

Maternal and Child Health Advisory Board (MCHAB)

November 5, 2021 Update

Domain: Women/Maternal Health

- Increase the percent of women ages 15-44 receiving routine check-ups in the previous year
- Increase the percent of women receiving prenatal care in first trimester

Title V/MCH Program and Partners –

- Community Health Services (CHS) provided preventive education services with a focus on well-care screenings, contraceptives, Sexually Transmitted Infection (STI) screens, immunizations, as well as nutrition, weight, and exercise information. All women presenting for reproductive health visits were screened for domestic violence and behavioral health, as well as depression. Affected women were referred to appropriate providers.
- Carson City Health and Human Services (CCHHS) conducted well visits for 579 women. Referrals were made for 15 women afflicted by domestic violence, 168 with mood disorders, 421 with substance use, and 504 reporting alcohol use were educated about risks of alcohol use with pregnancy. The website <https://sobermomshealthybabies.org/> was promoted during clinic visits, especially to pregnant persons living with substance use disorders. CCHHS promoted the website on the clinic digital signage and posted two month-long campaigns on Facebook and reached 3,881 individuals. Staff conducted outreach to 25 local agencies sharing the value of well-visits and information about health care transition. Additionally, both topics were promoted on the clinic digital signage and through social media. Three Facebook posts promoting well visits reached 7,926 individuals and the health care transition messages were viewed by 1,835 parents/caregivers.

Rape Prevention and Education (RPE) Program –

- The Nevada Rape Prevention and Education (RPE) Program is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) in response to the Violence Against Women Act of 1994. It continues through reauthorization and expansion of the original legislation. The RPE Program focuses on preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors to prevent sexual violence. CDC funds the RPE Program, along with sexual violence funds set-aside through Preventive Health the Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program Block Grant.
- UNLV continued the CARE Peer Program (CPP), an individual/relationship level strategy, and the CARE Campus initiative, a strategy focused on the community level. CPP is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social norms that protect against violence, such as bystander approaches and healthy relationship/communication components. It is offered to all UNLV students with an outreach emphasis on priority populations of women, female-identified, and LGBTQI students. Graduates of the CPP can become CPP Leaders and are eligible for scholarships, thereby improving both leadership skills and economic stability as they are supported in completing their education.
- CARE Campus continues to focus on revising existing protocols and procedures to identify and respond to intimate partner violence (IPV) for students, faculty, and staff. This work has resulted in tools for tracking and monitoring policy findings over time. Due to the prolonged effects of COVID-19, UNLV has continued with virtual education, outreach, and training.
- Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) has continued working to identify policies and legislative recommendations for increasing gender equity in Nevada to empower and support women and girls. They have connected with various organizations in Nevada working on economic justice issues. NCEDSV held their first Economic Justice

Consortium meeting in August 2021. Some participants of the meeting include Opportunity Alliance, Progressive Leadership Alliance of Nevada (PLAN), Nevada Women's Lobby, Nevada Women's Equity Coalition, Nevadans for the Common Good, Nevada Minority Health and Equity Coalition, Make it Work Nevada, and Make the Road Nevada.

- NCEDSV continues to research statewide economic policies impacting women and girls, such as pay equity, childcare, education, and housing. Also, NCEDSV continues to explore policy initiatives to help identify strategies to operationalize initiatives through changes to existing regulations, codes, and legislation. NCEDSV continues to identify given issues to focus on going forward and has held virtual meetings with key players and interested parties.
- Safe Embrace continues working to assist entertainment and hospitality organizations in northern Nevada to establish and strengthen zero tolerance and sexual harassment policies in the workplace.
- In their work to create protective environments, Safe Embrace has conducted outreach to new partners in the business community, highlighting how they could increase safety for staff and patrons. Since the program's start in late 2019, 23 establishments have MOUs in place and receive information, training, and policy guidance.
- The Rape Crisis Center of Las Vegas (RCCLV) continues to implement the Stay Safe / SAINT program, which is targeted to the hospitality industry. SAINT is a condensed and specific version of Stay SAFE delivered to housekeeping, front desk, and other hospitality staff other than security and food and beverage. While the program was initially put on hold in March due to Nevada's shelter in place order, as businesses reopened, RCCLV held socially distanced and masked trainings promoting safety and security. Through the Stay Safe / SAINT program, RCCLV has worked to institutionalize relationships with MGM Resorts International and Wynn Resorts and seek new partnerships to expand safety practices. In the last year, 30 presentations were given at 7 different properties.
- Additionally, RCCLV continues enhancing prevention efforts concerning Sexual Violence and Intimate Partner Violence during COVID-19 by increasing protective factors. This includes supporting 24-hour crisis response hotlines and improving public health emergency preparedness (PHEP) capabilities through community preparedness and information sharing. Sexual Violence and Intimate Partner Violence Prevention efforts are statewide with a particular focus on rural and frontier counties. COVID-19 funding has been used to specifically benefit populations with disparate burdens of experiencing sexual abuse and intimate partner violence. Due to Nevada's unique geographic distribution of population, 90% of the state's population resides in urban counties. The majority (73%) of the state's population lives in Clark County, 16% in Washoe County, and the remaining 11% in rural and frontier counties. Additionally, a third of Nevadans (33.7%) live in a health professional shortage area (HPSA). This percent is intensified among rural and frontier counties, with 50.6% of rural Nevadans living in an HPSA. The great differences between urban and rural contexts in Nevada highlight unique needs related to HPSAs across the state and the different obstacles many counties face. Nevada's unique geographical landscape, with rural and frontier counties making up most of Nevada's geographical areas, increases the risk of Nevadans experiencing sexual violence and intimate partner violence. Access to health, prevention, and protection services in the U.S. is disparate based on population density: rural areas have less access than urban to domestic violence shelters, physical and mental health professionals, law enforcement, and judicial personnel. Women in rural areas are also nearly twice as likely to be turned away from services because of the insufficient number of community-based health programs and inadequate staffing.
- Additionally, Nevada RPE was awarded CDC COVID-19 Supplemental funding as Nevada's current shelter-in-place restrictions from the COVID-19 pandemic continue and reports of violence

in the home increase in some areas. The Domestic Violence Resource Center in Washoe County, Nevada, has observed a 64% increase in calls to its 24-hour hotline over the past months, a trend consistent with national spikes in domestic violence during COVID-19. Contributing factors for this increase include, but are not limited to, job loss, financial instability, being restricted to home environments, and close proximity to partners and children, which may amplify not only family violence but also diminish the family's ability to engage in constructive communication or coping strategies. The supplemental COVID-19 funding has been used to support crisis response via 24-hour hotlines to increase protective factors during the COVID-19 pandemic and increase protective factors during future state-wide disasters and emergencies by improving public health emergency preparedness (PHEP) capabilities through community preparedness and information sharing.

MCH Coalition (north, south and statewide) –

- The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Nevada Children's Medical Home Portal, Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, SoberMomsHealthyBabies.org, NevadaBreastfeeds.org and the Nevada Tobacco Quitline. In addition, monthly e-newsletters, educational opportunities, and program updates are provided to coalition members. Social media campaigns promoting maternal, child, and adolescent health continue on Facebook, and Instagram.
- MCH Coalition meetings dates (north, south, and steering committee).
 - North MCH Coalition meetings:
 - April 8, 2021
 - May 13, 2021
 - June 10, 2021
 - August 12, 2021
 - South MCH Coalition meetings:
 - April 13, 2021
 - May 11, 2021
 - June 8, 2021
 - September 14, 2021
 - Steering Committee meetings
 - June 17, 2021
 - August 19, 2021
- From April 2021 to September 2021 both Facebook and Instagram followings have increased.
 - Facebook likes increased from 443 to 480 likes, an increase of 37 likes over six months.
 - Instagram followings increased from 405 to 485 followings, an increase of 80 followings over six months.
 - Instagram posts increased from 273 to 298 posts, an increase of 25 posts over six months.
- The annual MCH Symposium took place virtually on September 10, 2021, due to the COVID-19 pandemic.
 - This year's MCH Symposium "The Great Reset," focused on maternal and adolescent mental health and child development. Approximately 84 individuals attended the symposium.

Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) Program –

- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Nevada Division of Public and Behavioral Health and the Centers for Disease Control and Prevention (CDC). The purpose is to determine protective factors for healthy, full-term births as well as risk factors for short-term births, babies born with disabilities, and maternal health. To do this, the questionnaire asks new mothers questions about their behaviors and experiences before, during, and after their pregnancy. Each year in Nevada hundreds of babies are born with serious health concerns or disabilities. Many factors in a mother's life may affect her pregnancy and the health of her child and this survey is designed to capture these variables. The overall goal of PRAMS is to reduce infant morbidity and mortality and to promote maternal health by influencing maternal and child health programs, policies, and maternal behaviors during pregnancy and early infancy.
- NV PRAMS continued the disability supplemental questions for 2021 births with MCH Title V Program and State general funds and will switch to opioid supplemental questions in 2022. The disability and opioid supplement will continue to rotate every other year. Data from the survey will inform future data driven MCH efforts.
- Nevada PRAMS received \$16,444 from the Council of State and Territorial Epidemiologists (CSTE) to add eleven questions on how the COVID-19 pandemic and response impacted women's pregnancy and birth experiences. These questions began in October 2020, and ran through September 2021, representing 12 months of data collection.
- 2017 Nevada PRAMS data had a response rate of 41% and 2018 data had a response rate of 39%, which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. 2019 weighted data was received in February and had a response rate of 42% which is under the CDC threshold of 50% to publish data. This data should be interpreted with caution due to the response rate.
- Data can be requested via the Office of Analytics at data@dhhs.nv.gov. The primary goal for Nevada PRAMS is to increase response rates moving forward.

Domain: Perinatal/Infant Health

- Increase the percent of children who are ever breastfed
- Increase the percent of children who are exclusively breastfed at 6 months

Title V/MCH Program and Partners –

- CCHHS reached out to 11 businesses to educate about breastfeeding laws and encourage participation in the Breastfeeding Welcome Here (BFWH) Campaign with three taking the pledge to list themselves as breastfeeding friendly.
- A Pregnancy Risk Assessment Monitoring System (PRAMS) social media campaign promoted the value of participating in the survey to improve prenatal health care in Nevada. These messages only reached 260 since the post was not boosted. Additionally, the clinic promoted PRAMS through the outside digital signage and 21 pregnant women were given PRAMS brochures.
- During clinic visits, staff educated women receiving positive pregnancy test results about breastfeeding. As many as 23 were referred to WIC for support and given information about <https://sobermomshealthybabies.org/>. Text 4 Baby was promoted on the clinic digital signage and a Facebook campaign reached 2,601 individuals.
- As many as 381 vaccination reminder cards were sent for infants/toddlers four-months through 35-months old in need of recommended vaccines.

Safe Sleep Media Campaign –

April 2021 – August 2021: 1271 Total TV Spots Aired, 3706 Radio Spots Aired

- TV
 - North: 921 English, 55 Spanish
 - South: 228 English, 67 Spanish
- Radio
 - North: 1527 English, 200 Spanish

Safe sleep social media posts in October were completed in partnership with REMSA, the Division of Child and Family Services and MCAH, as was a press release. A Governor's Proclamation on Safe Sleep was released in support of safe sleep awareness.

SoberMomsHealthyBabies.org Media Campaign –

April 2021 – August 2021: 474 Total TV Spots Aired, 2664 Radio Spots Aired

- TV
 - North: 76 English, 54 Spanish
 - South: 275 English, 69 Spanish
- Radio
 - North: 1201 English, 161 Spanish
 - South: 1283 English, 19 Spanish

PRAMS Media Campaign –

April 2021–August 2021: 328 Total TV Spots Aired, 2841 Radio Spots Aired

- TV
 - North: 90 English, 53 Spanish
 - South: 140 English, 45 Spanish
- Radio
 - North: 1314 English, 125 Spanish
 - South: 1281 English, 121 Spanish

Washoe County Health District (WCHD) –

- WCHD continues to review records for the Fetal Infant Mortality Review (FIMR). The Title V MCH Block Grant currently funds all WCHD FIMR efforts.
- There were 2 Case Review Team (CRT) meetings during the reporting period April 1, 2021 to June 30, 2021. Seven cases were presented and discussed. Meetings have been held virtually since COVID-19. The team typically meets monthly, except in June and December. The CRT has reviewed 39 cases this fiscal year so far.
- There were 3 Case Review Team (CRT) meetings during the reporting period July 1, 2021 to September 30, 2021. Nine cases were presented and discussed. Meetings were held virtually since COVID-19 and hybrid in August and September. The CRT has reviewed 9 cases this fiscal year.
- The Washoe County FIMR program has been exploring the “Count the Kicks” fetal movement awareness app and campaign. A recommendation was made by the CRT to support this fetal movement campaign in Nevada. Washoe County FIMR staff met with the Executive Directors of “Count the Kicks” and a local health care insurance company outreach team in March 2021. A campaign launch is happening now and materials are available for providers on the Count the Kicks website.
- The Washoe County FIMR program was recognized in the NCFRP newsletter in June 2021 for advocating for children and pregnant women during COVID-19 pandemic response. They specifically noted how the Washoe County community rallied around pregnant women providing easier access to information and resources for providers and families, encouraging women to continue with prenatal care through PSA’s run by local OB offices, and offering of in-services about the latest developments in COVID19 pertaining to pregnant women and children. Link to article: https://www.ncfrp.org/wp-content/uploads/NCFRP_Newsletter_June2021.pdf

Safe Sleep/Cribs for Kids-

- The Regional Emergency Medical Services Authority (REMSA) provides safe sleep media outreach and conducts activities with safe sleep partners, including community event participation statewide.
- Maintain consistent partner communication and continue with the train-the-trainer model.
- Work with hospital partners to implement Infant Safe Sleep practices and increase awareness by presenting at a minimum of four hospitals per year.
- Distributes Infant Safe Sleep brochures
- Delivered program supplies and equipment including 11 car seats, 19,778 brochures, 6 flip charts, and 17 binders,
- Purchased 504 more survival kits to distribute to partners
- Continue to work with partners on 3- and 12-month follow-up surveys
- Continued to promote 211, Nevada Tobacco Quitline and Nevada Children's Medical Home Portal
- Provides safe sleep education and kits and car seats to Tribal partners in injury prevention.

Maternal-Infant Program –

- Critical Congenital Heart Disease (CCHD) data collection is ongoing.
- In June of 2021 Title V MIP launched the updated NevadaBreastfeeds.org website.
 - This includes maintenance of the site, and the Breastfeeding Welcome Here campaign.
- August was Breastfeeding awareness month, and a banner was placed over Carson Street to support breastfeeding.
- Telehealth pilot by MCAH was accepted as a cutting-edge practice by AMCHP.
- The Nevada Home Visiting partnership continues with MCH.

Substance Use During Pregnancy –

- All Title V subrecipients promote the SoberMomsHealthyBabies.org website
- Title V MCH staff participate in Substance Use workgroups and collaborate with the Substance Abuse Prevention and Treatment Agency (SAPTA) on the Comprehensive Addiction Recovery Act (CARA) initiatives, including Infant Plan of Safe Care, Promoting Innovation in State/Territorial Maternal and Child Health Policymaking (PRISM) Learning Community and Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI) efforts.
- All Title V MCH subrecipients promote the website: <https://sobermomshealthybabies.org/>. CCHHS promoted the website two months on Facebook and reached 3,881 individuals.
- Translation of CARA Family brochure and CARA form were provided by MCAH.

Domain: Child Health

- Increase the percent of children (10-71 months) who receive a developmental screening using a parent-completed screening tool

Title V/MCH Program and Partners –

- Community Health Services (CHS) administered infant and child immunizations in the clinic setting and through community immunization clinics.
- CCHHS works collaboratively with the in-house WIC office whose staff discussed the value for a medical home with 340 individuals. Additionally, Nevada 211 and medical home portal promotional materials were discussed with CCHHS clients and made available in the clinic area. Two Facebook campaigns were run promoting Nevada 211 which reached 4,962 people along with one clinical signage endorsement. CHHS promoted childhood immunizations through the clinic digital signage and a Facebook campaign.
- Nevada Institute for Children's Research and Policy (NICRP) sent 38,836 Kindergarten Health Surveys to all 17 school districts. They distributed 9,000 more than usual since Clark County had higher enrollment numbers than prior years. Efforts were made to include charter schools to reach a more diverse population base.

Child and Adolescent Efforts by Title V MCH staff

- The AHWP Coordinator conducted the final activity from the Children’s Healthy Weight CoIIN, led by the Association of State Public Health Nutritionists presenting at a poster session at the annual conference highlighting a two-month social media campaign conducted this spring. It promoted a series of fact sheets to assist Early Care and Education centers in implementing the Child and Adult Care Food Program (CACFP) which is recommended to help childcare settings improve childhood nutrition, prevent obesity, and address food insecurity.
- The AHWP Coordinator is on the National Center for School Mental Health CoIIN Nevada team led by the Nevada Department of Education (NDE).
- The AHWP Coordinator attended children’s mental health meetings such as the Nevada Children’s Behavioral Health Consortium and the NDE and Division of Child and Family Services (DCFS) collaboration meetings. Title V MCH and other DPBH staff joined with NDE and DCFS to work on an Interconnected Systems Framework to aid state agencies working on childhood resiliency create a unified resource list and action plan.
- The Teen Pregnancy Prevention Coordinator funded a statewide social media promotion of state resiliency resources and convened partners in disparity reduction trainings while promoting evidence-based curriculum for youth to reduce teen pregnancy, STIs, and promote positive youth development. The campaign reached over 1,575,815 media impressions.
- MCAH staff participate in DCFS’ NVPeds Evaluation workgroup in efforts to increase pediatric mental health resources in the state.

Domain: Adolescent Health

- Increase the percent of adolescents aged 12-17 with a preventive medical visit in the past year
- Increase percent of adolescents with and without special health care needs, aged 12 – 17 who received services necessary to make transitions to adult health care
- Reduce pregnancies among adolescent females aged 15 to 17 years and 18 to 19 years

Title V/MCH Program and Partners –

- CHS provided preventive education services with a focus on well-care screenings, contraceptives, Sexually Transmitted Infection (STI) screens, immunizations, as well as nutrition, weight, and exercise information. Youth presenting for reproductive health visits were screened for domestic violence and emotional/mental problems, as well as depression. Staff were trained on topics pertinent to creating adolescent-friendly clinic environments using best practice resources from the Adolescent Health Initiative (Starter Guide mini toolkits and Spark trainings).
- CCHHS conducted well-visits for 25 adolescents. Referrals were made for 5 youth afflicted by domestic violence, 37 with mood disorders, 54 with substance use, and 49 reporting alcohol use. During clinic visits, 81 youth or family members received health care transition information. Staff conducted outreach to 25 local agencies sharing the value of adolescent well-visits and information about health care transition. Additionally, both topics were promoted on the clinic digital signage and through social media. Two Facebook posts reached 3,504 individuals and one about health care transition was seen by 1,052 youth.
- Urban Lotus Project (ULP) Trauma-Informed Yoga for Youth no-cost courses were completed with 5 agencies hosting in-person classes. COVID-19 necessitated reduced programming and virtual yoga sessions were conducted at three different sites. Yoga teachers taught 179 classes to 1,033 adolescents reaching 332 new students. The Association of Maternal and Child Health Professionals (AMCHP) awarded funding to a Tennessee yoga agency to replicate ULP practices and policies. The AHWP Coordinator and ULP director were trained by AMCHP as coaches and met with the Nashville group regularly to assist them in implementing new policies and practices aligning with ULP.

- DP Video conducted a month-long social media campaign promoting health care transition awareness to youth and parents/caregivers. Six video ads (3 English/3 Spanish) were displayed on Facebook/Instagram. These messages reached 11,709 people with 110,832 media impressions, 7,983 video views, and 336 clicks on the links for additional resources. Six video ads (3 English/3 Spanish) were displayed on Twitter resulting in 95,903 media impressions.

Adolescent Health and Wellness Program (AHWP) –

- All Title V MCH Staff attended a 2.5-day training through the MCH Workforce Development Center. Other partners in attendance included University of Nevada Reno, Nevada Center for Excellence in Disabilities, and the Nevada Primary Care Association. Focus was on system changes pertinent to innovative projects and assessment of efforts. Focal discussions were held on increasing adolescent well-visits and health care transition awareness/training for professionals.
- Disseminated 34,950 brochures *Does Your Teen Need Health Coverage?* addressing the value of adolescent well-visits and how to apply for health insurance. Of these, 15,625 were in Spanish.
- The AHWP Coordinator serves as a member on the Coalition to Prevent the Commercial Sex Exploitation of Children (CSEC).
- The AHWP and Teen Pregnancy Prevention coordinators are in the Leadership Exchange for Adolescent Health Promotion (LEAHP) learning collaborative which worked on developing Nevada's action plan to support adolescent sexual health policy assessment, expansion, implementation, monitoring, and evaluation. These plans also include ensuring youth have safe and supportive mental and emotional health environments.
- Adolescent focused meetings/conferences attended included:
 - AMCHP virtual annual meeting with most of the focus on how to incorporate health and racial equity into MCH Programs
 - State adolescent health program coordinators regular meetings about program successes and challenges.
 - Racial Equity Learning Community organized by the National Network of State Adolescent Health Coordinators to look at how to improve adolescent programming.
 - Nevada Primary Care Association's Healthy Tomorrows Partnership for Children Youth Advisory Committee.
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- Shared the Facebook video posts promoting the value of health care transition awareness created by DP Video with funded partners and outside agencies for placing on their Facebook pages
- Provided the newly released animated video [What is Health Care Transition? HCT 101](#) to adolescent serving groups. This resource created by Got Transition was a joint effort using young adult input
- Obtained resources from <https://www.gottransition.org/> to be disseminated to partners and at community events
- Project ECHO attendance at six-session series informing health professionals about the Six-Core Elements of Health Care Transition established by Got Transition.

Domain: Children and Youth with Special Health Care Needs (CYSHCN)

- Increase the percent of children with special health care needs with a medical home
- Increase the percent of children without special health care needs with a medical home
- Increase the number of WIC, Home Visiting, Healthy Start, and other program participants that received information on the benefits of a medical home
- Increase the number of referrals to Nevada's medical home portal
- Increase the percent of children with special health care needs aged 12 through 17 who receive services necessary to make transitions to adult health care

Title V/MCH Program and Partners –

- Nevada Center for Excellence in Disabilities (NCED) hosted 6 University of Nevada, Reno (UNR), Project ECHO series on health care transition. The 34 attendees from six counties learned best practices from Got Transition's six core elements, related resources, and were involved in case-based discussions. The MCH Program provided resources to expand the course opportunity to reach practitioners serving both children with and without special health care needs. A survey collected data on the impact of the Project ECHO series informing about increased knowledge about health care transition and intention to change clinic policies and practices. Additionally, NCED referred 15 families to the Medical Home Portal.
- The NCED Family Navigation Network became a new partner in July 2021 and supports families of children and youth with special health needs to navigate complex healthcare systems. Family Navigation Network provides free one-to-one support, training, and printed materials to families and the professionals who serve them.
 - During their first quarter as a partner, 12 calls to the hotline were answered. 4 calls were about therapy options, 3 were about school-related issues, 2 were about insurance/payment issues, 1 for college options for a child with a developmental disability, and 2 about the Katie Beckett application.
 - 8 referrals were made for educational advocacy, therapies and paying for services.
 - 100% of staff were trained on the Medical Home Portal and 30% of families were trained.
- A social media campaign ran for Nevada Medical Home Portal during the month of August 2021. The campaign reached over 1,201,524 media impressions on Facebook, Instagram, and Twitter. Facebook and Instagram reached 132,445 people in the specified demographics and had 2,965 link clicks.
- The Family Engagement Coordinator with The Children's Cabinet provides technical assistance and facilitates parent involvement in social emotional Pyramid Model (TACSEI) activities. From July 1, 2021, to September 3, 2021, three Technical Assistance trainings with 5 participants were conducted and 7 preschools and daycare centers were contacted and given informational materials. Data collection and evaluation for Pyramid Model activities is ongoing, with 17 sites collecting data. 168 children have received Ages and Stages Questionnaire screenings.

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

- Title V MCH staff continued participation in the Pediatric Mental Health Care Access Program (PMHCAP) with the Nevada Division of Child and Family Services (DCFS). PMHCAP uses telehealth strategies like Mobile Crisis Response teams to expand mental health services for children in Nevada. Title V MCH staff recently peer reviewed the Early Childhood Mental Health Brief Development process and protocols initiated by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).
- Title V MCH staff presented to the Nevada Governor's Council on Developmental Disabilities (NGCDD) on CYSHCN Programs and provided data and reporting.
- Title V MCH staff distributed 800 Milestone Moments brochures in both English and Spanish to CHS and rural nursing clinics. These brochures detail developmental signs to be aware of during a child's first five years of life.
- Title V MCH staff continue to participate in a joint working group across agencies related to youth mental health.
- Clear masks were widely distributed to statewide school districts to help support youth access to lipreading.

Domain: Cross-Cutting/Life course (activities within this domain are included within each subpopulation above), which include the following objectives:

- Reduce the percent of women who smoke during pregnancy
- Increase the percent of women who call the Nevada Tobacco Quitline for assistance
- Reduce the percent of women using substances during pregnancy
- Reduce the percent of children who are exposed to secondhand smoke

- Increase the percent of adequately insured children
- Increase the percent of callers to Nevada 211 inquiring/requesting health insurance benefits information

Tobacco Cessation –

- All subgrantees continue to promote the Nevada Tobacco Quitline (NTQ). CCHHS and CHS referred tobacco users to the NTQ. CCHHS and CHS counseled self-identified persons who use nicotine with a Brief Tobacco Intervention resulting in 262 referrals to the NTQ due to desire to change smoking/vaping habits. CCHHS posted one NTQ messages on the clinic signage and conducted one Facebook campaign reaching 1,993 individuals.

Adequately Insured Children –

- CCHHS partners with the Division of Welfare and Supportive Services (DWSS) by placing insurance enrollment staff on-site. In-person efforts started up again and 79 individuals sought services. In-reach was conducted through CCHHS clinic staff.

Nevada 211 –

- Nevada 211 received 354 calls/texts from within the MCH population with 90% being pregnant. Referrals were made to the following programs: Medical Home Portal (21), Text 4 Baby (20), Nevada Tobacco Quitline (4), Sober Moms Healthy Babies website (2), and Perinatal Mood and Anxiety Disorder (PMAD) resources (1). PRAMS program information was provided to 3 callers.
- All subgrantees continue to promote Nevada 211.

Title V MCH Program –

- Title V MCH released a public facing [Power BI data dashboard](#) that utilizes Federally Available Data to display Nevada data points on performance measures with United States comparisons. Each domain is represented in the dashboard and has interactive graphs and tables that allow for breakdowns by race and ethnicity, insurance status, urban rural residence, and other relevant variables.
- The annual Health Resources and Services Administration (HRSA) site visit to review the Title V Block Grant application for FFY 2022 was conducted on September 29, 2021. This site visit was successful, and Title V MCH members were praised for their effective and numerous community partnerships, commitment to data capacity, involvement in Public Health Preparedness and Planning, and optimization of reach.