote CPP with a reach of 620 unique users.
- UNLV conducted 2 live presentations to the Academic Success Center and College of Liberal Arts 100 class. There were also 8 virtual presentations.
- UNLV 2 rounds of CPP training this quarter. In total, there were 18 student leaders that participated in training.
- Overall, 16 Care presentations were conducted this quarter (a combination of in-person, live-virtual, and pre-recorded presentations), with a total of 435 participants that were students, faculty, and staff

University of Nevada, Reno (UNR)

- UNR's training program was completed in September and is being piloted with student interns. Student interns are working towards the completion of the 45-hour training.
- UNR's training program was included in many campus events and presentations throughout October including Howl Fest, a Domestic Violence Resource Event, Panhellenic, Division of Student Services, Fraternity Sorority Life, and Phi Sigma Rho.
- 1,466 students were reached during this time period through presentation and community outreach events.

Safe Embrace

- Safe Embrace attended three community outreach events during this reporting period. In addition, two staff members were able to attend two in-person bystander intervention trainings by another RPE recipient, Signs of Hope in Las Vegas.

- Safe Embrace has conducted outreach and scheduled trainings with three new hospitality and entertainment venues. Since the program's start in late 2019, 23 establishments have memorandums of understanding in place and receive information, training, and policy guidance.
- Safe embrace has completed seven trainings with local hospitality and entertainment venues in the last year.

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

- Signs of Hope continues to institutionalize relationships with MGM Resorts International and Wynn Resorts and seek new partnerships to expand safety practices. In the last year, 57 presentations were given at 8 different properties.
- Signs of Hope continues to support a 24-hour crisis response hotline.
- The utilization of the newly revamped PartySMART website has brought in a total of 25,673 visits to the site and 67,438 page views during this quarter. <https://partysmartinlv.com/>
- Signs of Hope continues to provide trainings to local elementary and secondary school teachers. Reached 21 elementary and 5 secondary schools.

Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)

- NCEDSV is continuing the work of the statewide Economic Justice Workgroup; they currently have 15 organizations across Nevada that participate. The workgroup convened one time during this reporting period. NCEDSV worked on content for the one-pagers for five priority areas and an introduction. The one-pagers were a collaborative effort and genuinely represent the priorities and efforts of the workgroup. The one-pagers were submitted to the funders for final approval.

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

- 2017 Nevada PRAMS data had a response rate of 41% and 2018 data had a response rate of 39%, which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. 2019 weighted data was received in February and had a response rate of 42% which is under the CDC threshold of 50% to publish data. This data should be interpreted with caution due to the response rate.

- 2020 Nevada PRAMS data was received back from CDC October 2021, and had a response rate of 43%. This is under the CDC threshold of 50%, and data should be interpreted with caution due to the response rate.
- The primary goal for Nevada PRAMS is to increase response rates moving forward. Other states have indicated that changing the appearance of the survey package can significantly impact the response rates. So, Nevada PRAMS is currently working on updating the survey package. Additionally, Nevada PRAMS is currently exploring other contractors to conduct the PRAMS phone surveys since the current contractor is having difficulty with hiring and retaining phone call staff.

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 2022- December 2022: 99 Total TV Spots Aired, 3,433 Radio Spots Aired
 - TV
 - North: 56 English, 12 Spanish
 - South: 12 English, 19 Spanish
 - Radio
 - North: 1,108 English, 665 Spanish
 - South: 1,623 English, 37 Spanish

Promotional Items

Nevada PRAMS provides promotional items with our logo and website to a variety of organizations, hospitals, and clinics. Some of these promotional distribution efforts include item given to:

- Domestic Violence Intervention
- Nevada Institute for Children's Research and Policy Home of Prevent Child Abuse Nevada (PCANV)
- Nevada Coalition to End Domestic Violence
- Community Chest
- Centered Care Chiropractic
- Women, Infants and Children (WIC) clinics
- Nevada Outreach Training Organization
- Domestic Violence Programs Shoshone Paiute Tribes
- Domestic Violence Resource Center
- Signs of HOPE
- Nevada Inter-Tribal Council Conference

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 recommended vaccinations by age. As many as 229 reminders were made for children ages 0 – 6 years old (y.o.) and 2,560 for children and youth ages 7 – 17 y.o.
- CCHHS conducted 31 adolescent wellness screenings. Referrals were made for one youth experiencing intimate partner violence, 4 afflicted with mood disorders, and no referrals for self-reporting of tobacco/nicotine, alcohol, or substance use.
- Electronic youth-friendly risk assessments were conducted before clinic wellness visits. Adolescent Preventive Services (RAAPS) was filled out by seven adolescents and 25 young adults. Four adolescents and all young women reported being sexually active and responded to enhanced risk assessment questions inside Adolescent Counseling Technologies (ACT).
- During clinic visits, 31 youth or family members received information about health care transition and were provided with resources to learn more.
- Six high school classes toured the clinic to learn about services and were able to pick up information pertinent to their interest.
- Social media:
 - One monthly health care transition awareness message was displayed on Facebook. The campaign reached 875 individuals with engagement of 156 users. This successful interaction resulted from Facebook opening more targeted audience features and time of day it previewed.

Community Health Services (CHS)

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

Urban Lotus Project (ULP)

- Urban Lotus Project Trauma-Informed Yoga for Youth conducted no-cost yoga classes to adolescents. Several agencies hosted the yoga sessions with ULP conducting virtual classes each week. Most students attended multiple yoga classes resulting in several exposures to help them

cope with daily stressors.

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

- Preparations are being made to complete The Kindergarten Health Survey 2021-2022 Report. The annual report each year is placed inside <https://nic.unlv.edu/reports.html>
- Surveys have been sent to all 17 school districts for the 2022-2023 survey and 5,240 questionnaires have been received by NICRP.

Other Children's Health and AHWP Efforts

Adolescent Well Visits

- *Does Your Teen Need Health Coverage?* brochures were disseminated to various agencies and at outreach events addressing the value of adolescent well-visits and how to apply for health insurance.

Health Care Transition

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

Adolescent Motivational Interview (MI) Course

- Plans were made for UNR, Office of Continuing Medical Education to host a three-hour adolescent-focused MI session to be conducted virtually in Spring 2023. The course covers brain development, MI principles, and interactive practice sessions for skill-building.

School-Based Health Centers

- New best-practice content was added to the Nevada SBHC Toolkit pertinent to diversity, equity, and inclusion; trauma-informed care; special health care needs children; etc.
- Technical assistance was provided to agencies requesting guidance to advance SBHCs.

Media Campaigns and Outreach Efforts

Adolescent Well Visits and Health Care Transition

- DP Video created animated videos on the topics of (1) adolescent well visits and (2) health care transition. These images complete with messages and links for more information were boosted onto social media sites. Data analytics about numbers reached and engaged users will be reported later as this is a year-long campaign.

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 completed the last four (of six total) evening summer learning series for youth with special health care needs, their families/caregivers, and agencies serving this population. The sessions focused on topics of interest for special needs children (e.g., medications, Katie Beckett/Medicaid, supported decision making and behavioral health issues. Sessions were promoted through flyers and television/radio interviews and were attended by 22-46 individuals depending on the topic. Most participants were families with children experiencing special health care needs, lending to rich discussions in the 30-minute question and answer period.
- 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.
 - During this quarter, 31 calls to the hotline were answered. Sixty four calls were about therapy options, 5 were about school-related issues, and 113 were about insurance/payment/Katie Beckett issues. Ninety one referrals were made for educational advocacy, therapies, and paying for services.
 - 100% of staff trained on the Medical Home Portal.
 - 25 families were trained.

Children's Cabinet

- The Family Engagement Coordinator with The Children's Cabinet provides technical assistance and facilitates parent involvement in social emotional Pyramid Model (TACSEI) activities. From October 1, 2022, to December 31, 2022, two Technical Assistance trainings with 6 participants were conducted and 5 preschools and daycare centers were contacted and given informational materials.
- Data collection and evaluation for Pyramid Model activities is ongoing, with 11 sites collecting data. Three hundred and nine children have received Ages and Stages Questionnaire screenings.

Medical Home Portal

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

Other CYSHCN Program Efforts

- Title V MCH staff continued participation in the Pediatric Mental Health Care Access Program (PMHCAP) with the Nevada Division of Child and Family Services (DCFS). PMHCAP uses telehealth strategies like Mobile Crisis Response teams to expand mental health services for children in Nevada. Title V MCH staff recently peer reviewed the Early Childhood Mental Health Brief Development process and protocols initiated by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).

- Title V MCH staff presented to the Nevada Governor’s Council on Developmental Disabilities (NGCDD) on CYSHCN Programs and provided data and reporting.
- Title V MCH staff attended several meetings to learn about updates related to CYSHCN efforts.
- Title V MCH staff assisted in efforts to create and disseminate sensory-friendly vaccine kits designed to help medical providers through the process of vaccinating CYSHCN who experience difficulties during the vaccination process.
- Title V MCH staff attended all Mountain States Regional Genetic Network monthly meetings.

Media Campaigns and Outreach Efforts

Family Navigation Network

- A social media campaign for Family Navigation Network will run through September 2022 in an effort to promote the Medical Home Portal.

Cross-Cutting Programs and Efforts

Nevada 211

- Nevada 211 received 331 calls/texts from individuals who were pregnant, an infant in the home or resided with someone who was pregnant or a new parent. Callers were given information and/or referrals to the following Title V MCH endorsed programs: PRAMS (107), Sober Moms Healthy Babies website (2), Medical Home Portal (21), Text 4 Baby (109), Cribs for Kids (5), and Nevada Tobacco Quitline (10). No callers needed referrals for Perinatal Mood & Anxiety Disorder.
- Data from all callers' needs were reported pertinent to the MCH population such as suicide prevention (82), car seat installation (9), immunizations (7), and infant safe sleep (3).

Tobacco Cessation

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



Medical Home Portal

FFY2023 Q1 REPORT

1. FEATURE UPDATES

Features that have been significantly reworked or updated during the Quarter ending December 31, 2022.

A. Service Provider Category Review and Updates

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

1. *Information and Referral Resources*
2. *Interpretation and Translation Services*
3. *Libraries and Information Services*
4. *Professional Education & Training*
5. *Recreation*
6. *Transition to Adulthood*
7. *Transportation*
8. *Wish Foundations*

2. CONTENT UPDATES

Content that has been published or updated during the Quarter ending December 31, 2022.

A. New Content

- i. Clinical
 1. *Newborn Palliative Care Pathway*
- ii. For Families
 1. *Everyday Strategies to Help Improve Wellness*

B. Updated Content

- i. Clinical
 - 1. *3-Methylglutaconic Aciduria (3-MGA)*
 - 2. *Carnitine Palmitoyltransferase 1A (CPT 1) Deficiency*
 - 3. *Childhood Absence Epilepsy*
 - 4. *Childhood Epilepsy with Centrottemporal Spikes (CECTS)*
 - 5. *Epilepsy Surgery*
 - 6. *Evaluation & Treatment of a First Unprovoked Seizure*
 - 7. *Fabry Disease*
 - 8. *Febrile Seizures*
 - 9. *Holocarboxylase/Multiple Carboxylase Deficiency*
 - 10. *Juvenile Myoclonic Epilepsy (JME)*
 - 11. *Ketogenic Diet*
 - 12. *Postpartum Depression Screening*
 - 13. *Screening for Eating Disorders*
 - 14. *Seizures/Epilepsy*
 - 15. *SUDEP (Sudden Death with Epilepsy)*
 - 16. *Type 1 Diabetes*
- ii. For Families
 - 1. *Bullying*
 - 2. *Fabry Disease (Parent FAQ)*
 - 3. *Guardianship/Estate Planning*
 - 4. *Safety Precautions for Children with Seizures*
 - 5. *Timelines, Tools & Checklists*
 - 6. *Transition to Adulthood*
 - 7. *Transition-Related Legal Issues*
- iii. Other
 - 1. *Author & Reviewer Awards*

3. GOOGLE ANALYTICS

Google Analytics October 1- December 31, 2022. Traffic Refined for Quality Segment.
(Percentage change from previous quarter.) [Percentage change from previous year.]

A. Nevada

- i. Users: 10,915 (+3.53%) [+48.71%]
- ii. Sessions: 12,201 (+1.78%) [+46.73%]
- iii. Pageviews: 19,387 (+1.68%) [+33.74]*

B. Nationwide

- i. Users: 61,901 (+12.27%) [+20.43%]
- ii. Sessions: 71,108 (+12.47%) [+18.72%]
- iii. Pageviews: 88,059 (+9.76%) [+4.76%]*

C. Aggregated Subdomains

- i. Users: 141,609 (+3.45%) [+19.45%]
- ii. Sessions: 160,620 (+2.55%) [+16.67%]
Pageviews: 224,160 (-0.10%) [+0.07%]*

**[Percentage change from previous year] for this report were not compared to actual numbers but to estimates generated for Q1 FY 2022 and calculated manually - due to a data anomaly that occurred half-way through the Q1 FY 2022 reporting period, the actual numbers were over-inflated and inaccurate.*

Joe Lombardo
Governor



Richard Whitley, MS
Director

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



Lisa Sherych
Administrator

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

Request for Letters of Interest

DATE: February 7, 2023

RE: Maternal Mortality Review Committee Seeking a Member

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

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

Nevada's MMRC is seeking a new member. If you are interested in being considered for possible appointment to the MMRC please contact Vickie Ives, phone 775-220-4109, or by email: vives@health.nv.gov or Tami Conn, phone 775-684-4023, email: tconn@health.nv.gov, Fax: 775-684-5998, or Mailing address: 4150 Technology Way, Carson City, Nevada 89706 by Friday, March 3, 2023, and submit a letter of interest and a resume or *curriculum vitae*. Materials submitted will be forwarded to the Director for consideration for possible appointment.