

MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)

Meeting Minutes

February 6, 2026

9:00 AM until adjournment

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

VIRTUAL INFORMATION

Join on your computer, mobile app or room device

Microsoft [Microsoft TEAMS](#)

Meeting ID: 289 825 272 710 05

Passcode: 3hR7zR3Z

Join by Phone

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

Phone conference ID: 326 490 404#

ATTENDANCE:

Members Present:

- Keith Brill, MD
- Marsha Matsunaga-Kirgin, MD
- Fatima Taylor, M.Ed., CPM
- Elika Nematian, MPH
- Megan Lopez, MS, BS
- Ann DiBiase, BSN, RN-LC
- Sherri Garland, BSN, RN
- Lora Redmon, BSN, RN, RNC-DB, C-FMC
- Jenna Dykes, MS, BS
- Senator Rochel Nguyen
- Assemblywoman Tracy Brown May

Members Absent:

- No members absent

Staff Present:

- Barbara Bessol, Administrative Assistant III, Maternal, Child and Adolescent Health (MCAH)
- Vickie Ives, MA, Bureau Chief, Child, Family, and Community Wellness (CFCW)
- Alyssa DiBona, Administrative Assistant II, MCAH
- Rachel Marchetti, Health Program Specialist II, MCAH
- Jordan Lancaster, Health Program Specialist I, MCAH
- Sean Watson, Administrative Assistant I, MCAH

- Jazmin Stafford, Health Program Specialist I, MCAH
- Shannon Frazer, Health Program Specialist I, MCAH
- Colleen Barrett, Health Program Specialist II, MCAH
- Tamera Brower, Administrative Assistant IV, MCAH
- Chayne Corpuz, Health Program Specialist I, MCAH
- Cortnee Smith, Health Program Specialist I, MCAH
- Allison Gonzalez, Health Program Specialist I, MCAH
- Karla Rodriguez, Health Program Specialist I, MCAH
- Ryan Spencer, Program Officer, MCAH
- Sarah Rogers, Deputy Bureau Chief, CFCW
- Helina Ashagrie, Health Program Specialist I, MCAH

Guests Present:

- Kelly Forbes, Washe County Safe Babies Court
- Steve Messinger, Nevada Primary Care Association
- Jennifer Bevacqua, Safe Babies, DCFS
- Toni Orr
- Kate Reynolds
- Daniela González Alvarez
- Sabrina Petrel
- Abigail Hatefi
- Gabriela Duarte
- Kelly Verling
- Dr. Gabriela Buccini, UNLV School of Public Health
- Jollina Walker, The Birth Collaborative
- Maria Palapa, UNLV School of Public Health
- Tiffany Olivas, Children's Cabinet
- Cristina H.

Agenda Item 1

Call to Order and Introduction

The meeting was called to order at 9:01 AM.

Agenda Item 2

First Public Comment Period

No public comment was offered.

Agenda Item 3

FOR POSSIBLE ACTION: Discussion and possible action to approve meeting minutes from the December 19, 2025, Maternal and Child Health Advisory Board (MCHAB) meeting

Chairman Dr. Keith Bill called for a motion to approve the December 19 meeting minutes. Megan Lopez moved to approve the minutes, and Fatima Taylor seconded the motion. The motion passed unanimously.

Agenda Item 4

FOR POSSIBLE ACTION: Discuss and make possible recommendations on upcoming priorities for 2026

Dr. Brill requested clarification on the agenda item. Vickie Ives explained that the item allowed the Board to make recommendations to the Administrator or request additional data for future presentations.

Ms. Taylor requested an update on whether further support is needed for the Craniofacial Clinic.

Ms. Lopez stated she would like to present at the next meeting on improvements to screening and response to domestic violence, with a focus on strangulation in adult and pediatric patients.

Dr. Brill requested data on measles vaccination rates and cases. Ms. Ives confirmed that school and childcare facility data along with current exemption rates are sitting at approximately 6%. The exact figures will be shared along with the measles data at the next meeting.

Ms. Ives noted a raised hand and opened the floor.

Ms. Taylor requested an update from an individual on the DD Council on the portion of NRS 442 legislation regarding the evidence-based resources and information on patients both prenatally and postnatally. Ms. Taylor would also like information on any additional websites that have been created that would have this type of information.

Ms. Ives stated she would contact Kathryn Nielsen, Executive Director of the DD Council.

Dr. Brill requested information on syphilis rates in pregnancy and congenital syphilis.

Ms. Ives shared that syphilis rates remain an urgent concern in Nevada. She noted that legislative measures were recently passed to support efforts in this area; however, a full year of post-implementation data is not yet available to assess changes in screening rates. Once a complete year of data has been collected, it would be helpful to present an analysis of screening trends along with a comprehensive syphilis update. Ms. Ives agreed that as it has been at least a year since the last update on syphilis it would be a good idea to get one scheduled for an upcoming meeting.

Dr. Brill moved to approve the stated priorities. Lora Redmond seconded the motion. The motion passed unanimously.

Agenda Item 5

FOR INFORMATION ONLY: Presentation of the Perinatal Health Initiative (PHI) and the EMPOWERED Program

The Board received a presentation on the Perinatal Health Initiative (PHI) from Abigail Hatefi. The presentation is available in the meeting packet on the DPBH MCHAB Board website.

Ms. Lopez asked whether the initiative includes assessing a history of trauma or current abuse, noting the correlation between substance use and traumatic experiences.

Ms. Hatefi stated that the initiative does not directly interact with clients but does address the importance of creating a stigma-free healthcare environment within its reference guides.

Dr. Brill requested clarification on whether the maternal mortality due to overdose data reflected specific regions, hospitals, providers, socioeconomic groups, or statewide aggregate results. He further noted that providers often focus on physical interventions identified by the Maternal Mortality Review Committee, while mental health factors may be overlooked. He asked whether available data indicates where additional intervention efforts should be directed beyond current screening practices.

Ms. Hatefi responded that the issue is statewide and that one PHI initiative is universal screening to improve data collection. She noted that universal screening is not yet fully implemented and emphasized the value of resources such as roundtable discussions. She added that higher percentages in Clark County likely reflect its larger population.

Dr. Brill asked whether a feedback loop exists to notify obstetricians when a patient dies of an overdose.

Ms. Hatefi agreed with the importance of such a process.

Ms. Ives stated she was not aware of an existing feedback mechanism.

Ms. Hatefi informed the Board that the second scheduled presenter, Dr. Andrea Peterson, was unable to attend; therefore, the EMPOWERED Program presentation was not delivered. The presentation is available in the meeting packet on the DPBH MCHAB Board website.

Agenda Item 6

FOR INFORMATION ONLY: Coordinates Intake Referral System (CIRS) Executive Summary

The Board received a presentation on the Coordinated Intake Referral System (CIRS) Executive Summary from Tiffany Olivas. The presentation is available in the meeting packet on the DPBH MCHAB Board website.

Agenda Item 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

The Board received a presentation on the University of Nevada, Las Vegas (UNLV) Interventions to Address Maternal–Child Food Insecurity from Gabriela Buccini. The presentation is available in the meeting packet on the DPBH MCHAB Board website.

The Board also received a presentation on the University of Nevada, Reno (UNR) Healthy Kids, Early Start Program from Elika Nematian. This presentation is available in the meeting packet on the DPBH MCHAB Board website.

Agenda Item 8

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

Vickie Ives provided updates on three programs: Maternal and Child Health (MCH), the Alliance for Innovation on Maternal Health (AIM), and the Maternal Mortality Review Committee (MMRC).

Ms. Ives reported that the AIM program has onboarded a new hospital. She noted that not all birthing hospitals in the state are currently enrolled and encouraged members to share contacts who may be interested. She expressed appreciation for hospitals participating in both the hypertension and hemorrhage patient safety bundles. With full staffing restored, outreach efforts will continue to increase.

Ms. Ives then provided an update on MMRC. She stated that the Centers for Disease Control and Prevention (CDC) will be conducting a presentation and observation with the MMRC group, which includes MCAH staff, service support staff, and members appointed by the Office of the Director, for a total of 12 members as outlined in statute.

She noted that the biennial report due December 31 will be submitted to the Legislative Counsel Bureau for dissemination to the appropriate committees. MMRC also receives feedback and recommendations from the Commission on Minority Health and Equity that the group may also comment on.

Ms. Ives explained that MMRC conducts case reviews and shared a graphic summarizing findings. She reported that most pregnancy-associated deaths fall under the non-transport accidents category, with 86% attributed to drug overdoses. She noted that variability exists across groups and geographic areas, but the leading causes of death remain consistent among two (2) distinct groups. She provided definitions for pregnancy-associated deaths (death during pregnancy or within one year of the end of pregnancy, regardless of cause) and pregnancy-related deaths (death caused or aggravated by pregnancy).

Ms. Ives reviewed a high-level summary of systems-level, community-level, and provider-level recommendations, highlighting screening for Adverse Childhood Experiences (ACEs), priority access to mental health and substance use treatment for pregnant individuals, and no-cost medication-assisted treatment. She directed members to a QR code linking to the full report and recommendations.

Ms. Ives informed the Board of an upcoming maternal-fetal medicine meeting the week of February 9th, as well as a no-cost maternal mortality focused session hosted by the CDC and the Society for Maternal-Fetal Medicine scheduled for Tuesday, February 10, 2026, from 9:00 a.m. to 12:00 p.m.

Turning to the Maternal and Child Health Title V Block Grant, Ms. Ives noted ongoing collaboration with the Office of Food Security and external partners in food security, housing stability, policy, and technical assistance through AMCHP. She stated that the 2025–2030 priority topics for Title V staff include increasing access to affordable, nutritious foods and increasing physical activity among school-age children.

Ms. Ives reported staffing updates, including the hiring of a Title V Manager and active recruitment for a Maternal Infant Programs Coordinator. She also noted Title V's application to work with Medicaid to strengthen integration between Medicaid and Title V efforts for maternal and child health populations.

Ms. Ives announced an upcoming presentation to the Patient Protection Commission on maternal and child health. She also described a Title V pilot project supporting training for family medicine and pediatric providers in child abuse recognition and certification, noting the limited availability of specialized programs and residencies in this area.

Dr. Brill asked whether there had been any changes in CDC participation or attitudes toward MMRC due to changes in federal administration. Ms. Ives responded that she had not observed any such changes and stated that MMRC continues to receive strong CDC support. She added that while other programs have experienced language or policy changes, MMRC has not.

Ms. Ives stated that school and early childcare facilities are set in statute and regulation; therefore, changes to the federal schedule do not affect state law or state regulations. Ms. Ives also reported no changes in federally funded immunization programs, which continue to purchase and distribute vaccines.

Dr. Brill noted an upcoming meeting of the Joint Interim Health Committee on February 17. Ms. Ives confirmed the date and stated that an email with the meeting link and reference materials would be distributed.

Assemblywoman Tracy Brown-May, Chair of the Interim Committee on Health and Human Services, informed the Board that the February 17 meeting will include a robust agenda focused on maternal, infant, and fetal mortality and health programs.

Agenda Item 9

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

Dr. Brill informed the Board of the upcoming Senate Bill 455 and House Resolution 1061, known as the Protecting Sensitive Locations Act. No motions were made.

Agenda Item 10

FOR INFORMATION ONLY: approved future meeting dates

Dr. Brill noted that the upcoming meeting dates have already been approved and stated that this item served as an informational reminder.

Agenda Item 11

Second Public Comment Period

No public comment was offered.

Agenda Item 12

Adjournment

The meeting was adjourned at 10:48 am.

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