Joe Lombardo
Governor

Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Andrea R. Rivers,
MS
Administrator

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

MATERNAL AND CHILD HEALTH ADVISORY BOARD

Meeting Agenda
August 7, 2026
9:00 am to Adjournment

This meeting is a virtual meeting and there is no physical location. The public is invited to attend.
VIRTUAL INFORMATION
Join on your computer, mobile app or room device
Microsoft TEAMS
Meeting ID: 228 045 160 536 435
Passcode: cT6uf2nR

Join by phone
+1 775-321-6111, United States, Reno
Phone conference ID: 765 214 273#

NOTICE:

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

1. **CALL TO ORDER/ROLL CALL**
2. **PUBLIC COMMENT**: No action may be taken on a matter raised during the public comment period unless the matter is included on an agenda as an item upon which action may be taken. To provide public comment 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. To provide public comments telephonically, dial 775-321-6111. When prompted to provide the meeting ID 765 214 273#. Due to time considerations, comments will be limited to five (5) minutes a person. 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. Written comments may be submitted by email to Barbara Bessol, bbessol@health.nv.gov.
3. **FOR POSSIBLE ACTION:** Discussion and possible action to approve meeting minutes from May 1, 2026, Maternal and Child Health Advisory Board (MCHAB) meeting
4. **FOR INFORMATION ONLY:** Nevada's Opportunity to Strengthen Community Birth Continuity, Collaboration, and Quality
5. **FOR POSSIBLE ACTION:** Title V Maternal and Child Health Application presentation for feedback and possible recommendations

6. **For Information Only:** Alliance for Innovation on Maternal Health (AIM) and Maternal Mortality Review Committee (MMRC)
7. **FOR POSSIBLE ACTION:** Discussion and possible action on recommendations for future agenda items
8. **FOR INFORMATION ONLY:** Approved future meeting dates:

   November 6, 2026, at 9:00am
9. **PUBLIC COMMENT:** No action may be taken on a matter raised during the public comment period unless the matter is included on an agenda as an item upon which action may be taken. To provide public comment 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. To provide public comments telephonically, dial 775-321-6111. When prompted to provide the meeting ID 765 214 273#. Due to time considerations, comments will be limited to five (5) minutes a person. 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. Written comments may be submitted by email to Barbara Bessol, bbessol@health.nv.gov.
10. ADJOURNMENT

NOTICES OF THIS MEETING WERE POSTED AT THE FOLLOWING LOCATIONS:

- The Nevada Division of Public and Behavioral Health website at https://dpbh.nv.gov/Boards/MCAB/Meetings/2025/Maternal_and_Child_Health_Advisory_Board/
- The Department of Administration's website at https://notice.nv.gov.

PHYSICAL POSTING LOCATIONS

- The Nevada Division of Public and Behavioral Health – 4150 Technology Way, Carson City, NV 89706

This body will provide at least two (2) public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. Additionally, it is the goal of the MCHAB to also afford the public with an item-specific public comment period. No action may be taken on a matter raised under public comment unless the item has been specifically included on the agenda as an item upon which action may be taken. The Chair retains discretion to only provide for the Open Meeting Law's minimum public comment and not call for additional item-specific public comment when it is deemed necessary by the Chair to the orderly conduct of the meeting. Written comments in excess of one (1) typed page on any agenda items which require a vote are respectfully requested to be submitted to the MCHAB at the below address 30 calendar days prior to the meeting to ensure that adequate consideration is given to the material.

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

We are pleased to provide reasonable accommodation for members of the public who are living with a disability and wish to attend the meeting. If special arrangements are necessary, please notify Barbara Bessol in writing by email (bbessol@health.nv.gov), by mail (Maternal and Child Health Advisory Board, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 684-4235 before the meeting date. Anyone who would like to be on the MCHAB mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above.

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

To join the MCHAB listserv, please follow the directions below to subscribe/unsubscribe to all emails.

Click here to send an email for the MCHAB listserv.

- Include only "subscribe MCHAB" in the body of the email; or
- Include only "unsubscribe MCHAB" in the body of the email.
- Do not include any text in the subject line.

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

https://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/.

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

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

Use of obscenities or other behavior which disrupts the meeting to the extent that orderly conduct is made impractical may result in the forfeiture of the opportunity to provide public comment or removal from the meeting.

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

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

Agenda Item 3

MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)

Meeting Minutes

May 1, 2026

9:00 AM until adjournment

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

VIRTUAL INFORMATION

Join on your computer, mobile app or room device

Microsoft Microsoft TEAMS

Meeting ID: 247 478 469 264 59

Passcode: NH3bw7za

Join by Phone

+1 775-321-6111, United States, Reno

Phone conference ID: 908 079 202#

ATTENDANCE:

Members Present:

- Keith Brill, MD
- Marsha Matsunaga-Kirgin, MD
- Fatima Taylor, M.Ed., CPM
- Elika Nematian, MPH
- Megan Lopez, MS, BS
- Sherri Garland, BSN, RN
- Jenna Dykes, MS, BS
- Assemblyperson Tracy Brown May

Members Absent:

- Lora Redmon, BSN, RN, RNC-DB, C-FMC
- Ann DiBiasse, BSN, RN-LC
- Senator Rochel Nguyen

Staff Present:

- Vickie Ives, MA, Bureau Chief, Child, Family, and Community Wellness (CFCW)
- Tami Conn, MPH, Deputy Bureau Chief, CFCW
- Alyssa DiBona, Administrative Assistant II, Maternal, Child, and Adolescent Health (MCAH)
- Rachel Marchetti, MBA, Section Manager, MCAH
- Crystal Johnson, Title V Program Manager, MCAH
- Jordan Lancaster, MPH, Health Program Specialist I, MCAH
- Colleen Barrett, MPH, Health Program Specialist II, MCAH

- Chayna Corpuz, MPH, Health Program Specialist I, MCAH
- Cortnee Smith, MSW, Health Program Specialist I, MCAH
- Karla Rodriguez, MPH, Health Program Specialist I, MCAH
- Ryan Spencer, Program Officer, MCAH
- Helina Ashagrie, MPH, Health Program Specialist I, MCAH
- Desiree Wenzel, Program Officer I, MCAH

Guests Present:

- Toni Orr, RN
- Cindy Beard, PhD, MPH, Division of Public and Behavioral Health (DPBH)
- Samantha Dunning, DPBH
- Chelsey Nicol, University of Nevada, Las Vegas (UNLV) Cleft and Craniofacial Clinic
- Kellisa Suarez, Northern Nevada Public Health
- Alex Tanchek, Silver State Government Relations
- Christian Sharp, Nevada Health Authority (NVHA) Office of Analytics
- Jen Thompson, NVHA Office of Analytics
- Heather Kerwin, MPH, CPH, DPBH Office of State Epidemiology (OSE)
- Kaden Schorovsky, DPBH Office of State Epidemiology
- Catherine Nielsen, Executive Dir. Nevada Governor's Council on Developmental Disabilities (NGCDD)
- Richa Chaturvedi, MPH, DPBH OSE
- Jollina Walker

Agenda Item 1

Call to Order and Introduction

The meeting was called to order at 9:04 AM.

Agenda Item 2

First Public Comment Period

No public comment was offered.

Agenda Item 3

FOR POSSIBLE ACTION: Discussion and possible action to approve meeting minutes from the February 6, 2026, Maternal and Child Health Advisory Board (MCHAB) meeting

Chair Dr. Keith Bill called for a motion to approve the February 6 meeting minutes. Sheri Garland moved to approve the minutes, and Megan Lopez seconded the motion. The motion passed unanimously.

Agenda Item 4

FOR INFORMATION ONLY: Update on the Nevada Craniofacial Clinic

The Board received a presentation from Chelsey Nicol regarding updates to the UNLV Cleft and Craniofacial Clinic. The presentation is included in the meeting packet available on the DPBH MCHAB Board website.

Ms. Lopez inquired whether services provided through the clinic are offered at no cost. Ms. Nicol stated services for patients from birth through age eighteen are provided at no cost through available funding. She further explained that individuals over the age of eighteen may continue to receive services; however, those services are not covered by the funding program.

Dr. Brill noted his office is located adjacent to a private clinic known as Craniofacial Technologies and inquired whether it offers similar services. Ms. Nicol responded that she was not familiar with the clinic and could not speak to whether it provides free comprehensive care.

Agenda Item 5

FOR INFORMATION ONLY: Recommendations for screening for Domestic Violence and Strangulation in Pregnant, Parenting, and Pediatric Patients

The Board received a presentation from Megan Lopez regarding recommendations for screening for domestic violence and strangulation in pregnant, parenting, and pediatric patients. The presentation is included in the meeting packet available on the DPBH MCHAB Board website.

Jolina Walker inquired about the process for obtaining the medical response packet, which provides guidance on what questions to ask and how to conduct domestic violence screening. Ms. Lopez advised that interested individuals may contact her via email to request the packet. She further explained that the organization prefers to provide training in conjunction with distribution of the packet to ensure recipients understand how to properly utilize the materials. Ms. Lopez also offered to coordinate a meeting at a later date through email correspondence.

Ms. Lopez reiterated that the information and packet are available to any interested individuals or organizations, including those located outside the local area. She advised that virtual meetings and training may also be arranged and encouraged interested parties to contact her directly for additional information.

Agenda Item 6

FOR POSSIBLE ACTION: Data Presentation on Vaccine Coverage and Congenital Syphilis and possible action on recommendations

The Board received a presentation on Congenital Syphilis and Childhood Vaccinations from Jen Thompson. The presentation is included in the meeting packet available on the DPBH MCHAB Board website.

Dr. Brill asked whether there is follow-up conducted for individuals who decline vaccinations at birth to determine if the child later receives the vaccinations.

Ms. Thompson advised that she could look into the data and stated that she believed such an analysis had not yet been conducted.

Dr. Brill noted that the agenda item was listed for possible action and asked staff whether there were any specific items for discussion.

Tami Conn clarified the purpose of the item was to provide Board members with an opportunity to discuss any aspects of the current or upcoming presentations that were of interest and, if desired, to make action recommendations related to those items.

The Board also received a presentation on Measles (MMR) Vaccination Coverage in Nevada: Trends and Spatial Analysis from Richa Chaturvedi. The presentation is included in the meeting packet available on the DPBH MCHAB Board website.

No additional questions or comments were heard from the Board.

Dr. Brill called for any proposals for possible action from the Board. No proposals were made.

Agenda Item 7

FOR INFORMATION ONLY: Presentation on the Nevada Governor's Council on Developmental Disabilities: Down Syndrome Update

The Board received a presentation on the Nevada Governor's Council on Developmental Disabilities: Down Syndrome Updates from Catherine Nielsen. The presentation is included in the meeting packet available on the DPBH MCHAB Board website.

Dr. Brill recognized Assemblyperson Tracy Brown-May for questions or comments.

Assemblyperson Brown-May stated she did not have any questions; however, she wanted to recognize Ms. Nielsen and the Governor's Council for their work on the initiative. She stated that she was honored to sponsor the measure during the 2023 legislative session on behalf of many families. Assemblyperson Brown-May further commented while receiving a Down syndrome diagnosis can be difficult for families, individuals with Down syndrome lead productive and meaningful lives. She congratulated those involved on the initiative and expressed enthusiasm about sharing the website.

Ms. Nielsen thanked Assemblymember Brown-May for her work on the bill. She stated individuals with questions are encouraged to reach out and to utilize the resources referenced in the presentation. Ms. Nielsen reiterated the importance of providing supportive and informative resources to families.

Agenda Item 8

FOR INFORMATION ONLY: Updates on Maternal and Child Health (MCH) Programs and Alliance for Innovation on Maternal Health (AIM)/Maternal Mortality Review Committee (MMRC) Updates

Tami Conn advised the Maternal Mortality Review Committee (MMRC) team recently attended the Center for Disease Control's (CDC) annual Maternal Mortality Review Information Application (MMRIA) User Meeting (MUM). She stated Cortnee Smith was invited by the CDC to participate in a panel presentation on key informant interviews and noted that Nevada was among the first states to implement key informant interviews and incorporate that information into case reviews. Ms. Conn recognized Ms. Smith for her participation in the presentation.

Ms. Conn further shared the MMRC has increased the frequency of its meetings and case reviews and stated meetings are ongoing as the Committee and staff work to maintain the volume and frequency of case reviews throughout the year.

Ms. Conn provided an update on the MMRC's biannual legislative report, which is due at the end of the calendar year. She advised the report will highlight the Committee's work over the past two years, including recommendations made during case review meetings and a

comprehensive data overview prepared by the Office of Analytics. Ms. Conn informed the Board that Vickie Ives and she will present the first draft of the report to the Nevada Office of Minority Health and Equity Advisory Committee during its August meeting to solicit feedback and recommendations. She stated that the report will then be revised based on the feedback received and a more finalized version will be shared during the Committee's November meeting. Ms. Conn advised these meetings are open to the public and invited Board members to attend if interested. She further stated that the final report will be submitted by the end of the calendar year and noted, in previous years, presentations on the report had also been provided to the MCHAB Board. She indicated there may be an opportunity to present the report and recommendations to the Board as well.

Ms. Conn reintroduced the Alliance for Innovation on Maternal Health (AIM) program. She advised AIM is a quality improvement program focused on implementing patient safety bundles designed to reduce preventable maternal mortality and severe maternal morbidity. Ms. Conn stated that the patient safety bundles are developed and certified by the American College of Obstetricians and Gynecologists (ACOG). She informed the Board that six facilities are currently participating in the program and are at various stages of bundle implementation and data collection. Ms. Conn advised participating facilities are currently implementing the hypertension and hemorrhage bundles. She stated additional facilities would be engaged and onboarded before introducing a third bundle. Ms. Conn emphasized the bundles are intended to support ongoing quality improvement efforts and data collection would continue over multiple years to evaluate outcomes. She invited any hospital representatives interested in participating in the AIM program to contact Barbara Bessol or her for additional information.

Vickie Ives informed the Board DPBH staff will be producing an infographic to accompany the biannual report. She also highlighted several technical assistance initiatives, including an effort related to housing and food security, and another with Medicaid leading focused on perinatal initiatives. Ms. Ives advised there are also collaborative efforts underway related to applying for "Food is Medicine" initiatives connected to maternal and child health that Medicaid is leading. She stated the project had advanced through the first round of the funding process and that the application for funding would be submitted that day.

Ms. Conn opened the floor for questions and recognized Ms. Walker.

Ms. Walker stated she was encouraged to hear about the "Food is Medicine" initiative. She inquired whether funding opportunities exist to support lactation services and to expand the lactation workforce, particularly International Board Certified Lactation Consultants (IBCLCs) and intermediate lactation certifications.

Ms. Ives responded the specific funding opportunity would support a coordination role across the Department of Agriculture, Nevada Health Authority, DPBH, and the Division of Social Services to align measurable, evidence-based integration efforts, including cross walking state plans and grant deliverables. She advised the initiative could also help identify policy opportunities such as prescription pantry programs and related efforts. Ms. Ives further stated if a separate funding opportunity of interest was identified, information would be shared through the listserv.

Dr. Brill recognized Elika Nematian for questions or comments.

Ms. Nematian stated she was pleased the state applied for funding for the Food is Medicine initiative. She advised several partners in southern Nevada are currently conducting

smaller-scale Food is Medicine projects utilizing local and research funding. Ms. Nematian asked about the anticipated timeline for the grant process and whether additional information could be provided.

Ms. Ives responded notification regarding the funding award would likely occur within approximately two to three months after submission, although the process could move more quickly because it is administered through a third-party entity. She noted the previous letter-of-intent selection processes had moved quickly, with notification received within approximately one month. Ms. Ives advised the Board would be informed if funding is awarded.

Agenda Item 9

FOR POSSIBLE ACTION: Discussion and possible action on recommendations for future agenda items

No items were brought up to the Board and no action was taken.

Agenda Item 10

FOR INFORMATION ONLY: Approved future meeting dates

Dr. Brill noted the upcoming meeting dates have already been approved and stated that this item served as an informational reminder. The approved meeting dates are August 7, 2026, at 9:00am and November 6, 2026, at 9:00am.

Agenda Item 11

Second Public Comment Period

No public comment was offered.

Agenda Item 12

Adjournment

The meeting was adjourned at 10:40 am.

Minutes were prepared by Alyssa DiBona, Administrative Assistant II, Maternal, Child, and Adolescent Health Section, Bureau of Child, Family and Community Wellness, Nevada Division of Public and Behavioral Health.

Agenda Item 5

Every Patient. One Integrated Maternal Healthcare System.

Nevada's Opportunity to Strengthen Community Birth Continuity, Collaboration, and Quality

Nevada's Maternal Health Landscape

Significant challenges. A remarkable opportunity to improve outcomes.

PROVIDER SHORTAGES

Nevada has shortages of obstetricians, OB/GYNs and a severe shortage of midwives.

FAILING GRADES

Nevada has failing grades from the March of Dimes for women and newborns compounded by inequitable outcomes.

47.1%

MATERNITY CARE DESERTS

47.1% of counties in Nevada are designated maternity care deserts (2023).

16.5%

INADEQUATE PRENATAL CARE

16.5% of birthing people in Nevada receive inadequate prenatal care (2025).

HIGH VULNERABILITY

Women in Nevada have a very high vulnerability to adverse outcomes due to availability of reproductive services (MOD, 2023).

INEQUITABLE OUTCOMES

Significant disparities exist by race/ethnicity, income, and payer status across maternal and newborn health measures (2025).

Every Nevada family deserves a coordinated, equitable maternal health system that is accessible and effective.

Sources: March of Dimes 2025 Report Card | Nevada Division of Public and Behavioral Health, Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) 2022–2025 | Health Resources & Services Administration (HRSA) Maternity Care Deserts, 2023 | March of Dimes (MOD) 2023

Nationally Recognized. Evidence-Based. High-Quality.

Accredited birth centers are supported by national organizations and decades of research.

ACOG
The American College of Obstetricians and Gynecologists

Supports accredited birth centers as an evidence-based primary level of care for appropriately selected patients.

ACNM
AMERICAN COLLEGE OF NURSE-MIDWIVES

Recognizes midwifery-led care as a high-value model that improves maternal and newborn outcomes while enhancing the patient experience.

CABC
COMMISSION FOR THE ACCREDITATION OF BIRTH CENTERS

Accredits birth centers that meet rigorous national standards for quality, safety, and continuous quality improvement.

Lower Cesarean Birth Rates

Planned birth center "births" have significantly lower cesarean rates compared to hospital births.
(ACOG, 2017)

Lower Preterm Birth

Birth center care is associated with lower rates of preterm birth among low-risk pregnancies.
(ACOG, 2017)

High Breastfeeding Success

Higher rates of exclusive breastfeeding at discharge and sustained at 6 months.
(Cochrane Review, 2022)

Comparable Neonatal Outcomes

No increase in adverse neonatal outcomes for low-risk planned birth center births.
(ACOG, 2017)

Lower Healthcare Costs

Birth center care costs substantially less while delivering high-quality outcomes.
(MSI, 2021)

High Patient Satisfaction

Women report greater satisfaction with their care and birth experience.
(Cochrane Review, 2022)

Evidence consistently demonstrates that accredited birth centers provide safe, high-quality, cost-effective care for appropriately selected patients.

Sources: ACOG Committee Opinion No. 687: Planned Home Birth. Obstet Gynecol. 2017 | ACOG Committee Opinion No. 697: Health Outcomes and Care Experiences in Out-of-Hospital Birth. Obstet Gynecol. 2017 | Cochrane Database of Systematic Reviews, 2022 | MSI, Birth Center Cost Savings Report, 2021 | ACNM: Midwifery Model of Care, 2021

Every Patient. One Integrated Maternal Healthcare System.

Seamless collaboration. Trusted partners. Better outcomes.

1 Prenatal Care

Serenity Birth Center & Women's Care

2 Anatomy Ultrasound

UNLV Health Maternal Fetal Medicine

3 Birth Center Care

Serenity Birth Center Midwifery-Led Care

4 If Medical Needs Change

EMS

5 Hospital Treatment

UMC or Other Hospital

6 Postpartum & Newborn Care

Return to Serenity for Continued Support

If Medical Needs Change

EMS provides rapid, coordinated transport to the appropriate hospital.

Every step. Every transition. One coordinated healthcare system.

Serenity Birth Center & Women's Care | UNLV Health | LVFR Las Vegas Fire & Rescue | UMC University Medical Center

Integrated Care Is Built Before It's Needed.

Strong relationships. Shared training. Seamless transitions. Better outcomes.

PARTNERS IN OUR COMMUNITY
Serenity team, families, and LVFR EMS

STRONG CLINICAL COLLABORATION
Serenity team with Dr. David N. Jackson (UNLV Health)

TRAINING TOGETHER. SAVING LIVES.
Neonatal resuscitation simulation with LVFR EMS

RELATIONSHIPS

- Physician partnerships and consultation
- EMS collaboration and open communication
- Hospital and neonatal unit relationships
- Built on trust, respect, and shared goals

PREPARATION

- Multidisciplinary drills and simulations
- Neonatal resuscitation training
- Transfer protocol review and practice
- Shared education for all team members

CONTINUOUS IMPROVEMENT

- Monthly multidisciplinary case reviews
- Every transfer reviewed for insights
- CABC accreditation and quality standards
- Driving better outcomes for mothers and babies

Serenity BIRTH CENTER & WOMEN'S CARE

We know each other. We train together. We communicate.
We care for our community—together.

LVFR Las Vegas Fire & Rescue | UNLV HEALTH | UMC UNIVERSITY MEDICAL CENTER

Hospital Treatment Is a Safety Feature— *Not* a Failure.

Timely, well-coordinated hospital treatment is a defining characteristic of safe, accredited birth center care.

Medical needs may change during pregnancy, labor, birth, or the postpartum period.

An integrated maternal healthcare system ensures every patient receives the *right* treatment, in the *right* place, at the *right* time.

SERENITY BIRTH CENTER & WOMEN'S CARE → LVFR LAS VEGAS FIRE & RESCUE → UMC UNIVERSITY MEDICAL CENTER

Seamless transitions. Better outcomes.

Appropriate Transitions Are a Measure of Quality

High quality maternity care is measured not by avoiding hospital treatment, but by ensuring patients receive the right treatment, in the right place, at the right time.

Timing	Transfer Rate	Purpose
Antepartum	18%	Medical needs changed during pregnancy
Intrapartum (non urgent)	6%	Labor progress, pain management, evolving clinical needs
Intrapartum (urgent)	1.5%	Time sensitive maternal or fetal conditions
Postpartum	5.3%	Maternal treatment after birth
Neonatal	5.3%	Newborn evaluation or specialty care

WHY THESE NUMBERS MATTER

- Antepartum transfers represent thoughtful **risk reassessment** during pregnancy before labor begins.
- Coordinated transfer to hospital treatment when medical needs change reflects **excellent clinical judgment**.
- Every transfer is reviewed through multidisciplinary **quality improvement** to strengthen future care.

Appropriate risk classification. | **Coordinated communication.** | **Seamless treatment.**

Every appropriate transition reflects a healthcare system working exactly as designed.

Continuous Quality Improvement Drives Better Care

Every patient experience becomes an opportunity to strengthen the next.

A Learning Healthcare System

Every transfer is reviewed through a structured multidisciplinary quality improvement process.

Clinical outcomes are continuously monitored to ensure alignment with evidence-based practice, accreditation standards, and Serenity policies.

Patient and family feedback is actively incorporated into ongoing quality improvement initiatives.

Clinical competency is strengthened through continuing education, multidisciplinary simulation, and regular performance evaluation.

Review. Learn. Improve. Repeat.

Continuous quality improvement is the foundation of safe, accountable maternity care.

Clinical Outcomes Compared with National and State Benchmarks

Three years of outcomes from an accredited birth center working in collaboration with community and hospital partners.

n = 836 births (2023–2025)

OUTCOME	HEALTHY PEOPLE 2030 TARGET	NEVADA (2023–2025)	SERENITY BIRTH CENTER (2023–2025)
Preterm Birth (<37 weeks)	9.4%	11.0–11.1%	**1.9–3.7%**
NTSV Cesarean Rate (Nulliparous, Term, Singleton, Vertex)	23.6%	24.9–27.7%	**6.5–10.4%**
Maternal Mortality (per 100,000 live births)	15.7 /100,000	15.4–22.7 /100,000	**0** /100,000
Infant Death (per 1,000 live births)	4.5–5.9 /1,000	4.5–5.9 /1,000	**0*** /1,000

WHAT THESE OUTCOMES REFLECT

- Evidence-based clinical practice
- Collaborative consultation with obstetric and neonatal specialists
- Strong partnerships across community, EMS, and hospital teams
- Timely hospital treatment when medical needs change
- Continuous quality improvement

Excellent outcomes are achieved when patients receive the right care, in the right place, at the right time through coordinated partnerships across the maternal healthcare system.

Outcome data derived from Serenity Birth Center quality improvement database. | Benchmark data from Healthy People 2030 and Nevada Division of Public and Behavioral Health.

**Includes one IUFD in 2024 and one IUFD in 2025 as reported in the outcome dataset.*

Building on National Best Practices

Nevada has the opportunity to build upon proven models of community–hospital collaboration.

Smooth Transitions

A PROGRAM OF THE FOUNDATION FOR HEALTH CARE QUALITY

NATIONAL QUALITY IMPROVEMENT INITIATIVES

- Washington State Smooth Transitions Program
- California Maternal Quality Care Collaborative (CMQCC) Community Birth Partnership Initiative
- ACOG District VIII selected Community Birth Partnerships as its 2026 district-wide Quality Improvement initiative.
- National efforts emphasize:
  - Standardized transfer processes
  - Multidisciplinary collaboration
  - Simulation and training
  - Continuous quality improvement

Nevada is well positioned to build on existing partnerships and align with nationally recognized quality improvement initiatives.

Next Steps for Nevada

Building upon existing partnerships to strengthen coordinated maternal healthcare statewide.

1

Strengthen Community–Hospital Partnerships

Continue building collaborative relationships among accredited birth centers, EMS agencies, hospitals, obstetric and neonatal specialists, and public health partners.

2

Standardize Transfer Processes

Adopt statewide best practices for communication, multidisciplinary simulation, and coordinated maternal and neonatal transfers.

3

Preserve Clinical Continuity

Support mothers, newborns, and families by preserving continuity of obstetric and neonatal care throughout interfacility transport and hospital admission.

4

Expand Quality Improvement

Participate in statewide multidisciplinary review, education, simulation, and continuous quality improvement initiatives that strengthen maternal and newborn care across Nevada.

Building upon existing partnerships will strengthen continuity, collaboration, and maternal and newborn outcomes across Nevada.

Opportunities informed by national quality improvement initiatives, published evidence, and collaboration with Nevada stakeholders.

Every Mother. Every Baby. Every Family.

Building a stronger maternal healthcare system through collaboration, continuity, and compassionate, evidence-based care.

Thank you

Questions & Discussion

Agenda Item 5

Nevada Title V Maternal and Child Health (MCH) Block Grant FY 2027 Application / FY 2025 Report

Crystal Johnson – Title V MCH Program Manager
Jordan Lancaster, MPH – MCH Epidemiologist
August 7, 2027

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. Organizational Structure
2. Title V MCH Program Highlights
3. MCH – Medicaid Partnership
4. State Action Plan Updates and Related Data
5. Help Shape the State Action Plan
6. Acronyms
7. Questions
8. Contact Information

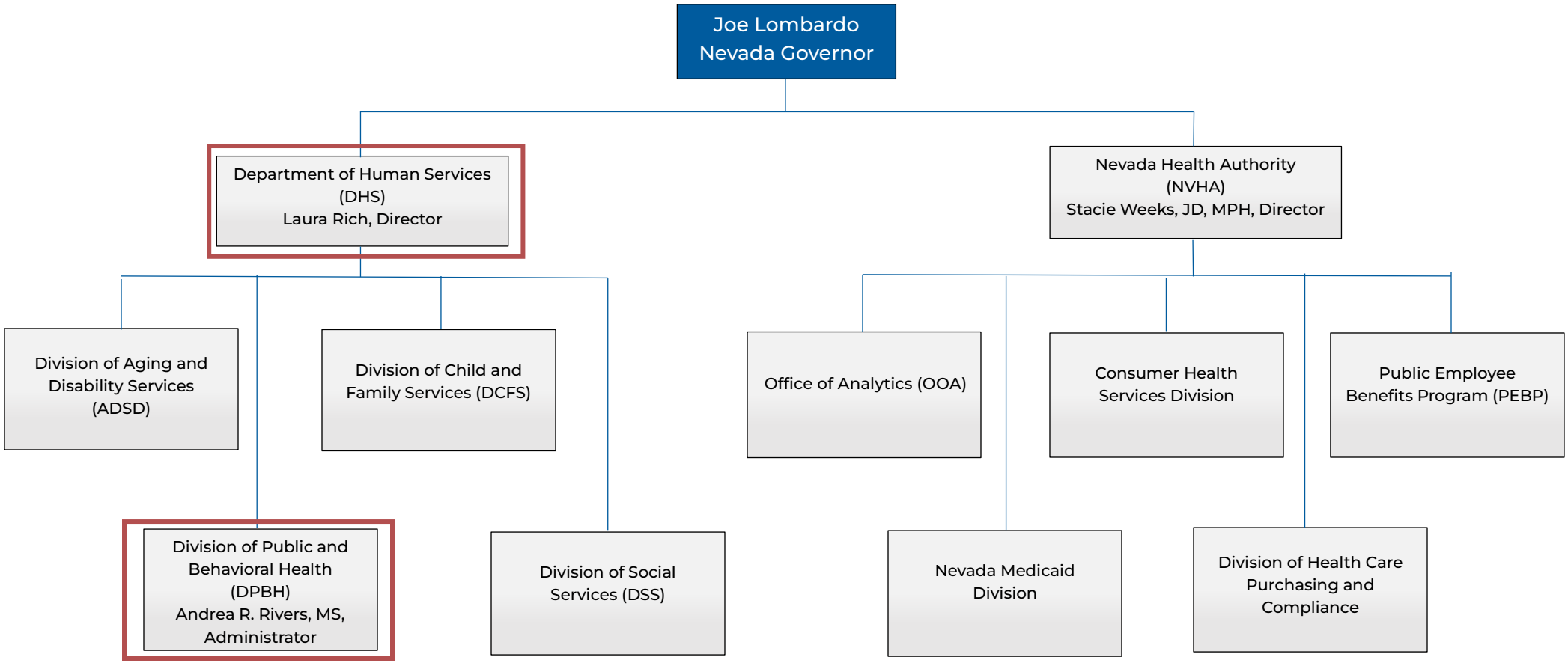
Department of Human Services (DHS)

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



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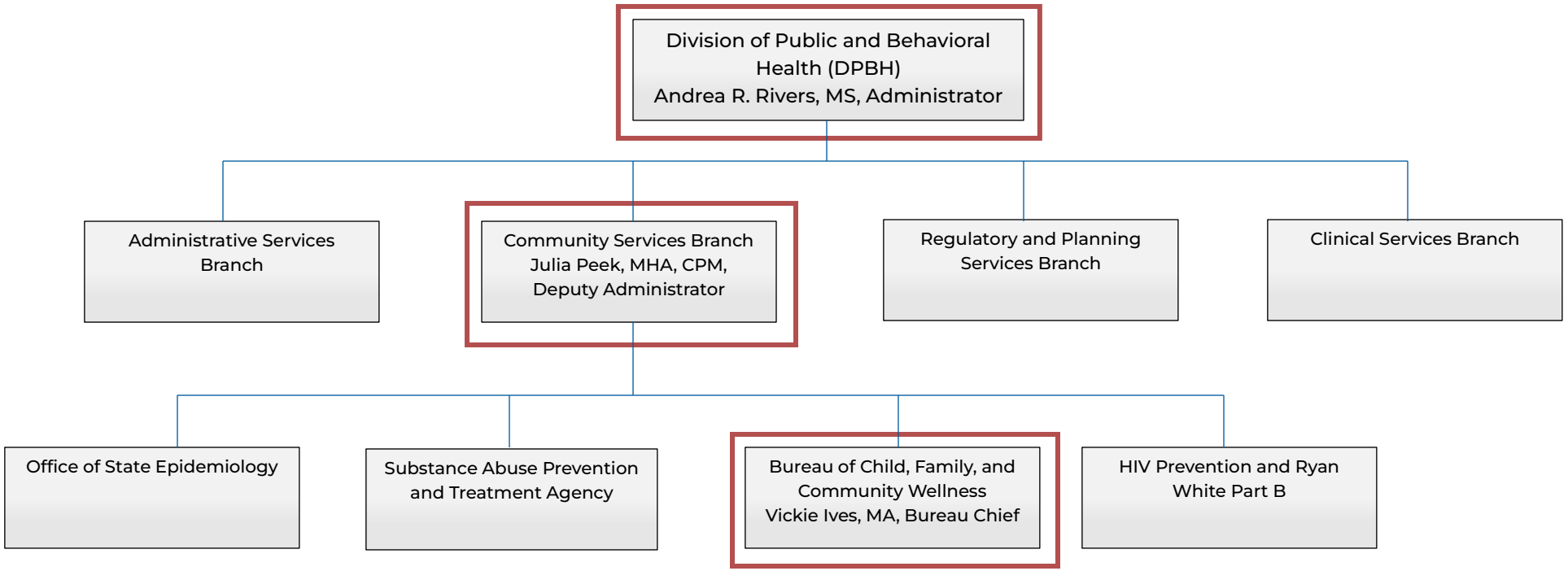

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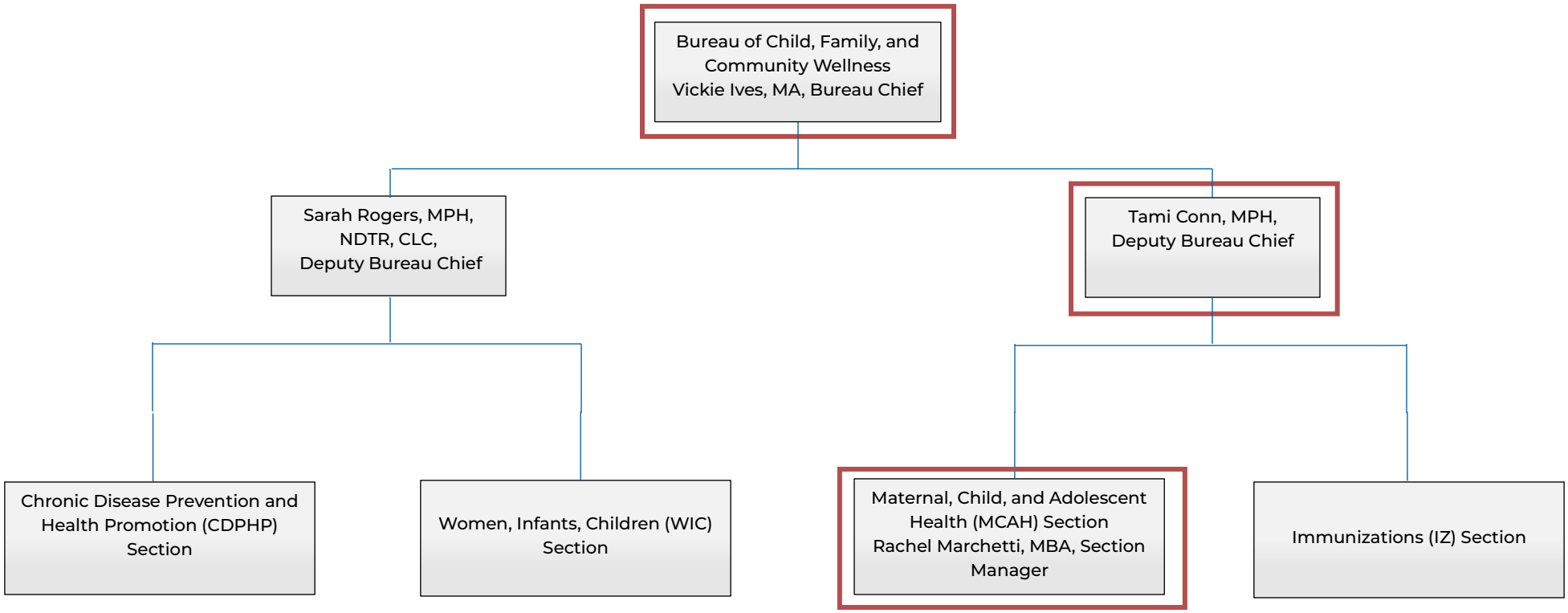

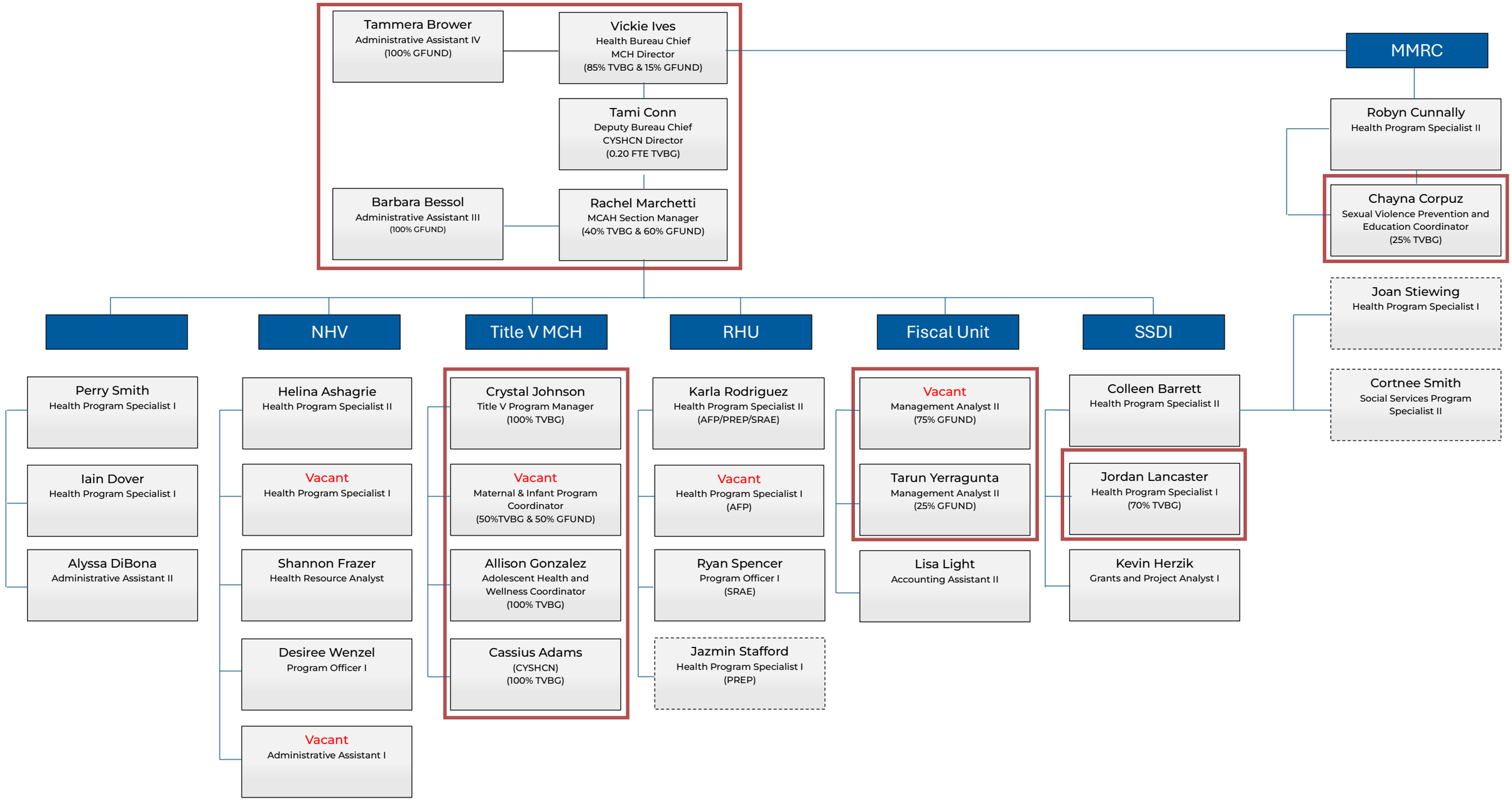
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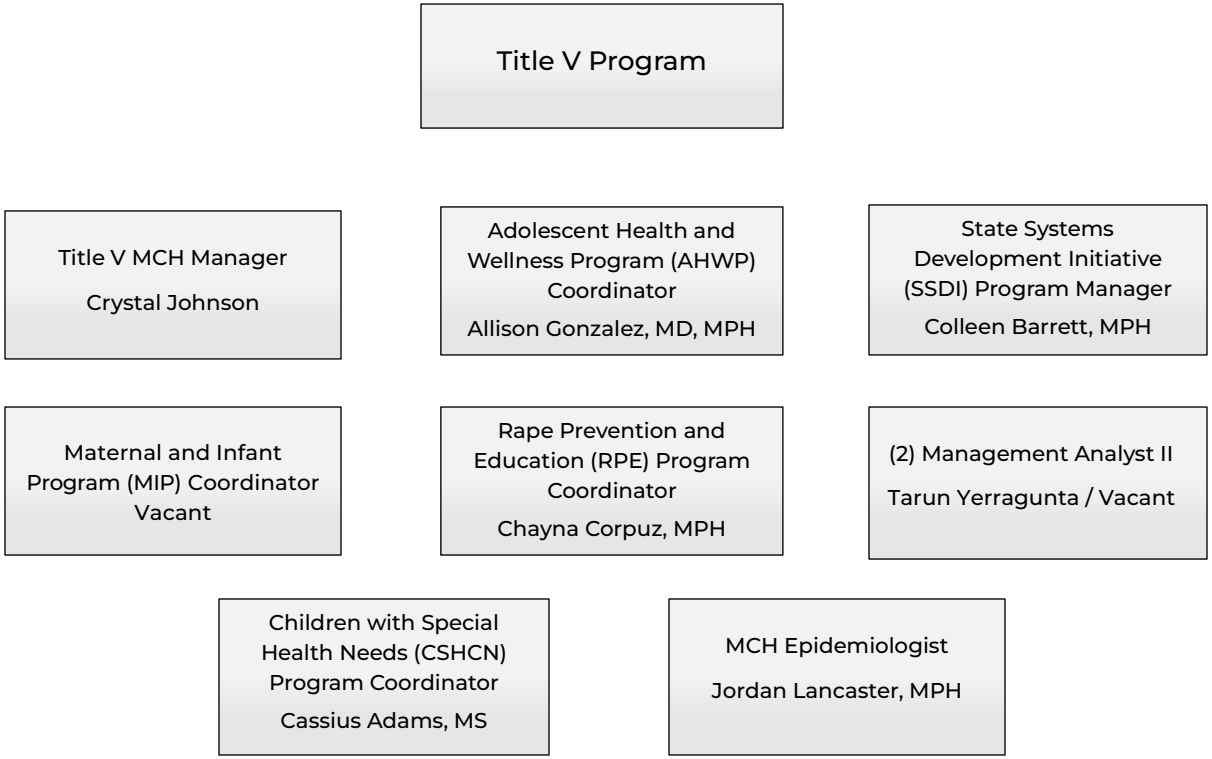


Title V MCH Program Highlights

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Maternal and Infant Health Program

As a response to increased statewide demand, the Cribs for Kids (C4K) Program expanded outreach, education, and distribution activities in FFY25 providing 858 parents and caregivers direct safe sleep education and distributing 2,068 Safe Sleep toolkits and 1,890 Safe Sleep Survival Kits.

Northern Nevada Public Health (NNPH) Fetal Infant Mortality Review (FIMR) reviewed 39 cases in FFY2025 and assisted the MCH Coalition with distribution of 784 New Mama Care Kits through community partnerships.

Title V MCH funding supported a Perinatal Mental Health Disorders (PMHD) Coordinator through Dignity Health and the MCH Coalition to increase awareness, strengthen referral pathways, and improve access to support services for individuals experiencing or at risk for perinatal mental health disorders. During FFY25, the PMHD Coordinator conducted 18 trainings, reaching 93 healthcare professionals and community partners.

Adolescent Health and Wellness Program

DPBH Community Health Services provided of 255 adolescent preventive screenings were conducted, supporting early identification of behavioral and reproductive health needs.

Yoga Haven provided 453 sessions of trauma-informed, developmentally appropriate mindfulness and physical activity to 8,015 youth and young adults.

The program expanded access to behavioral health and wellness services by engaging 1,280 new participants.

Carson City Health and Human Services provided wellness screenings to 133 adolescents and expanded outreach through a digital campaign generating 150,895 impressions and 289 engagements.

Community and school-based events further reached 2,713 adolescents with health education and service information.

Children with Special Health Care Needs (CSHCN) Program

The Family Navigation Network (FNN) provided 3,585 service-related interactions supporting families in navigating complex systems of care and responded to 220 inquiries through hotline, website/email, and in-person contacts.

FNN also advanced systems-level improvements by supporting policy initiatives that expanded access to durable medical equipment, promoted paid family caregiver policies, and increased accessibility through the installation of adult-sized changing tables in public facilities, including the Reno-Tahoe Airport and state buildings.

Family Navigation Network
Nevada Center for Excellence in Disabilities

The Children's Cabinet, through the Nevada Pyramid Model Initiative, strengthened early identification and referral by supporting 94 providers, training 125 participants, and implementing developmental screening at 64 sites, resulting in 624 children screened.

Family outreach distributed 990 developmental screening resources and 830 safe sleep materials, while statewide data systems supported continuous quality improvement.

MCH – Medicaid Partnership

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

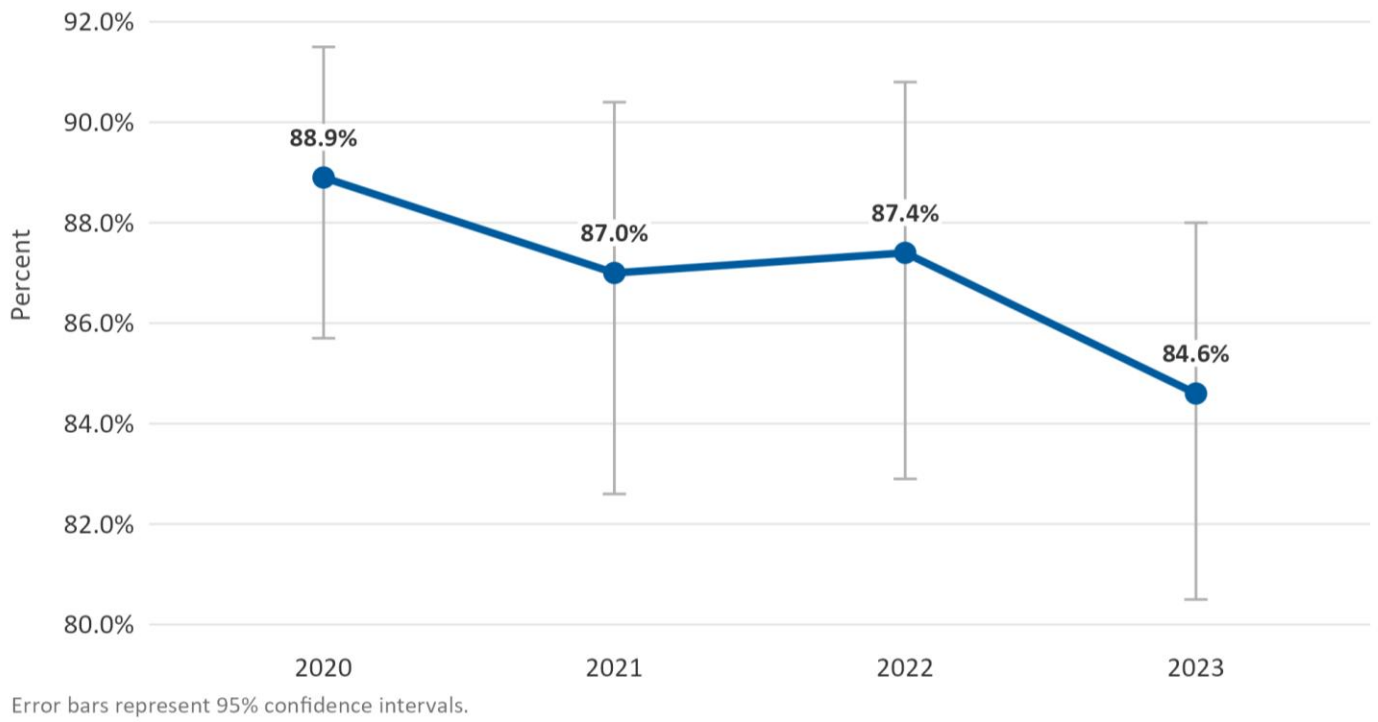
- Formal Title V–Medicaid Interlocal Contract supporting statewide MCH priorities.
- Quarterly coordination to align initiatives, improve care coordination, and address service gaps.
- Joint outreach, enrollment, and managed care quality improvement activities.
- Collaboration on School-Based Services, CSHCN initiatives, and Medicaid policy workgroups.
- Medicaid data-sharing agreement strengthening Title V surveillance, reporting, and program planning.
- Alignment of Title V, Medicaid, and CHIP to improve access and strengthen statewide systems of care.

State Action Plan Updates and Related Data

Postpartum Visit Attendance has Declined since 2020

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NPM: PPV-A – Nevada percent of women who attended a postpartum checkup within 12 weeks after giving birth,



Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

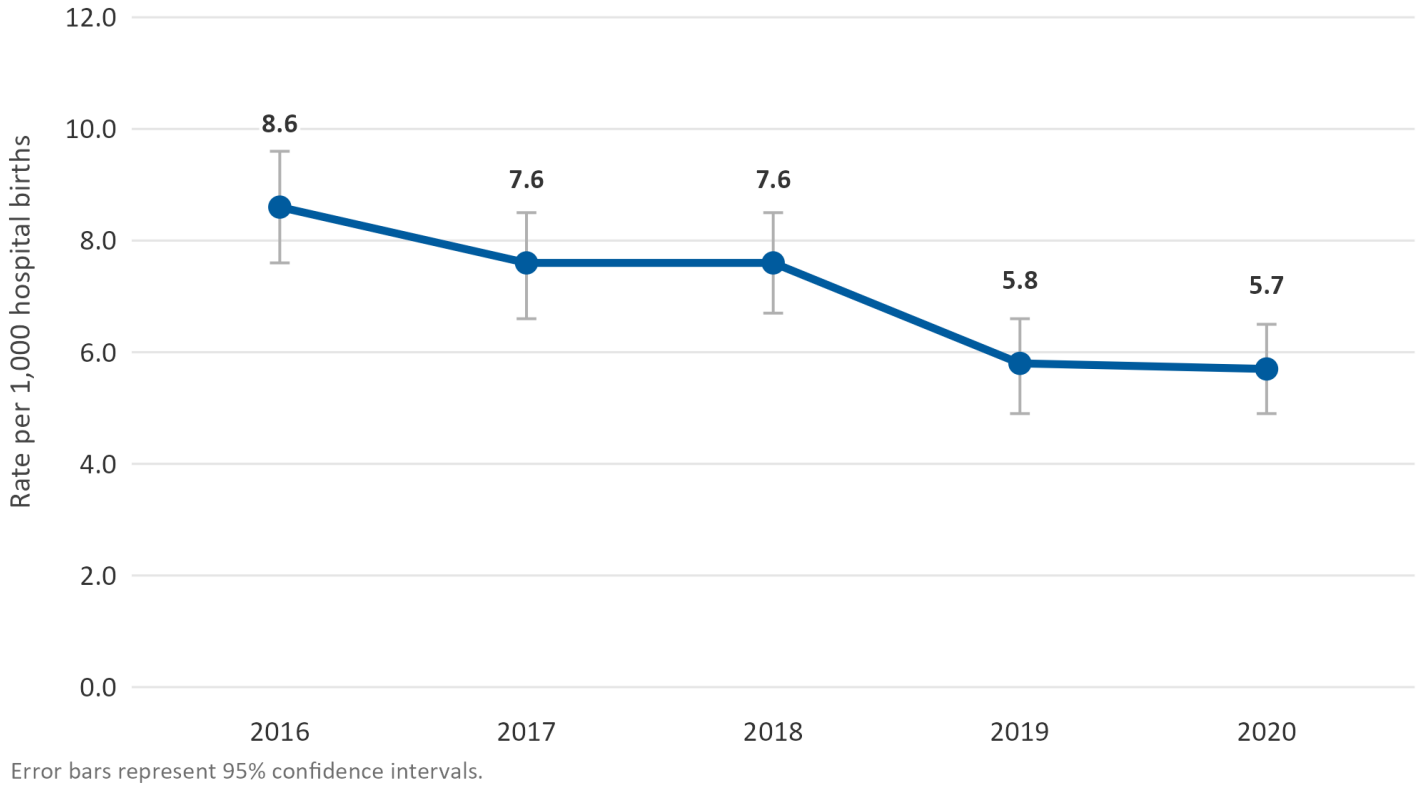
Key Takeaways

- 4.3 percentage point decline
- Overall trend not statistically meaningful

Neonatal Abstinence Syndrome has Significantly Decreased since 2016

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NOM: NAS – Nevada rate of neonatal abstinence syndrome per 1,000 birth hospitalizations



Error bars represent 95% confidence intervals.

Data Source: HCUP State Inpatient Databases (SID)

Key Takeaways

- Decreased by 2.9 cases per 1,000 hospital births between 2016 and 2020
- Statistically meaningful decline ($p<0.05$)

Women and Maternal Health

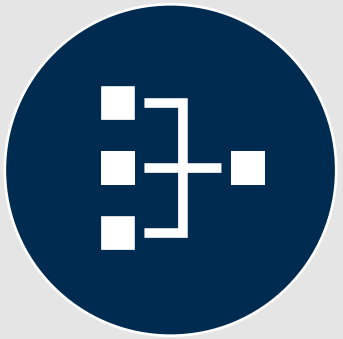
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Priority 1

Improve postpartum care and referrals

Current Strategies

Increase postpartum visits

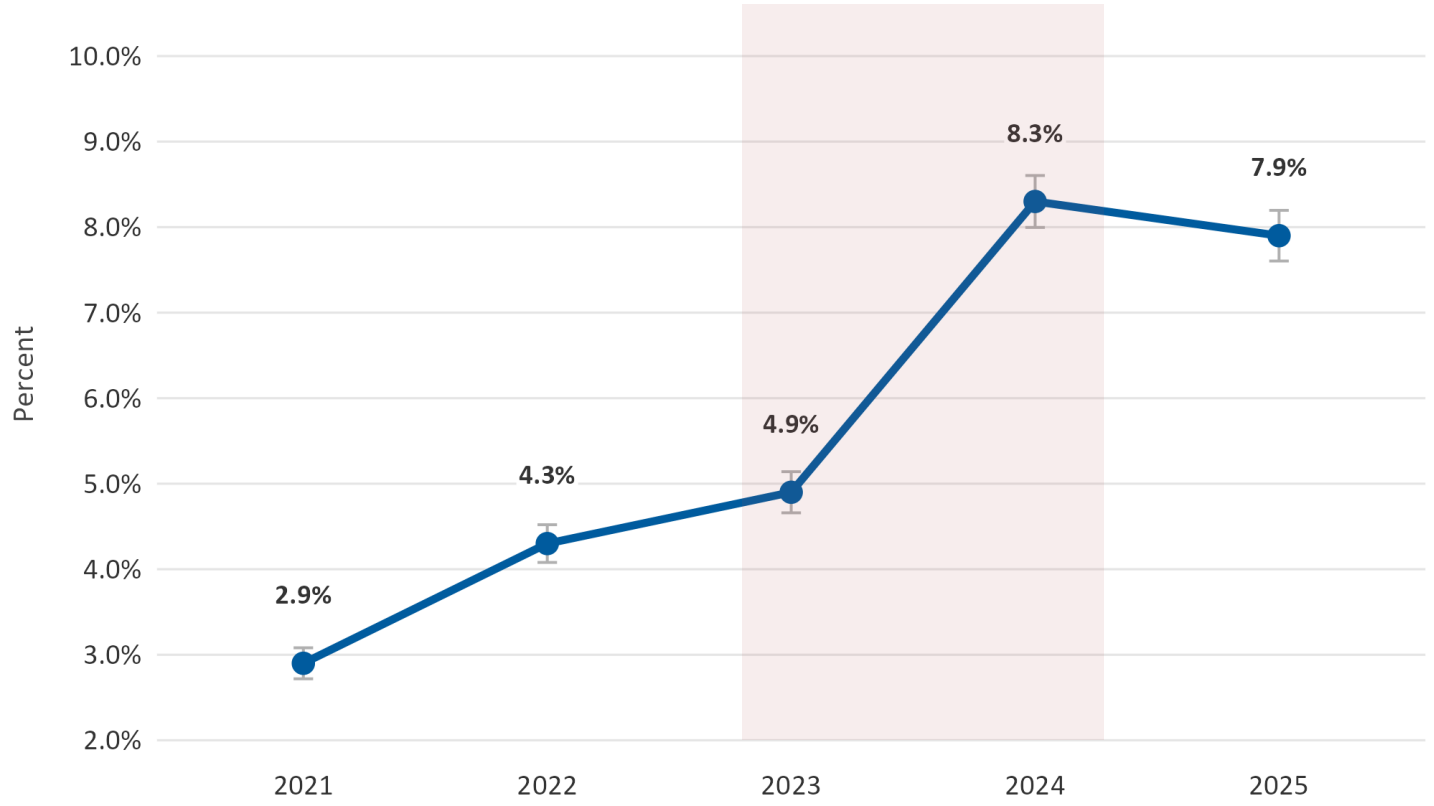


Expand postpartum infrastructure

Late or No Prenatal Care has Increased since 2021

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

SPM: PNC – Nevada percent of mothers who reported late or no prenatal care



Error bars represent 95% confidence intervals.

Data Source: Nevada Vital Statistics

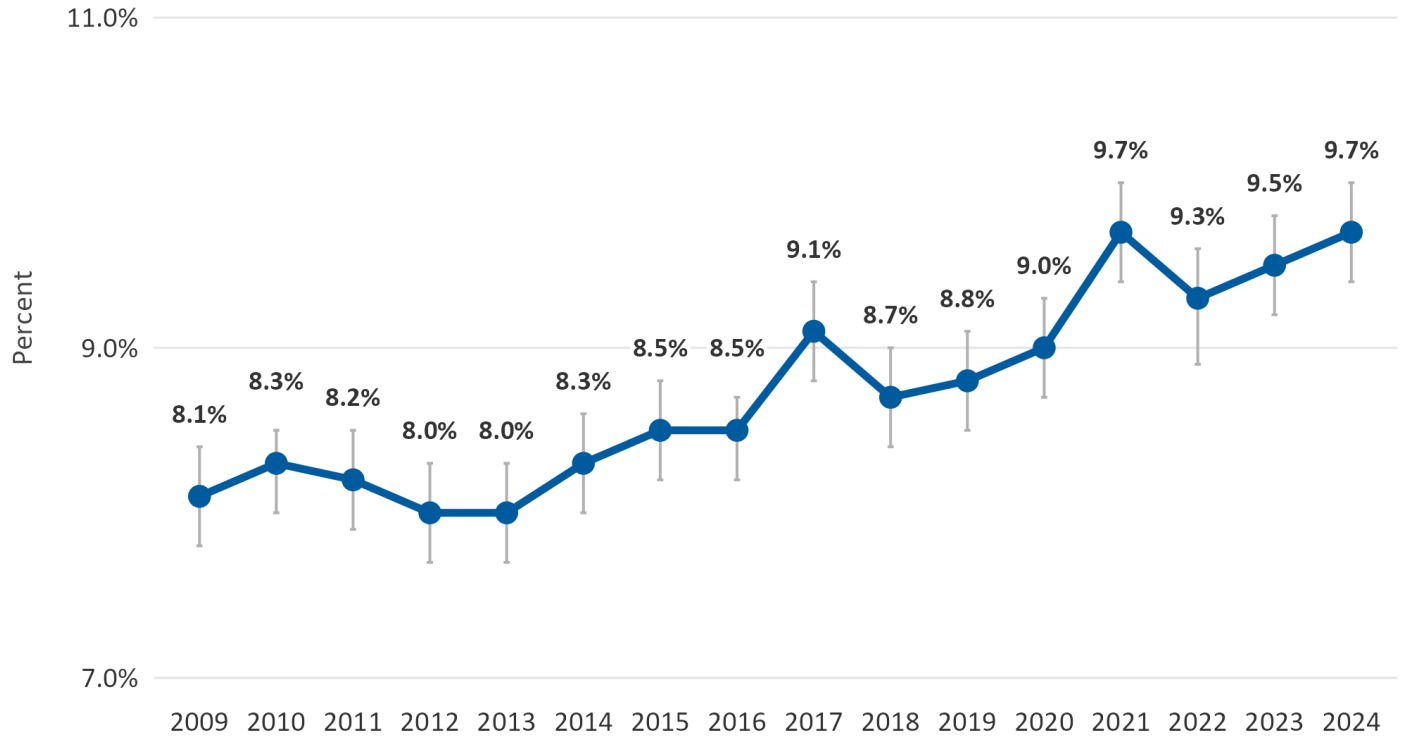
Key Takeaways

- 5.0 percentage point increase
- Overall trend statistically meaningful ($p<0.05$)

Low Birthweight Deliveries Continue to Rise since 2009

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NOM: LBW– Nevada percent of low birthweight (LBW) deliveries (<2,500g)



Error bars represent 95% confidence intervals.

Data Source: National Vital Statistics System

Key Takeaways

- 19% increase from 2009 to 2024
- Overall trend statistically meaningful ($p<0.05$)

Women and Maternal Health

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Priority 2

Improve access to prenatal and maternal health services

Current Strategies

Improve access to early prenatal care

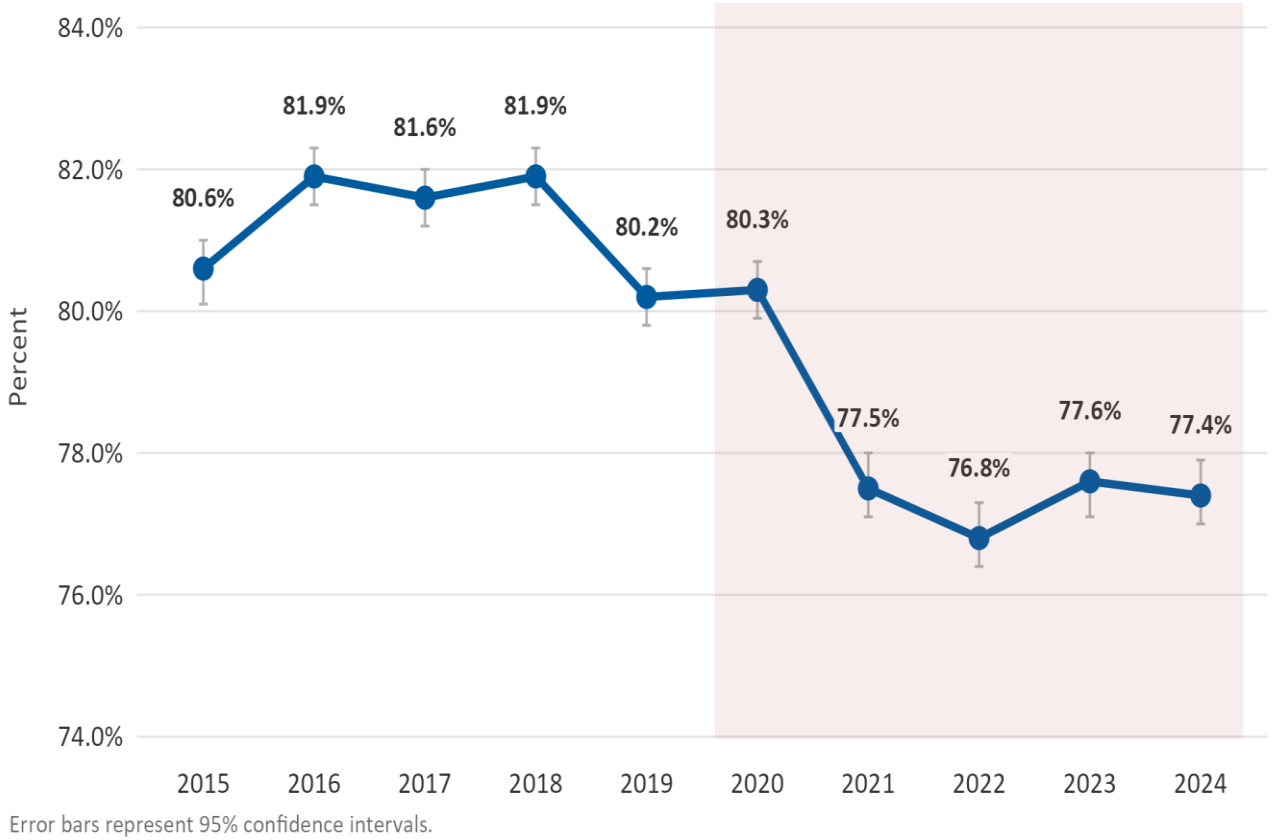
Increase maternal health education and outreach

Strengthen congenital syphilis prevention efforts

Breastfeeding Initiation Has Declined Since 2015

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NPM: BF-A – Nevada percent of infants who are ever breastfed



Error bars represent 95% confidence intervals.

Data Source: National Vital Statistics System

Discussion Points

- 3.2 percentage point decline
- Largest decline began in 2020
- Overall trend statistically meaningful ($p<0.001$)

Perinatal and Infant Health

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Priority 3

Increase Breastfeeding Initiation

Current Strategies

Increase community education

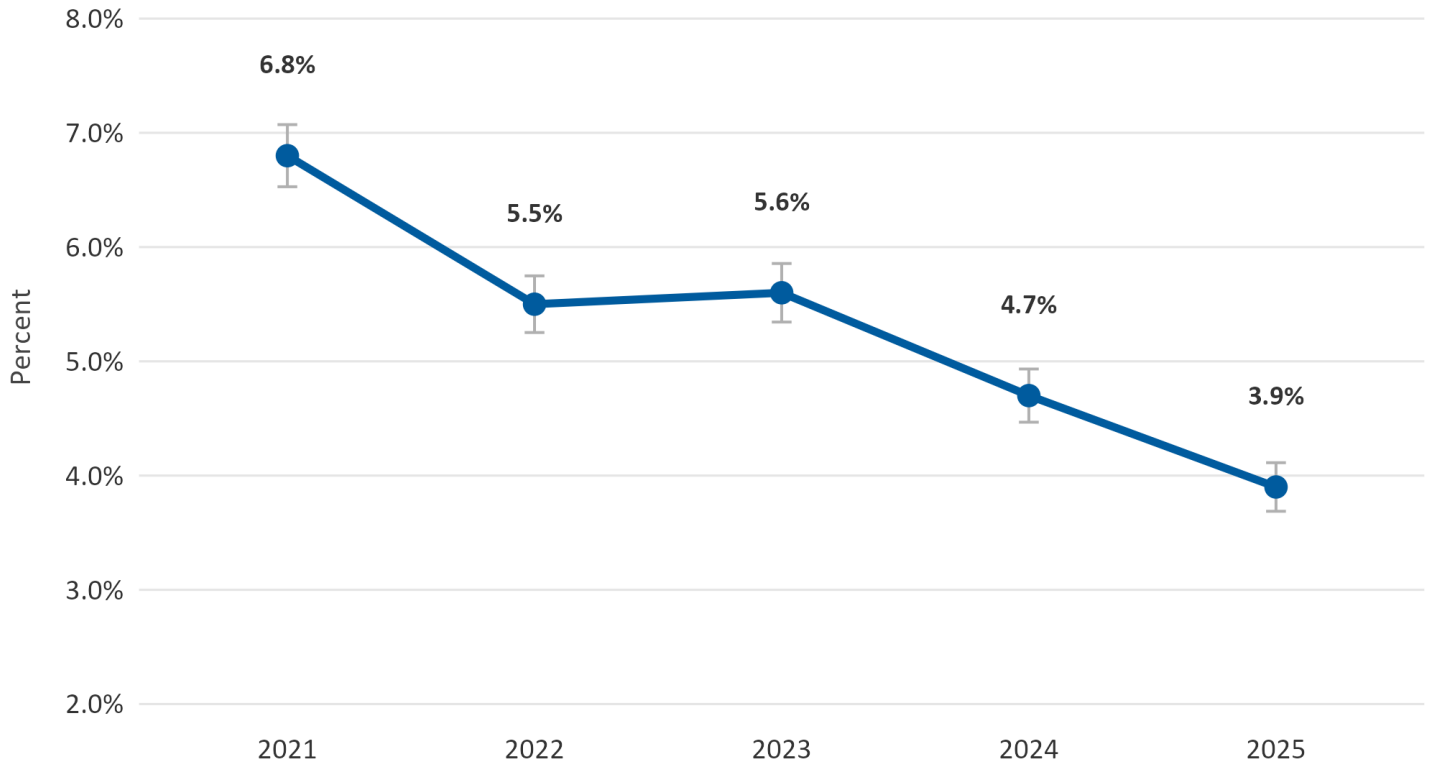
Expand breastfeeding-friendly workplaces

Improve access to lactation support

Substance Use in Pregnancy has Declined since 2021

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

SPM: SUD – Nevada percent of women who used substances during pregnancy



Error bars represent 95% confidence intervals.

Data Source: Nevada Vital Statistics

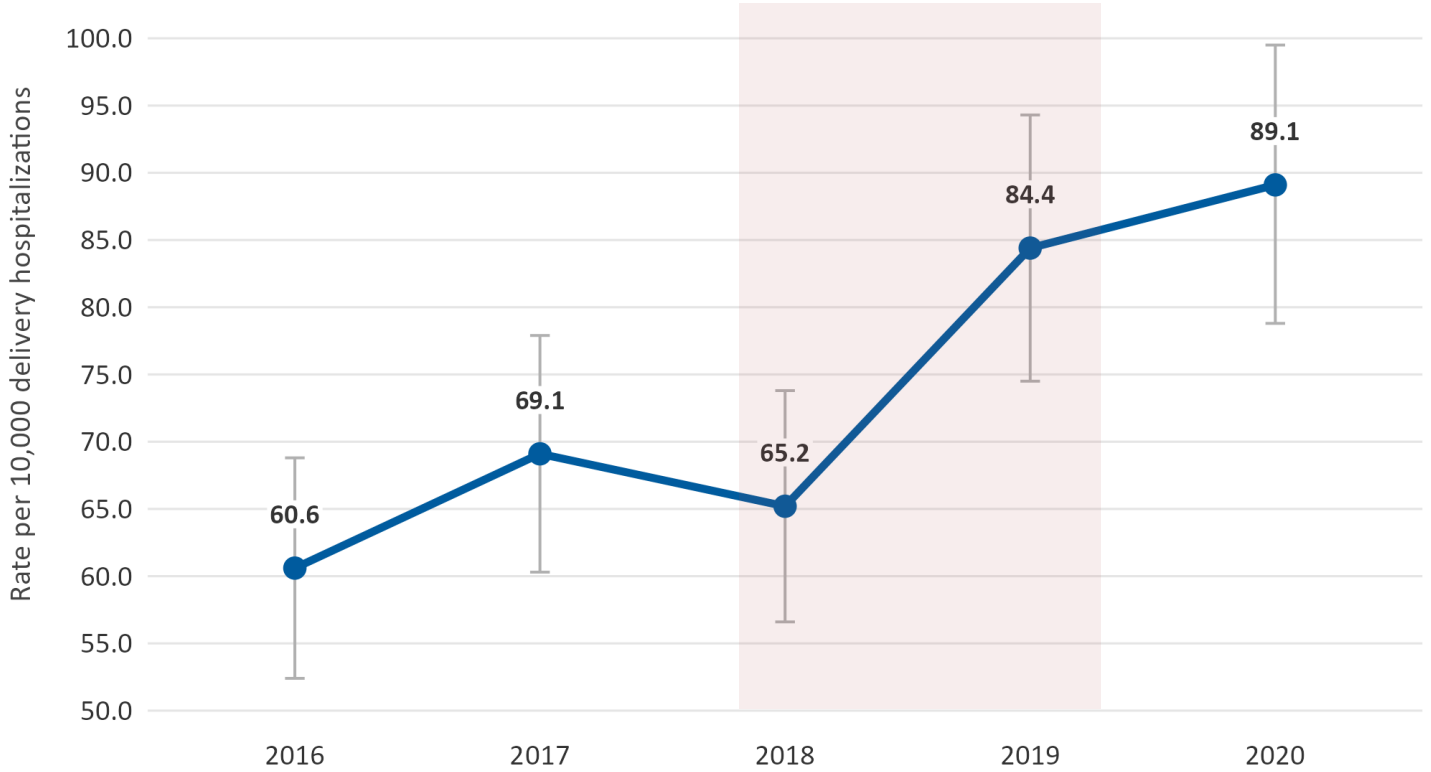
Key Takeaways

- 43% relative decrease from 2021 to 2025
- Overall trend statistically meaningful ($p<0.05$)

Severe Maternal Morbidity has Increased since 2016

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NOM: SMM – Nevada rate of severe maternal morbidity per 10,000 delivery hospitalizations



Error bars represent 95% confidence intervals.

Data Source: Healthcare Cost Utilization Project State Inpatient Databases

Key Takeaways

- 47% relative increase from 2016 to 2020
- Overall trend statistically meaningful ($p<0.05$)

Perinatal and Infant Health

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Priority 4

Reduce substance use during and after pregnancy

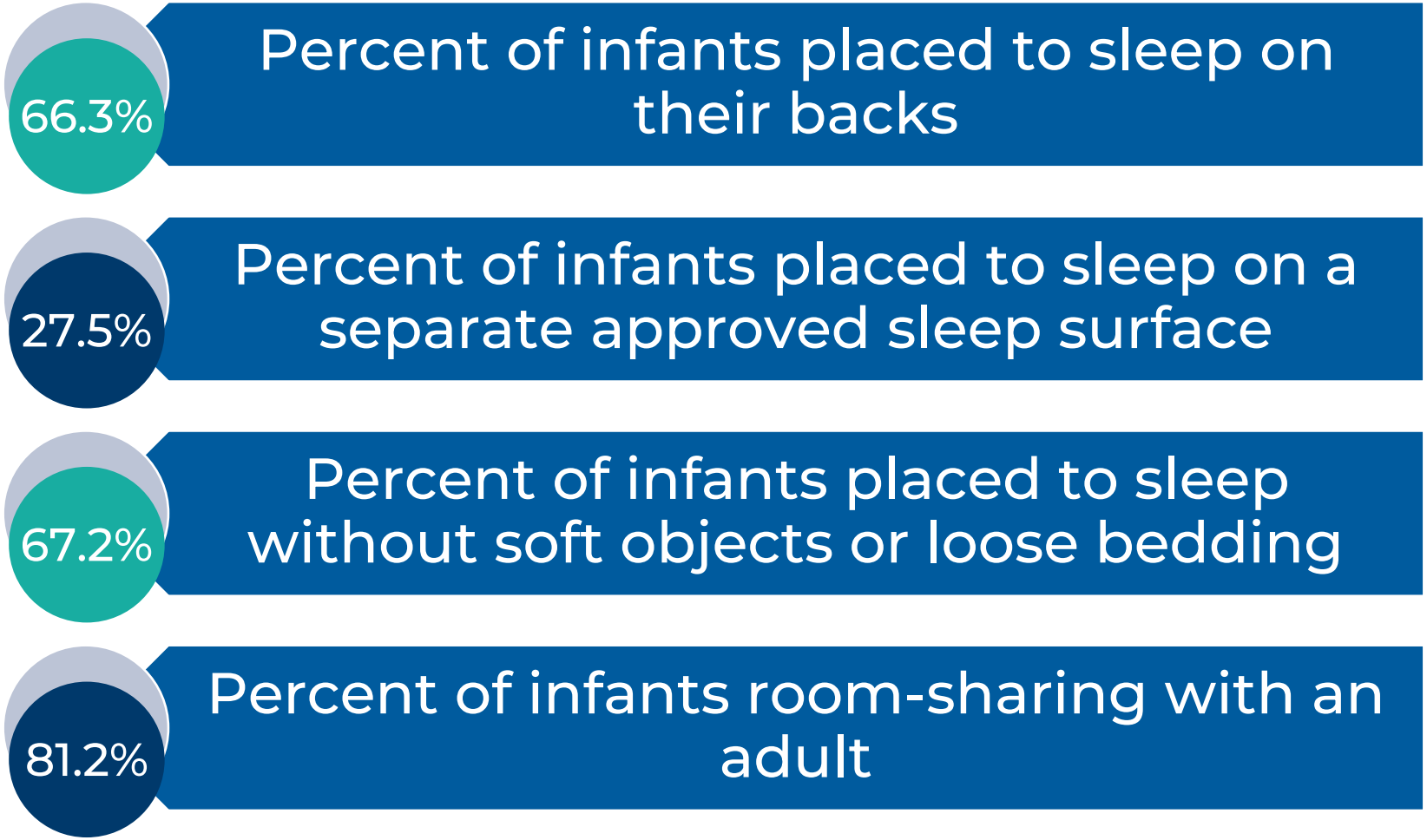
Current Strategies

Improve perinatal quality of care

Strengthen community and healthcare partnerships

Safe Sleep Baseline Data, Nevada 2023

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH



Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS). For the 2023 PRAMS weighted data, Nevada PRAMS had a response rate below the CDC threshold of 50%. Data should be interpreted with caution. Data for 2024 has not been released, hence 2023 being the most recent reporting year.

Perinatal and Infant Health

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Priority 5

Increase safe sleep practices

Current Strategies

Expand safe sleep education and resources

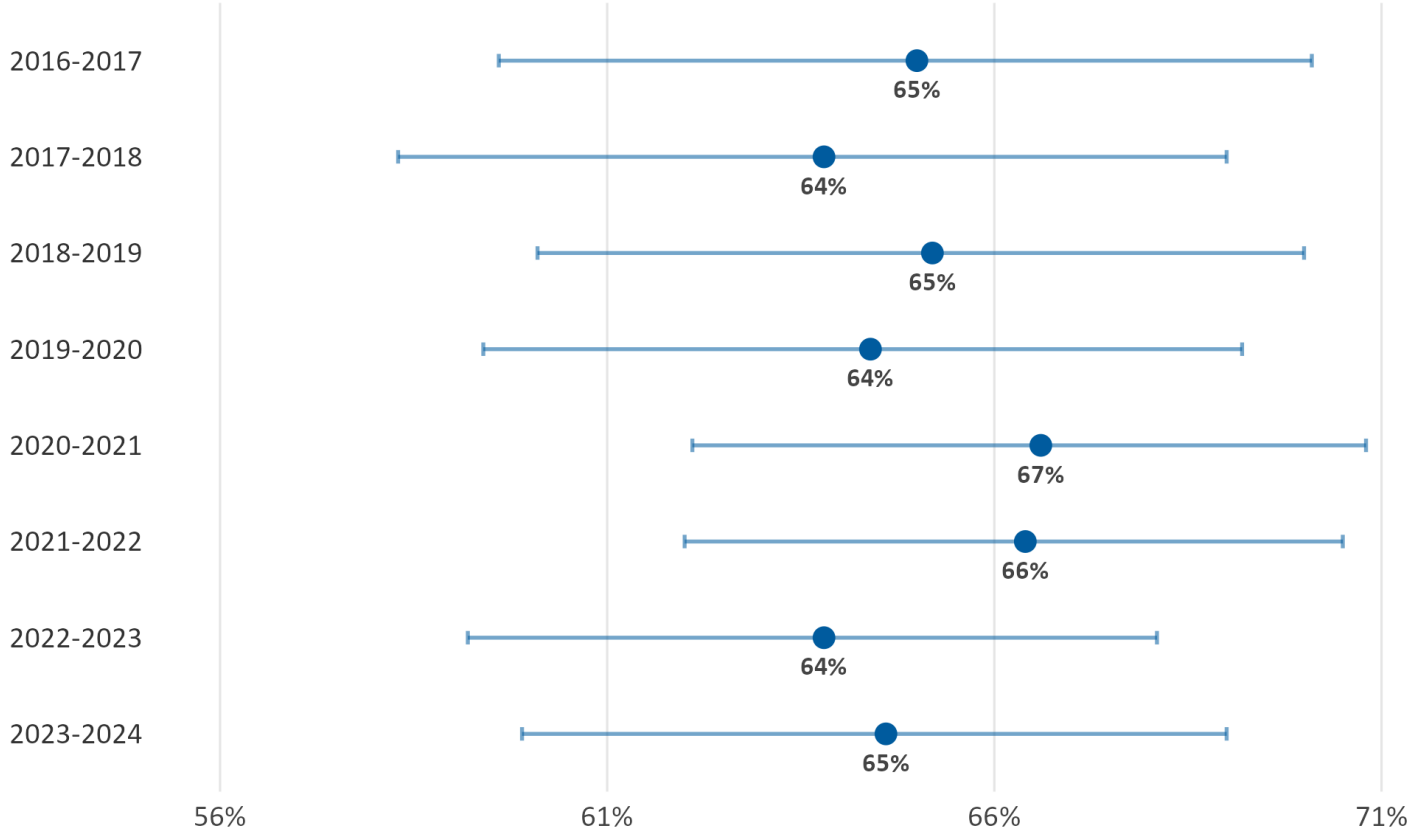
Strengthen partnerships to promote safe sleep

Increase public awareness through outreach campaigns

Food Sufficiency among Children has Remained Stable from 2016 to 2024

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NPM: FS – Nevada percent of children, ages 0 through 11, whose households are food sufficient in the past year



Error bars represent 95% confidence intervals.

Data Source: National Survey on Children's Health

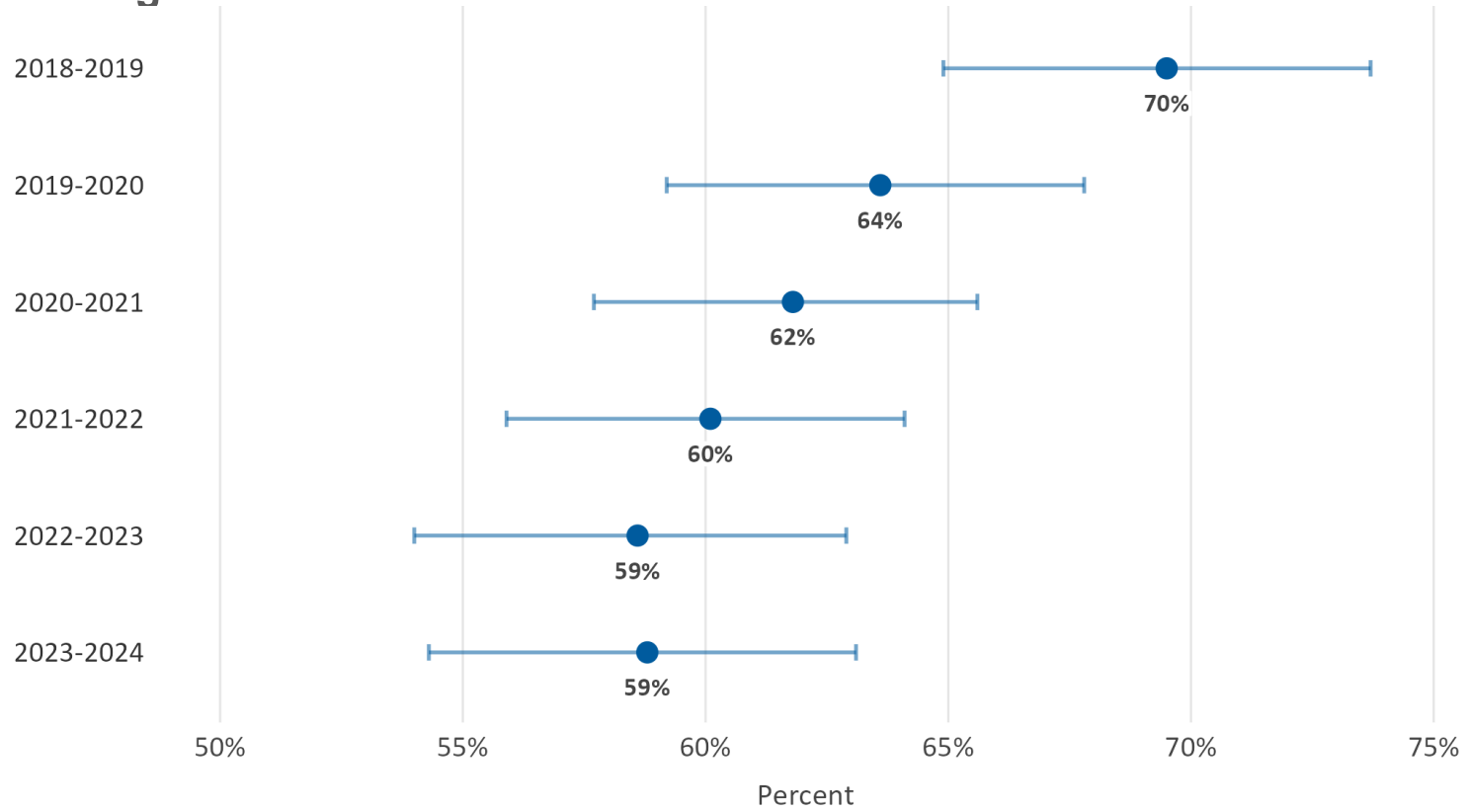
Key Takeaways

- Stable trend across years for Nevada children
- Overall trend not statistically meaningful

Children Flourishing in Nevada has Decreased from 2018 to 2024

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NOM: Nevada percent of children with and without special health care needs, ages 6 through 17, who are flourishing



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Key Takeaways

- 16% relative decrease from 2018 to 2024
- Overall trend statistically meaningful ($p<0.05$)

Data Source: National Survey on Children's Health

Child Health

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Priority 6

Increase access to affordable and nutritious foods for children

Current Strategies

Increase enrollment in nutrition assistance programs

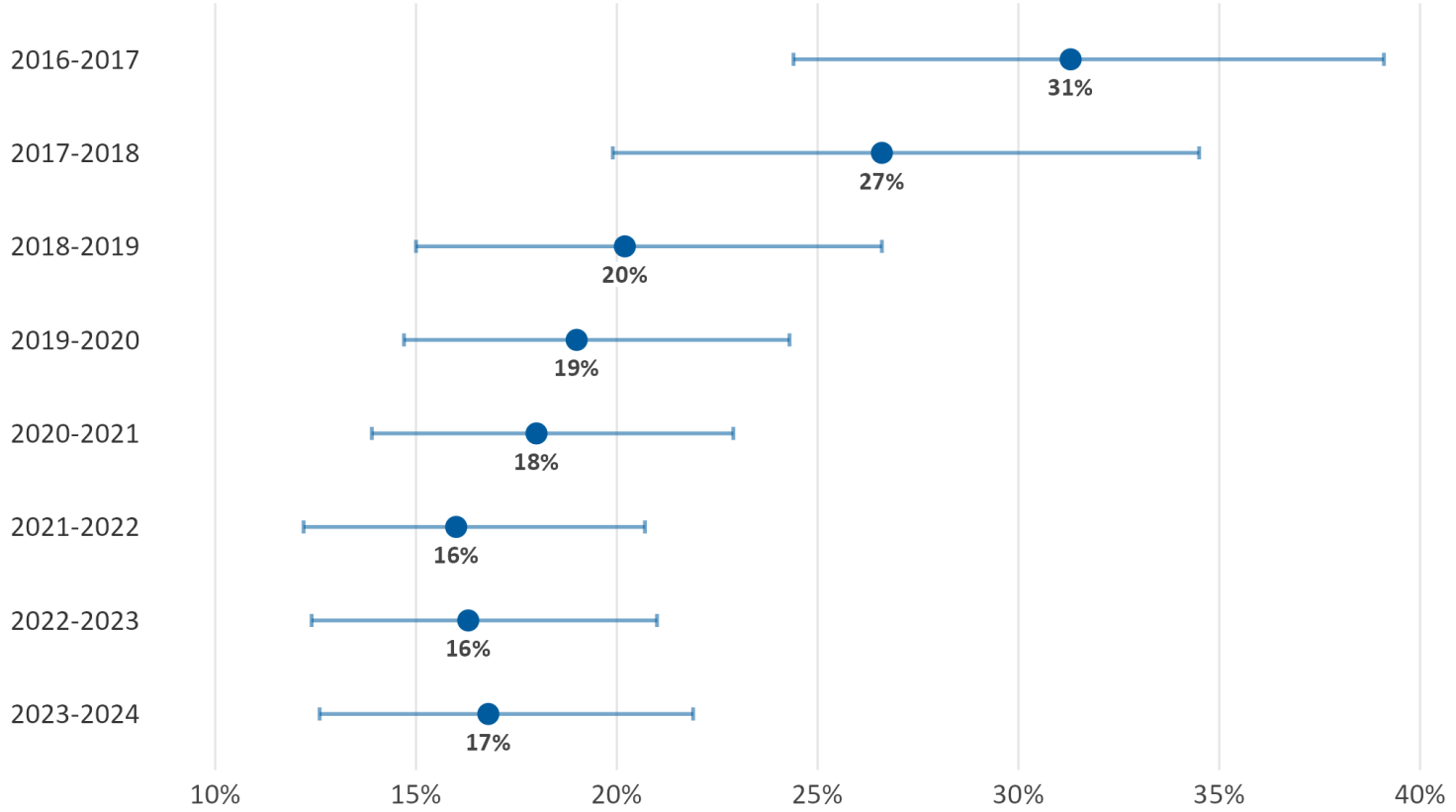
Strengthen data sharing and partner collaboration

Improve access to nutrition resources

Physical Activity among Children has Decreased from 2016 to 2024

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NPM: PA – Nevada percent of children, ages 6 through 11, who are physically active at least 60 minutes per day



Error bars represent 95% confidence intervals.

Key Takeaways

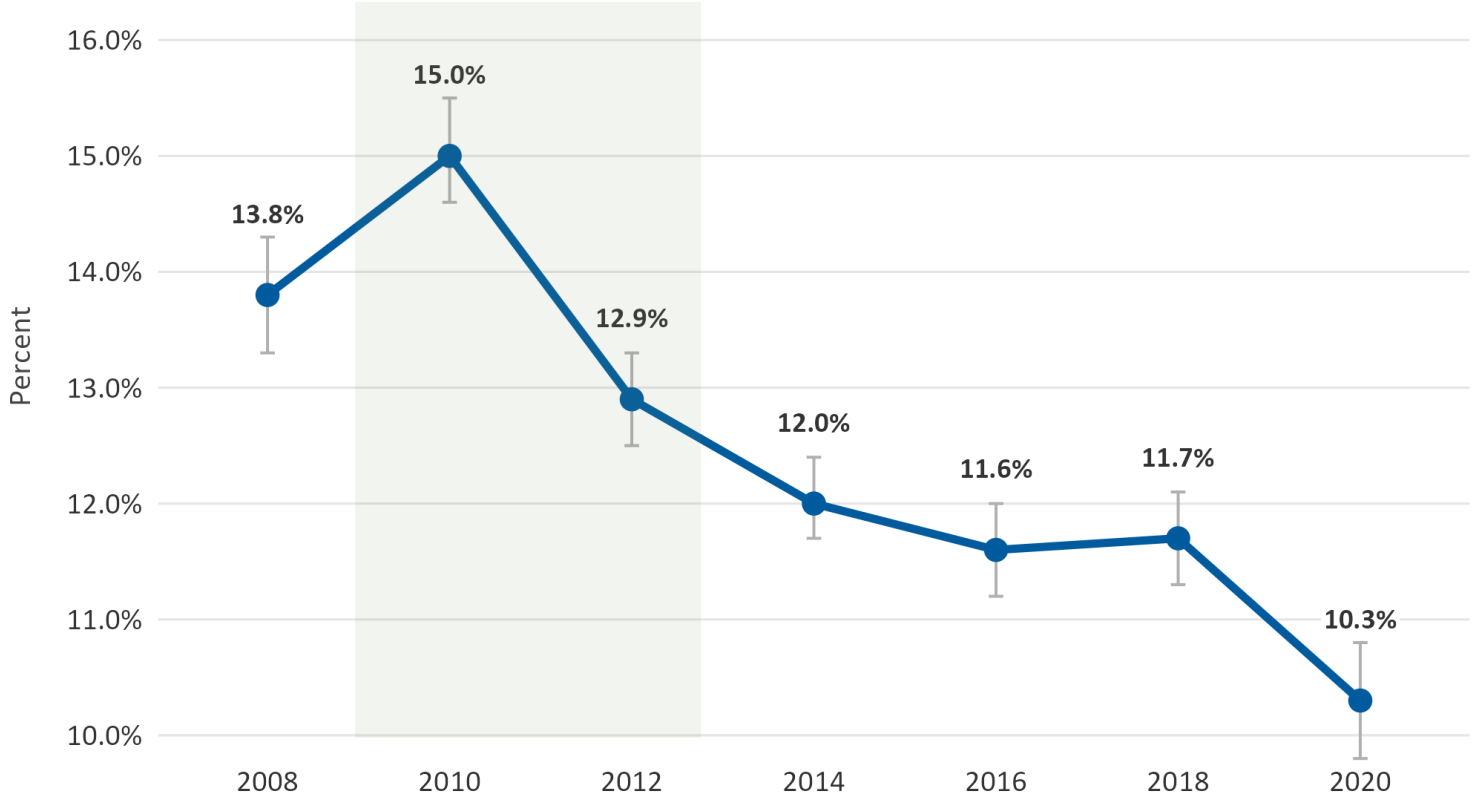
- 45% relative decrease in physical activity
- Overall trend statistically meaningful ($p<0.05$)

Data Source: National Survey on Children's Health

Obesity among Children has Decreased from 2008 to 2020

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NOM: OBS – Nevada percent of children, ages 2 through 4, who are obese (BMI at or above the 95th percentile)



Error bars represent 95% confidence intervals.

Key Takeaways

- 25% relative decrease in childhood obesity
- Overall trend statistically meaningful ($p<0.05$)

Data Source: Women Infants and Children Participant and Program Characteristics

Child Health

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Priority 7

Increase physical activity among school-aged children

Current Strategies

Increase physical activity for children

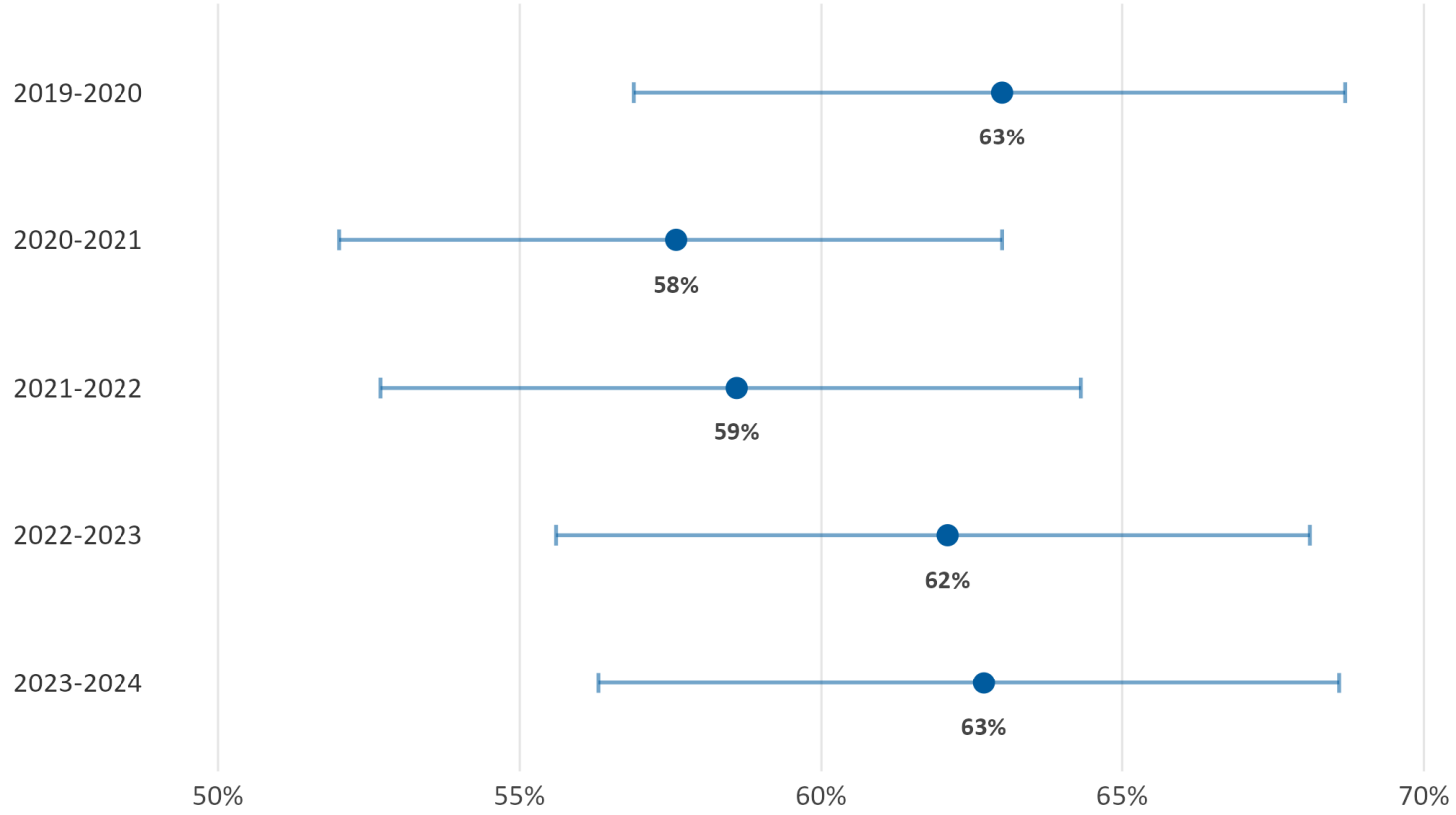
Actively collect and monitor physical activity habits for children in Nevada

Promote physical activity for Nevada children

Adolescent Well-Visits have Remained Stable from 2019 to 2024

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NPM: AWV – Nevada percent of adolescents, ages 12 through 17 with a preventive medical visit in the past year



Error bars represent 95% confidence intervals.

Key Takeaways

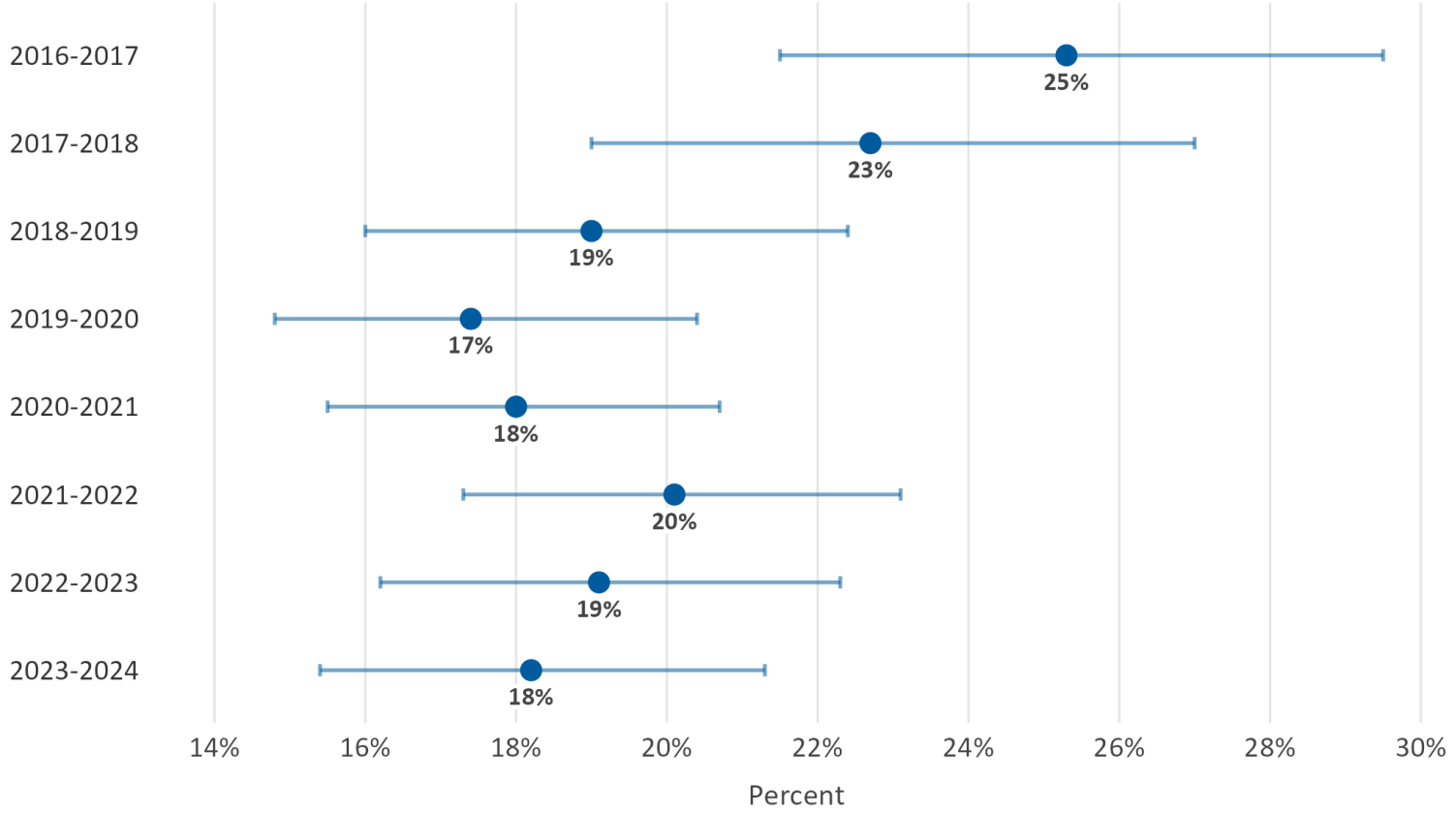
- Stable trend across years for Nevada adolescents
- Overall trend not statistically meaningful

Data Source: National Survey on Children's Health

Adverse Childhood Experiences (ACEs) have Decreased

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NOM: ACE – Nevada percent of children, ages 0 through 17, who have experienced 2 or more ACEs



Error bars represent 95% confidence intervals.

Data Source: National Survey on Children's Health

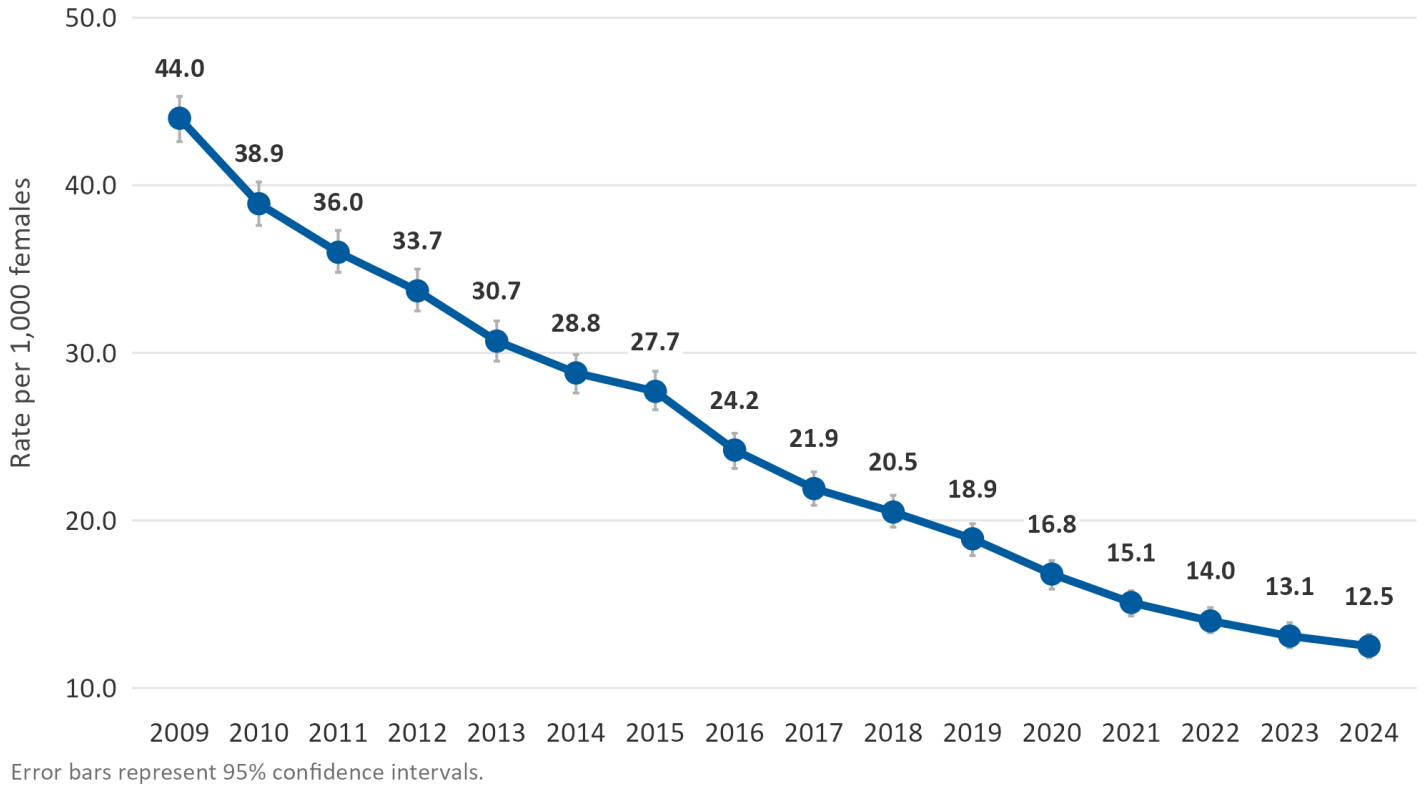
Key Takeaways

- 28% relative decrease from 2016 to 2024
- Overall trend is statistically meaningful ($p<0.05$)

Teen Birth Rates have Made Significant Improvements from 2009 to 2024

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NOM: TB – Nevada teen birth rate, ages 15 through 19, per 1,000 females



Error bars represent 95% confidence intervals.

Key Takeaways

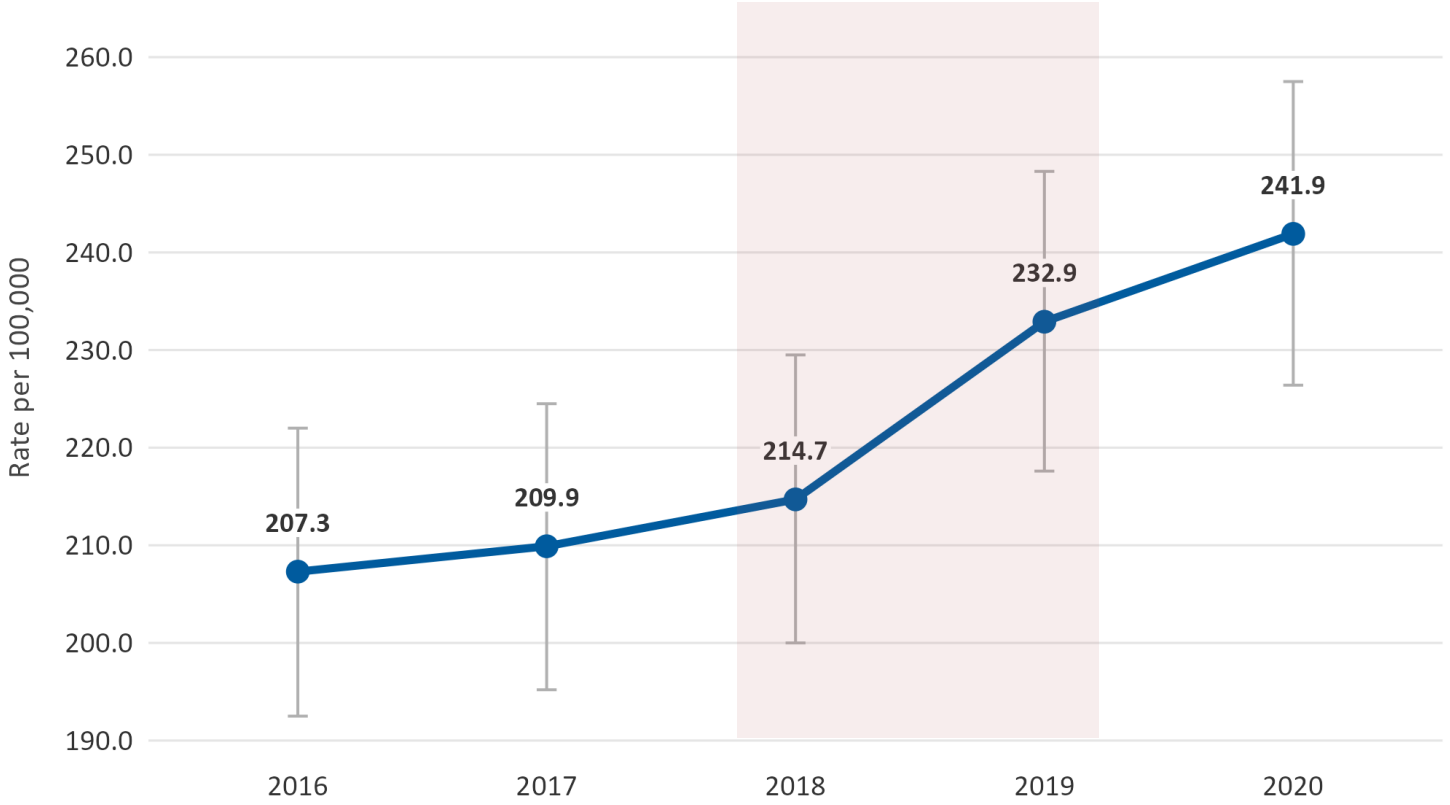
- 72% relative decrease from 2009 to 2024
- Overall trend is statistically meaningful ($p<0.05$)

Data Source: National Vital Statistic System

Non-Fatal Injury Hospitalizations have Increased Over Time for Adolescents

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NOM: IH – Adolescent – Nevada rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19



Error bars represent 95% confidence intervals.

Key Takeaways

- 17% relative increase from 2016 to 2020
- Overall trend is statistically meaningful ($p<0.05$)

Data Source: Healthcare Cost and Utilization Project- State Inpatient Database for Children

Adolescent Health

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Priority 8

Increase referrals and appropriate care for adolescents

Current Strategies

Increase access to preventive healthcare

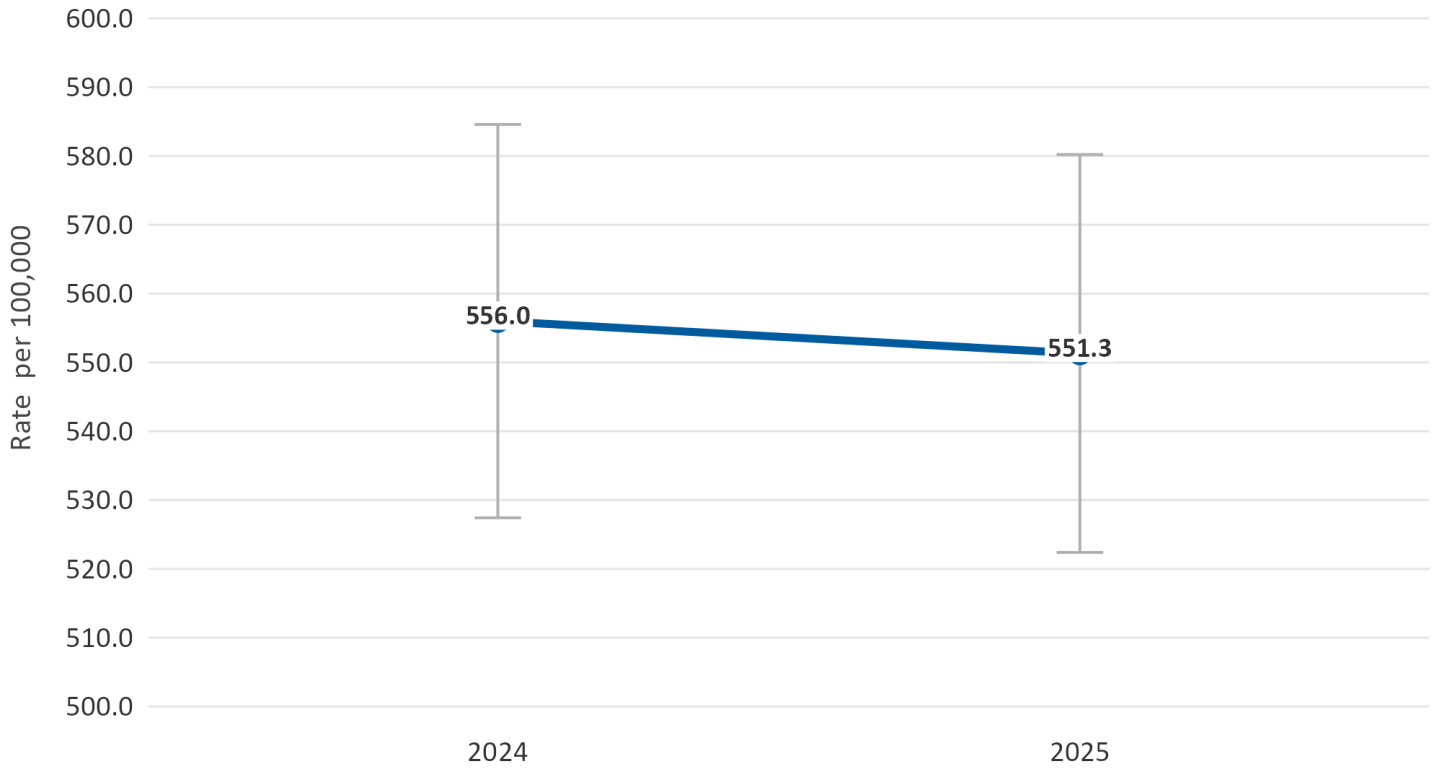
Improve awareness of insurance benefits

Promote evidence-based adolescent screening

Slight Decrease in Sexually Transmitted Infections (STI) among Adolescents

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

SPM: STI – Nevada rate of STI infections for adolescents ages 12 to 17 years old



Error bars represent 95% confidence intervals.

Key Takeaways

- Slight decrease from 2024 to 2025
- Overall trend is not statistically meaningful

Data Source: Nevada Office of State Epidemiology

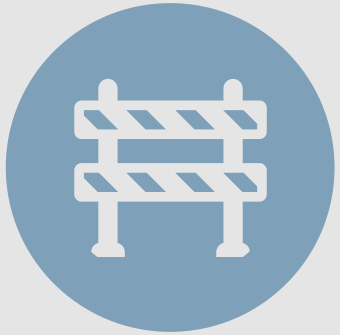
Adolescent Health

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Priority 9

Improve access to resources and services around sexual and reproductive health

Current Strategies



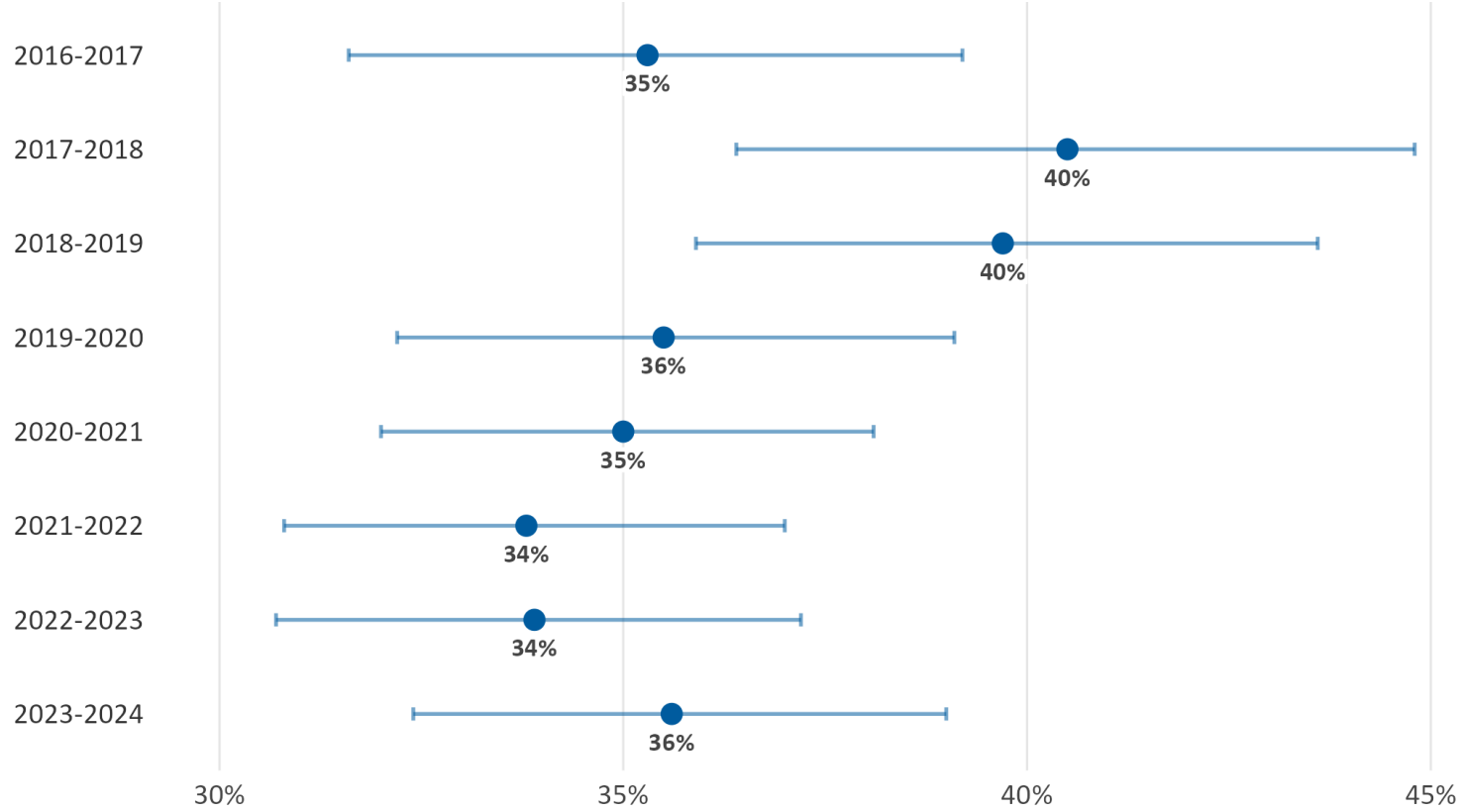
Reduce barriers to accessing reproductive health services

Increase access to prevention services, testing, and treatment

Medical Home Use has Remained Stable but Low among Nevada Children

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NPM – MH – Nevada percent of children with and without special health care needs, ages 0 through 17, who have a medical home



Error bars represent 95% confidence intervals.

Data Source: National Survey on Children's Health

Key Takeaways

- Relatively stable trend from 2016 to 2024
- Overall trend is not statistically meaningful

Children with Special Health Care Needs

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Priority 10

Promote a Medical Home

Current Strategies

Increase awareness of medical homes

Improve care coordination

Advance Blueprint for Change

Help Shape the State Action Plan

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

We welcome your feedback on:

Priority Areas

Current and Future Strategies

Partnerships

What priorities or opportunities should we consider moving forward?

Acronyms

ACEs	Adverse Childhood Experience
AM	Adolescent Mortality
AWV	Adolescent Well-Visit
BCFCW	Bureau of Child, Family and Community Wellness
BMI	Body Mass Index
C4K	Cribs for Kids
CHIP	Children's Health Insurance Program
CSHCN	Children with Special Health Care Needs
DHS	Department of Human Services
DPBH	Division of Public and Behavioral Health
FFY	Federal Fiscal Year
FELSC	Family Engagement and Leadership in Systems of Care
FIMR	Fetal Infant Mortality Review
FNN	Family Navigation Network
FS	Food Sufficiency
LBW	Low Birthweight
MCAH	Maternal, Child, and Adolescent Health
MCH	Maternal and Child Health
NAS	Neonatal Abstinence Syndrome
NASHP	National Academy for State Health Policy
NVHA	Nevada Health Authority
NOM	National Outcome Measure
NPM	National Performance Measure
OBS	Obesity
PA	Physical Activity
PMHD	Perinatal Mental Health Disorders
PPV	Postpartum Visit
RPE	Rape Prevention and Education
SNAP	Supplemental Nutrition Assistance Program
SPM	State Performance Measure
STI	Sexually Transmitted Infection
SUD	Substance Use During Pregnancy
TB	Teen Birth
WIC	Women, Infants, and Children

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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