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
February 6, 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: 289 825 272 710 05
Passcode: 3hR7zR3Z

Join by phone
+1 775-321-6111, United States, Reno
Phone conference ID: 326 490 404#

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 under this item 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, enter 326 490 404#. 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.
3. **FOR POSSIBLE ACTION:** Discussion and possible action to approve meeting minutes from the December 18, 2025, Maternal and Child Health Advisory Board (MCHAB) meeting
4. **FOR POSSIBLE ACTION:** Discuss and make possible recommendations on upcoming priorities for 2026
5. **FOR INFORMATION ONLY**: Presentation of the Perinatal Health Initiative (PHI) and the EMPOWERED Program
6. **FOR INFORMATION ONLY:** Coordinated Intake Referral System (CIRS) Executive Summary

7. **FOR INFORMATION ONLY:** Presentations on the University of Nevada, Reno (UNR) Extension and University of Nevada, Las Vegas (UNLV) Early Responsive Nurturing Care for Food Security Programs
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
9. **FOR POSSIBLE ACTION:** Discussion and possible action on recommendations for future agenda items
10. **FOR INFORMATION ONLY:** approved future meeting dates:

    May 1, 2026, at 9:00am
    August 7, 2026, at 9:0am
    November 6, 2026, at 9:00am
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. 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 comment telephonically, dial 775-321-6111. When prompted to provide the meeting ID, enter 326 490 404#. 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.
12. 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)

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

or by calling (775) 684-4235 before the meeting date. Anyone who would like to be on the MCHAB mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above.

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

Click here to send an email for the MCHAB listserv.

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

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

https://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

Agenda Item 3

MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)

Meeting Minutes

December 19, 2025

2:00 PM 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 TEAMS

Meeting ID: 223 375 123 882 22

Passcode: yi9xy7AN

Join by Phone

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

Phone conference ID: 675 098 845#

ATTENDANCE:

Members Present:

- Keith Brill, MD
- Fatima Taylor, M.Ed., CPM
- Elika Nematian, MPH
- Megan Lopez, MS, BS
- Ann DiBiasse, BSN, RN-LC
- Sherri Garland, BSN, RN
- Assemblywoman Tracy Brown May

Members Absent:

- Marsha Matsunaga-Kirgin, MD
- Lora Redmon, BSN, RN, RNC-DB, C-FMC
- Jenna Dykes, MS, BS
- Senator Rochel Nguyen

Staff Present:

- Tami Conn, MPH, Deputy Bureau Chief, Child, Family and Community Wellness
- Barbara Bessol, Administrative Assistant III, Maternal, Child and Adolescent Health (MCAH)
- Tammera Brower, Administrative Assistant IV, MCAH
- Alyssa DiBona, Administrative Assistant II, MCAH
- Crystal Johnson, Health Program Manager I, MCAH
- Teresa Jarrett, Management Analyst II, MCAH
- Cassius Adams, MS, Health Program Specialist I, MCAH

- Colleen Barrett, MPH, Health Program Specialist II, MCAH

Guests Present:

- Sabrina Schnur, Cartright NV Government Affairs
- Linda Anderson, Nevada Public Health Foundation
- Kelly Virling

Agenda Item 1

Call to Order and Introduction

The meeting was called to order at 2:03 PM.

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 7, 2025, Maternal and Child Health Advisory Board (MCHAB) meeting

Chairman Dr. Keith Brill noted the last meeting held with minutes was February 7th due to lack of quorum. For possible action a motion and a second to the motion would need to be made by a board member to approve.

Ann DiBiase motioned to approve the minutes. Dr. Brill seconded the motion and asked if discussion was needed before voting. No comment was made.

Dr. Brill called for a vote. Ayes were called, and three ayes were heard. Dr. Brill called for nays; one aye and one nay was heard. Dr. Brill asked to clarify the nay for the record. No one claimed the nay vote.

The motion passed with a majority vote.

Dr. Brill asked if any action items needed to be covered before a possible loss of quorum. Tami Conn responded yes and outlined a prioritized agenda as follows:

Agenda Item 10, Agenda Item 6, Agenda Item 5, Agenda Item 9, Agenda Item 11, and Agenda Item 12. Agenda Items 4, 7 and 8 were removed due to presenter cancelation. The proposal was accepted by the Chair.

Agenda Item 10

FOR POSSIBLE ACTION: Discussion and possible action for approved future meeting dates

Dr. Brill noted meeting dates are typically every three months on the first Friday of the month at 9am. February's meeting date chosen due to November's meeting cancellation. Dr. Brill asked for discussion prior to entertaining a motion. No comment made.

Sheri Garland motioned to approve the meeting dates as established in the agenda. Elika Nematian seconded the motion. Dr. Brill called for discussion before the vote and for any abstentions. Hearing none; motion passed unanimously.

Agenda Item 6

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, Deputy Bureau Chief within the Bureau of Child, Family, and Community Wellness, stated she would be providing the update for the Maternal Mortality Review Committee (MMRC) and the Alliance for Innovation on Maternal Health (AIM) Program. Ms. Conn and Colleen Barrett will then provide a presentation on the Title V Needs Assessment and the Title V Block Grant Program

AIM Program update: Colleen Barrett has recently come on board for this program and Ms. Conn has been focused on bringing Ms. Barrett up to speed, along with re-engaging hospitals as necessary and engaging with hospitals that are not participating in order to enroll them in the program. AIM is a data-based quality improvement initiative through Health Resources and Services Administration (HRSA). The major update is AIM, previously run by both HRSA and American College of Obstetricians and Gynecologists (ACOG), is now only run by HRSA. This change occurred due to ACOG no longer accepting federal funds, and, as a result, withdrew as the primary technical support of the AIM program. The ACOG certified and approved bundles are still available, and their website is still active. A new vendor will be taking over the technical assistance of AIM.

Ms. Conn invited any hospital in attendance who was not actively participating with AIM to reach out to herself or Colleen Barrett for assistance with enrollment or reengagement.

MMRC update: Next year's focus is on legislative facing report which will be worked on throughout spring and summer, then placed through internal review process and sent to Minority Health and Equity Committee for review. The final copy will be presented to the board and published on the website by the end of 2026.

Ms. Conn stated she would be happy to respond to questions on any of the updates provided before moving onto the longer Title V presentation.

Dr. Brill called for questions from anyone on the call and asked for the date of the next Maternal Mortality Review Committee meeting.

Ms. Conn responded meeting dates are currently in the process of being scheduled, and the next meeting should occur in February.

Dr. Brill asked if there were any vacancies on the board.

Ms. Conn confirmed board vacancies, with a current recruitment in process. Request for application was sent out at the last meeting, resulting in one new member and additional new member packets routing. Appointments are in process of being made by the Director. Ms. Conn highlighted the benefits of registering for the MCHAB Listserv and explained it is utilized to announce request for applications when board vacancies occur.

Dr. Brill provided comment as a member of ACOG, speculating the reasoning behind the decision to not accept federal funding may be related to political climate and threats of fund withdrawals which may limit ability to host the AIM program. His comment is not for or against; he wanted to provide context in the reason behind the decision.

Ms. Conn reintroduced the Title V Program, including Colleen Barrett, to review the slides for the Title V MCH Program presentation.

Ms. Conn spoke on the Title V needs assessment, which is a requirement by HRSA and the key to setting the state plan priority measures every five (5) years for the MCH Program. Part of the presentation will go over the 2025 needs assessment, what has changed since 2020, what the new priority measures will be for 2025 through 2030, in addition to a highlight overview of program accomplishments within the last program cycle.

Colleen Barrett introduced herself as the State Systems Development Initiative (SSDI) Manager.

Ms. Conn reviewed the slide for Division of Public and Behavioral Health including mission, purpose, and vision. She then outlined where Maternal, Child and Adolescent Health (MCAH) section is housed within the Bureau of Child Family and Community Wellness. All programs covered under the MCAH umbrella were reviewed and briefly discussed. The Title V Program and populations covered were outline to include: Maternal and Infant Program (MIP), Children with Special Healthcare Needs (CSHCN), Adolescent Health and Wellness Program (AHWP), Rape Prevention and Education (RPE) Program, MCH Epidemiology, Fiscal support, and SSDI.

Ms. Conn highlighted the Tile V Programs and partners, their functions, and their successes:

- Cribs for Kids, operated through Dignity Health, distributed 483 Safe Sleep Survival Kits and associated education across the state.
- Northern Nevada Public Health (NNPH) Foundation Fetal Infant Mortality Review reviewed 42 cases in Federal Fiscal Year 2024.
- The Statewide MCH Coalition distributed 1,303 “New Mama Care Kits” in Southern Nevada and distributed resources for Title V priority populations.
- Division of Public and Behavioral Health (DPBH) Community Health Services Provided wellness screenings and education to 83 adolescents.
- Yoga Haven reached 2,158 through 518 Trauma-Informed yoga classes held at 10 school sites.
- Nevada 211 call specialists responded to 81,562 inquiries with 2.4% being from someone pregnant or residing in the household of a pregnant person. Of those callers, 59% were pregnant, with 34.4% in the first trimester, 34.1% in the second trimester, and 31.4% in the third trimester.
- Carson Health and Human Services provide wellness screenings and education to 83 adolescents and used the Spak Training to deepen provider understanding of minor consent laws through a youth-friendly lens.
- Family Navigation Network processed 226 family and 15 professional initiated cases through bilingual toll-free hotline.
- The Children’s Cabinet Nevada Pyramid Model Partnership completed 615 Ages and Stages Social-Emotional Questionnaires development screenings in participating school districts.
- The Nevada Coalition to End Domestic and Sexual Violence provided cross training workshops for the prevention of relationship abuse un young adults with developmental disabilities and developed infographics to increase awareness of local community-based organizations offering resources.

Ms. Conn turned the presentation over to Ms. Barrett.

Ms. Barrett reviewed the results of the 2026 - 2030 Nevada Title 5 MCH Block Grant Needs Assessment. DPBH contracted with Alterum, a nonprofit public health research organization, to assist with completion of this assessment. Data was collected through epidemiological resources and community input to establish the State of Nevada's current health and identify the top priority needs of the MCH populations. Data sources include Vital Records, the Pregnancy Risk Assessment and Monitoring Systems (PRAMS), the National Survey of Children's Health and Behavioral Risk Factor Surveillance System, results of both MCH population domain and community listening sessions, focus groups, key informant interviews, and an online survey.

Participants in these sessions were as follows:

- Domain Listening Sessions: 28 participants
- Community Listening Sessions: 70 participants
- Focus Groups: 24 participants
- Key Informant Interviews: 18 MCH Leaders
- MCH Survey, 226 respondents

A summary of identified needs and priorities obtained was then shared with policy makers, program administrators, service providers, and community members as foundation for creation of an action plan.

Ms. Barrett compared the 2020 – 2025 priorities to the newly established 2026 – 2030 priorities.

Removed priorities:

- Improve preconception and interconception health among women of childbearing age.
- Increase developmental screening.
- Improve care coordination.
- Increase transition of care for adolescents and children with special health care needs.

Newly established priorities:

- Improve access to prenatal care and maternal health services.
- Increase the number of women that receive recommended clinical care components at the postpartum visit and appropriate referrals.
- Increase access to affordable nutritious foods among school age children.
- Increase physical activity among school age children.
- Improve access to resources and services around sexual health and reproductive health.

Carried over priorities:

- Increase breastfeeding rates among mothers.
- Increase safe sleep practices.
- Reduce substance use during and after pregnancy.
- Promote a Medical Home.
- Increase referrals and appropriate care for adolescents.

Ms. Barrett reviewed data trends based on federally available data and the State of Nevada. Links to all data may be found on the DPBH website.

The following were compared:

- Percent of pregnant people who received prenatal care beginning in the first trimester and the Nevada percent of change from 2013 and 2022
- 2022 percent of pregnant people who received prenatal care beginning in the first trimester based on health insurance characteristics
- 2023 Nevada Maternal and Child Health Indicators (Ex. Smoking – Pregnancy, Obesity in Ages 6 – 17 years, Preterm Birth, etc.)
    - A chart shows blue and red indicators. Blue indicates areas where Nevada is above the national average and red indicates where Nevada falls below the national average.
- Percent of pregnant people who received prenatal care beginning in the first trimester
    - Compared: Nevada (NV), United States (US), and Healthy People 2030 Objective
- Percent of pregnant people who received prenatal care beginning in the first trimester by race/ethnicity
- Percent of women who attend postpartum checkup within 12 weeks after giving birth
    - Compared: NV, US
- Percent of women who attend postpartum checkup and received recommended care components
    - Compared: NV, US
- Percent of women who attend postpartum checkup and received recommended care components by urban-rural residence
- Percent of women who attend postpartum checkup and received recommended care components by race/ethnicity
    - Compared: Hispanic, Non-Hispanic White Alone, Non-Hispanic Black alone
- Percent of Infants who are ever breastfed
    - Compared: NV, US
- Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months
    - Compared: NV, US
- Percent of infants placed to sleep on their backs
    - Compared: NV, US
- Percent of infants placed to sleep on their backs by race/ethnicity
    - Compared: Hispanic, Non-Hispanic White alone, Non-Hispanic Black alone
- Percent of infants placed to sleep on a separate approved sleep surface
    - Compared: NV, US
- Percent of infants placed to sleep without soft objects or loose bedding
    - Compared: NV, US
- Percent of children, ages 6 – 11, who are physically active at least 60 minutes per day
    - Compared: NV, US
- Percent of children, ages 6 – 17 who are obese (BMI at or above the 95th percentile)
    - Compared: NV, US
- Percent of children, ages 0 – 11, whose households were food sufficient in the past year (Range 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023)
    - Compared: NV, US

- Percent of children, ages 0 – 11, whose households were food sufficient in the past year by household income-poverty ratio
    - Compared: <100%, 100%-199%, 200%-399%, ≥400%
- Percent of children, ages 0 – 11, whose households were food sufficient in the past year by race/ethnicity
    - Compared: Hispanic, Non-Hispanic White Alone, Non-Hispanic Black Alone, Non-Hispanic Multiple Race
- Percent of adolescents, ages 12 – 17, with preventative medical visit in the past year
    - Compared: NV, US
- Percent of adolescents, ages 12 – 17, with preventative medical visit in the past year by adverse childhood experiences (ACEs)
    - Compared: None, 1 ACE, 2+ ACEs
- Percent of children with and without special health care needs, ages 0 – 17, who have a medical home
    - Compared: NV-all children, US-all children, NV-CSHCN, US-CSHCN
- Percent of children with and without special health care needs, ages 0 – 17, who have a medical home by health insurance
    - Compared: Private, Medicaid, Uninsured; NV, US
- Percent of children with and without special health care needs, ages 0 – 17, who have a medical home by race/ethnicity
    - Non-Hispanic White, Non-Hispanic Native Hawaiian or other Pacific Islander Alone, Non-Hispanic Native Hawaiian or other Pacific Islander, Non-Hispanic Multiple Race, Non-Hispanic Black, Non-Hispanic Asian, Non-Hispanic American Indian or Alaska Native, Hispanic, American Indian or Alaska Native Alone; NV, US
    - Note: there was no data for Non-Hispanic Native Hawaiian or other Pacific Islander Alone, Non-Hispanic Native Hawaiian or other Pacific Islander, Non-Hispanic Multiple Race, or Non-Hispanic American Indian or Alaska Native for Nevada
- Infant mortality rate per 1,000 live births
    - Compared: NV, US
- Infant mortality rate per 1,000 live births, 2020 – 2023
    - Non-Hispanic White, Non-Hispanic Native Hawaiian or other Pacific Islander Alone, Non-Hispanic Native Hawaiian or other Pacific Islander, Non-Hispanic Multiple Race, Non-Hispanic Black, Non-Hispanic Asian, Non-Hispanic American Indian or Alaska Native, Hispanic, American Indian or Alaska Native Alone; NV, US

Megan Lopez questioned Ms. Barrett as to why data did not exist for the Native Hawaiian population, since it's such a prominent community in Nevada?

Ms. Barrett speculated that the sample size may have been too small to account for and would make the data unreportable.

Ms. Conn added that this question was common in Nevada, and the same thing occurred with MMRC data confirming the data was too small to meet suppression criteria. For improved transparency, she explained when the number is zero (0), for example zero (0) deaths for MMRC, it will be reported as zero (0) instead of reporting the data was suppressed.

Ms. Barrett agreed and added the same approach was being with the data presented, also including American Indian and Alaska Native population data.

Ms. Conn clarified that staff are reviewing these populations during data surveillance and monitoring, even if they are unable to report on the data publicly.

Ms. Barrett resumed the presentation with the following data:

- Maternal mortality rate per 100,000 live births
  - Compared: NV, US
- Rate of severe maternal morbidity per 10,000 delivery hospitalizations
  - Compared: NV, US
- Rate of severe maternal morbidity per 10,000 delivery hospitalizations by complications
  - Compared: Other medical complications, other obstetric complications, sepsis complications, renal complications, cardiac complications, respiratory complications, hemorrhage complications; NV, US

Ms. Barrett reviewed acronyms used, then called for any questions.

Elika Nematian asked if new funding or programs would be introduced to help meet the newly identified needs outlined in the priorities section of the presentation.

Ms. Conn answered a Request for Application process was conducted in August and September to seek new or existing partners who would facilitate the new priority measures. New and existing partners have applied, and staff are working through the final steps of awarding funding. She clarified the State would still be interested in partnering with other partners throughout the state, but the funding aspect was completed for this current cycle.

Ms. Nematian asked how interested partners would currently apply.

Ms. Conn clarified there was no longer opportunity for additional partners to apply because the application process had already closed. Requests for Application open when priorities change. If the State were to receive additional funds or if a new partner is needed, staff would post requests for application on the DPBH website, announce through the MCHAB Listserv, and, if schedules align, announcements would be made during MCHAB meetings.

Ms. Nematian asked to clarify that applications are requested on a five-year timeline based on the needs assessment.

Ms. Conn concurred, explaining exceptions would be if the federal government awarded Nevada with additional funding, in which case, applications would be requested as described previously.

Ms. Nematian requested information be shared on the meeting on how to register for the MCHAB Listserv.

Ms. Conn noted that the link was in the agenda and would be posted in the meeting chat by Barbara Bessol.

Dr. Brill asked if there were any questions.

Ms. Bessol noted that Assemblywoman Tracy Brown-May had hand raised.

Assemblywoman Brown-May thanked the presenters for the information and noted its relevance. She shared February 17, 2026 has been identified as Maternal, Child, Fetal, Infant

Health Day by the Interim Committee on Health and Human Services and invited the MCHAB to participate. She asked for any relevant data to be provided for review, stating supporters will be present at both northern and southern legislative buildings.

Ms. Conn expressed happiness over a full day dedicated to this topic and stated staff would assist in providing anything needed for this event.

Dr. Brill thanked staff for the presentation and asked for confirmation on identification of the next agenda item.

Ms. Conn referred to Agenda Item 5, a presentation about Critical Congenital Heart Disease.

Dr. Brill progressed to Agenda Item 5.

Agenda Item 5

FOR INFORMATION ONLY: Presentation of Critical Congenital Heart Disease (CCHD) Reports and Updates

Ms. Conn introduced Cassius Adams, the Title CSHCN Coordinator, as the heads the CCHD surveillance program.

Mr. Adams requested Ms. Bessol to share the CCHD Presentation on screen.

Ms. Conn noted that Board Member Elika Nematian expressed the need to sign off in the meeting's chat. Quorum was not lost, and the meeting was able to continue.

Mr. Adams began his presentation of CCHD Program Highlights for the State of Nevada by briefly reviewing the program history along with explanation of the following new guidance:

- New screening algorithm
  - Passing oxygen saturation threshold of less than or equal to 95% in both pre and post ductal measurements
  - One retest as opposed to two after an infant fails a screen
  - A flow chart is provided
- Recommendation to collect a uniform minimum dataset to aid in surveillance and monitoring
- Recommendation to educate stakeholders in the limitations of screening, the significance of non-CCHD conditions, and the importance of protocol adherence.

Mr. Adams outlined the birthweight and gestation group data from 2022 and 2023. The data indicated a 33.3% increase in CCHD Ratees from 2022 and 2023, and term gestation and normal birthweight are predominant groups across both years.

The following is the 2023 screening overview:

- 27, 096 screens out of 31,514 annual births
- 27,049 passing screens
- 47 failed screens
- 4,418 not screened or unknown

Data for failed screens:

- Total failed screens: 47
- Failed first screen: 8

- Failed first screen, passed second screen: 3
- failed first and second screen: 20
- failed third screen: 8
- Passed first screen, failed second screen: 0
- Unknown: 8

Distribution of potential reasons why an infant may have not been screened:

- Admitted to the NICU: 3,849
- Received an echocardiogram: 1,659
- Infant died: 226
- Transfer: 173
- Parental objection: 25
- Missing screen/unknown:25

Mr. Adams stipulated the number of screenings doesn't necessarily equate to the number of infants screened, there are cases where infants may have been counted multiple times.

Statewide demographics were reviewed for births occurring in 2023, including ages of parents, gender of the infant and race/ethnicity and compared to the rate of annual births per 1,000 population.

The next slide shared provided CCD demographic results based on maternal race/ethnicity.

- Compared: American Indian Alaska Native Non-Hispanic, Asian Pacific Islander Non-Hispanic, Black Non-Hispanic, Hispanic, White Non-Hispanic, Other/Unknown/Missing

Mr. Adams identified the CCHD registry and DPBH Office of State Epidemiology are exploring a partnership with EpiTrax, data system currently providing comprehensive surveillance and outbreak management application for managing public health. EpiTrax allows agencies to identify, investigate and mitigate communicable diseases. Utilizing EpiTrax may provide a solution to better understand what happens to children with confirmed CCHD cases through data collection.

Mr. Adams reintroduced Family Navigation Network, their functions, and contact information.

Mr. Adams called for questions, but none were heard.

Dr. Brill thanked Mr. Adams for the presentation overview.

Ms. Bessol relayed Agenda Item 9 was next for possible discussion and action and referred to Dr. Brill.

Agenda Item 9

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

Dr. Brill requested to add a future agenda item to review the Centers for Disease Control and Prevention (CDC) vaccine policy changes and recommendations, to include the impact of these changes in Nevada.

Ms. Conn accepted the agenda item request, stating a summary could be provided of what has changed and asked Dr. Brill would like data to be included or just current rates in the state.

Dr. Brill clarified he would like data and commented he had recently received a notification that the CDC would no longer be making mandatory vaccination recommendations and would rely on doctor recommendations. It may be too soon in February, but would like to see how this affects Nevada and what data is presented.

Ms. Conn agreed to the request, confirming current data will be complied with a summary of changes.

Dr. Brill suggested possibility of sharing this information at the February 17 legislative meeting.

Dr. Brill asked the Board or anyone else on the call for consideration of other future agenda items.

Ms. Conn stated staff would reach out to reschedule all canceled presentations based on availability for presentation at future meetings. Dr. Brill confirmed.

Dr. Brill introduced Agenda Item 11.

Agenda Item 11

Second Public Comment Period

Dr. Brill called for public comment.

Assemblywoman Brown-May congratulated the Board on their perseverance despite attendance and quorum issues. She reiterated that maternal, child, fetal, infant health is a big focus for the Legislature members. There are number of members within the Interim Health and Human Services Committee looking to champion these issues as part of their platform. She noted areas of identified focus include nursing home visits, breastfeeding, access to infant health, safe transitions, birthrates, and vaccinations. She added there will be an opportunity to bring forward the issues that matter most to you. Copy of the slides of today's presentations were asked to be shared so the legislature can ask more informed questions and perhaps bring forward policy. She invited anyone who has knowledge of specific policies that need to be addressed in the State of Nevada to reach out to her, either as a Board or individually. Her email address and contact information are posted on the legislative website.

Dr. Brill thanked Assemblywoman Brown-May and stated the Board would do its best to work with her on this information, especially with the February meeting.

Megan Lopez asked if the Board had ever accepted topics on familial violence. She referenced a report on maternal health outcomes and the impacts of violence on people's ability to access care and leave relationships.

Dr. Brill deferred to Ms. Conn for response. Ms. Conn stated she could not recollect a particular presentation on such a topic in recent years. She suggested it was a good topic to bring to the Board and suggested when Ms. Lopez was ready to send Staff details for including in a future agenda.

Dr. Brill asked for any additional public comment. None was heard.

Agenda Item 12

Adjournment

The meeting was adjourned at 3:06 pm.

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

Agenda Item 4

Nevada Maternal Mortality Review Committee Legislative Breifs

NRS 442.137 Advisory Board on Maternal and Child Health: Purpose and objectives. The purpose of the Advisory Board is to advise the Administrator of the Division concerning perinatal care to enhance the survivability and health of infants and persons who are pregnant, are giving birth and have given birth, and concerning programs to improve the health of preschool children, to achieve the following objectives:

1. Ensuring the availability and accessibility of primary care health services;

2. Reducing the rate of infant mortality;

3. Reducing the incidence of preventable diseases and handicapping conditions among children;

4. Identifying the most effective methods of preventing fetal alcohol spectrum disorder and collecting information relating to the incidence of fetal alcohol spectrum disorders in this state;

5. Preventing the consumption of alcohol by women during pregnancy;

6. Reducing the need for inpatient and long-term care services;

7. Increasing the number of children who are appropriately immunized against disease;

8. Increasing the number of children from low-income families who are receiving assessments of their health;

9. Ensuring that services to follow up the assessments are available, accessible and affordable to children identified as in need of those services;

10. Assisting the Division in developing a program of public education that it is required to develop pursuant to NRS 442.385, including, without limitation, preparing and obtaining information relating to fetal alcohol spectrum disorders;

11. Assisting the University of Nevada School of Medicine in reviewing, amending and distributing the guidelines it is required to develop pursuant to NRS 442.390; and

12. Promoting the health of infants and persons who are pregnant, are giving birth or have given birth by ensuring the availability and accessibility of affordable perinatal services.

(Added to NRS by 1991, 2295; A 2003, 1360; 2021, 3434; 2023, 1748)

Agenda Item 5

An Introduction to the EMPOWERED Program

Problem/Associated Effect

Problem

- Drug-induced deaths are the leading cause of death for reproductive-age women in the U.S.
  - Surpasses motor vehicle accidents, gun violence & homicide

Associated effect

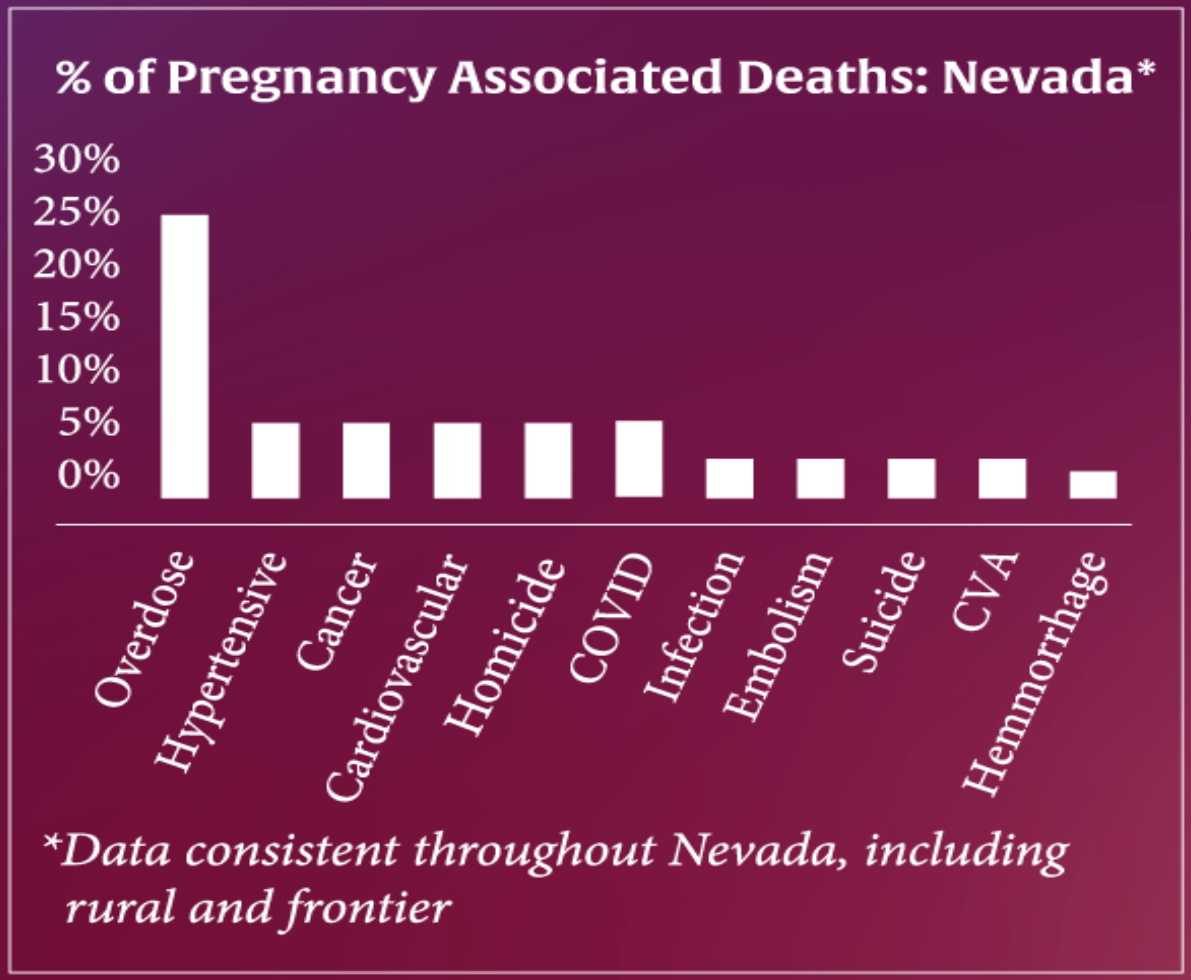
- NAS = Neonatal Abstinence Syndrome
  - Results from the sudden discontinuation of fetal exposure to substances that were used or abused during pregnancy

Centers for Disease Control and Prevention. Annual surveillance report of drug-related risks and outcomes—United States, 2017. In: Vol surveillance special report 1. Atlanta (GA): Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2017. 18.

Smid MC, Stone NM, Baksh L, et al.Pregnancy-Associated Death in Utah. Obstetrics & Gynecology. 2019;133(6):1131–1140. doi: 10.1097/ AOG.0000000000003279. 1

ASTHO Experts, States consider neonatal abstinence syndrome prevention and treatment. February 4, 2020

Nevada Trends in Women of Childbearing Age



Maternal Mortality Review Committee

Maternal Mortality & Overdose Rates

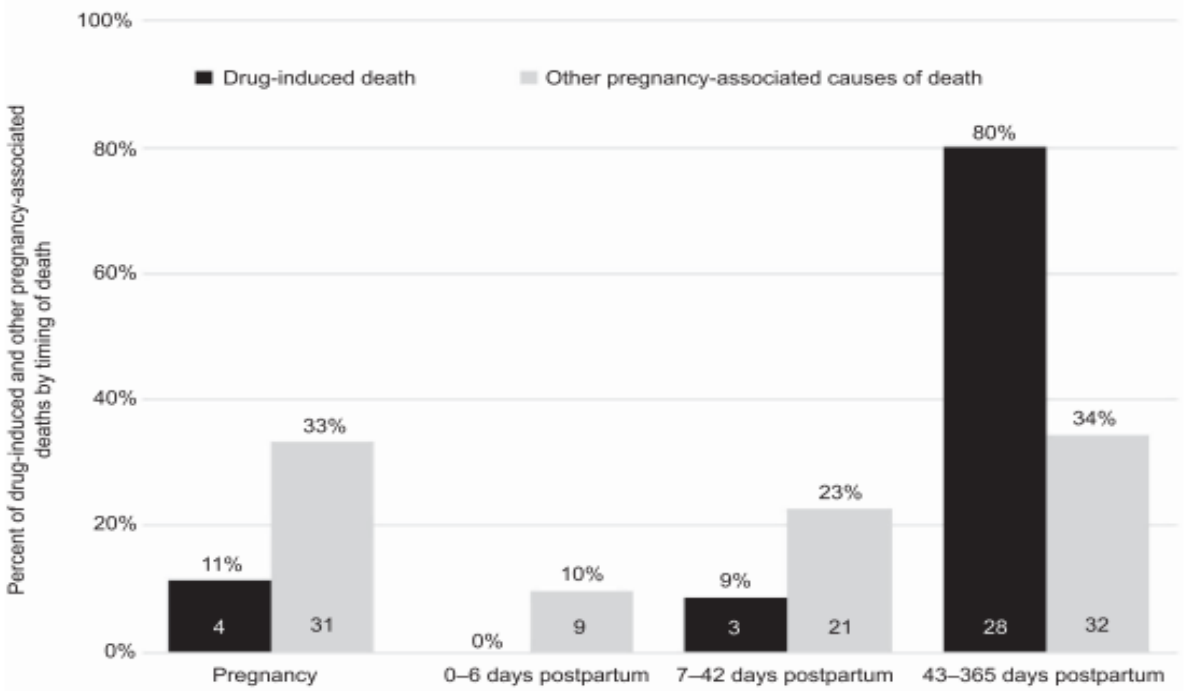


Fig. 1. Proportion of pregnancy-associated, drug-induced deaths vs all pregnancy-associated deaths, 2005–2014 (N=136).
Smid. Pregnancy-Associated Drug-Induced Deaths in Utah. Obstet Gynecol 2019.

How can we mitigate the effects of maternal substance use disorders and NAS?

Solution: EMPOWERED

Mission

EMPOWERED supports pregnant & postpartum individuals who use or have a history of using opioids and/or stimulants for any reason with a tailored, person-centered approach designed to empower individuals to be prepared for the birth of their infants & to thrive as a caregiver.

EMPOWERED: Core Services

Core Service	Intervention
Personalized Care Plans	Addresses the client's most urgent need & develops a personalized care plan which connects them to community resources to address the social determinants of health
Counseling Services	Individual and group therapy offered
Peer Support	Provides support from someone who has knowledge of substance use disorder from their own lived experience
Health Education & Community-Building Activities	Promotes overall wellness which helps prevent against relapse

Serving the following locations: Southern Nevada, Washoe County, Carson City, Storey County, Churchill County & Lyon County

EMPOWERED GO

Carson City- Lyon County- Churchill County

Mental Health Support

Screening

Access to medication

Crisis Support

Care Coordination Navigation

Collaboration with local hospitals, clinics, and community organizations to navigate community resources

Medication for an Opioid Use Disorder (MOUD)

Evaluation & diagnosis of opioid use disorder

Medication for OUD (MOUD), including buprenorphine

Linkage to inpatient and outpatient treatment programs

Questions…

Nevada Perinatal Health Initiative

Abigail Hatefi, Program Coordinator | Substance Use Prevention, Treatment and Recovery Services

February 6. 2025

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.

PHI History and Current Functioning

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

The PHI is a project within DPBH and has been ongoing since November 2018.

This Initiative aims to **improve outreach, identification, engagement, treatment, recovery, and support for pregnant/postpartum people and their infants, affected by substance use or mental health challenges**, using evidence-based interventions.

PHI Resources

Comprehensive Addiction and Recovery Act (CARA) Training:

- CARA Plan of Care Overview
- Roundtable Discussion
- Navigating Resources

Additional resources and materials on the DPBH website, including:

- CARA Implementation Summary
- Reference Guides
- Community resources

Strategic Plan Initiatives

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- ★ Increase the adoption of universal screening utilizing SBIRT for pregnant persons with problematic substance use
- Improve care coordination for pregnant persons with problematic substance use
- Decrease gaps in the continuum of care for pregnant persons with problematic substance use
- ★ Improve implementation of CARA Plans of Care
- Enhance infrastructure and operations to support successful implementation of Perinatal Health Initiative

PHI Transition Plan

Social Entrepreneurs, Inc. (SEI) has been contracted to provide project coordination and support for the PHI from 2018-2026.

Throughout 2026, DPBH and SEI will work to identify champions to sustain the PHI as SEI will be transitioning out of this support role. SEI will work with partners to implement priority strategies and will provide DPBH with a comprehensive plan to sustain the PHI.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

CONTACT INFORMATION

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NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

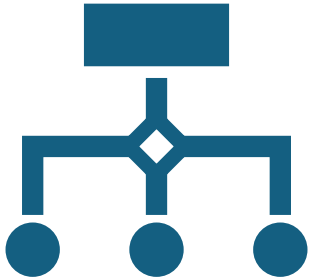
Agenda Item 6

Nevada Early Childhood Coordinated Intake & Referral System (NV EC CIRS) Workgroup

Executive Summary - 2024

What is an EC CIRS?

An Early Childhood Coordinated Intake and Referral System (EC CIRS) is a bi-directional platform that connects health care, early learning, and family support services partners to improve the health and well-being of young children and families.



A CIRS offers shared risk assessment and screening, real-time closed loop referral management, collaborative care coordination, standardized metrics, and data analysis and reporting functions.

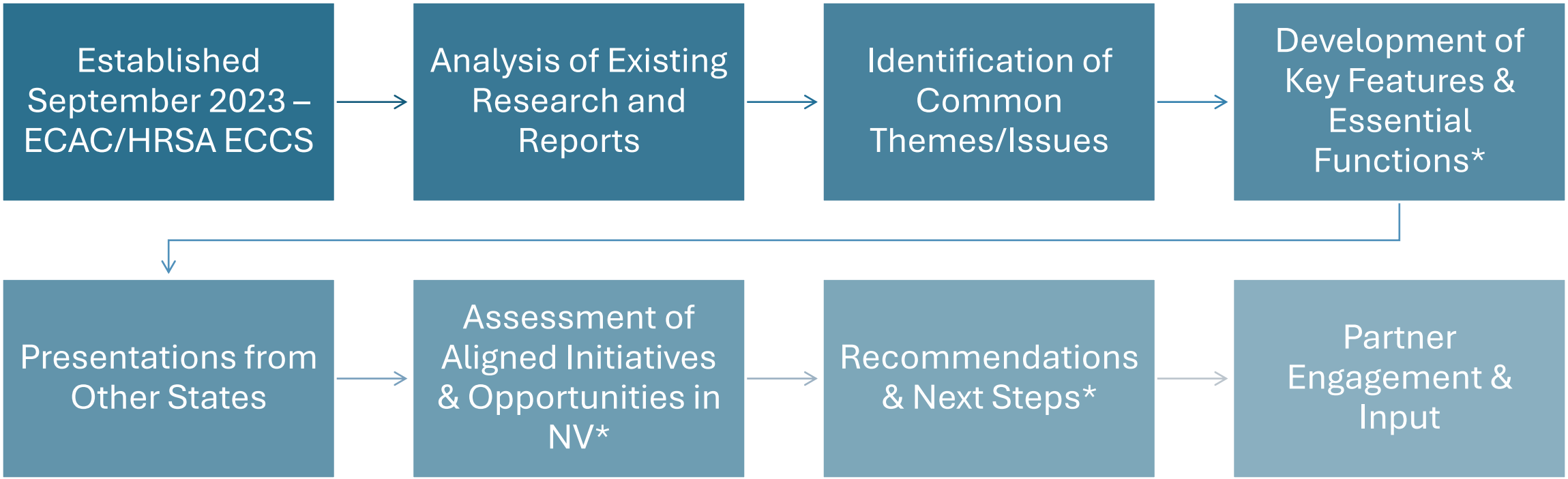
NV EC CIRS Workgroup

Vision:

Create a unified, user-friendly platform that facilitates seamless referrals, enhances communication across sectors, and ensures families have access to the resources they need to thrive.

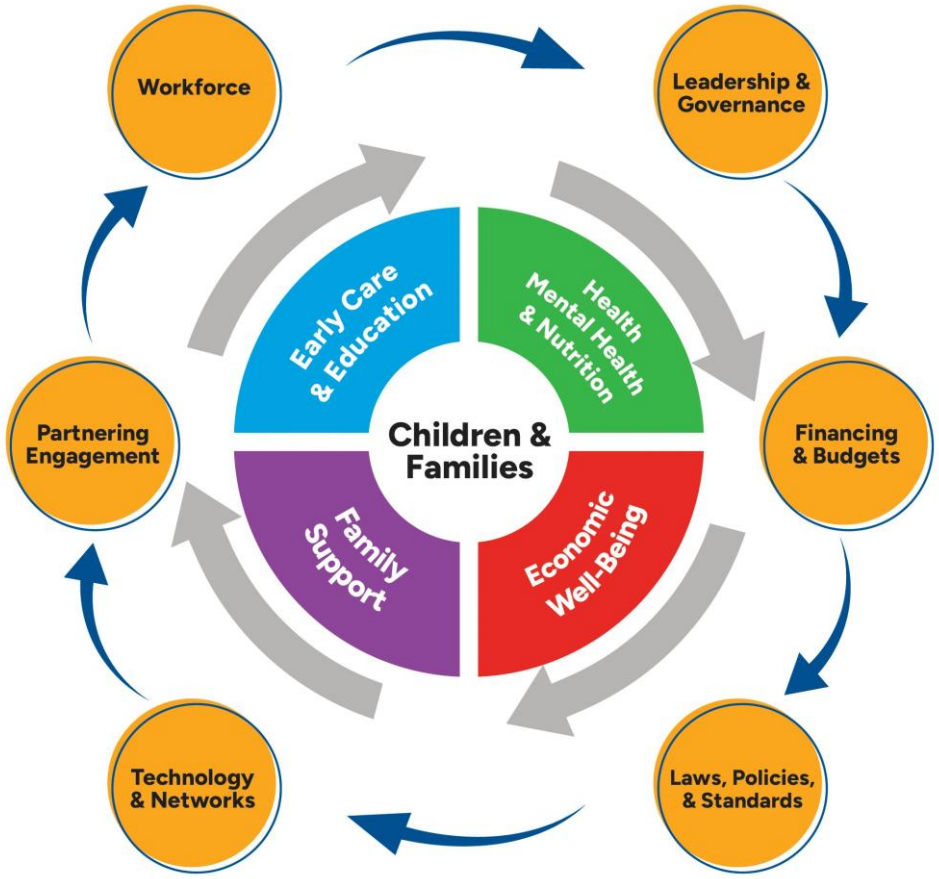
- Cross-Sector, Collaborative Initiative
- Improve Access for Families
- Improve Care Coordination & Service Delivery
- Reduce Barriers & Administrative Burdens
- Improve Data Collection & Data-Driven Decision-Making

NV EC CIRS Workgroup



Benefits of an EC CIRs

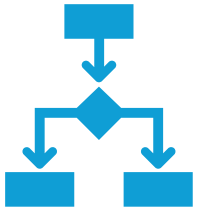
For Families:	Easier Access to Services – Single Point of Entry/No Wrong Door
	Faster Service Delivery – Real Time/Closed-Loop Referrals
	Comprehensive Support – Holistic Approach to Service Delivery
For Service Providers:	Improved Communication & Collaboration – Secure, Real-Time Data Sharing
	More Efficient Service Delivery – Reduces Redundancy/Overlap
	Data-Driven Decisions – Tracking Outcomes & Measuring Effectiveness



Key Features

Single Point of Entry – connect clients/patients with services based on their needs

Outgoing Referral Capability – send client/patient referrals to partner organizations electronically



Closed-Loop Referrals – receive information back about referral outcomes:

Referral Acceptance/Denials

Client/Patient Contact/Interaction

Receipt of Services

Need Resolution

Nevada EC CIRS Functionality Chart

Functionality	Description
Resource Directory	A searchable, regularly updated directory of community-based programs and services that can help address needs > Connect with Nevada 211 and First 5 Nevada > Program level information (v. organizational level information) > Align availability/access to geographic location, eligibility requirements and insurance status/provider
Referral Management	The ability to send electronic referrals to programs/services and to track referral outcomes (see "Closed Loop Referral" above) > Alerts/notifications to providers when new/relevant client information is added to record, including acceptance/rejection of referral, referral contact, receipt of services, and resolution of need
Privacy Protection & Data Security	> Compliance with HIPAA, FERPA, and other privacy regulations > Infrastructure employs best practice data security standards > Multi-factor authentication > End to end data encryption
Systems Integration	The ability to seamlessly move from the referral platform to the electronic health record and vice versa, and to automatically transfer data between the two systems > Alerts/push notifications to providers when new/relevant client information is added to record

Nevada EC CIRS Functionality Chart

Functionality	Description
Care Coordination/ Case Management	Longitudinal needs and care tracking, ability to define care goals and see referrals, services and other activities
Reporting and Analytics	> The capacity to analyze social needs screening and referral activities and outcomes, including completion rates and turnaround time from service request to service delivery > The capacity to run reports identifying service and/or access gaps to meet identified needs > Individualized reports accessible by client/patient and connected providers > Grant specific reporting & performance metrics (need to identify)
Social Needs & Developmental Screening	Social Needs/Risk Assessment Screening Tool integrated into system to identify social determinants > Record/store responses in client record in system, with ability to share across providers (opt-out function) > AI integration with search function to have relevant programs/services automatically generated upon completion Developmental Screening Tool integrated into system to assess milestones and potential needs for young children > Record/store responses in client record in system, with ability to share across providers (opt-out function) > AI integration with search function to have relevant programs/services automatically generated upon completion

Nevada EC CIRS Functionality Chart

Functionality	Description
Vendor Capacity	The vendor's willingness and ability to tailor the product to the users' needs The perceived capacity of the vendor to provide the desired level of product support
Client Interface	> The ability to automatically prompt clients/patients to follow up with social service organizations they were referred to and display the history of patient interactions to better measure engagement > The ability of patients/clients to add information/responses to the platform and see their own information /history (client login capacity) > Mobile friendly platform that allows clients/patients to easily navigate the system (including completion of assessments) using a mobile phone/device

The Nevada EC CIRS Functionality Chart was modeled after the Key Functionalities table published in the SIREN report: Community Resource Referral Platforms: A Guide for Health Care Organizations, 2019.

Aligned Initiatives/Opportunities

NV HRSA Grants/Initiatives:

- Early Childhood Comprehensive Systems (ECCS) Health Integration Grant – The Children's Cabinet
- Infant/Toddler Court Program – Safe Babies Nevada - DCFS
- Integrated Maternal Health Services Program (IMHS) – Comagine Health

Aligned Initiatives/Opportunities

- Preschool Development Grant Birth -5 (PDG B-5) – NDE/OELD
- Early Childhood Community Health Worker Program – The Children's Cabinet
- Home Visiting Programs/MIECHV – DHHS/DPBH/MCAH
- Nevada Early Childhood Advisory Council (Nevada ECAC)
- Child Care Resource & Referral Case Management – The Children's Cabinet

Aligned Initiatives/Opportunities

- No Wrong Door/Access Nevada – DHHS
- Unite Us
- First 5 Nevada/Primeros 5 Nevada – The Children's Cabinet
- CARA Open Beds Platform – DHHS
- Nevada 2-1-1

Recommendations & Next Steps

Share Executive Summary with Key Stakeholders

Facilitate Presentations & Discussions with Aligned Initiatives

Focused Pilot Project

Identify, Discuss & Secure Backbone Agency

Development of an RFI for System Development & Integration

Partnership Development

Identify Sustainable Funding Sources

Workplan and Quarterly Meetings of Workgroup

Questions/Contact

Denise Tanata

Early Childhood Systems Advisor

The Children's Cabinet

Email: dtanata@childrenscabinet.org

Tiffany Olivas

Early Childhood Comprehensive Systems Manager 2

The Children's Cabinet

Email: tolivas@childrenscabinet.org

Nevada Early Childhood Coordinated Intake and Referral System *(Nevada EC CIRS) Workgroup*

Executive Summary - 2024

Nevada Early Childhood Coordinated Intake and Referral System

(Nevada EC CIRS) Workgroup

Executive Summary - 2024

This Executive Summary presents the initial key findings and recommendations of the Nevada Early Childhood Coordinated Intake and Referral System (Nevada EC CIRS) Workgroup, a collaborative initiative established in September 2023 aimed at improving access to health, early learning, social services, and family support services for young children and their families in Nevada. In Nevada, as in many other states, young children and their families face challenges in accessing the array of services necessary for optimal health, development, and well-being. The complex network of providers—spanning healthcare, early childhood education, social services, and family support—often operate in silos, making it difficult for families to navigate and for providers to coordinate care.

The Nevada EC CIRS Workgroup was established to address these challenges by exploring opportunities to develop a coordinated intake and referral system that improves how services are delivered to families with young children. The vision of the workgroup is to create a unified, user-friendly platform that facilitates seamless referrals, enhances communication across sectors, and ensures that families have access to resources they need to thrive. The workgroup met monthly and included representatives from various Nevada state agencies and non-profit organizational partners that focus on the target service areas.

The NV EC CIRS Workgroup defines a **Coordinated Intake and Referral System (CIRS)** as a bi-directional platform that connects health care, early learning, and family support services partners to improve the health and well-being of young children and families. A CIRS offers shared risk assessment and screening, real-time closed loop referral management, collaborative care coordination, standardized metrics, and data analysis and reporting functions.

Why do we need a CIRS in Nevada?

A CIRS offers significant benefits to both families with young children and the health and social service providers supporting them. For families, a CIRS streamlines access to a wide range of services, ensuring that children and parents are connected to the right resources at the right time. By reducing the complexity of navigating multiple service systems, a CIRS helps families receive timely support for health, early learning, and family services, improving overall well-being and outcomes for children. For health and social service providers, a CIRS enhances collaboration and communication, enabling providers to work together more efficiently and effectively in meeting the needs of families. The system's real-time referral management and shared risk assessments help reduce service duplication, minimize gaps in care, and ensure that families receive comprehensive support. Additionally, the standardized data and reporting functions of a CIRS empower providers to track progress, measure outcomes, and continuously improve service delivery, ultimately strengthening Nevada's entire early childhood system.

Benefits of a Coordinated Intake and Referral System

A well-designed CIRS offers a range of benefits for both families and service providers:

For Families:

1.**Easier Access to Services:** A single point of entry to connect families to healthcare, early learning, and family support services, reducing the complexity of the service delivery system.

2.**Faster Service Delivery:** Real-time referrals and closed-loop referral management ensure that families receive timely access to services, reducing waiting times and avoiding delays.

3.**Comprehensive Support:** By ensuring that all providers involved in a child's care are communicating effectively, families benefit from a more holistic approach to service delivery.

For Service Providers:

1.**Improved Communication and Collaboration:** A CIRS enables providers to share relevant data in a secure, real-time manner, enhancing communication and ensuring that all parties are informed of a child's needs.

2.**More Efficient Service Delivery:** By reducing the need for multiple, redundant referrals, providers can focus on delivering the right services without unnecessary administrative burdens.

3.**Data-Driven Decisions:** The system's data-sharing capabilities allow for better tracking of outcomes, helping providers measure the effectiveness of their services and make adjustments as needed.

Analysis of Existing Research

The evolving concept of creating a Coordinated Intake and Referral System (CIRS) is fueled by developments in technology and data systems across a range of social service sectors. Research, development, and analysis of CIRSs has been most prevalent in the health care sector, recognizing the need of health care providers to connect patients with a broad array of social services to improve Social Determinants of Health . Five key reports were reviewed by the workgroup to garner an understanding of current developments and gain insight into the development of a CIRS.

1.*Community Resource Referral Platforms: A Guide for Health Care Organizations,* 2019

This report provides a comprehensive guide for healthcare organizations seeking to implement or optimize community resource referral platforms. It emphasizes the importance of connecting healthcare systems with social services to address social determinants of health. The report outlines key features of successful platforms, including integration with electronic health records (EHR), data security, and user-friendly interfaces. It also discusses challenges such as ensuring platform sustainability, engaging community partners, and addressing disparities in access to technology.

Source: Social Interventions Research & Evaluation Network (SIREN), University of San Francisco California - https://sirenetwork.ucsf.edu/tools-resources/resources/community-resource-referral-platforms-guide-health-care-organizations

[1] Social Determinants of Health (SDOH) are non-medical factors affecting health, like socioeconomics status, and geographic locations. Centers of Disease Control and Prevention (CDC) - http://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html

2.*A Guide to Referral Platform Vendors in Colorado,* 2021
This guide focuses on the landscape of community resource referral platforms in Colorado. It provides a detailed review of various vendors offering platforms for coordinating referrals between healthcare providers, social service agencies, and other community resources. The report compares the capabilities of different platforms, such as tracking referrals, integrating with existing health IT systems, and supporting data sharing. It aims to assist organizations in selecting the best platform for their needs and highlights the importance of aligning technology with regional goals for improving health equity and social services access.

Source: Mile High Health Alliance

3.*Community Information Exchange (CIE) in Oregon: Emerging Landscape, Key Concepts, and Future Needs,* 2020
This report from Oregon's HIT Commons explores the emerging role of Community Information Exchanges (CIEs) in improving the coordination of care across healthcare and social service systems. It introduces key concepts such as shared data standards, community-level data exchange, and the integration of health and social care. The report highlights challenges in building CIEs, such as establishing trust among stakeholders and ensuring data privacy. It also discusses the future needs for CIEs in Oregon, including enhanced infrastructure, ongoing stakeholder engagement, and the scaling of successful models to address social determinants of health on a broader scale.

Source: HIT Commons (Oregon Health Leadership Council and the Oregon Health Authority) - https://ohlc.org/wp-content/uploads/2020/12/HIT-Commons-CIE-Advisory-Group-Report-Final-Report-December-2020.pdf

4.*Social Determinants of Health Data Sharing at the Community Level*, 2021
This report examines the sharing of social determinants of health (SDOH) data among community-level partners, including healthcare providers, social services, and public health organizations. It outlines best practices for collecting, sharing, and utilizing SDOH data to improve population health outcomes. The report emphasizes the importance of data interoperability, privacy protections, and establishing data-sharing agreements among stakeholders.It also identifies challenges such as technical barriers, variations in state and local policies, and the need for a common framework for data exchange.

Source: Office of Assistant Secretary for Planning & Evaluation (ASPE), U.S. Department of Health and Human Services - https://aspe.hhs.gov/reports/social-determinants-health-data-sharing-community-level

5.*Snapshot of the Role of General Healthcare and Behavioral Healthcare Provider Outreach in Coordinated Intake and Referral Systems,* 2023
This report discusses the role of healthcare providers, both general and behavioral health, in the coordinated intake and referral (CIR) systems. It highlights the importance of integrating healthcare services with social and behavioral health resources to create holistic care pathways for individuals. The report examines how provider outreach can facilitate smooth referrals, increase system efficiency, and improve outcomes, particularly for individuals with complex health and social needs. It also discusses the challenges in coordinating between healthcare and behavioral health systems, including issues related to data sharing, confidentiality, and service availability.

Source: Association of Maternal & Child Health Programs (AMCHP) - https://achp.org/wp-content/uploads/2023/09/EC-Roadmap_Coordinated-Intake-and-Referral-Systems_Snapshot.pdf

Common Themes

- **Integration of Social Services and Healthcare:** All reports emphasize the need for better coordination between ealthcare systems and social services to address social determinants of health (SDOH).
- **Technology and Data Sharing:** A major focus is on leveraging technology, particularly referral platforms and data exchanges, to streamline service connections and improve access to resources.
- **Challenges and Barriers:** Common challenges include technological interoperability, data privacy concerns, lack of standardization, engaging stakeholders across diverse sectors, and sustainable, dedicated funding.
- **Future Directions:** The reports collectively suggest that further development in infrastructure, collaboration, and scaling successful models are crucial for improving health outcomes at the community level.
- **Improving Access:** Ensuring that families can easily navigate and access the services they need, including healthcare, early childhood education, and family support.
- **Enhancing Coordination:** Creating a system that allows providers to share information and collaborate effectively on behalf of families.
- **Streamlining Processes:** Simplifying the referral process and eliminating barriers that prevent families from receiving timely care and services.
- **Improving Outcomes:** Ensuring that young children and families receive the right services at the right time, leading to improved health and development outcomes.

The **Association of Maternal & Child Health Programs (AMCHP)** survey of state-level early childhood involvement in the development, implementation, and maintenance of coordinated intake and referral systems (CIRS) in 2023 included the following key findings and recommendations:

Why is this important?

- *The ongoing COVID19 pandemic has caused a crisis for overall child development and the mental health of children and their caregivers, making the presence of a well-coordinated, easily accessible system of early childhood services more critical than ever.*
- *Access to and awareness of existing early childhood services are not always equitable. A CIRS should strive for equity in all programmatic factors of its services.*
- *A child's general health, cognitive development, and socio-emotional development cannot be separated from one another. CIRS help to connect children to essential general and behavioral healthcare providers.*

The Power of Partnerships

"We need to work together and collaborate together as a system."

"[We are] trying to do more integrated healthcare so [we have] behavioral health embedded within primary care. It's easier to get somebody into our primary care doctor than it is to get them into specialized behavioral health services, so we are trying to do more of an integrated system."

"Our biggest selling factor for the services is the closing of that referral loop. The referral system, when it works, will be loaded statewide essentially with everything."

"Everyone goes to the same place... We screen the family with a holistic look. It's not just about prenatal care or the child development, but also everything else that's going on in the family...Our data system is detailed on the coordinated referral piece...We are able to track all way to the end."

Source:
https://amchp.org/wp-content/uploads/2023/09/EC-Roadmap_Coordinated-Intake-and-Referral-Systems_Snapshot.pdf

Key Features and Essential Functions of a Nevada EC CIRS

The Nevada EC CIRS Workgroup developed a list of key features and essential functions for an optimal CIRS in Nevada:

- **Single Point of Entry** to connect clients/patients with services based on their needs, including linguistic/language needs
- **Outgoing Referral Capability:** the ability to send client/patient referrals to partner organizations (health care providers, early learning providers, and/or social service providers) electronically
- **Closed-Loop Referral:** the ability to receive information back from the partner organization (or in some cases the client/patient) about the outcomes of the referrals:
  - Referral acceptance – whether the receiving organization accepted the referral, or if not, why not
  - Client/patient contact – whether the receiving organization and the patient/client interacted, or if not, why not
  - Receipt of services – whether the client/patient received help from the organization; if yes, what kind; or if not, why not
  - Need resolution – whether the need that triggered the referral was resolved (or is in the process of being resolved), or if not, why not

Nevada EC CIRS Functionality Chart

Functionality	Description
Resource Directory	A searchable, regularly updated directory of community-based programs and services that can help address needs > Connect with Nevada 211 and First 5 Nevada > Program level information (v. organizational level information) > Align availability/access to geographic location, eligibility requirements and insurance status/provider
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Privacy Protection & Data Security	> Compliance with HIPAA, FERPA, and other privacy regulations > Infrastructure employs best practice data security standards > Multi-factor authentication > End to end data encryption
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Vendor Capacity	The vendor's willingness and ability to tailor the product to the users' needs The perceived capacity of the vendor to provide the desired level of product support
Client Interface	> The ability to automatically prompt clients/patients to follow up with social service organizations they were referred to and display the history of patient interactions to better measure engagement > The ability of patients/clients to add information/responses to the platform and see their own information /history (client login capacity) > Mobile friendly platform that allows clients/patients to easily navigate the system (including completion of assessments) using a mobile phone/device

The Nevada EC CIRS Functionality Chart was modeled after the Key Functionalities table published in the SIREN report: Community Resource Referral Platforms: A Guide for Health Care Organizations, 2019.

Other State Examples

The Nevada EC CIRS Workgroup received presentations from two other states, New Jersey and Tennessee, that have developed and/or in the process of developing coordinated intake/referrals systems specific to the early childhood population. The table below provides a brief summary of each program.

New Jersey	**Connecting New Jersey**	https://www.nj.gov/connectingnj/

Summary: Connects New Jersey families - moms, dads, newborns, teens, young adults, and grandparents - with the best health and social resources available in their local community.

Key Features:

- Connecting NJ utilizes a county-based, single point-of-entry system that simplifies and streamlines the referral process for obstetrical and prenatal care providers, community agencies, and families.
- Links families to publicly funded health insurance that includes coverage for doctor visits, prescriptions, vision services, dental care, mental health and hospitalization if needed.
- Direct referrals to community doulas who provide culturally competent, emotional and social support to pregnant moms before, during, and after pregnancy.
- Partners with Home visiting programs which provide community- based education and in-home support to parents.
- Services are provided online, as well as in community through partnerships with community-based lead agencies (Southern NJ Perinatal Cooperative, Partnership for Maternal & Child Health of Northern NJ, Acenda Integrated Health, Prevent Child Abuse NJ, etc.)
- Online portal provides specific resources, support and services based on the needs of individuals and families. Information is provided to families, and they are connected with local agencies through Connecting NJ and/or directly to supportive services.
- New Jersey Senate Bill 3406 requires all medical practitioners working with pregnant individuals to screen uninsured or those receiving government-sponsored to complete a health and risk screening during initial visit and again during the third trimester. Screening results are share with regional Connecting NJ partner offices for follow up and connection with supports to strengthen the health of the mother and baby.

Tennessee	**Tennessee Early Connect**	**Joana Rosales, TN Dept of Health – joana.rosales@tn.gov**

The purpose of Tennessee Early Connect (TEC) is to improve access to and enrollment in MIECHV-funded home visitation and related supportive services for pregnant people with complex social and health-related needs in Tennessee.

Key Features:

- Connects expectant parents and parents of young children with (Early Success Coalition Network) home visiting services conducted by a designated support person, typically a trained nurse, social worker, or early childhood specialist
- Home Visiting services are free to the family, voluntary and in the family's home or at a location of their choice.
- Home Visiting programs provides supports for parents to enhance the child-parent relationship
- Partners with multiple partners throughout the state: Health Families Tennessee, Maternal Infant Health Outreach Worker, Nurse Family Partnerships, Parents As Teachers.

Current Initiatives and Opportunities for Alignment in Nevada

Current initiatives across the state, including collaborative efforts among social service organizations, maternal and child health, and early education programs, present unique opportunities for establishing an aligned and coordinated system. By leveraging existing programs and identifying gaps, Nevada has the potential to create a more efficient, responsive system that supports the well-being and development of young children and their families. The NV EC CIRS Workgroup has identified the following initiatives, projects, and programs that have an identified CIRS or CIRS-related focus, goal, or priority.

HRSA Definition of "Coordinated Intake and Referral System" *– A CIRS is a single place or process (centralized system), or set of interconnected processes, through which an individual or family seeks information and supports, screening health to identify specific needs, and facilitators generate referrals to programs and services that are the best fit for those needs. CIRS also connect families to services and facilitate care coordination and other information exchange across service providers/organizations. CIRS often carry out common shared tasks across organizations, including community outreachand recruitment, screening and assessment, determination of fit, and referrals to comprehensive services. They vary in scope and reach and may be housed either within one central entity that screens and refers all individuals or throughout various agencies with connected referral systems.*

>HRSA Early Childhood Comprehensive Systems (ECCS) Health Integration Grant – The Children's Cabinet

The overall purpose of the HRSA ECCS grants are to build integrated maternal and early childhood systems of care that are equitable, sustainable, comprehensive, and inclusive. Goal #3 is to increase the capacity of health and early childhood systems in Nevada to deliver and effectively connect families to a continuum of services that promote early developmental health and wellbeing, beginning prenatally. HRSA ECCS grantees, including Nevada, are required to "advance and improve participation in and use of CIRS and otherwise strengthen coordination between health systems and early childhood, child welfare, ad human services and family support services."

>Infant/Toddler Court Program - Safe Babies Nevada – Division of Child & Family Services

Goal #2 of the HRSA Infant/Toddler Court ProgramStatewide Expansion grant is to strengthen meaningful connections with diverse and multi-sector partnerships to promote communication and coordination of efforts to ensure that strategic planning, workforce development, and training are in alignment with and supportive of the promotion of equity, holistic family support, well-being, and protective factors with a public health lens within the population of infants, toddlers, and their families. Objective #2.3 is to engage and support the Early Childhood Comprehensive Systems' strategic plan to develop a "centralized intake and referral system".

>Integrated Maternal Health Service Program (IMHS) – Comagine Health

Through various partnerships, the IMHS goal is to improve maternity care for pregnant people in Clark County by integrating the Maternity Medical Home (MMH) model with the Southern Nevada Pathways Community HUB (SNPCH) to provide a comprehensive and culturally responsive program that addresses the gaps and care silos that currently exist. The aim of this integration is to increase entry into prenatal care in the first trimester by creating a centralized "no wrong door" approach.

>***Preschool Development Grant Birth - 5 (PDG B-5)*** – Nevada Department of Education, Office of Early Learning & Development

Bonus Area 1 focuses on Coordinated Application, Eligibility, and Enrollment. Nevada proposed developing application practices that promote family choice and access to high-quality ECCE settings by minimizing paperwork burdens on families, simplifying application processes, promoting stability and continuity of care, and increasing use of contracts for program access. This project works to streamline and reduce administrative burden and manual tracking of information within our CCR&R agencies. Alignment of data systems between our CCR&R agencies gives the agencies the ability to track and report on data in real time, providing comprehensive case management, shared data standards between agencies, and allow for focus on both child and family outcomes. Systems will be connected to the ECCE website and virtual child care hub, nevadachildcare.org., implement a coordinated application, eligibility and enrollment process that will streamline enrollment for families who may be eligible for one or more programs or services, and more efficiently use public funds across programs.

>***Early Childhood Community Health Worker (EC CHW) Program*** – The Children's Cabinet

The ECHW links children ages 0-5 enrolled in child care programs (as well as early childhood education staff and their families) with access to health care and preventative services using a case management model. EC CHW's manage case notes and referrals that do not link with critical systems of care for young children.Use of a CIRS would benefit and strengthen the level of support offered to families using EC CHW services.

>***Child Care Resource & Referral Wraparound Case Management*** – The Children's Cabinet and Las Vegas Urban League

Subsidy Wraparounds Case Managers assist clients with intense referral needs in addition to assisting with subsidy eligibility. The Wraparound Case Manager assists clients with any eligibility requirements, referrals to outside agencies, and will follow-up to ensure the client's needs are met. Use of a CIRS would strengthen the referral process for case managers and ensure families are getting their needs met.

>***Home Visiting Programs*** – Maternal, Child, and Adolescent Health

Home Visiting Programs, particularly the three evidence-based programs funded through the federal MIECHV (Maternal, Infant, and Early Childhood Home Visiting) grant provide in-home services to expectant mothers and families with children up through kindergarten entry. A key feature of the program is to screen families and refer to other community based resources, as needed. A CIRS would assist home visiting programs with providing these referrals and coordinating service delivery with other community based organizations.

>***Nevada Early Childhood Advisory Council (NV ECAC)*** – The Communications & Engagement

Subcommittee of the Nevada Early Childhood Advisory Council (NV ECAC) is essential for enhancing connections within the early childhood system. They focus on Goal 3: Increasing Capacity to Equitably Connect Families with the continuum of care and the broader community.

In addition to the various early childhood initiatives, projects, and programs outlined above, the NV EC CIRS Workgroup has identified several current and/or emerging resources that may be aligned with the development or integration of a CIRS for the early childhood population. The purpose of exploring these resources is to explore potential opportunities to align and coordinate resources to minimize duplication of efforts and to streamline efforts among both public and private partners serving the same or similar populations.

>***No Wrong Door –*** NV Department of Health and Human Services (DHHS)

Although the NV CIRS Workgroup is awaiting a formal presentation, we are aware of a system currently under development by DHHS named "No Wrong Door" which is scheduled for launch in early 2025. To date, the NV EC CIRS Workgroup only has anecdotal information on this initiative and has requested a formal presentation to learn more about this system and how it may align and/or be a resource for the proposed EC CIRS.

>***CARA Open Beds Platform –*** Division of Welfare & Supportive Services (DWSS)

In October 2023, the NV CIRS Workgroup received a presentation on the NV Openbeds Platform which is administered by the Nevada Recovery Friendly Workplace Initiative in DWSS. The Openbeds platform serves as a referral management tool to identify substance use disorder treatment facilities and related services. Wrap around services are also provided through Nevada 2-1-1 and Unite Us.

>***Unite Us***

Unite Us is a national coordinated care network system with a presence in Nevada, Unite Nevada. The system provides intake, screening, and referral functions for network members consisting of healthcare, government, nonprofit and other organizations. Local "sponsors", as identified on the Unite Nevada website, include Health Plan of Nevada, Community Health Development Foundation, and Genoa Healthcare. The NV EC CIRS Workgroup will be requesting a presentation from Unite Nevada in 2025 to learn more about this system.

>***First 5 Nevada/Primeros 5 Nevada –*** The Children's Cabinet

First 5 Nevada was launched in April 2024 through funding from the Division of Welfare and Supportive Services, Child Care and Development Program, and the NV Department of Education's Preschool Development Grant. This campaign includes a comprehensive website and eligibility portal which screens families to identify which early childhood programs and services they may qualify for. The site currently only provides information /links to these programs, but would like to expand to provide universal applications and/or referrals through an integrated CIRS.

>***Nevada 2-1-1***

Nevada 2-1-1 provides information and referrals to health, human, and social service organizations throughout the state of Nevada. The system currently operates as an electronic resource directory and does not have the functionality of a CIRS. The NV CIRS Workgroup will be requesting a presentation with Nevada 2-11 soon to learn more about the platform, plans to expand or enhance service delivery, and potential alignment with the NV EC CIRS efforts.

Recommendations and Next Steps for the NV EC CIRS Workgroup

The NV EC CIRS Workgroup has developed a series of recommendations and next steps aimed at advancing the alignment of early childhood services in Nevada through a coordinated intake and referral system. The following actions are critical for the successful development and implementation of the system:

>>The Executive Summary will be shared with key stakeholders to ensure broad engagement and support. Nevada EC CIRS members will facilitate discussions and presentations to solicit input and feedback from relevant agencies, organizations, and advisory groups, including those community based organizations who serve or represent impacted populations.

>>Solicit and facilitate presentations and discussions from other organizations, agencies, or coalitions to learn more about potentially aligned initiatives to assess current capacities and identify opportunities for alignment, coordination, and/or collaboration.

>>Develop and implement a plan for a focused pilot project to test the alignment of existing programs, services, and resources, particularly those supported by First 5 Nevada. This pilot will serve as a model for broader implementation across the state.

>>Identify a state agency or department to serve as the backbone for the initiative. This agency will be responsible for ensuring cross-sector coordination and alignment, facilitating effective implementation of the system.

>>Support the development of a Request for Information (RFI) to determine the costs, capacity, and timeline required for implementing the coordinated intake and referral system. This will inform future decisions on resource allocation and project scope.

>>Actively seek out and cultivate partnerships with organizations and stakeholders critical to the success of the project. These partnerships will be essential for the development and execution of the pilot project.

>>Research and identify funding opportunities to support the pilot project, ensuring that sufficient resources are available for project development, implementation, and evaluation. By advancing these recommendations, the NV EC CIRS Workgroup aims to build a comprehensive, coordinated system that improves access to early childhood services across Nevada, benefiting children and families statewide.

For More Information:

The Nevada EC CIRS Workgroup is a public-private, cross-sector, collaborative initiative established to explore opportunities to develop a CIRS to meet the needs of Nevada's comprehensive early childhood system. The Children's Cabinet, through their Early Childhood Comprehensive Systems (ECCS) project, provides facilitation and support for the workgroup.

Please contact Denise Tanata at dtanata@childrenscabinet.org or Tiffany Olivas at TOlivas@childrenscabinet.org with any questions or to learn more about how to get involved with the Nevada EC CIRS Workgroup initiatives. This report is available online on The Children's Cabinet, ECCS website at https://www.childrenscabinet.org/early-childhood-comprehensive-systems/.

The Children's Cabinet

APPENDIX A: NV CIRS Workgroup Members

Disclaimer: The list below includes the names and organizational affiliations of individuals who participate in the NV EC CIRS Workgroup. The findings, statements, and recommendations in this report do not necessarily reflect the official views, opinions, or recommendations of any state agency, organization, or other public entity.

Name	Organization/Agency
Nayesdi Badillo	NV Department of Education - Office of Early Learning & Development
Jennifer Bevacqua	NV Division of Child & Family Services – Safe Babies Nevada
Brianna Cambra	The Children's Cabinet
Tami Conn	NV Division of Public & Behavioral Health – Bureau of Child, Family, and Community Wellness
Patrice Gardner	NV Department of Education - Office of Early Learning & Development
Danielle Holmes	The Children's Cabinet
Vickie Ives	NV Division of Public & Behavioral Health – Bureau of Child, Family, and Community Wellness
Nicole Kennedy	NV Division of Welfare & Supportive Services – Child Care & Development Program
Sharee Kessler	NV Division of Welfare & Supportive Services – Workforce Development
Rhonda Lawrence	NV Division of Child & Family Services – Infant & Early Childhood Mental Health, Safe Babies Nevada
Karissa Machado	NV Division of Public & Behavioral Health – Maternal, Child & Adolescent Health
Rachel Marchetti	NV Division of Public & Behavioral Health – Maternal, Child & Adolescent Health
Tiffany Olivas	The Children's Cabinet
Kate Pflughoeft	NV Department of Education - Office of Early Learning & Development
Chelsea Sliter	The Children's Cabinet
Maura Snyder	NV Division of Welfare & Supportive Services – Child Care & Development Program
Rachel Stepina	NV Department of Education – Office of Early Learning & Development
Denise Tanata	The Children's Cabinet (Consultant)
Anna Villatoro	The Children's Cabinet
Brooke Yarborough	NV Division of Welfare & Supportive Services – Child Care & Development Program
Michael Yoder	NV Division of Welfare & Supportive Services – Workforce Development

Agenda Item 7

University of Nevada Reno Extension
Clark County
Health and Nutrition
Early Childhood

Nevada Maternal and Child Health Advisory Board Meeting

Elika Nematian, MPH
Faculty, Extension Educator

UNR Extension Clark County Office

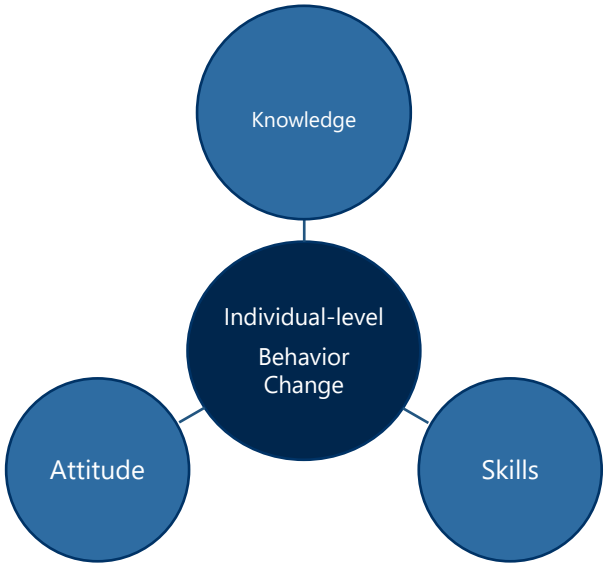
8050 Paradise Rd Suite 100, Las Vegas, NV 89123

Enematian@unr.edu Healthy Kids, Early Start

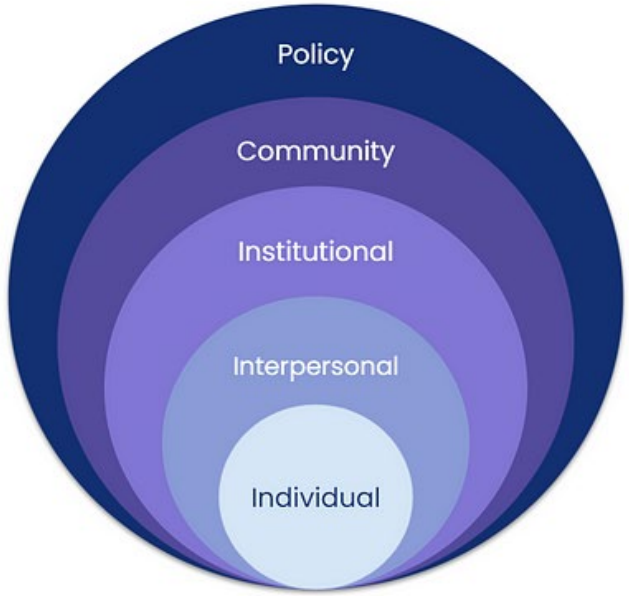
The aim of the **Healthy Kids, Early Start** program is to:

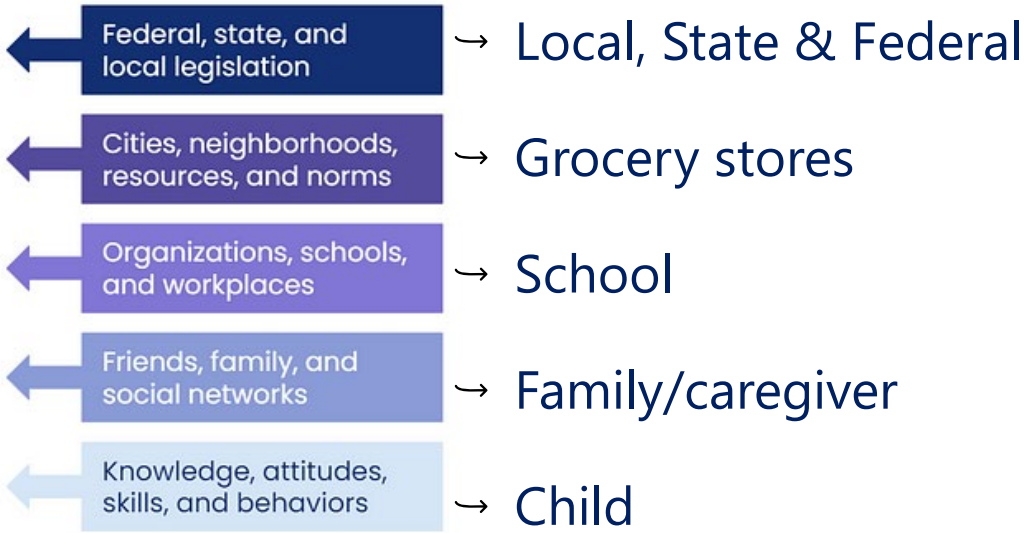
1) Increase fruit and vegetable consumption
2) Promote physical activity and physical literacy
3) Prevent and reduce the prevalence of obesity amongst children 3-5 years old

Grounded in the Social Ecological Model (SEM), the program advances behavior change and healthy environments across individual, family, organizational, community, and policy levels.



Public Health Approach





Social Ecological Model

Pillar 1: Nutrition Education and Physical Literacy & Activity Promotion

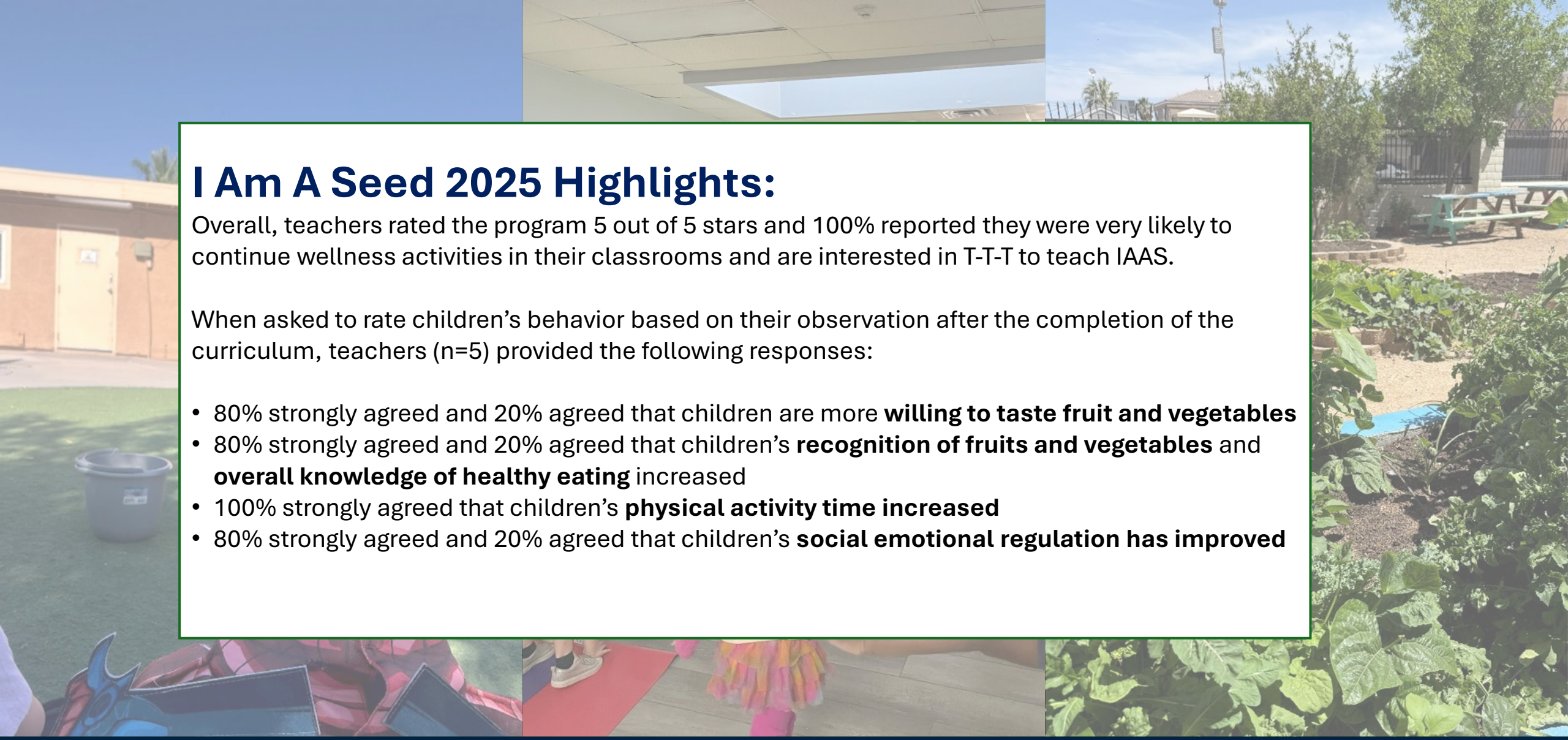
- Evidence-based & developmentally appropriate curricula for children

Pillar 2: Public Health Initiatives

- Workshops and resources for families and caregivers
- Professional development for teachers and directors
- Site-based public health assessments and individualized plan
- Community partnerships to address Social Determinant of Health

I Am A Seed Curriculum

A garden-based curriculum that centers on nutrition, the garden to table experience, and encourages activity by teaching yoga-like movements.



I Am A Seed 2025 Highlights:

Overall, teachers rated the program 5 out of 5 stars and 100% reported they were very likely to continue wellness activities in their classrooms and are interested in T-T-T to teach IAAS.

When asked to rate children's behavior based on their observation after the completion of the curriculum, teachers (n=5) provided the following responses:

- 80% strongly agreed and 20% agreed that children are more **willing to taste fruit and vegetables**
- 80% strongly agreed and 20% agreed that children's **recognition of fruits and vegetables** and **overall knowledge of healthy eating** increased
- 100% strongly agreed that children's **physical activity time increased**
- 80% strongly agreed and 20% agreed that children's **social emotional regulation has improved**

EARN-FS Community Workshop Series: Plan, Shop, Save

UNLV EARN-FS

The mission of the Early Responsive Nurturing Care for Food Security (EARN-FS) team is to identify pathways to increase access to existing health and nutrition services to reduce food insecurity levels. Housed in the School of Public Health at the University of Nevada, Las Vegas.

UNR Extension Workshop

Join us for an interactive workshop designed to help you make nutritious choices while sticking to a budget! This session will cover **meal planning strategies, smart grocery shopping tips, price comparison techniques, and how to read nutrition labels** to make informed food choices. Whether you're feeding a family or shopping for yourself, you'll learn practical skills to stretch your food dollars without compromising on quality or nutrition.

Expanded Food and Nutrition Education Program

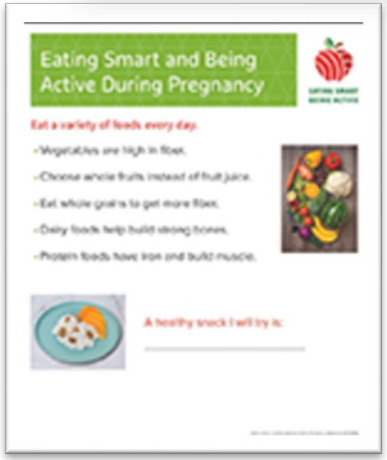
- Delivered nationwide through Cooperative Extension in all 50 states and 6 U.S. territories.
- In Nevada, EFNEP is offered through the University of Nevada, Reno Extension
- Provides free, evidence-based nutrition education to help individuals and families make healthier food and lifestyle choices
- **Focuses on parents, caregivers, and people who are pregnant, supporting maternal and family health**
- Group classes are available virtually and in person, in English and Spanish, to reach diverse communities

EATING SMART
BEING ACTIVE

FREE SUPPLIES

Upon completion* of the course, you will receive the following items:

- ✓ Cutting board
- ✓ Water bottle
- ✓ Grocery list
- ✓ Produce brush
- ✓ Cook-safe magnet
- ✓ Food & refrigerator thermometer
- ✓ Workout DVD
- ✓ Measuring spoons and cups
- ✓ Cookbook



Professional Development

Overview

- NRS 432A.1776/Childcare Licensing
- 24 hours of required training annually
- 2 hours in “Wellness” related to childhood obesity, nutrition, and physical activity
- Basic, Intermediate & Advance levels of training

2025 Highlights

- 5-question post-training survey was collected immediately after each training session
- 100% completion rate (n=55)
- Overall positive satisfaction, value, relevance, and applicability of the content to early childhood educators

Question	Responses (n=55)
The information presented during the training was relevant to my work as an early childcare provider	98% Agreed or Strongly Agreed
I gained new knowledge and skills related to the "wellness" requirements of childcare licensing	94% Agreed or Strongly Agreed
How likely are you to provide "wellness" activities in your classroom/center after attending this training?	92.2% Likely or Very Likely
The trainer created a positive learning experience, was well-organized and easy to follow	98% Agreed or Strongly Agreed

Tiny Moves, Tasty Bites: Cultivating Healthy Habits in the Early Years

This training prepares early childcare providers with foundational knowledge in child nutrition, physical activity, and obesity prevention. Participants will explore best practices for creating healthy environments, promoting movement, and supporting wellness in young children.

Site Assessment & Goal Setting

Child Nutrition

- Foods/Beverages
- Feeding Environment
- Feeding Practices
- Nutrition Education
- Policy

Outdoor play & Learning

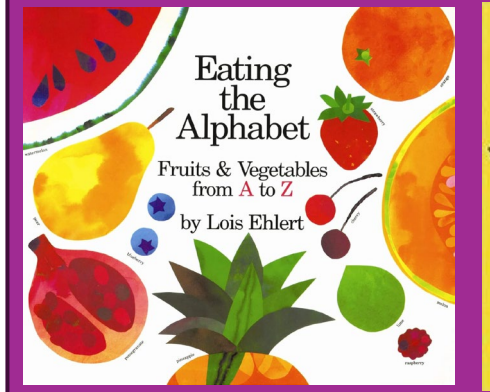
- Time provided
- Play environment
- Daily Practices
- Policy

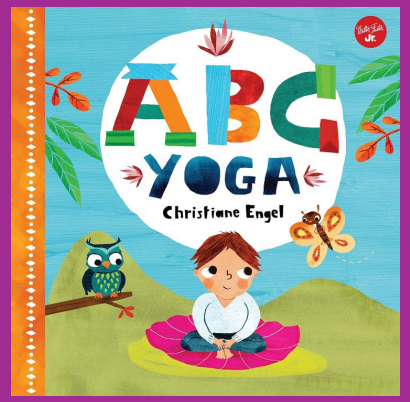
Farm to ECE

→

- Goals & Action Plans
- Resources
- Technical Assistance
- Monitoring & Evaluation

Examples of Resources





Healthy Libraries

Promote literacy and introduce children to a collection of age appropriate literature on a range of important health related topics

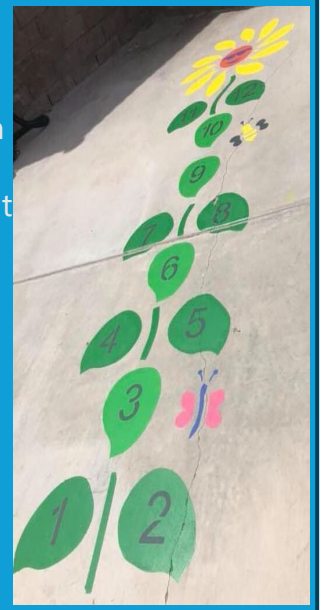
Produce Market Shopping & Learning Experience

Playground Stencils

Alphabet tree

Enhance the outdoor play environment with fun, colorful physical activity prompts that provide opportunities for children to engage in physical activities as well as academic skill development

Bike road Signage



Daisy hopscotch

State of Nevada Early Childhood Healthy Lifestyles (NECHL)

- UNLV's Nevada Institute for Children's Research and Policy (NICRP)
- Statewide coalition to reduce childhood obesity (ages 0–8) in Nevada
- Implements Nevada's 5-Year Early Childhood Obesity State Prevention Plan:7 Goals; 39 Objectives, and 58 Activities
- Collaborates with 16 partner organizations

Healthy Kids Early Start

Healthy Kids Resource Center

University of Nevada, Reno
Extension
College of Agriculture,
Biotechnology & Natural Resources

Thank you!

Enematian@unr.edu

University of Nevada, Reno

Extension

College of Agriculture,
Biotechnology & Natural Resources

UNLV | SCHOOL OF PUBLIC HEALTH

Interventions to Address Maternal-Child Food Insecurity

Dr. Gabriela Buccini, PhD, MSc., IBCLC
Assistant Professor, Department of Social and Behavioral Health
University of Nevada, Las Vegas
gabriela.buccini@unlv.edu
www.buccinilab.com

Maternal and Child Health Advisory Board Meeting
November 7th 2025

Maternal-Child Food Insecurity

Household Insecurity

2015	2018	2023
12.3 %	11.1%	12.2%
12.4	12.8%	12.5%

U.S. target by 2030

Target: **6.0** percent

Exclusive Breastfeeding at 6 months

2015	2018	2022
24.9 %	25.8%	27.9%
20.8%	28.0%	23.9%

Target: **42.4** percent

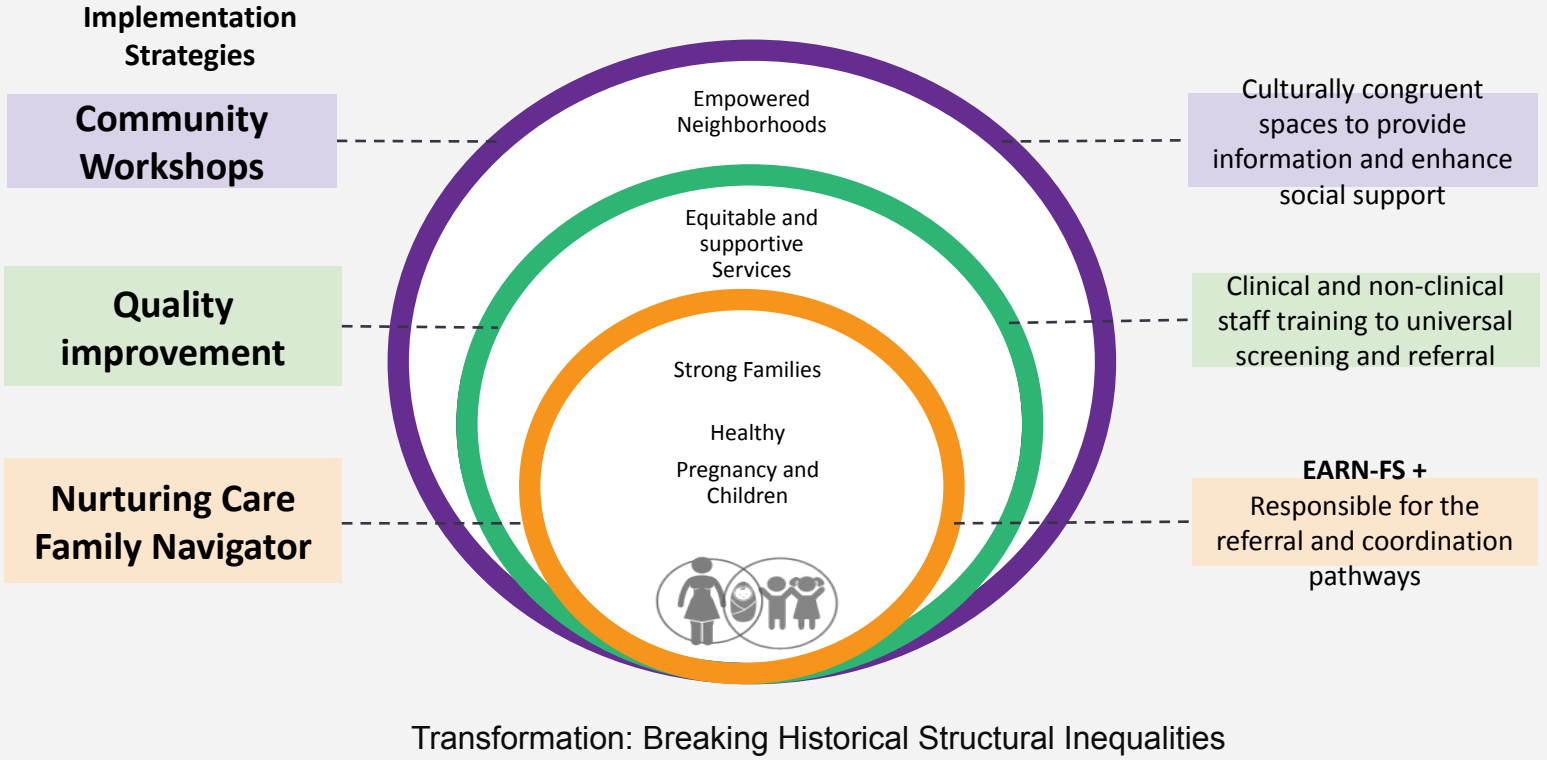
EARN-FS is a system-level intervention to intentionally coordinate health and nutrition resources to decrease food insecurity levels among pregnant and mothers with children under 3 years of age living in zip codes with high needs of food insecurity.

Intervention: Early Responsive Nurturing Care for Food Security (EARN-FS)

1, Universal food insecurity risk screening

2. Referral pathways to coordinate existing health & nutrition nurturing care

Co-created implementation strategies



Priority Population:

Pregnant and mothers with children under 3 years of age residing in one of the five zip codes of the West Las Vegas Promise Neighborhood and consent in participating in the study.

Our community: The other side of the "Las Vegas trip"

WEST LAS VEGAS PROMISE NEIGHBORHOOD

Healthy Children, Families & Communities | Education & Youth Development | The Future of Work | Affordable Housing & Wealth Creation | Civic Participation & Social Justice

NEVADA PARTNERS

5 zip codes
~256,114 inhabitants
High poverty census tracts in the City of Las Vegas

COVID-19

High levels of food insecurity among household with children under 3 years old
(19.3% vs. 14.5% in the US)

Amplified structural racism

Lacks a maternal-child component

Research team – EARN-FS

UNLV SCHOOL OF PUBLIC HEALTH

KIRK KERKORIAN SCHOOL OF MEDICINE UNLV

NIH National Institutes of Health

Washington University in St. Louis

CHILDREN'S HealthWatch

Clinician team

UNLV HEALTH

UNLV Health Pediatric Clinic

UNLV Health Women's Health Center

Funding: Office of the Director, U01OD033239/ NICHD, U01HD115256

NIH

Research-to-Practice

Data Collection → **IMPLEMENTATION** → **Sustainability**

2021-2022	2024-2025	2026 ...
Community engagement and needs assessment & co-creation	Implementation of EARN-FS across multiple levels	

Piloting community workshops to address social needs linked to food and nutrition security

Status: Completed

Community Hosts

NEVADA PARTNERS

GREEN SIDE UP

obodo

University of Nevada Cooperative Extension

HEART & SOL COLLECTIVE

Make It Work NEVADA

Methodology

Co-development of the workshops

↓

Freire's Pedagogy Training for hosts

↓

Dissemination to the target population

↓

Implementation: Fidelity checklist
Rapid-cycle feedback via a data report card

↓

Feasibility evaluation following the RE-AIM framework

Achievements

2025

13 Community Workshops with 150 participants

2024

14 Community Workshops with 126 participants

- 46% were at risk for food insecurity
- 58% ($p<0.001$) reported increased knowledge before to after the workshop

Herlosky *et al. BMC Public Health* (2025) 25:3405
https://doi.org/10.1186/s12889-025-24714-9

BMC Public Health

RESEARCH Open Access

Barriers and facilitators of implementing a community workshop series to mitigate maternal-child food insecurity: a mixed-methods RE-AIM evaluation

Kristen Herlosky[1], Amanda Leverett[1], R'Asya Philbert[1], Cristina Hernandez[1], Megan McDonough[1], Elika Nematian[2], Kaleigh Mancha[3], Rikki Jenkins[3], Jollina Simpson[4], Cheyenne Kyle[5], Tameka Henry[5], Victor Ross[6], Dodds Simangan[7], Ana Poblacion[8], Ana Baumann[9] and Gabriela Buccini[1*]

Piloting Quality Improvement (QI) to Establish a Food Insecurity Screening Program

Status: Completed

QI leadership

UNLV HEALTH

UNLV Health Pediatric Clinic.

UNLV Health Women's Health Center

More than 9,000 families screened for food insecurity risk and referred to resources

Methodology

Exploration, Preparation, Implementation, Sustainment (EPIS) framework

Step 1. Exploration/Needs Assessment:

Clinic Observations

Step 2. Preparation:

Implementation tools (e.g. flyers, workflow, referral sheet, training)

Community and Clinic Staff feedback surveys

Step 3.Pilot Implementation:

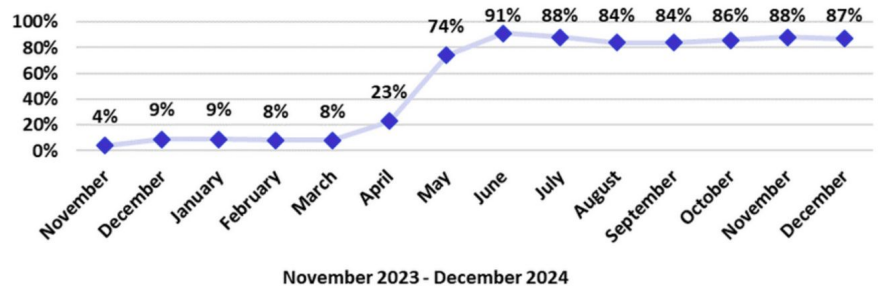
Rapid Cycle Feedback & Implementation Strategies

Step 4. Sustainment:

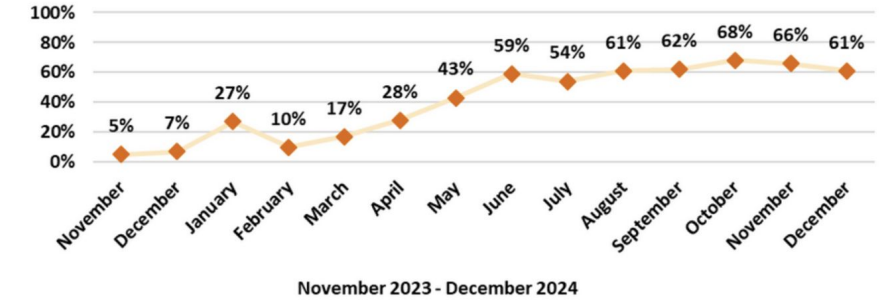
Evaluate outcomes

Achievements

UNLV Pediatrics



UNLV Women's Health Center



Piloting the Nurturing Care Family Navigator

ClinicalTrials.gov ID NCT06859372

Status: Recruiting

Nurturing Care Navigators

UNLV

Nurturing Care Navigators

Screening
Referral
Education
Follow up

Expansion to all zip codes in Clark County

As of October 2025, 42 recruited out of 72.

Methodology

Needs Assessment CFIR

↓

Intervention Mapping

↓

Socio-cognitive theory

↓

Evaluation plan RE-AIM

Study Design

Hybrid type 2

Intervention Group

- 1:1 Navigation sessions
- Tailored navigation based on needs
- Educational package including: workbook, resources, text messages, workshop schedule
- Evaluation

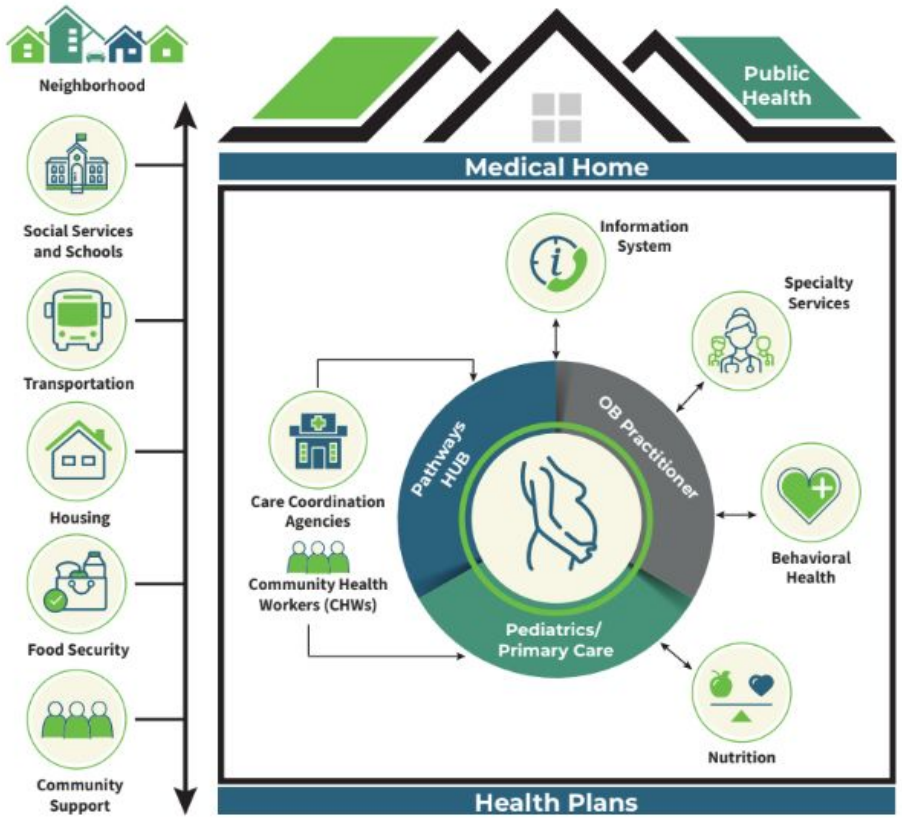
Control Group

- No navigation included
- Non-tailored
- Educational package including: workbook, resources, and workshop schedule
- Evaluation

Effectiveness:

- Decrease levels of food insecurity

Integrated Maternal Health Services (IMHS): Integrate a Maternity Medical Home (MMH) model with the Southern Nevada Pathways Community HUB (SNV HUB) to provide a comprehensive and culturally responsive program that addresses the gaps and care silos that currently exist.



Summary of the IMHS model:

1. Establish risk assessment for social determinants of health
2. Referrals for clinical and social needs
3. Follow up on social needs with a community CWH
4. Monitor prenatal outcomes before and after pilot implementation

Pilot from April to October 2025:

- 326 risk assessment were completed
- 93 referrals due to social needs

Scale up phase begin in 2026

Priority Population: Pregnant women in Southern Nevada

Funding:

HRSA Health Resources & Services Administration

The Nevada Lactation Hub Scholarship Program

The scholarship program will increase and diversify the next generation of the lactation workforce in Nevada over the next two years. The lactation training scholarships will be provided in 5 cycles of scholarships over 2024-2026.

Scholarship Levels

- **Level 1: Peer Support**
- **Level 2: Mid-Level Lactation Support**
- **Level 3: IBCLC Pathway 3 Track**

As of October 2025:

51 of 70 level 1 & 2 lactation support scholarships awarded

4 of 10 level 3 scholarships awarded. All have begun their clinical hours

The Nevada Lactation Hub will double the number of existing lactation supporters in Nevada

Community Partner

Nevada Breastfeeding Coalition

Clinical Partners

Southern Nevada

UNLV HEALTH

HEALTHYLIVING INSTITUTE at UMC

Anthem

Northern Nevada

Renown HEALTH

NOURISH NEVADA Lactation & Feeding Services

Funding:

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

EXPANDED ACCESS TO LACTATION SUPPORT IN SOUTHERN NEVADA

Outpatient
Latch Clinic
UNLV Health

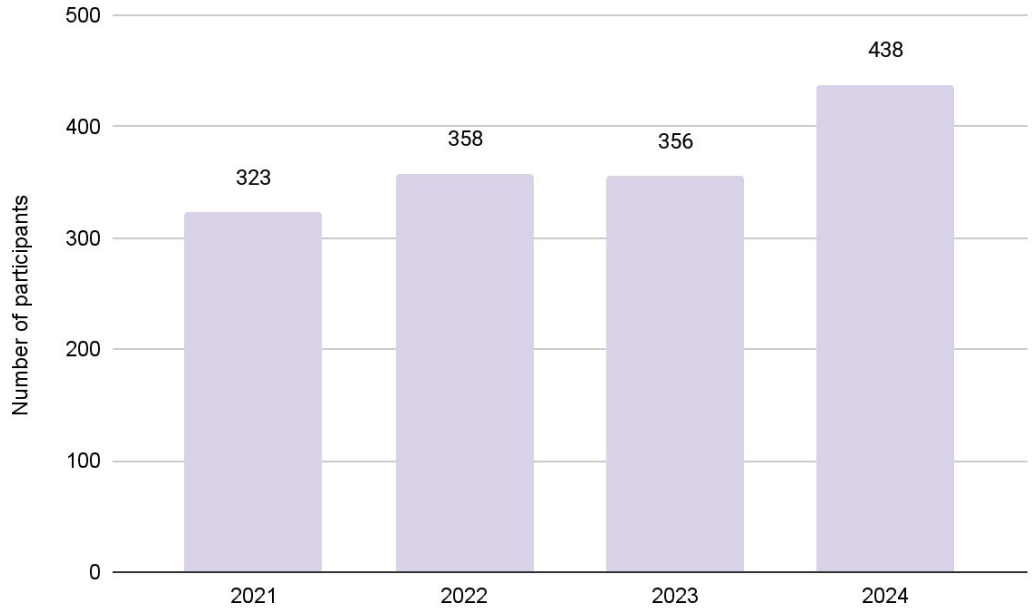
Support Group (SPN)
Anthem Community Center

Support Group (ENG)
UMC - Healthy Living Institute

Early Responsive Nurturing Care Lab

ANNUAL MATERNAL-CHILD HEALTH NUTRITION (MCHN) SURVEY to monitor the socioecological factors that influence parenting practices related to breastfeeding, infant feeding, soothing, sleeping, and early childhood development.

A total of 1475 participants over the years



Key practices monitored 2023 & 2024

- Exclusive breastfeeding: 32%
- Food insecurity: 58.7%
  - Low Food Security: 23.73
  - Very Low Food Security: 35.02
- WIC participation: 47.6%

Priority population: The MCHN survey annually recruits caregivers and mothers of children under the age of 35 months who reside in Clark County, Nevada (including the City of Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City).

Thank you - Questions?

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