Joe Lombardo
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Cody Phinney, MPH
Administrator

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

MATERNAL AND CHILD HEALTH ADVISORY BOARD

DATE: November 3, 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:

Join on your computer, mobile app or room device
Click here to join the meeting
Meeting ID: 257 880 509 217
Passcode: vFiagw
Download Teams | Join on the web
Or call in (audio only)
+1 775-321-6111, United States, Reno
Phone Conference ID: 966 457 740#
Find a local number | Reset PIN

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

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

Note: Agenda items may be taken out of order, combined for consideration, and/or removed from the agenda at the Chairperson's discretion

1. Call to order/roll call – Melinda Hoskins, MS, APRN, CNM – Vice Chair

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

Legislative Members: Senator Marilyn Dondero Loop; and Assemblywoman Claire Thomas

2. PUBLIC COMMENT: No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the MCHAB will place a five (5) minute time limit on the time individuals addressing the MCHAB. To provide public comment telephonically, dial 1-775-321-6111. When prompted to provide the meeting ID, enter 966 457 740. Members of the public utilizing the call-in (audio only) number may raise their hand by

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

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

PUBLIC COMMENT

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

PUBLIC COMMENT

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

PUBLIC COMMENT

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

PUBLIC COMMENT

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

PUBLIC COMMENT

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

PUBLIC COMMENT

9. FOR POSSIBLE ACTION: Update on election, discussion, nomination, and possible election of MCHAB Chair, pursuant to Nevada Revised Statutes 442.135 – Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH

PUBLIC COMMENT

10. FOR POSSIBLE ACTION: Make recommendations for future agenda items and approve dates for next year's MCHAB meeting dates – Melinda Hoskins, MS, APRN, CNM – Vice Chair

February 2, 2024 - 9am
May 3, 2024 – 9am
August 2, 2024 – 9am
November 1, 2024 -9am

PUBLIC COMMENT

Bureau of Child, Family and Community Wellness
4150 Technology Way, Suite 210 ● Carson City, NV 89706 ● (775) 684-4200 ● Fax (775) 687-7570 ● dpbh.nv.gov

11. PUBLIC COMMENT: No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the MCHAB will place a five (5) minute time limit on the time individuals addressing the MCHAB.

12. Adjournment

NOTICES OF PUBLIC MEETING HAVE BEEN POSTED AT THE FOLLOWING LOCATIONS: The Nevada Division of Public and Behavioral Health website at https://dpbh.nv.gov/Boards/MCAB/Meetings/2023/2023_Maternal,_Child_Health_Advisory_Board_Meeting_information/

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

We are pleased to make reasonable accommodations for members of the public who are living with a disability and wish to attend the teleconferenced meeting. If special arrangements are necessary, please notify Tierra Sears in writing by email (tsears@health.nv.gov), by mail (Maternal and Child Health Advisory Board, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 687-7576 before the meeting date. Anyone who would like to be on the MCHAB mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above.

If you need supporting documents for this meeting, please notify Tierra Sears, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 687-7576 or by email at tsears@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health Website at https://dpbh.nv.gov/Boards/MCAB/Maternal_and_Child_Health_Advisory_Board_home/ and on the Department of Administration's website at https://notice.nv.gov/.

This body will provide at least two public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. Additionally, it is the goal of the MCHAB to also afford the public with an item-specific public comment period. No action may be taken on a matter raised under public comment unless the item has been specifically included on the agenda as an item upon which action may be taken. The Chair retains discretion to only provide for the Open Meeting Law's minimum public comment and not call for additional item-specific public comment when it is deemed necessary by the chair to the orderly conduct of the meeting. Written comments in excess of one (1) typed page on any agenda items which requires a vote are respectfully requested to be submitted to the MCHAB at the below address thirty (30) calendar days prior to the meeting to ensure that adequate consideration is given to the material.

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

Bureau of Child, Family and Community Wellness
4150 Technology Way, Suite 210 ● Carson City, NV 89706 ● (775) 684-4200 ● Fax (775) 687-7570 ● dpbh.nv.gov

Attachment for Agenda Item #3

MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
May 5, 2023
9:00 AM

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on May 5, 2023, beginning at 9:00 A.M. at the following locations:

Call in Number: 1-775-321-6111
Access Code: 900 708 287#
Video: https://teams.microsoft.com/l/meetup-join/19%3ameeting_YWYzYzAzODItNTkzMS00N2ZjLWI4MzYtMWU1MGZlMTlhYWE4%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%2264e2ca4f-1880-4f05-b138-a7bbc32db396%22%7d

BOARD MEMBERS PRESENT
Chair Linda Gabor, MSN, RN
Melinda Hoskins, MS, APRN, CNM, BCLC
Keith Brill, MD
Katie Hackler, BSN, RN, RNC-OB, CGN
Marsha Matsunaga-Kirgan, MD
Fatima Taylor, M.Ed., CPM

BOARD MEMBERS NOT PRESENT
Fred Schultz
Noah Kohn, MD
Lora Carlson, BSN, RNC-OB, C-FMC
Senator Marilyn Dondero Loop
Assemblywoman Claire Thomas

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT
Tami Conn, MPH, Section Manager, Maternal, Child, and Adolescent Health (MCAH) Section, CFCW
Kagan Griffin, MPH, RD, Manager, Title V Maternal and Child Health (MCH), MCAH, CFCW
Jazmin Stafford, Program Coordinator, Teen Pregnancy Prevention, MCAH, CFCW
Chayna Corpuz, MPH, Sexual Risk Avoidance Education Program Officer I, MCAH, CFCW
Tierra Sears, Administrative Assistant II, MCAH, CFCW
Vanessa Rauch, Account for Family Planning Program Coordinator, MCAH, CFCW
Desiree Wenzel, Office Manager, MCAH, CFCW
Lisa Light, Management Analyst II, DPBH, 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)
Cimi Neal, Patient Advocate, Unified Women's Health, Women's Health Associations of Southern Nevada
Denise Tanata, JD, Early Childhood Comprehensive Systems Director, The Children's Cabinet
Marcia O'Malley, Project Coordinator, Family Navigation Network (FNN), Nevada Center for Excellence in Disabilities (NCED), University of Nevada, Reno (UNR)
Mimi Annan, MPH, CHES, Management Analyst, Nevada Office of Minority Health and Equity (NOMHE)
April Cruda, Program Officer II, NOMHE
Cheryl Rude, Practice Administrator, Serenity Birth Center
April Clyde, CNM, Clinical Director, Serenity Birth Center
Joyce Abeng, MPH, Public Health Diversity Advisor, Larson Institute, UNR School of Public Health
Lisa Lottritz, MPH, RN, Division Director, Community and Clinical Health Services, WCHD
Tina Dortch, MPA, Program Manager, NOHME, DHHS, Director's Office
Tawanda McIntosh, M.A.Ed., Community Educator, Dignity Health, St. Rose Dominican
Jennifer Vanderlaan, Ph.D., MPH, CNM, FNP, Assistant Professor, University of Nevada, Las Vegas School of Nursing
Kelly Verling, RN, BSN, Washoe County Health District
Rachel Warner, School/Childcare Coordinator, Immunization Section, DPBH

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

   Chair Linda Gabor called the May 5, 2023 meeting to order at 9:02 A.M.

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

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

2. **FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on February 10, 2023 – Linda Gabor, MSN, RN, Chair**

   KATIE HACKLER ENTERTAINED A MOTION TO APPROVE THE FEBRUARY 10, 2023, MEETING MINUTES. MELINDA HOSKINS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

   No Public Comment.

3. **FOR POSSIBLE ACTION: Discussion and possible action to recommend new appointees and/or to renew expiring terms on July 1, 2023, for MCHAB members. Recommendations will be submitted to the Administrator for consideration of submission to the Nevada State Board of Health for consideration, pursuant to Nevada Revised Statutes (NRS) 442.133(2)a –**

Kagan Griffin, MPH, RD

Kagan Griffin asked if Chair Gabor wanted to make a statement.

Chair Gabor stated she will be moving out of state in late June and will no longer qualify to be a member of the MCHAB. Chair Gabor stated it has been an honor to be Chair.

Ms. Griffin thanked Chair Gabor for her leadership and contribution to the Board.

Ms. Griffin stated this agenda item is to confirm if current members with expiring terms will continue their service on the Board or will be resigning. Ms. Griffin stated if the Board approves a motion, the MCAH Section will submit the recommendation for members interested in renewing their term with MCHAB to the Administrator. Dr. Brill, Fatima Taylor, Dr. Matsunaga-Kirgan, and Melinda Hoskins confirmed their intent to serve another term with MCHAB. Chair Gabor confirmed that she will be resigning. Ms. Griffin stated that since Katie Hackler's term is on a different cycle, her renewal will not be until next year. Ms. Griffin stated she will confirm with members not in attendance their intent to continue or resign.

Ms. Griffin stated an updated Request for Interest letter will be distributed after the meeting, as the number of open positions on the Board changed from four to three.

Chair Gabor reiterated the need for a motion for approval to renew expiring terms for Board members planning on continuing their service and to distribute the Request for Interest application to search for replacement members.

MELINDA HOSKINS ENTERTAINED A MOTION FOR LETTERS TO BE SENT TO THE NEVADA STATE BOARD OF HEALTH FOR ALL MCHAB MEMBERS REQUESTING TERM RENEWAL AND TO DISTRIBUTE THE REQUEST FOR INTEREST APPLICATION TO SEARCH FOR REPLACEMENT BOARD MEMBERS. DR. MARSHA MATSUNAGA-KIRGAN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No Public Comment.

4. **FOR POSSIBLE ACTION: Discussion and possible action to elect MCHAB Chair and Vice Chair, pursuant to NRS 442.135. – Kagan Griffin, MPH, RD**

Ms. Griffin stated that due to Chair Gabor's resignation, the Board will need to elect an MCHAB Chair. Ms. Griffin stated this could occur today, or the Board could choose to appoint someone to lead the meeting in August and vote during that meeting.

Melinda Hoskins stated that she would be willing to continue serving as Vice Chair and would lead the August meeting.

Chair Gabor asked for public comment, and there was none.

DR. KEITH BRILL ENTERTAINED A MOTION FOR MELINDA HOSKINS TO LEAD THE AUGUST MCHAB MEETING AND CONTINUE IN THE ROLE OF VICE CHAIR, AND TO ELECT A CHAIR AND VICE CHAIR FOR THE UPCOMING TERM AT THE AUGUST MEETING. FATIMA TAYLOR SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No Public Comment.

5. INFORMATIONAL: Presentation on Doula Medicaid Implementation Efforts in Nevada– Joyce Abeng, MPH, Public Health Diversity Advisor, Larson Institute, University of Nevada, Reno, School of Public Health

Joyce Abeng presented on doula Medicaid reimbursement efforts across the United States and what is being worked on in Nevada. Ms. Abeng explained the benefits of doulas and the national doula reimbursement by State. Ms. Abeng stated the national average for reimbursement for doulas is $1,224 for eight visits, and for Nevada the reimbursement rate is $450 for seven visits. Ms. Abeng explained that Nevada Assembly Bill (AB) 283, introduced on March 14th, 2023, is seeking to increase reimbursement rates for doula services to $1,500 for seven visits, as well as include incentive payments for doulas providing services in rural Nevada.

Dr. Brill asked if AB 283 is likely to pass, as his concern is that Nevada has one of the lowest Medicaid reimbursement rates in the country. Dr. Brill explained that he does not disagree that an increase is needed, but that the amount proposed in AB 283 seems very high, especially when compared to the average reimbursement rate for a physician for an entire global package for a delivery. Dr. Brill stated the proposed reimbursement rate for doulas is probably at or more than half of what a physician gets paid for an entire delivery. Dr. Brill explained that knowing Nevada has limited funds, while he would love to see more doula participation, the proposed rate in AB 283 does not seem realistic.

Ms. Abeng stated that AB 283 is going to Ways and Means but has not been scheduled yet. Ms. Abeng stated that while the reimbursement amount seems like a lot, when it is broken down into time spent doulas spend in labor and delivery as well as throughout pregnancy and postpartum, it is fair compensation. Ms. Abeng stated that with the current reimbursement rate and the amount of hours doulas spend with clients, the hourly rate is $7.48, which is below the minimum wage.

Melinda Hoskins stated she would like Ms. Abeng to advocate for nurse midwives too, as the total package for prenatal, delivery, and postpartum care is $1674 from Medicaid.

Chair Gabor stated that there seems to be concern in general around Medicaid reimbursement from all levels of care which can impact attracting providers to Nevada.

Ms. Griffin stated that there were updates to the slides for the presentation that were not included in the meeting packet, and the updated slides will be emailed and uploaded to the website at the conclusion of the meeting.

Dr. Matsunaga-Kirgan stated that doulas have been helpful in hospital during labor and delivery,

and while they are underpaid, the amount in this bill compared to how midwives and physicians are reimbursed could be a barrier to passing the bill.

No Public Comment

6. FOR POSSIBLE ACTION: Discussion and possible recommendations on legislation of the 82nd Legislative Session – Linda Gabor, MSN, RN, Chair

Chair Gabor explained that during the February MCHAB meeting bills were discussed that could be revisited and asked for the Board to provide comments on bills they want to support. Chair Gabor explained there was an attempt to have a Bill Draft Request (BDR) Subcommittee meeting on several dates but that due to a lack of quorum a meeting of the Subcommittee was unable to occur. Chair Gabor stated that the Board could draft a list of bills of importance and include comments that could be included in a letter to be sent to the Administrator of DPBH, or the Board could decide to discuss legislation but not send any letters.

Fatima Taylor stated it would be appropriate to review the bills discussed at the February meeting.

Chair Gabor stated that Senate Bill (SB) 38, which revises provisions relating to offences against children, had a motion approved to include the recommendation that penalties for crimes be the same regardless of the age of the victim.

Katie Hackler asked for clarification regarding the motion at the February meeting to write a letter of support of SB 38.

Chair Gabor explained that the Board itself must make recommendations on and provide information that is to be sent to the Administrator. Due to the Subcommittee meeting not occurring due to lack of quorum, this information has not been provided yet.

Ms. Griffin stated the Board will need to provide information on why the Board is in support of a particular bill to include in the letter, and the MCAH Section will draft the letter using that information to send to the Administrator.

Chair Gabor asked for Board comments for support of SB 38. There were no comments from the Board.

Chair Gabor stated discussion will move forward to SB 131 which passed the Senate on April 19th. Chair Gabor explained SB 131 revises provisions relating to reproductive health care and prohibits health care licensing board from disqualifying from licensure of disciplining a person for providing or assisting in the provision of certain reproductive health care services. Chair Gabor stated the concern is to ensure that Nevada is a safe harbor for women seeking reproductive care from licensed providers in this state from another state. Chair Gabor stated there are letters of support for SB 131 from other entities and explained there was a motion approved to support this bill in the February MCHAB meeting. Chair Gabor asked the Board for specific comments on why the Board supports SB 131.

Dr. Brill stated that a position of the Board is to not discipline providers of health care for performing healthcare services, and that is a policy the Board would support.

Ms. Taylor agreed with Dr. Brill's statement.

Chair Gabor asked for other comments.

DR. BRILL ENTERTAINED A MOTION FOR THE BOARD TO SUPPORT SB 131, AS THE MCHAB DOES NOT SUPPORT DISCIPLINE OF PROVIDERS FOR PROVIDING ESSENTIAL REPRODUCTIVE HEALTH CARE SERVICES IN THE STATE OF NEVADA. DR. MARSHA MATSUNAGA-KIRGAN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Chair Gabor asked for discussion on AB 168, which revises provisions governing the Maternal Mortality Review Committee (MMRC) in the Department of Health and Human Services to include provisions relating to fetal and infant mortality. Chair Gabor stated she will abstain from discussion on motions due to her current employment with the Washoe County Health District as a member of the Fetal Infant Mortality Review (FIMR) team. Chair Gabor stated AB 168 would make a statewide FIMR similar to the current MMRC.

Dr. Brill asked for clarification on if there was a FIMR in Nevada already?

Chair Gabor stated there is only a FIMR for Washoe County, not statewide.

Dr. Brill stated with that information, he strongly supports AB 168. Dr. Brill stated he was aware of discussions to add fetal and infant mortality into the MMRC, and he does not support that, since they are separate issues.

Chair Gabor stated AB 168 would not make one committee but would have two separate committees.

Melinda Hoskins stated that as a member of the MMRC she strongly supports AB 168 as she has seen issues come up that she wishes would be reviewed.

Dr. Brill stated the Board should support AB 168 because fetal and infant mortality deserves to be looked at statewide and not just a county level in similar thinking to the MMRC.

Ms. Hoskins stated the Board should include data on Nevada's status with regard to infant mortality and how a statewide FIMR would impact this.

Ms. Griffin stated the MCAH Section can put data into the letters of support if the Board wishes.

Ms. Hoskins asked what the mechanism of funding for the appropriate support staff would be?

Chair Gabor stated the fiscal note states "no fiscal impact." Chair Gabor asked if this is similar

to the MMRC where it was an unfunded mandate?

Ms. Hoskins stated for MMRC there was little funding and missed CDC funding the first cycle. This meant there was little funding in support doing interviews with families, which is an important part of the review process.

Dr. Matsunaga-Kirgan stated there should be a mention of financial support being needed for this committee for it to function well.

Tami Conn stated the Board could include a statement in the letter about funding if they think it should be attached to the bill.

DR. BRILL ENTERTAINED A MOTION FOR THE BOARD TO SUPPORT AB 168, AS THE MCHAB SUPPORTS A STATEWIDE FIMR SO FETAL AND INFANT MORTALITY CAN BE EXAMINED BEYOND A SINGULAR COUNTY LEVEL AND FOR THIS SUPPORT TO INCLUDE RECOMMENDATION FOR PROPER FINANCING TO ENSURE THE FIMR CAN FUNCTION PROPERLY. KATIE HACKLER SECONDED THE MOTION WHICH PASSED, WITH CHAIR GABOR ABSTAINING.

Chair Gabor asked for discussion on AB 6, which revises the provisions relating to the cost of health care. Chair Gabor stated she read in the Nevada Hospital Association letter on this bill that Nevada ranks 50th in the nation for access to health care. The Nevada Hospital Association's concern with AB 6 is that underserved areas will remain underserved because there is no money to serve them if the State's spending is limited based on benchmarking strategies. This could result in challenges with access to health care, accessing and maintaining health care facilities, and cost growth benchmarks being a disincentive for making capital growth expenditures. Chair Gabor stated the concern is that AB 6, if passed, would cement Nevada's last place ranking for decades. Chair Gabor stated another letter on behalf of the Nevada Association of Health Plans, Nevada Hospital Association, and Nevada State Medical Association opposed AB 6 because of concerns about health care cost growth targets the legislation would codify.

Dr. Brill asked if the Board could write a letter of opposition that states the Board supports comments of the Nevada Hospital Association and the Nevada State Medical Association?

Chair Gabor stated she believes so, and that the Nevada Hospital Association and Nevada State Medical Association did a great job on their letters and asked for clarification from the State.

Ms. Griffin stated that is appropriate. Ms. Conn also stated that the letter can state the Board opposes the legislation and supports the statements of the other organizations.

DR. BRILL ENTERTAINED A MOTION FOR THE BOARD TO OPPOSE AB 6, AS THE MCHAB SUPPORTS THE RECOMMENDATIONS OF OPPOSITION PRESENTED IN THE LETTER OF OPPOSITION ON BEHALF OF THE NEVADA HOSPITAL ASSOCIATION AND THE JOINT LETTER FROM THE NEVADA

ASSOCIATION OF HEALTH PLANS, THE NEVADA HOSPITAL ASSOCIATION, AND THE NEVADA STATE MEDICAL ASSOCIATION. DR. MARSHA MATSUNAGA-KIRGAN SECONDED THE MOTION WHICH PASSED, WITH FATIMA TAYLOR ABSTAINING.

Chair Gabor asked for additional bills the Board would like to present for discussion.

Ms. Taylor stated that the Aging and Disability Services Division is following AB 116 and is hoping to collaborate with MCAH on the resources and materials for the bill.

Chair Gabor asked if Ms. Taylor would like the Board to review the text of the bill and see if there are recommendations from the Board.

Ms. Taylor said that would be fine.

Ms. Hackler asked if AB 116 is just for Down Syndrome or if there could be language included for any other aneuploidy? Ms. Hackler asked if there could be clarification for language on prenatal tests that it is a diagnostic or screening test?

Chair Gabor stated the Board could draft support that ensures differentiation in understanding screening versus definitive test results.

Ms. Hackler stated support to have included in the information given.

DR. BRILL ENTERTAINED A MOTION FOR THE BOARD TO SUPPORT AB 116 AND INCLUDE A COMMENT THAT THE BOARD WOULD LIKE TO SEE INFORMATION PROVIDED REGARDING SCREENING AND DIAGNOSTIC TESTS FOR DOWN SYNDROME. FATIMA TAYLOR SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Chair Gabor asked for public comment.

Kelly Verling asked if the Board voted on AB 168.

Chair Gabor stated the Board is moving forward with a recommendation to support the bill.

Ms. Verling stated that while she agrees with a statewide initiative for a FIMR, she knows the current program took a long time to develop and there are many dedicated members within Washoe County for the Washoe County FIMR. Ms. Verling stated that there are many different communities with many different issues, so having individual boards at a local level with a higher state review board would be more appropriate.

Chair Gabor stated that now the State will take the information discussed under this agenda item and put together a letter with the information and reasons why the Board is supporting or opposing bills discussed.

Dr. Brill stated that since Legislative Session is almost over, the letter will need to be done quickly.

Ms. Griffin stated it is her top priority and will have them completed after the meeting and will pass them through DPBH leadership.

Dr. Brill stated for the Board's awareness AB 404 is being heard next week in the Assembly Judiciary Committee. Dr. Brill explained that AB 404 is trying to change the "Keep our Doctors in Nevada" tort reform that was voted on by Nevada citizens in 2004. Dr. Brill explained this will affect women's health providers.

Ms. Hoskins stated she supports Dr. Brill in the concerns around AB 404.

Dr. Matsunaga-Kirgan asked if the Board should make an official comment on the bill.

Dr. Brill stated the Board could, though he is unsure if will influence anything, as the Assembly Committee is looking for a compromise, which is not the Board's place to do. Dr. Brill stated that the Board could make a comment in opposition to AB 404 as currently written. Dr. Brill stated AB 404 is very anti-medical care in realistic terms as health care has costs and if malpractice rates are forced to come up it will mean less providers in Nevada and more providers retiring early.

Dr. Matsunaga-Kirgan stated it is important to not change reforms that were done 20 years ago because for Nevada the conditions existing then had every insurance company leaving the state, and providers leaving in droves. It would be a mistake to go back to those conditions.

Dr. Brill stated his agreement and explained that he serves on the board of an entity called "Your Nevada Doctors" which is a coalition of doctors, healthcare providers, payers, and hospitals that is doing the coordinated opposition to this bill.

DR. BRILL ENTERTAINED A MOTION FOR THE BOARD TO OPPOSE AB 404 BECAUSE IT WOULD GO AGAINST THE WILL OF THE PEOPLE OF NEVADA THAT WAS VOTED INTO LAW. DR. MATSUNAGA-KIRGAN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No additional public comment

7. **INFORMATIONAL: Presentation on Childhood Vaccine Coverage Data – Rachel Warner, School and Childcare Coordinator, Nevada State Immunization Program, DPBH**

Ms. Griffin introduced Rachel Warner as filling in for the original presenter from the agenda, Kristy Zigenis.

Ms. Warner presented on Nevada school entry requirements, kindergarten, 7th grade, and 12th grade vaccination rates, 7-series vaccine data, and data on infants that are not up to date with vaccinations.

Chair Gabor thanked Ms. Warner for the presentation.

No Public Comment

8. INFORMATIONAL: Presentation on Perinatal Mood and Anxiety Disorders—Tawanda Evans-McIntosh, M.A.Ed., Community Educator, Dignity Health, St. Rose Dominican

Tawanda Evans-McIntosh presented on the Perinatal Mood and Anxiety Disorders (PMAD) Program in Nevada, established in 2017 under the Nevada Statewide Maternal and Child Health Coalition. Ms. Evans-McIntosh stated that the PMAD Program has trained 600 individuals including UNLV Pediatric residents, doula groups, nurses, and other medical professionals.

Katie Hackler stated she put together a maternal mental health resource guide to give out to pregnant moms and had found online classes that could be taken for free. Ms. Hackler stated that one class has ended, and the other is an online one from California and asked if Ms. Evans-McIntosh knew of any resources that could be included.

Ms. Evans-McIntosh stated she teaches a baby basics class and in the first hour of that class PMADs are covered, and that Postpartum Support International would be great for online support groups. Ms. Evans-McIntosh stated she has an EventBrite that is over Zoom once a month that provides in-depth information on PMADs and how to stay connected in the community for support and healing.

Dr. Matsunaga-Kirgan thanked Ms. Evans-McIntosh for her hard work in an extremely important area.

No Public Comment

9. INFORMATIONAL: Presentation on Midwifery in Nevada—Dr. Jennifer Vanderlaan, UNLV School of Nursing, April Clyde, CNM, Serenity Birth Center, and Cheryl Rude, Serenity Birth Center

Dr. Vanderlaan presented on midwifery in Nevada and explained UNLV School of Nursing is beginning a nurse midwifery education program this fall, the first in Nevada. Dr. Vanderlaan stated currently Nevada only licenses nurse midwives to be midwives in Nevada and that is regulated under the Board of Nursing with other types of advanced practice registered nurses. Dr. Vanderlaan shared basic information on nurse midwifery in Nevada, including findings from her work on the American College of Nurse Midwives Midwifery workforce study. Dr. Vanderlaan stated the most recent certification data shows there are 65 certified nurse-midwives in Nevada, but that this overcounts working midwives in the State, and that the National Provider Identifier Database shows 51 nurse-midwives reporting a place of work in Nevada. However, the Nevada Board of Nursing Annual Report showed in 2021 there were only ten licensed nurse-midwives. Dr. Vanderlaan explained this overcounting occurs in every state, but that Nevada has only 1.4 midwives per 1,000 births, compared to the national average of 3.6, and Nevada ranks 44th in the nation for midwife density. Nevada has the lowest density of midwives of any state that has

independent midwifery practice. Dr. Vanderlaan presented on Medicaid reimbursement and access to midwifery services in Nevada based on ability to self-pay for services.

April Clyde and Cheryl Rude presented on their experience running a midwifery practice in Nevada at Serenity Birth Center. Ms. Clyde explained that Serenity Birth Center opened in 2020 and that disparity for reimbursement is significant, as well as noted the difficulty attracting midwives for community birth because it reimburses at 20-40% less than the same codes in a hospital setting.

Ms. Rude explained that midwives are not paid in parity by Medicaid or other private insurers for other women's health services, such as preconception services, sexually transmitted infection screenings, well-women exams, intrauterine device placements, and small lesion removals. Ms. Rude explained these lower reimbursements make it difficult to meet budgets and provide services, as well as attracting certified nurse midwives. Ms. Rude explained that the birth center has come up with a cost-rate per person of $2,200, which when compared to current reimbursement of $1,693 puts them in the negative. Ms. Rude stated the practice right now is almost 70% Medicaid and that it is difficult to know if that is sustainable without going nonprofit.

No Public Comment

10. 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

Ms. Conn presented updates on the MMRC and stated that Nevada MMRC support staff were able to attend the federal CDC meeting on the data system used for MMRC reporting. Ms. Conn explained that Nevada is one of the first states conducting informant interviews, and that a panel occurred at this meeting that Nevada's two social worker interviewers got to sit on the panel at the conference to present on Nevada's successes and challenges.

Ms. Conn stated that AIM has 10 out of 18 birthing facilities participating and working on the hypertension bundle. Ms. Conn stated that AIM will implement the hemorrhage bundle January 1st, 2024, while continuing to collect hemorrhage bundle data.

No Public Comment

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

Ms. Griffin presented Title V MCH Program updates including the Title V team's attendance at the Association of Maternal and Child Health Programs Conference in New Orleans from May 6th to May 10th and the beginning of a new Title V partnership with Yoga Haven in Las Vegas.

No Public Comment

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

Dr. Brill stated that it would be helpful if the next meeting included updates on the status of Board supported legislation.

Chair Gabor thanked everyone for the opportunity to serve as Chair of MCHAB, and that it has been wonderful. Chair Gabor stated the Board will continue to do a great job moving forward to improve the health of Nevada's moms, children, and adolescents.

13. Public Comment

No Public Comment

Meeting adjourned at 11:52 A.M.

Attachment for Agenda Item #4

Joe Lombardo
Governor

Richard Whitley
Director

Congenital Syphilis in Nevada -2022

Office Of Analytics

Amy Lucas, MS

November 3rd, 2023

Department of Health and Human Services

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

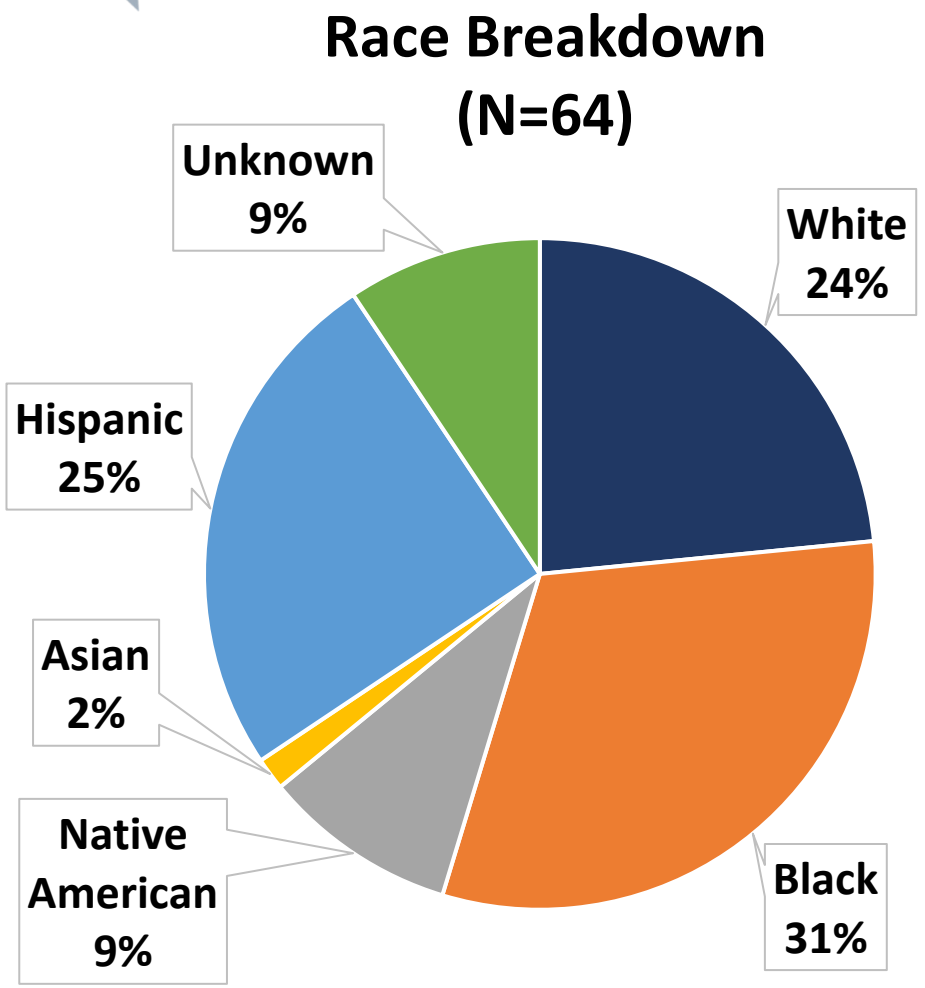
Introduction

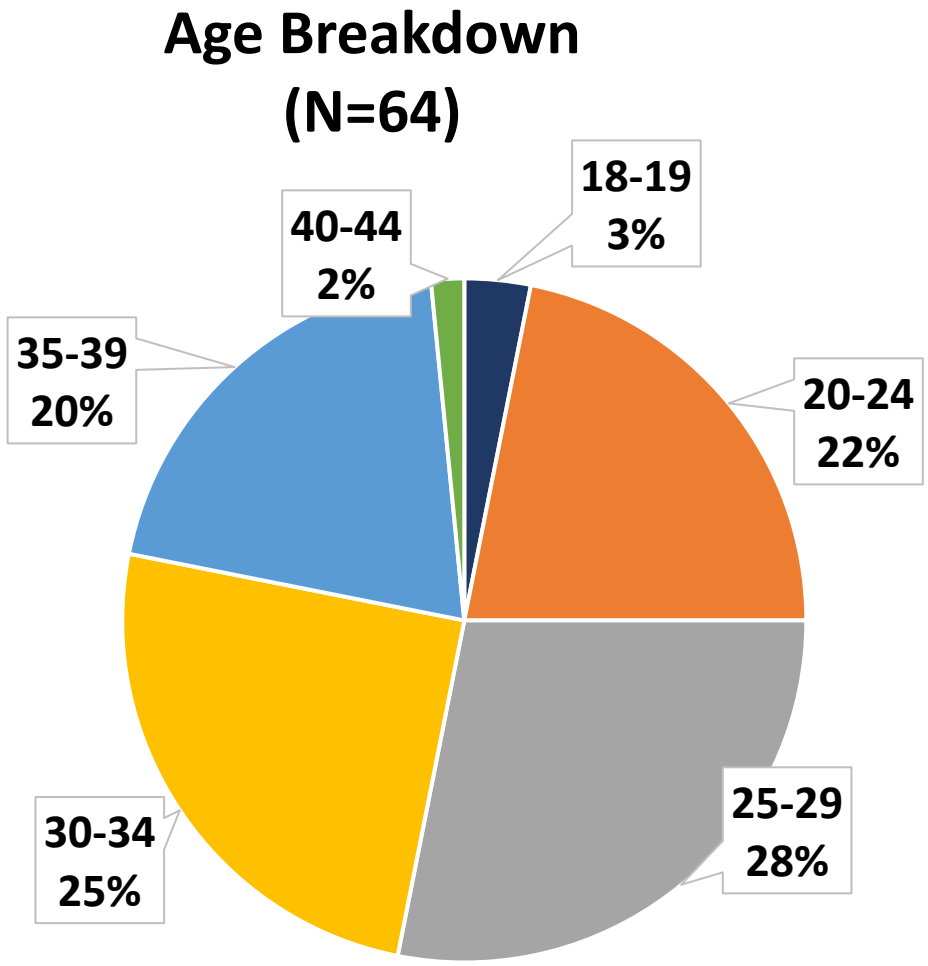
- 65 total cases in Nevada, 2022
  - One (1) could not be matched to a birth certificate or (fetal) death certificate
    - Analyses performed on 64 cases
- Five (5) were fetal deaths (8%)

Fast Facts 2022

- From 2018-2022, 79.7% of the 64 mothers had a syphilis diagnosis in Nevada (n=51).
  - Of the 51 mothers with a syphilis diagnosis, 62.7% ever had a diagnosis before birth (up to the day before birth) (n=32).
- Statistically significant associations (p-value <.0001):
  1. Congenital syphilis outcome and race/ethnicity.
     - Black, non-Hispanic and American Indian/Alaska Native, non-Hispanic more likely than other races/ethnicities
  2. Congenital syphilis outcome and if mother received prenatal care.
  3. Congenital syphilis outcome and birthweight.

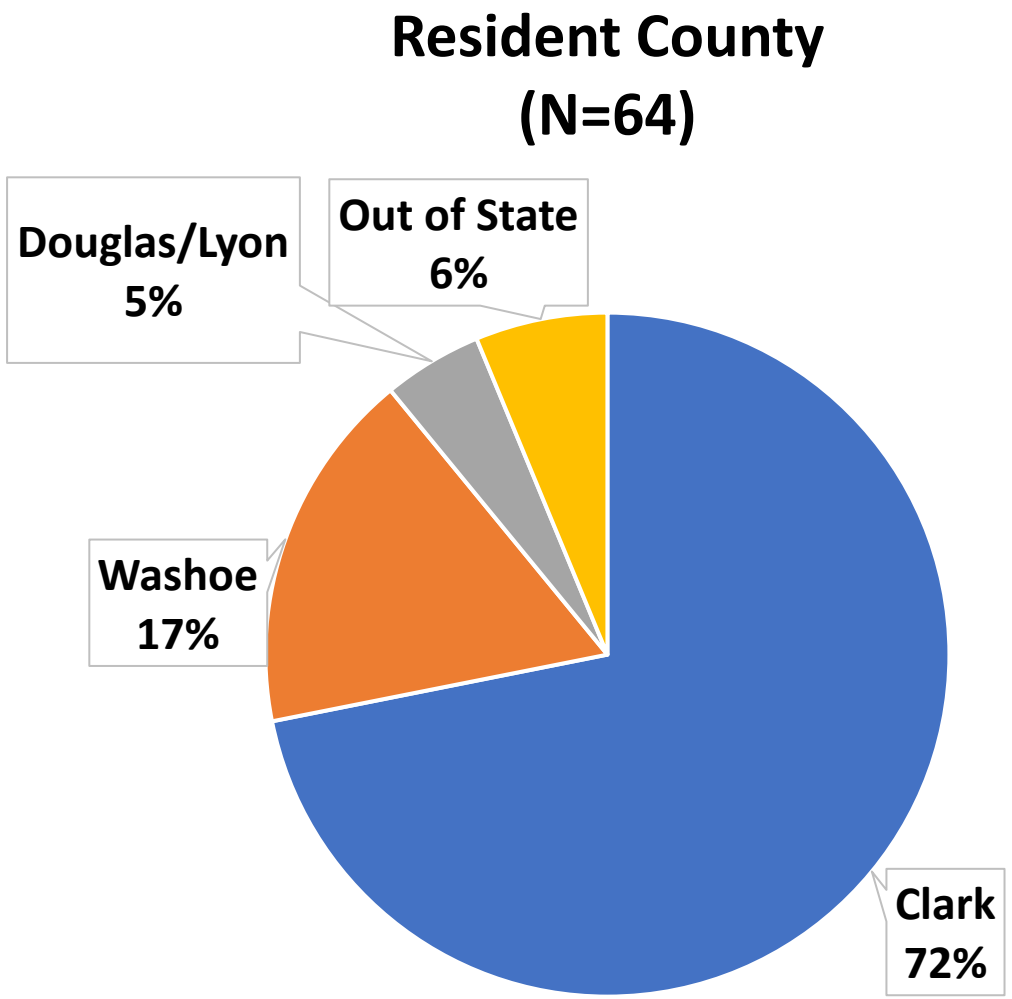
Age and Race/Ethnicity





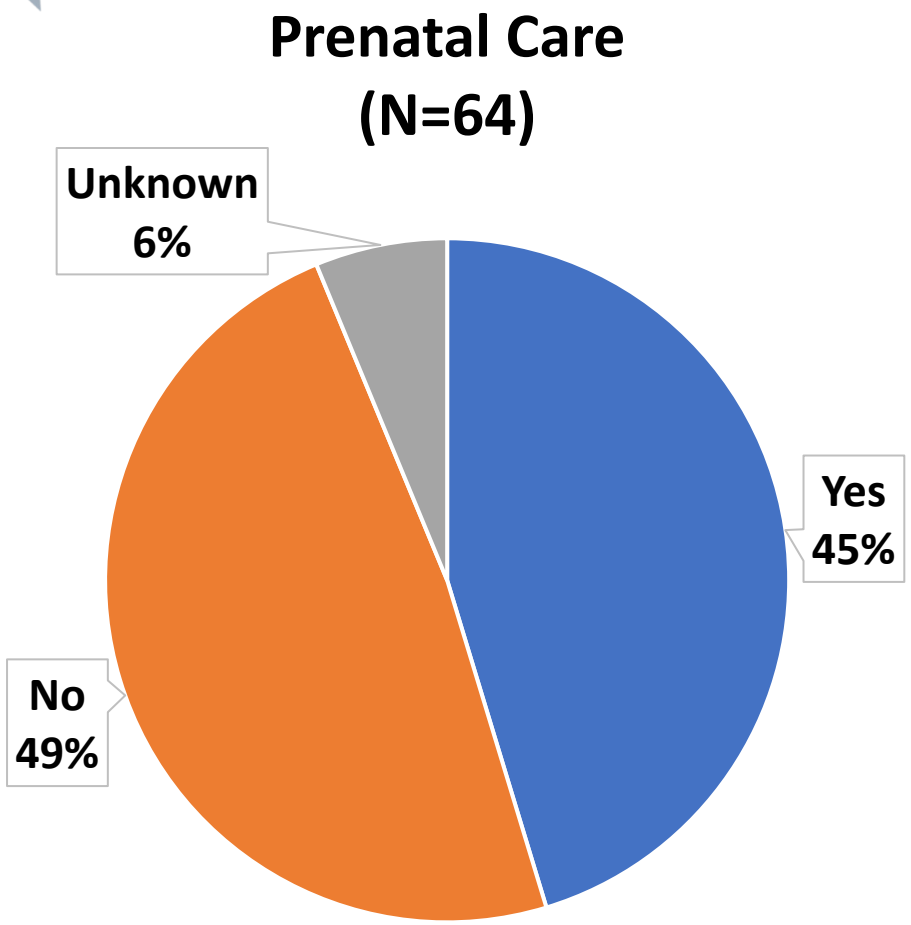
Source: Electronic Birth Records

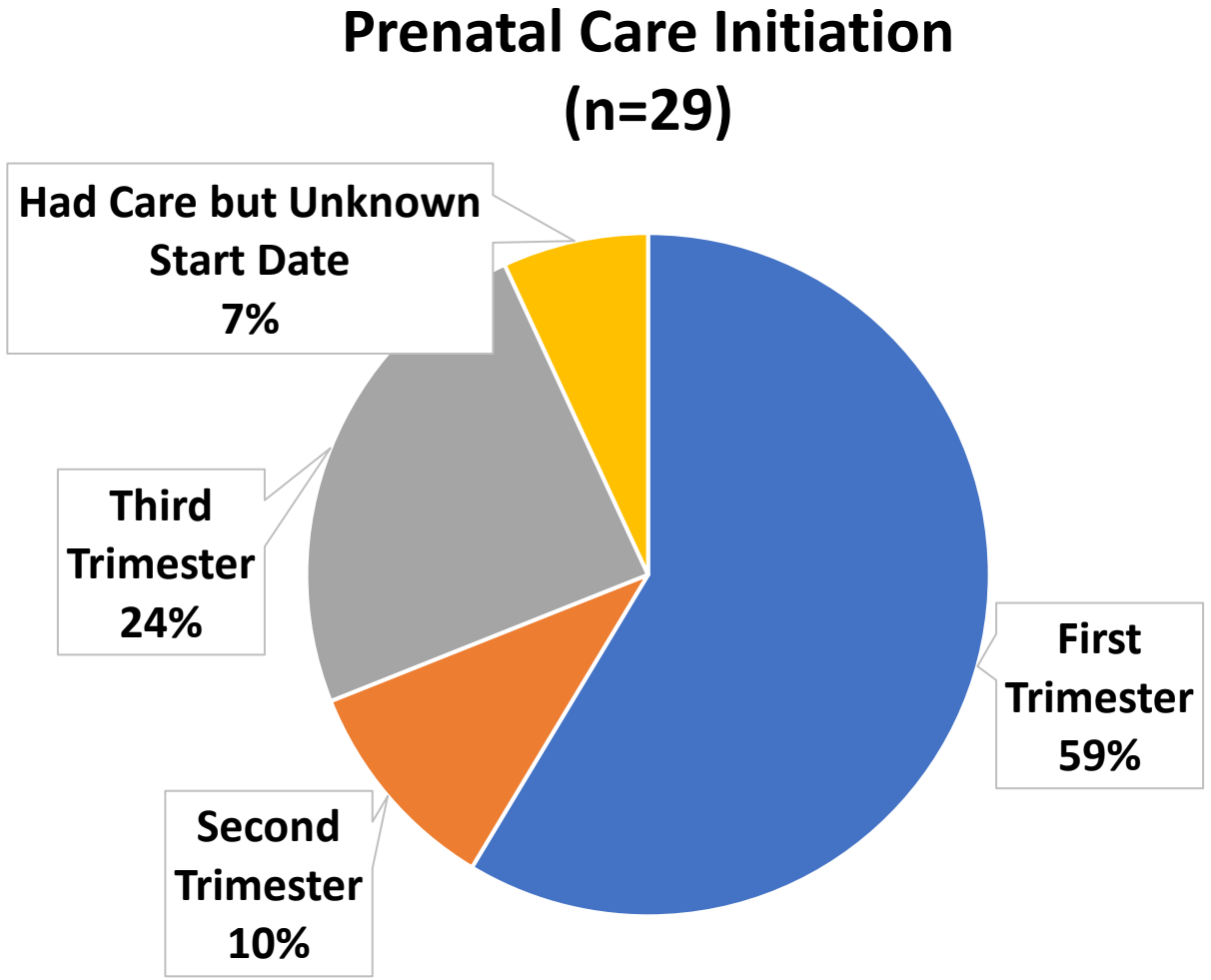
Mother's Resident County



Source: Electronic Birth Records

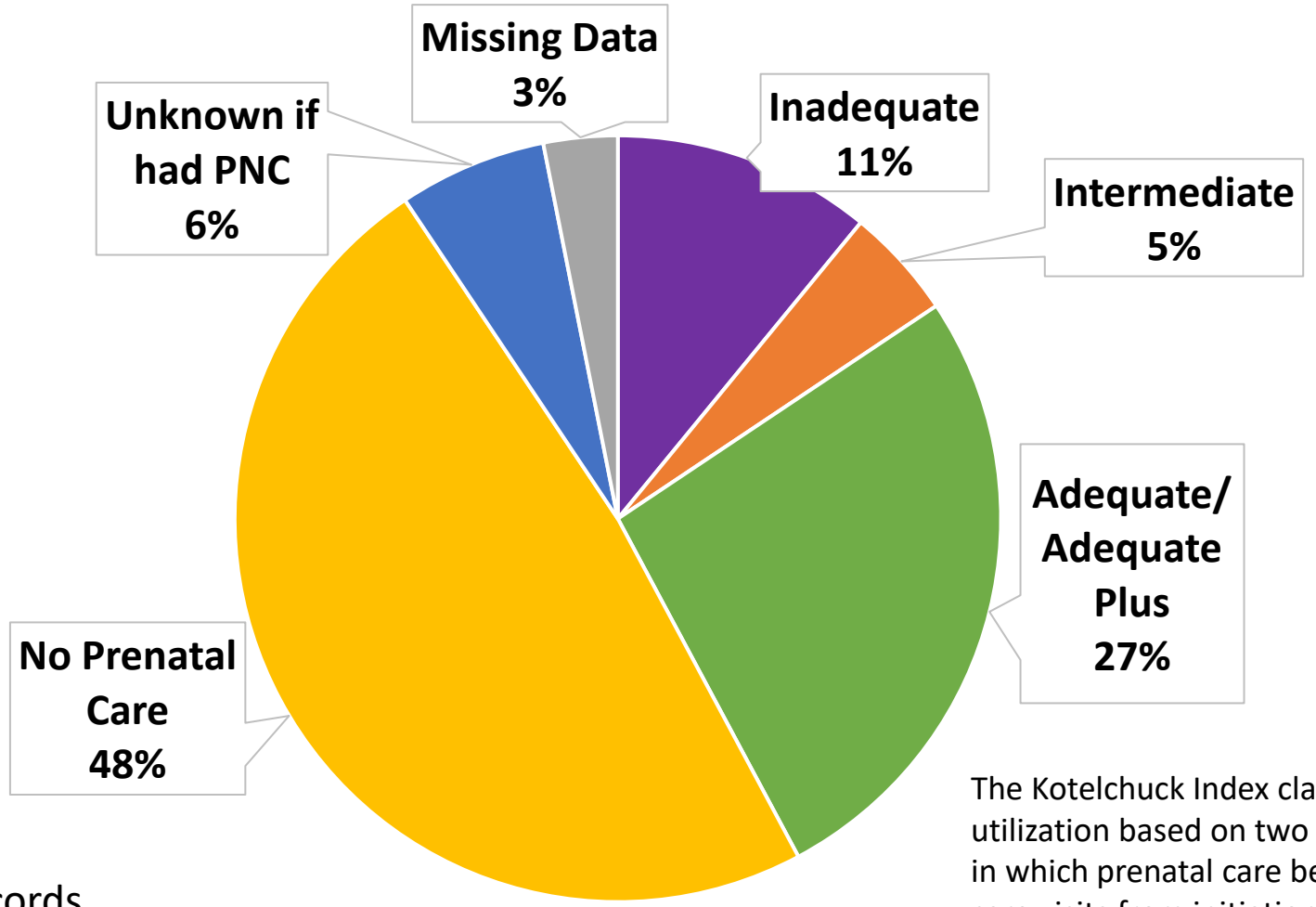
Prenatal Care





Source: Electronic Birth Records

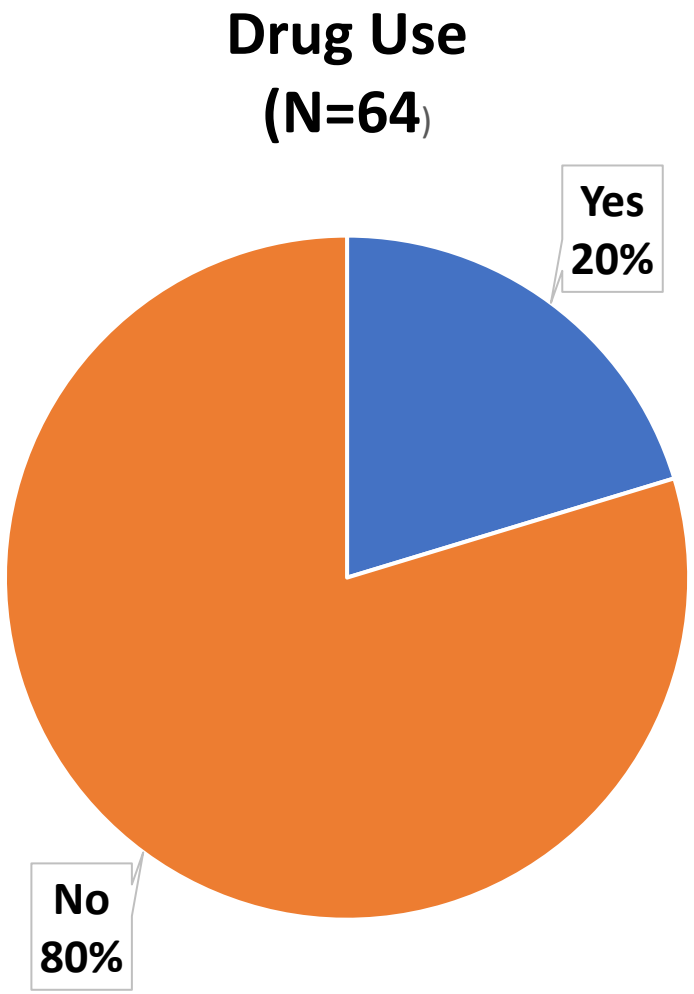
Adequacy of Prenatal Care



The Kotelchuck Index classifies the adequacy of prenatal care utilization based on two measures: the month of pregnancy in which prenatal care began, and the number of prenatal care visits from initiation to delivery.

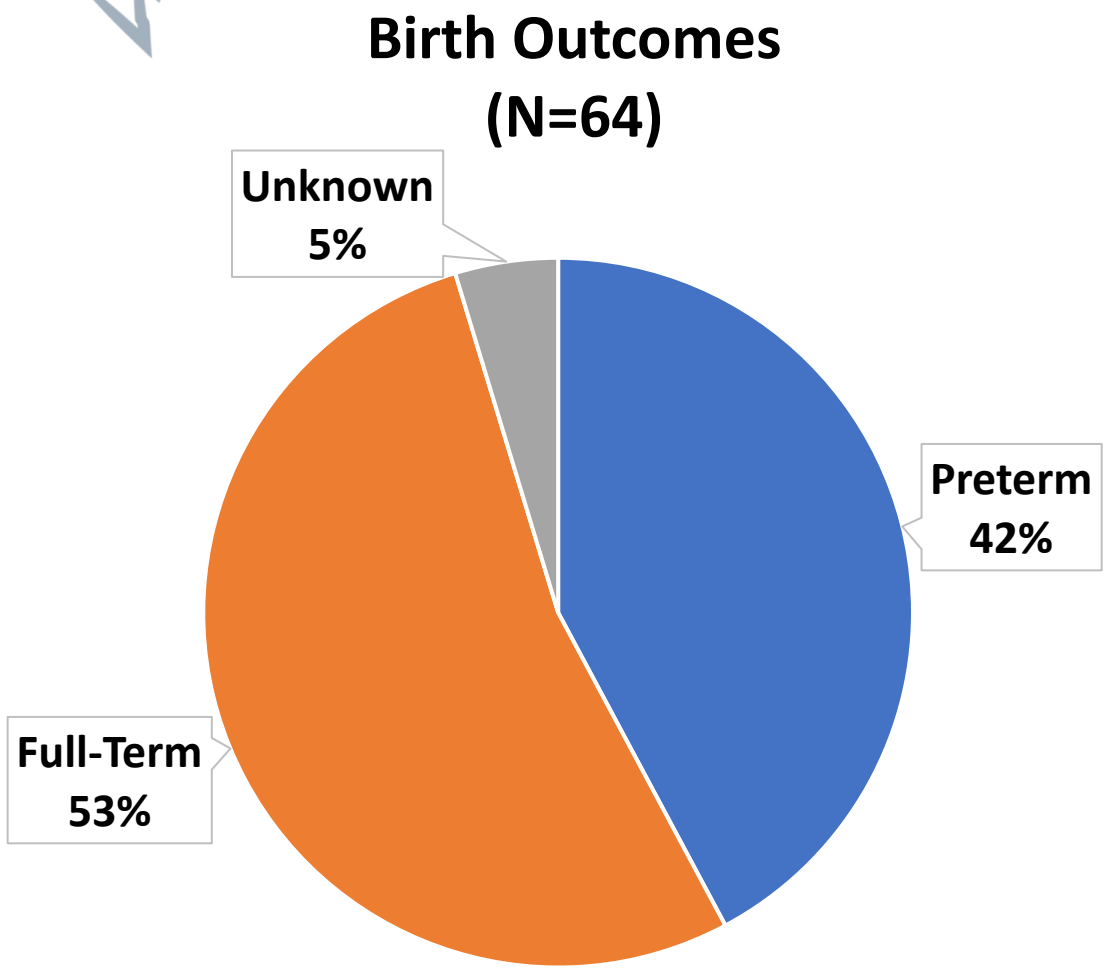
Source: Electronic Birth Records

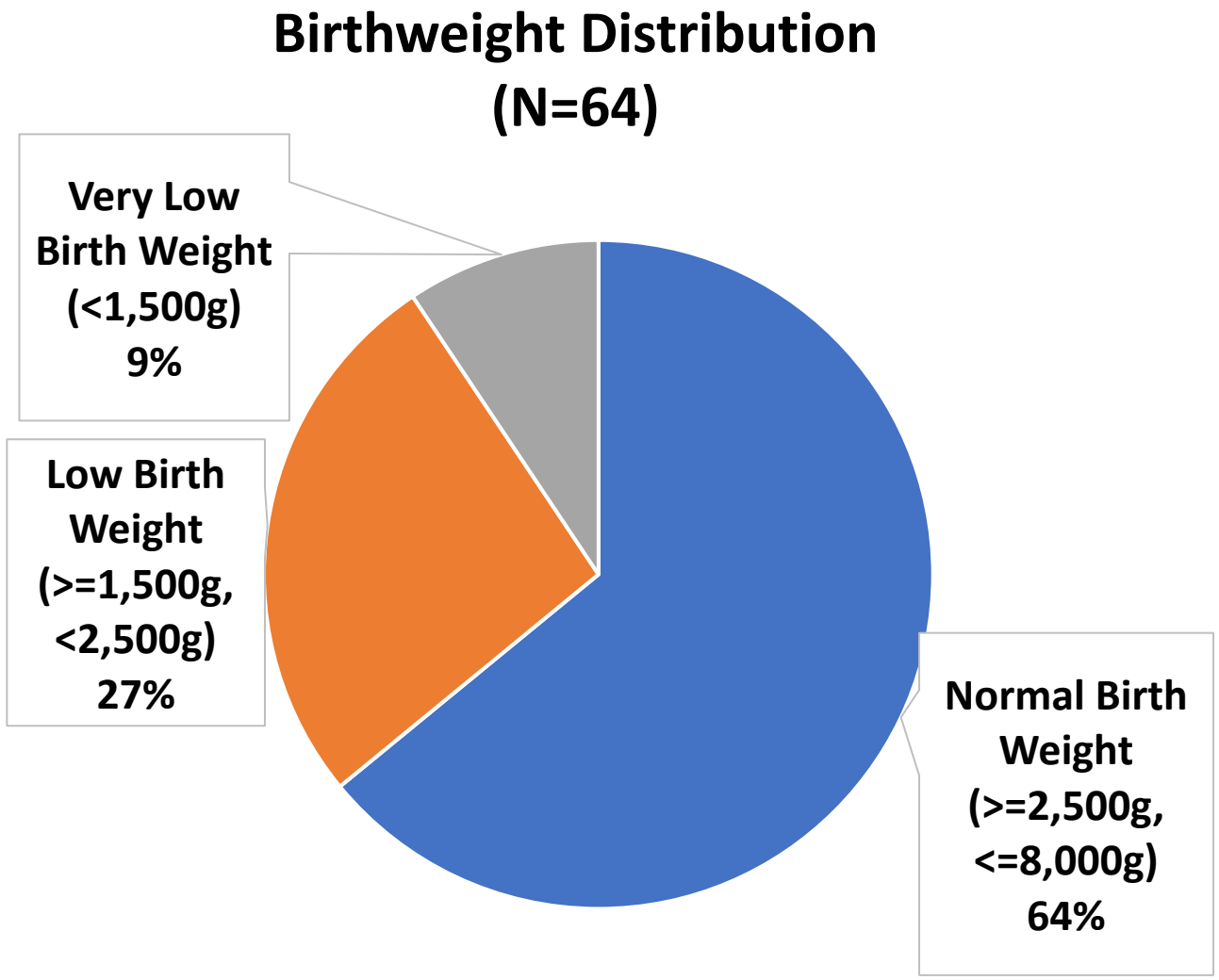
Self-Reported Drug Use During Pregnancy



Source: Electronic Birth Records

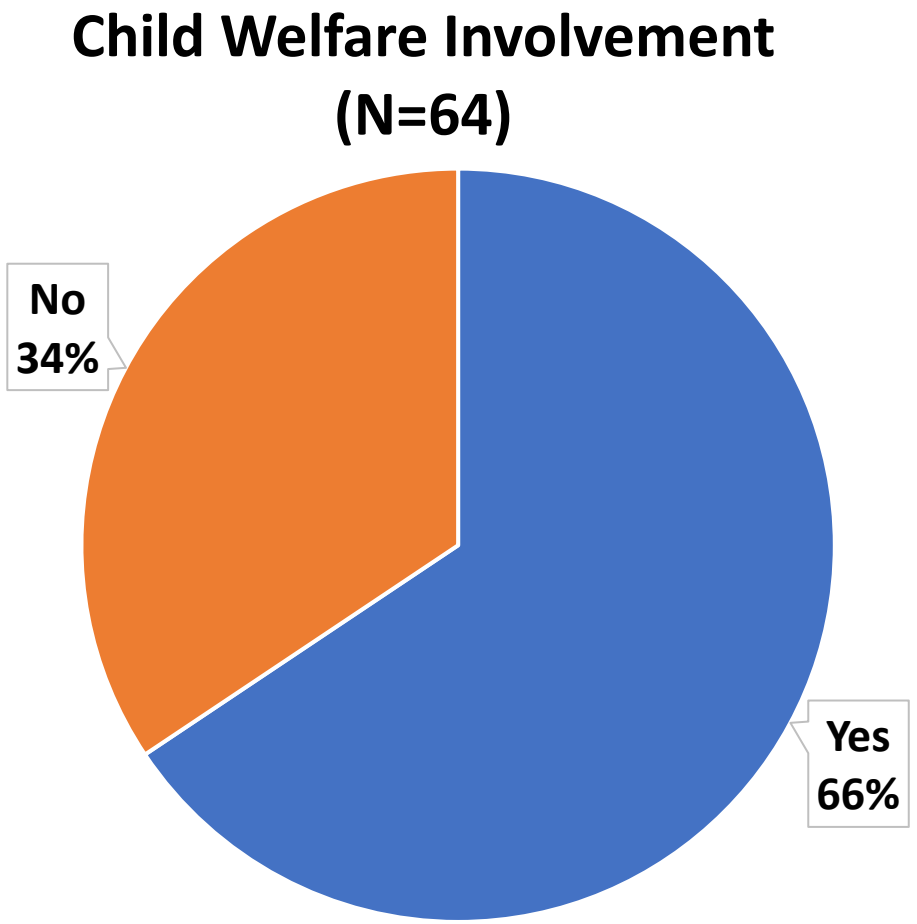
Birth Outcomes





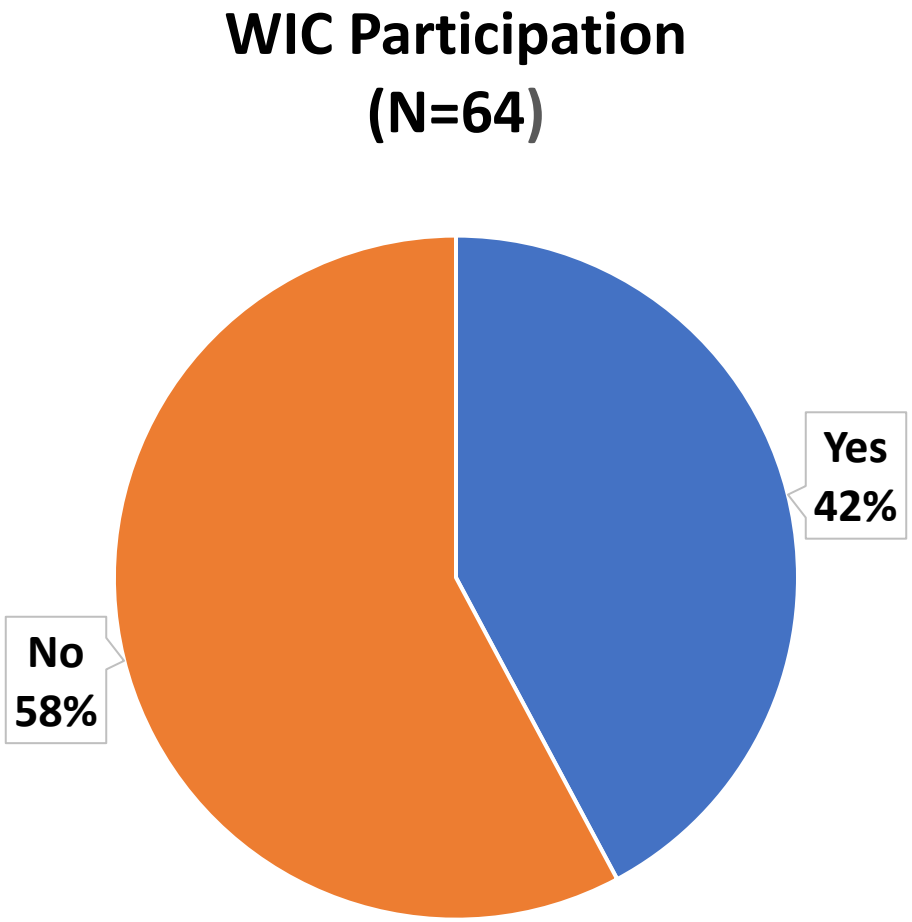
Source: Electronic Birth Records

DCFS: Child Welfare



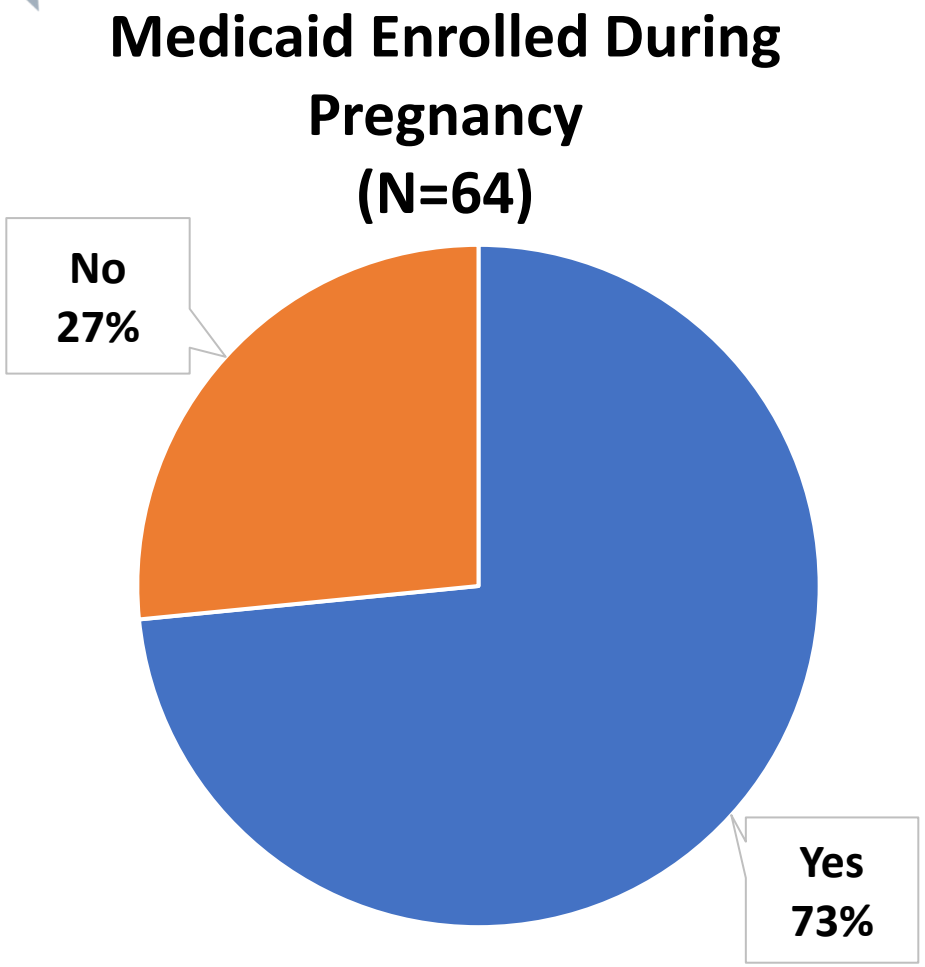
Source: DCFS Records

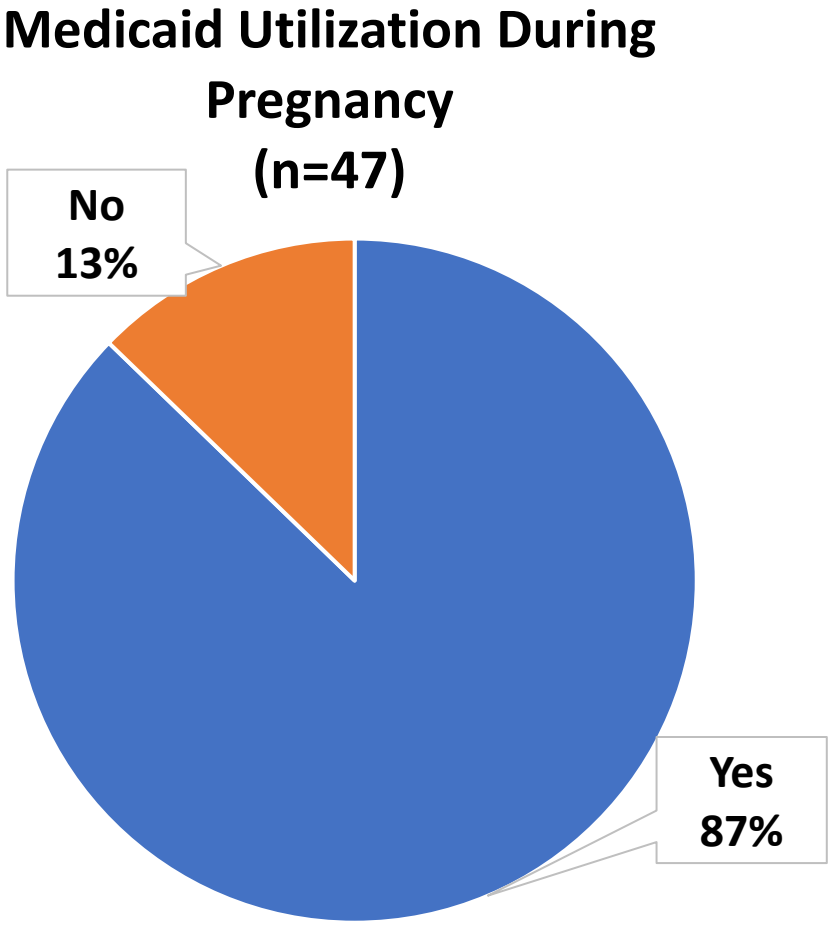
Women, Infants, and Children (WIC)



Source: NVWISH

Medicaid Enrollment and Utilization





Source: DWSS Full Panel

Supportive Services

43 were eligible at least 12 months prior to DOB (91%)

47 (73%) were enrolled in Medicaid (30 enrolled in SNAP, 20 enrolled in TANF)

44 were enrolled 6 or more months prior to DOB

3 were enrolled <=3 months prior to DOB

2 SNAP but no Medicaid

15 not matched

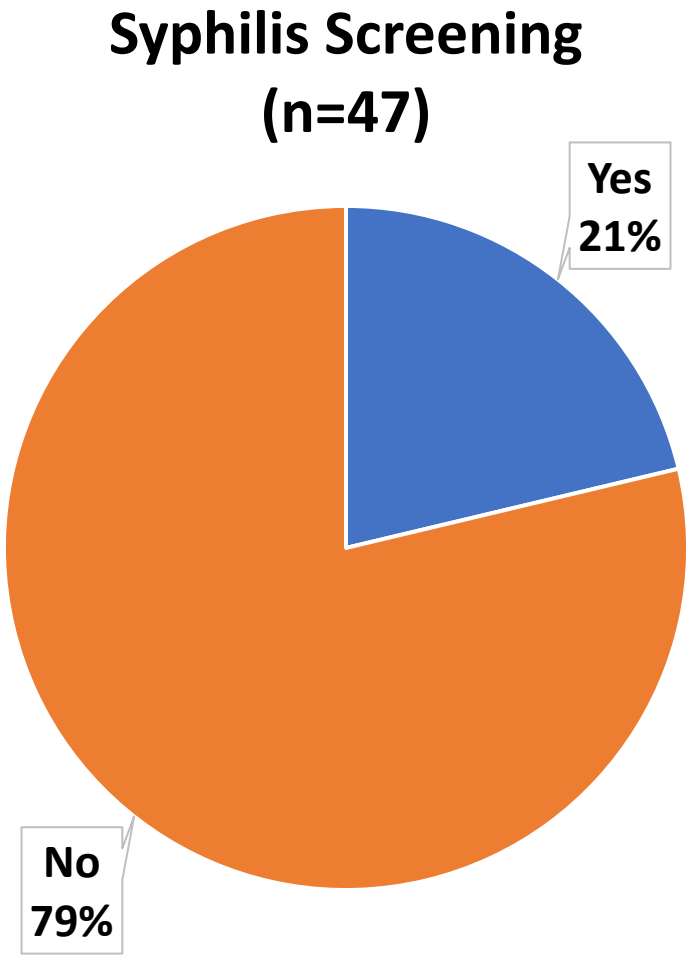
39 had a utilization history during their pregnancy

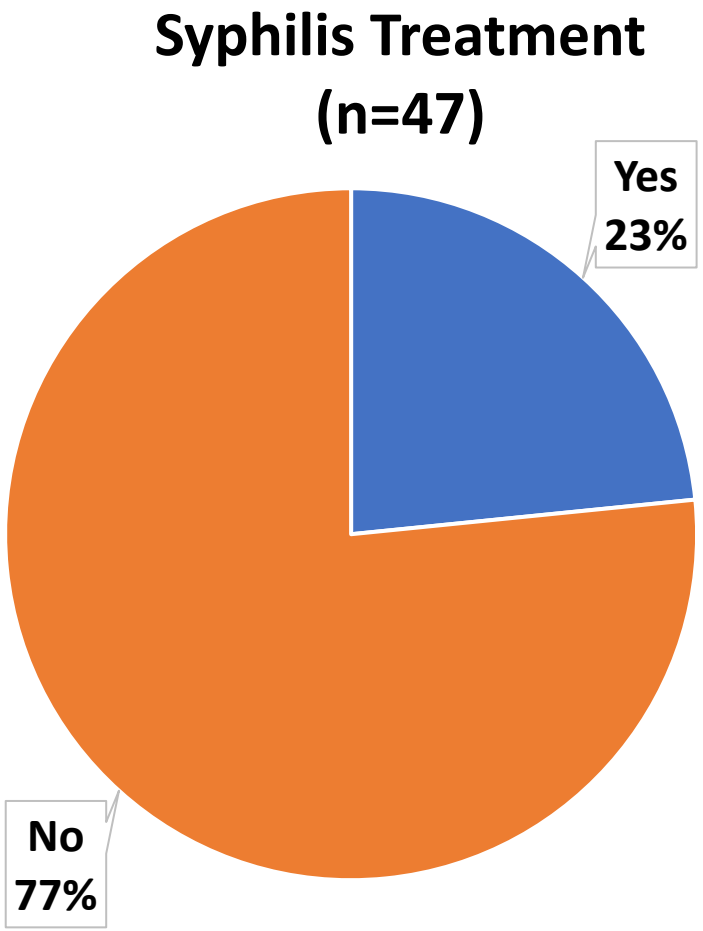
2 had a utilization history during their pregnancy

6 of the 47 did not have any utilization history during their pregnancy

Source: DWSS Full Panel

Syphilis Screening and Treatment: Medicaid Enrollees





Source: Nevada Medicaid Data Warehouse

Case Review Findings: Common Themes

- Race/Ethnicity: Black non-Hispanic and American Indian/Alaska Native non-Hispanic
- Multiple STI diagnoses
- Late, inadequate, or no prenatal care
- Low birthweight
- Poverty (31% TANF, n=20)
- Majority enrolled in Medicaid AND utilized services (63%)
- Involvement in the Child Welfare system (65.6%, n=42)
- Homelessness, heat exposure, dehydration
- Substance use (including tobacco/nicotine)
- Emergency room encounters as a potential for intervention

Case Review Key Findings: Syphilis Diagnosis

In most congenital syphilis cases (83%), the mother was not diagnosed early enough to adequately treat. However, it was not uncommon among these cases that adequate prenatal care was indicated on the birth record (26%). This suggests a gap in appropriate screening and diagnosis even among women who are receiving adequate prenatal care.

- 33% (n=21) of mothers were diagnosed with syphilis on or after the date of delivery.
- 27% (n=17) of mothers were diagnosed less than 30 days prior to the date of delivery, not providing enough time to treat the infection.
- 23% (n=15) of mothers had no known syphilis diagnosis during or around the time of pregnancy.

Only 17% (n=11) of mothers were diagnosed during pregnancy, more than 30 days prior to the date of delivery, with adequate time to treat.

Of these, 4 had Medicaid claims for Penicillin, indicating that treatment was at least initiated.

Contact Information

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Acknowledgements

Henry Agbewali
Ted Artiaga
Alexia Benshoof
Aidan Hernandez
Madison Lopey
Kyra Morgan
Ghasi Phillips-Bell

Congenital Syphilis, Nevada 2022: Recommendations and Action Plan

Ghasi S. Phillips-Bell, ScD, MS
Maternal and Child Health Epidemiologist

November 3, 2023

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.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

AGENDA

1. Available Resources and Completed Activities to Address Congenital Syphilis (CS)
2. Proposed CS Reduction Action Plan
   - Support enforcement of universal syphilis screenings during pregnancy
   - Educate and incentivize providers
   - Improve medical outreach capabilities
   - Work with ERs and urgent cares to develop standing orders
   - Optimize Medicaid eligibility, services, and alternative provider types
3. Share Other Strategies Noted in State and National Resources
4. Review Future Steps
5. Solicit Recommendations from MCHAB
6. Acknowledgments
7. Q&A

Available Resources and Completed Activities

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Social Ecological Model

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- Interventions can be organized using a systems approach
- Social Ecological Model* (SEM)
  - A framework for understanding individual, interpersonal, organizational, community, and policy levels of influence on health.
  - Public health practitioners can refer to the SEM to help explain the interaction between behaviors, community, policy, the environment, and other factors that influence health.

* Source: McLeroy, K.R., et.al. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly,* 15(4), 351-377.

Available Resources and Completed Activities in Nevada

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Individual	Interpersonal	Organizational	Community	Policy
				
Persons can call 2-1-1 to find resources for free or low-cost syphilis testing and treatment in Nevada. *	Disease investigation/ intervention specialists (DIS) help ensure pregnant persons with syphilis receive wrap around services.	DPBH completed the statewide Syphilis investigative guidelines.	DPBH and community partners formed a CS Review Board and Community Action Team.	Nevada Revised Statute (NRS) 442.010 modified in the 81st (2021) session.

* Source: https://www.nevada211.org/std-syphilis-testing/

NRS 442.010

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- Requires an examination for the discovery of syphilis pursuant to section 1 must be performed
  - During the first trimester of pregnancy at the first visit to a physician or other person permitted by law to attend upon pregnant people, a non-hospital medical facility or an emergency department or labor and deliver unit of a hospital;
  - During the third trimester of pregnancy between the 27th and 36th week of gestation; and
  - At delivery for a pregnant person who:
    - Should be routinely tested for infection with syphilis, as recommended by the Centers for Disease Control and Prevention;
    - Lives in an area designated by the Division as having high syphilis morbidity;
    - Did not receive prenatal care; or
    - Delivers a stillborn infant after 20 weeks of gestation.

https://www.leg.state.nv.us/NRS/NRS-442.html#NRS442Sec010

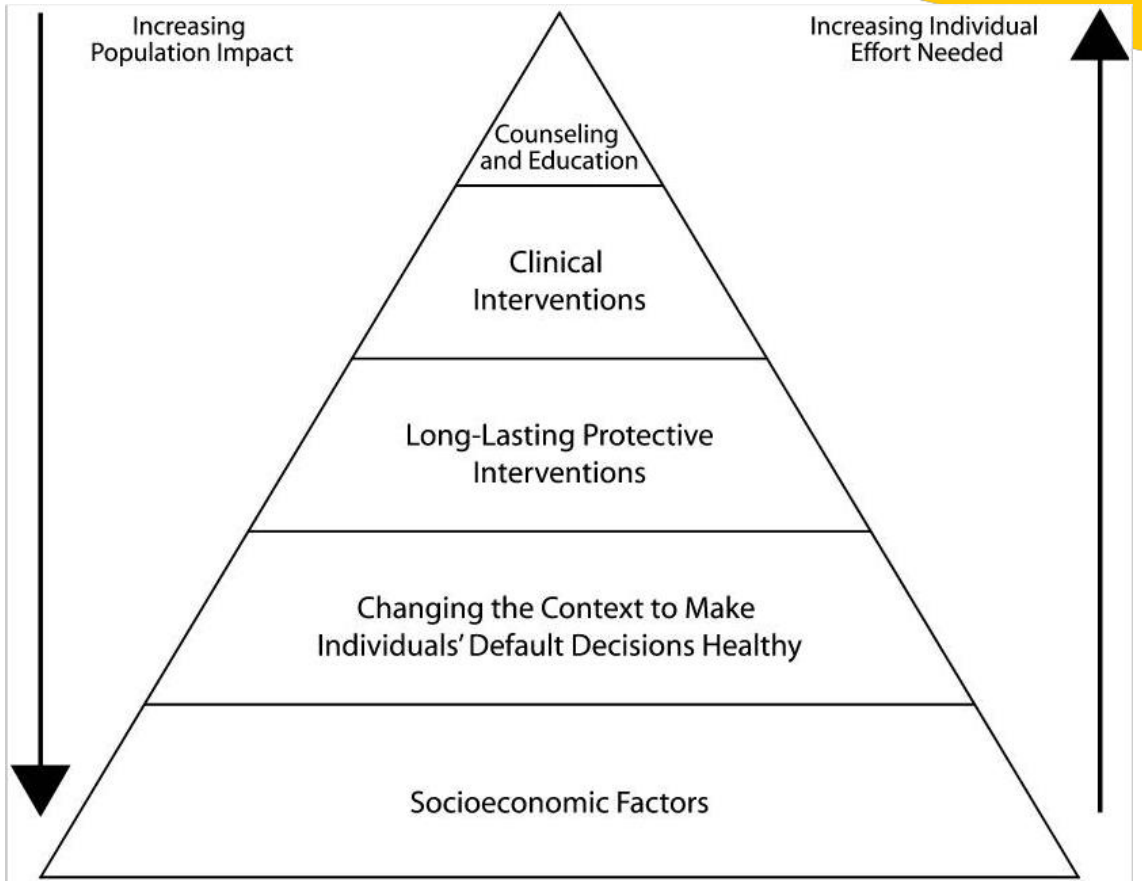
Proposed Action Plan: Sources

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

The Health Impact Pyramid *

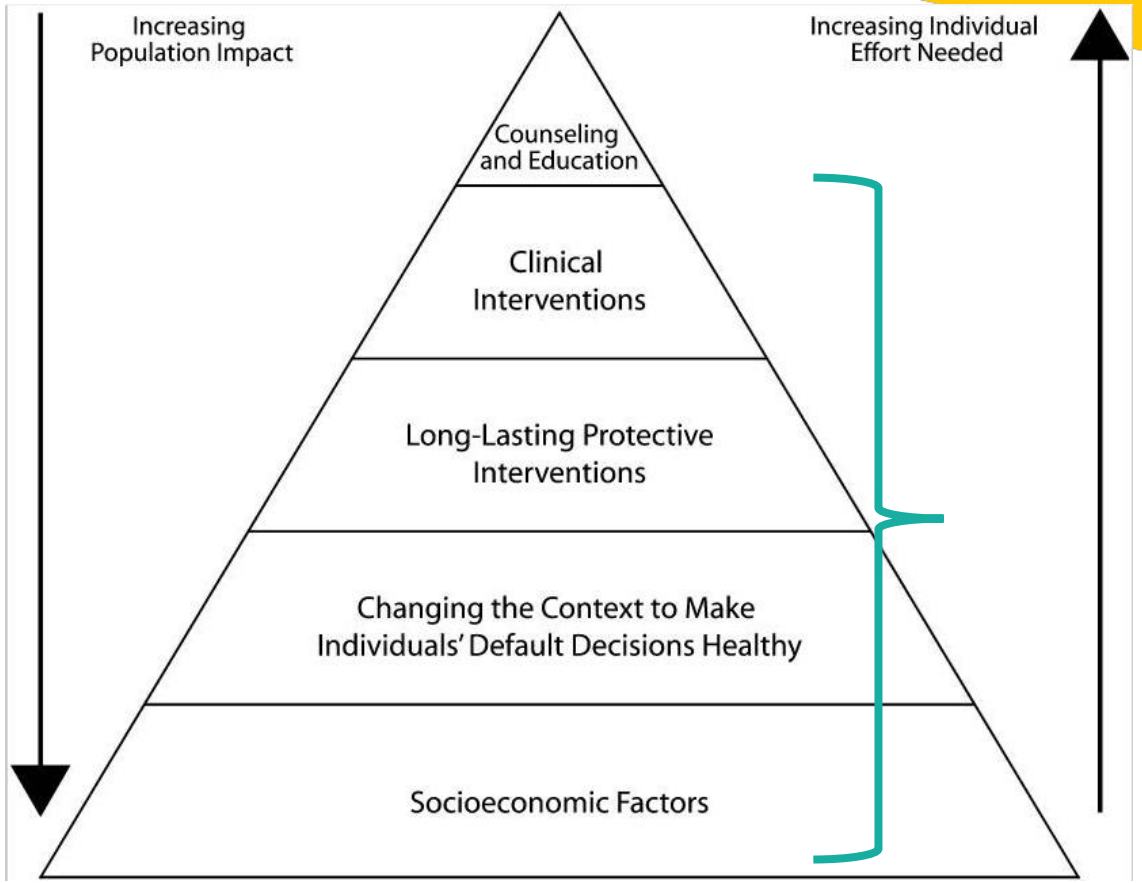
- Describes the impact of different types of public health interventions and provides a framework to improve health.
- At the base, indicating interventions with the greatest potential impact, are:
  - Efforts to address the socioeconomic determinants of health
  - More effective because they reach broader segments of society and requires less individual effort
- Implementing interventions at each level can achieve maximum possible sustained public health benefit



* Source: Frieden, T.R. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *Am J Public Health,* 100(4), 590-595.

The Health Impact Pyramid * Continued

- In this presentation, the five proposed strategies for reducing congenital syphilis can be mapped to the lower levels of the Health Impact Pyramid
  - Indicating, greater population impact and less individual effort needed, compared with the impact of patient counseling and education alone



* Source: Frieden, T.R. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *Am J Public Health,* 100(4), 590-595.

Sources of Recommendations

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- State and National Recommendations
  - Nevada CS Action Plan:
    - “Congenital Syphilis in Nevada: Innovative Approaches for Prevention”
    - Prepared by the Maternal, Child and Adolescent Health (MCAH) Program
  - Nevada CS Community Action Team (CAT) Identified Actions
    - With input from the Nevada CS Steering Committee
  - 2022 Congenital Syphilis Case Review Findings and Recommendations
    - Prepared by the Office of Analytics
  - Association of State and Territorial Health Official’s (ASTHO’s) Congenital Syphilis Technical Package

ASTHO Technical Package

MENU astho SEARCH

Home / Communications / Blog / Effective Public Health Approaches to Reducing Congenital Syphilis

Effective Public Health Approaches to Reducing Congenital Syphilis

AUGUST 09, 2023 | JULIA GREENSPAN, ALEX KEARLY, RACHEL SCHECKMAN, JOANNE MCCLURE, SANAA AKBARALI

Rates of congenital syphilis (CS)—when an infant contracts the disease during pregnancy or birth—are continuing to climb at an alarming rate in the United States. Although preventable, rates more than tripled between 2017 and 2021, with more than 2,800 cases reported in 2021 alone. CS can cause stillbirth, infant death, or other serious and permanent complications including musculoskeletal defects (e.g., impairments in the muscles, bones, and joints leading to temporary or lifelong limitations in functioning), vision and hearing problems, and developmental delays.

- A summary of interventions that address risk factors or outcomes
- Based on:
  - Programmatic SME assessment of evidence-based interventions
  - Expert recommendations
  - Overviews of current activities
  - CDC and other federal funding guidance
- ASTHO's CS Technical Package
  - Focuses on policy-level interventions that states can pursue starting in pregnancy

Source: Effective Public Health Approaches to Reducing Congenital Syphilis | ASTHO

Strategy 1: Support the Enforcement of Universal Syphilis Screening During Pregnancy

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

ASTHO: Increase Universal Screening in Pregnant Persons

Potential Indicators	Mechanisms	Status	Actions to Implement
1. Universal screening for syphilis at first prenatal visit. 2. Universal syphilis screening at three points of pregnancy care (first and third trimesters and at delivery).	1. Review your jurisdiction's existing prenatal screening and disease reporting laws to determine if changes are required.	Completed	*Completed but in NRS 442.010, 1A, we should examine the "if applicable" language should be changed to prevent providers from being selective.
	2. Work with state medical licensing boards to develop provider education and awareness on universal screening.	Initiated	*Obtain feedback from MCHAB about reaching out to licensing boards.
	3. Determine feasibility of enforcement mechanisms, such as implementing fines or penalties for providers who do not screen pregnant people.	Not Yet Started	*Request Medicaid syphilis data to identify providers not testing. Provider data are also in EpiTrax. *Try to evaluate why providers are not screening. *Consult with the Bureau of Health Care Quality and Compliance (HCQC) about enforcement. There is a civil penalty of not more than $500 (NRS 442.020).

Strategy 2: Educate and Incentivize Providers to Comply with Screening Requirements and Treatment Recommendations

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NV CS Action Plan: Provider Education

- Inform providers of NRS 442.010
  - Screen at 1st trimester, 3rd trimester, and after delivery
- Educate providers on CDC treatment guidelines
  - People with Late Latent Syphilis or Unknown Duration are treated appropriately with three doses
- Educate Medication Assisted Treatment (MAT) providers, licensed alcohol and drug counselors, and HIV testing providers
  - CDC recommends syphilis testing for persons receiving substance use disorder treatment or services
- Educate and partner with LHAs, NV Primary Care Association (NVPCA), and the Nevada Hospital Association (NHA)
- Develop and launch a consultation “warmline” for health care providers

NV CS Action Plan: Provider Education Cont'd

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- Increase provider awareness:
  - All positive test results must be reported to the local/state health authority within one day
  - Every pregnant person who tests positive for any STD will need to be tested again for HIV, HBV and syphilis
  - Every person who delivers a stillborn baby needs to be tested for syphilis
  - Every person of reproductive age who tests positive for syphilis, HIV, hepatitis B, or hepatitis C must also be evaluated for pregnancy
- Educate providers who accept walk-in/drop-in prenatal care patients to test for syphilis

ASTHO: Incentivize Providers

Potential Indicators	Mechanisms	Status	Actions to Implement
Quality Measures: 1. State Medicaid program uses Prenatal and Postpartum Care CMS Core Measure (National Committee for Quality Assurance, or NCQA, measure #1517). 2. State Medicaid program incentivizes Prenatal and Postpartum Care CMS Core Measure (NCQA, measure #1517). **Provider Incentives:** 3. MCOs offer provider incentives for complying with universal syphilis screening requirements.	**Quality Measures:**		
	1. Work with state Medicaid agency partners to implement use of Prenatal and Postpartum Care CMS Core Measure (NCQA, measure #1517).	**Completed**	*Data has been collected for years. *Note: Postpartum coverage has been extended from 60 days to 12 months.
	2. Work with state Medicaid agency partners to incentivize Prenatal and Postpartum Care CMS Core Measure (NCQA #1517).	Not Yet Started	Medicaid will explore.
	3. Create explicit details on the practice guidelines for STI screening during prenatal care as it relates to the (NCQA) prenatal care core measure.	Initiated	*We cover all testing, but not sure if we have explicit details on practice guidelines. *Assess if PHI group will be interested. *Use an existing up-to-date CMS provider guide and inform providers the guide is published by reputable medical association. *Consult with Surveillance Unit Manager of the Office of State Epidemiology to know if the guide will need to be edited to adhere to CDC treatment guidelines.
	4. Borrow from HIV viral suppression incentive measure models to specifically target congenital syphilis.	Not Yet Started	Medicaid and DPBH can collaborate.
	Provider Incentives:		
	5. Work with Medicaid agency partners and MCOs to develop additional provider incentives for providers who comply with universal syphilis screening requirement.	Initiated	Will reach out to MCO unit. Considering a bonus incentive payment around syphilis. Implementation year to be determined.

Strategy 3: Improve Medical Outreach Capabilities

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NV MCAH CS Action Plan

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- Fund and provide home testing kits
  - Limitation: If test is positive, the person will still need to present to a physician for further testing to confirm diagnosis and receive treatment.
  - Patient follow-up is already an issue with in-office tests; home testing would not be a solution; home testing may increase follow-up issue.
- Treatment Delivery Program
  - Many primary care and OB offices do not keep Bicillin in stock as they rarely use it and access may be difficult due to the Bicillin shortage.
  - NV can replicate at least one of two Louisiana Bicillin L-A delivery models
    - Syphilis Home Observation and Treatment (SHOT) program facilitates home treatment by a DIS or local health nurse to people at risk of syphilis and their partners. The DIS and nurse can offer rapid testing in the field, at the client's home.
    - Purchase Bicillin L-A and deliver to providers who expressed concerns over the cost and not wanting to stock it. The Louisiana program's purchase of Bicillin L-A was funded with state general funds and STD funding.

NV CS Community Action Team and Steering Committee Recommendations

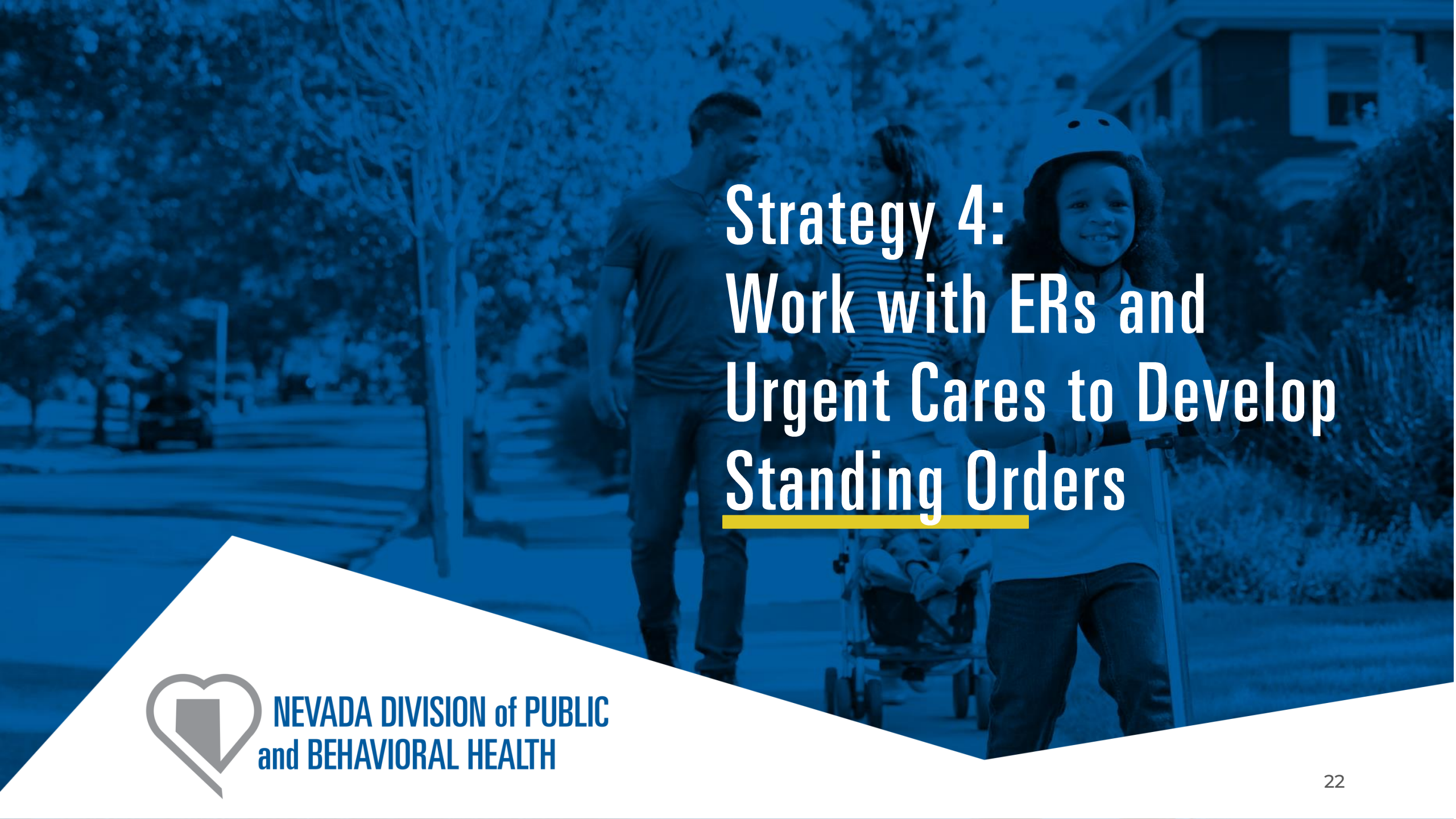
- Improve medical outreach and mobile capabilities for screening and treatment
  - To improve accessibility to resources
  - Focus on zip codes with known or suspected high counts of syphilis

"Meet people where they are."

"Bringing services to people should have a larger impact."

"Reaching out first rather than them finding us will help reduce STI."

"Especially with the homeless population."



Strategy 4: Work with ERs and Urgent Cares to Develop Standing Orders

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NV CS CAT and Steering Committee Recommendations

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- Work with ERs and urgent cares to develop standing orders for pregnant persons

"Offering testing at any and all ER visits can potentially catch and prevent CS cases."

"All points of care should have a plan."

Strategy 5: Optimize Medicaid eligibility, services, and alternative provider types

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

ASTHO: Optimize Medicaid Eligibility pt. 1 (Eligibility)

Potential Indicators	Mechanisms	Status	Actions to Implement
Eligibility: 1. Expanded Medicaid eligibility for family planning programs. 2. Expanded Medicaid postpartum coverage for up to 12 months.	Eligibility:		
	1. Work with state Medicaid agency partners to amend state Medicaid plan through a State Plan Amendment (SPA) that expands Medicaid eligibility for family planning programs and expand postpartum coverage.	**Initiated**	*In progress. *Explore publicizing more. *Explore if we can incentivize with a value-based payment.

ASTHO: Optimize Medicaid Eligibility pt. 2 (Services)

Potential Indicators	Mechanisms	Status	Actions to Implement
Services: 3. Comprehensive services for sexually transmitted infections (STI) testing, treatment, and counseling. 4. Coverage of health-related social needs (HRSN) services	Services:		
	2. Work with state Medicaid agency partners to submit SPA that ensures comprehensive coverage of STI testing, treatment, and counseling.	**Completed**	
	3. Work with state Medicaid agency partners to limit cost sharing and remove prior approval for STI testing.	**Not Yet Started**	Medicaid will explore
	4. Work with state Medicaid agency partners to submit 1115 waiver for health-related social needs (HRSN) services. In the presentation link: "State Medicaid agencies should partner with other state agencies and social service providers to ensure that beneficiaries experiencing food insecurity are connected to programs like SNAP, WIC, and TANF."	**Not Yet Started**	Medicaid will explore
	5. Work with state Medicaid agency partners to inform managed care contract requirements to require Medicaid managed care organizations (MCOs) to provide HRSN services.	**Initiated**	Medicaid will implement in lieu of services for housing and meal supports, effective 1/1/2024. The contract amendment has been submitted for review, with a meeting scheduled for discussion at the end of November.

ASTHO: Optimize Medicaid Eligibility pt. 3 (Alternative Providers)

Potential Indicators	Mechanisms	Status	Actions to Implement
Alternative providers: 5. Expanded access to alternative provider types including community health workers (CHWs), doulas, and perinatal case managers.	Alternative providers:		
	6. Work with state Medicaid agency partners to submit a SPA, 1115 waiver, or managed care requirement to authorize payment for or require use of CHWs.	**Completed**	Reach out to perinatal health imitative (PHI) MCO to ask about case managers and congenital syphilis.
	7. Work with state Medicaid agency partners to submit a SPA to cover doulas or perinatal case managers.	**Completed**	Reach out to perinatal health initative (PHI) MCO to ask about case managers and congenital syphilis.

Other Strategies

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Other Strategies

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- Provide incentives for community health workers and home visitors
- Have nurses go to birthing hospitals to discuss syphilis and screening
- Use telehealth to provide education
- Create/expand programs that support mothers in need of assistance (e.g., Nevada Home Visiting Program, Empowered program – Roseman University)
- Facilitate/expand collaborations with social service providers
- Continue to engage home visitors in enhanced/expanded STI in pregnancy education
- Increase access to care by removing barriers, addressing stigma, and addressing provider bias

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Summary: Proposed High-Impact Strategies to Reduce CS in Nevada

Recap of Strategic Plan

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- Support the enforcement of universal syphilis Screenings during pregnancy
- Educate and incentivize providers to comply with syphilis screening requirements and treatment recommendations
- Improve medical outreach capabilities
- Work with ERs and urgent cares to develop standing orders
- Optimize Medicaid eligibility, services, and alternative provider types

Future Steps

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- Solicit recommendations from MCHAB
- Obtain feedback and support from key partners on strategic plan
- Finalize strategic plan
- Create timeline
- Develop SMART Objectives to assess impact of activities

Acknowledgements

- Community Health Services, Public Health Nursing
- CS Community Action Team
- CS Steering Committee
- Division of Health Care Financing and Policy
- Maternal, Child and Adolescent Health Program
- Office of Analytics
- Office of State Epidemiology
- University of Nevada, Reno
- Bureau of Child, Family and Community Wellness

QUESTIONS?

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

CONTACT INFORMATION

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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ACRONYMS

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- ASTHO: Association of State and Territorial Health Officials
- CAT: Community Action Team
- CHW: Community Health Worker
- CS: Congenital Syphilis
- DPBH: Nevada Division of Public and Behavioral Health
- ER: Emergency Room
- HRSN: Health-Related Social Needs
- MCAH: Maternal, Child and Adolescent Health
- MCO: Medicaid Managed Care Organization
- NCQA: National Committee for Quality Assurance
- NRS: Nevada Revised Statute
- SEM: Social Ecological Model
- SNAP: Special Nutrition Assistance Program
- SPA: State Plan Amendment
- STI: Sexually Transmitted Infection
- TANF: Temporary Assistance for Needy Families
- WIC: Special Supplemental Nutrition Program for Women, Infants, and Children


NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Joe Lombardo
Governor

Richard Whitley
Director

MCHAB- Congenital Syphilis
A Sentinel Health Event

Medicaid Medical Director

Roshanda Clemons, MD, FAAP

November 3, 2023

Department of Health and Human Services

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

Syphilis is Back

Overview

Syphilis

Congenital Syphilis

Clinical presentation

Complications

Treatment/Management

National/Local Surveillance Data

Challenges

Solution Strategies

Syphilis

- Very contagious preventable and treatable disease caused by the bacterium Treponema pallidum
- Typically spread through various forms of sexual contact
- Spread can occur through open lesions and across mucous membranes
- Often spread during the asymptomatic phase

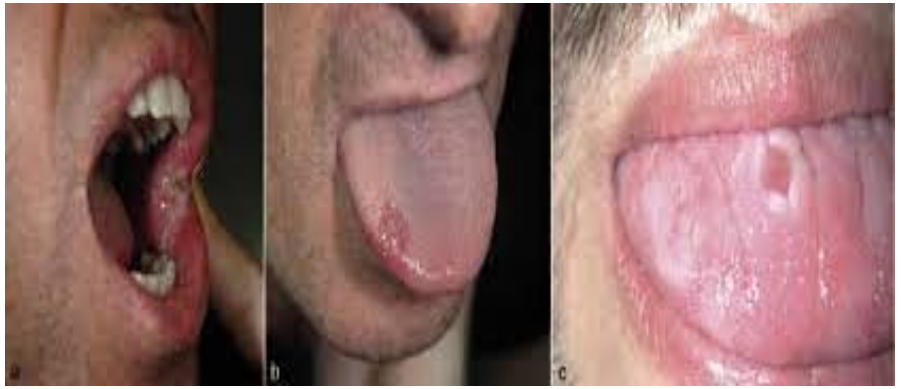
- **<u>Although spread through open lesions, public places are not to be feared – such as toilets, swimming pools, Jacuzzis, bathtubs, shared clothing or utensils</u>**

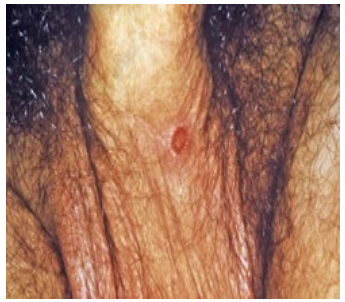
Risk Factors

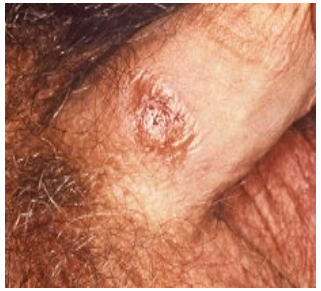
- Unprotected sex
- Multiple Sex partners
- HIV+ (other STI)
- Men intimate with men

Stages- Early (Primary)

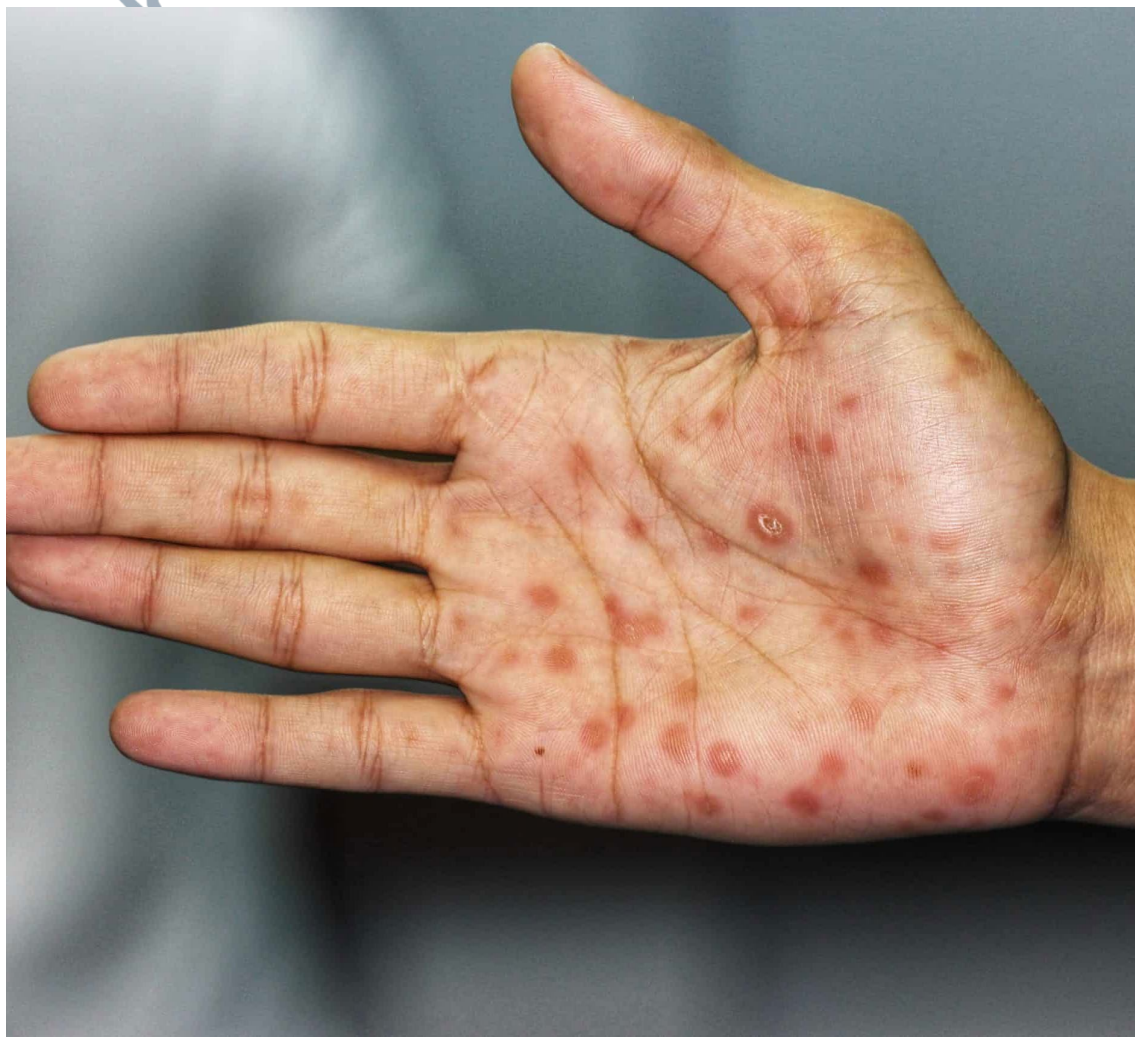
- One or more chancre
- Small painless (painful) ulcer
- Genital, anus, oral regions
- Presents 10-90 days post exposure (21 day ave)
- Self heal without a scar in 3-6 weeks





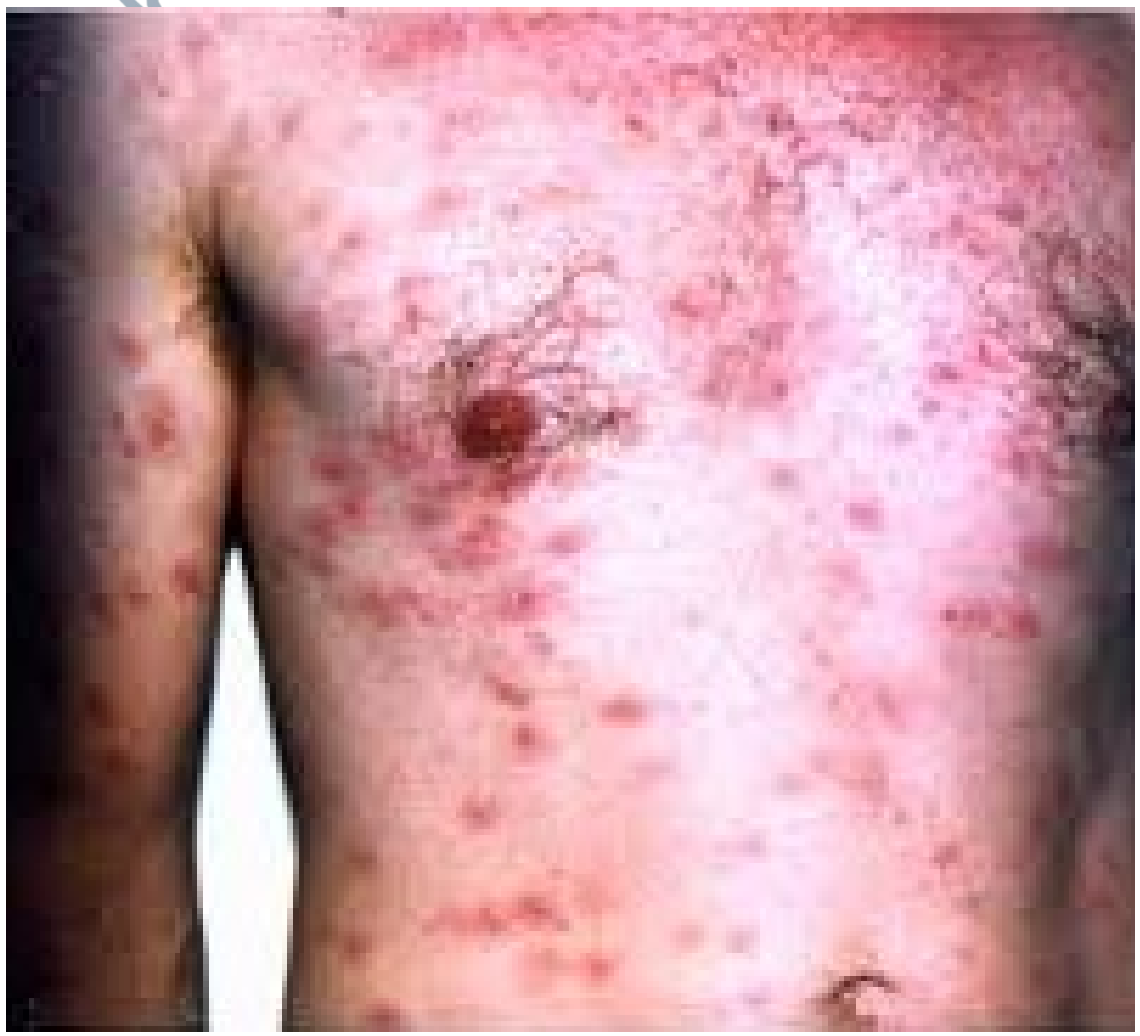


Secondary



- Occurs 6 weeks -6 months post exposure
- Last 1-3 months
- “Copper penny” palmar and solar rash

Secondary



- Oral/genital condylomas
- 6-24weeks post exposure x 1-3months
- Generalized rash “imposter”
- Lymphadenopathy
- Fever
- Fatigue
- Buccal white patches/dysphagia
- Alopecia
- Anorexia/weight loss
- Self heal

Tertiary

CNS	Visually impaired
Cardiac	Hearing Impaired
Neurological	Dementia
Bone/Joints	Impotence

Types of syphilis

- Latent- asymptomatic but dormant
- Congenital syphilis – spread during pregnancy or birth
- Neurosyphilis- CNS involvement at any stage that can present with headaches, meningitis, ataxia, dysphagia, confusion (personality changes), dementia like, paresthesia/paralysis
- Ocular or otosyphilis – usually ID'd during early stages without other CNS involvement (ant/post eye involved...conjunct, keratitis, optic neuropathy, retinal vasculitis to permanent loss. Otic findings tinnitus, vertigo, sensorineural loss…acute and rapid to permanent loss.

Syphilis effects on pregnancy

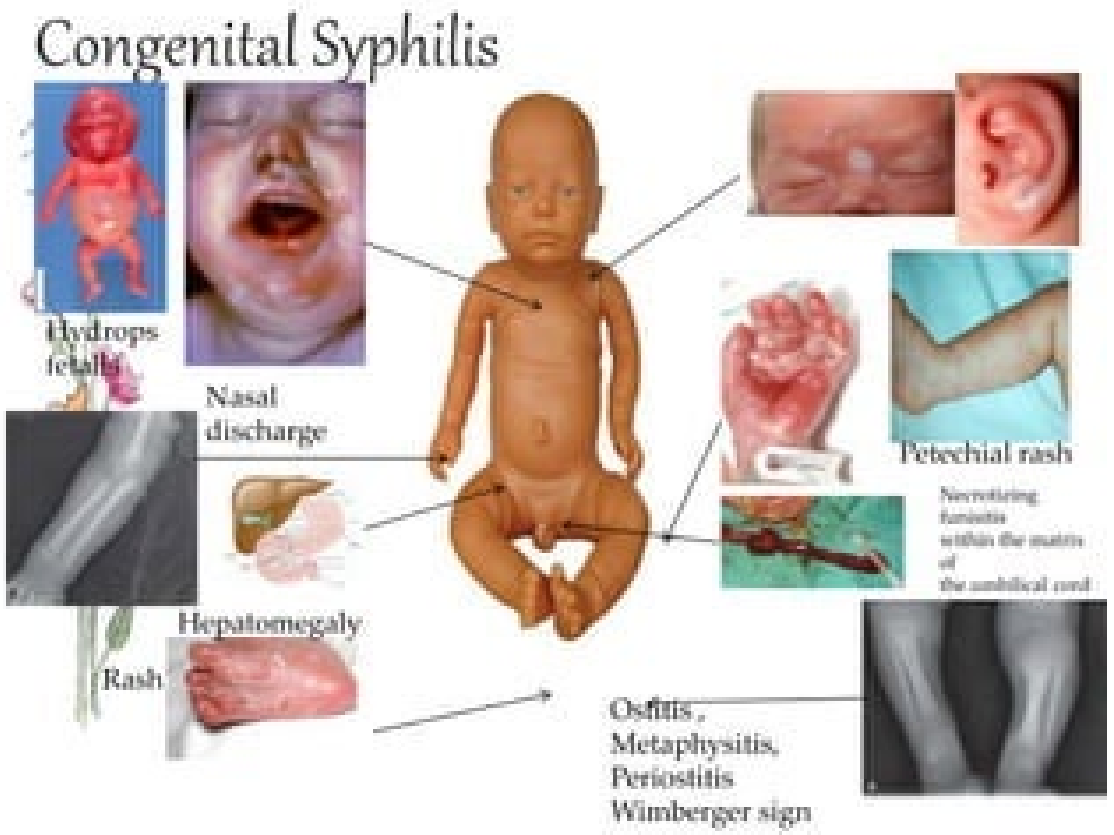
- Miscarriage
- Stillbirth
- Preterm labor/delivery
- Perinatal death
- Congenital infection

Congenital Syphilis infection with Treponema pallidum. Acquired in an infant or fetus during pregnancy and the mother has been untreated or inadequately treated during pregnancy.

Every case of congenital syphilis must be seen as a **failure of our public health system** to provide optimal prenatal care to pregnant women, as congenital syphilis can be prevented by early and repeated prenatal serologic screening of mother and penicillin treatment of infected women, their sexual partners, and newborn infants.

Cooper & Sanchez, 2018 Seminars in Perinatology

Congenital Syphilis (CS)



- Delayed onset (1-2 mo) up to 2 yrs
- Rash
- Mucocutaneous lesions
- Snuffles
- Hepatosplenomegaly
- Jaundice, thrombocytopenia, anemia
- Hepatitis
- Bone deformities
- Neurological involvement

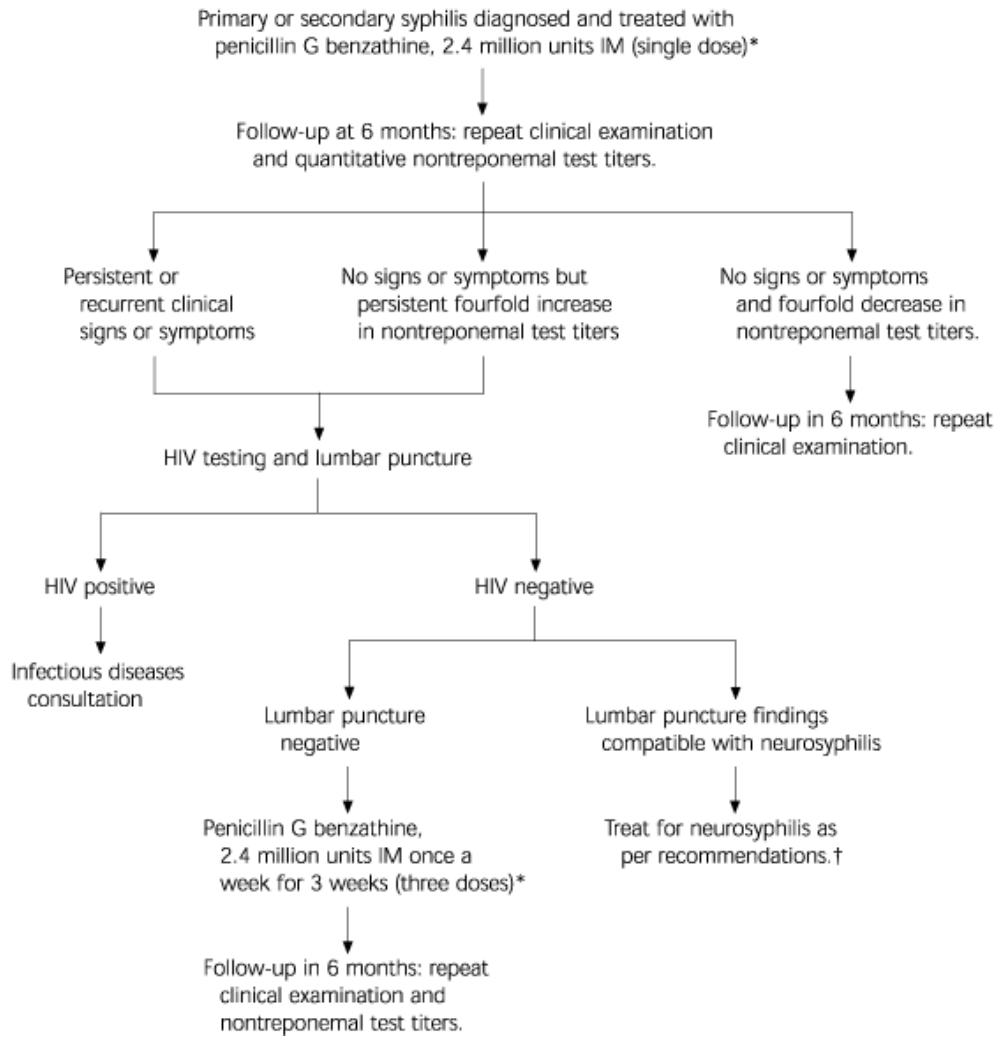
- Ealy signs (< 2 yrs)
- Better prognosis before 2 mo
- Meningitis
- Hearing loss
- Hydrocephalus
- Optic nerve atrophy
- Developmental delays

- Late signs (1st 2 decades)
- Neurosyphilis sequelae
- Hearing impairment
- Cognitive delays
- Visual impairment (keratitis) or blindness

Diagnosis/screening

- Dark field microscopy – lesion sampling , collection and microscopic ID
- Non-treponemal tests- VDRL, RPR lab tests
- Qualitative tests are ideal for screening
- Treponemal specific tests (EIA, TPHA, FTA-abs, CIA)

Treatment


Primary or secondary syphilis diagnosed and treated with penicillin G benzathine, 2.4 million units IM (single dose)*
Follow-up at 6 months: repeat clinical examination and quantitative nontreponemal test titers.
Persistent or recurrent clinical signs or symptoms
No signs or symptoms but persistent fourfold increase in nontreponemal test titers
No signs or symptoms and fourfold decrease in nontreponemal test titers.
Follow-up in 6 months: repeat clinical examination.
HIV testing and lumbar puncture
HIV positive
HIV negative
Infectious diseases consultation
Lumbar puncture negative
Lumbar puncture findings compatible with neurosyphilis
Penicillin G benzathine, 2.4 million units IM once a week for 3 weeks (three doses)*
Treat for neurosyphilis as per recommendations.†
Follow-up in 6 months: repeat clinical examination and nontreponemal test titers.

Treatment


Positive syphilis screening test
Perform treponemal-specific test.
Positive treponemal-specific test
Negative treponemal-specific test
Establish stage of infection; obtain quantitative nontreponemal test titers.
Primary syphilis suspected
False-positive test result suspected
Signs or symptoms of primary or secondary syphilis
No clinical signs or symptoms (latent syphilis)
Signs or symptoms of tertiary (late) syphilis, or patient is HIV positive or otherwise immunocompromised
Obtain quantitative nontreponemal test titers.
Consider other causes.
Lumbar puncture
Penicillin G benzathine, 2.4 million units IM (single dose)*
Early latent syphilis
Late latent syphilis
Signs, symptoms, or CSF findings consistent with neurosyphilis
Penicillin G benzathine, 2.4 million units IM (single dose)*
Penicillin G benzathine, 2.4 million units IM once a week for 3 weeks (three doses)†
Yes
No
Involve appropriate subspecialists. Penicillin G benzathine, 2.4 million units IM once a week for 3 weeks (three doses)†
No penicillin allergy
Penicillin allergy
Desensitization
Aqueous crystalline penicillin G, 3 to 4 million units IV every 4 hours for 10 to 14 days; or penicillin G procaine, 2.4 million units IM once daily, plus 500 mg of probenecid orally four times daily for 10 to 14 days

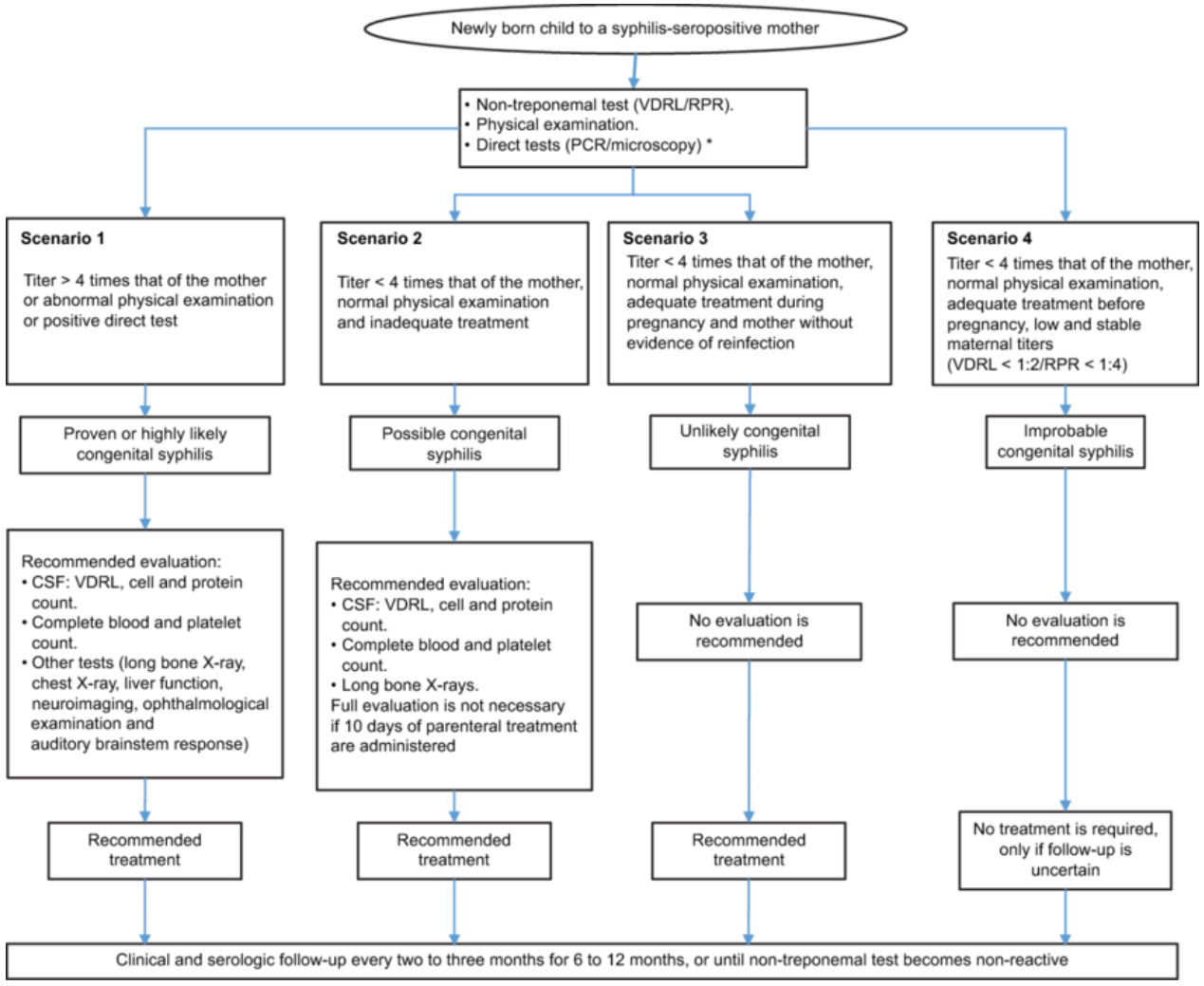
C/S treatment

- A diagnosis of congenital syphilis is confirmed:

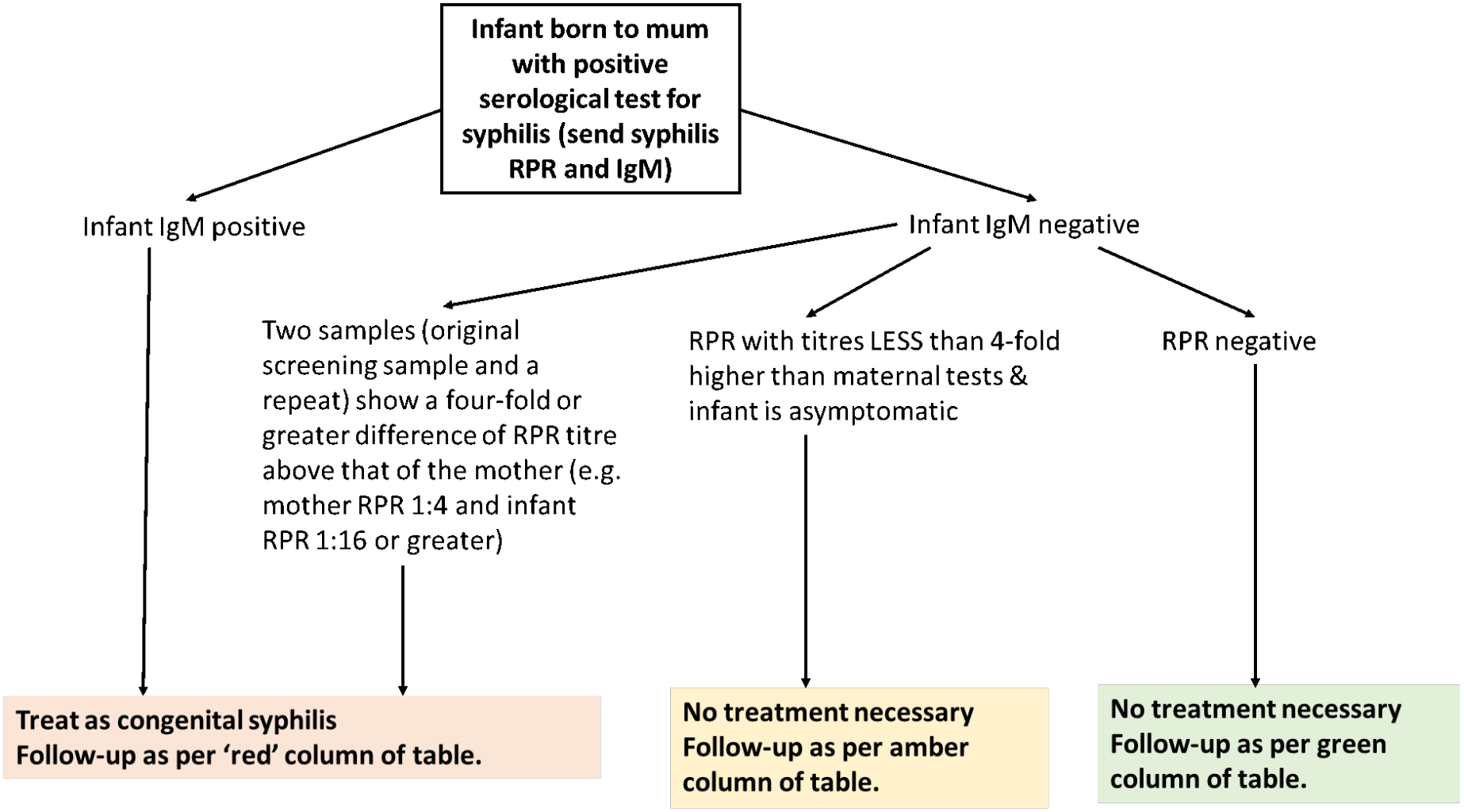
- If the infant's serum is TP Syphilis IgM positive and/or
- There is a sustained elevation (two samples - the original screening sample and, if the original is positive, a repeat) showing a four-fold or greater difference of RPR titer above that of the mother (e.g. mother RPR 1:4 and infant RPR 1:16 or greater).

- Treatment

C/S treatment



C/S treatment



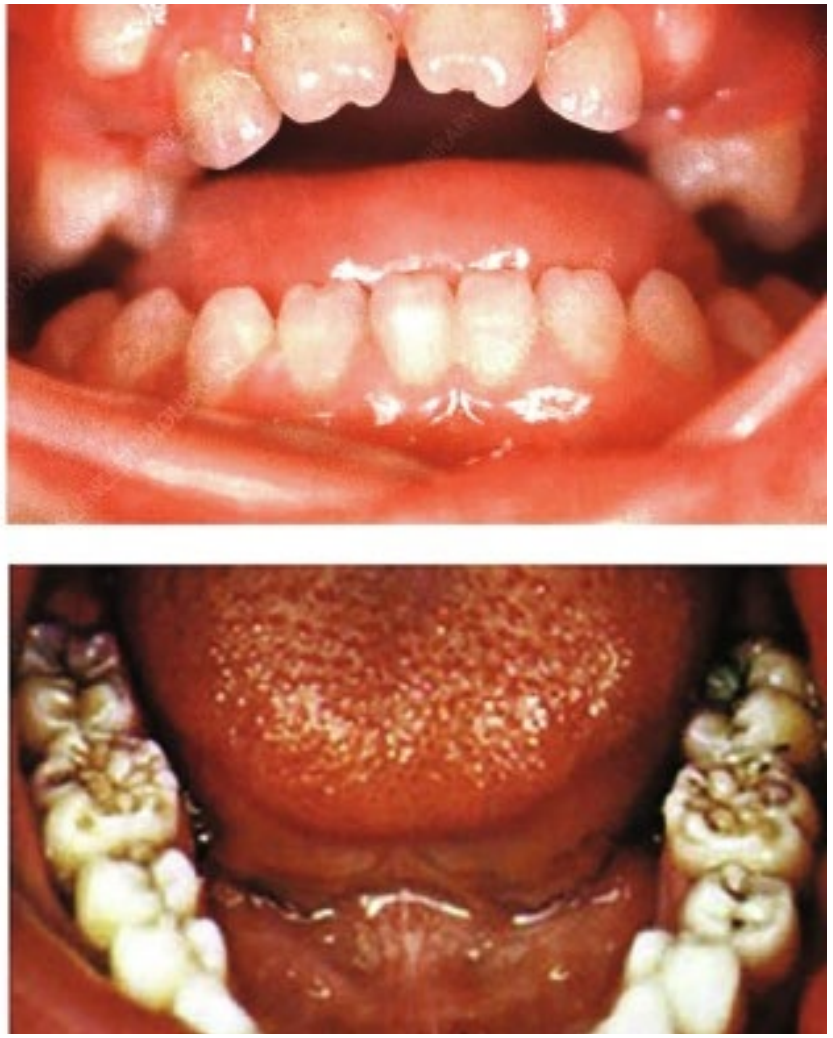
Outpatient Follow up/Management

Neurology, audiology, ophthalmological exams annually (or until age 2 if negative at 18 months)

Close development screenings/evaluations throughout childhood (if CS positive at 18 mo)

Neuroimaging if CSF involvement

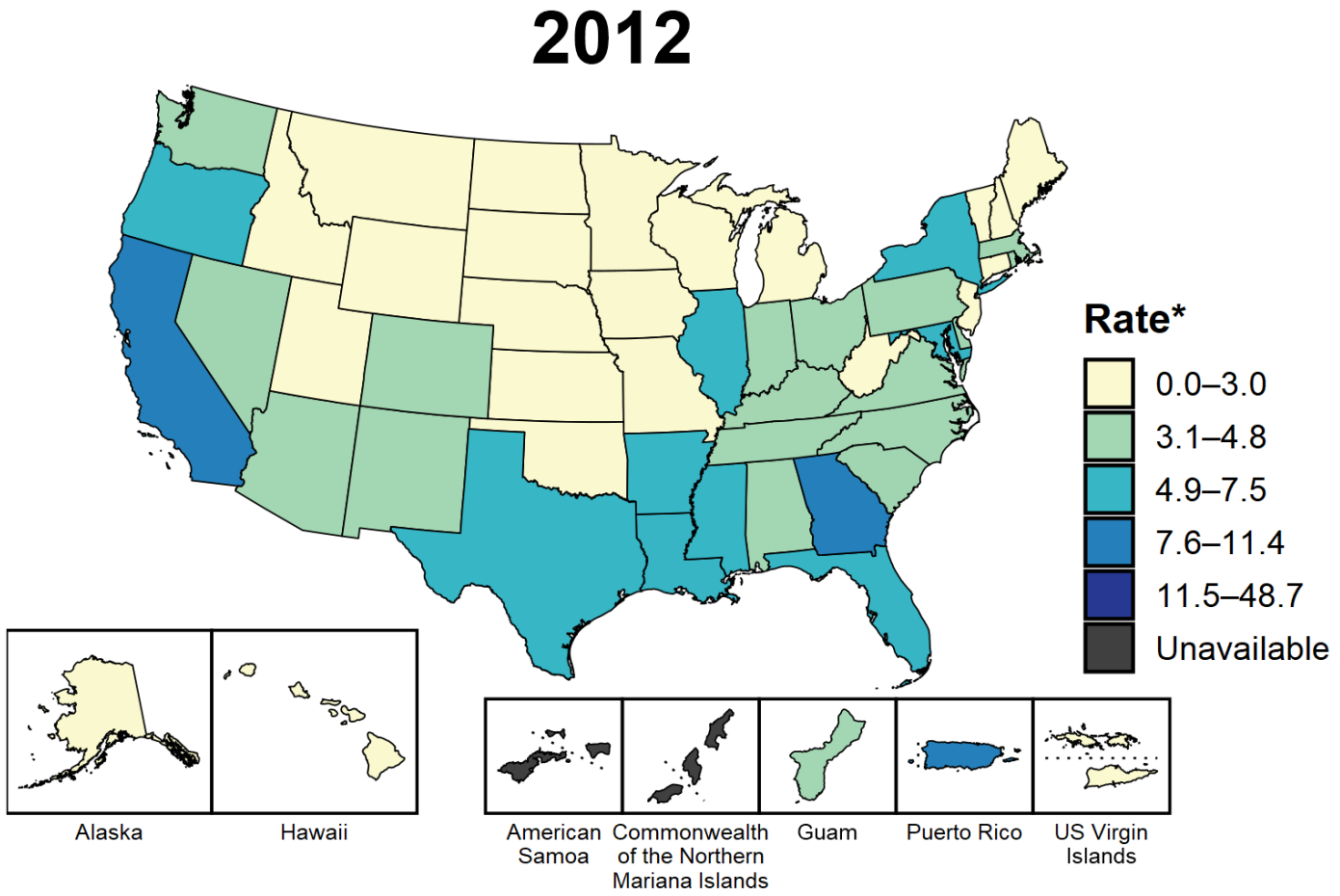
C/S treatment



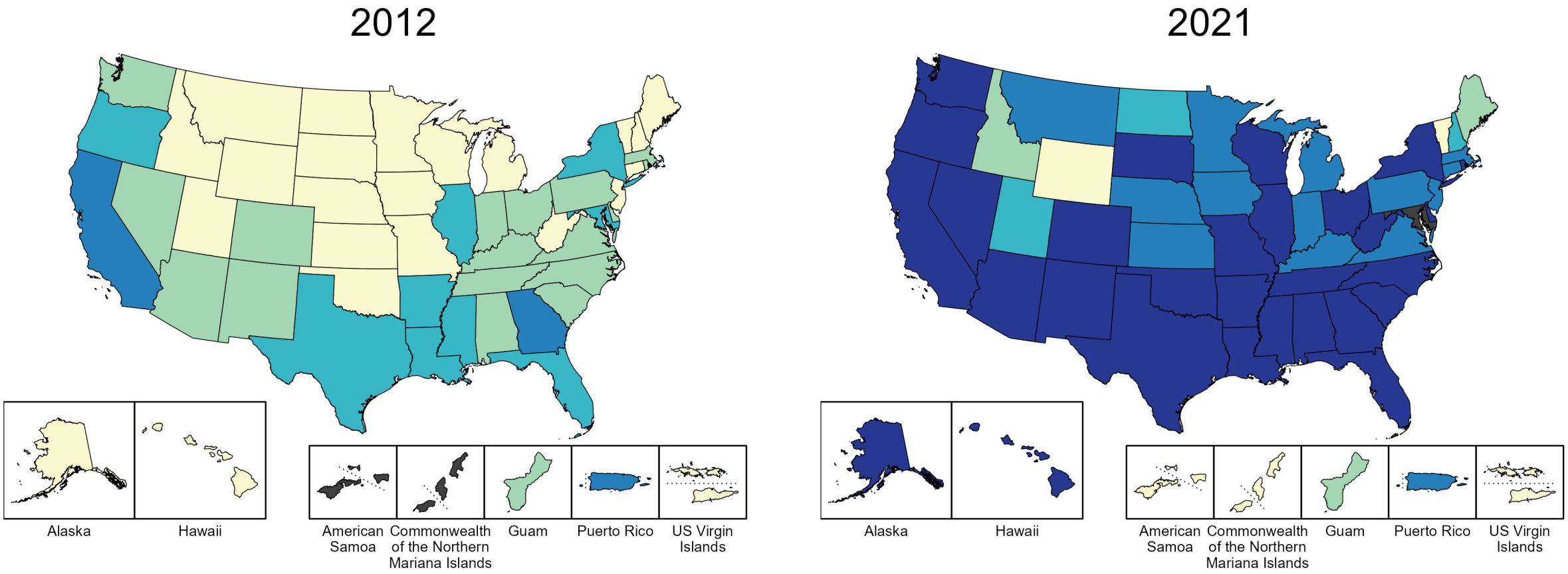
- Hutchinson’s incisors
- Mulberry Molars

National/Regional Syphilis and CS Surveillance Data

Primary and Secondary Syphilis — Rates of Reported Cases by State, United States and Territories, 2012–2021



Primary and Secondary Syphilis — Rates of Reported Cases by State, United States and Territories, 2012 and 2021



Primary and Secondary Syphilis — Rates of Reported Cases by Sex and Male-to-Female Rate Ratios, United States, 1990–2021

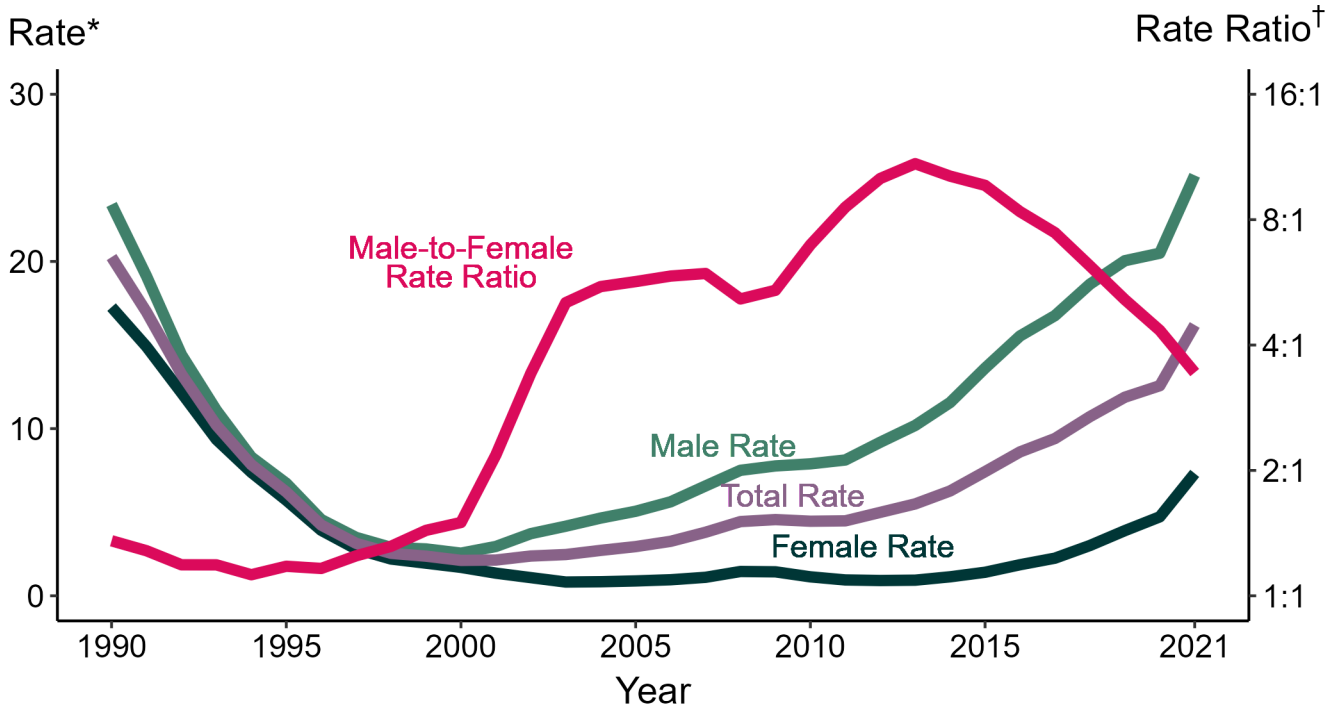
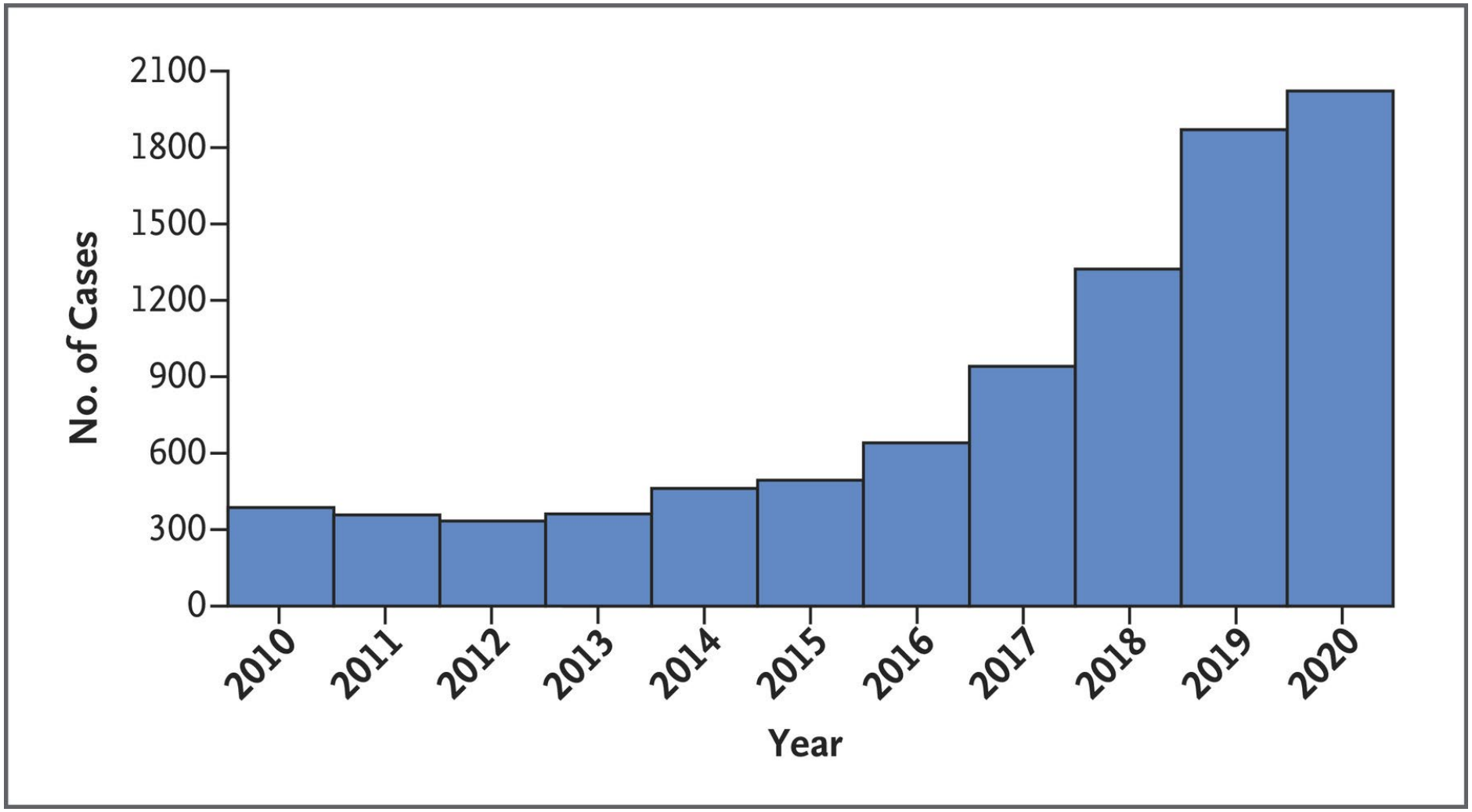
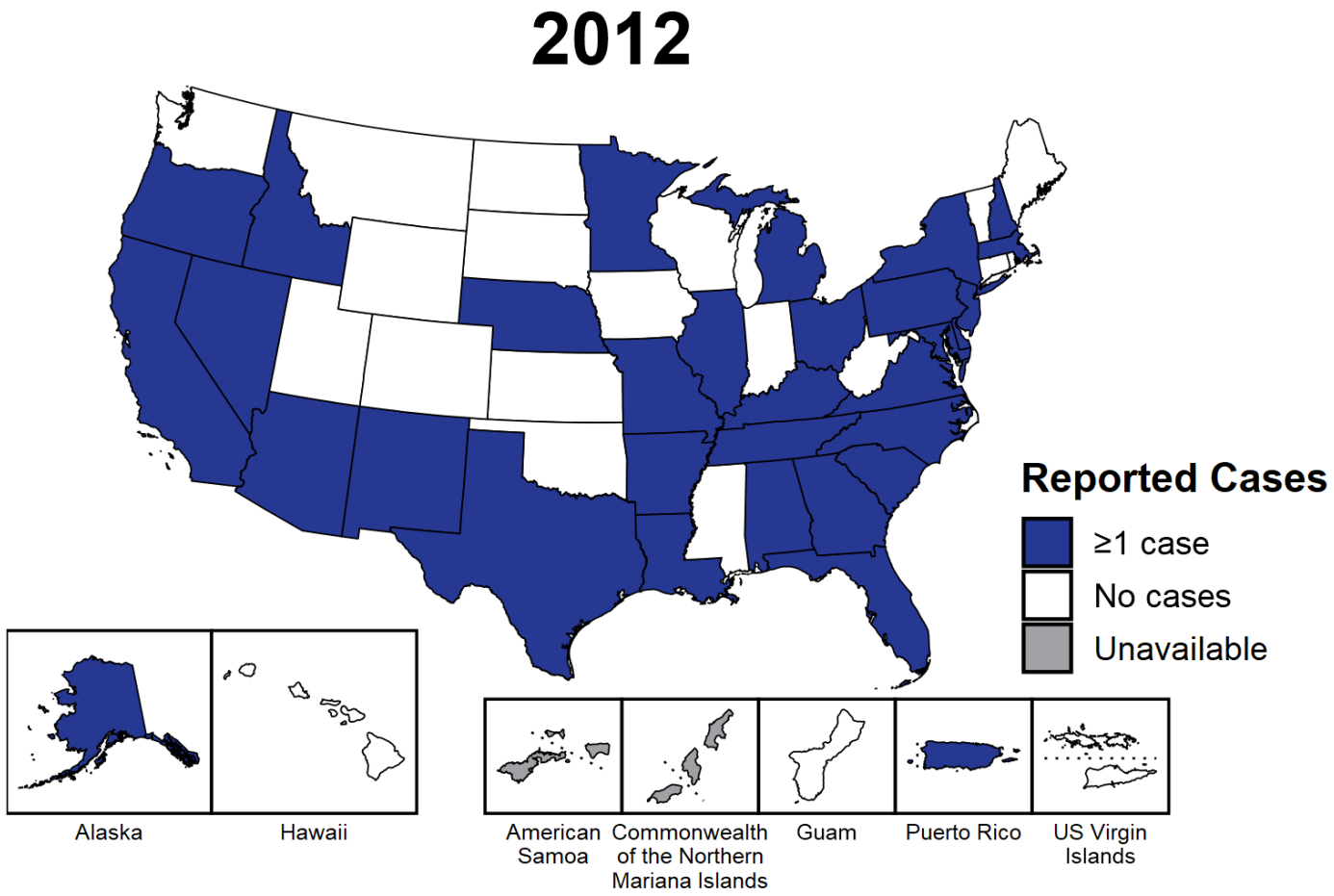


Figure 1. Reported Cases of Congenital Syphilis among U.S. Infants Born 2010–2020.

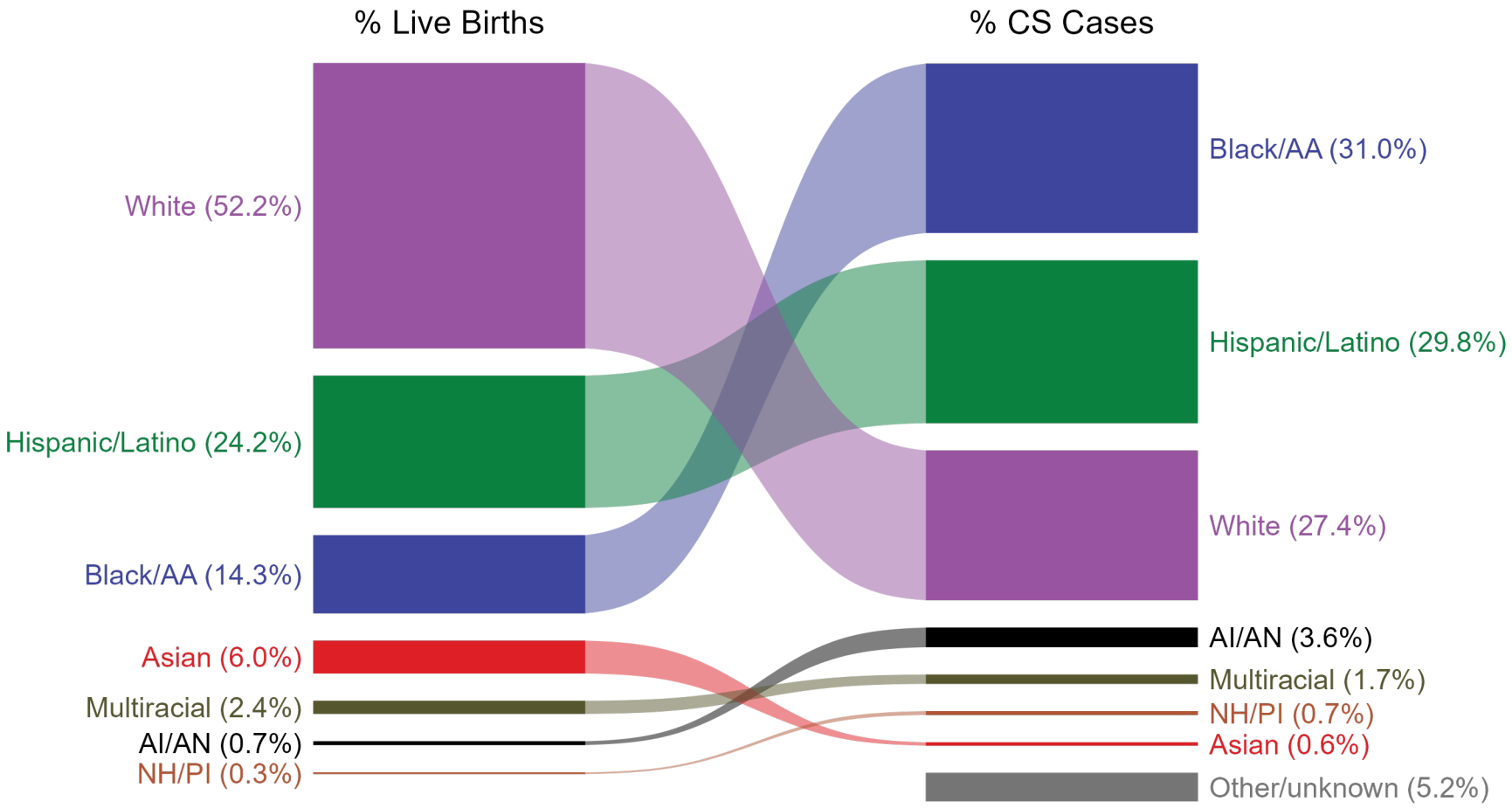
The case counts for congenital syphilis for 2010–2019 were previously published in the *2019 STD Surveillance Report.*[2] The case counts for 2020 include cases reported to Centers for Disease Control and Prevention as of July 29, 2021. The reporting period for 2020 cases ends in October 2021.



Congenital Syphilis — Reported Cases by Year of Birth and State, United States and Territories, 2012–2021

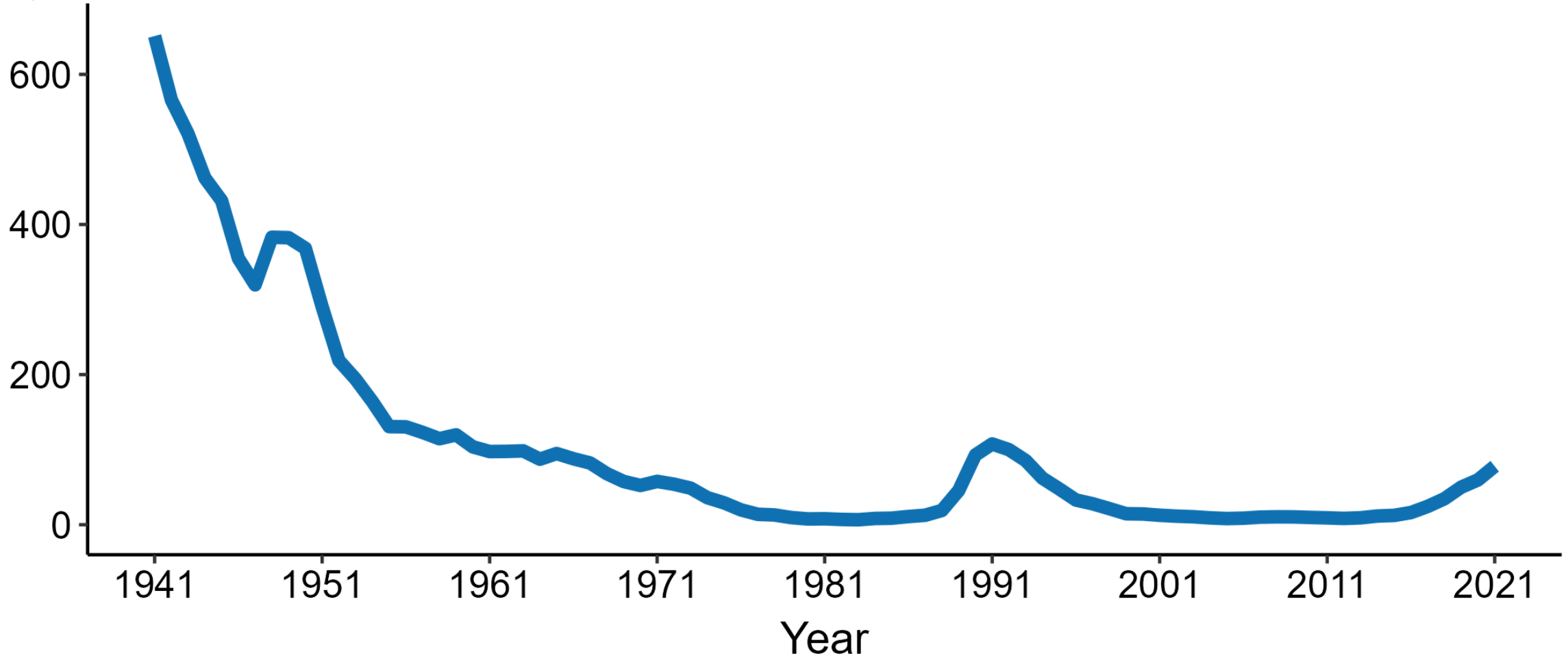


Congenital Syphilis — Total Live Births and Reported Cases by Race/Hispanic Ethnicity of Mother, United States, 2021



Data collection for congenital syphilis began in 1941, and congenital syphilis was made a nationally notifiable condition in 1944. There was a significant change in the congenital syphilis case definition in the 1990s and rates before versus after the case definition change should be interpreted with caution.

In 2021, there were a total of 2,855 cases of congenital syphilis reported for a rate of 77.9 per 100,000 live births.

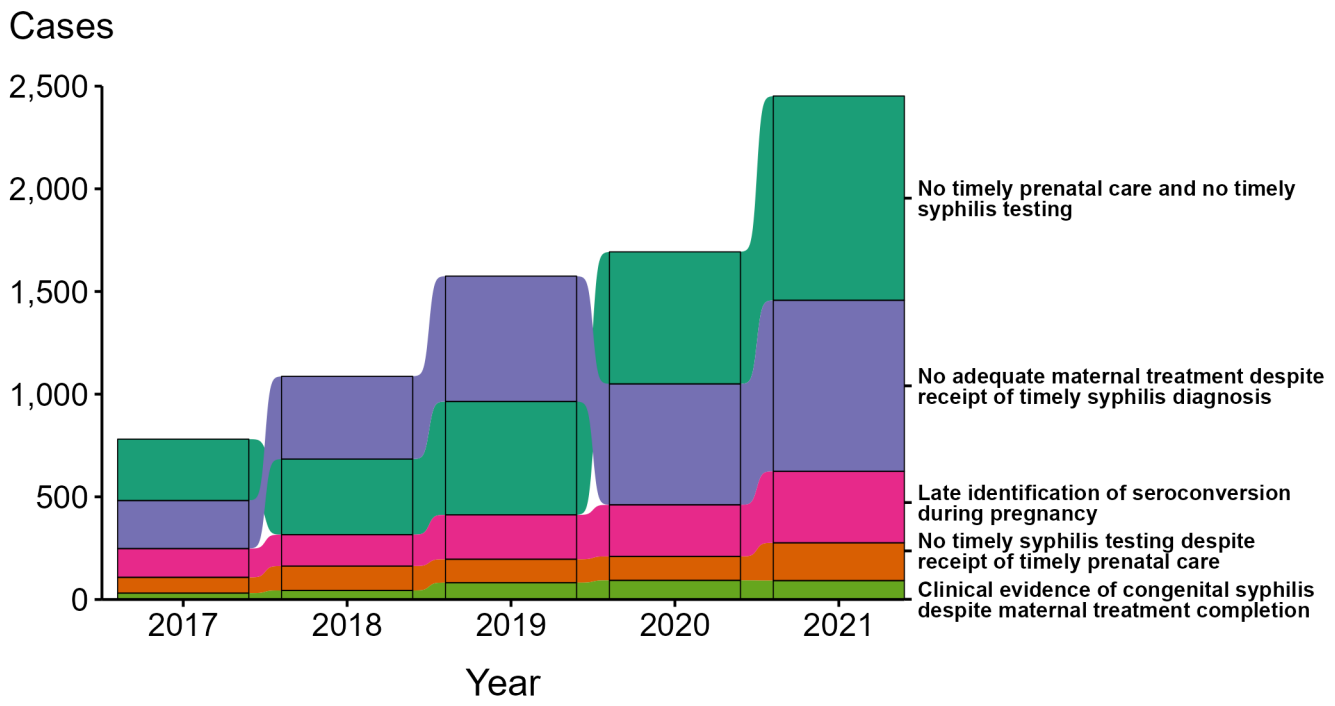


Data Misses

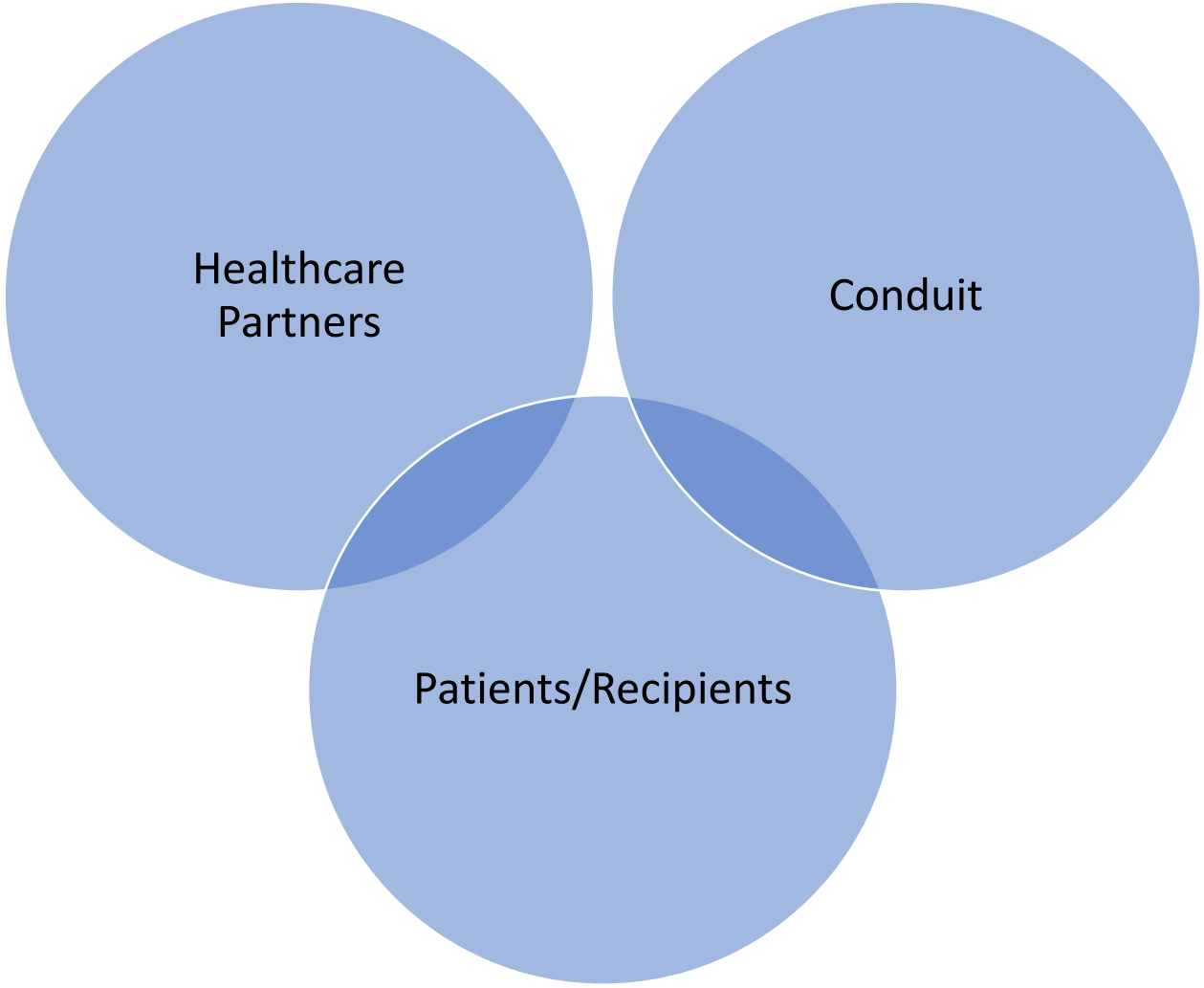
- Maternal information (including adequate Rx)
- Spontaneous abortions
- Stillbirths
- Late onset cases- incomplete or resistant cases
- Developmental delays
- Sensory deficits
- Renal disease
- Dental disease

Prevention Opportunities

Congenital Syphilis — Missed Prevention Opportunities among Mothers Delivering Infants with Congenital Syphilis, United States, 2017–2021



The Solution



Healthcare Partners

Health agencies

Payers

High Tech industry

Health focused non profits/community

Conduits

Patient analytics (behavior patterns, utilization)

Public health campaigns/education

Targeting different audience/different approach

Patients/recipients

Drivers of health

Education/knowledge

Behavior/attitude

Education tool

Questions?

Add “Contact Information”

Roshanda Clemons, MD
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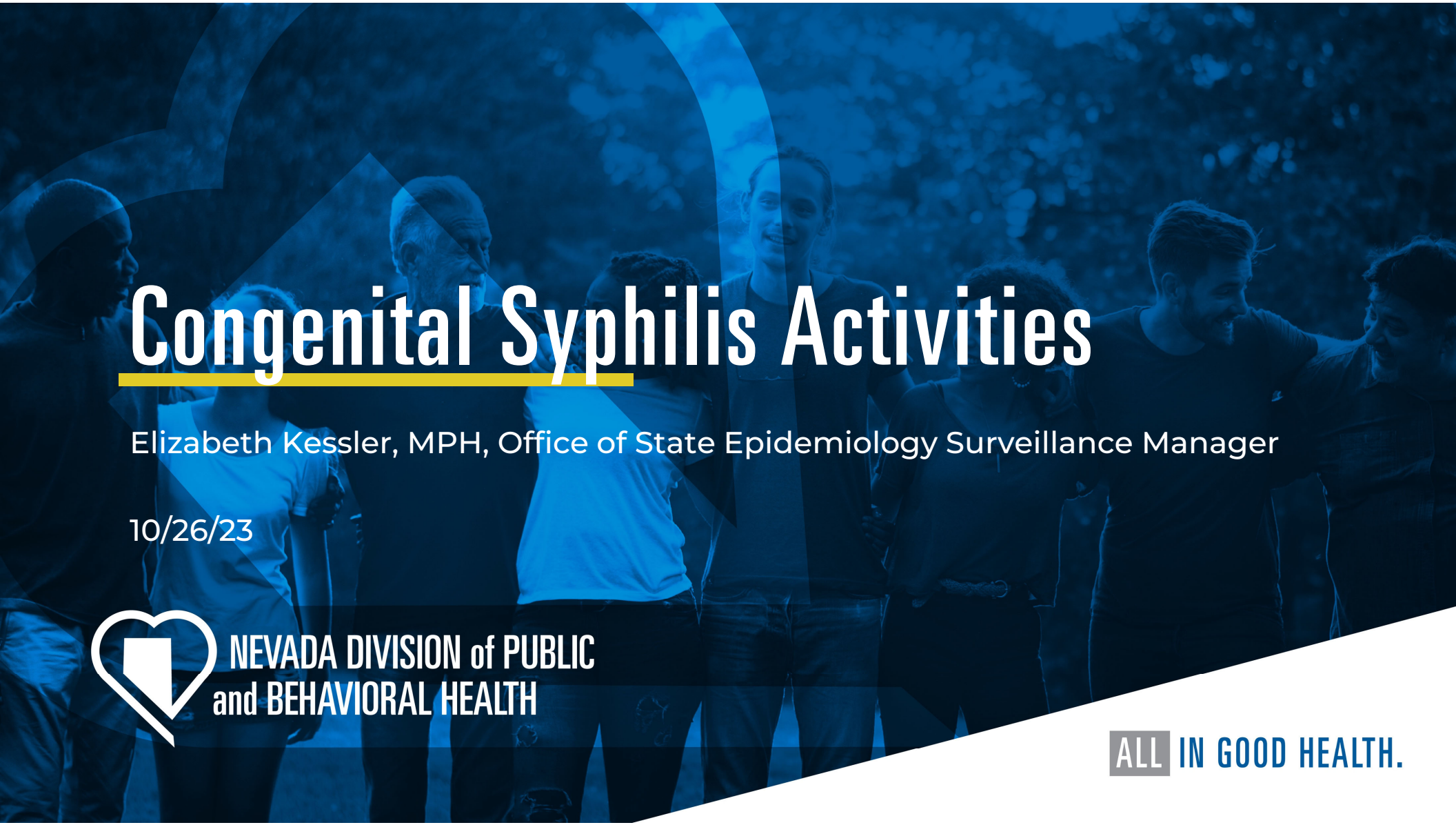
702.668.4800



Congenital Syphilis Activities

Elizabeth Kessler, MPH, Office of State Epidemiology Surveillance Manager

10/26/23

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.

Office of State Epidemiology (OSE) Mission

The main goal of the Office of State Epidemiology is to prevent and respond to a variety of public health issues through disease surveillance, standardized data collection, meaningful interpretation, statewide standards, and centralized guidance in order to improve health outcomes for our communities.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

AGENDA

1. Disease Investigation Specialist (DIS) Activities
2. Congenital Syphilis Review Boards (CSRB)
3. Congenital Syphilis (CS) Community Action Team (CAT)

What is a DIS?

A DIS or Disease Investigation Specialist works in local health departments, community-based organizations, and neighborhood clinics with the goal of improving health outcomes (and sometimes other emerging infectious diseases!) and increasing health education in our communities.

DIS Core Services

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- The daily work of a DIS begins with case investigations and contact tracing. This involves working with an individual who has been diagnosed with an infectious disease to identify and provide support to people (contacts) who may have been infected through exposure to the individual.
- Partner services are a broad array of services that are offered to persons with HIV infection, syphilis, gonorrhea, or chlamydial infection, and to their partners and social contacts.
- Partner services go beyond eliciting information about contacts and includes:
  - Prevention counseling,
  - Testing for HIV and other types of STDs, hepatitis screening, and vaccination,
  - Treatment or linkage to medical care, and
  - Linkage or referral to other services (e.g., reproductive health services, prenatal care, substance abuse treatment, social support, housing assistance, legal services, and mental health services).

DIS Activity Examples

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- DIS provide critical services in our communities to improve health education and health outcomes. Here are some ways DIS work hard every day:
  - Provide non-judgmental and inclusive sexual health and maternal health education
  - Swiftly connect individuals to screening and treatment services, such as syphilis screening
  - Confidentially support partner notification (also known as partner services) of individuals potentially exposed
  - Make referrals to wrap-around services including housing support or prenatal services
  - Lead frontline contact tracing efforts for emerging and reemerging infections including congenital syphilis

CSRB Overview

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- The Nevada Congenital Syphilis Review Board (CSRB) was established in 2021 to address the increasing burden of congenital syphilis in Nevada.
- Uses a Fetal Infant Mortality Review (FIMR) methodology to review CS cases
- FIMR is a continuous quality improvement process used to review cases of perinatal transmission or cases in which key perinatal prevention opportunities were missed. This process allows for:
  - Identification of local systems issues
  - Improvements in systems of care
  - Facilitates partnership and collaboration

FIMR Prevention Methodology

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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

CSRB Sub-Groups

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Core Team

- Establishes CSRB mission, goals, objectives
- Selects cases for presentation

Case Review Team

- Conducts in-depth case reviews
- Identify missed opportunities for prevention
- Propose follow-up actions for interventions and systems level change

Community Action Team

- Develops solutions to the issues brought forth by the CRT

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

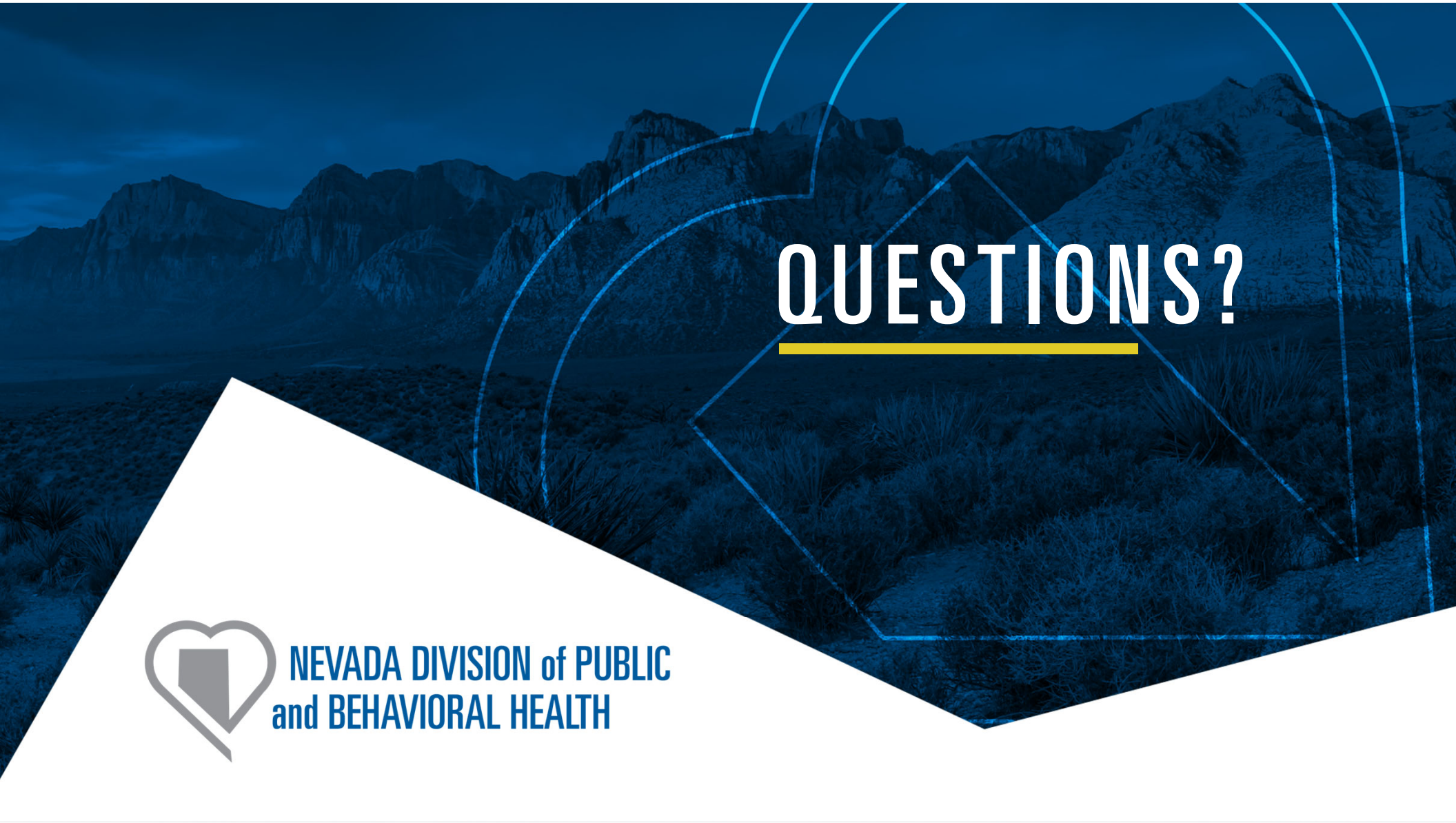
CAT Current Progress

- To date, a total of 21 case summaries have been presented across 8 CRT meetings.
- 2-3 cases are presented at each meeting
- Cases are presented from three different health authorities:
  - Carson City Health and Human Services
  - Northern Nevada Public Health
  - Southern Nevada Health District

CAT Current Activities

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- The CAT convened in June 2023 to review themes from the first six CRT meetings and identify potential strategies and actions for addressing common barriers.
- The group compiled and identified six themes for possibly action.
  - For full details on the themes and their associated actions, please reference the “Nevada Congenital Syphilis Review Board Community Action Team Summary Report”.


QUESTIONS?
NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

CONTACT INFORMATION

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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Office of State Epidemiology
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ekessler@health.nv.gov

ACRONYMS

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- CAT: Community Action Team
- CS: Congenital Syphilis
- CSRB: Congenital Syphilis Review Boards


NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Attachment for Agenda Item #5

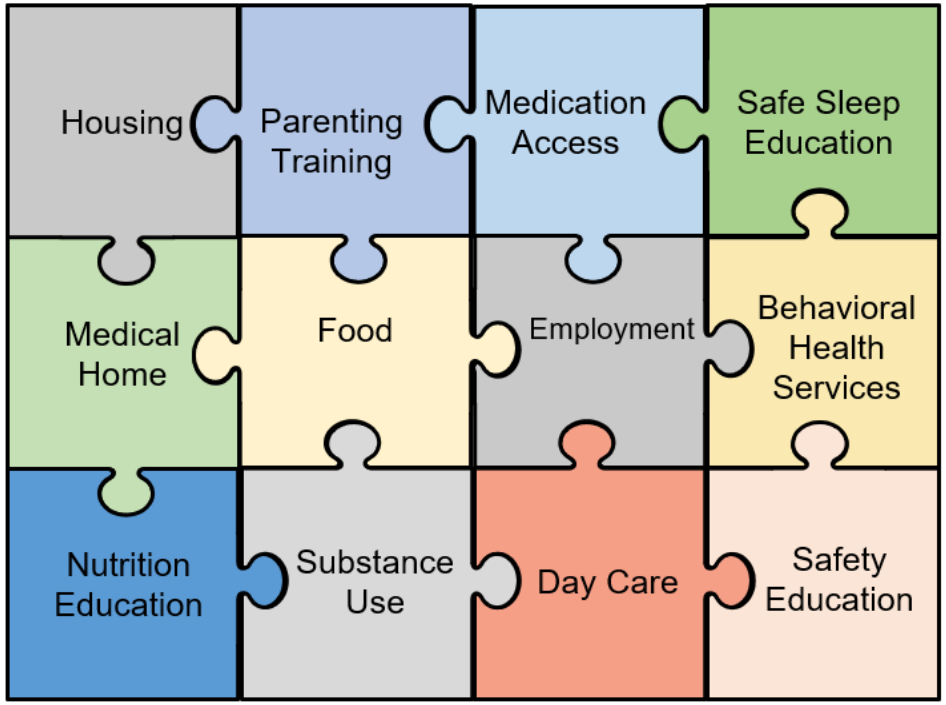
Comagine Health

Southern Nevada Pathways Community Hub

November 3, 2023

A Community Solution

The Pathways Community HUB Model is an evidenced-based model proven to mitigate multiple disparities by building a sustainable community-based care coordination network that addresses modifiable risk factors and assures connection to medical, social and behavioral health services.



Comagine Health

What is a Nationally Certified Pathways Community HUB (PCH)?

An organized, outcome-focused network of community-based organizations (CBOs) that hires and trains community health workers (CHWs) to reach out to those at greatest risk, identify risk factors and barriers, and assure engagement with medical, social and behavioral health services.

PCHs address risk factors for each member of the family and payments are made based on confirmed outcomes.

PCHs address individual and community-level risk factors in a quality improvement framework.

A certified PCH improves health, reduces costs and promotes health equity.

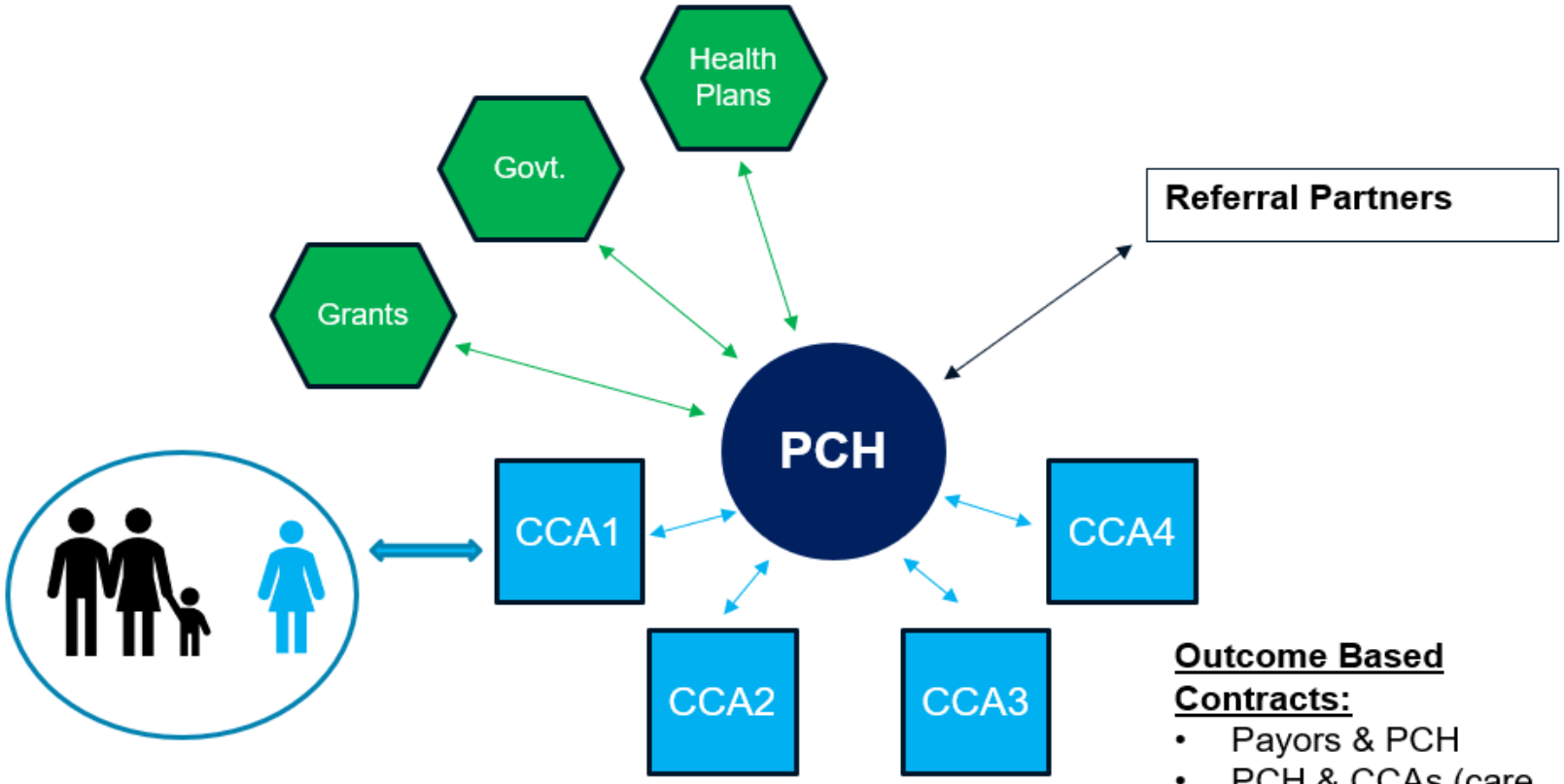
Pathways Community HUB (PCH)

- *Neutral, transparent and accountable*
- Only one PCH in a community/region
- Does NOT employ community health workers
- Uses outcome-based contracting

Care Coordination Agency (CCA)

- Employs CHWs
- Find community members at greatest risk
- Identify individually modifiable risks
- Use standardized 21 Pathways to track risk mitigation

Pathways Community HUB (PCH)



Outcome Based Contracts:

- Payors & PCH
- PCH & CCAs (care coordination agencies)

Importance of Community Health Workers in the Pathways Model

- CHWs provide care coordination services and are employed by medical clinics, social service agencies and other organizations throughout the community.
- CHWs serve as partners, coaches and advocates for their clients.
- Expanding the number of qualified and trained CHWs will help address workforce shortages.

Pathways Community HUB Impact

- The Ohio Commission on Minority Health scaled the Pathways Community HUB Model to address the high disparity in infant birth outcomes.
  - The HUB achieved better health outcomes and lowered the mortality rate for infants in 2018-2019.
  - The study concluded **"[t]he HUB Model is an evidence-based approach is useful in Ohio in reducing infant deaths in minorities. It has improved the birth outcomes for minority populations and needs to be strengthened and replicated in the coming years."**

Source: Dawson, A. 2020. 'Pathways Community HUB in Ohio: Lesson Learned', APHA 2020 Virtual Conference, 24-28 October

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Pathways Community HUB Impact

- Low birth weight outcomes for mothers enrolled in a Pathways HUB had **significantly lower** adjusted odds of experiencing a **low-birth weight delivery** than non-enrolled women [adjusted odds ratio = 0.36, 95% CI (0.12, 0.96)]. In this study, 15 (13%) low-birthweight babies were born in the control group, while only seven (6.1%) were born in the HUB intervention group, a reduction of more than 50%.

- High risk mothers in a community hub service area where the members were enrolled in the hub were **1.55 times less likely** to deliver a baby needing **Special Care Nursery or NICU** care when compared to high-risk members who did not receive hub services through delivery.

- Active use of **Community Hubs** combined **with** traditional health plan **care management** to **reduce non-clinical barriers** to care leads to a **lower total cost of care** in baby's first year of life. "For every dollar spent on Community Hub activities for our members, there was a savings of $2.36".

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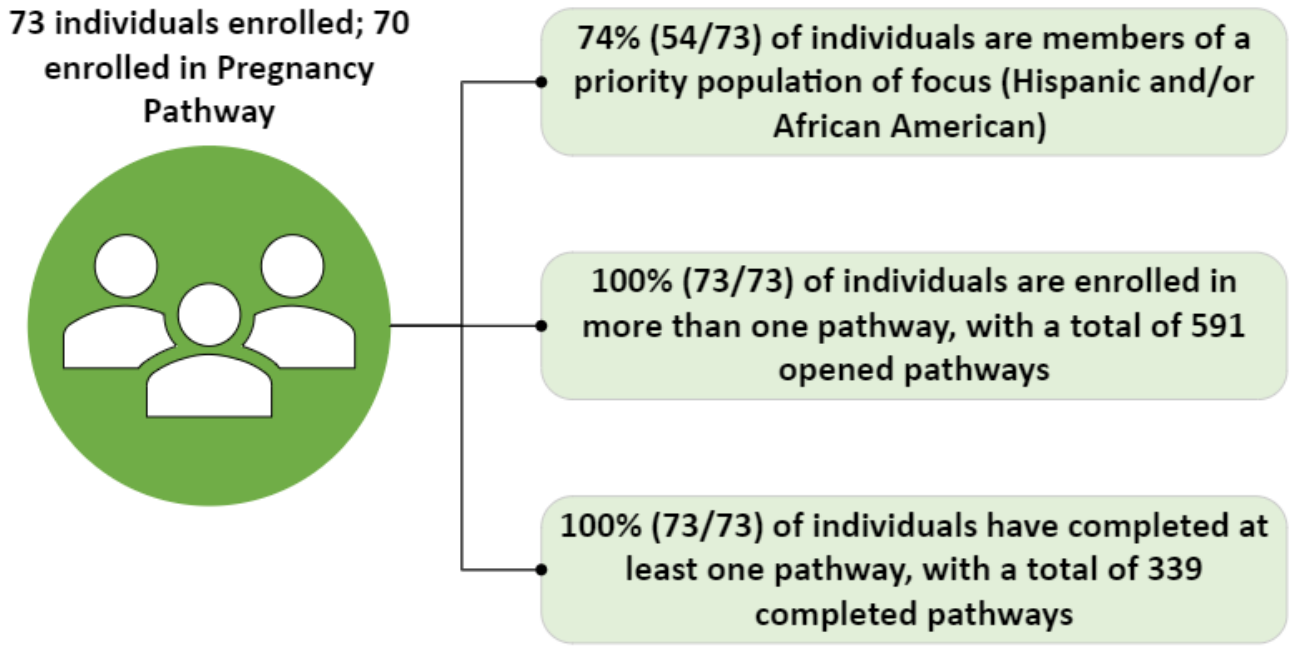
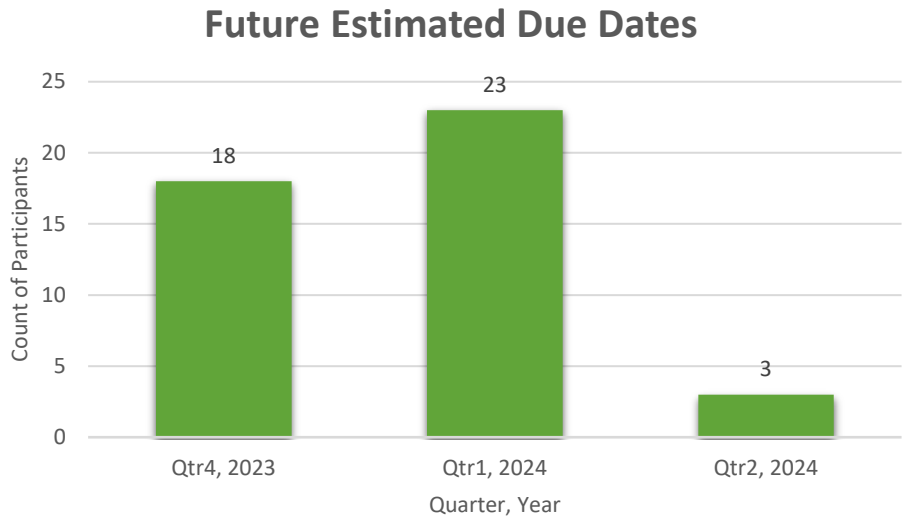
Source: (Lucas, B., Detty, A. "Improved Birth Outcomes through Health Plan and Community Hub Partnership." 2018)

Southern Nevada Pathways Hub Pregnancy Pilot

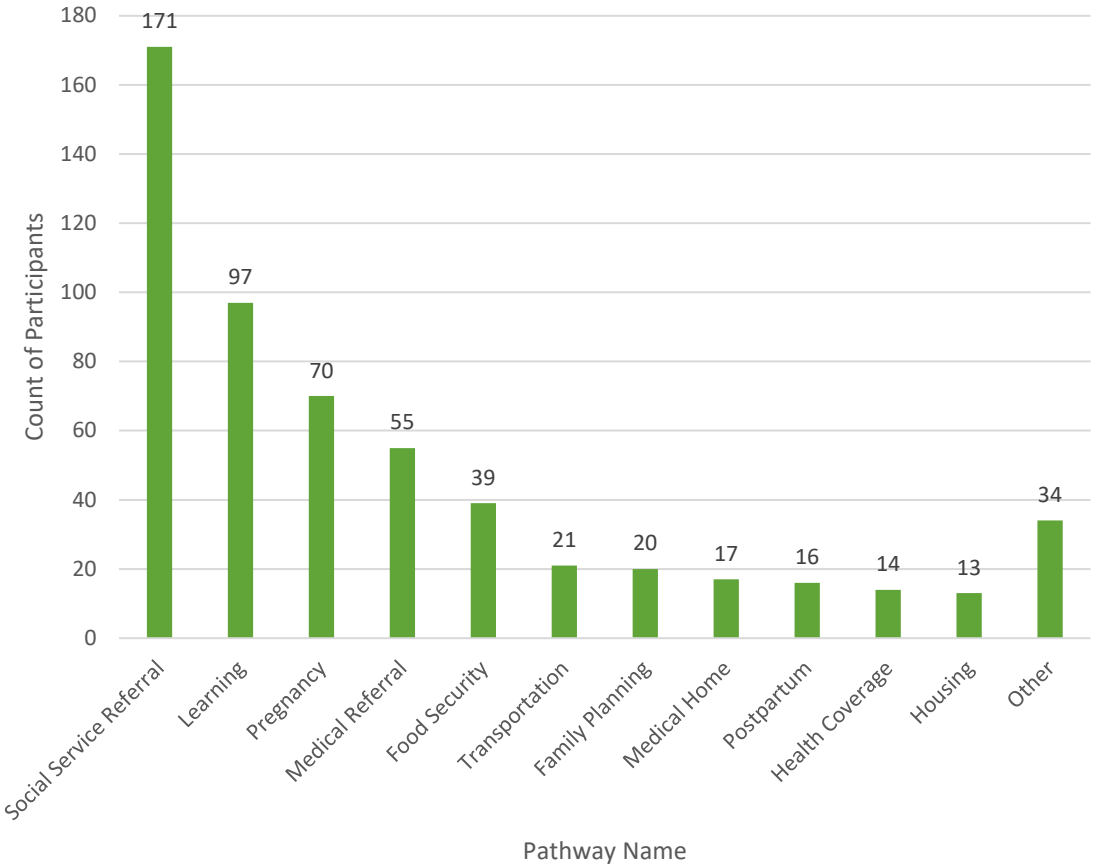


- Of the 70 pregnant enrollees:
  - 14 completed their pathway with a normal birth weight
  - 10 finished incomplete (1 low birth weight, 4 loss of pregnancy)
  - 44 with a future estimated due date recorded



Note: Data includes participants that were enrolled between May and October 2023

Pregnancy – Complementary Pathways



Primary Services

- Social Service Referral

Service	Count	Service	Count
Personal Items	97	Parenting Education	4
Literacy	12	Financial	3
Safety Equipment	12	Utilities	3
Household Items	9	Clothing	2
Legal	8	Phone	2
Translation Services and/or Interpretation	8	Childcare	1
Internet	5	Identification	1
Other	4		

- Medical Referral

Service	Count	Service	Count
Primary Care	26	Dental Services	1
Specialty Care	19	Hearing Services	1
Vision Services	4	Preventive Screening	1
Nutritional Services	2	Procedure	1

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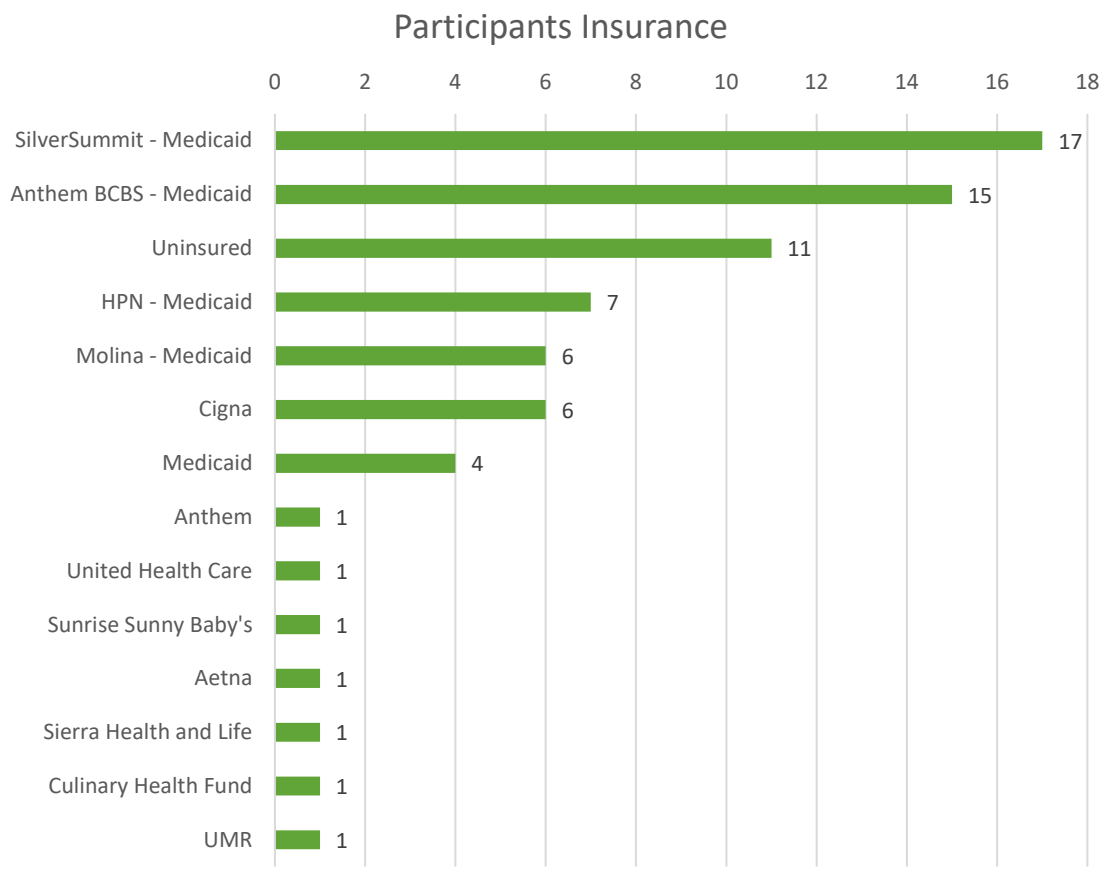
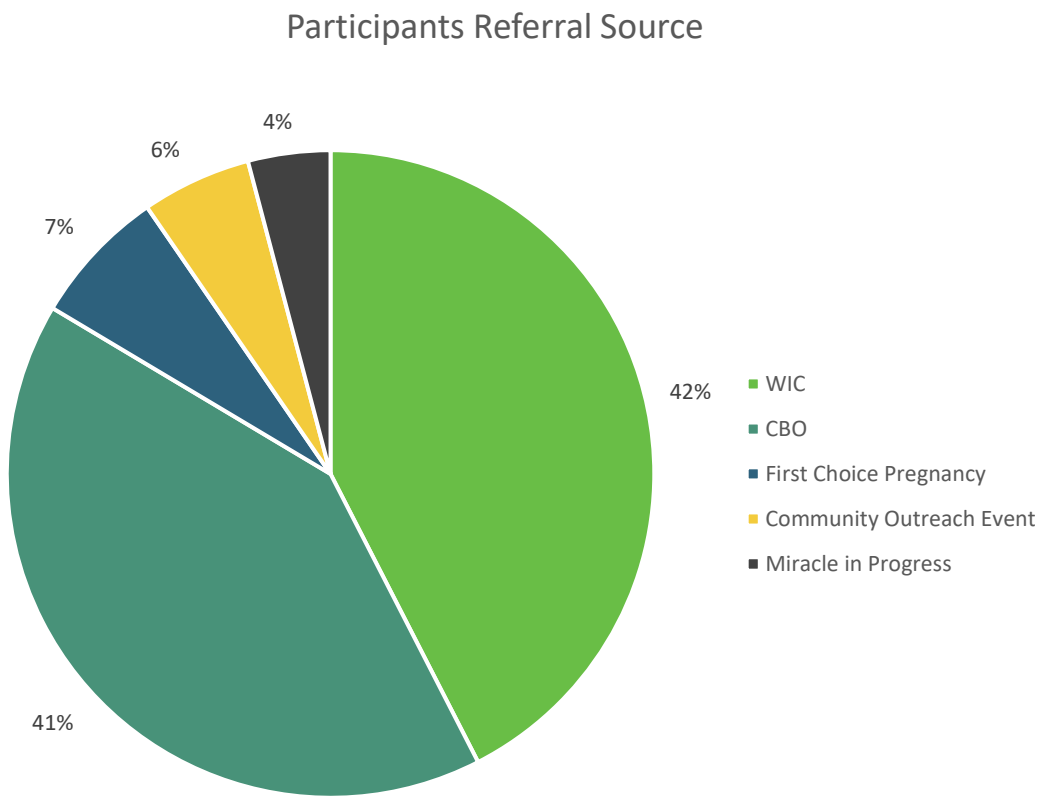
Note: Data includes participants that were enrolled between May and October 2023

Who We Are Serving





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Note: Data includes participants that were enrolled between May and October 2023

HRSA Integrated Maternal Health Services (IMHS) Cooperative Agreement

Comagine Health and UNLV Kirk Kerkorian School of Medicine and School of Public Health are working to improve birth outcomes among those most disproportionately impacted in Clark County, Nevada by integrating a Maternity Medical Home (MMH) model with the Southern Nevada Pathways Community HUB (SNPCH) to improve coordination of fragmented social, behavioral, and health services.

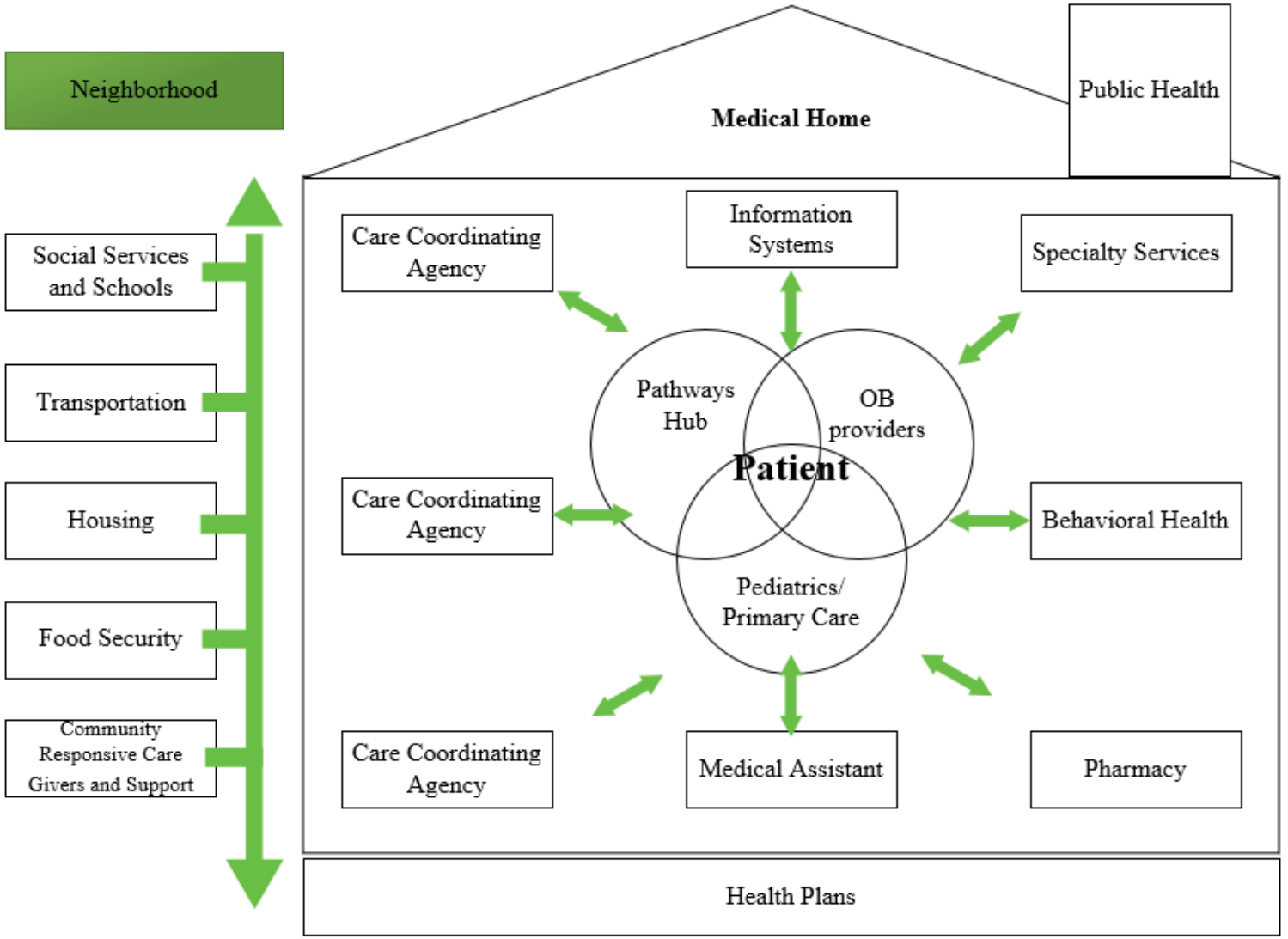
- The MMH model adopts principles from the PCMH model to improve maternal health outcomes by addressing clinical, behavioral, and social aspects of care.
- The PCHI Model is a nationally recognized model that addresses the social drivers of health through expanding the delivery system to incorporate community-based community health workers (CHW) using an outcomes-oriented framework.

Time Frame: September 30, 2023-September 29, 2028

Comagine Health

Sources: United States Census Bureau, 2022; Nevada Department of Health and Human Services, Office of Analytics. (2022). Maternal Mortality and Severe Maternal Morbidity Nevada, 2021; Minority Health Report, 2021

Figure 1. Comagine Health's Integrated Maternal Medical Home Model



Key: All green arrows indicate a bidirectional relationship

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HRSA IMHS Partnerships

Collaborative Partners	
OBGYN Partners	Kirk Kerkorian School of Medicine (KSOM) at University of Nevada, Las Vegas (UNLV) Department of Obstetrics and Gynecology (Co-PI), Women's Health Associates of Nevada
Care Coordination Agencies (CCAs)	Dignity Health Southern Nevada Health District Primary & Preventive Care Division Nevada Health Centers
Aligning Partners and Consultants	UNLV School of Public Health (Co-PI), Nevada DHHS Alliance for Innovation on Maternal Health (AIM), Children's Cabinet Strong Start Early Childhood Comprehensive Systems (ECCS) project, Pathways Community Hub Institute, Minority Health Consultants, Beyond Clinical Walls.
SNV Hub Core Team	Clark County Social Services, College of Southern Nevada (CSN), Common Spirit/DH, Huntridge Family Clinic, Kijiji Sisterhood, Heart and Sol Collective, Nevada Office of Minority Health, Make it Work Nevada, Nevada 211, PACT Coalition, PCHI®, SilverSummit Health Plan, SNHD, Three Square Foodbank, UNLV, YMCA.

What's Next?

- We're hiring for a Pathways Hub Manager! Referrals welcome.
  - https://jobs.silkroad.com/Comagine/Careers/jobs/1413.
- Complete launch the new HRSA IMHS Grant.
- Forge a partnership with Nevada Alliance for Innovation on Maternal Health.
- Continue to grow resources to serve a larger population in Clark County and document impact of the model on priority populations.
- Seeking opportunities to collaborate with partners and policy makers to realize a fully functioning and sustainable Hub

Contact Us!

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Southern Nevada Pathways Hub Community Improvement Advisor

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Jerry Reeves, MD

Medical Director

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Attachment for Agenda Item #6

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

Ghasi S. Phillips-Bell, ScD, MS
Epidemiologist

Tami Conn, MPH, Deputy Bureau Chief, Bureau of Child, Family and Community Wellness, Title V Children and Youth with Special Healthcare Needs Director

November 3, 2023

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.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Agenda

- Program Overview
- Priority Areas
- Program Highlights
- Data Overview
- Nevada Data Trends and Highlights
  - MCH Outcome Measures Positive Trends
  - MCH Outcome Measures Negative Trends
- Questions

- 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)

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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)

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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)

Priority Areas for Reporting Year

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- Improve preconception and interconception health among women of childbearing age, (NPM 1)
- Breastfeeding promotion (NPM 4)
- Increase developmental screening (NPM 6)
- Promote Safe-Sleep (NPM 5)

Priority Areas for Reporting Year, continued

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- Promote a medical home (NPM 11)
- Improve care coordination among adolescents (NPM 10)
- Reduce substance use during pregnancy (NPM 14)
- Increase transition of care for adolescents and CYSHCN (NPM 12)

Maternal and Infant Program

NevadaBreastfeeds.org received 9,672 page views. The website had 6,571 total sessions with 5,329 users, of which 5,314 were new users.

Cribs for Kids distributed 918 Safe Sleep Survival Kits and provided associated education.

Cribs for Kids® Helping every baby sleep safer

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Washoe County Health District (WCHD) Fetal Infant Mortality Review (FIMR) reviewed 57 cases.

The Statewide MCH Coalition, funded by Title V MCH, distributed 773 “New Mama Care Kits” in Southern Nevada and distributed resources for Title V priorities.

NV MCH

Maternal and Infant Program, continued

The SoberMomsHealthyBabies.org website was promoted to raise awareness of the priority admission of pregnant people at state-funded treatment centers. Title V MCH Program staff also participate in CARA and other substance use disorder in pregnancy focused efforts.

Title V MCH funded and collaborated with the University of Nevada, Reno, to conduct a needs assessment of substance exposed maternal-infant dyads to help inform maternal and infant health priorities. Three focus groups were conducted between July-September 2022 and had a total of 27 participants.

University of Nevada, Reno

Adolescent Health and Wellness Program

Urban Lotus Project reached 805 individuals through their Trauma- Informed Yoga for Youth work. Small World Yoga (SWY) received technical assistance from ULP and Title V MCH on how to expand their trauma-informed program.

Title V MCH staff continued collaborative efforts to increase health care transition literacy. During a one-month campaign, six video ads were displayed on social media. This resulted in 206,735 media impressions across all platforms.

Title V MCH staff participate in the National Network of State Adolescent Health Coordinators. The bi-monthly meetings focus on how to best serve adolescents, state policies to include youth in the workforce, and state program successes.

Carson City Health and Human Services utilize Starter Guides and Spark Trainings (Adolescent Health Initiative) to develop nurses' awareness about adolescent-friendly medical environments.

Children and Youth with Special Health Care Needs Program

MEDICAL HOME PORTAL

There were 33,184 unique users to the Medical Home Portal, and all Title V MCH funded partners promoted the Medical Home Portal.

Family Navigation became a Title V MCH funded partner in July 2021 and is Nevada's Family to Family Health Information Center. During FFY 2024, they handled 91 cases in connecting individuals and families to services.

Family Navigation Network
Nevada Center for Excellence in Disabilities

The Children's Cabinet

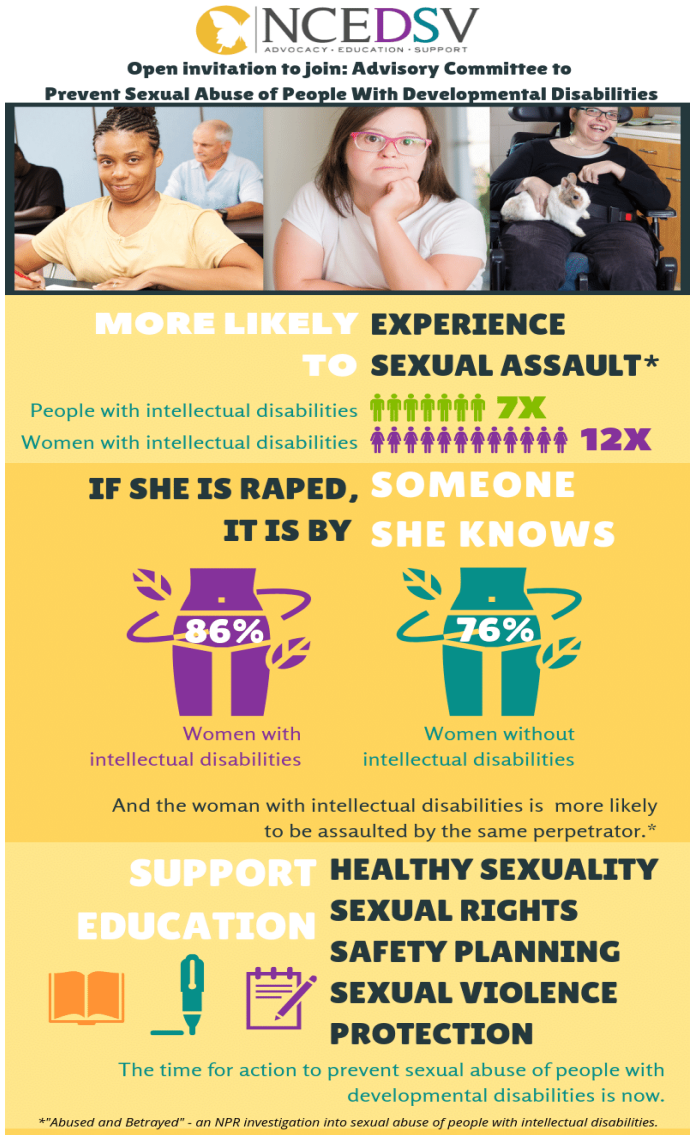
The Children's Cabinet Nevada Pyramid Model Partnership completed over 717 Ages and Stages Questionnaires developmental screenings.

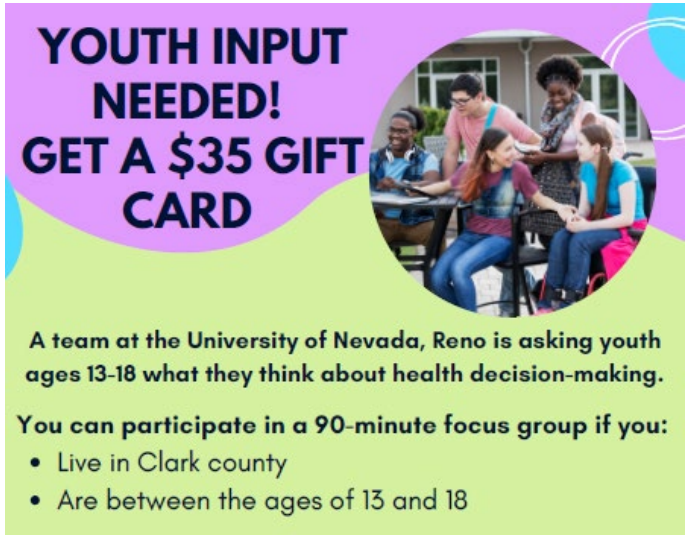
The Nevada Coalition to End Domestic and Sexual Violence provided cross-training workshops for the prevention of relationship abuse in young adults with developmental disabilities and developed infographics to increase awareness of local community-based organizations offering resources.

NCEDSV
Nevada Coalition to END Domestic and Sexual Violence


Medical Home Portal
Medical Home Portal
nvmedicalhomeportal.org


MCH
NV Statewide Maternal and Child Health (MCH) Coalition
ANNOUNCING THE FIRST DIRECT CLIENT SERVICES PROGRAM FROM SNVMCHC
NEW MAMA CARE KITS
New Mama Care Kits are filled with after birth supplies to bring comfort to low income women as they begin a new chapter in their lives - Motherhood!
The first 1,300 kits, distributed by agencies assisting prenatal and postpartum women, were made possible with the generous support of our Platinum Sponsor, Anthem Medicaid.
Anthem
Anthem
FIT4MOM
VOLUNTEERS ASSEMBLED EACH KIT WITH LOVE


NCEDSV
ADVOCACY · EDUCATION · SUPPORT
Open invitation to join: Advisory Committee to Prevent Sexual Abuse of People With Developmental Disabilities
MORE LIKELY TO EXPERIENCE SEXUAL ASSAULT*
People with intellectual disabilities 7X
Women with intellectual disabilities 12X
IF SHE IS RAPED, IT IS BY SOMEONE SHE KNOWS
86%
76%
Women with intellectual disabilities
Women without intellectual disabilities
And the woman with intellectual disabilities is more likely to be assaulted by the same perpetrator.*
SUPPORT EDUCATION
HEALTHY SEXUALITY
SEXUAL RIGHTS
SAFETY PLANNING
SEXUAL VIOLENCE PROTECTION
The time for action to prevent sexual abuse of people with developmental disabilities is now.
*"Abused and Betrayed" - an NPR investigation into sexual abuse of people with intellectual disabilities.


YOUTH INPUT NEEDED!
GET A $35 GIFT CARD
A team at the University of Nevada, Reno is asking youth ages 13-18 what they think about health decision-making.
You can participate in a 90-minute focus group if you:
• Live in Clark county
• Are between the ages of 13 and 18

Data Overview

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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

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

HRSA Maternal & Child Health

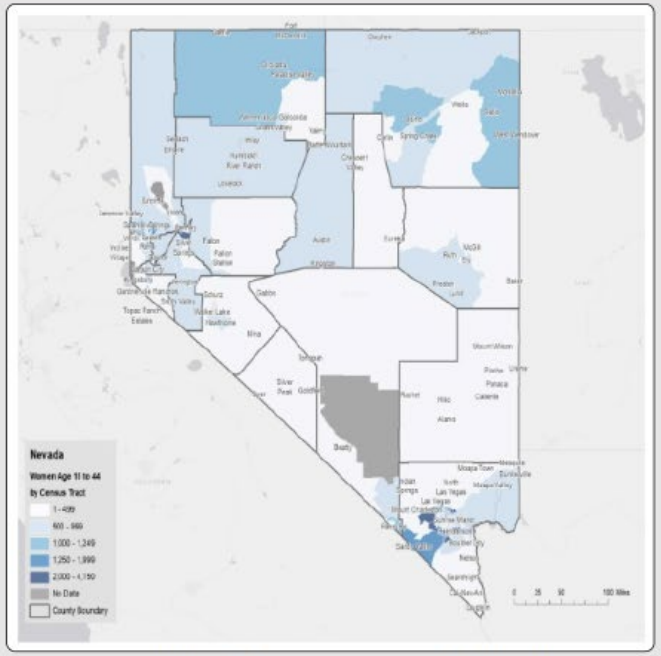
Data Dashboard

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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

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

Maternal Health Measures in Nevada

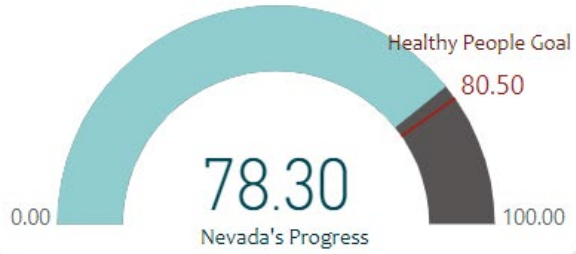


Population of women ages 18-44 in Nevada

Data Source: Office of Analytics

Nevada's progress in meeting Healthy People 2030 Goals

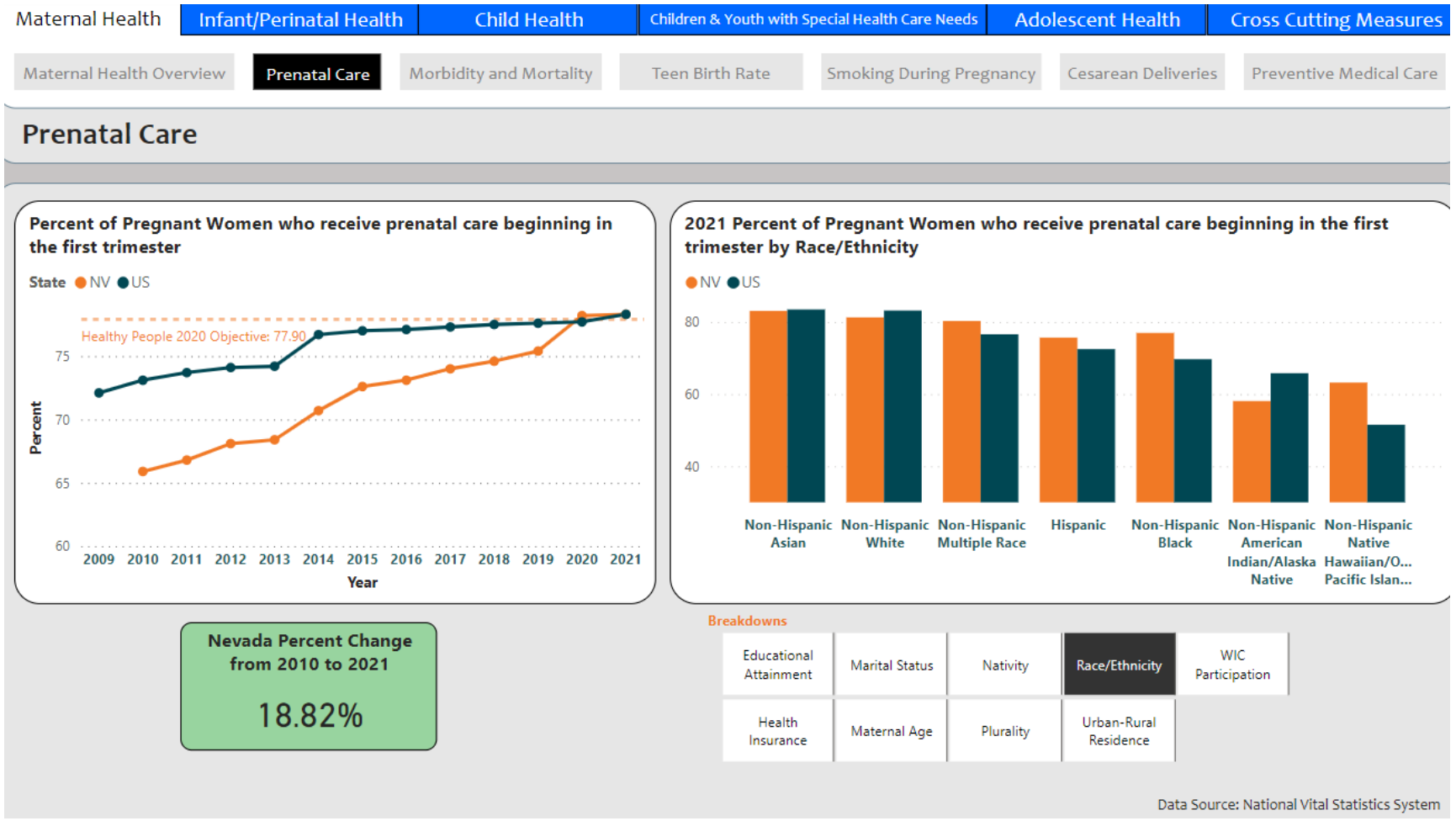
Percent of Women in Nevada who Received Prenatal Care in the First Trimester in 2021



Data Source: National Vital Statistics System

[Link to Data Dashboard]

Data Dashboard, continued

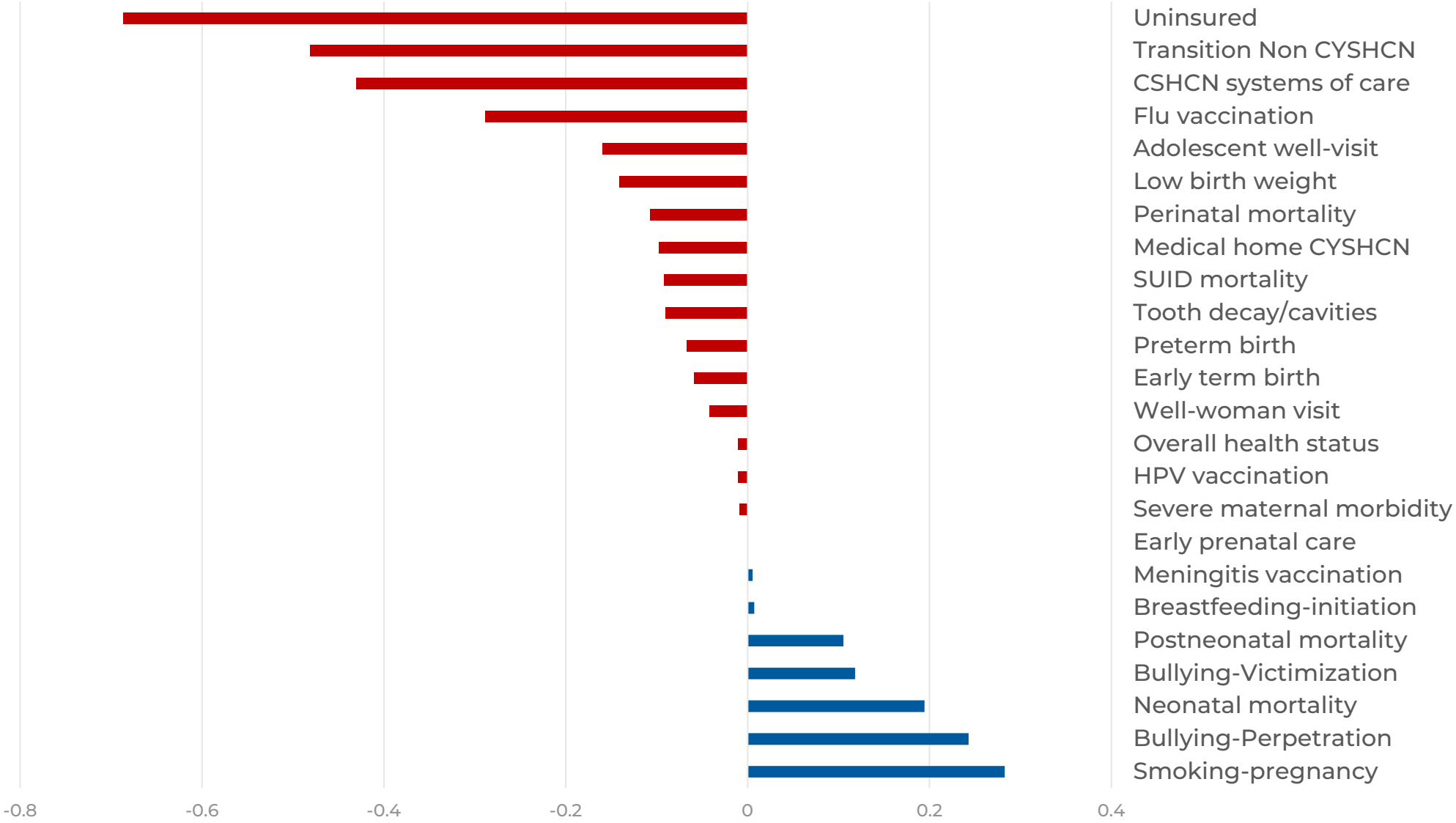


[Link to Data Dashboard]

Nevada Data Trends and Highlights

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Nevada Maternal and Child Health Indicators

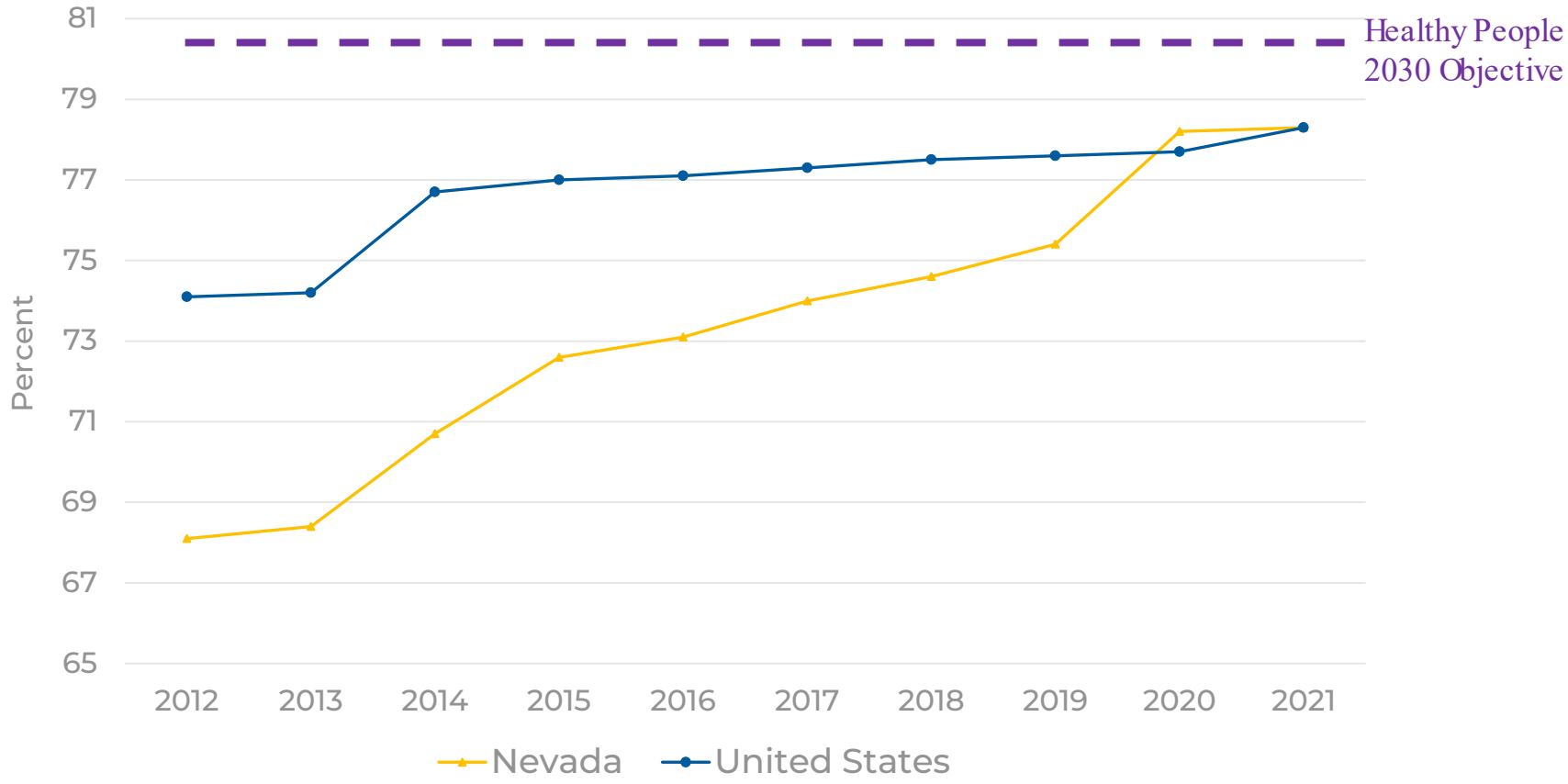


National Average

MCH Outcome Measures Positive Trends

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

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

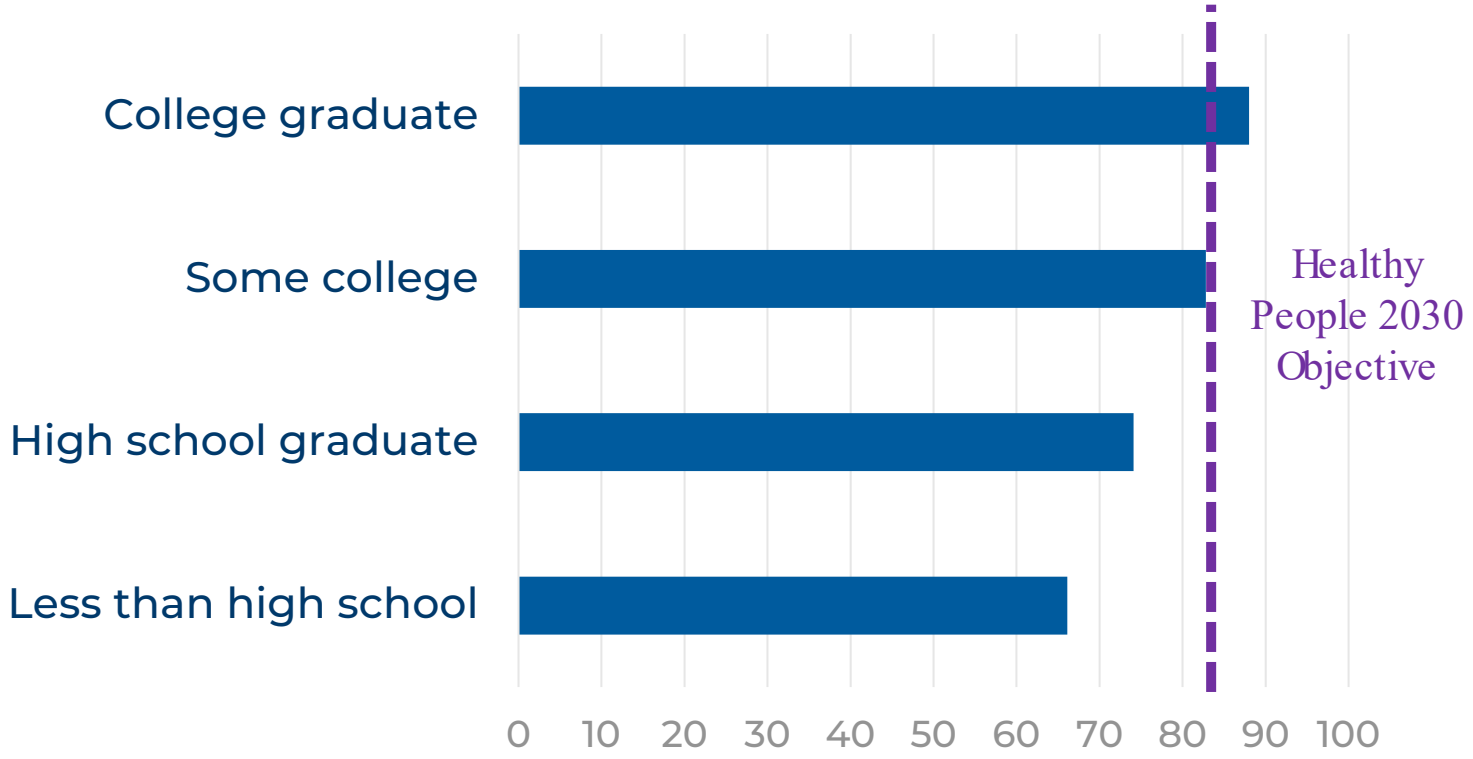


Data Source: National Vital Statistics System (NVSS)

Percent Of Women Who Receive Prenatal Care Beginning In The First Trimester											
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Nevada	66.8	68.1	68.4	70.7	72.6	73.1	74	74.6	75.4	78.2	78.3
United States	73.7	74.1	74.2	76.7	77	77.1	77.3	77.5	77.6	77.7	78.3
Healthy People 2020/2030 Objective	77.9/80.5										
NV % Change 2011-2021	**+13.8%**										
NV Ranking	**28th** out of 50 states and District of Columbia										

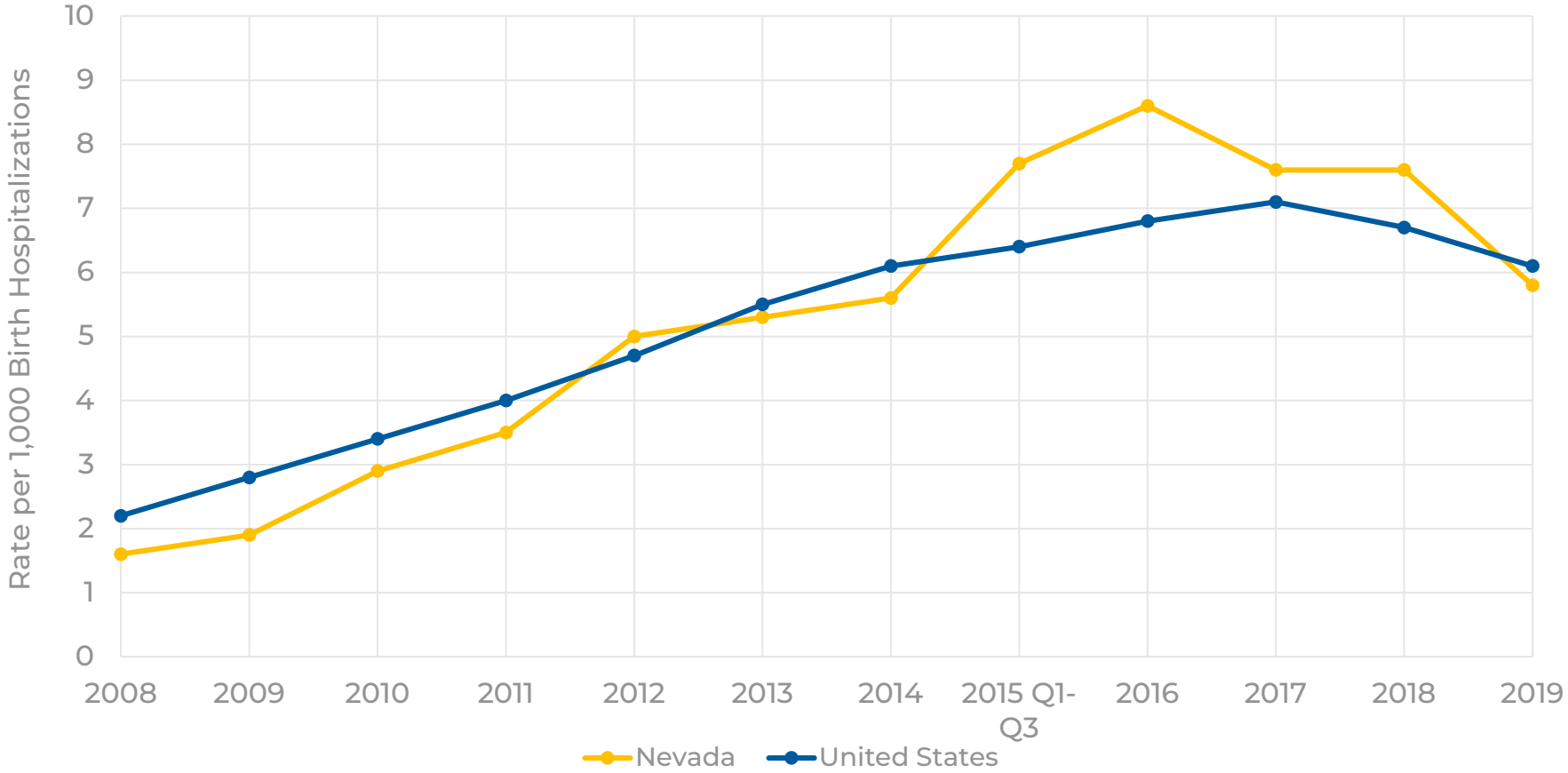
Data Source: National Vital Statistics System (NVSS)

2021 Prenatal Care In The First Trimester By Educational Attainment



Data Source: National Vital Statistics System (NVSS)

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



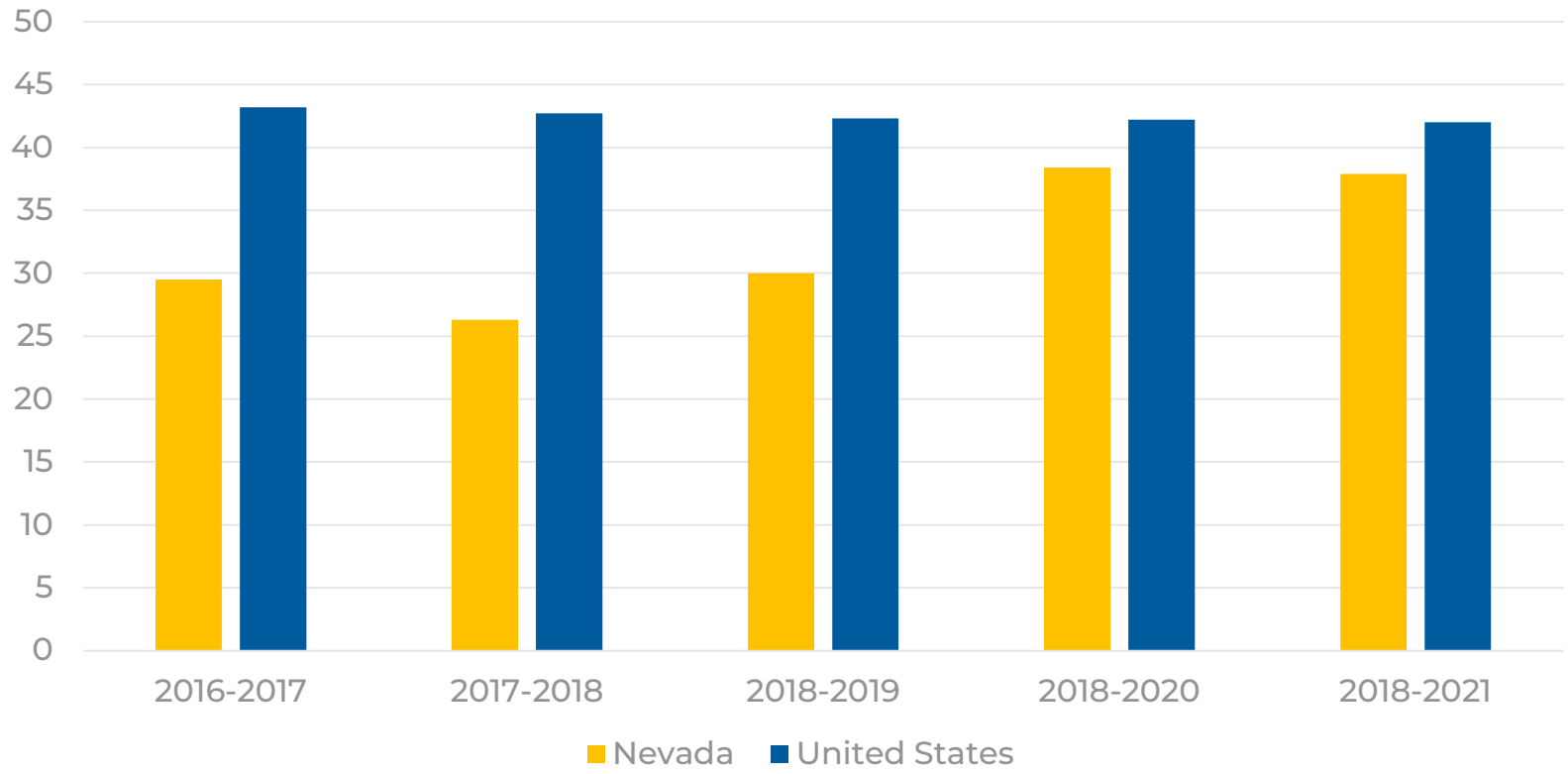
Data Source: Health care Cost & Utilization Project – State Inpatient Database (HCUP-SID)

Rate of Neonatal Abstinence Syndrome per 1,000 Birth Hospitalizations

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

Data Source: HCUP-SID

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

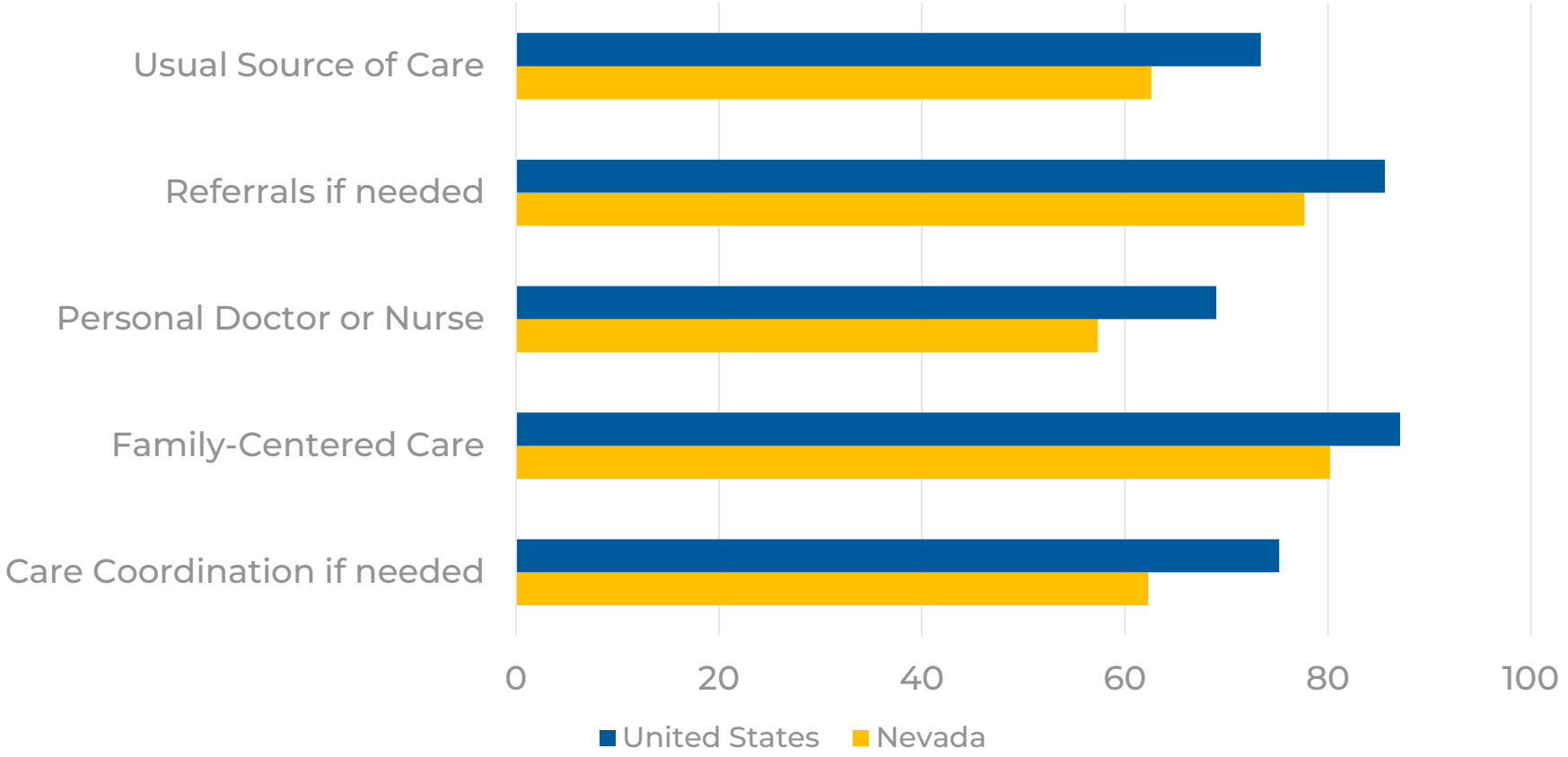


Data Source: National Survey of Children's Health (NSCH)

Percent of children with special health care needs, ages 0 through 17, who have a medical home					
	2016-2017	**2017-2018**	**2018-2019**	**2019-2020**	**2020-2021**
Nevada	29.5	26.3	30.3	38.4	37.9
United States	43.2	42.7	42.3	42.2	42.0
NV % Change 2016/2017 to 2020/2021	**28.5%**				
NV Ranking	**45th**				

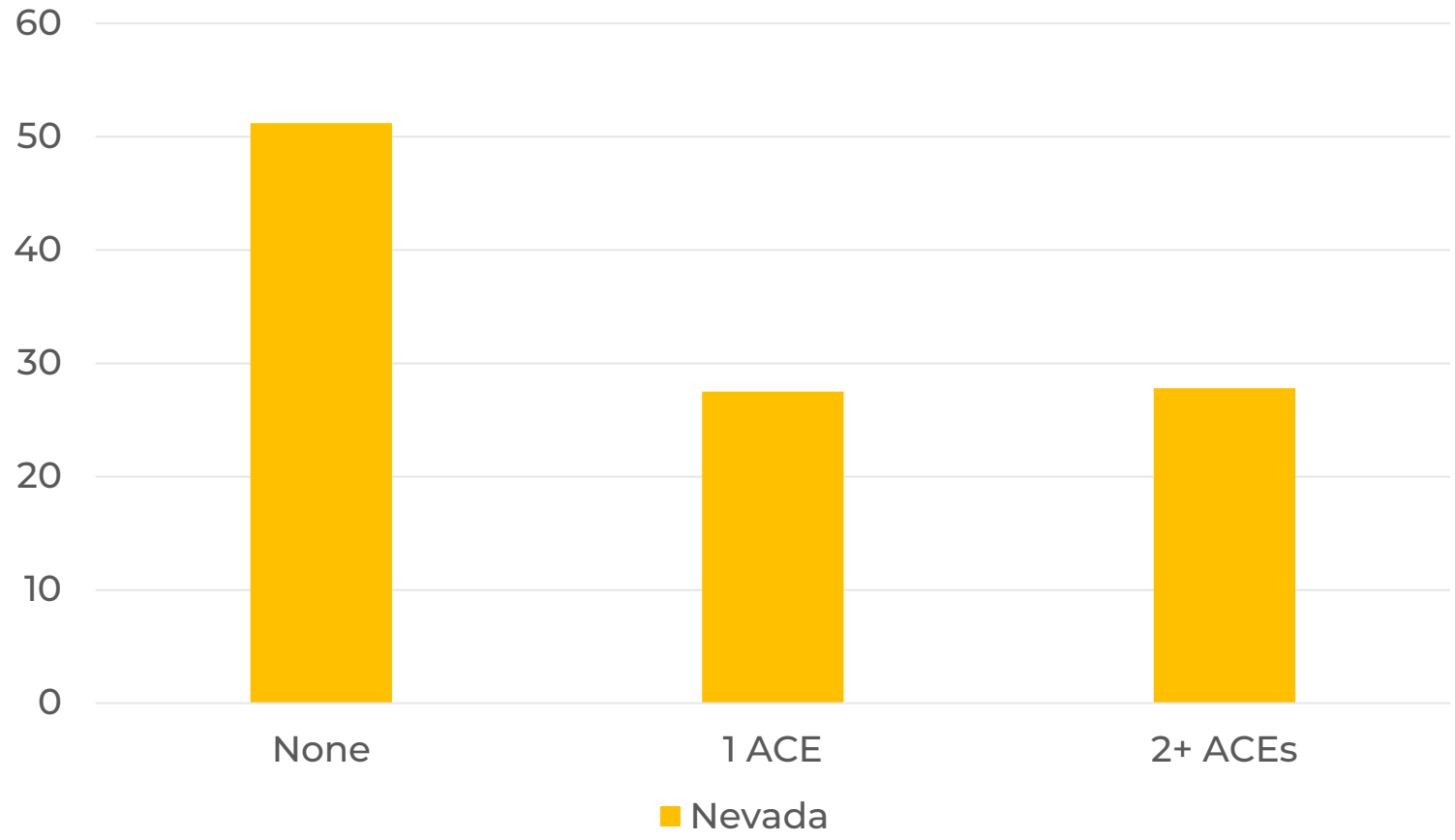
Data Source: National Survey of Children's Health (NSCH)

Percent of CSHCN with Medical Home by Component of Care, 2020-2021



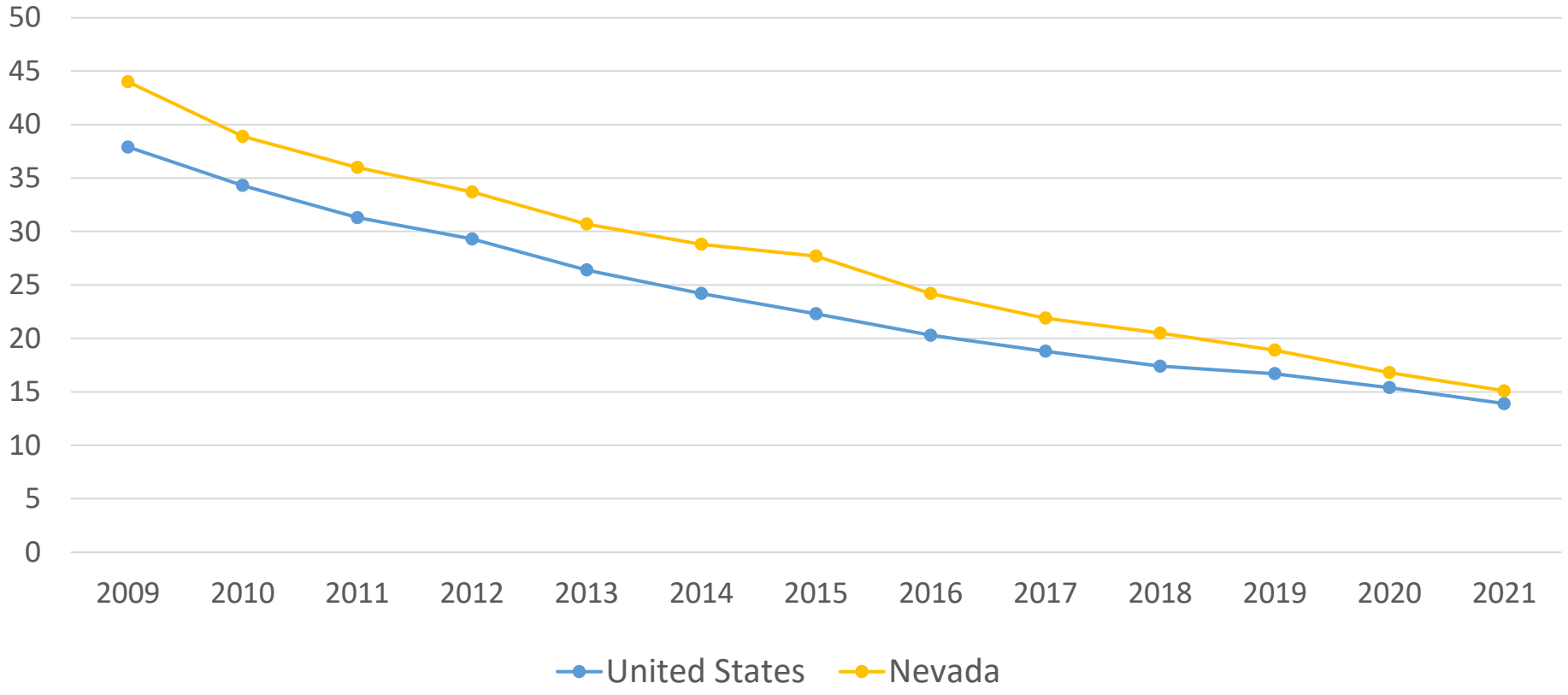
Data Source: National Survey of Children's Health (NSCH)

2020-2021 Percent of CSHCN with a Medical Home by Adverse Childhood Experiences (ACEs)



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

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

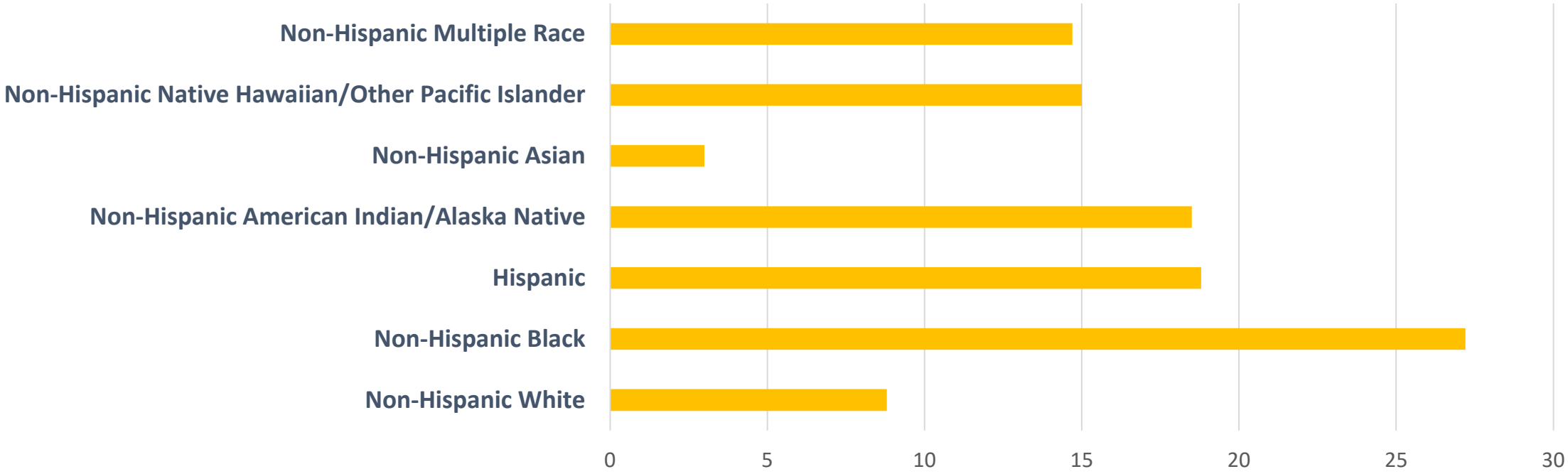


Data Source: National Vital Statistics System (NVSS)

Teen Birth Rate, Ages 15-19, Per 1,000 Females												
	2010	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Nevada	38.9	36	33.7	30.7	28.8	27.7	24.2	21.9	20.5	18.9	16.8	15.1
United States	34.3	31.3	29.3	26.4	24.2	22.3	20.3	18.8	17.4	16.7	15.4	13.9
NV % Change 2010-2021	**-61.2%**											
NV Ranking	**30st** out of 50 states and District of Columbia											

Data Source: Data Source: National Vital Statistics System (NVSS)

2021 Teen Birth Rate, Ages 15-19, Per 1,000 Females by Race and Ethnicity

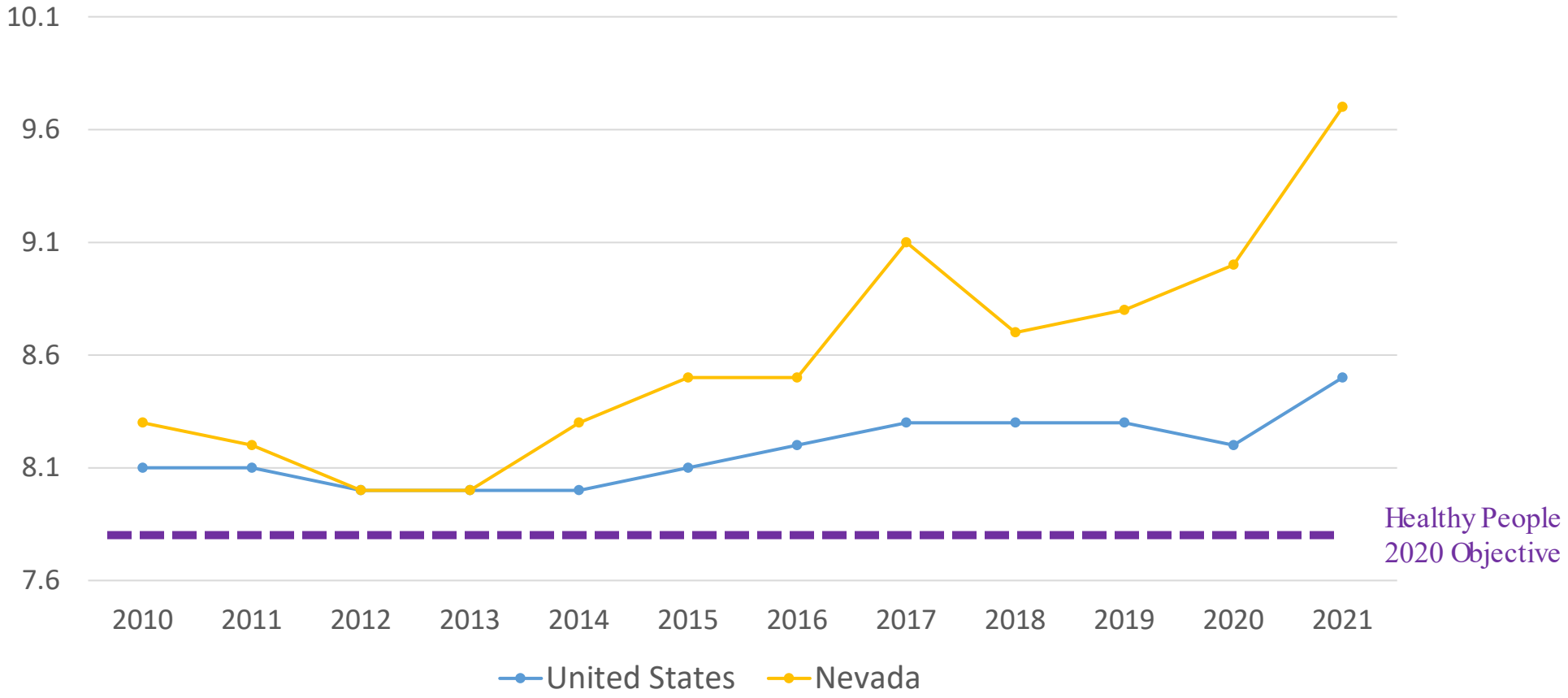


Data Source: National Vital Statistics System (NVSS)

MCH Outcome Measures Negative Trends

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

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



Data Source: National Vital Statistics System (NVSS)

Percent Of Low Birth Weight Deliveries (<2,500 Grams)												
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Nevada	8.3	8.2	8	8	8.3	8.5	8.5	9.1	8.7	8.8	9.0	9.7
United States	8.1	8.1	8	8	8	8.1	8.2	8.3	8.3	8.3	8.2	8.5
HP 2020 Objective	7.8											
NV% Change 2010-2021	+16.9%											
NV Ranking	45th											

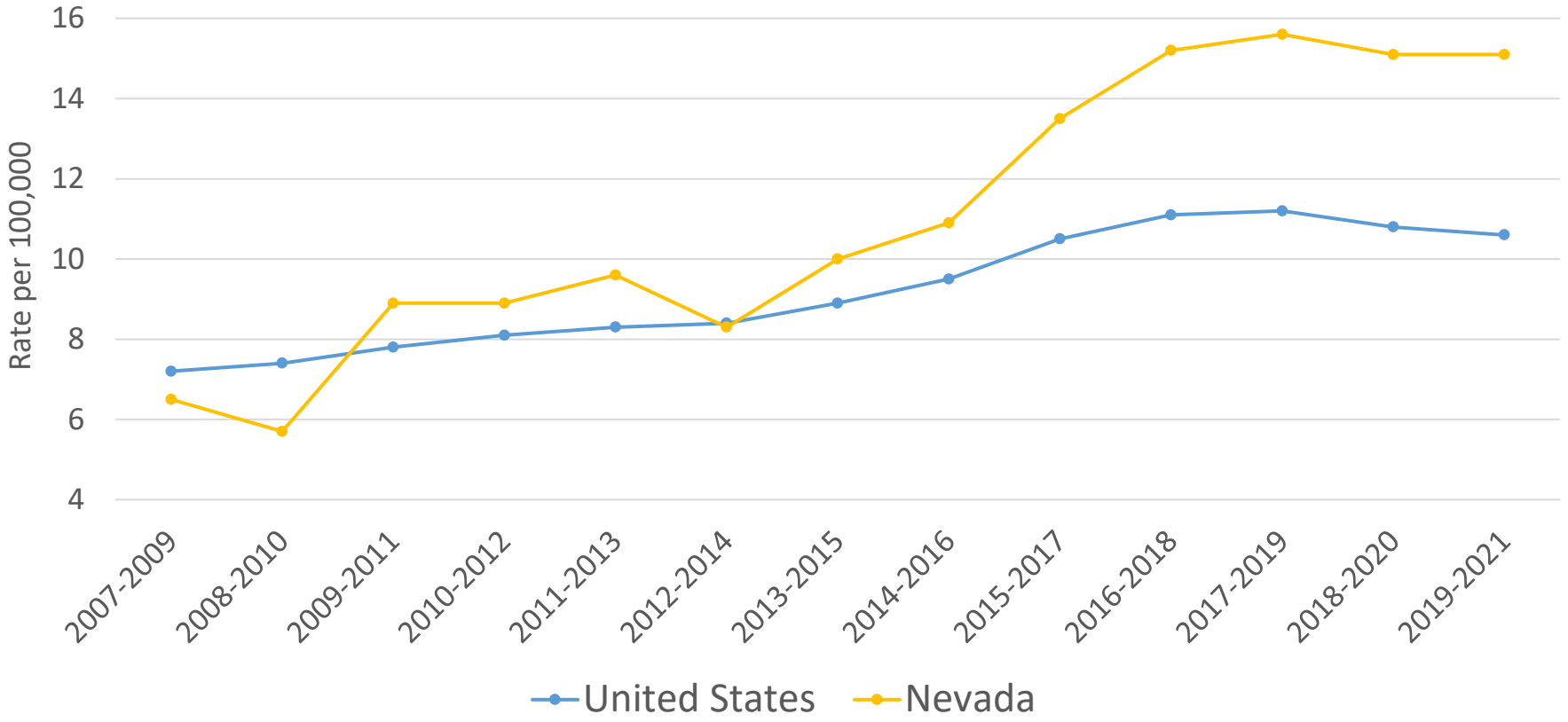
Data Source: Data Source: National Vital Statistics System (NVSS)

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

	NH White	NH Black	NH Asian	NH AI/AN	NH NH/OPI*	Multiple Race	Hispanic
2021	7.6	16.0	11.6	10.0	10.3	8.6	9.0
2020	7.6	14.7	10.3	9.4	8.7	9.2	7.9
2019	7.6	14.0	10.8	6.1	8.9	9.1	7.7
2018	7.7	12.7	10.2	8.6	10.0	10.5	7.7
Met 2020 HP Objective in 2021?	**Yes**	**No**	**No**	**No**	**No**	**No**	**No**

**Abbreviations: NH: non-Hispanic; AI/AN: American Indian/Alaska Native; NH/OPI: Native Hawaiian/Other Pacific Islander*
Data Source: Data Source: National Vital Statistics System (NVSS)

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

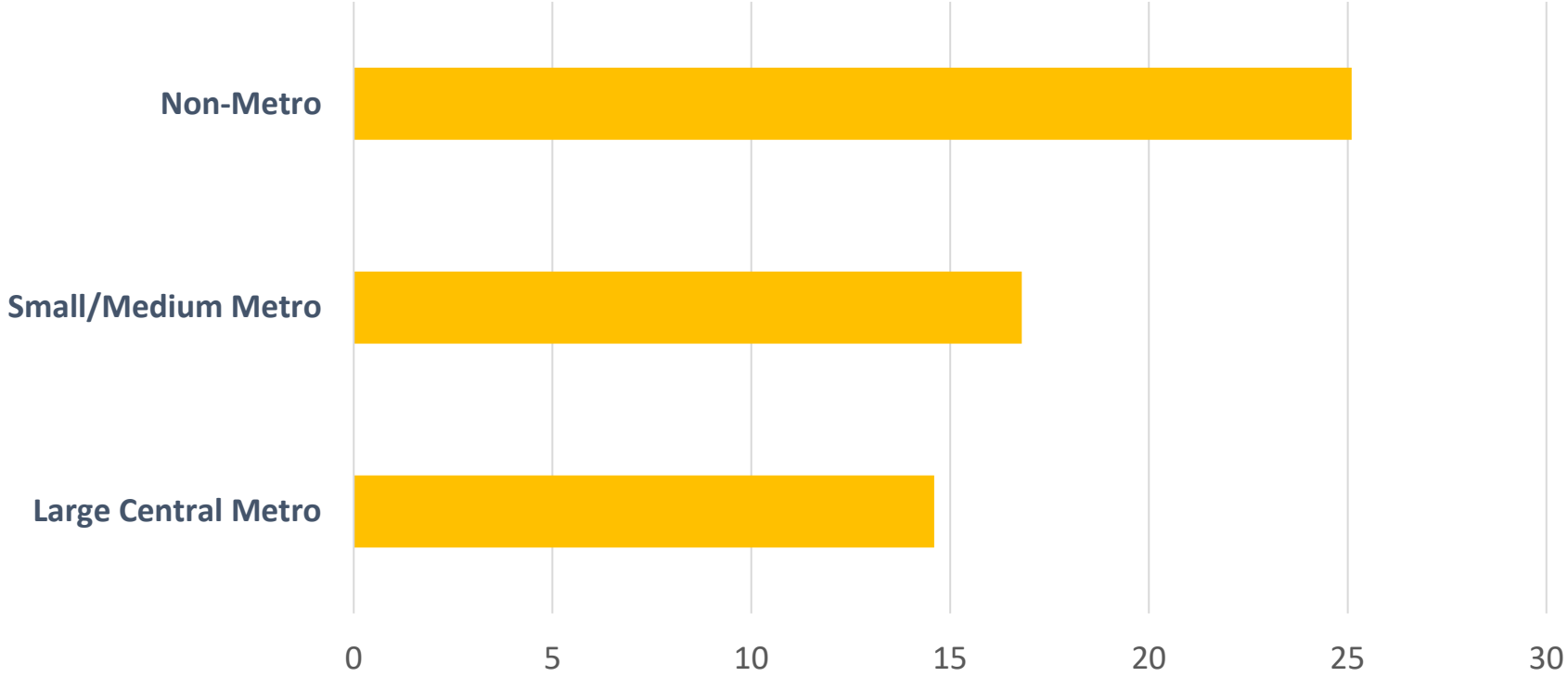


Data Source: National Vital Statistics System (NVSS)

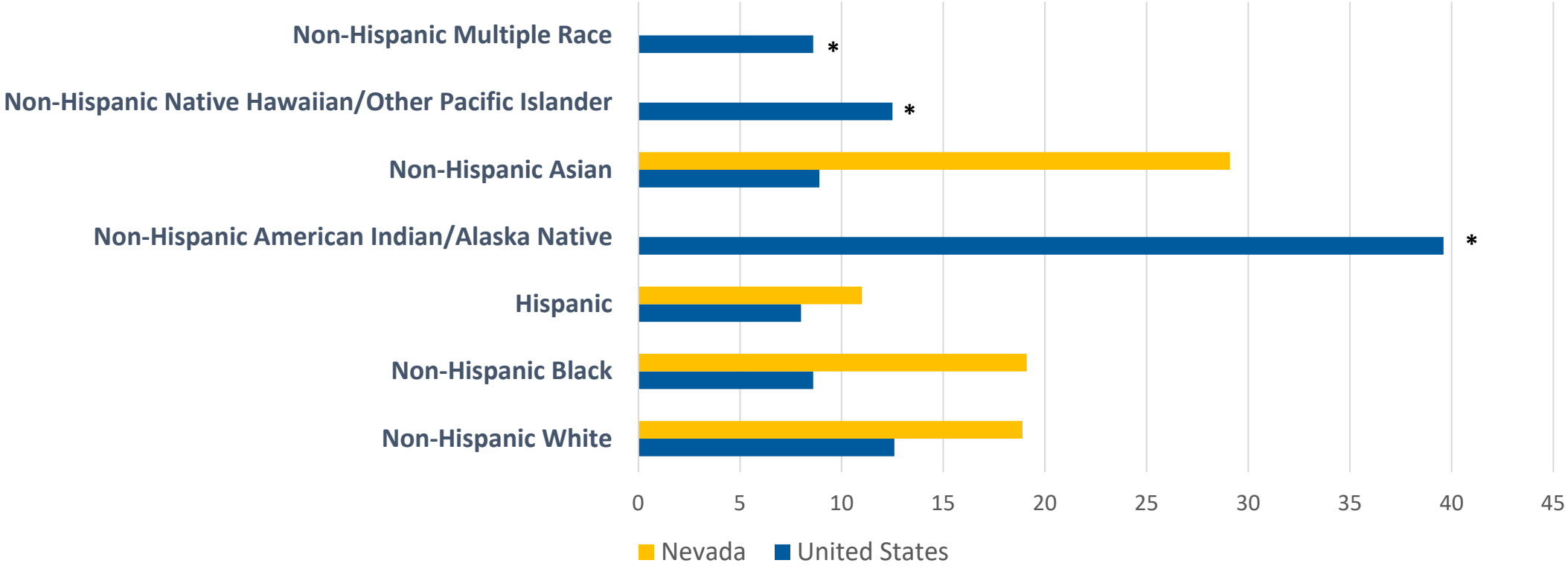
Adolescent Suicide Rate, Ages 15-19, Per 100,000												
	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021
Nevada	5.7	8.9	8.9	9.6	8.3	10	10.9	13.5	15.2	15.6	15.1	15.1
United States	7.4	7.8	8.1	8.3	8.4	8.9	9.5	10.5	11.1	11.2	10.8	10.6
NV % Change 2008/2010-2019/2021	+165%											
NV Ranking	38th											

Data Source: Data Source: National Vital Statistics System (NVSS)

2017-2021 Adolescent Suicide Rate, Ages 15-19, Per 100,000 By Urban/Rural Residence



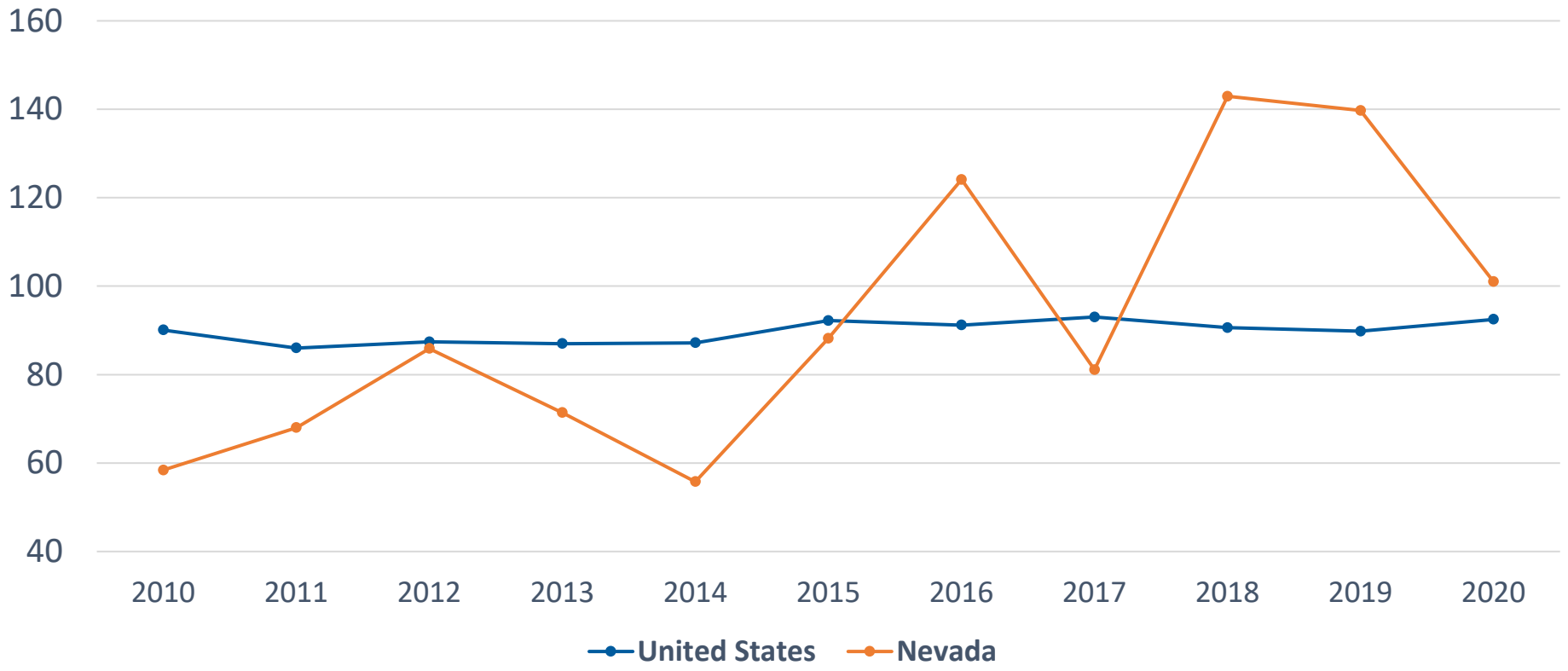
2018-2021 Adolescent Suicide Rate, Ages 15-19, Per 100,000 By Race and Ethnicity



Data Source: National Vital Statistics System (NVSS)

*Nevada data not available

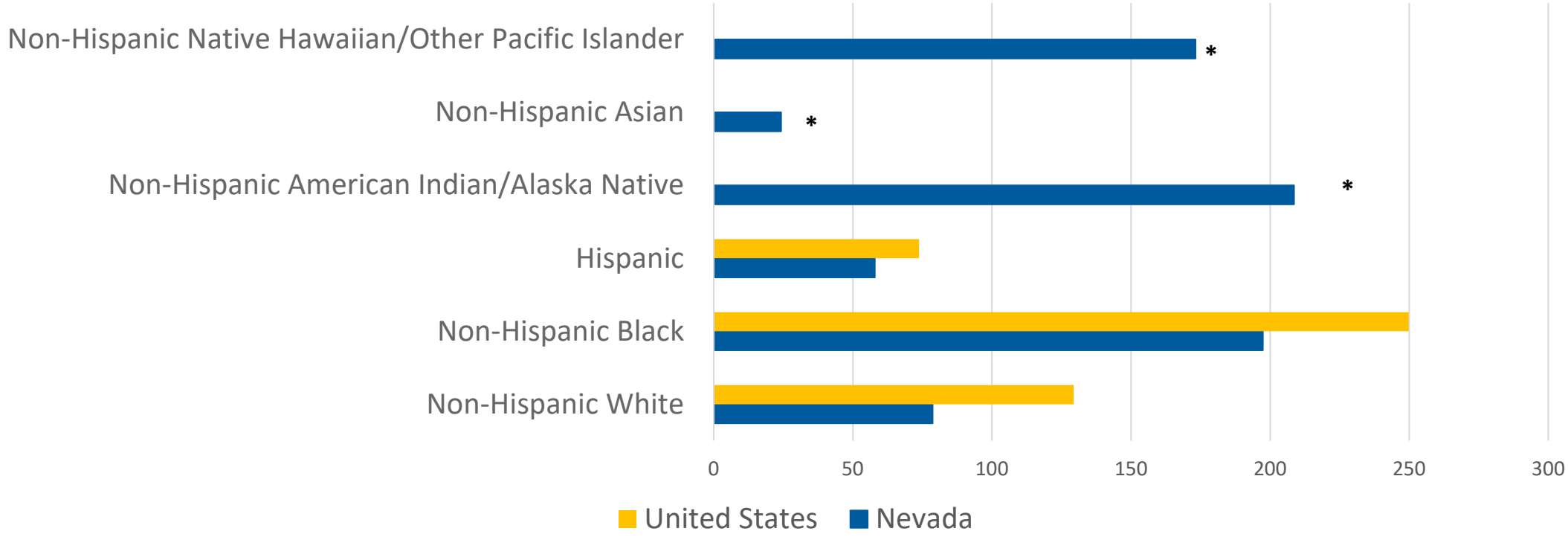
NOM 9.5: Sleep-Related Sudden Unexpected Infant Death (SUID) Rate per 100,000 Live Births



Sleep Related Sudden Unexpected Infant Death Rate (SUID) Rate per 100,000 Live Births											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Nevada	58.4	68.0	85.9	71.4	55.8	88.2	124.1	81.1	142.9	139.7	101
United States	90.1	86.0	87.4	87.0	87.2	92.2	91.2	93.0	90.6	89.8	92.5
NV% Change 2010-2020	+73.0%										
NV Ranking	23rd										

Data Source: Data Source: National Vital Statistics System (NVSS)

2018-2020 SUID Rate per 100,000 Live Births by Race and Ethnicity



Data Source: National Vital Statistics System (NVSS)

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

QUESTIONS?

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

CONTACT INFORMATION

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ACRONYMS

- AI/AN: American Indian/Alaska Native
- FAD: Federally Available Data
- HCUP-SID: Health care Cost & Utilization Project – State Inpatient Database
- MCHB: Maternal and Child Health Bureau
- NH: non-Hispanic
- NH/OPI: Native Hawaiian/Other Pacific Islander
- SUID: Sudden Unexpected Infant Death
- DHHS: Department of Health and Human Services
- DPBH: Division of Public and Behavioral Health
- BCFCW: Bureau of Child, Family and Community Wellness
- MCAH: Maternal, Child and Adolescent Health
- MCH: Maternal and Child Health
- PRAMS: Pregnancy Risk Assessment Monitoring System
- PREP: Personal Responsibility Education Program
- SRAE: Sexual Risk Avoidance Education
- EHDI: Early Hearing Detection and Intervention
- MIECHV Maternal, Infant, Early Childhood Home Visiting
- RPE Rape Prevention and Education

ACRONYMS

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- MMRC Maternal Mortality Review Committee
- MIP Maternal and Infant Health Program
- AHWP Adolescent Health and Wellness Program
- CYSHCN Children and Youth with Special Health Care Needs
- HAN Health Alert Network
- CS: Congenital Syphilis
- NVSS: National Vital Statistics System
- CARA: Comprehensive Addiction and Recovery Act
- ASTHO: Association of State and Territorial Health Officials
- OMNI NAS: Opioid Use Disorder, Maternal Outcomes and Neonatal Abstinence Syndrome Initiative
- NHV: Nevada Home Visiting
- AMCHP: Association of Maternal Child Health Programs
- CoIIN: Collaborative Improvement and Innovation Network
- AIM: Alliance for Innovation on Maternal Health
- ERASE MM: Enhancing Reviews and Surveillance to Eliminate Maternal Mortality
- NPMs- National Priority Measures
- NOMs- National Outcome Measures
- CDC- Centers for Disease Control and Prevention


NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Attachment for Agenda Item #7

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)
MATERNAL CHILD HEALTH (MCH) PROGRAM UPDATES

November 3, 2023

Updates are for July 1, 2023, through September 30, 2023

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, pregnant persons, and infants. The MIP Coordinator works closely with these partners to improve the health outcomes of women of childbearing age, pregnant persons, and infants.

Maternal and Infant Health Program Title V/MCH Funded Partners

Maternal and Child Health (MCH) Coalition

- The Nevada Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, Medical Home Portal, Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, Sober Moms Healthy Babies, Nevada Breastfeeds, and the Nevada Tobacco Quitline (NTQ).
    - New Mama Care Kits (count of 73) were distributed to post-partum individuals by the Southern MCH Coalition. The Northern MCH Coalition is in the process of expanding New Mama Care Kits distribution to the North and rural areas.
- The following meetings were held:
    - Northern MCH Coalition Meetings:
        - August 10, 2023
    - Southern MCH Coalition Meetings
        - September 12, 2023
    - Steering Committee Meetings:
        - August 17, 2023
- Social Media Posts
    - Facebook and Instagram followings:
        - Facebook likes increased from 588 to 595 with an increase of 7 over three months.
        - Instagram followings increased from 996 to 1,022 followings, an increase of 26 followings over three months.
        - Instagram posts increased from 706 to 755 posts, an increase of 49 posts over three months.

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.
    - 950 Infant Safe Sleep Brochures were distributed.
    - 93 survival kits were purchased and distributed.
- REMSA also focuses on injury prevention and distributed 8 posters and 9 binders.

Northern Nevada Public Health (NNPH) (Formerly Washoe County Health District)

- 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 twelve cases presented and discussed. Nine new FIMR cases were received.
    - 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.

Carson City Health and Human Services (CCHHS)

- CCHHS conducted 389 adult wellness screening visits. Referrals were made for 9% afflicted with mood disorders, 1% experiencing intimate partner violence (IPV) and 1% using alcohol, substances, and tobacco/nicotine.
    - Evidence-based CAGE screenings (CAGE is an acronym for the four questions pertaining to cutting down, annoyance by criticism, guilty feelings, and eye-openers) has resulted in a reduction of referrals for those using alcohol, substances, and tobacco/nicotine; however, proved to be a better indicator for referral needs.
- Nurses referred ten 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 98 individuals and or families.
- Clinic signage and social media:
    - One month awareness messages were placed on the clinic signage for patients and viewers driving by. These aligned with the month-long Facebook campaigns.
        - On-site Medicaid enrollment content reached 3,139 viewers with 6% engaging to learn more.
        - Promotion of yearly well visits reached 4,135 and engaged 5% of viewers

- Sober Moms Healthy Babies had 3,295 viewers and 2.5% engagement
- Text4Baby reached 3,145 with 4% engaging to learn more.

Community Health Services (CHS)

- 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. Nurses conducted wellness screenings for adults up through age 44. Referrals were made for individuals afflicted by IPV and depression, as well as users of tobacco/nicotine, alcohol, and substances. Birth control screening and provision of contraceptives were conducted.
- CHS conducted three community outreach events and reached 291 people.

Other MIP Efforts

Substance Use During Pregnancy

- All subgrantees continue to promote the Sober Moms Healthy Babies website.
- Title V MCH staff participate in Substance Use workgroups and collaborate with the Substance Abuse Prevention and Treatment Agency (SAPTA) on Comprehensive Addiction Recovery Act (CARA) initiatives. This includes Perinatal Health Initiative efforts.

Breastfeeding Promotion

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

Tobacco Cessation

- As appropriate subgrantees continue to promote the NTQ.

Media Campaigns and Outreach Efforts

Safe Sleep

- A two-month TV and Radio Campaign aired 376 total TV spots and 3,573 radio spots aired
  - TV
    - North: 213 English, 30 Spanish
    - South: 106 English, 27 Spanish
  - Radio

  - North: 909 English, 405 Spanish
  - South: 2,087 English, 172 Spanish

Sober Moms Healthy Babies Website

- A TV and Radio Campaign ran from July 1, 2023, to August 30, 2023 ,with 376 total TV spots aired and 4,548 radio spots aired
  - TV
    - North: 213 English, 28 Spanish
    - South: 89 English, 46 Spanish
  - Radio
    - North: 926 English, 787 Spanish
    - South: 2,664 English, 171 Spanish

RAPE PREVENTION AND EDUCATION PROGRAM (RPE)

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

RPE Funded Partners

University of Nevada, Las Vegas (UNLV) Care Center

- UNLV supports the Care Peer Program (CPP) to increase leadership opportunities for students providing campus presentations on campus sexual violence issues. The CPP is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social environments that protect against violence as well as components of healthy relationships and communication.
- 10 student leaders began the 45+ hour Care Peer Program on June 26.
- On June 26, 2023 the 2 CPP training courses (Peer Advocacy & Educator Training, Case Management Training) began and will end on August 18, 2023.
- Total: 7 presentations conducted, 30 participants. Presentations conducted:
  - About the Care Center: 5 Presentations, 28 participants
  - Let's Talk about Consent, Power of Romance: 2 Presentations, 2 participants
- Subrecipient met with the Director of New Student Orientation, Transition & Family Programs to discuss Care Center's involvement in Rebel Ready Week,

a new required program for 1st year freshmen. The Care Center gets 30 minutes to speak to ALL incoming freshmen this year, and has agreed to 1 hour next year.

University of Nevada, Reno (UNR), NevadaCARES

- UNR's NevadaCARES project provides education to students, faculty, and staff to increase protective environments and decrease sexual violence. A newly developed training program was completed in September 2022 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 with Reno Police Department, Panhellenic, Division of Student Services, Fraternity Sorority Life, and Phi Sigma Rho.
- Summer break led to program focusing on internal tasks.

Signs of Hope

- 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, 69 presentations were given at eight different properties.
- Signs of Hope continues to support a 24-hour crisis response hotline.
- Signs of Hope was able to provide education to 30 staff employed with Metro Police.
- Signs of Hope continues to provide trainings to local elementary and secondary school teachers.

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. NCEDSV one-pagers were a collaborative effort and represent the priorities and efforts of the workgroup. The one-pagers were added to the webpage during this reporting period.
- NCEDSV held a webinar to discuss the close of the legislative session to debrief all passed and vetoed legislation
- NCEDSV host a statewide conference on Sexual Violence Prevention
- NCEDSV held two trainings increasing community awareness on economic justice priorities.

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. Nevada PRAMS is currently working on updating the survey package.
    - Nevada PRAMS is partnering with Blueprint Collaborative to conduct a focus group study on the three proposed survey covers. The focus group results were received in April and the entire survey packet was re-modeled in the beginning of 2023. The new survey covers were implemented in Phase 9 which began implementation May 1, 2023.

PRAMS Data Requests

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

Media Campaigns and Outreach Efforts

PRAMS TV and Radio Campaign

- January 2023- March 2023: 348 Total TV Spots Aired, 4,352 Radio Spots Aired
  - TV
    - North: 236 English, 15 Spanish
    - South: 52 English, 45 Spanish
  - Radio
    - North: 1,549 English, 1,003 Spanish
    - South: 1,773 English, 27 Spanish

Promotional Items

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

CHILDREN'S HEALTH AND ADOLESCENT HEALTH AND WELLNESS PROGRAM (AHWP)

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

Adolescent Health and Wellness Program Title V/MCH Funded Partners

Carson City Health and Human Services (CCHHS)

- CCHHS provided reminder notices to families with children due for age-recommended vaccinations. Reminders were made for 172 children ages zero to six years old (y.o.) and for 2,863 children and youth ages seven to 17 y.o.
- Nurses conducted 34 adolescent wellness screening visits. Referrals were made for 8.8% 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.
- During clinic visits, 94% youth or family members received information about health care transition and were provided with resources to learn more.
- Staff did not conduct annual high school training to promote well visits or health care transition.

- Clinical staff attended a Spark presentation/discussion on exploring ways to identify signs of trafficking and sexual exploitation among youth. Spark training content came from the Adolescent Health Initiative).
- Clinic signage and social media:
    - One promotion was displayed on the clinic signage for patients and persons driving by about childhood vaccinations. No social media campaigns were conducted.

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

- Yoga Haven conducted an annual trauma-informed yoga training with 13 newly hired instructors allowing for 19 contracted teachers.
- Yoga classes were held at three sites serving 154 pupils in 26 classes. The count includes students attending multiple sessions since there were 44 pupils.
- Memorandums of Understanding were signed with Clark County School District for trauma-informed yoga classes in ten Title 1 Clark County schools allowing youth residing in low-income neighborhoods to become recipients of the no-cost classes.
- Staff presented at two statewide conferences on trauma-informed mindfulness programming with adolescents.

Nevada 211

- Nevada 211 received 347 calls/texts from individuals who were pregnant, had an infant in the home or resided with someone who was pregnant or a new parent. Callers (or text messengers) were provided with information and/or referrals to Title V MCH endorsed programs: Text 4 Baby (31%), PRAMS (22%), Perinatal Mental Health Disorder resources (1%), Cribs for Kids (1%), Sober Moms Healthy Babies (0.5%), and NTQ (0.5%).

- Data from all callers' needs were reported pertinent to the Title V MCH Program population such as suicide prevention (54), immunizations (51), car seat installation (18), Medical Home Portal (16), and health insurance (13).

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

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

Other Children's Health and AHWP Efforts

Adolescent Well-Visits

- As many as 7,580 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. Brochures were disseminated in English (55%) and Spanish (45%).

Health Care Transition

- Resources from Got Transition (complete with QR codes) were disseminated to partners and at community events. English and Spanish materials provided concrete information about the steps necessary to move from pediatric into the adult health care system. Materials were either geared towards adolescents and young adults or designed for parents and caregivers.

Media Campaigns and Outreach Efforts

Adolescent Well-Visits and Health Care Transition

- DP Video conducted a year-long social media campaign using animated videos to draw in viewers about the value of adolescent well-visits and youth empowerment through taking charge of their health care health as they transition into adulthood.
    - Well-Visits:
        - Facebook/Instagram postings consisted of two video posts (one English/one Spanish). Paid advertising resulted in 4,919,418 video views and 5,892,556 media impressions. Of the 272,565-page engagements, 1.3% clicked on links for more information.
        - Google/You Tube postings used the same two video posts (one English/one Spanish) as Facebook/Instagram. Sponsored ads resulted in 1,930,751 media impressions and 649,007 video views.

    - Health Care Transition:
        - Facebook/Instagram postings consisted of two video posts (one English/one Spanish). Paid advertising resulted in 5,056,494 video views and 6,041,725 media impressions. Of the 286,050-page engagements, 1.3% clicked on links for more information.
        - Google/You Tube postings used the same two video posts (one English/one Spanish) as Facebook/Instagram. Sponsored ads resulted in 1,938,612 media impressions and 582,984 video views.
- DP Video created refreshed video posts on topics of adolescent well visits and health care transition. New materials were created in three new languages with images reflecting racial groups from each new language. Newly added languages were: Simplified Chinese, Swahili, and Tagalog. Funds were allocated for boosted posts to be run in all five languages to be reported when the campaign is completed September 2024.

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

CYSHCN Program Title V/MCH Funded Partners

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

- NCED Family Navigation Network supports families of children and youth with special health needs to navigate complex healthcare systems. Family Navigation Network provides free one-to-one support, training, and printed materials to families and professionals.
- Thirty-eight (38) cases were generated by the toll-free hotline/online intake form. Many cases included or required information about more than one subject.
    - Partnering/decision making with providers: 121
    - Accessing a medical home: 151
    - Financing for needed health services: 130
    - Early and continuous screening: 20
    - Navigating systems/accessing community services easily: 27
    - Adolescent transition issues: 14
    - Other: Two (2)
- All Family Navigation Network staff were trained on the Medical Home Portal, and 28% of families were trained.

Children's Cabinet

- The Family Engagement Coordinator with The Children's Cabinet provides technical assistance and facilitates parent involvement in social emotional Pyramid Model (TACSEI) activities. Two Technical Assistance trainings with 21 participants were conducted and 39 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. Ages and Stages Questionnaire screenings were performed on 283 children.

Medical Home Portal

- Medical Home Portal reports are located separately in the packet.
- Plans were made for Blueprint Collaborative to conduct focus groups to identify and determine how individuals, providers, and families view the Medical Home Portal and gain insight into ways the website can be more user-friendly.

Other CYSHCN Program Efforts

- Title V MCH staff continued participation in the Pediatric Mental Health Care Access Program (PMHCAP) with the Nevada Division of Child and Family Services (DCFS). PMHCAP uses telehealth strategies like Mobile Crisis Response teams to expand mental health services for children in Nevada.
- Title V MCH staff presented to the Nevada Governor's Council on Developmental Disabilities on CYSHCN Programs and provided data and reporting.
- Title V MCH staff attended several meetings to learn about updates related to CYSHCN efforts.

CROSS-CUTTING PROGRAMS AND EFFORTS

Diversity, Equity, Inclusion (DEI)

- CCHHS conducted a staff training, using Spark content provided by the Adolescent Health Initiative, on cultural responsiveness and nonverbal communication biases.
- Yoga Haven's Trauma-Informed Yoga Teacher Training included DEI content to inform on framing of words to be inclusive and non-shaming, intersectional identities, implicit biases, and accessible yoga environments.
- Staff attended DEI trainings and equity focused webinars and trainings.