

7/10/2023- Maternal & Child Health Core Sector Discussion Meeting Notes

- During the meeting, Tiffany Olivas, the Comprehensive Systems Program Manager for Early Childhood at the Children's Cabinet, introduced herself and explained that the purpose of the meeting was to discuss Early Childhood Systems in Nevada. This topic is very exciting and important.
- Tami Conn from the Division of Public and Behavioral Health took over the discussion because this is specific to maternal and child health. This is the third in these meetings where we're gathering from within specific core sectors and talking about where we are and how well we work together.
- Tami Conn from the Division of Public and Behavioral Health will take over the discussion because this is specific to maternal and child health. This is our third meeting where we gather representatives from different core sectors to discuss our progress and collaboration. Tiffany highlighted that in this work, they acknowledge their successes in working together and reaching beyond their sectors to form partnerships with Maternal and Child Health, Early Childhood Education, and Family Support/Family Leadership. The group aims to break down barriers and silos to promote greater collaboration and family leadership.
- They began the meeting by reaffirming its purpose and discussing potential priorities or focus areas modifications.
- During our first systems work meeting in February, the group established specific priorities to focus on. Tiffany has collected all the information provided by everyone and identified the key topic areas. She has also determined the specific priorities and areas of focus that most people agreed upon. She believes they might realize the need to concentrate on a particular area or priority within that area, which is acceptable.
- This approach is truly organic and should align with our goals and values for the well-being of our young children and their families in the state.
- Today, strengths will be identified in the maternal and child healthcare sector. Tami was asked to lead the discussion, and the goal is to propose action steps supporting our priorities if time permits.
- Tami Conn introduced herself as the Maternal Child and Adolescent Health Section Manager at the Division of Public and Behavioral Health. Tami provided some insight into the work being done at their office. Their section has several programs, including Title 5 and Maternal Child Health. Additionally, partners were on the call from various programs, including Home Visiting, Early Hearing Detection and Intervention, and Teen Pregnancy Prevention. The team conducts data-based studies using the Pregnancy Risk Assessment Monitoring System ([PRAMS](#)). They also offer rate prevention education and additional teen pregnancy prevention programs.
- During the meeting, Tami shifted the discussion to Maternal Child Health. She admitted that she is less familiar with the early childhood aspect of this issue but wanted to highlight some of the successful collaborative programs that have been implemented so far. Tami believes home visiting has been particularly effective and would like to hear from any home visitors on the call who could contribute additional thoughts or examples.
- She asked, ***Can anyone provide any current program examples of working together?*** Home visiting is a great example because it involves checking on the needs of the family, parents, and birthing person. ***Does anyone have any other examples to add, particularly regarding home visiting?***
- Lisa Boneck shared that with the Parents as Teachers (PAT programs), they were discussing the development of the child and or looking for signs of some delays that we can assist and facilitate the parent to go into early. They do many referrals and like checks with the family that meet their needs. Additionally, they ensure that the child's hearing is checked, which is facilitated through the doctor to ensure hearing tests and eye tests on the child and then the well-child checkups.
- They also touch base and ensure that newborns are screened for hearing loss. The Early Hearing Detection and Intervention (EHDI) Program ensures that all newborns born in hospitals are screened for hearing loss. They also follow up with those who may have missed the screening or were lost to follow-up at the hospital level. So they try to find them and ensure the infant is screened.
- Tami mentioned that they collaborate with some midwives in Nevada for their EHDI program. Perry Smith oversees the program and has extended it to include midwives, ensuring access to hearing screening equipment. They also partner with [Hands & Voices](#) to provide families identified with hearing loss with support and services through the Guide by Your Side program.

- Denise Tanata brought up the Early Childhood Community Health Worker Program, highlighting how it helps families in early learning settings access health resources. She mentioned that the program also identifies households with pregnancies to connect them with maternal health services. Additionally, she said the implementation of the Vroom brain development program in pediatric settings, which is a new and evolving initiative that the Children's Cabinet is working on expanding.
- Tami spoke about a program located at UNLV. It is a peer-to-peer program similar to a teenage Community Health Worker Program. The program trains young individuals to become community health workers while also providing peer-to-peer support.
- The definition of a child with special healthcare needs is quite broad. It refers to any child who requires healthcare beyond what a healthy child would need. This could include conditions such as asthma or other health issues. The [Family Navigation Network](#) at the University of Nevada, Reno, provides support to families in need. They have family navigators available for anyone to call or chat with. If families require assistance finding resources such as a diagnosis or a specialist healthcare provider, the family navigators can help them navigate the system and obtain the necessary services.
- Dr. Amanda Haboush-Deloye noted that Positively Kids is a reliable resource for early intervention services. Many agencies that collaborate with such services refer clients to specialized resources based on their needs. The agency assigned to support a client will vary depending on their specific needs.
- Tami shared the [Medical Home Portal for Nevada](#). This portal is now available in five states, including Nevada. The University of Utah collaborated with them to develop this portal specific to Nevada. Accessing the national portal allows users to switch to the Nevada directory by changing the settings in the top right corner. The portal provides an array of resources for families, parents, physicians, and professionals. It includes information and a services directory, and anyone in Nevada can utilize it. They fund this for Nevada's children's Youth Special Health Care Needs program, and it's all done in partnership with the University of Utah. It's an excellent resource for physicians and families.
- Dr. Amanda Haboush-Deloye wanted to inform the group about the [Parent Wellness Tele-Visit Program](#), a part of the Prevent Child Abuse Nevada initiative in partnership with UMC. The program aims to reach out to new parents or those who have recently had a child to check on their well-being and offer assistance in finding necessary resources. Through this program, it has been identified that there is a need for more clothing options for infants. Finding a specific clothing closet that caters to infants and young children can be challenging. So it's something that they've been working on and thinking about how to get other resources there.
- Tami looked at the priority areas, and it says Medicaid coverage for women and children. And then priority two is increased health services for rural communities. This year's legislative session saw a significant victory with the passing of SB-232, which expanded Medicaid coverage for postpartum birthing people. This was a significant accomplishment for this priority measure.
- They also have the Maternal Maternal Mortality Review Committee within the office, and they can review the death of any person who died while they were pregnant or within 365 days of the termination of that pregnancy. Postpartum coverage is highly beneficial and has been recommended by the committee since 2020. This is because the year following a pregnancy can be a vulnerable time for new mothers, and having coverage is crucial for them to receive the necessary postpartum care, treatments, and medications they may require.
- At her office, she is currently collaborating with the Central Nevada Health District on their evidence-based teen pregnancy prevention program. The program not only focuses on preventing teen pregnancy but also on promoting positive youth development, teaching healthy relationship skills, and educating youth about STIs and other important topics. They plan to expand the program to more counties through the Central Nevada Health District in the near future.
- Brianna Cambra brought up the Pyramid model program, which is facilitated by the Children's Cabinet. This program is responsible for establishing strong mental health connections. Usually, they are the initial point of contact in classrooms for children who exhibit persistent and challenging behavior. They also refer children to other partnerships, such as NEIS Child's Find or Rhonda Lawrence's team, to ensure they receive the necessary resources. Additionally, the program assists teachers in getting access to professional development to better support these children.
- Rosa Tamayo is the Parent Leadership Coordinator in Northern Nevada. As everyone has mentioned, she is working towards establishing connections among our family leaders. In her role, she aims to create a

network that can be used for sharing information with family leaders, while also empowering them to advocate for early childhood and maternal health issues.

- Anna Villatoro, who worked as an Early Childhood Community Health Worker, shared that Nevada 211 was a valuable resource they frequently utilized.
- Tami mentioned that the Nevada 211 service directory is used to directly update the portal. The special healthcare needs coordinator then reviews the information and extracts the relevant details related to that specific population.
- Tami mentioned that they have our alliance for maternal child health and station on maternal health program or AIM program. And they have 10 out of the 18 birthing hospitals signed up for that program. ACOG and AIM have recently released eight different bundles, covering various topics such as severe hemorrhage, opioid use, and reduction of c-sections. At their level, they are implementing multiple patient safety bundles. Currently, they are halfway through the first bundle, which focuses on hypertension. The next bundle will address hemorrhage.
- Jessica Roew mentioned that Nevada Early Intervention Services (NEIS) provides assistance to children aged 2-3 years old. Additionally, NEIS is involved in the follow-up process for the Early Hearing Detection and Intervention (EHDI) program for children who didn't pass their hearing test at the hospital. The Reno and Las Vegas offices handle community services, while OAS follow-ups are provided for children in rural areas. Children with special medical needs are automatically eligible, and those with 225% or 150% delays are also seen.
- Jamelle Nance shared that the Strong Start initiative has partnered with UNLV to collaborate on maternal and child health and work directly with families. The program is named Early Nurturing Care that focuses on ensuring food security and access to resources for the people living in the West Las Vegas neighborhood. They have conducted thorough research, including quantitative and qualitative analysis and mapping, to identify the availability of maternal and child health resources in approximately five zip codes. Currently, there is a focus on sustainability and how to effectively use doulas and community health workers to connect families with necessary resources. Community partners have been asked to conduct workshops to inform families of the resources available in their neighborhood and how they can access funding to bring in more resources. This is due to the finding that many families are unaware of the resources in their neighborhood.
- Jamelle mentioned SB 117, which expands the Community Health Worker, those who can supervise, particularly in behavioral health. That has been one that has passed that they are excited about because that allows others to supervise CHWs. Jamelle brought up the topic of fetal alcohol syndrome and how adjusting the language used could create more opportunities in that area. There have also been developments in the maternal and child health sector, including a bill aimed at increasing reimbursement rates for doulas.
- Tiffany mentioned AB 114, which outlines the roles of the Early Childhood Advisory Council that the governor has approved. The council will have five specific positions, including a member representing maternal and child health. Additionally, they are in the process of appointing a pediatrician to participate in the council. Other representatives will include a parent of a child from birth through third grade who has received social services, a tribal representative, and someone from public education.
- Tami shared a link to a section that provides information about where people can receive family planning services, especially for those who face barriers in obtaining such care. They fund clinics across the entire state, where anyone can receive family planning services. Their website lists the partners and the services available at those locations, and everything is fully covered.
- Tami mentioned that our Maternal and Child Health Advisory Board committee holds open meetings in compliance with the law. These meetings are held every quarter and are open to the public. If you are interested in attending or becoming a board member, Tami shared the website link in the chat. The next meeting is scheduled for August, and the board welcomes presentations on various topics. If you have any information you'd like to share, Tami is the contact person for getting on the agenda, and you can also find previous presentations by clicking the Meeting Schedule link on the website.
- Ellie comprehensively explained the home visiting services offered throughout the state. The state has entered into contracts with seven diverse agencies spread across the state to provide these services. These agencies include The Children's Cabinet, Community Chest, Lyon County Human Services, Sunrise Children's Foundation, Southern Nevada Health District, University of Nevada, Reno, and Yarrington Paiute Tribe. The vast majority of these agencies operate parents as teachers, which serves children or serves

families with at least one child between the age of 0 and five, which means that parents can enroll as early as they are planning to get pregnant and as late as you until your child is five. This program is centered around the belief that parents are a child's primary and essential teacher. It offers services to children, parents, and other family members to improve the family's overall strength, empower parents to advocate for their children and increase economic self-sufficiency. The program aims to improve outcomes for the entire family, not just the children.

- They also offer Home Instruction for Parents of Preschool Youngsters (HIPPY) in both Nye County and Clark County through Sunrise Children's Foundation and The Children's Cabinet. In Washoe, HIPPY focuses on preparing children for kindergarten and uses plenty of role play. It serves families with children aged two to five years old, or until they enter kindergarten. Additionally, we offer Early Head Start programs through Sunrise Children's Foundation in Clark County and the University of Nevada, Reno in Washoe County. This program extends the center-based Early Head Start, offering a home-based option that utilizes the parents as teachers curriculum. Though UNR has recently become an affiliate, it is not necessary to be a parents as teachers affiliate to participate.
- They work with the Southern Nevada Health District in Clark County to offer the Nurse Family Partnership program. This program is unique because it relies on nurses who visit families in their homes. Unlike other programs that focus on case management, Nurse Family Partnership takes a health-based approach. The home visitors are exclusively registered nurses who provide services to first-time parents with children aged 0 to 2. To qualify for this program, individuals must enroll before you reach 28 weeks of pregnancy. If you miss this enrollment window or have had a child before, the Southern Nevada Health District offers other home visiting programs that are funded through different sources. They will guide you towards those programs. [Nevada Home Visiting \(MIECHV\)](#)
- Ellie mentioned that they recently received a significant increase in funding through the MIECHV reauthorization. Their federal funding has increased by about 35-40% compared to previous years. As a result, they expect a substantial increase in our capacity for the upcoming year.
- She explained that in order to reauthorize, a match with the G fund is necessary, but it wasn't included in the budget for this biennium. Therefore, HRSA is giving a one-year buffer for states to figure out the G Fund component. However, they have not yet released any guidance on what they consider to be a G Fund match.
- Rhonda Lawrence asked, ***"Who are the champions in our state legislature for early childhood and maternal child health?"*** Rhonda Lawrence had another question: ***What is the return on investment and what are some outcomes that we can use to support this program?*** One outcome that comes to mind is the prevention of involvement with CPS for children and families. This program could be a valuable preventative measure in this regard. Rhonda suggested a valuable data point that could demonstrate the positive effects of engaging with families and their young children. This engagement can lead to several healthy outcomes, such as enrolling the child in pre-K or reducing the CPS numbers. The CPS numbers are particularly interesting, especially from the perspective of the infant court program that Rhonda is handling.
- Denise added the most significant issue in NV is the reliance on federal funding. Other states have expanded by blending funding sources and making state-level investments. To do that, it must be a priority for state-level decision-makers.
- Given the recent increase in funding, Tiffany asked about strategies for encouraging families to enroll in home visiting programs. She wondered if there was a general education campaign underway to address this. She is interested in hearing Tami's ideas on how to reach out to families who have not received services in the past, especially those in historically underserved communities. Is there anything that she can suggest from a comprehensive early childhood systems perspective? How can we, as a group, support her efforts in this area?
- Tami shared her thoughts on advertising for the expansion of early childhood agencies. She believes each agency is eager to expand and has families waiting for spots. However, she is still determining if it is necessary to advertise to the public, but maybe on their website. Tami also explained that each agency usually does its own advertising and does rely on referral pathways. This leads to how early childhood agencies can assist with referrals. If partners come across a family that they believe qualifies and would benefit from home visiting services, they can refer them to the agency.

- Elli explained that they heavily rely on local-level outreach to meet the community's needs. As Tami pointed out, there are waiting lists at all of our agencies due to the high demand for our services. The awareness of our community's needs is also increasing.
- Lisa informed the group that they have partnered with Early Head Start and will send a referral form to us. They also facilitate warm handoffs for their children. As a result, we have received many referrals from them. Additionally, they receive referrals from Child Mind and Social Services. The Children's Cabinet has a community navigator who meets with families and assesses their situation. They then refer them to the necessary programs that can help them.
- Rhonda proposed a potentially impactful idea. She suggested that ECCS and The Children's Cabinet could create public service announcements aimed at the general population. The goal would be to emphasize the importance of home visiting for families with young children in our state. However, it is also important to consider how to gain support from Chambers of Commerce in these areas. These preventative measures are crucial for achieving a positive return on investment. With every dollar spent, there is a significant return. Currently, the public is concerned about the state of schools, so it's important to focus on upstream solutions, particularly home-visiting programs. These programs are a vital resource for the entire state, and their bipartisan support is essential for advocating with the legislature. By highlighting the benefits of these programs, constituents will be more likely to call for their implementation in their communities. It's important to remember that these efforts require more than just their voices but from the families. She believes it's important to include individuals from various sectors, such as the business and criminal justice fields, including law enforcement, in our state. It's crucial that everyone cares about this issue, and they should consider engaging older individuals, like grandparents, who are reliable voters but may not have children in the system.
- Rhonda mentioned that she's contemplating the issue of match funding and why this state isn't contributing more. As per Denise's observations in the chat, it appears that the state doesn't provide any funding and relies solely on federal funding, which accounts for approximately 98% of the total funding.
- She discussed with Rosa and Ashley their work with the Family Leadership Council. She emphasized that families' voices when speaking in public meetings or at the legislature, carry more weight than individual voices. She believes a family's collective voice is worth five times her voice.
- Lisa mentioned that every year they hold a graduation ceremony for their HIPPIY children. They look adorable in their cap and gown during this event, which is my personal favorite. However, it is also a bittersweet moment as these children have been a part of our program for a long time and are now graduating. We always invite state leaders such as the governor, senators, Senator Jacky Rosen, and Senator Catherine Cortez Masto. They have supported the HIPPIY program for seven years and have had representatives there handing out certificates to the graduates. This is a great opportunity for them to see the program's positive impact on the children. Another idea is to invite them to join them on a home visit to experience how they work with families to facilitate their child's development, including arranging appointments for hearing and eyesight tests. This approach has the potential to be successful.
- Tiffany brought up CAA's efforts to empower individuals and their attendance at Children's Week at the legislature. She believes that providing people with the necessary tools to advocate for themselves is crucial. Tiffany emphasized that while everyone's voice is important, parents have the greatest potential to drive change.
- Tiffany believes that having a centralized system is essential to achieving the goals of the HRSA ECCS grant. This system would enable families to access the information they need and receive referrals to relevant practitioners, organizations, or agencies throughout the state. It would also ensure that families never encounter a "wrong door" when seeking information or assistance. However, Tiffany also recognizes that a major challenge is the lack of centralized, collaborative data. Without this, it will be difficult to effectively meet the grant's priorities and goals. It can be challenging for them to identify our families, the services they are ineligible for, and how many are being turned away. We can confirm that some families are utilizing home visiting services, but we need to provide specific numbers on the families that are not being served. Obtaining this information would help us achieve their goals. We propose using the ECCS grant to create a platform where families can submit their information and needs. This platform will provide referrals to practitioners, organizations, or agencies throughout the state that they could be eligible for. Doing so would ensure that families receive the right help and support they need. In the end, it all comes down to ensuring families have access to the resources they need. This simplified intake and referral system would

give families information about the programs they qualify for, such as state pre-K, Head Start, Early Head Start, Social Services, and WIC. It could even be centralized at a statewide level, as it has proven successful in other states. The main goal is to provide families with access to necessary resources. This simplified intake and referral system would offer information to families based on their eligibility, ranging from state pre-K Head Start and Early Head Start to Social services and WIC. The system could be centralized statewide and has been successful in other states.

- A system developed in Kansas called Daisy is a cross-sector method of collecting data centrally. Although she's unable to recall the exact meaning of the acronym, it is an effective tool for gathering information. Many other states have purchased that from Kansas and then modified it for their use. And then some other states have just developed their systems based on their own platforms that they already had.
- Jamelle suggested considering Child Protective Services and foster care. It's important to examine the numbers and determine if this intervention can prevent children from entering the foster care system, which could have long-term consequences. The governor is particularly interested in the Read by Three program, which aims to improve reading proficiency by third grade. A study could be conducted to assess the impact of home visits and other interventions like broom on children's academic success. This will help to determine if children who received these services are faring better than those who did not.
- Rhonda mentioned that she has been considering the early childhood day treatment program intervention and its impact on children. The primary goal of this program is to equip children with the social and emotional skills needed to successfully enroll in kindergarten without relying on Section 504 or IAP. With this in mind, the program aims to work closely with kindergarten teachers to help them better understand the needs of children who may be struggling with social and emotional issues. They should consider how to explain to legislators the link between the challenge of finding suitable birthing facilities for parents in rural areas and the need for assistance programs in these communities. By providing support, we can help families build a sustainable life in the areas they choose to live in. **There's a crisis in foster care in rural Nevada right now.**
- Tiffany made an interesting observation about the cross-sector integration that is already happening in the state. She believes that there are many programs working together to improve the lives of young children and their families. Nevada is on the right path to creating a successful system, and Tiffany is impressed with all the examples that were shared. Putting everything on paper and connecting the various ideas discussed will help move the process forward. Overall, Tiffany is excited about the progress that has already been made and is confident that continued efforts will lead to even greater success.
- Anna brought up the Children's Advocacy Alliance and their publication, the Kids Count data book. She believes that the latest edition is available and it covers various data points related to children, including access to childcare and healthcare. The book also offers recommendations based on the data.
- Children's Advocacy Alliance is having a Legislative update event on August 2nd.