# Maternal and Child Health Services Title V Block Grant

## Nevada

## FY 2019 Application/ FY 2017 Annual Report

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## I. General Requirements

## I.A. Letter of Transmittal

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*Governor*

RICHARD WHITLEY, MS
*Director*

JULIE KOTCHEVAR, Ph.D.
*Administrator*

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11 June 2018

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Director
Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
Room 5C-26, Parklawn building
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Rockville, MD 20857

RE: Maternal and Child Health Block Grant Submission. FFY 2019 Application and FFY 2017 Annual Report

Dear Ms. Lawler,

The Nevada State Division of Public and Behavioral Health, which administers the Title V Maternal and Child Health Block Grant, respectfully submits the Federal Fiscal Year (FFY) 2019 Application and FFY 2017 Annual Report to the Health Resources and Services Administration.

It is a pleasure to work with federal, state, and local partners to improve and protect the health of families in Nevada.

Sincerely,

Julie Kotchevar, Ph.D.
Administrator

## I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

## I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2018 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

## I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: December 31, 2020.

## II. Logic Model

*Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: December 31, 2020.*

## III. Components of the Application/Annual Report

## III.A. Executive Summary

### III.A.1. Program Overview

### Program Overview

Nevada's Title V Maternal and Child Health (MCH) Program is dedicated to working with diverse public and private partners across the state to improve MCH health outcomes. Funded partners implement activities serving women of child bearing age, pregnant women, infants, adolescents, and children, including children and youth with special health care needs (CYSHCN).

Nevada's Title V MCH Program is housed in the Maternal, Child and Adolescent Health (MCAH) Section; Bureau of Child, Family and Community Wellness (BCFCW); Division of Public and Behavioral Health (DPBH); Department of Health and Human Services (DHHS). The Nevada Title V MCH Program website can be accessed at: http://dpbh.nv.gov/Programs/TitleV/TitleV-Home/. Nevada's Title V MCH Program is committed to funding evidence-based or informed programs for MCH populations.

### ACCOMPLISHMENTS AND PRIORITIES BY POPULATION DOMAIN

Domain: Women/Maternal Health

- Priority: Improve preconception and interconception health among women of childbearing age (Percent of women with a past year preventive visit)

Kids Count data (2016) indicate 15% of Nevada parents do not have health insurance compared to the national average of 11%, and 8% of women receive late or no prenatal care in Nevada compared to the national average of 6%. The Title V MCH Program partners with statewide and regional MCH and breastfeeding coalitions, faith-based coalitions, family resource centers, community-based programs, and public and private stakeholders to increase rates of coverage and prenatal care.

The Title V MCH Program collaborates with partners to identify and reduce modifiable risk factors for improving birth outcomes, including racial and ethnic health disparities. Initiatives include the Nevada National Governors Association (NGA) Learning Network on Improving Birth Outcomes and the Collaborative Improvement and Innovation Network (CoIIN) to reduce Infant Mortality, as well as funding the Go Before You Show campaign.

The Title V MCH Program funds partner organizations to provide critical screenings to women of childbearing age including postpartum depression; Screening, Brief Intervention, and Referral to Treatment (SBIRT); and One Key Question. Co-funded efforts with Nevada Home Visiting promote relevant screenings, including the Ages and Stages Questionnaire, workforce development, and inclusive, culturally competent resources.

In response to Nevada's legalization of medical and recreational marijuana, informational resources on pregnancy, breastfeeding and marijuana were developed by the Title V MCH Program and will continue to be disseminated by Title V MCH Program, the Department of Taxation, and Substance Abuse, Prevention and Treatment Agency (SAPTA) as well as funded and non-funded partners. The Title V MCH Program funds public service announcements (PSAs) promoting awareness of Pregnancy Risk Assessment Monitoring System (PRAMS) data which will inform program activities. Efforts to reduce substance misuse in pregnancy and improve inter-conception care continue to be funded by the Title V MCH Program and include promoting SoberMomsHealthyBabies.org and an associated media campaign, and focus perinatal activities on reduction of neonatal abstinence syndrome (NAS). Title V MCH

funded partners to promote SoberMomsHealthyBabies.org through social media and print, developed the Substance Use in Pregnancy Toolkit, and participated in Comprehensive Addiction and Recovery Act (CARA) Plan of Care development. Title V MCH continues to move forward efforts to establish a Maternal Mortality Review Committee (MMRC) and formalize Perinatal Quality Collaborative (PQC) activities.

Domain: Perinatal/Infant Health

- Priority: Breastfeeding promotion (Percent of infants who are ever breastfed and Percent of infants breastfed exclusively through 6 months)

According to the Centers for Disease Control and Prevention (CDC) 2016 Breastfeeding Report Card, the percent of infants who are ever breastfed in Nevada (82.6) was slightly higher than the national average (81.1). The Title V MCH Program partners with WIC; faith-based and breastfeeding coalitions; community-based programs; Local Health Authorities (LHAs); and public and private stakeholders to fund efforts to increase breastfeeding rates by improving access to breastfeeding supports for new mothers.

Training was completed at nine Nevada maternity centers on Title V MCH funded Baby Steps to Breastfeeding Success. Eighty-six Nevada businesses pledged their commitment to provide welcoming environments to breastfeeding mothers through the Breastfeeding Welcomed Here campaign, supported in part by Title V MCH funding. Five hospitals in Clark County and one in Churchill County fully implemented the Baby Safe Sleep program. Title V MCH funded partners promoted breastfeeding-friendly workplaces; four businesses were furnished with supplies such as privacy screens, refrigerators, or reclining chairs.

Title V MCH Program perinatal quality activities and CoIIN efforts support this domain, as do Title V MCH funded Safe Sleep efforts. An Injury Prevention Safe Sleep pilot will continue with Indian Health Service clinics in Fall of 2018. Title V MCH Program funds the only state Fetal Infant Mortality Review (FIMR), and co-funds Home Visiting, PRAMS promotion and Healthy Start which also support efforts in this domain.

Domain: Child Health

- Priority: Increase developmental screenings (Percent of Children, ages 10-71 months, receiving a developmental screening using a parent-completed tool)
- Priority: Promote healthy weight (Percent of children 6-11 years of age who are physically active at least 60 minutes per day)

The Title V MCH Program funds and collaborates with public and private partners to improve the percent of children receiving developmental screening and increase the number of entities trained on Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire-Social-Emotional (ASQ-SE) by funding training of trainers opportunities statewide. Centers for Disease Control and Prevention (CDC) English and Spanish Milestone Moments distribution with multiple partners is ongoing.

The Title V MCH Program funded the annual Nevada Kindergarten Health Survey, which shows an increase in the number of obese children entering kindergarten. The State Chronic Disease Prevention and Health Promotion (CDPHP) Section partners with Title V MCH in meeting goals to improve health. Title V MCH co-funded and partnered with CDPHP and Women, Infants, and Children (WIC) Program on a one-month social media campaign focused on healthy eating habits (including breastfeeding) and daily exercise routines reaching 227,487 parents/caregivers. The Title V MCH and CYSHCN toll-free helplines continue to be promoted.

Domain: Adolescent Health

- Priority: Improve preconception and interconception health among women of childbearing age (Percent of

adolescents 12-17 years of age with a preventive medical visit in the past year)
- Priority: Promote healthy weight (Percent of Adolescents 12-17 years of age who are physically active at least 60 minutes per day)
- Priority: Reduce teen pregnancy

The Title V MCH Program funded, developed, and distributed 19,575 brochures (in English and Spanish) on how to access insurance coverage for adolescents, and highlight the value of adolescent yearly wellness visits. The Nevada NGA Learning Network to Improve Insurance Enrollment and Access to Health Care for Adolescents focused on Clark County and expanded statewide.

According to the 2015 YRBSS, 49.4% of Nevada adolescents were not physically active at least 60 minutes per day on five (5) or more days, which is slightly better than the national rate of 51.4%. To improve physical activity rates, the Title V MCH Program funds a pilot program to improve the percent of physically active adolescents through support of trauma informed yoga via a partner serving high risk youth, as well as launching a social media campaign promoting adolescent physical activity reaching 99,000 people.

As one in five births to Nevada teen mothers is a repeat teen birth, MCH efforts focus on decreasing both teen pregnancy and repeat teen pregnancy measures, with an emphasis on reducing health disparities. To improve teen birth measures, the Title V MCH Program funds the Nevada Statewide MCH Coalition, LHAs, community-based programs, Home Visiting, and Healthy Start to increase access to family planning information, and other educational materials, including funding LHAs and Community Health Nurses (CHNs) to provide education and promote Medicaid coverage of LARCs immediately postpartum.

Domain: Children and Youth with Special Health Care Needs
- Priority: Improve care coordination (Percent of children with and without special health care needs having a medical home)

According to the 2016 National Survey of Children's Health (NSCH), the percent of CYSHCN, ages 0 through 17 y.o., who had a medical home in Nevada (34.9%) was well below the national average (43.2%). The Title V MCH Program funded University of Nevada, Reno, University Center for Autism and Neurodevelopment (UCAN), and Cleft Palate Clinic programs to help promote the importance of establishing Medical Homes and distribute Nevada Children's Medical Home Portal (MHP) materials to families, as well as funding Family TIES to do so.

Major highlights include establishment of the Nevada Children's MHP, launched in January 2017 to improve care coordination among children with and without special health care needs by providing a one-stop shop for families to find services and providers. To increase awareness of the Nevada MHP, each Title V MCH Program funded partner is required to promote the MHP as part of their scope of work in any new sub-award. The MHP is also promoted to medical providers in Nevada to increase referrals to needed resources. Promotion of the MHP to families gives them easy access to local or statewide medical home resources for a variety of health-related and social services increasing the chance they will be able to access care for identified needs. The MHP increases awareness of resources, is available in Spanish, and links CYSHCN, their families and providers to resources for needed services. The Title V MCH Program funds MCH coalitions, community-based programs, Nevada's Family-to-Family/Family Voices entity, Nevada 2-1-1, and public and private stakeholders to increase promotion of health care resources and care coordination with the portal.

The DPBH and the Division of Health Care Finance and Policy (DHCFP)-Medicaid, participate in the National Academy for State Health Policy (NASHP) Medically Complex Children CoIIN.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) promotion by Title V MCH will continue, as well

as efforts to connect CYSHCN to insurance, funding the CYSHCN toll free line and participation in the Nevada Governor's Council on Intellectual and Developmental Disabilities (NGCDD), and Interagency Coordinating Council (ICC) which address care coordination.

Nevada Title V MCH participates in the Mountain States Regional Genetics Network and staff will attend the October 2018 conference. Title V MCH staff facilitated meetings with DHCFP, providers, and University of Nevada, Reno, Newborn Screening (NBS) Program in relation to the addition of the Severe Combined Immunodeficiency (SCID) screen to the Nevada panel in 2018, to improve care coordination including sharing algorithms and streamlining Medicaid policy to facilitate timely access to care.

Domain: Cross-Cutting/Systems Building

- Priority: Reduce substance use during pregnancy (Percent of women who smoke during pregnancy)

Nevada Title V MCH Program monitors the percent of women who smoke or use substances during pregnancy, as well as the percent of children exposed to secondhand smoke. Nevada was awarded a PRAMS grant in 2016, data from which will inform activities and improve measures related to substance use during pregnancy and exposure to secondhand smoke.

Title V MCH funds and is engaged with state and community programs to prevent and reduce substance use among pregnant women and women of childbearing age. Title V MCH is committed to reducing preconception and interconception substance use by supporting SBIRT training for health care providers, funding media campaigns statewide, and funding SoberMomsHealthyBabies.org efforts. IM CoIIN, Home Visiting, and perinatal quality activity efforts all support progress in this domain. Comprehensive Addiction and Recovery Act (CARA) Plan of Care development, and Department of Taxation Marijuana partnership and information sharing are partnerships using products developed and funded by Title V MCH.

**III.A.2. How Title V Funds Support State MCH Efforts**

## How Title V Funds Support State MCH Efforts

Title V MCH is a unit within the MCAH Section of the DPBH. Programs include: Adolescent Health and Wellness, CYSHCN, Maternal and Infant Health, Rape Prevention and Education, and MCH Epidemiology. MCH also supports and complements Nevada Home Visiting, PRAMS and Maternal and Child Health Advisory Board (MCHAB).

Title V MCH funded partners provide interventions and support to reach diverse populations, and include:

- Partners Allied for Community Excellence (PACE) Coalition
- Healthy Start
- Nevada MCH Coalitions
- Family Voices
- March of Dimes (MOD)
- Nevada Early Childhood Advisory Council (ECAC) collaboration and alignment cross systems work
- Nevada Health Conference
- The use of Promatores to address Perinatal Mood and Anxiety Disorders (PMAD) in southern Nevada.
- Children's Cabinet TACSEI
- Family TIES
- Nevada 2-1-1

Programs funded by Title V MCH recognize the importance of respecting cultural pluralism. Whether at the state, county, or the community level, MCH coalitions are expected to provide bilingual resources to meet Culturally and Linguistically Appropriate Services (CLAS) standards and increase cultural competence.

**III.A.3. MCH Success Story**

## MCH Success Story

The Nevada Home Visiting Program is partially funded by Title V MCH Block Grant funds, including the University of Nevada, Reno (UNR), Nevada Home Visiting local implementing agency. In December 2016, the Washoe County Sheriff's Office Program Director and Sheriff agreed to allow the Home Vising program to enter the jail and work with any pregnant women interested in Home Visiting services. After background checks, three of the UNR Home Visiting staff were approved to enter the jail and begin services. The first Home Visiting class took place in February 2017.

During one of these classes, an inmate shared with her Home Visitor, she was experiencing bleeding. She had gone to the infirmary, but was told she was fine and should return to her cell to rest. Upon hearing this, the Home Visitor contacted the jail's Program Director and asked for assistance in getting the woman medical attention. The woman and Home Visitor were transported to Labor and Delivery where it was confirmed the woman was in labor. The baby was born prematurely and was admitted to the Neonatal Intensive Care Unit (NICU). Upon release from the hospital, the woman returned to jail to finish her sentenced time. A healthy baby and mother were reunited upon the woman's release from jail. The woman has continued as an enrollee in the Nevada Home Visiting program and is grateful for the Home Visitor assistance in keeping her and her baby safe.

## III.B. Overview of the State

### State Overview

### 1. Geography

Nevada is the most mountainous state in the U.S with over 150 named ranges and has several mountain peaks exceeding 11,000 feet. The state has a unique topography, with vast distances separating frontier, rural, and urban communities. With a land mass of approximately 110,000 square miles, Nevada is the 7th largest state in the United States (U.S.). The State Demographer's Office indicates Nevada has three urban counties (Carson City, Clark, and Washoe), three rural counties (Douglas, Lyon, and Storey), and eleven counties designated as frontier (Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, White Pine). The three rural counties (Douglas, Lyon, and Storey) also meet "micropolitan" classification due to their proximity to the urban (metropolitan) counties (Carson City, Clark and Washoe).

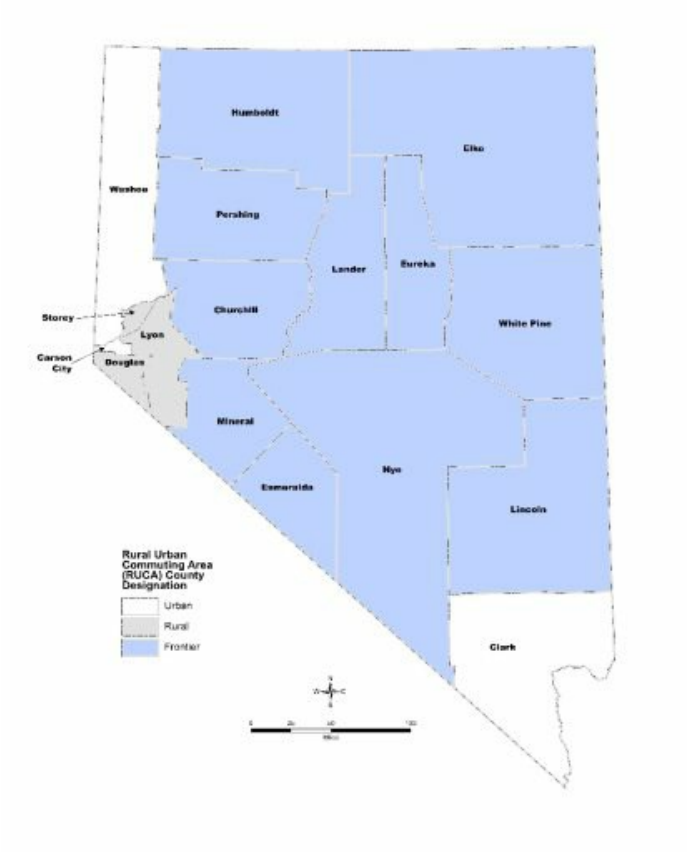


Figure 1. Map of Nevada with Counties

The distance between Washoe and Clark counties is 448 miles (approximately 7.5 hours by car), between Washoe and Elko counties is 290 miles (approximately 4.5 hours), and between Elko and Clark counties is 433 miles (approximately 7.5 hours by car). Residents in the rural and frontier counties are spread across 95,421 square miles or 86.9% of the state's land mass. Population density ranges from 379 people per square mile in Carson City to 0.22 people per square mile in Esmeralda County. Approximately 90% of Nevada land is publicly owned and administered by federal, state, and tribal entities, with the remaining 10% privately owned.

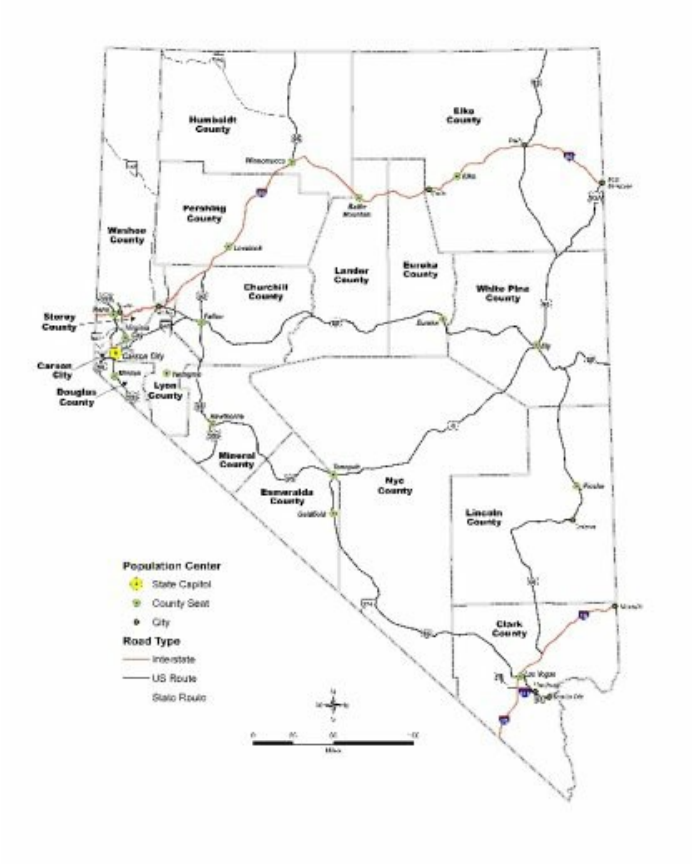


Figure 2. Map of Nevada with Cities

## 2. Population

In 2017, the Nevada State Demographer's Office and the U.S. Census Bureau estimate Nevada's population as just under 3 million (2,998,039). Between 2010 and 2017, Nevada had the sixth-highest percentage growth in the nation (11.02%): however, between July1, 2016 and July 1, 2017, Nevada was the second fastest growing state at 2%. At the current growth rate, the population is expected to exceed 3 million by the end of 2018. While Nevada's population continues to grow, some rural and frontier counties lose population annually. The most densely populated area in the state is Clark County with 73.5% (2,204,079) of all Nevada residents. The population in the rural and frontier counties ranges from approximately 800 (Esmeralda County) to just under 55,000 residents (Carson City). In 2016, the child population (Nevadans under 18) was 689,550. The number of children living in a single-parent household was 242,000 (35%).

The U.S. Census Bureau also indicates Nevada is an ethnically diverse state, with over 28.5% of the state's population in 2016 documented as Hispanic Origin of Any Race. In comparison, Nevada's population is 49.9% White alone, 9.6% Black alone, 8.7% Asian alone, 1.6% Native American or Alaskan alone, 0.8% Hawaiian and Other Pacific Islander alone, and 4.2% two or more races (https://www.census.gov/quickfacts/fact/table/clarkcountynevada,NV/PST045217).

According to the most recent Kid's Count Data Center (2016) approximately 37% of Nevada's children are from non-U.S. national families and of these children, 72% are from Latin America. These numbers have been holding steady over the last 5 years.

Health concerns for Nevada's diverse maternal, child, and adolescent health (MCAH) population include physical,

reproductive, behavioral, mental, psychosocial, chronic disease concerns, and care of children and youth with special health care needs. Language barriers, cultural differences, access to insurance, and service availability can influence the use of clinics, hospitals, doctors and other health care services. Title V MCH funded partners provide referrals and resources to community events and health fairs. Along with providing printed materials, personnel link diverse populations to specific programs providing culturally competent services.

### 3. Public Health System/Organizational Structure

Governor Brian Sandoval is Nevada's Governor, currently serving the last year in his second 4-year term. The Nevada Department of Health and Human Services (DHHS) is the largest of the State's departments and reports directly to the Governor. The Director of DHHS, Richard Whitley, is Governor-appointed. DHHS is comprised of five divisions, with multiple programs under the DHHS Director. The divisions include the Division of Public and Behavioral Health (DPBH), Aging and Disability Services Division (ADSD), Division of Child and Family Services (DCFS), Division of Health Care Financing and Policy (DHCFP), and Division of Welfare and Supportive Services (DWSS).

DHHS programs helping to promote Title V MCH priorities in Nevada include: Nevada 2-1-1, Office of Consumer Health Assistance, Nevada Governor's Council on Developmental Disabilities, the Office of Health Information Technology (HIT), Individuals with Disabilities Education Act (IDEA) Part C Office, Nevada Early Intervention Services (NEIS), the Office of Minority Health, Tribal Liaisons (DHHS and DBPH partner with 27 Tribes across Nevada through a Tribal Consultation Process Agreement to strengthen ties and relationships with Tribal Governments), Primary Care Office (PCO addresses access to health care and identifies workforce shortage areas), Oral Health (initiatives focusing on pregnant women, infants, and young children), Community Health Nurses (rural communities), Office of Public Health Informatics and Epidemiology (OPHIE), Office of Analytics, Substance Abuse Prevention Treatment Agency (SAPTA), Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) of the Division of Child and Family Services (DCFS), Chronic Disease Prevention and Health Promotion (CDPHP), Community Health Workers Program (CHW), Women, Infants, and Children (WIC), and the Immunization Program (IZ).

Nevada Revised Statute (NRS) Chapter 442 (http://www.leg.state.nv.us/NRS/NRS-442.html) details Title V MCH public health authority of DPBH. The DPBH Administrator is Julie Kotchevar, PhD. The Bureau of Child, Family and Community Wellness (CFCW) within the Community Services Branch is led by Bureau Chief Beth Handler, MPH. She is also the MCH Title V Director and oversees WIC, IZ, CDPHP and MCAH. The MCAH Section is led by CYSHCN Director Vickie Ives, MA. MCAH programs include: Maternal, Infant, and Early Childhood Home Visiting (MIECHV); Teen Pregnancy Prevention (TPP), including Personal Responsibility Education Program (PREP) and Abstinence Education Grant Program (AEGP); Pregnancy Risk Assessment Monitoring System (PRAMS); Rape Prevention and Education (RPE); Early Hearing Detection and Intervention (EHDI); and the Title V MCH Program. The MCAH Section addresses health and social issues among the populations served by coordinating efforts with Nevada DHHS programs, local health authorities, public and private partners, MCH Coalitions, Community Coalitions, Family Resource Centers, Federally Qualified Health Centers (FQHC), stakeholders, and regional hospitals.

The MCAH Section includes the Title V Maternal and Child Health (MCH) Program, which is managed by Mitch DeValliere, DC (Health Program Manager I) who is responsible for carrying out the policy, program, evaluation, and fiscal administration of Title V activities. Title V MCH Program fiscal staff include two Management Analysts. Title V MCH staff and programs include:

- The CYSHCN Program Coordinator, cooperates with partners, both public and private, to promote the Nevada Medical Home Portal, serve family advocates for CYSHCN, provide services and supports for

CYSHCN, health education, and training for families and health professionals. Examples include the University of Nevada, Reno (UNR) Craniofacial Clinic, Children's Cabinet Technical Assistance Center on Social Emotional Interventions (TACSEI), Family TIES, transition activities for older CYSHCN, and Nevada Center for Excellence in Disabilities.

- The Title V MCH Epidemiologist is responsible for MCH data needs in annual reporting and the five-year needs assessment. In addition, the epidemiologist analyses data and writes reports for federal, state and local use.
- The Rape Prevention and Education (RPE) Coordinator manages the program, including collaborating with public and private partners to prevent sexual violence and intimate partner violence among youth and young adults ages 12 through 24. Funding for the RPE Coordinator .25 FTE position and interrelated prevention activities is provided through the Title V MCH Block Grant, Preventive Health and Health Services Block Grant set-aside, and CDC.
- The Adolescent Health and Wellness Coordinator collaborates with community partners on improving access to health insurance, increasing utilization of adolescent well visits and general health and wellness services, increasing daily physical activity, and school-based health center Medicaid certification promotion.
- The Maternal and Infant Health Coordinator collaborates with diverse community partners on a variety of pre- and post-interconception care initiatives, including substance misuse prevention, Safe Haven, breastfeeding promotion, injury prevention, perinatal quality collaborations, perinatal mood and anxiety disorders, safe sleep, Child Death Review, and Fetal and Infant Mortality Review (FIMR).

Nevada's Title V MCH activities occur at the local, regional and statewide levels, and MCH cooperates with programs and sections within DPBH supporting women of child-bearing age, infants, children, CYSHCN, adolescents, and their families. Examples of Title V MCH funded partners administering programs congruent with the priorities indicated in the 5-year plan, include:

- Children's Cabinet TACSEI provides technical assistance and facilitates parent involvement in social emotional Pyramid Model activities.
- FamilyTIES serves CYSHCN and supports families and health professionals who work on their behalf. They provide advocacy, education, training, and other supports including a toll-free hotline.
- FIMR Program in Washoe County evaluates elements impacting the health of the mother, as well as fetal and infant birth outcomes to reduce fetal and infant mortality.
- Financial Guidance Center (FGC)/Nevada 2-1-1 provides information and referral via www.nv211.org, a toll-free phone number, text support, as well as hosting the Title V MCH toll free line, supporting the Nevada Children's Medical Home Portal resource sections, and educating women on the priority status of pregnant women at Substance Abuse Prevention and Treatment Agency (SAPTA) funded treatment centers.
- Immunize Nevada training/workforce development including statewide Nevada Health Conference with trainings to build topical MCH knowledge.
- Local Health Authorities provide outreach, care coordination, health education, health services access information, and support to improve public health.
- March of Dimes supports training of healthcare professionals and advocates, as well as providing Title V MCH with educational materials focusing on pre/interconception, including birth spacing, smoking cessation, and reducing early elective deliveries. March of Dimes assists Title V MCH and the Nevada Hospital

Association with the 39 weeks hospital banner campaign.

- Nevada Broadcasters Association Sober Moms Healthy Babies (SMHB), PRAMS, Safe Sleep, marijuana in pregnancy media campaigns, and DP Video adolescent physical activity campaign.
- Pregnancy Risk Assessment Monitoring System (PRAMS) partner at University of Nevada, Reno (UNR).
- Specific activities and initiatives focused on pregnancy, prenatal, and early childhood health including websites (e.g., sobermomshealthybabies.org and text4baby), safe sleep, and developmental screenings.
- Statewide MCH Coalition support to ensure website maintenance, communication, advocacy across public and private health entities in Nevada, maternal mental health trainings, and planning with partners for meeting community needs of diverse populations.
- UNR Nevada Center for Excellence in Disabilities provides training on leadership, advocacy, and the medical home for parents of CYSHCN.
- Urban Lotus provides trauma-informed yoga to at-risk youth.

Program management and fiscal staff meet weekly to discuss and coordinate all Title V MCH activities across Nevada, while program personnel meet biweekly to discuss the status of funded programs. Program and fiscal goals, potential barriers, training needs and technical assistance are all topics for discussion and action. New activities are considered as funding allows. Title V MCH Program personnel work with community partners to determine the scope of work and budget needed for community-level activities on an annual basis. This includes site visits monitoring program deliverables and fiscal processes and monthly calls.

### Culturally and Linguistically Appropriate Services (CLAS) Standards

Title V MCH funded programs provide outreach so people can receive culturally informed services. Training on cultural competence topics is a valuable component to the success of the Title V MCH Program and is offered to case managers, nurses, and others. Licensed personnel provide Culturally and Linguistically Appropriate Services (CLAS) and all non-licensed, para-professionals, including CHWs, Home Visitors and support staff, access CLAS training, and related training.

Title V MCH works with partners in remote areas to increase the number of sufficiently trained staff in the rural/frontier areas of Nevada. The Title V MCH Program, including funded partners, works with diverse communities across Nevada, including other partners/stakeholders who have a great understanding of the communities in which they live. Partners offer language and translation assistance, either through local community organizations, or over the phone. Several have personnel with language skills who can provide language assistance and translation.

Title V MCH provides bilingual information and media to serve Spanish language speakers. Nevada State Purchasing provides additional assistance with the capacity to work with diverse entities who provide translation assistance, and can aid with translation of documents.

Family TIES, a Title V MCH funded partner, provides interpretation and translation at the University of Nevada, Reno, Craniofacial Clinic. Title V MCH also funds a CHW in Elko County, and works with a hospital in southern Nevada to hire Promatores to serve Hispanic populations. Information and materials disseminated by these partners are culturally appropriate. Internal translation support is provided by MCAH staff members.

MCAH staff received training related to equity and diversity in September of 2017 and participated in webinars and trainings related to: diversity, CLAS, intergenerational trauma, minority health and wellness, tribal partnerships and health literacy. The Title V MCH Program works with community stakeholders to expand the MCH presence across

populations to address gaps, and service scope to engage all state communities. The Title V MCH Program collects accurate demographic information shared across all funded community partners.

### 4. Healthcare

The Patient Protection and Affordable Care Act (ACA) and Medicaid expansion continue to have a positive effect in Nevada. According to the Kaiser Family Foundation 2016 data, the uninsured population in Nevada decreased from 11% (2015) to 9% (2016) and the number of children who were uninsured decreased from 8% (2015) to 5% (2016). Both uninsured levels are equal to the national average of 9% for the total population and 5% for children. Nevada will continue to monitor insurance enrollment data. The Title V MCH Program will also review PRAMS data.

Nevada Medicaid is administered through the Division of Health Care Financing and Policy (DHCFP), with enrollment administered by the Division of Welfare and Supportive Services (DWSS) for Nevada Check Up (Nevada's CHIPRA Program) and Medicaid. Both Fee for Service (FFS) and Managed Care Organizations (MCOs) operate in the state. Rural areas are served by FFS providers and the urban areas of Clark and Washoe counties are served by four contracted MCO providers.

In January 2018, according to Medicaid CHIP enrollment (Medicaid.gov) an estimated 642,663 individuals were enrolled in Medicaid and Nevada CHIP, compared to September 2013 in which 332,560 were enrolled. These estimated numbers demonstrate continued growth, a net increase of 93.25%, in Nevada's Medicaid population from the previous calendar years (https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=nevada).

Nevada continues to monitor the utilization of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screenings among Medicaid-eligible children under the age of 21. Healthy Kids, the Nevada EPSDT Program, reimburses for well-child visits for all children enrolled in Nevada Medicaid and Nevada Check Up. Outreach to providers and families to encourage EPSDT screenings is a continuing effort for the DHCFP. Continued collaboration between the DHCFP and Title V MCH includes education and outreach to promote available preventive benefits and EPSDT screenings, particularly as they relate to maternal, child, and infant health (http://dhcfp.nv.gov/Pgms/CPT/EPSDT/).

The Title V MCH Program is instrumental in advancing the Healthy Kids Program, by funding parent education materials, which encourage Bright Futures recommended preventive health services for infants, children, and adolescents and provide information on enrollment in Nevada's Medicaid Program. Title V MCH has also developed a growth chart based on the Bright Futures' recommended preventive pediatric health care visits. The growth chart includes important milestones, outlined by the Bright Futures guidelines. Title V MCH partners also receive these materials to disseminate to their clients. In addition, a one-page version of the growth chart is included in the "Protect and Immunize Nevada's Kids (PINK)" packets; across the state, hospitals distribute these materials to all new parents after the birth of a child. Title V MCH also funds other Bright Futures materials, including the Bright Futures tool and resource kit, health care professional pocket guide, and family pocket guide, which are provided to partners statewide.

Title V MCH is also partnering with DHCFP and National Academy for State Health Policy (NASHP) on a learning network regarding medically complex children.

Uninsured Nevadans continue to have difficulty with access to providers; however, *Access to Healthcare Network* (AHN) offers a medical discount program for members, who pay a membership fee to access the discounted provider network and case management. Participating network providers receive a timely, yet reduced, payment. People unable to pay for their healthcare needs can access limited financial assistance. The Mexican Consulate in Las Vegas provides information relating to insurance for non-U.S. nationals. FQHCs in Nevada provide sliding scale fees for health care, irrespective of citizenship status.

Free health care is provided through the University of Nevada, Reno, School of Medicine *Student Outreach Clinic* operated by medical students. The Clinic is operated in cooperation with the Family Medicine Center and the University of Nevada, Reno, School of Medicine, and made possible by faculty and community physicians who donate their time. Services include general and acute medical care, gynecological exams, immunizations, and discounted laboratory services. Currently there are five separate clinics run by the Student Outreach Clinic (General, Geriatric, Dermatology, Pediatric, and Women's). A new OB/GYN Department at UNR Medical School will provide education for medical students in obstetrics and gynecology.

The organization Volunteers in Medicine provides free medical care in southern Nevada. The UNLV School of Medicine clinical practice provides Southern Nevadans with access to a full range of academic medicine faculty physicians delivering clinical patient-focused and collaborative services. The UNLV Medicine clinics are open to the public. Rural Access Networks (RAN) events provide oral health and immunizations at no cost.

## 5. Employment

According to the Bureau of Labor and Statistics, there are approximately 1.48 million Nevadans in the work force as of February 2018; the unemployment rate was 4.9% compared to the national average of 4.1%. The traditional industries in Nevada include: tourism, gaming and hospitality; logistics and operations; and agriculture. Other industries including: manufacturing; information technology; aerospace and defense; energy and health care have all experienced growth and helped stimulate the economy according to the Nevada Governor's Office of Economic Development. Mining has experienced a decrease in the number of jobs, but has seen an increase in wages. (http://www.diversifynevada.com/key-industries).

The Kids Count Data Center data for 2016 reports the statewide median income of households with children was $58,500; an increase from $56,100 in 2015. The largest percentage employment gain, as measured by the Bureau of Labor Statistics, occurred in Nevada with an increase of 3.8 percent from June 2016 to June 2017.

The American Community Survey (ACS) indicates there were approximately 19,360 children who had at least one parent unemployed, and 79,947 with at least one parent not in the labor force during 2017.

Approximately 24.4% of Nevada's workforce is comprised of people who were not U.S. Nationals according to the ACS. Industries such as agriculture, construction, mining, entertainment, and tourism all employ this population; however, low educational attainment, illiteracy, language barriers, and lack of transportation, insurance, and sick leave have all been identified as issues limiting positive health outcomes. In addition, fear of immigration penalties and lack of awareness of assistance programs are barriers to health and social services for this demographic.

## 6. Housing

The 2016 US Census Bureau American Community Survey (ACS) 1-year estimates report 1,200,517 housing units in Nevada, with 169,816 (14.1%) of the units vacant. Nevada was negatively impacted by the housing crisis, and the rate of homeownership is down about 11 percentage points from a pre-housing crisis peak of 65.7% in 2006 to a 2016 rate of 54.5%. In July 2017, home ownership for the U.S. was 63.9%.

Market forces continue to create a squeeze on the affordable end of the rental market, increasing rates of rent burden for lower income households. Data from the Comprehensive Housing Affordability Strategy (CHAS) special tabulations of the 2010-2014 Five-year American Community Survey (ACS) indicate approximately 89,000 Nevada renter households making less than 50% of Housing and Urban Development (HUD) area median income pay 50% or more of their income for rent and utilities. This is termed severe rent burden. According to the Greater Las Vegas Association of Realtors (GLVAR) housing prices have increased 16.1 percent since April of 2017 with a median home price being $289,000. The Northern Nevada Multiple Listing Service indicates the median home price in

Reno has now reached $400,000 and housing prices have increased 21percent since March 2017.

### 7. Income

The Kaiser Family Foundation measures state economic distress: housing foreclosures, changes in unemployment, and food stamp participation. In 2015, Nevada ranked number one in economic distress; however, in 2016, Nevada has improved to 19th due to reductions in economic distress indicators. The poverty level reduced from approximately 13% of Nevadans in 2015 to 10% in 2016. Of those Nevadans living in poverty, African Americans represented 30%, despite making up only 9.6% of the population, followed by Hispanics at 10%, and Whites at 7%. From October 2016 through September 2017, the average monthly SNAP benefits participation was 225,337 families and 440,614 individuals at a cost of $231 per household and $118 per person.

The median household income for Nevada has increased from $53,093 in 2015 to $55,180 in 2016 according to ACS. At the same time, the U.S. median household income increased from $56,480 to $57,617. According to County Health Rankings and Roadmaps, "Income inequality helps measure gaps in household earnings." Income inequality is measured as the ratio of household income at the 80$^{th}$ percentile to income at the 20$^{th}$ percentile. In Nevada, the ratio is 4.3 overall and ranges from 3.3 (Lincoln County) to 5.6 (Mineral County) (http://www.countyhealthrankings.org/app/nevada/2018/measure/factors/44/map#!%2Fnevada%2F2018%2Fmeasu

Nevada's urban areas struggle with many of the problems associated with urban living, but also with an unusually high cost of living relative to low wages and insecure work associated with service industry tourism economies which provide many available jobs in these areas. The poverty level in rural and urban areas is comparable; however, accessing medical and health care services is severely limited in rural and frontier counties due to geographical access barriers, as well as difficulties in recruiting and retaining providers. This translates into low rates of routine preventive health services, such as recommended EPSDT screening and related childhood immunizations, and decreased access to preconception health services, including the screening and management of chronic conditions, counseling to achieve a healthy weight, and smoking cessation.

### 8. Policy/Legislature

The 79$^{th}$ Nevada Legislative Session concluded June 6, 2017. Prior to the 2017 Legislative Session, the state identified continued economic challenges with a 120-million-dollar budget shortfall. In addition, there were unanticipated K-12 educational costs due to increased enrollment. The 2017-2019 biennium budget supported economic growth and diversification, including expanding access and quality of health care services so communities are safe and graduating students are prepared for entering the workforce.

The biennial budget was built with a 15% Wholesale Tax, and additional 10% tax at the retail level, related to the Marijuana Act approved in the November 2016 election. Funds from this tax support local entities tasked with implementing and enforcing the Act, with remaining funds sent to the Rainy-Day Fund. Marijuana is now available recreationally and medically in Nevada. Title V MCH has worked in partnership with the Department of Taxation to post warnings in relation to use in pregnancy in all state dispensaries, in English and Spanish, and Title V MCH is launching a marijuana public service announcement (PSA). Marijuana and childhood injury prevention posted warnings are in development by Title V MCH.

Chapter 442 of Nevada Revised Statutes (NRS) codifies statutes related to Title V MCH. NRS 442.133 provides the membership and terms of the Maternal and Child Health Advisory Board (MCHAB). The MCHAB is comprised of nine members appointed to 2-year terms by the State Board of Health, with two legislators appointed by the Legislative Counsel. The MCHAB is staffed by the Title V MCH Program Manager and an AA III. MCHAB advises the DBPH Administrator on objectives related to primary care, infant mortality, preventing fetal alcohol syndrome and substance use by pregnant women, and increasing immunizations. The Advisory Board meets at least quarterly. The

Statewide Maternal and Child Health Coalition includes two regional Coalitions and a Statewide Steering Committee.

Key legislation from the 2017 Legislative Session promoted statewide by Title V MCH with Title V MCH-drafted summary sheets include:

Assembly Bill (AB) 340: As prescribed in AB 340, the Director of DHHS appointed a committee to research opportunities to improve access to diapers and diapering supplies for recipients of public assistance and other low-income families. The Director is authorized to take any necessary action to take advantage of opportunities to increase the availability of diapers and diapering supplies to such persons; thus, requiring the Director to work with diaper banks and similar organizations for certain related purposes, and providing other matters properly relating thereto. The Title V MCH Manager serves on the committee.

Senate Bill (SB) 253: The Nevada Pregnant Workers' Fairness Act provides protections to female employees and applicants for employment who are affected by a condition of the employee or applicant relating to pregnancy, childbirth, or a related medical condition. SB 253 had an effective date upon approval, in part (employer providing written notice to existing employees), and in full on October 1, 2017, and aligns Nevada law with federal requirements

SB 325 became effective on July 1, 2017, authorizing children less than 19 years of age lawfully residing in the United States to enroll in Nevada Medicaid and Nevada Check Up Children's Health Insurance Program Reauthorization Act (CHIRPA) programs. Previously, a five-year waiting period was necessary for lawfully residing qualified non-citizen children; this is no longer the case in Nevada.

Title V MCH Program works in close partnership with DCFS and SAPTA to support efforts to align and implement federal and state legislative changes to the Infant Plan of Safe Care. MCAH is active in regulatory, training (Title V MCH co-funds a pending perinatal contractor) and data collection form design efforts and will continue to be a key stakeholder.

## III.C. Needs Assessment

**FY 2019 Application/FY 2017 Annual Report Update**

### Needs Assessment

### Action Plan Process

Title V MCH staff collaborated with program partners and re-evaluated the activities outlined in the five-year action plan. Title V MCH staff made revisions with special consideration of program and organizational capacity, existing programmatic strategies, and realistic goals and objectives. Priorities were either deleted and/or revised to correspond with current guidelines and align with the National Performance Measures (NPMs), State Performance Measures (SPMs), and Evidence-based or informed strategies (ESMs). The Maternal and Child Health Advisory Board (MCHAB) members provided input into the Action Plan updates and will continue to review sections of the plan and advise on strategies for implementation.

### Title V MCH Workforce Development and Capacity

The Title V MCH Program has undergone staff changes. Training on cultural competence and MCH topics will continue to help in program continuity, and reduce staff turnover.

Title V continued to support 17 full time employees (FTEs) in various roles and capacities. Beth Handler, MPH, is the Bureau Chief for the Bureau of Child, Family and Community Wellness, as well as the Title V MCH Director. Vickie Ives, MA, is the Maternal, Child, and Adolescent Health Section Manager and the CYSHCN Director. The Title V MCH Program Manager is Mitch DeValliere, DC.

The Title V MCH Epidemiologist and PRAMS Lead Project Coordinator is Ingrid Mburia, PhD. Christina Turner is the Maternal and Infant Health Coordinator, Eileen Hough, MPH is the Adolescent Health and Wellness Coordinator, and Deborah Duchesne is the Rape Prevention and Education Coordinator. The Children and Youth with Special Health Care Needs Program Coordinator is Justin Bennett, MA. Jennifer Quihuis and Sarah Demuth are the Management Analysts for the MCAH Section.

### Data Gaps

The PRAMS grant will allow for improvements in state specific data collection and analysis and the ability to fill MCH data gaps. For example, Nevada PRAMS will gather specific data on perinatal mental health, maternal oral health, and domestic violence, among other topics. PRAMS will enable Title V MCH and other state partners to obtain baseline data on various MCH-related outcomes, and monitor changes in MCH indicators such as unintended pregnancy, prenatal care, breastfeeding, smoking, drinking, substance use, and infant health. Efforts to improve data on completed referrals to services and number of MCH referrals made to health and social services will continue.

The Title V MCH Program was accepted for the Association of Maternal and Child Health Programs (AMCHP) and Centers for Disease Control and Prevention (CDC) Harvard Practicum for assistance in determining the effectiveness of programs providing preconception and interconception health information to adolescents and women by reviewing current activities and data used for improving program operations.

The Title V MCH Program is currently exploring an opportunity to work with an epidemiologist through the CDC MCH Epidemiology Program. An assignee would increase Title V MCH epidemiologic capacity in Nevada to better promote and improve the health and well-being of women, children, and families in the state.

The Nevada Department of Health and Human Services (DHHS) is in the process of forming an Office of Analytics to consolidate data capacity and facilitate cross training and wide data support for data analytics. Title V MCH continues to fund a MCH Biostatistician and Health Resource Analyst 1 (HRA) within this group and MCAH has two HRA1 positions located in the Office of Analytics as well. This increases MCH data support and analytics capacity, in addition to the work of the MCH Epidemiologist.

## Action Plan Process

MCH Staff, in collaboration with partners, re-evaluated the activities outlined in the five-year action plan and made appropriate revisions with special consideration of program and organizational capacity, existing programmatic strategies, and realistic goals and objectives. In addition, priorities were either deleted and/or revised for clarity to better align with the National Performance Measures (NPMs), State Performance Measures (SPMs), and newly developed Evidence-based or informed strategies (ESMs). The Maternal and Child Health Advisory Board (MCHAB) members provided input into the Action Plan updates and will continue to review sections of the plan and advise on strategies for implementation.

## MCH Workforce Development and Capacity

Nevada Maternal, Child and Adolescent Health (MCAH) Section has been undergoing changes including new staff in the MCH Program Unit. Training on cultural competence and MCH topics will help in program continuity, improve staff morale, and reduce staff turnover.

Title V continued to support 17 full time employees (FTEs) in various roles and capacities. Some of the changes in staffing include: Beth Handler, MPH, is the Bureau Chief for the Bureau of Child, Family and Community Wellness as well as the MCH Title V Director. Vickie Ives, MA, is the Maternal, Child, and Adolescent Health Section Manager and the MCH Title V CYSHCN Director. The new MCH Manager is Margot Chappel, MS and the new Children and Youth with Special Healthcare Needs Program Coordinator is Elizabeth Kessler. The Epidemiologist is now Dr. Mitch DeValliere.

A MCH Biostatistician and HRA II position are now funded in OPHIE to better focus on data analytic duties for the MCH Program.

## Data Gaps

In May, 2016, Nevada was awarded the Pregnancy Risk Assessment Monitoring System (PRAMS) grant. Through this surveillance system, many MCH data gaps will be filled. For example, Nevada does not have state-specific data on perinatal mental health, oral health, and domestic violence among others. PRAMS will enable MCH and other state partners to obtain baseline data on various MCH-related outcomes, as well as provide information on associated behavioral factors. Efforts to improve data on completed referrals to services and number of MCH referrals made to health and social services will continue.

The MCH Program was accepted for the CDC Harvard Practicum for assistance in determining the effectiveness of programs providing preconception and interconception health information to adolescents and women by reviewing current activities and data used for improving program operations. In January of 2017, Nevada MCH staff, CDC staff, and Harvard MPH and MPH/MD students worked together for one week at CDC offices in Atlanta, followed by Harvard MPH and MPH/MD students traveling to Nevada to work with Title V MCH staff for a week to understand program activities, data collection and data gaps, and to begin assessing an evaluation plan focused on data at the preconception and interconception periods. An evaluation plan was generated and shared with the Nevada Title V MCH staff in March of 2017, and the program is prioritizing how to best integrate the plan into quarterly and annual reporting requirements for programs and agencies supported by Title V funding in Nevada, and prioritizing next steps to address gaps.

## Action Plan Process

MCH Staff, in collaboration with partners re-evaluated the activities outlined in the five-year action plan and made appropriate revisions with special consideration of program and organizational capacity, existing programmatic strategies and realistic goals and objectives. In addition, priorities were either deleted and/or revised for clarity as well as to better align with the National Performance Measures (NPMs), State Performance Measures (SPMs) and newly developed Evidence-based or informed strategies (ESMs). The Maternal and Child Health (MCH) Advisory Board Members provided input into the final Action Plan.

## MCH Workforce Development and Capacity

Nevada Maternal, Child and Adolescent Health (MCAH) Section has been undergoing changes including making contractual positions into state positions. This move has been welcomed by staff and it is hoped that having more state staff will help in program continuity, improve staff morale, and reduce staff turnover.

Title V continued to support 21 full time employees (FTEs) in various roles and capacities. Some of the changes in staffing include: Beth Handler, MPH, is the Bureau Chief for the bureau of Child, Family and Community Wellness as well as the MCH Director. The deputy Bureau Chief position is currently under recruitment. Vickie Ives, MA, is the Maternal, Child, and Adolescent Health Section Manager. Charlotte Andreason, MPH is the Nevada Home Visiting (NHV) Program Coordinator and Melissa Madera is the Health Resource Analyst for the program. MCAH is currently recruiting the Children and Youth with Special Healthcare Needs Program Coordinator position and the Adolescent Health Abstinence Education Grant Program Coordinator position.

The MCH program is in the process of hiring a Health Program Specialist (HPS) to assist in programmatic duties. The vacancy in this position has been created by the current HPS who will move to a biostatistician position to better focus on data analytic duties for the MCH Program.

## Data Gaps

In May, 2016, Nevada was awarded the Pregnancy Risk Assessment Monitoring System (PRAMS) grant and through this surveillance system, many data gaps will be filled. For example, Nevada does not have state-specific data on perinatal mental health, oral health, and domestic violence among others. PRAMS will enable MCH and other state partners to obtain baseline data on various MCH-related outcomes, as well as provide information on associated behavioral factors.

## Partnerships, Collaboration, and Coordination

Nevada Title V has plans to rebuild partnership with the Nevada Early Childhood Advisory Council (ECAC) to strengthen state-level coordination and collaboration among the various sectors and settings of early childhood programs. This will be accomplished by having staff attend the regularly scheduled ECAC quarterly meetings and inviting their members to attend the MCH Advisory Board meetings.

# Five-Year Needs Assessment Summary
# (as submitted with the FY 2016 Application/FY 2014 Annual Report)

**II.B.1. Process**

## Introduction

Stakeholder involvement is a key component in the needs assessment process. An online survey was sent out to stakeholders to get feedback on a broad and diverse range of information about strengths, gaps, and state capacity. The survey also asked stakeholders to identify National Performance Measures and top priorities for the MCH populations. Stakeholders provided their contact information if they wanted to participate in focus groups. The survey was distributed via email to MCH Advisory board members, National Governors Association (NGA) improving birth outcome members, and other MCH Partners/stakeholders.

Electronic surveys (in English and Spanish) were also emailed to consumers seeking their input on the quality of the healthcare services that they, their children and/or families received as well as their unmet needs. The survey asked consumers to provide their contact information if they wanted to provide in-depth feedback in a focus group setting. The consumer survey was sent to the same list as the stakeholders but a request was made for the stakeholders to distribute.

Stakeholders and consumers were invited to take part in focus groups which were held in three (3) communities across Nevada; Clark County, Washoe County and Elko. Stakeholders included people who worked for a variety of non-profit, for-profit, and governmental agencies serving the needs of women and their children in their communities. The goal of the stakeholder focus group was to brainstorm needs or priorities, solutions to those needs, and to select national performance indicators to measure progress related to each of the MCH domains.

Consumers included women with children who were primarily under or uninsured, had children with special needs, or utilized government funded social service programs such as Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF). Consumer focus group participants were asked a series of questions related to health concerns, accessibility of services, interactions with providers, experience with health insurance, as well as awareness and experience with government funded service programs. A Spanish interpreter was available for non-English speakers.

To avoid duplication and maximize current resources in our state, MCH staff conducted a review of available quantitative data as well as existence of any needs assessments that had been recently completed by any state agency. The mixed methods approach of gathering qualitative and quantitative data provided information to inform the development of eight MCH priorities and selection of eight National Performance Measures that meet federal Block Grant requirements and address the top unmet needs of Nevada's MCH population.

## Methodology

### Qualitative Data

Both stakeholders and consumers of MCH services were recruited for one of six focus groups across Nevada. Two focus groups took place in each community, Reno, Las Vegas and Elko. Justification for choosing these locations was due to the size of Nevada, with the majority of the state's population residing in either Reno in the north, or Las Vegas and its surrounding communities in the south. Representation of rural MCH issues was gathered in Elko, a growing rural population in the eastern part of the state. Due to the different approach between stakeholder and client focus groups there are limitations in comparability of qualitative data, however if both groups raised an issue it was noted and examined within the regional analysis.

### Quantitative Data

Data sources that were utilized to inform the needs assessment include: Nevada Vital Records, Youth Risk Behavior Surveillance, Behavioral Risk Factor Surveillance System (BRFSS), Nevada Rural and Frontier Health Data Book, Nevada State Demographer, U.S. Census Bureau, The American Community Survey (ACS), Healthy People 2020, Office of Adolescent Health, Nevada Survey of Children's Health, Kaiser Family Foundation, CDC Wonder, Breastfeeding Report Card among others. Reports from recently completed needs assessments in the state were also utilized.

### Framework

The life course perspective, the revised MCH Pyramid of Health Services and the 10 MCH Essential Services were used as conceptual frameworks for Nevada Title V/MCH needs assessment including the data gathering process for the focus groups as well as the consumer electronic survey. Since Nevada experiences significant racial/ethnic disparities in health outcomes, a combination of these frameworks provided a better understanding of health across generations and throughout the lifetime as well as its implications on maternal and child health populations. In addition, the life course theory provided a framework to help us in aligning Title V activities with the six population domains. Results of our Needs Assessment were used to develop a five-year action plan to address the MCH priorities as well as objectives and strategies to address them.

### Prioritization Process

Feedback from the stakeholder and consumer online surveys and focus groups yielded over 30 priorities. To narrow down to the current eight priorities, the following factors used in the prioritization process:

1. Federal requirements
2. Incidence and prevalence
3. State and local capacity
4. Evidence-based/informed strategies
5. Measurability
6. Cost

These factors are further discussed in the State Selected Priorities section.

## II.B.2. Findings

## II.B.2.a. MCH Population Needs

The needs assessment process yielded eight priorities for the six population domains. The priorities correspond to the eight National Performance Measures that were chosen through a survey used in the needs assessment. An overview of each population health domain is provided as well as areas that were identified as requiring intervention or “more work”.

### 1. Women’s/Maternal Health

One of the best ways to remain healthy is by preventing potential health problems and identifying illnesses before they become acute. Therefore, it is vital to get a wellness exam from a healthcare provider. For women, a wellness exam can lead to early diagnosis, treatment, and ultimately enhance a woman’s health before, during, and after pregnancy. In accordance with the Affordable Care Act (ACA) stipulation, health care plans available in Nevada’s Silver State Health Insurance Exchange (SSHIX) offer Essential Health Benefits (EHBs) which cover preventive and wellness services at low cost or no out-of-pocket costs.

### Wellness screening

Some of the major priorities identified in the needs assessment for this population domain were wellness screening, prenatal care/visits, and access to family planning services. To address these needs, MCH developed two priorities: 1. *Improve preconception health among adolescents and women of childbearing age and 2. Increase the percent of adolescents and women of childbearing age who have access to healthcare services*. The objectives and strategies for these priorities will be aligned with NPM 1: the percent of women with a past year preventive medical visit. And NPM

Research has shown that improving preconception health can result in improved reproductive health outcomes. Nevada Title V in collaboration with various agencies and programs has been conducting numerous activities to educate Nevadans of the health insurance options available through ACA. In addition, SSHIX provides in-person help through Navigators and Enrollment Assisters at various community locations and organizations to individuals who would like to enroll in healthcare coverage. In 2013, 24% of Women ages 19-64 were uninsured in Nevada (Kaiser Family Foundation, 2014). Over the years, the prevalence of women with a past year preventive medical visit in Nevada has been slowly increasing. In 2013, 60.1% of women had a preventive medical visit compared to 58.6% in 2009. By race/ethnicity, Black women were far more

likely to report having a preventive medical visit in the past year (83.8%) compared to Asian (61.9%), Hispanic (61.1%) and White (55.4%) in 2013. Title V is hopeful that the number of uninsured women will decline as a result of the ACA and will report on the changes when more recent insurance data becomes available. High insurance rates will ensure that women and adolescents have access to the healthcare services that they need thereby improving their wellbeing and quality of life.

### Prenatal care

The percent of pregnant women who received prenatal care beginning in the first trimester in 2013 (68.4%) remained the same as 2012 (68.1%). More recent data (2014) indicates that this number slightly improved to 70% and this puts Nevada close to the Healthy People 2020 objective of 77.6%. In 2013, women with private insurance were the most likely to receive prenatal care in the first trimester (82.7%), followed by women with other type of public insurance (77.2%). Uninsured women (55.1%) and those enrolled in Medicaid (55.2%) were the least likely to receive prenatal care beginning in the first trimester. By race/ethnicity, White women were the most likely to receive prenatal care in the first trimester (77.2%) followed by Asian (76.3%), Hispanic (59.8%) and Black (59.6%).

Prenatal care was identified as a priority in the previous needs assessment (2011-2015) and will continue to be addressed in NPM 1. The Office of Public Health Informatics and Epidemiology, housed in DBPH will continue monitoring accurate reporting of prenatal care for all registered births in hospitals and birthing facilities in Nevada. Nevada tracks adequate reporting of prenatal care because research has shown that receiving early and regular prenatal care improves the chances of a healthy pregnancy and ensures that babies have better health outcomes. When hospitals provide complete information about prenatal care, DBPH can accurately allocate prenatal care resources where the needs are the greatest.

To address various aspects of prenatal and postnatal care, Amerigroup, a managed care organization in Nevada established Prenatal/Postpartum Quality Initiatives such as the OB Medical Record Review tool to monitor the providers' compliance with HEDIS and American Congress of Obstetricians and Gynecologists (ACOG) guidelines for prenatal and postpartum care. Amerigroup also oversees an intensive OB case management program for pregnant members known as *'Taking Care of Baby and Me*' which encourages members to optimize the outcome of their pregnancy.

## 2. Perinatal/Infant Health

### Improving Birth Outcomes: Preterm Birth, Low Birth Weight and Infant Mortality

Nevada Title V is currently involved in various initiatives to reduce preterm birth, low birth weight and infant mortality. One such initiative is the Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality.

### Infant Mortality

Nevada's Infant Mortality Rate (IMR) in 2009 was 5.8 per 1,000 live births and significantly declined by 12 percent to 5.1 in 2014. This puts Nevada below the HP 2020 objective of 6.0. However, racial/ethnic disparities persist in infant mortality in our state. In 2012, Blacks (9.6) and American Indian/Alaska Natives (9.4) had the highest IMR while Asians had the lowest IMR (3.8). Hispanic IMR was 4.4 while White IMR was 5.2. Between 2011-2013, populations that participated in WIC had a lower IMR (4.7) compared to those who did not participate (5.5).

Nevada's Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births significantly declined (by 23 percent) from 93.1 in 2009 to 71.4 in 2013. In 2011-2013, Blacks had a significantly higher SUID rate (159.1) compared to Whites (84.1) and Hispanic (38.9). Infants born to moms with less than high school education experienced higher SUID rates (116.1) compared to infants born to moms with some college (40.1). Disparate SUID rates were seen in certain age groups with infants born to moms who were less than 20 years experiencing higher SUID rates (162.0) compared to infants born to moms 30-34 years (89.9).

Approximately 4,000 infants in the United States die each year due to preventable and unsafe situations such as asphyxia, suffocation, and other undetermined sleep-related deaths. Title V closely works with Safe Kids Washoe County, the lead agency for the Cribs for Kids (C4K) program in Nevada to provide educational resources to parents and caregivers on the importance of practicing safe sleep behaviors. In 2014, C4K conducted seven statewide trainings (five in Washoe County and two in rural areas--Carson City and Ely) and as a result, acquired four new partner agencies in these areas. C4K conducted also conducted public awareness campaigns such as ABC's of safe sleep banner ads on various websites

through a digital advertising campaign targeting new mothers across the state and 30 second radio PSA's on safe sleep were aired in rural areas. Baby Safe Sleep initiative is currently being implemented by Dignity Health System hospitals in Southern Nevada.

Title V collaborates with Maternal, Infant and Early Childhood Home Visiting Program, which houses the Healthy Start Program. Healthy Start was recently awarded federal funding to focus on reducing racial disparities and improving perinatal health outcomes among African-American women Clark County. The design and delivery of the program is to provide comprehensive, coordinated, health and social services that will foster continuous access to care for women who are pregnant or of childbearing age.

### Breastfeeding

Nevada Title V has been doing significant work to improve the health and wellbeing of infants. One of the initiatives surrounding this domain includes breastfeeding promotion. In 2014, the percent of infants who were ever breastfed in Nevada (80.9%) was about the same as that of the nation (79.2%). The prevalence was even higher in moms enrolled in Nevada's Home Visiting Program (92.1%). However, the percent of infants breastfed exclusively through 6 months remained the same in 2010 (18.7%) and 2011 (18.8%). The high rates of breastfeeding initiation in our state are not surprising considering the significant contributions that have been made by the Nevada Breastfeeding Program and Nevada Home Visiting Program to support women who wish to breastfeed. Breastfeeding efforts will continue to be addressed through *priority 2: Increase percent of infants who are ever breastfed and percent of infants breastfed exclusively through six months.* This priority aligns with *NPM 4A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 month.*

Other efforts in Nevada that support breastfeeding include designation of a lactation room in one of two Department of Public and Behavioral Health buildings, and the "*Bring Your Baby to Work*" program which expanded from two to four Department of Health and Human Services Divisions – adding on the Division of Health Care Financing and Policy and the Division of Aging and Disabilities. These new developments were overseen by Nevada WIC in FY '14.

## 3. Child Health

Nevada Title V is dedicated to improving the health of women, children and families in Nevada. It is through various collaborative efforts between families and agencies that a child can reach optimal physical growth, psychological development and overall health. MCH chose *priority 3: increase the percent of children aged 10 through 71 months receiving developmental screening* for this population domain. In 2007, only 18.6% of children, ages 10-71 months, received a developmental screening using a parent-completed screening tool. In 2011-2012, the percent of children receiving a developmental screening using a parent-completed screening tool increased by 18 percent to 21.9%. In the same year, only 19.5% of children without special health care needs received a developmental screening compared to 48.9% of children with special healthcare needs.

### Early Screening and Developmental Screening

MCH collaborates with entities across the state to ensure children are provided with appropriate screening, follow-up, testing, and timely treatment. Nevada Early Hearing Detection and Intervention (NV EHDI) Program, housed in the Maternal, Child and Adolescent Health section works to ensure that all children in Nevada are screened for hearing loss at birth and those identified with hearing loss receive timely and appropriate audiological, educational and medical intervention. However, Nevada faces a shortage of audiologists who routinely treat newborns and this causes delays in diagnosis and increased loss to follow-up. Consequently, both parents and healthcare providers get frustrated. To deal with these issues, NV EHDI implemented the Guide By Your Side (GBYS) to address the Loss to Follow-up/Loss to Documentation Rate in Nevada. In addition, NV EHDI employs an audiologist to provide training on the correct newborn screening methods. The collaboration has led to improved screening and a reduction in the burden of conducting unnecessary diagnoses for audiologists.

The Nevada Home Visiting Program (NHV) provides referrals to a doctor if a family desires. In addition, all home visitors conduct periodic screenings to determine whether a child requires specialty care, and if necessary, a referral is provided. NHV ensures that families are involved in all decision-making processes and referrals and services are provided with the

families input.

The Bright Futures initiative in Nevada strives to provide resources and information on healthy living for infants, children and, adolescents in order to promote increased access to regular well child visits. Bright Futures Tool and Resource Kit has been disseminated to distributed to various groups including: medical providers, school staff, parent groups, family resource centers, home visiting staff, childcare health consultants, coalition memberships, and community leaders. The purpose of the kit is to increase awareness of services offered by Bright Futures, as well as to increase awareness of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits to families.

### Immunizations

CDC calls prevention of disease through vaccination as one of the 10 greatest public health achievements of the 20th century. However, immunization rates have dropped in the recent past in various populations, possibly attributed to nonmedical vaccine exemptions. MCH needs assessment findings found that parents and stakeholders were concerned about myths surrounding vaccines as well as the rising number of children in our community who were not vaccinated. To address these concerns, parents suggested that they would like to receive information to clear up misconceptions. Additionally, parents stated provision of immunizations at schools would lessen the burden of taking time off from work in order to have their child vaccinated.

In 2013, the percent of children who received the combined series of vaccines significantly increased from 39.3% in 2009 to 60.6%, a 54 percent increase. Even with this large increase, Nevada is still below the national percentage of 70.4% as well as the HP 2020 objective of 80.0%. In 2011-2012, 26.2% of uninsured children and 26.5% of those on Medicaid received a developmental screening using a parent-completed screening tool in Nevada and only 18.0 % of those with private insurance received screening. By race/ethnicity, Black (23.5%) and Hispanic (23.3%) were more likely to receive a developmental screening using a parent-completed screening tool compared to White (20.8%).

Several initiatives are being carried out by MCH partners and stakeholders to increase vaccination rates in our state. In 2014, Immunize Nevada, the state's non-profit coalition funded primarily by the IZ Program of the DPBH, conducted its vaccination campaign and provided 78% more vaccines than last year at community and mobile food pantry sites in partnership with Walgreens. In addition, Immunize Nevada conducted community outreach and activities including HPV: Closing the Vaccination Gap project which focused on increasing HPV vaccination through parent and adolescent education along with healthcare provider outreach.

### Nutrition and Physical Activity

Nevada Title V needs assessment emphasized the need to address obesity through proper nutrition and increased physical activity for women, children and adolescents. This will be addressed through priority 4, *Increase the percent of children, adolescents and women of childbearing age who are physically active*. In 2011-12, 29.8% of children ages 6-11 were physically active for at least one hour every day in the past week. White children, ages 6-11 (36.8%) were more likely to participate in daily physical activity than children of all other race/ethnic groups. Children (ages 6-11) born in the U.S. were two times more likely to participate in daily physical activity compared to children born outside the U.S.

In 2011-12, 33.2% of percent of children and adolescents in Nevada were overweight or obese (BMI at or above the 85th percentile). However, more recent data (2013-2014) from Nevada's Student Height-Weight Study shows that the prevalence of overweight or obese children in our state has increased by 15 percent to 38.1%. Results from the needs assessment indicated a lack of education and services related to factors that lead to obesity, including adult and child nutrition as well as physical activity. To address nutrition and physical activity, both parents and stakeholders suggested increasing regulation for foods serving children, promoting affordable sports, utilizing activity busses/tumble busses, and working with family resource centers to reach the populations they serve.

Plans are underway to create a Statewide Obesity Prevention Taskforce to look into ways to reduce overweight and obesity rates specifically through increased physical activity and physical education. The Comprehensive School Physical Activity Program (CSPAP) training has been provided to school staff and other partners and will be continued in urban areas, as well as rural and frontier Nevada.

## 4. Adolescent Health

Health coverage and access to health services were some of the top needs highlighted in the needs assessment for adolescents. This need will be addressed by *Priority 5, Increase the percent of adolescents and women of childbearing age who have access to healthcare services.*

### Well-Visits

The American Academy of Pediatrics, the American Medical Association's Guidelines for Adolescent Preventive Services and the federal Bright Futures guidelines, recommend comprehensive annual check-ups for adolescents. In 2011-2012, 67.3% of Nevada's adolescents, ages 12 through 17 had a preventive medical visit in the past year. This put Nevada below the HP 2020 goal of 75.6%. In 2011-2012, White (72.0%) and Black (72.7%) adolescents were much more likely than Hispanic adolescents (62.1%) to get a preventive medical visit in the past year. Since Nevada has one of the highest Hispanic populations in the country, language may be a barrier to seeking important preventive services. Adolescents born outside the U.S. were the least likely to receive a preventive medical visit (57.8%) compared to adolescents born in the U.S. (73.1%). The needs assessment findings showed that insurance was a barrier to seeking and receiving health services. In 2011-2012, far fewer adolescents without insurance (33.6) reported receiving preventive services compared to those on Medicaid (70.1%) and private insurance (74.2%). Other disparities were gender related with more females (72.5%) receiving preventive services than males (61.8%).

### Immunizations

Immunizations help to decrease the incidence of many preventable diseases (CDC, 1994). However, many adolescents are disproportionately affected by diseases that can be prevented by vaccines. In 2013, 57.3% of female adolescents aged 13-17 had at least 1 dose of the HPV vaccine nationwide. Nevada's percentage was lower with 53.8% of female adolescents aged 13-17 having received at least 1 dose of the HPV vaccine. Nevada males had a much lower percentage with 31.9% reporting having received at least 1 dose of the HPV vaccine in the same year. By race/ethnicity, Hispanic adolescents (71.2%) had higher vaccination rates than White (46.9%) or Black (48.5%) in 2011-2013. In the same period, female adolescents on Medicaid (65.6%) and other public insurance (61.7%) were more likely to get a HPV vaccine compared to those without insurance (58.0%) and on private insurance (49.4%). There were geographical differences in vaccine uptake with 69.5% of adolescents living in urban areas having higher vaccine rates compared to their rural counterparts (41.7%).

### Nutrition and Physical Activity

Similar to the child health domain, the needs assessment outlined obesity, proper nutrition and increased physical activity as a priority for adolescents. MCH will continue to implement the preventive strategies for this need through *priority 4, Increase the percent of children, adolescents and women of childbearing age who are physically active.* In 2011-12, 14% of adolescents 12 -17 were physically active for at least one hour every day in the past week. Black adolescents (29.3%) were more likely to engage in physical activity compared to adolescents of other race/ethnic groups.

### Sexual and Reproductive Health

Teen Pregnancy prevention was one of the priorities underscored in the needs assessment and efforts to support this need are supported by the Nevada Adolescent Health Program and its partners. In addition, MCH initiatives, such as the NGA collaborative on improving birth outcomes, address issues relating to teen pregnancy such as Long Acting Reversible Contraceptives (LARC).

Nevada's teen birth rate (ages 15 through 17) significantly declined by 53 percent from a high of 26.4 per 1,000 in 2007 to a record low of 12.3 in 2013. This rate is similar to the national birth rate for women in this age group (Hamilton et al, 2014). Although Nevada's teen birth rates have dropped in the past decade, racial /ethnic disparities persist. In 2011, the total number of births to females under 20 years of age in Nevada was 3,112 and over half (53%) were among Hispanic teens, 26% White, 16% Black, 4% Asian and 1% American Indian or Alaska Native (Office of Adolescent Health (OAH), 2014).

## 5. Children and Youth with Special Health Care Needs

In 2011-2012, the percent of children and Youth with special health care needs (CYSHCN) in Nevada was 14.9%. Majority of the CYSHCN were aged 12-17 years (23.6%), while the age group with the least CYSHCN was 0-5 years (6.8%). By insurance status, 16.8% of CYSHCN were covered by Medicaid, 15.2% had private insurance and 10.5% were uninsured.

The largest proportion of CYSHCN were of multiple race (20.6%), followed by White (17.4%), then Black (13.1%) and Hispanic (9.0%). Other differences in this population were gender related with more males (18.0%) having more special health care needs than females (11.7%).

### Medical Home

Medical home was the top priority for this population domain. This need will be addressed by *priority 6, promote establishment of a medical home for children*. MCH is currently working with several partners to address the needs of CYSHCN. Nevada Title V will continue to provide funding for the development of Nevada's medical home portal in collaboration with the Department of Pediatrics at University of Utah Health Sciences Center. Nevada medical home portal will contain state-specific components such as: information to support clinicians and parents responding to abnormal newborn screening tests, information to support parents in caring for CYSHCN among others. The ultimate goal of the medical home portal is to improve the care of CYSHCN by offering a comprehensive, coordinated and integrated state system.

In 2011-2012, the percent of children with and without special health care needs with a medical home in Nevada was 43.3%, a 16 percent increase from 37.2% in 2007. Children with and without special health care needs aged 6-11 were more likely to have a medical home (63.3%) than all other age groups. By race/ethnicity, children of multiple race (61.3%) were more likely to report having a medical home followed by White children (57.0%). Hispanic children (25.8%) were the least likely to have a medical home. By insurance status, children with private insurance (51.4%) were more likely to have a medical home than those on Medicaid (38.5%).

## 6. Cross-Cutting/ Life Course

Since many of the factors that influence health are cumulative, a life course approach can be used to link socioeconomic conditions in one phase of the life course to health outcomes at a later stage. A life-course approach can help address risk factors associated with these inequalities. MCH is engaged in numerous collaborative efforts with various programs and agencies to address these disparities and will monitor various types of disparities in this domain through priority 7, prevent and reduce tobacco use among adolescents, pregnant women and women of childbearing age and priority 8, increase the percent of adequately insured children.

### Mental Health

One of the most prevalent unmet health care needs for women, children and adolescents in Nevada is mental health. In 2011-2012, 49.3% of children with a mental/behavioral condition received treatment or counseling. This puts Nevada far below the HP 2020 objective of 75.0%. White children (59.3%) were the most likely to receive mental/behavioral treatment or counseling.

In 2011-2013, the suicide rate for teens ages 15 through 19 was 9.6 per 100,000. White teens were more likely to commit suicide (11.7 per 100,000) than any other race/ethnic group. Male teens were three times more likely to commit suicide than female teens. Teens in the rural and frontier regions were twice as likely to commit suicide as teens in the urban areas of the state in 2009-2013. These patterns of suicide risk in Nevada are similar to those in the U.S. and most developed nations.

AB 164 was passed in 2013 to require all school administrators be trained in suicide and bullying prevention. As a result, the Office of Suicide Prevention (OSP) trained district superintendents and administrators in 5 counties: Lyon, Pershing, White Pine, Churchill, Lander and Humboldt in 2014. In addition, OSP collaborated with Nevada Coalition for Suicide Prevention to train over 8,334 Nevadans on suicide intervention and alertness training and has brought Suicide Awareness to 921,000 of our states population through media and news outlets. A recent behavioral health survey confirmed that Nevada is reducing the stigma and taboo around the subject of suicide.

Title V will continue to provide funding to school based health centers as they are well positioned to provide comprehensive mental/behavioral health services to children. In addition, Nevada 2-1-1 will continue to provide physical and mental health resources and support for children, youth and families. Title V will also continue to collaborate with the Bureau of Behavioral Health, Wellness, and Prevention to ensure that behavioral health and mental health services are provided to MCH populations in Nevada.

### Tobacco Cessation

Results from the needs assessment indicate that tobacco use was one of the top priorities for pregnant women and children. This need will be addressed through priority 7, prevent and reduce tobacco use among adolescents, pregnant women and women of childbearing age. In 2014, 3.8% of women in Nevada reported smoking in the last three months of pregnancy, a 12 percent decrease from 2013. This decline is encouraging and Nevada Title V will continue ongoing statewide collaborative efforts on tobacco cessation to reduce poor birth outcomes and smoking-related maternal morbidity. Specifically, Title V will continue to collaborate with The Tobacco Prevention and Cessation Program (TPCP) within the Bureau of Child Family and Community Wellness to provide prevention strategies for all women including pregnant women. Title V will continue to work with Medicaid to promote Medicaid funded cessation programs. Medicaid coverage provides a variety of tobacco cessation treatments in Nevada. Customized Text4Baby messages on tobacco cessation will continue to be sent to mothers who sign up for the services. Nevada Title V is greatly concerned about the potential health consequences of e-cigarettes on MCH populations and since there is no state-specific data on this new tobacco product, a question was included in the Title V-funded PRAMS-like survey to collect data on the use of e-cigarettes. Title V and SAPTA will continue to oversee the SoberMomsHealthyBabies.org website which provides substance use prevention information to pregnant women, women of childbearing age, providers, and concerned family and friends.

### Health Insurance

According to the needs assessment findings, health insurance was a major concern for all population domains. Health coverage greatly impacts the ability to get access to health care services. Health insurance coverage can be obtained privately, through an employer, through the military or public programs such as Medicaid and Children's Health Insurance Program (CHIP). Individuals who are uninsured are less likely to seek health care services compared to their insured counterparts and this may lead to undesirable health outcomes. Some of the barriers to access to health services uncovered in the needs assessment were lack of insurance, limited number of providers accepting Medicaid, high volume of paperwork during application process and lack of transportation (in Clark County).

Nevada Medicaid is managed by the Division of Health Care, Financing, and Policy (DHCFP) and has two managed care organizations that serve Medicaid eligible individuals in Clark and Washoe County (Urban areas) while Medicaid *fee for service plan* serves individuals in the rural and frontier areas of the state. CHIP is also managed by the DHCFP and provides health care coverage to children who are not covered by private insurance or Medicaid. For the enrollment period of October 2013, 21,356 children were enrolled in CHIP and significantly increased to 32,825 in 2014.

In 2013, 13.9 % of the children in Nevada did not have health insurance. This is a 23 percent reduction from 18.0 % in 2009. Even with the decline in children insurance rates, Nevada has not met the HP 2020 objective to increase the proportion of persons with health insurance to 100%. In 2013, children with the highest insurance rates were aged 12-17 (16.0%). By race/ethnicity, Native Hawaiian/other Pacific Islander children were the most likely to be uninsured (20.7%) while children of multiple race were the least likely to be uninsured (7.9%). Children born outside the U.S. were 2 times more likely to be uninsured than children born in the U.S. Nevada's MCH Program is aware of these disparities and will continue with various efforts to increase health insurance coverage for the affected populations.

The agency recognizes that capacity to address the identified priorities is limited, thus engages in collaborative activities with a myriad of agencies and organizations that serve the MCH population. The Primary Care Office oversees the J-1 Visa Waiver Program to combat the primary care physician shortage in the state. The Program recruits foreign medical graduates to work in medically underserved rural and frontier areas and allows them to remain in the U.S. after completion of medical school in return for their service in a Medically Underserved Area or Health Professional Shortage Area full-time for a minimum of three years. MCH also collaborates with Elko Regional hospital who are very supportive of nurse midwives. Nevada also faces the challenge of meeting the healthcare needs of undocumented persons. Currently, health centers provide healthcare services to undocumented immigrants.

### References

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### II.B.2.b Title V Program Capacity

#### II.B.2.b.i. Organizational Structure

In Nevada's Executive Government, the elected Governor is the Head of State. Brian Sandoval, was elected Governor of Nevada on November 2, 2010 and is in his second four-year term. There are various departments, boards and commissions that make up the Executive Branch under the Governor. These include: Human Resources, Employment, Rehabilitation and Training, Information Technology, Motor Vehicles, Public Safety, Conservation and Natural Resources, Cultural Affairs, Administration, Personnel, Agriculture, and Business and Industry. The Legislative Branch Includes: the Senate and Assembly, the Legislative Counsel Bureau and Legislative Committees. The Judicial Branch includes the court system, commissions and the State Board of Pardons.
The Nevada Department of Health and Human Services (DHHS) is the largest department, comprised of five divisions along with additional programs and offices overseen by the DHHS's Director's Office. Richard Whitley is the DHHS Director appointed by Governor Brian Sandoval. The five divisions under DHHS include: the state public health agency, known as the Division of Public and Behavioral Health (DPBH), Aging and Disability Services Division (ADSD), Division of Child and Family Services (DCFS), Division of Health Care Financing and Policy (DHCFP), and Division of Welfare and Supportive Services (DWSS).

Various programs that help to promote MCH priorities in Nevada are also housed in DHHS. These include: *Nevada 2-1-1,* a free service that provides information about vital health and human service programs that are available throughout the State, *Office of Consumer Health Assistance,* provides information and advocacy to consumers to assist them manage any changes relating to the Health Care Reform. The *Nevada Governor's Council on Developmental Disabilities* engages in advocacy, system's change and capacity building activities for people with developmental disabilities and their families in order to promote equal opportunity, self-determination, and community inclusion. *The Office of Food Security* was established in September 2013 and strives to leverage regional and local community-based efforts to reduce hunger. The *Grants Management Unit* administers grants to local, regional, and statewide programs serving Nevadans. *The Office of Health Information Technology (HIT)* is responsible for administering Nevada's ARRA HITECH State Health Information Exchange (HIE) Cooperative Agreement, facilitating the core infrastructure and capacity that will enable statewide HIE and coordinating related Health IT initiatives. *IDEA Part C Office* provides comprehensive, interagency, multidisciplinary, family-centered, and community-based services accessible to all infants and toddlers with disabilities and to many who are at risk for disabilities. *The Office of Minority Health's* mission is to improve the quality of health care services for members of minority groups; to increase access to health care services; and to seek ways to provide education, and to address, treat and prevent diseases and conditions that are prevalent among minority populations. *Tribal Liaisons*: DHHS is committed to partnering with the 27 Tribes within the State of Nevada through a Tribal Consultation Process Agreement. This coordination establishes and strengthens ties and relationships with the Tribal Governments as well as provides education and outreach. There is a network of Liaisons who represent each of the DHHS Divisions.

Nevada Revised Statute (NRS) 442 designates the DHHS through the DPBH to administer those parts of the Social Security Act which relate to Maternal and Child Health and Children with Special Health Care Needs. DBPH houses five bureaus including the 1). *Bureau of Child, Family and Community Wellness,* 2.) *Early Intervention Services*, 3). *Health care Quality and Compliance*, 4). *Preparedness, Assurance, Inspection and Statistics,* and 5). *Public Health and Clinical Services.* Title V/Maternal and Child Health Program is in the Bureau of Child, Family, and Community Wellness in the Maternal, Child and Adolescent Health section. Other programs in the section are: Maternal and Infant Health which includes Perinatal Substance use Prevention and SUID/SIDS, the Nevada Early Hearing Detection and Intervention (EHDI) Program, Adolescent Health Program; Rape Prevention and Education Program; and the Office of Suicide Prevention. The Section is headed by a Health Program Manager II and individual program managers range from Health Program Manager I to Health Program Specialist. The Bureau of Child, Family and Community Wellness under DBPH Administration is responsible for

Title V MCH Block Grant oversight, management and reporting.

Nevada's MCH Program is advised by a Maternal and Child Health Advisory Board (MCHAB). The MCHAB was first established through an executive order in 1989, and then was established in statute in 1991 by NRS 442.133. It is comprised of 9 individuals appointed by the State Board of Health from a list provided by the DPBH Administrator to two year terms, and two legislators are appointed by the Legislative Counsel. Its composition represents public health professionals, healthcare providers, legislators and a consumer to represent CYSHCN. The State Board of Health (SBOH) is a regulatory body that is staffed by the DPBH Administrator. The Advisory Board meets quarterly every year with the in person meeting in Carson City and via videoconference in Las Vegas and Elko. The MCH Advisory Board is staffed by the MCH Manager. Under NRS, MCHAB is charged to advise the DBPH Administration of the "concerning perinatal care to enhance the survivability and health of infants and mothers, 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 syndrome and collecting information relating to the incidence of fetal alcohol syndrome 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 assessments are available, accessible and affordable to children identified as in need of those services; and

10. Assisting the Health Division in developing a program of public education that is required pursuant to NRS 442.385, including, without limitation, preparing and obtaining information relating to fetal alcohol syndrome (FAS);

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

12. Promoting the health of infants and mothers by ensuring the availability and accessibility of affordable perinatal services."

Please see the organization chart under attachments.

**II.B.2.b.ii. Agency Capacity**

The Division of Public and Behavioral Health strives to use its resources to promote and protect the health of all the six MCH population domains it serves. This is achieved by partnering and collaborating with multiple agencies and programs, both government and private, across the state.
Title V collaborates with state's public health community including the Southern Nevada Health District (SNHD), Washoe County Health District (WCHD) and Carson City Health Department to promote the health and wellbeing of the MCH/CYSHCN populations in those counties, as well as with the other Bureaus within DBPH. Title V funding provides funding for Community Health Nurses in Nevada's rural and frontier counties. In addition, Title V provides funds and also collaborates with WCHD to conduct the Fetal Infant Mortality Review (WC FIMR) Program. The purpose of WC FIMR is to assess the factors that affect the health of the mother, fetus and infant to learn more about how to reduce fetal and infant mortality.

Title V also collaborates with the DHHS Tribal Liaison to address the MCH-related needs of the Tribes in our state. The Liaison works closely with the 27 Tribes within the State of Nevada through a Tribal Consultation Process Agreement. This coordination establishes and strengthens ties and relationships with the Tribal Governments as well as provides education

and outreach. This position has been vacant for several months and got filled in early July, 2015.

**II.B.2.b.iii. MCH Workforce Development and Capacity**

Title V supports 21 Full Time Employees (FTE) serving in various capacities such as bureau chief, program managers, program specialists, program coordinators, management analysts, health resource analysts, accounting assistants, office manager, community health nurses and administrative staff at DPBH.

Nevada's Title V/MCH program is managed through its main office in Carson City, Nevada. Christine Mackie, MPH, is the Bureau Chief and MCH Director. Beth Handler, MPH, is the Deputy Bureau Chief and oversees the section managers in the Bureau of Child, Family and Community Wellness. Andrea Rivers, BA, is the Maternal, Child and Adolescent Health Section Manager.

Laura Valentine, MS, is the Program Manager for the Title V/Maternal and Child Health (MCH) program and serves as the Children and Youth with Special Health care Needs (CYSHCN) Director. Ms. Valentine is responsible for the policy, program, evaluation, and fiscal administration of Title V activities.

Ingrid Mburia, MPH, Maternal and Child Health Epidemiologist, is responsible for the assessment and development of the Title V/MCH Block Grant and the MCH five-year needs assessment. Ms. Mburia is also responsible for developing, reviewing & evaluating program components such as performance measures and data trends for the population in the state as well as writing reports for federal, state and local use. In addition, Ms. Mburia employs appropriate epidemiologic and statistical methods in data analysis using SAS and other statistical software to manipulate, tabulate, and analyze datasets and also utilizes matching programs to link records using available identifiers.

The Maternal and Infant Health Coordinator position oversees the Perinatal Substance Use Prevention (PSAP) initiative among other duties. This position is currently vacant.

Debra Vieyra, Children and Youth with Special Health Care Needs (CYSHCN) Program Coordinator, collaborates with multiple state agencies and programs, as well as other MCH partners and stakeholders to provide CYSHCN Care Coordination management among other duties.

Deborah Duschesne, BA, is the Rape Prevention Education Program Coordinator and she manages and coordinates all aspects of this federally funded program. Ms. Duschesne collaborates with many state and community level entities that have a stake in prevention sexual violence and violence against women.

Perry Smith is the Program Coordinator for the Nevada Early Hearing Detection and Intervention Program. Mr. Smith is responsible for the programmatic direction, operation, and evaluation of the state EHDI program. This involves writing and managing HRSA and CDC federal grants, working with collaborative partners through written agreements, writing reports for federal and state use, and supervising other EHDI staff.

Diane Miller, Au.D., CCC-A, is the EHDI Follow-up Coordinator and is a trained pediatric audiologist. Dr. Miller is responsible for working with the program data analyst to locate infants who are lost to follow-up and or lost to documentation and implementing processes and procedures to locate these infants. These procedures may include training of various professionals who may have had contact with these infants, making phone calls or sending letters to parents, and working with audiologists to appropriately test these infants.

Karli Dodge, EHDI Data Analyst, is responsible for overseeing accurate collection and analysis of demographic, hearing screening, diagnostic testing, and intervention services data through working with multiple data suppliers. Ms. Dodge also analyzes, compiles, and produces reports for state and federal users.

Evelyn Dryer, Health Program Manager, is responsible for managing MIECHV grants to include budget and scope of work development; supervising MIECHV staff; monitoring sub-recipient programs to include scope of work, budget and expenditures, program fidelity; developing Continuous Quality Improvement plans and overseeing the CQI process for the state team and for implementing agencies. Ms. Dryer is also responsible for reporting progress and performance to HRSA.

Melanie Lopez, Nevada Home Visiting (NHV) Program Coordinator, is responsible for developing training for home visitors, collaborating with agencies to build statewide systems, and networking with stakeholders to address the health of Nevada mothers, infants, and children.

Yucui Liu, MS, Health Resource Analyst for Nevada Home Visiting Program is responsible for ensuring compliance to Federal, State and DBPH policies and regulations, providing technical assistance on data collection, interpretation and reporting. Ms. Liu is also responsible for developing data collection instruments, building a data warehouse and maintaining and upgrading the database. Ms. Liu also manages, analyzes and reports on family health and wellness indicators for NHV.

Sarah Demuth, Adolescent Health Abstinence Education Grant Program Coordinator, manages the federally funded Title V State Abstinence Education Grant Program. Ms. Demuth is responsible for monitoring pass through funds for three sub-grantees located in northern Nevada by reviewing expenditure and scope of work, evaluating program effectiveness, facilitating program growth and community involvement, and generating federally mandated progress reports.

Sandra Ochoa, MPH, State Systems Development Initiative (SSDI)/Women, Infants, and Children (WIC) Biostatistician, provides data support to the MCH program and program's needs, including the 5-year needs assessment and MCH Block Grant. Supplementary to MCH Block Grant work, data are also provided to support ongoing efforts with the Collaborative Improvement and Innovation Network (COIIN) to reduce infant mortality and SSDI, and maintaining minimum and core data sets related to MCH.

Melissa Slayden, BS, Management Analyst, Office of Public Health Informatics and Epidemiology, is responsible for data collection from internal Division resources and from external State agencies in order to complete the Maternal Child Health Block Grant application. Additionally, Ms. Slayden is responsible for some data analysis, report writing, and report reviewing for the MCH program.

Nevada Title V/MCH program has significantly built its workforce capacity in the last five years. This was achieved through the development of additional/ new positions. Kristine Hughes, the current MCH fiscal support, was brought directly into the program to help in developing, implementing, monitoring, and controlling grant-in-aid projects and provide grants management oversight for incoming funding.

Nevada's DPBH faces numerous workforce challenges in recruiting and maintaining adequate public health professionals. Even though challenges such as difficulty adding new state positions and dependency on temporary staffing still remain, many positive changes affecting state employees were made in the 2015 Legislative session. Some of these include: Assembly Bill 489 was passed and will increase the Cost of Living Adjustment (COLA) by one percent effective July 1, 2015 and by two percent in FY 2017. In addition, Merit pay will be reinstated for classified employees, and State employees will no longer have to furlough.

Nevada's population, as well as the MCH population, is becoming increasingly diverse. In order to provide culturally and linguistically competent approaches to services, health policies, and leadership for our MCH population, the MCAH workforce attended several trainings in 2014. One of the trainings was on cultural competence. The training discussed the importance of cultural competence as a key service delivery tool in addressing health disparities. In addition, Culturally and Linguistically Appropriate Services (CLAS) Standards, its components and relevance were also discussed in the training. Training on Cultural Diversity was also offered on the state's web training website, NEATS. The training offers an understanding of practical cross-cultural strategies that emphasize professionalism in the workplace as well as provides information on how to develop essential skills for improving relationships between communities of racial, cultural, and ethnical diversity.

### II.B.2.c. Partnerships, Collaboration, and Coordination

Nevada Title V/MCH program has developed a statewide structure of partners and stakeholders to ensure that public health and preventive services for the MCH population are delivered within well-coordinated and comprehensive systems of care. Partnerships and collaborations are vital because no one agency has the capacity or resources to tackle the wide range of public health problems that exist in the society today. The partnerships and collaborations that Title V has are with the governor's office, state agencies, local health districts, academia, non-profit organizations, community organizations, advocacy groups and stakeholders.

Title V collaborates with Nevada Medicaid and the Office of Public Health Informatics and Epidemiology (OPHIE) (housed within DBPH) on the CDC/CMS data linkage project. The project's goal is to improve the measurement of the two measures in the CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP that require data linkage (C-section and low birth weight rates). Through this project, Nevada will receive training and assistance in linking Medicaid claims and

Vital Statistics data for surveillance, performance monitoring, and quality improvement. The results from the linkage will also help Nevada in identifying the prevalence and magnitude of the two measures among the Medicaid population and develop targeted prevention strategies. In addition, MCH collaborated with OPHIE on a data linkage research project to examine the prevalence of gestational diabetes among WIC women. WIC captures gestational diabetes based on a self-assessment survey. Preliminary results indicated that older mothers had a higher prevalence of gestational diabetes and this was consistent with both WIC and Pregnancy Risk Assessment Monitoring System (PRAMS) national data. Title V staff has sought a speaker to give a statewide presentation on gestational diabetes to WIC clinic nutritionists. The goal of the presentation is to educate the clinic nutritionists on the importance of identifying women at increased risk for developing Type 2 diabetes if they have a history of Gestational Diabetes Mellitus (GDM) as well as getting the identified women appropriate resources and information.

Nevada Title V/MCH program is collaborating with Medicaid (EPSDT) and March of Dimes (Nevada Chapter) on the Infant Mortality Collaborative Improvement and Innovation Network (CoIIN). Nevada elected to address two strategic focus areas:

1. Pre/Interconception Care: Promote optimal women's health before, after and in between pregnancies, during postpartum visits and adolescent well visits.
2. Social Determinants of Health: Incorporate evidence-based policies/programs and place-based strategies to improve social determinants of health and equity in birth outcomes.

The state team has convened several meetings to discuss various SDOH Strategies including strategies that align with existing state priorities/activities/efforts and relevant publications, resources, materials, speakers/presenters, etc. that our state has in relation to the listed strategies.

Nevada Title V/MCH program is collaborating with various agencies on the National Governors Association (NGA) Learning Network for Improving Birth Outcomes. Nevada's goals in this collaborative venture are:

- Increased preconception and inter-conception planning and educational outreach
- Expanded access to health care for women/pregnant women and infants
- Reduce negative birth outcomes resulting from substance abuse disorders including exposure to tobacco/nicotine for infants, children, women of child-bearing age and pregnant women
- Decrease non-medically indicated early birth before 39 weeks

In 2010-2012, the infant mortality rate (IMR) in Washoe County (6.0) was higher than the rest of the state (5.3) and the nation (5.1). To address this high IMR in the county, Nevada Title V/MCH program provided funding and collaborated with Washoe County Fetal Infant Mortality Review (WC FIMR) to carry out an in-depth process to uncover the patterns and risk factors associated with fetal and infant death. WC FIMR is currently a pilot project and it is hoped that the project will be expanded to the rest of the state in the near future.

Data linkage of Medicaid, WIC, Nevada Early Hearing Detection and Intervention (EHDI) datasets with Baby Birth Evaluation Assessment of Risk Survey (Baby BEARS) sample to extract mothers addresses and telephone number(s). This contact information is required because the Baby BEARS protocol combines two modes of data collection; a survey conducted by mailed questionnaire with multiple follow-up attempts, and a survey by telephone. Telephone follow-up begins after the mailing of the last questionnaire for survey participants that do not respond to the repeated mailings. A key aspect of his approach is to make several and varied contacts with sampled mothers. Baby BEARS fills a gap in Nevada's data needs by providing state-specific population-level data on maternal attitudes and experiences before, during, and after pregnancy to better understand birth outcomes in our state.

Title V collaborates with Substance Abuse Prevention & Treatment Agency (SAPTA) on various activities that provide community-based prevention and treatment to the MCH population. In 2013, SAPTA was awarded the Partnerships for Success grant to decrease substance abuse rates in Nevada. The Partnership for Success grant is designed to address two of the nation's top substance abuse prevention priorities:

- Underage drinking among individuals ages 12 to 20
- Prescription drug misuse and abuse among individuals ages 12 to 25.

In addition, Title V collaborates with SAPTA to meet the MCH-related objectives for their Block Grant as well as the

Community Mental Health Services Block Grant, which includes activities to prevent and treat substance abuse and behavioral health issues respectively.

Governor Gibbons, through a September 2009 executive order, established the Nevada Early Childhood Advisory Council (ECAC) to strengthen state-level coordination and collaboration among the various sectors and settings of early childhood programs. The executive order empowers the Director's Office of the Department of Health and Human Services (DHHS) to establish and maintain the ECAC.  Nevada Title V/MCH program collaborates with ECAC which supports MCH efforts through their vision, "Nevada's children will be safe, healthy, and thriving during the first eight years of life, and the system will support children and families in achieving their full potential."

### III.D. Financial Narrative

| | 2015 | | 2016 | |
|---|---|---|---|---|
| | Budgeted | Expended | Budgeted | Expended |
| Federal Allocation | $1,960,060 | $2,023,152 | $1,998,800 | $2,074,764 |
| State Funds | $1,470,045 | $1,563,756 | $1,499,100 | $1,556,073 |
| Local Funds | $0 | $0 | $0 | $0 |
| Other Funds | $0 | $0 | $0 | $0 |
| Program Funds | $0 | $0 | $0 | $0 |
| SubTotal | $3,430,105 | $3,648,764 | $3,497,900 | $3,630,837 |
| Other Federal Funds | $76,074,243 | $76,059,842 | $56,588,684 | $53,251,776 |
| Total | $79,504,348 | $79,708,606 | $60,086,584 | $56,882,613 |

| | 2017 | | 2018 | |
|---|---|---|---|---|
| | Budgeted | Expended | Budgeted | Expended |
| Federal Allocation | $2,085,007 | $2,090,604 | $2,085,007 | |
| State Funds | $1,563,756 | $1,574,296 | $1,563,756 | |
| Local Funds | $0 | $0 | $0 | |
| Other Funds | $0 | $0 | $0 | |
| Program Funds | $0 | $0 | $0 | |
| SubTotal | $3,648,763 | $3,664,900 | $3,648,763 | |
| Other Federal Funds | $70,778,207 | $65,823,733 | $59,515,762 | |
| Total | $74,426,970 | $69,488,633 | $63,164,525 | |

| | 2019 | |
|---|---|---|
| | Budgeted | Expended |
| **Federal Allocation** | $2,091,381 | |
| **State Funds** | $1,578,536 | |
| **Local Funds** | $0 | |
| **Other Funds** | $0 | |
| **Program Funds** | $0 | |
| **SubTotal** | $3,669,917 | |
| **Other Federal Funds** | $63,696,900 | |
| **Total** | $67,366,817 | |

**III.D.1. Expenditures**

## III.D.1 Expenditures

## Federal Fiscal Year 2019 Application - Expenditure Narrative

In FFY 2017, the Nevada Title V MCH Program expended $2,090,604 in federal funds and $1,574,296 in state match funds for a total of $3,664,900. The state match funds will be comprised of $1,574,296 from the State General Fund and in in-kind contributions from the Nevada Broadcaster's Association. FFY 2017 state match funds expended will be adequate to meet Nevada's maintenance of effort amount of $853,034.

## Budgeted vs. Expended by Types of Individuals Served:

The $2,090,604 award received for FFY 2017 was 1% higher than the budget of $2,085,007 submitted for FFY 2017.

## Pregnant Women:

Budget: $547,314
Expended: $408,648
Variance: Expenditures are 25.3% less than budget

## Infants <1 year old:

Budget: $547,314
Expended: $401,138
Variance: Expenditures are 26.1% less than budget

## Children 1 to 22 years old:

Budget: $1,094,629
Expended: $1,068,875
Variance: Expenditures are 2.3% less than budget

## Children with Special Healthcare Needs:

Budget: $1,094,629
Expended: $1,282,715
Variance: Expenditures are 17.2% more than budget

## Others:

Budget: $156,376
Expended: $163,107
Variance: Expenditures are 4.3% more than budget

## Administration:

Budget: $208,501
Expended: $340,417
Variance: Expenditures are 63.3% more than budget.  Original 2017 budget did not include state match.

### Budgeted vs. Expended by Types of Services:

### Direct Health Care Services:

Budget: $0
Expended: $0
Variance: No variance

### Enabling Services:

Budget: $656,777
Expended: $659,682
Variance: Expenditures are 0.4% more than budget

### Public Health Services and Systems:

Budget: $2,991,986
Expended: $3,005,218
Variance: Expenditures are 0.4% more than budget

## III.D.2 Budget

### Federal Fiscal Year 2019 Application – Budget Narrative

The total estimated Federal Fiscal Year FFY 2019 Title V MCH budget is $3,659,917. As required, the state of Nevada's FFY 2019 application budget adheres to the required 3:4 match of three (3) state dollars for every four (4) federal dollars. The federal MCH portion is estimated, for budget purposes, at $2,091,381. State matching funds are budgeted at $1,578,536 and are comprised of State General Funds and in-kind contributions from Nevada State Broadcasters Association. The amount of state funds that will be used to support Maternal and Child Health programs in FFY 2019 is shown in the budget documentation of the state application. We assure that the $853,034 maintenance of effort requirement (FY89 level of state funding) will be satisfied.

For FFY 2019, $642,054, 30.7% of the federal Title V allocation, is budgeted for Preventive and Primary care of Children and Adolescents. A slightly greater amount, $688,064, 32.8% of the federal Title V allocation, is budgeted for Children and Youth with Special Healthcare Needs. Administrative costs for Federal Fiscal Year 2019 are budgeted at $209,060, 10% of the MCH allotment. Administrative expenditures will not exceed this amount. The remaining FFY 2019 Federal Title V award is directed towards services for pregnant women, postpartum women and infants up to age 1 year as well as other activities supporting MCH populations throughout the state.

Services are provided through contracts with local agencies, including health districts and community-based nonprofit agencies.

### Other Federal Funds

Nevada's Title V Program is housed in the Bureau of Child, Family, and Community Wellness. The Bureau also administers the following federal grant programs/funding streams totaling $63,696,900 in FFY19. All federally funded programs referenced below provide services to the populations served by the Maternal and Child Health Block Grant Program.

### Administration for Children and Families

Abstinence Education
Personal Responsibility Education

### Centers for Disease Control and Prevention

Breast and Cervical Cancer Early Detection
Cancer Prevention and Control
Colorectal Cancer Screening
Early Hearing Detection
Enhancing Nevada's Immunization Program
Nevada Immunization and Vaccines for Children
Nevada State Immunization Program
Nevada Adult Immunization Partnership and Improvement Project
Nevada Teen AFIX Improvement Projects
Pregnancy Risk Assessment Monitoring System (PRAMS)
Preventive Health Services
Rape Prevention and Education
Sexual Violence Prevention and Education
State Public Health Actions to Prevent and Control Diabetes, Heart Disease, and Obesity

Tobacco Control Program
Tobacco Use Prevention Capacity

### Centers for Medicare and Medicaid Services

Connecting Kids to Coverage

### Health Resources and Services Administration

ACA Maternal, Infant and Early Childhood Home Visiting Program
Universal Newborn Hearing Screening

### United Department of Agriculture

Child Nutrition
Commodity Assistance Program
Summer Food Service for Children
Women Infants and Children

### Budget by Types of Individuals Served

In FFY 2019, the Nevada Title V MCH program is budgeting the following federal and state match funds towards the individuals served requirements:
Pregnant Women - $317,708
Infants < 1 year old - $348,953
Children 1 to 22 years old - $734,980
Children and Youth with Special Healthcare Needs - $908,832

### Budget by Types of Services

Nevada no longer allocates funds to direct health care (DHC) services and only budgets for Enabling Services and Public Health Services and Systems. In FFY 2019, the Nevada MCH program plans to allocate federal and state match funds as follows:

Direct Health Care Services - $0
Enabling Services - $667,170
Public Health Services and Systems - $2,992,747

## III.E. Five-Year State Action Plan

### III.E.1. Five-Year State Action Plan Table

**State: Nevada**

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

**III.E.2. State Action Plan Narrative Overview**

**III.E.2.a. State Title V Program Purpose and Design**

## State Title V Program Purpose Design

Title V MCH partners with several entities to accomplish our goals in improving the health of the MCH population in Nevada. Title V MCH staff is actively involved with AMCHP and the social determinants of health (SDOH) CoIIN, and is also involved with the Medical Complexity CoIIN. The NGA Learning Network on Improving Birth Outcome and NGA Learning Network to Improve Insurance Enrollment and Access to Health Care will continue. The CYSHCN Program supports the Nevada Medical Home Portal to provide families and medical providers with up to date resources. Title V MCH is currently exploring options in the formation of a Maternal Mortality Review Committee. Newborn Screening now involves testing tor SCID and Title V MCH staff acted as a convener to allow policy change and education to facilitate algorithm development and access to care for medically complex infants to receive critical services out of state.

Substance use disorder and pregnancy is a concern for Nevada and Title V MCH is actively involved supplying resources to partners. Title V MCH also collaborates with Nevada Early Childhood Advisory Council (ECAC) aligning early childhood efforts and data points across different systems serving children. Title V MCH and the Division of Health Care Financing and Policy (DHCFP) participate in the Maternal and Infant Health Initiative (MIHI) Value-Based Payment (VBP) Technical Support opportunity with the Medicaid Innovation Accelerator Program (IAP). Monthly peer-to-peer learning calls and team meetings explore improvement strategies and evaluate data related to prenatal care.

Title V MCH works closely with the Department of Taxation, the entity responsible for overseeing recreational marijuana and licensing for dispensaries in Nevada. Title V MCH shares all marijuana resources and provides feedback on materials the Department of Taxation shares. Title V MCH marijuana awareness posters and SoberMomsHealthyBabies.org referral cards are provided to all dispensaries.

Title V MCH is addressing the priorities of the program while also considering the challenges confronting Nevada, as well as emerging issues.

**Opioids, Marijuana and Other Substances**

Nevada addresses the issues related to opioid use and addiction, and substance use secondary to opioid use and addiction. Assembly Bill 474 from the 2017 Legislative Session changed the laws and procedures for prescribing a controlled substance in Nevada, and went into effect January 1, 2018. The legislation does not regulate the practice of medicine, but it does follow the CDC prescribing guidelines. A provider tutorial demonstrating how the Nevada Prescription Monitoring Program (NV PMP) functions was also updated in January 2018.

On April 27, 2017, Nevada was awarded a grant from the U.S. Department of Health and Human Services (HHS) for $5,663,328 to help combat the opioid addiction problem in the state.

Attention to opioid and other substance use is critical for the Title V MCH Program. According to the Centers for Disease Control and Prevention (CDC), Neonatal Abstinence Syndrome (NAS) has been increasing in the state (https://www.cdc.gov/mmwr/volumes/65/wr/mm6531a2.htm#T1down).

In 2002, the Nevada rate of NAS was 1.1 per 1,000 hospital births, and rose to 4.8 per 1,000 hospital births in 2013. The CDC also points out the difficulty in preventing opioid use prior to conception with nearly 50% of all pregnancies in the United States unintended. This number jumps to 86% for women who use opioids (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052960/).

In terms of policy, SB 459 was signed into law (NRS 453C.150) during the 2015 Legislative Session to reduce

potential criminal penalties for people who report drug overdoses. The law also requires doctors to monitor patients and their prescription history more thoroughly. People can now access drugs like Naloxone, a non-addictive drug which can help reverse opioid overdoses.

Title V MCH staff work with state efforts on Comprehensive Addiction and Recovery Act (CARA) compliance and the Plan of Safe Care and on the substance use in pregnancy generally via education, training, substance use and pregnancy Tool Kit development, work group participation, report form design and increasing awareness. This will continue in the next year.

**Marijuana Legalization**

Marijuana became legal in Nevada for recreational use after Question 2 was approved by the voters on November 8, 2016. The law went into effect with regulations allowing for the sale of marijuana on July 1, 2017. The concerns for the Title V MCH Program are the short and long-term effects of using marijuana during pregnancy, and the effects of second hand smoke for children in a household where marijuana is smoked. The effects of edible marijuana are also a risk. Tetrahydrocannabinol (THC) in these forms still must be processed by the body and may get passed on to the fetus in pregnancy or infant during breastfeeding. The ingestion of edibles by infants, toddlers, and children is a safety concern for prevention as many edibles are packaged in a way to be attractive to children. There are issues regarding possible health concerns for pregnant women and their babies (https://www.colorado.gov/pacific/marijuana/effects-while-pregnant-or-breastfeeding), so the Title V MCH Program is sharing resources adapted from Colorado's experience. Nevada developed resources about marijuana and pregnancy, and marijuana and injury prevention for the public and providers and distribute them widely.

Marijuana and pregnancy resources are also available on the DPBH website: (http://dpbh.nv.gov/Programs/MIP/dta/Providers/Maternal_Infant_Program_(MIP)_-_Providers/)

Close monitoring of legal marijuana in Nevada will be a priority for the DPBH in general and the Title V MCH Program specifically. Keeping in close contact with colleagues in California, Colorado and Washington will help the ability to observe the effects of legal marijuana in Nevada. Title V MCH will also follow any changes to the use of recreational marijuana among youth, adolescents, and young adults. Title V MCH has been working with Child Death Review to keep key partners apprised of substance use in pregnancy, marijuana and pregnancy, and substance use in breastfeeding. PRAMS surveys inquire about substance use in pregnancy and will provide self-report data of use to MCH efforts.

**Congenital Syphilis**

A workgroup with Local Health Authorities (LHAs), DHHS and DPBH meets quarterly to address the alarming rise of congenital syphilis in the state. The workgroup is actively reviewing educational materials and will promote widely to consumer and providers (http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/STD/dta/Publications/Congenital%20Syphilis(3).pdf

**Telemedicine**

The Title V MCH Program provides technical assistance on School Based Health Centers (SBHCs) implementing new facilities and programs, as well as informs agencies about School-Based telemedicine webinars. The Adolescent Health and Wellness Program Coordinator, along with DHCFP (policy side for Nevada Medicaid) guided the Renown Medical Facility in Reno through standards of care pertinent to services and billing for school-based telehealth. Information was shared about Nevada guidelines, as well as what other states offered through telemedicine at schools. Renown School-Based Telehealth at O'Brien Middle School opened in August 2017 as the first Nevada facility to have a telemedicine cart.

Telehealth services include treatment for minor illnesses and injuries, management of chronic illnesses, and behavioral health. Telehealth provides parents the convenience of participating in the medical visit through any

personal video enabled device such as a smart phone or iPad. Renown School-Based Telehealth at O'Brien Middle School is a collaborative program rotating off-site providers with two FQHCs, Community Health Alliance and Northern Nevada HOPES. Medicaid, Nevada Check Up and private insurers are billed for telehealth services from the originating and distance provider sites. The collaborating partners are investigating opportunities for expansion of telehealth services for schoolchildren.

Nevada Health Centers (NVHCs) in Las Vegas purchased telehealth carts for their two SBHCs. Discussions are underway about what telehealth services will be provided at CP Squires Middle School SBHC, as well as Bower School-Based Health Center at Basic Academy for International Studies.

**Critical Congenital Heart Defects (CCHD)**

A full year of CCHD data underwent analysis and cleaning, and a report to MCH stakeholders is imminent. Nineteen hospitals have supplied monthly reports with the number of failed pulse oximetry screenings. The American Heart Association (AHA), the American Academy of Pediatrics (AAP), and the American College of Cardiology Foundation (ACCF) recommendations for standardized pulse oximetry screening and diagnostic follow-up are performed on asymptomatic newborns after 24 hours of birth and before 48 hours of life, to avoid false-positive results and Nevada hospitals follow the protocol.

The State of Nevada worked with AHA and other stakeholders to implement Nevada Revised Statute (NRS) 442.680 (http://www.leg.state.nv.us/Division/Legal/LawLibrary/NRS/NRS-442.html#NRS442Sec680) to address CCHD screenings.

Since July 1, 2015, all hospitals or obstetric centers must screen all newborns, after 24 hours of birth and prior to 48 hours of life, to determine if the newborn suffers from CCHD. If it is determined the infant suffers from CCHD, the attending physician must also report the condition to the Division of Public and Behavioral Health (DPBH) Chief Medical Officer, or a representative thereof, and discuss the condition with those responsible for the care of the infant. From January 1, 2017 to December 31, 2017, there were 35,142 births in Nevada and 32,173 are documented as screened. Of those, there were 32,123 negative screens, and 50 did not pass screening. Nearly 3,000 (2,969) were not screened due to: NICU, Echocardiogram, home birth, transfers, infant death, unknown or confirmed missed cases.

**Zika in Nevada**

From January 1, 2017 to December 20, 2017 there has been 1 reported case of Zika in Nevada. As of May 2, 2018, there have been 0 cases of Zika in Nevada. In 2016, there were 22 symptomatic Nevada cases of Zika, largely travel-related.

Nevada Title V MCH promotes Zika resources on the DPBH website MCH pages such as provider guidelines for treatment, travel warnings, public guidelines for travel, and incidences of occurrence. Nevada Title V MCH met with Zika surveillance partners at the Newborn Screening Program, Office of Public Health Informatics and Epidemiology, and Southern Nevada Health District to discuss referral to MCH services, supports, and pathways to facilitate referral to early intervention, and care for families living with Zika virus. Possibilities for EHDI data utilization, developing bidirectional electronic referral system opportunities, and current MCAH referral processes are ongoing discussions.

Title V MCH staff reached out to Puerto Rico and the US Virgin Islands to provide contact information for anyone affected by Zika, and recently transplanted to Nevada. Shared information included resources for families impacted by hurricanes in Puerto Rico and the US Virgin Islands and displaced to Nevada.

Mosquito abatement efforts throughout Nevada are designed to stop mosquitos while they are still in the larval stage.

The following links provide Nevada MCH populations Zika resources:

Nevada Department of Public and Behavioral Health (DPBH)

(http://dpbh.nv.gov/Programs/OPHIE/dta/Hot_Topics/Hot_Topics/)

Nevada Maternal, Child and Adolescent Health Program Zika Resources

(http://dpbh.nv.gov/Programs/Maternal,_Child_and_Adolescent_Health_(MCH)/)

**Mass Violence**

The largest mass shooting, with 59 deaths and 527 people injured, occurred in Las Vegas, Nevada on October 3, 2017. Title V MCH shared resources, linked the public with Nevada 2-1-1, and shared mental health resources.

**Immigration and Insurance**

Senate Bill (SB) 253: The Nevada Pregnant Workers' Fairness Act provides protections to female employees and applicants for employment who are affected by a condition of the employee or applicant relating to pregnancy, childbirth, or a related medical condition. SB 253 had an effective date upon approval, in part (employer providing written notice to existing employees), and in full on October 1, 2017, and aligns Nevada law with federal requirements

SB 325 became effective on July 1, 2017, authorizing children less than 19 years of age lawfully residing in the United States to enroll in Nevada Medicaid and Nevada Check Up Children's Health Insurance Program Reauthorization Act (CHIRPA) programs. Previously, a five-year waiting period was necessary for lawfully residing qualified non-citizen children; this is no longer the case in Nevada.

To assure access to the delivery of quality healthcare, Nevada Title V MCH has an enabling role by providing infrastructure support and development of community health nurses (CHNs), community health workers (CHWs), Oral Health Program (OH), Primary Care Office (PCO), and Chronic Disease Prevention and Health Promotion (CDPHP). Title V also provides support for the Nevada Medical Home Portal, Family TIES for translation services at the Northern Nevada Craniofacial Clinic, newborn screening, Ages and Stages (ASQ) Training of Trainers, and support of the Maternal and Child Health Advisory Board (MCHAB) policy platform.

**III.E.2.b. Supportive Administrative Systems and Processes**

**III.E.2.b.i. MCH Workforce Development**

## MCH Workforce Development

Title V MCH supports 17 Full Time Employees (FTE) in the Bureau of CFCW. This number was changed since the last five-year needs assessment to more accurately reflect the true number of full time employees funded by Title V MCH Block Grant. Beth Handler, MPH, Bureau Chief, provides oversight across diverse programs and sections, including MCAH. Nevada Title V MCH Program within the MCAH Section built workforce capacity in the last five years, including transitioning positions filled by contract employees into permanent state positions and hopes to do so for the CYSHCN position, as well.

Key partners within the MCAH Section, the Bureau of CFCW, or other areas of DPBH, not MCH-funded, but collaborating on MCH-related activities include:

- Teen Pregnancy Prevention Program, 2 FTE Coordinators, 1 FTE Administrative Assistant (AA), and 0.6 FTE Grants Project Analyst (GPA) I
- Early Hearing Detection and Intervention (EHDI), 3 FTE including a Coordinator, Data Analyst, and Administrative Assistant, and .5 FTE Audiologist.

Partially Funded MCH state partners include:

- RPE, (.25 FTE) Through leveraged PHHS and RPE funds, the RPE program implemented prevention strategies, targeting teens and young adults, to provide education and awareness on issues relating to dating violence, and to prevent sexual violence episodes from occurring in the future
- PRAMS media campaign
- Community Health Nurses (CHN) provide health promotion and prevention services, care coordination, health education, and outreach to support public health in Nevada's rural counties
- MCH co-funds two Home Visiting sites with MIECHV
- Nevada Immunization Program, (0.5 FTE) supports MCH fiscal efforts.
- OPHIE, 2 FTE (1 FTE Biostatistician and 1 FTE Health Resources Analyst II) who provide data support across MCH programs
- Chronic Disease Prevention and Health Promotion (CDPHP), (0.5 FTE HPSII) supports CHW program and childhood and school wellness efforts, as well as (1 FTE HPSII) Oral Health Program Manager.

## State and Division Staff Training

The State of Nevada continues to maintain its Online Professional Development Center (https://nvelearn.nv.gov), as well as provide in person classes to employees. The Development Center contains various information including: developing and applying logic models for planning, implementation, and evaluating programs; effective techniques for presenting data; effective methods for making decisions; and others. Information on the website is accessible to employees from various Divisions and Departments in the State. Division of Public and Behavioral Health (DPBH) employees use the site to meet required HIPAA and information security classes and enhance their professional careers, as well as to further their education and job-related skills. Employees value the continuing education offered by MCH trainings to stay current on topical MCH developments in the priority areas. Trainings taken by MCH staff included substance use during pregnancy, and cultural competency. Other workforce development opportunities are provided to staff by state programs, federal agencies, academic institutions, and professional organizations such as The Association of Maternal and Child Health Programs, Nevada Health Conference, ASQ Training of Trainers, and Nevada Public Health Association conferences.

## MCAH Staff Training

In the reporting year (October 1, 2016 through September 30, 2017), Nevada Maternal, Child and Adolescent Health (MCAH) Section staff participated in various workforce development opportunities. Title V MCH funded five MCAH staff to attend Grant Writing and Grant Management courses. Staff reviews indicated the trainings were valuable and the information they received will enhance their regular job duties. Other trainings provided to MCAH staff are highlighted below.

Christina Turner, the Maternal and Infant Health Coordinator, attended several trainings including the National Network of Perinatal Quality Collaboratives in November 2016, the Immunize Nevada Health Conference, and March of Dimes Prematurity Summit.

Deborah Duchesne, the Rape Prevention and Education Coordinator (RPE), attended the National Sexual Assault Conference in June 2017. She also attended the RPE Leadership Conference in June 2017.

Eileen Hough, the Adolescent Health and Wellness Coordinator, attended several conferences and trainings to gain insight on pertinent adolescent health and wellness topics. These included the Nevada Transition Conference – Youth in Transition: Voices, Choices and Results; Technical Assistance Site Visit Meeting presented by staff from the National Governor's Association (NGA) Center for Best Practices; and the Diversity, Equity and Inclusion Workshop. The Adolescent Health and Wellness Coordinator participated in various health focused webinars, including events hosted by the State Adolescent Health Resource Center and Adolescent and Young Adult Health National Resource Center to enhance progress of state staff increasing adolescent well visit outcomes. Additionally, the Association of Maternal and Child Health Programs (AMCHP) participated in monthly Youth Engagement Community of Practice (CoP) sessions devoted to improving the capacity of youth engagement in Title V programming.

While serving as the Biostatistician II, Ingrid Mburia, PhD, MPH, attended AMCHP in March 2017, and the National Network of Perinatal Quality Collaboratives in November 2016.

One of Nevada's MCH priorities is to increase care coordination for children with and without special health care needs. To address this priority, MCH developed the Nevada Children's Medical Home Portal (MHP) to help coordinate care across multiple providers, and ensure families receive family-centered and culturally sensitive care. As a result, the Children and Youth with Special Health Care Needs (CYSHCN) Program Coordinator received training from various sources on the MHP. In March 2017, Justin Bennett, the CYSHCN Program Coordinator, attended AMCHP in Kansas City, Missouri. He served on active duty for the Nevada Air National Guard for most of the reporting period.

Mitch DeValliere, DC, in the role of MCH Epidemiologist, attended AMCHP in Kansas City, Missouri, Grant Management USA in Carson City, Nevada, and SAS Essentials for Programming in Washington, DC.

As the AEGP coordinator, Aundrea Ogushi attended the 2017 Grantee Conference Strategies of Success: A Holistic Approach to Adolescent Pregnancy Prevention, and PREP Topical Training- Updates and Trends in Adolescent Reproductive Health as well as Grants Management and Grant writing seminars.

Early Hearing Detection and Intervention (EHDI) program staff participated in Centers for Disease Control and Prevention (CDC) sponsored Early Hearing Detection and Intervention all grantee meeting in Atlanta, Georgia, and gained information on program evaluation, quality improvement processes, logic model design and use, information system functional standards, and annual data submission processes. Nevada EHDI team also attended the National Center for Hearing Assessment and Management (NCHAM) annual conference.

NHV staff and all implementing agencies have attended webinars on immunizations, recruiting and retaining enrollees, pre-term births, serving incarcerated parents, and other benchmark related topics. One staff member trained as a "train the trainer" for ASQ and ASQ:SE developmental screenings and is available to train others.

MCAH staff training opportunities planned for FFY 2019 include the Association of Maternal and Child Health Programs (AMCHP) conferences and City MatCH.

To provide culturally and linguistically competent approaches to services, health policies, and leadership for an increasingly diverse MCH populations, the MCAH workforce attended several trainings in 2017. Many of the trainings were on cultural competence, tribal outreach, and Office of Minority Health trainings. The trainings discussed the importance of cultural competence as a key tool in addressing health disparities. In addition, Culturally and Linguistically Appropriate Services (CLAS) standards, components, and relevance were discussed in training and implemented in programming including provision of bilingual media campaigns and resources. Training on Cultural Diversity was also offered on the state's training website and in person. The training offers an understanding of cross-cultural strategies, as well as providing information on how to develop essential skills for improving relationships with diverse communities. CDPHP and MCH co-funded an in-person Diversity, Inclusion and Equity training in 2017. The training was well attended and many of the participants commented about the quality and effectiveness of the training.

### Pediatricians, Family and General Practitioners, and Obstetricians and Gynecologists

According to the 2016 Bureau of Labor Statistics (BLS) Occupational Employment Statistics Query System, the number of Obstetricians and Gynecologists (OB-GYN) per 100,000 in the U.S. (6.13) is similar to the Nevada rate (6.12). However, an absence of full time OB-GYNs exists in 10 of 17 Nevada counties. Two counties of the remaining 7 have only 1 full time practitioner.

The number of Pediatricians in Nevada is 5.4 per 100,000; well below the national rate of 8.3. No full time Pediatricians are present in 10 of 17 Nevada counties.

The US rate for Family and General Practitioners (GP) is 38.1 per 100,000 while the rate for Nevada is 28.2. Esmeralda, Eureka, and Storey counties do not have any Family or GPs. White Pine, Pershing, Mineral, Lyon, Lincoln, and Lander counties each have less than five Family doctors or GPs.

The Primary Care Office (PCO) supplied the MCH Title V Program with maps and data demonstrating the Health Professional Shortage Areas (HPSA) in Nevada for OB-GYNs and Pediatricians. The information is attached as Supporting Document 4.

UNLV Medical School opened in July 2017 with 60 students, and the University of Nevada, Reno, School of Medicine expects to matriculate the first class of the Physician Assistant (PA) Studies program in July 2018. Both programs will increase the health care workforce capacity in Nevada.

**III.E.2.b.ii. Family Partnership**

## Family Partnership

Nevada Title V MCH Program collaborates with other agencies, programs, and organizations at the local and state level to meet the needs of the Maternal and Child Health (MCH) population in the state, as well as the priorities indicated in the 5-year plan. Through these collaborations, Title V MCH is able to reach families and consumers to get input and recommendations on the development and implementation of the programs provided to MCH populations in the State.

Nevada Title V MCH solicits feedback from consumers and the public on MCH-related issues via a survey link posted on the Nevada Division of Public and Behavioral Health (DPBH) website; the annual needs assessment update survey is sent to consumers as well. The Statewide MCH Coalition provides an avenue for families to provide input through their website. Consumers can provide information directly to the MCH Coalition by telephone or email. During the quarterly MCH Advisory Board meetings, members of the public are given the opportunity to provide feedback or any information related to the MCH population.

Title V MCH partners with and provides funding to Family TIES, which works directly with children and youth with special health care needs (CYSHCN) to provide much needed resources and gets input from families. Nevada Technical Assistance Center on Social Emotional Intervention (TACSEI), a Title V MCH-funded partner, has a Family Engagement Coordinator on staff to facilitate parent involvement in the social emotional Pyramid Model activities.

Staff participate on the Nevada Governor's Council on Developmental Disabilities (NGCDD) and Interagency Coordinating Council (ICC) which include person's living with intellectual and developmental disabilities, and family representatives. Staff presented at LEND training activities and MCH-funded Partners in Policymaking, iCanShine bike camp and SibShop, all of which offered opportunities to engage family consumers outreach events for CYSHCN in transition and their families, and provided an opportunity to connect with consumer expertise.

Urban Lotus Project, an organization providing yoga instruction and mindful awareness to at-risk and underserved youth in Reno and surrounding areas offers pre- and post-programming surveys to participating youth providing feedback to improve programming.

Nevada Institute for Children's Research and Policy (NICRP), in partnership with all Nevada School Districts and the Nevada Division of Public and Behavioral Health (DPBH), conducted an annual health survey of children entering kindergarten in Nevada. By completing the survey, parents and families provide a voice on the status of Nevada kindergartners. Survey information informs local efforts to improve future programming, as well as the health of Nevada communities. Nevada Title V MCH funds the survey and provides oversight.

The MCH funded FIMR Case Review Team (CRT) in Washoe County met 10 times between October 2016 and September 2017, reviewing 60 cases. A total of five maternal interviews were conducted. Barriers to completing maternal interviews continue to be transiency, invalid phone numbers, and incomplete information. Interviews are not attempted for cases involving: litigation, patients with psychiatric comorbidities, jurisdictions outside of Washoe County, and complex extenuating circumstances.

The MCH Coalition provides Perinatal Mood and Anxiety Disorders (PMAD) resources for mothers, fathers and families. Persons previously experiencing postpartum depression (PPD) have also assisted in the development of PMAD efforts.

**III.E.2.b.iii. States Systems Development Initiative and Other MCH Data Capacity Efforts**

## State Systems Development Initiative and Other MCH Data Capacity Efforts

The purpose of the Nevada State Systems Development Initiative (SSDI) is to develop, enhance, and expand Nevada Title V Maternal and Child Health (MCH) data capacity to allow for informed decision making and resource allocation supporting effective, efficient, and quality programming. This project also aims to expand on the linkage of MCH data sets. The Nevada SSDI program will aim to support evaluation activities around National Performance Measures (NPMs) contributing to building the evidence base for the Title V MCH Block Grant. Nevada has a need to be more proactive gathering data and enhancing our surveillance capabilities related to maternal and child health.

The Nevada Department of Health and Human Services (DHHS) is in the process of forming an Office of Analytics to consolidate data capacity and facilitate cross training and wide data support for data analytics. Title V MCH continues to fund a MCH Biostatistician and Health Resource Analyst 1 (HRA) within this group and MCAH has two HRA1 positions located in the Office of Analytics as well. This increases MCH data support and analytics capacity, in addition to the work of the MCH Epidemiologist.

Nevada has three goals to help maximize SSDI funding:

1. To build and expand State Maternal, Child and Adolescent Health (MCAH) data capacity to support Title V MCH program efforts and contribute to data-driven decision making in MCAH programs. Specific areas in which the SSDI program will assist Nevada include:
    a. Data support in conducting ongoing MCAH program needs assessment, including the Five-Year Needs Assessment for the Title V MCH program.
    b. Yearly submission of the Title V MCH Block Grant Application and Annual Report.
    c. Identification of structural and process measures to address the National Performance Measures (NPNs) selected by the Title V MCH program.
    d. Development of State Performance Measures (SPMs) to address the identified Title V MCH program priority needs to the extent they are not addressed by the NPMs.
2. Advance the development and utilization of linked information systems between key MCAH datasets in Nevada.
3. Support surveillance systems development to address data needs related to emerging MCAH and Title V MCH issues.

**III.E.2.b.iv. Health Care Delivery System**

## Health Care Delivery System

The Silver State Health Insurance Exchange (SSHIX), also known as Nevada Health Link www.nevadahealthlink.com, is the health insurance marketplace in Nevada. The marketplace is governed by a 10-member board. As of May 2018, two carriers were offering Qualified Health Plans (QHPs): Health Plan of Nevada, United Healthcare's Health Maintenance Organization (HMO), and Silver Summit. Carriers are allowed to use telemedicine to meet accessibility requirements.

Nevada is one of the states which expanded Medicaid to allow more low-income adults to access health insurance. Open enrollment for 2018 ended on December 15, 2017. By February 1, 2018 there were nearly 91,000 enrollees. During the same time in 2015, there were 73,596 enrollees. The 2018 enrollment is approximately 1,900 more than 2017. However, Nevada is still far from the initial goal of 118,000 enrollees Nevada Health Link projected prior to the first open enrollment period in 2013.

According to a Kaiser Family Foundation report (http://kff.org/health-reform/issue-brief/new-estimates-of-eligibility-for-aca-coverage-among-the-uninsured/), there were still 255,600 uninsured residents in Nevada in 2016. Out of these, 32 percent were estimated as eligible for Medicaid, and 23 percent for a tax credit. Nevada Health Link will continue with outreach efforts targeted at specific uninsured populations, and continue to offer certified assisters, licensed brokers and navigators to provide in-person assistance for people enrolling in the SSHIX. MCH partners and stakeholders will continue to conduct various activities to inform consumers of the benefits of signing up for health insurance and to help consumers enroll for health insurance, if needed.

The Title V MCH Program drafted a legislative factsheet educating providers and the public about the passage of Nevada Senate Bill (SB) 325 of the 79th Session of the Nevada Legislature (https://www.leg.state.nv.us/Session/79th2017/Bills/SB/SB325_EN.pdf) which authorizes Medicaid and Nevada Check Up to provide health coverage for children, under 19 years of age and lawfully residing in the U.S., without a 5-year waiting period. The information was disseminated via DPBH and MCH Coalition websites, partner agency listservs, e-newsletters and websites, and School-Based Health Centers (SBHC).

All Title V MCH funded agencies refer uninsured families to Nevada 2-1-1 to obtain health insurance benefits information, and distribute brochures outlining steps to access insurance to families of adolescents.

CCHHS, a local health authority in Northern Nevada, funded by Title V MCH, developed a partnership with the Division of Welfare and Social Services (DWSS) for onsite, walk-in application assistance to enroll in Medicaid. In-reach was conducted to uninsured clientele on options for health care coverage. The partnership was so successful, one additional day was added to meet the high public demand, resulting in 448 families assisted with Medicaid applications onsite. Efforts will continue to be supported the next year.

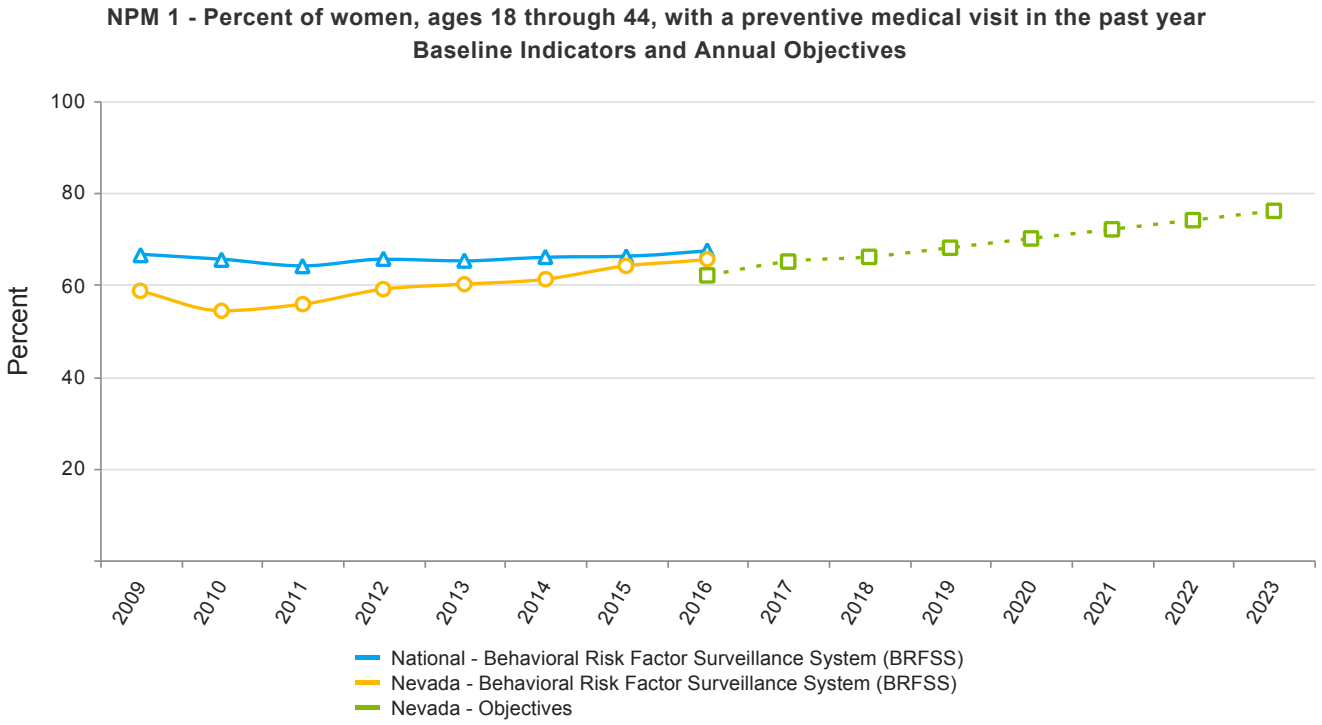
**III.E.2.c State Action Plan Narrative by Domain**

**Women/Maternal Health**

**Linked National Outcome Measures**

| National Outcome Measures | Data Source | Indicator | Linked NPM |
|---|---|---|---|
| NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations | SID-2015 | 130.4 | NPM 1<br>NPM 14.1 |
| NOM 3 - Maternal mortality rate per 100,000 live births | NVSS-2012_2016 | 8.4 | NPM 1<br>NPM 14.1 |
| NOM 4 - Percent of low birth weight deliveries (<2,500 grams) | NVSS-2016 | 8.5 % | NPM 1<br>NPM 14.1 |
| NOM 5 - Percent of preterm births (<37 weeks) | NVSS-2016 | 10.4 % | NPM 1<br>NPM 14.1 |
| NOM 6 - Percent of early term births (37, 38 weeks) | NVSS-2016 | 26.7 % | NPM 1<br>NPM 14.1 |
| NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths | NVSS-2015 | 6.1 | NPM 1<br>NPM 14.1 |
| NOM 9.1 - Infant mortality rate per 1,000 live births | NVSS-2015 | 5.2 | NPM 1<br>NPM 14.1 |
| NOM 9.2 - Neonatal mortality rate per 1,000 live births | NVSS-2015 | 3.3 | NPM 1<br>NPM 14.1 |
| NOM 9.3 - Post neonatal mortality rate per 1,000 live births | NVSS-2015 | 1.9 | NPM 1<br>NPM 14.1 |
| NOM 9.4 - Preterm-related mortality rate per 100,000 live births | NVSS-2015 | 126.7 | NPM 1<br>NPM 14.1 |
| NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births | NVSS-2015 | 88.2 | NPM 14.1 |
| NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy | PRAMS | Data Not Available | NPM 1 |
| NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births | SID-2015 | 7.8 | NPM 1 |
| NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health | NSCH-2016 | 87.6 % | NPM 14.1 |
| NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females | NVSS-2016 | 24.2 | NPM 1 |
| NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth | PRAMS | Data Not Available | NPM 1 |

## National Performance Measures




| Federally Available Data | | |
|---|---|---|
| **Data Source: Behavioral Risk Factor Surveillance System (BRFSS)** | | |
| | **2016** | **2017** |
| Annual Objective | 62 | 65 |
| Annual Indicator | 64.0 | 65.4 |
| Numerator | 319,699 | 336,134 |
| Denominator | 499,724 | 513,892 |
| Data Source | BRFSS | BRFSS |
| Data Source Year | 2015 | 2016 |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 66.0 | 68.0 | 70.0 | 72.0 | 74.0 | 76.0 |

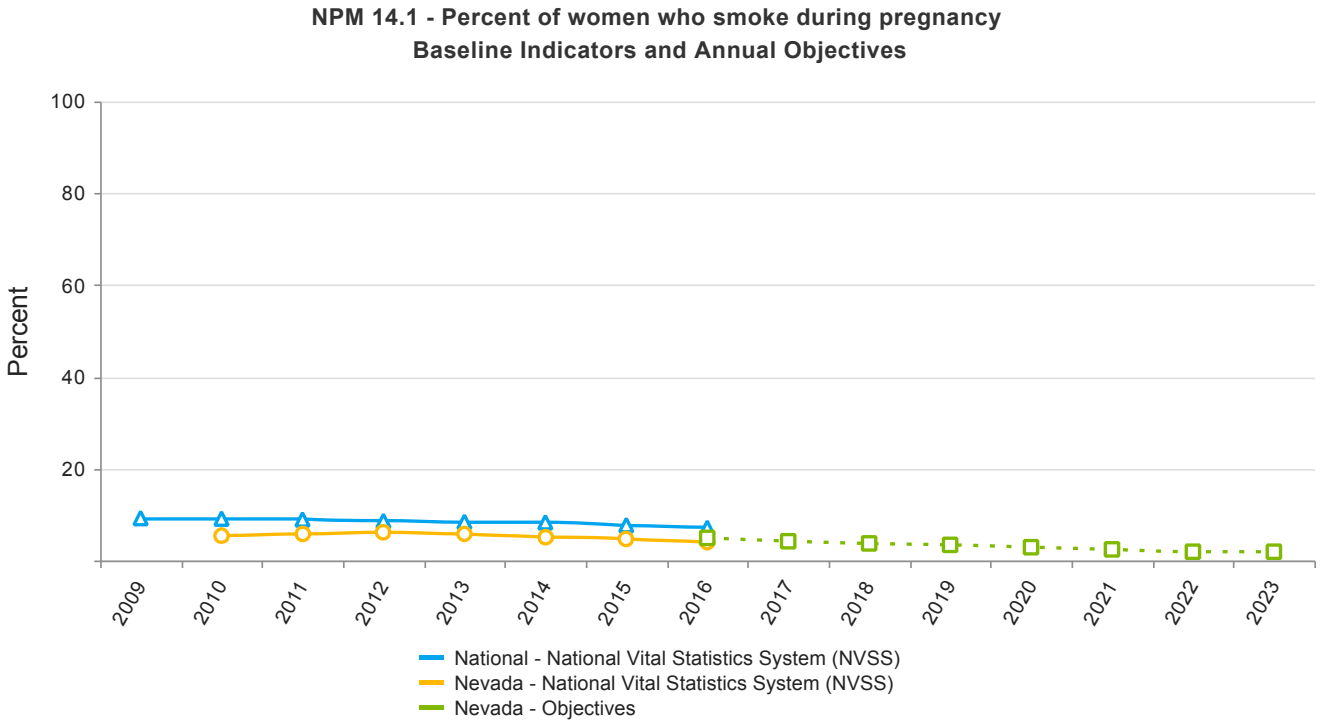
**Evidence-Based or –Informed Strategy Measures**

**ESM 1.1 - Percent of Title V funded partners that disseminate materials to raise awareness of the importance of a well-woman visit, coverage benefits, and how to find a provider**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 15.7 | 29.4 |
| Numerator | 8 | 15 |
| Denominator | 51 | 51 |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 30.0 | 31.0 | 33.0 | 36.0 | 37.0 | 39.0 |




| Federally Available Data | | |
|---|---|---|
| **Data Source: National Vital Statistics System (NVSS)** | | |
| | **2016** | **2017** |
| Annual Objective | 5 | 4.3 |
| Annual Indicator | 4.8 | 4.0 |
| Numerator | 1,726 | 1,440 |
| Denominator | 35,965 | 35,964 |
| Data Source | NVSS | NVSS |
| Data Source Year | 2015 | 2016 |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 3.8 | 3.5 | 3.0 | 2.5 | 2.0 | 2.0 |

**Evidence-Based or –Informed Strategy Measures**

**ESM 14.1.1 - Number of pregnant women and new mothers who called the quitline for assistance in the past 12 months**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 30 |
| Annual Indicator | 20 | 14 |
| Numerator | | |
| Denominator | | |
| Data Source | Nevada Tobacco Prevention and Control Program | Nevada Tobacco Prevention and Control Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 40.0 | 50.0 | 60.0 | 70.0 | 80.0 | 90.0 |

**State Performance Measures**

**SPM 1 - Percent of mothers reporting late or no prenatal care**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 7 |
| Annual Indicator | 7.9 | 4.6 |
| Numerator | 2,805 | 1,601 |
| Denominator | 35,378 | 34,838 |
| Data Source | Nevada Vital Records | Nevada Vital Records |
| Data Source Year | 2016 | 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 4.5 | 4.0 | 4.0 | 3.5 | 3.5 | 3.0 |

**SPM 3 - Percent of women who use substances during pregnancy**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 5 |
| Annual Indicator | 5.5 | 5.5 |
| Numerator | 1,950 | 1,924 |
| Denominator | 35,378 | 34,838 |
| Data Source | Nevada Vital Records | Nevada Vital Records |
| Data Source Year | 2016 | 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 4.5 | 4.0 | 3.5 | 3.0 | 3.0 | 3.0 |

**State Action Plan Table**

## State Action Plan Table (Nevada) - Women/Maternal Health - Entry 1

### Priority Need

Improve preconception and interconception health among women of childbearing age

### NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

### Objectives

Increase the percent of women ages 15-44 receiving routine checks-up in the previous year to 70% by 2020

Increase to 77.9% the percent of women receiving prenatal care in first trimester by 2020

### Strategies

Collaborate with public and private partners to provide target population with information on the benefits available through the Affordable Care Act and link them to appropriate health care coverage options

Collaborate with public and private partners to engage (outreach) and educate (e.g. website, materials, etc.) target population, communities, and health care professionals, regarding women's health, including early prenatal care and screenings

Collaborate with public and private partners to conduct training at schools and on college campuses focused on rape and sexual assault prevention

Partner to conduct and/or fund survey activities that ask questions regarding pre and interconception care

Collaborate with MCH Coalition and other partners to improve health literacy, including health promotion campaigns and dissemination of health information (including translation/interpretation)

Collaborate with public and private partners to conduct data collection, surveying, and other activities to improve maternal health and birth outcomes

| ESMs | Status |
|---|---|
| ESM 1.1 - Percent of Title V funded partners that disseminate materials to raise awareness of the importance of a well-woman visit, coverage benefits, and how to find a provider | Active |

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy

NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

## State Action Plan Table (Nevada) - Women/Maternal Health - Entry 2

### Priority Need

Reduce substance use during pregnancy

### NPM

NPM 14.1 - Percent of women who smoke during pregnancy

### Objectives

Reduce the number of women who smoke during pregnancy.

### Strategies

ESM 14.2.1: Number of pregnant women and new mothers who called the Quitline for assistance in the past 12 months.

| ESMs | Status |
| --- | --- |
| ESM 14.1.1 - Number of pregnant women and new mothers who called the quitline for assistance in the past 12 months | Active |

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

## State Action Plan Table (Nevada) - Women/Maternal Health - Entry 3

### Priority Need

Improve preconception and interconception health among women of childbearing age

### SPM

SPM 1 - Percent of mothers reporting late or no prenatal care

### Objectives

Increase to 77.9% by 2020 pregnant women/new mothers receiving prenatal care in first trimester.

### Strategies

Collaborate with public and private partners to engage (outreach) and educate (e.g. website, materials, etc.) target population, communities, and health care professionals, regarding women's health, including early prenatal care and screenings.

## State Action Plan Table (Nevada) - Women/Maternal Health - Entry 4

### SPM

SPM 3 - Percent of women who use substances during pregnancy

### Objectives

Reduce the number of women who smoke during pregnancy.

### Strategies

Collaborate with public and private partners to promote use of the State's Tobacco Quitline for pregnant women and new mothers.

Disseminate educational materials to partners for statewide distribution.

Collaborate with public and private partners to improve outcomes related to the use/misuse of other substances

## Women/Maternal Health Annual Report

## National Governors Association Learning Network on Improving Birth Outcomes

Through the initiatives of the National Governors Association (NGA) Learning Network on Improving Birth Outcomes (IBO) Collaborative, Title V MCH partnered with Nevada's Office of the Governor, Nevada Medicaid, Managed Care Organizations, March of Dimes (Nevada Chapter), and other Nevada Department of Health and Human Services divisions to improve birth outcomes by identifying modifiable risk factors for the incidence of preterm births, low birth weight, infant mortality, and associated racial/ethnic health disparities. Nevada's goals in the IBO Collaborative include:

1. Integrate life course perspective into educational outreach promoting maternal, child and adolescent health, encompassing the consideration of lifetime, and intergenerational experiences and exposures.
2. Expand access to healthcare, including behavioral health for women, pregnant women, and infants.
3. Reduce negative birth outcomes resulting from maternal substance use through education, prevention, intervention, and treatment efforts.
4. Decrease elective non-medically indicated birth before 39 weeks.

Through this collaborative, Title V MCH worked with partners and stakeholders to identify modifiable risk factors for preterm births, low birth weight, infant mortality, and associated racial/ethnic health disparities. Workgroups were formed to address IBO Collaborative goals and progress has been made.

The Title V MCH Program staff continued to utilize existing websites, community partnerships, and coalition activities to promote preconception and interconception health in women of child-bearing age. The group continued to focus on education and awareness by promoting the value of *One Key Question* to health professionals and raising public awareness on the importance of birth spacing, family planning, and wellness visits through statewide MCH postings.

Title V MCH Program staff, partners, and stakeholders continued to disseminate educational materials regarding the Affordable Care Act. Promotional campaigns and awareness materials on Nevada's Medicaid Program encouraged more Medicaid-eligible individuals to obtain coverage. The group partnered with universities to support telehealth services. Various trainings are provided through the University of Nevada, Reno, School of Medicine Project ECHO (http://med.unr.edu/echo). To address the provision of mental health assessments, Home Visiting Programs added mental health assessments to their screenings. Medicaid providers (e.g., rural health clinics and family planning clinics) expanded their ability to provide family planning services. Long-acting reversible contraceptives (LARCs) are now a Medicaid covered benefit at the time of delivery, allowing more women access to the most effective forms of birth control.

Nevada's work group participation relating to substance use in pregnancy continued to yield partnerships with various agencies and programs by increasing awareness and resources to reduce exposure to alcohol, drugs, and tobacco. Screening, Brief Intervention, Referral to Treatment (SBIRT) trainings are offered throughout the state to Community Health Nurses and Behavioral Health Nurses. A Substance Use During Pregnancy Provider Toolkit was developed by group members to distribute to clinical partners. Non-traditional partners and safety net providers were identified and provided awareness materials and resources. In addition, SoberMomsHealthyBabies.org public service announcements continue.

Title V MCH staff and March of Dimes (Nevada Chapter) participated in a workgroup aimed to decrease early elective deliveries in Nevada. A sample policy template was shared to assist hospitals in drafting their own internal

policies, and a hospital banner program encouraged and acknowledged efforts of hospitals to decrease early elective deliveries. Twelve hospitals were recognized for reducing early elective delivery rates to 3% or less for at least two consecutive quarters. MCH and March of Dimes collaborated to increase statewide public awareness on the importance of taking steps to nurture full term births and recognize the potential risks of premature delivery to mothers and babies.

### Nevada Home Visiting

Title V MCH collaborates with the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Programs to co-fund activities for the Nurse-Family Partnership (NFP) Program at Southern Nevada Health District and the Early Head Start Home-based Program at the University of Nevada Early Childhood Research Center. The Title V MCH funding provides home visiting services to 80 families. The design and delivery of the MIECHV funded program is to provide comprehensive, coordinated health and social services, fostering continuous access to care for women who are pregnant or who have young children, prioritizing children and youth with special health care needs (CYSHCN). The Nevada Home Visiting (NHV) Program focuses on many of the MCH priorities, including improving preconception and interconception health, breastfeeding promotion, increasing developmental screenings, reducing repeat teen pregnancy, reducing substance use during pregnancy, and increasing adequate insurance coverage for families.

These MCH partner programs supported Title V MCH priorities by providing birth-spacing education to thirty-eight mothers to improve health outcomes during preconception and interconception. There were 177 developmental screenings provided for families in the University of Nevada, Reno (UNR) Early Head Start (EHS) and Southern Nevada Health District (SNHD) NFP Programs. Due to referrals provided by home visitors, thirty-seven families could obtain health insurance coverage from these two programs.

The Nurse-Family Partnership Program, co-funded with MCH, serves first-time mothers and children up to age two by providing: health education, health monitoring for mothers and infants, education to ensure appropriate pre- and post-natal care is provided, educational activities to build cognitive and motor skills in children, and, coaching to increase parent-child interaction. Early Head Start provides health information, utilizes in-house health, mental health, and nutrition coaches, teaches activities to build cognitive and motor skills in children, and provides coaching to increase parent-child interaction.

Both programs offer developmental and social development screening as well as screening for: insurance coverage, depression (both post-partum and general), domestic violence, necessary needs (housing, food, clothing, utilities), and information on substance misuse. Referrals are provided for any screening showing need, including assistance with applications and scheduling follow -up appointments.

Agencies implementing home visiting programs for NHV pursue Continuous Quality Improvement (CQI) and conduct Plan Do Study Act (PDSA) cycles to test small changes in order to improve processes and outcomes. CQI topics from FFY2016 were different from CQI topics in FFY2017, as measures collected in FFY2016 compared to FFY2017. Of the comparable topics and benchmarks, the following measures or metrics showed improvement:

- Intimate partner violence screening rose from 62.4% in FFY2016 to 72% in FFY2017.
- Households screened for other areas of improvement rose from 78.6% in FFY2016 to 89.2% in FFY2017
- Child developmental concerns screening rose from 78.9% FFY2016 to 82% in FFY2017
- Another CQI topic for this year has been to increase retention of enrolled families and meet enrollment capacity. Not only has capacity increased, but agencies are enrolling to or near capacity.

NHV staff and all implementing agencies attended webinars on immunizations, recruiting and retaining enrollees, pre-term births, serving incarcerated parents, and other benchmark related topics. One staff member trained as a

“train the trainer” for Ages and Stages Questionnaires (ASQ) and Ages and Stages Questionnaires: Social-Emotional (ASQ: SE) developmental screenings and is available to train others.

All home visiting models provide: information to encourage well child and adult doctor visits: immunization schedules, child development topics, and information on safe homes. In addition to these topics, agencies serving expectant mothers and infants all have a certified lactation educator to provide breastfeeding education and support. NHV provided each agency with commercial grade, loaner breast pumps to encourage prolonged breastfeeding as mothers return to work.

MIECHV served a total of 513 families, and 20 percent (107) reported Spanish as their primary language while other languages spoken by MIECHV families included Chinese, Arabic, and Hungarian. Agencies serving bilingual homes are required to employ bilingual staff and NHV supplies bilingual materials. Agencies maintain a resource library for check-out in Spanish and English, and families are given Spanish language books for children to keep. In addition, families are administered Spanish language screenings and learning materials.

A total of 438 referrals were made during the program period: sixty-one health insurance referrals (application assistance was provided), forty-eight intimate partner violence referrals, 317 community resource referrals, and twelve completed prenatal care referrals. There were 1,636 screenings administered during the reporting period, including 437 Ages and Stages 3rd Edition Questionnaires (ASQ3), 282 Ages and Stages: Social-Emotional Questionnaires administered, 312 Intimate Partner Violence screenings, sixty-seven postpartum depression screenings, 255 Parent-Child Interaction screenings using the Parenting Interactions with Children Checklist of Observations (PICCOLO) screening , and 283 other screenings including food assistance, substance use, clothing assistance, medical, utility, financial and housing assistance. In addition, birth-spacing education was provided to 137 mothers and child injury prevention training was provided in 153 households.

### Women/Maternal Health

Carson City Health and Human Services (CCHHS) was awarded Title V MCH funding to promote women/maternal health. Priorities were to improve the health of women (ages 15–45 years old) experiencing alcohol and substance use, intimate partner violence, and depression. CCHHS screened 2,592 women of childbearing age resulting in information, counseling, and referrals being made to 407 users of alcohol, 253 substance users, 32 women affected by intimate partner violence, and 193 women experiencing depression. Additionally, CCHHS administered 1,052 adult vaccinations. Social media activities promoting information from sobermomshealthybabies.org reached 3,262 users. CCHHS reached out to local businesses to identify interest in establishing breastfeeding friendly workplaces. Four businesses created a designated breastfeeding area for employees, and were provided supplies such as privacy screens, refrigerators, or reclining chairs. Facebook posts promoting breastfeeding friendly workplaces to employers, as well as general content about the value of breastfeeding, reached 523 users.

Title V MCH co-funded 13 nursing personnel within DPBH Community Health Services (CHS) to educate 4,119 women of childbearing years in Nevada’s rural and frontier areas on wellness and the value of yearly checkups. Well-care resulted in 881 reproductive health visits (including long-acting reversible contraception), 425 identified sexually transmitted infections, and 870 nutrition and weight management counseling sessions. Nursing personnel also conducted depression screens, and intimate partner violence prevention counseling sessions at well-care visits. Additionally, nursing personnel distributed diverse health-related brochures provided by the Title V MCH Program.

PACE Coalition (an entity within the Nevada Statewide Coalition Partnership) was awarded Title V MCH funding to employ a Community Health Worker (CHW) to participate in MCH activities in Elko County and nearby rural communities. The PACE Coalition ensures CHW collaborations with other community partners on key MCH objectives/priorities to improve health outcomes in women. Emphasis was placed on care coordination and increasing connections to resources and services for the Latina population. The CHW distributed educational

information to community members provided through MCH including ways to access further information and how to work with local medical professionals to improve their health. The CHW handed out 1,418 pamphlets on topics such as child health, pregnancy, diabetes, intimate partner violence assistance, tobacco cessation, suicide prevention, and nutrition. The CHW conducted a radio interview reaching 1,500 listeners and raising awareness of intimate partner violence. Additionally, the CHW reached 58 people through 11 classes about safe infant sleep, diabetes management, and suicide prevention.

Title V MCH funding supports Urban Lotus Project activities targeting ages 12-17 years old (y.o.); however, the organization also serves young adults to help increase resiliency and cope with stress. Urban Lotus Project conducted 48 yoga classes at three facilities reaching 63 people ages 18-24 y.o.

### Statewide Maternal Child Health (MCH) Coalition

The Nevada Statewide MCH Coalition continued to collaborate across diverse community stakeholders offering education, resources, promoting services, and raising public awareness regarding the first three National Performance Measures identified in Nevada's 2016-2020 MCH Strategic Plan. Collaboration activities focused on improving preconception health among adolescents and women of childbearing age, increasing the percent of infants who are ever breastfed, and the percent of infants breastfed exclusively through six months, continuing safe sleep education measures, and increasing the percent of children ages 10-71 months receiving developmental screenings.

The Statewide MCH Coalition Coordinator continued the goal of building capacity of the MCH coalition partners to promote statewide MCH messaging for improving the health of women, infants, children and their families. The statewide MCH Coalition Coordinator facilitated coalition activities, improved networking of private and public partners, engaged partners in coalition goals, and served as a positive resource for MCH communities.

The MCH Coalition Steering Committee is comprised of members from both the Northern Nevada MCH Coalition and the Southern Nevada MCH Coalition. Four committee meetings were held via conference call. Activities focused on updating the strategic plan, updating the MCH Coalition website, proposing specific activities to address preconception and interconception health and breastfeeding promotion. Two additional in-person meetings addressed quality improvement activities including ways to enhance services to diverse populations.

The Nevada Statewide MCH Coalition participated in the Nevada Population Health Conference, Nurturing Naturally 2017 breastfeeding event, and the Nevada Health Conference. The Nevada Statewide MCH Coalition also trained facilitators for the Perinatal Mood and Anxiety Disorders (PMADs) Program in Reno, Nevada and the rural city of Elko, Nevada. In August 2017, the Statewide MCH Coalition held a *Latch On* event, coinciding with World Breastfeeding Day, with mothers and babies latching across the country at the same time. In October, the Nevada MCH Coalition held a Fall Symposium in collaboration with the Southern Nevada Breastfeeding Coalition which featured speaker Kathleen Kendall-Tackett, Ph.D., IBCLC, FAPA, and drew 100 attendees. The Nevada MCH Coalition increased awareness through social media outlets Instagram and Facebook, prompting "likes" from users who were aware of current Nevada MCH programs - *Sober Moms, Healthy Babies*, Nevada 211, and the Nevada Children's Medical Home Portal.

Statewide MCH Coalition attended the 2017 Association of Maternal and Child Health Programs (AMCHP) conference, the Postpartum Support International Conference, the Maternal Mental Health NOW symposium, the March of Dimes Summit, and worked in partnership with the Southern Nevada Breastfeeding Coalition. MCH Coalition updates were presented to Dignity Health's Community Health Advisory Committee (CHAC). Coalition staff attended Immunize Nevada Coalition meetings monthly, Maternal and Child Health Advisory Board (MCHAB) quarterly meetings and participated in Northern and Southern Nevada Coalition meetings and quarterly Steering Committee conference calls. Additionally, coalition membership continued to grow and the MCH Coalition website added the social media platforms Facebook and Instagram as part of statewide efforts to include rural areas.

In March 2017, a Perinatal Mood and Anxiety Disorders (PMAD) strategic planning meeting was held, followed by 13 PMAD Awareness Trainings, attracting 260 attendees. Participants included staff from Southern Nevada WIC clinics, Saint Rose Breastfeeding Counselors, Promotores, Community Health Workers, University Medical Center Pediatric Residents, Zappos, Southern Nevada Health District Early Head Start, Nurse Family Partnership Programs, and Saint Jude's. PMAD Staff attended four PMAD on-line trainings and two conferences: the Postpartum Support International (PSI) Conference and the Maternal Mental Health NOW Conference.

Coalition staff attended four health fairs, including the Mobile Health Collaborative, Nurturing Naturally, WIC Playdate, and the World Breastfeeding Event. Coalition staff also delivered presentations at four community meetings and attended ten additional partner meetings. Materials were distributed to Nevada stakeholders and to the community at health fairs and community events. Distributed materials included March of Dimes smoking cessation brochures, Safe Sleep materials, text4baby referral cards and incentives, Tobacco Quitline referral cards, Sober Moms Healthy Babies referral cards, Nevada 2-1-1 referral cards, Zika virus information, flu and immunization fact sheets, AMCHP health resource bulletins, and resources for special need populations. Promotional materials were provided by Title V MCH Program funding.

### Southern Nevada Health District Nurse Family Partnership and Healthy Start Program

Title V MCH co-funds two programs with Southern Nevada Health District (SNHD). SNHD provides case management of high risk populations in targeted zip codes through the Nurse Family Partnership (NFP) and Healthy Start Programs. Nevada Institute for Children's Research and Policy (NICRP) was the evaluator for the Healthy Start Program and conducted satisfaction surveys with current and past program participants. Program partners were surveyed on their knowledge of the program and involvement in making Healthy Start referrals. Healthy Start leadership participated in the Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) activities focusing on pre- and inter-conception care and social determinants of health.

The NFP Program successfully completed the continuous quality improvement (CQI) activities on improving the percent of conversion of referrals to enrollment and identifying the number of agency Memorandum of Understandings (MOUs) with community partners. The NFP Program continued to participate in the Nevada Home Visiting continuous quality improvement activities on increasing completion of Ages and Stages Questionnaire-Social Emotional (ASQ-SE) screenings, monitoring depression and Intimate Partner Violence screening and referral, and improving resource referral completion. The Healthy Start project successfully completed participation in the Peer Learning Network Quality Improvement for Breastfeeding Initiation to improve performance benchmarks with a goal of increasing breastfeeding initiation to 51% among program participants. The actual rate of participants who initiate breastfeeding was 84.5%. A quality improvement cycle on increasing the percentage of participants completing their postpartum appointment is underway.

Outreach and education were conducted through various activities. The Healthy Start Program conducted thirty-one outreach activities. Highlights of outreach activities included: the Medicaid Smart Choice High Risk Obstetrics Program, Las Vegas Metropolitan Police Department Community Engagement Fair, Black Nurses Association Building Healthy Communities Health Fair, Sunrise Hospital's Sunny Babies prenatal program, Healthy Living Institute at University Medical Center, Women's Resource Medical Center of Southern Nevada, Nevada Minority Health and Equity Coalition, Immunize Nevada, Volunteers in Medicine of Southern Nevada, the Office of Suicide Prevention and Step Up for Kids event. An MOU was established with the Las Vegas Urban League which led to a pilot program at two WIC sites in the Healthy Start target zip codes.

The Title V MCH-funded Cribs for Kids Safe Sleep Training was provided by both NFP and Healthy Start programs, in addition to the Baby Safe Sleep hospital-based program. The goal was to reduce Clark County infant deaths due to unsafe sleeping environments through the design and delivery of a multi-pronged preventive education program to help families create safe sleep environments. The hospital-based safe sleep program "Baby Safe Sleep"

consisted of five key components: 1. review/establish a comprehensive policy on sleep positioning, 2. sleep position audit before and after staff training, 3. staff training on safe sleep, 4. patient education on safe sleep, and 5. evaluation and expansion. Eight hospitals in Clark County implemented the program in units with infants, training 3,300 participants. These hospitals comprised 80% of the hospitals in the greater Las Vegas area with Labor and Delivery units. Four of the implementing hospitals are seeking or considering seeking certification under program partner, Cribs for Kids. Safe sleep fact sheets, funded by Title V MCH, were disseminated to active participants and by Local Health Authorities, REMSA, and Washoe County Social Services. SNHD's Baby Safe Sleep video was shared with participants, the Healthy Start Community Action Network and community partners through the Healthy Start listserv.

Staff attended various trainings including: updated Cribs for Kids Train the Trainer; Pregnancy Risk Assessment Monitoring Survey (PRAMS) presentation; Nutrition 101-Health and Wellness Management; Breastfeeding 101 by the Southern Nevada Breastfeeding Coalition; Statutory Rape Awareness for Mandated Reporters by the Nevada Public Health Foundation/Division of Welfare and Social Services; Improving our Understanding of Infants With Substance Abuse Disorder; Adapting to Change; and the Healthy Start Community Health Worker Course-Part I.

### Women/Maternal Health Data

#### NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

According to the Behavioral Risk Factor Surveillance System (BRFSS), the percent of women, ages 18 through 44, with a preventive medical visit in the past year in Nevada increased from 58.6% in 2009 to 65.4 % in 2016. The majority of women with a preventive medical visit in 2016 were aged 35-44 years old (y.o) (71.5 %), followed by 18-24 y.o (62.1%) and 25-34 y.o (61.5 %). By race/ethnicity, non-Hispanic Black women (68.9 %) had the highest rate of preventive medical visits followed by non-Hispanic White (64.7 %) and Hispanic (62.1 %) women. Data for other race/ethnic groups is not available.

#### NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data in the National Vital Statistics System (NVSS) indicate the percent of pregnant women who receive prenatal care beginning in the first trimester in Nevada increased from 65.9 % in 2011 to 73.1 % in 2016. Even with the increase, Nevada is below the Healthy People (HP) 2020 target of 77.9 percent. There are racial/ethnic disparities in timely prenatal care in Nevada. In 2016, non-Hispanic White (78.6 %) women had the highest prenatal care coverage, followed by non-Hispanic Asian (77.7 %), non-Hispanic Multiple Race (73.3%), Hispanic (69.4 %) and Non-Hispanic Black (66.9%). Non-Hispanic Native Hawaiian/Other Pacific Islander (51.4 %) and Non-Hispanic American Indian/Alaska Native (45.4%) had the lowest rates.

#### NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

According to the HCUP - State Inpatient Databases (SID), the rate of severe maternal morbidity per 10,000 delivery hospitalizations in Nevada increased from 87.1 in 2008 to 130.4 in 2015. Women aged 30-34 y.o had the highest rate (145.9) in 2015, while women aged 25-29 y.o had the lowest rate (93.0). By race/ethnicity, non-Hispanic Asian/Pacific Islander had the highest rate (230.5), followed by Non-Hispanic Black (198.8), other (152.4), Hispanic (120.8) and Non-Hispanic White (98.9).

#### NOM 3 - Maternal mortality rate per 100,000 live births

The 2012-2016 five-year estimates from the National Vital Statistics System (NVSS) indicate Nevada's maternal mortality rate per 100,000 live births (8.4) is less than the national rate (21.5). Even with the five-year estimates, the number of maternal deaths is small, thus the data should be interpreted with caution.

#### NOM 4 – Percent of low birth weight deliveries (<2,500 grams)

Data from NVSS indicates the percent of low birth weight deliveries in Nevada has remained in the 8% to 8.5% range since 2009 with a low of 8.0% in 2012 and 2013 and a high of 8.5% in 2015 and 2016. The US percent of low birth weight deliveries has remained in the 8.0% to 8.2% range since 2009 with a low of 7.99% (2012) and a high of 8.17% (2016).

### NOM 5 – Percent of preterm births (<37 weeks)

According to NVSS, the percent of preterm births has remained around 10% from 2009 to 2016 with a high of 10.9% (2010) and a low of 9.8% (2013). At the same time, the US percent of preterm births has remained slightly lower with a high of 10.1% (2009) and a low of 9.6% (2014).

## Women/Maternal Health – Plan for the Application Year

## National Governors Association to Improve Birth Outcomes Plan

Nevada has been participating in the National Governors Association (NGA) Learning Network on Improving Birth Outcomes (IBO) Collaborative since 2013. The goal of the learning network is to assist states in developing, implementing, and aligning key policies and initiatives related to the improvement of birth outcomes. Although the technical assistance provided by NGA is complete, workgroups continue to meet to address the desired goals, outcomes and activities of the plan. To ensure children have the best start in life, Nevada established goals directly correlated to Title V MCH selected priorities.

Title V MCH will continue to promote the use of *One Key Question*. Information on family planning, birth spacing, postpartum, and wellness visits will be disseminated throughout the state. The Southern Nevada Health District (SNHD) will launch the Healthy Start program media campaign utilizing *One Key Question* public service announcements.

Title V MCH will continue to promote the use of telehealth throughout the state through Project ECHO, a program described by the University of Nevada, Reno, as “a simple telehealth linkage connecting university-based faculty specialists to primary care providers in rural and under-served areas to extend specialty care to patients with chronic, costly, and complex medical illnesses”. The goal of Project ECHO Nevada is to meet the needs of primary care providers by offering an alternative to costly travel and long waits for patients who require specialty care. By developing a knowledge base in primary care providers, via innovative telehealth consultations offered by Project ECHO, patients in otherwise under-served areas receive the benefits of specialty care at the local level without the cost and time of accessing specialists directly. Mental health assessments will be used by partners and stakeholders, including the Home Visiting Program, Substance Abuse Prevention and Treatment Agency (SAPTA), and Rural Community Health Services.

The Substance Use During Pregnancy work group will continue efforts to reduce exposure to alcohol, drugs, and tobacco during pregnancy. A provider toolkit will be distributed in January 2018. A removable wall sticker with a quick response (QR) code promoting SoberMomsHealthyBabies.org, and admission priority at state funded treatment centers for pregnant women, will be distributed to non-traditional partners. Title V MCH will focus efforts to disseminate resources educating the public on the associated risks of marijuana use during pregnancy. Public and provider factsheets, flyers, and posters will be shared with Title V MCH partners and Nevada marijuana dispensaries.

Title V MCH will continue to work with March of Dimes, the Nevada Hospital Association, Nevada’s nineteen birthing facilities, and relevant clinicians to reduce early elective delivery rates in Nevada and promote full term births by increasing public awareness on the risks of premature delivery.

## Home Visiting Plan

Nevada Home Visiting (NHV) will provide training specific to personnel positions as needed. Program staff will attend model training for Home Instruction for Parents of Preschool Youngsters (HIPPY) and Parents as Teachers (PAT) programs. Training on Ages and Stages Questionnaires, third edition (ASQ3), and Ages and Stages Questionnaires: Social-Emotional (ASQ: SE) developmental screenings will be provided to local implementing agencies (LIAs) and Title V MCH partners. NHV will provide additional training or support requested by the Title V MCH program, such as ensuring Memorandum of Understandings (MOUs) with substance use disorder treatment centers are in place to facilitate referrals.

NHV will connect with diverse populations. Culturally appropriate support will be provided to tribal communities. Support to English language learners will be provided through language appropriate materials and bilingual home visitors. Insurance eligibility assistance will be delivered to at least 90% of families who are uninsured or underinsured. Programs will continue to disseminate educational information on breastfeeding, marijuana use, domestic violence awareness, immunizations, tobacco cessation, nutrition, and fitness. Information and referrals will be provided to at least 90% of enrollees reporting need or screening positive. At least 90% of enrollees will be screened for depression, intimate partner violence, developmental concerns, and low parent-child interaction. Other areas of need will be addressed including substance use, housing, food security, and medical needs.

NHV will continue to increase additional data collection through Visit Tracker, a web-based database. In addition to the annual and quarterly reports submitted to the Health Resources and Services Administration (HRSA), the NHV program will monitor model fidelity using data submitted, site visits, and annual model reports. NHV will provide quarterly data reports to each agency. NHV will implement a CQI plan approved by HRSA, embracing the PDSA cycles as a method to improve systems, processes, and outcomes. Each LIA will participate in creating monthly, data-driven PDSAs to improve program quality. LIAs will submit monthly progress reports on CQI activities.

### Women/Maternal Health Plan

Title V MCH will continue to collaborate with Carson City Health and Human Services (CCHHS) to promote women/maternal health. Priorities will focus on improving the health of women (ages 15 – 45 years old) afflicted by alcohol and substance use, intimate partner violence, and depression.

Title V MCH will continue to co-fund 13 nursing personnel within Community Health Services (CHS) to educate community members in Nevada's rural and frontier areas on wellness and the value of yearly checkups. Community members will be informed about topics such as: wellness, nutrition, reproductive health (including long-acting reversible contraception), sexually transmitted infections, depression, and intimate partner violence prevention. Nursing personnel will distribute health-related brochures provided by the Title V MCH program.

Title V MCH funding will continue to be awarded to employ one PACE Community Health Worker (CHW) to participate in MCH activities in Elko County and nearby rural communities. Emphasis will be placed on care coordination and increasing connections to resources and services for the Latina population. Through outreach events, the CHW will distribute MCH-provided educational information to community members on topics such as child health, pregnancy, intimate partner violence assistance, tobacco cessation, and nutrition.

The State Chronic Disease Prevention and Health Promotion (CDPHP) Program partners with MCH in meeting goals to the improve the health for women of childbearing age. Title V MCH funds a .5 FTE to support MCH population activities. The MCH Program will collaborate with CDPHP's Heart and Stroke Prevention and Diabetes Prevention and Control programs. MCAH staff attended a one-day meeting on the Nevada Diabetes Action Plan focusing on: prevention, screening and early identification, treatment and control, surveillance, and data. The State Diabetes Prevention and Control Program will work to improve access to and participate in Diabetes Self-Management Education Support programs, as well as implement strategies to increase enrollment in the Centers for Disease Control and Prevention recognized lifestyle change programs especially as they relate to women of childbearing ages and women with gestational diabetes. The Heart Disease and Stroke Prevention Program will work to facilitate use of self-measure blood pressure monitoring (SMBP) with clinical support among adults with hypertension, and support engagement on non-physician team members in hypertension and cholesterol management in clinical settings, especially as they relate to women of childbearing ages. Connections between Heart and Stroke Prevention Program efforts to reduce maternal mortality and promote the critical congenital heart disease registry report will be explored.

### Statewide Maternal Child Health (MCH) Coalition Plan

The Nevada Statewide MCH Coalition will continue to collaborate with diverse community stakeholders to offer education and resources, as well as raise public awareness of MCH issues. The MCH Coalition website and e-newsletters will be updated and maintained with current information provided by MCH members, State of Nevada MCH staff, and partnering organizations. Statewide meetings will be held for steering committee members, and participation in community level meetings will continue, along with collaboration meetings between Northern and Southern MCH Coalitions. In addition, conferences and trainings with a focus on MCH will be attended.

The Nevada Statewide MCH Coalition will build on the *Go Before You Show* campaign with the distribution of educational materials, increased radio spots, and focused messaging at key community meetings. The Nevada Statewide MCH Coalition will expand the PMAD program by updating current training curriculum and identifying additional funding sources to allow for the continuation of a Licensed Clinical Social Worker (LCSW). Additionally, the MCH website and e-newsletters will continue as the Coalition looks to community groups to expand outreach and participation in text4baby, Nevada Tobacco Quitline, Nevada 2-1-1, Children's Medical Home Portal, and additional MCH priorities.

### Southern Nevada Health District Healthy Start Program Plan

The Southern Nevada Health District (SNHD) Healthy Start and Nurse Family Partnership (NFP) program will continue to improve the health of women of child bearing age with emphasis on African American women and their children through age two years, by providing education, support and developing a coordinated program of services, conducting home visits and providing case management. Healthy Start case managers and NFP staff will receive trainings and participate in quality improvement activities to assist them in helping participants reach program benchmarks. The Title V MCH-funded Cribs for Kids Safe Sleep training for NFP and Healthy Start programs will continue. The Healthy Start program will continue to work specifically with two Urban League Women Infants and Children (WIC) sites serving the target zip codes to recruit participants to meet enrollment expectations. The program will work with community partners serving the target population and other high-risk populations through the Community Action Network to provide program information. The *Partners for a Healthy Baby* curriculum will be used to educate participants on topics related to family development, maternal and family health, caring for baby and baby development. A reproductive life plan will be developed for each woman served. In addition, NICRP will conduct the annual satisfaction surveys with current and past program participants, as well as survey program partners on knowledge of the program and involvement in making referrals. The Healthy Start program will implement the continuous quality improvement plan to increase the completion of postpartum visits and evaluate the effectiveness of the plan. The program will maintain at least 80 participants with a goal for 50% of the case load to be pregnant women. SNHD staff will continue to participate in the Association of Maternal and Child Health Programs (AMCHP) Nevada Infant Mortality CoIIN focusing on Social Determinants of Health (SDoH).

**Perinatal/Infant Health**

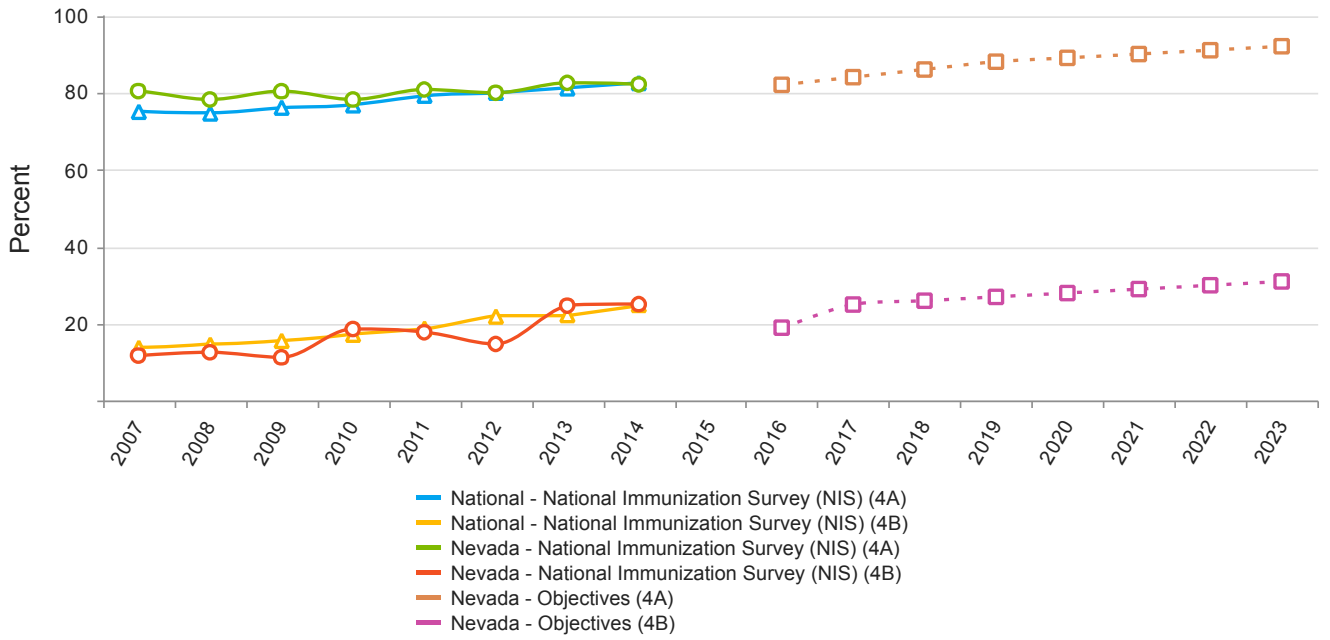
**Linked National Outcome Measures**

| National Outcome Measures | Data Source | Indicator | Linked NPM |
|---|---|---|---|
| NOM 9.1 - Infant mortality rate per 1,000 live births | NVSS-2015 | 5.2 | NPM 4 |
| NOM 9.3 - Post neonatal mortality rate per 1,000 live births | NVSS-2015 | 1.9 | NPM 4 |
| NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births | NVSS-2015 | 88.2 | NPM 4 |

## National Performance Measures

### NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

**Baseline Indicators and Annual Objectives**




### NPM 4A - Percent of infants who are ever breastfed

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Immunization Survey (NIS)** | | |
| | **2016** | **2017** |
| Annual Objective | 82 | 84 |
| Annual Indicator | 82.6 | 82.3 |
| Numerator | 26,908 | 25,695 |
| Denominator | 32,591 | 31,207 |
| Data Source | NIS | NIS |
| Data Source Year | 2013 | 2014 |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 86.0 | 88.0 | 89.0 | 90.0 | 91.0 | 92.0 |

**NPM 4B - Percent of infants breastfed exclusively through 6 months**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Immunization Survey (NIS)** | | |
| | **2016** | **2017** |
| Annual Objective | 19 | 25 |
| Annual Indicator | 24.9 | 25.0 |
| Numerator | 7,990 | 7,700 |
| Denominator | 32,061 | 30,787 |
| Data Source | NIS | NIS |
| Data Source Year | 2013 | 2014 |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 26.0 | 27.0 | 28.0 | 29.0 | 30.0 | 31.0 |

**Evidence-Based or –Informed Strategy Measures**

**ESM 4.1 - Percent of hospitals (birthing facilities) receiving training on Baby Steps to Breastfeeding Success or designated as Baby Friendly by Baby Friendly USA**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 31.6 | 57.9 |
| Numerator | 6 | 11 |
| Denominator | 19 | 19 |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 60.0 | 60.0 | 65.0 | 65.0 | 70.0 | 70.0 |

**State Action Plan Table**

State Action Plan Table (Nevada) - Perinatal/Infant Health - Entry 1

| Priority Need |
| --- |
| Breastfeeding promotion |

| NPM |
| --- |
| NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months |

| Objectives |
| --- |
| Increase the percent of children who are ever breastfed to 90% by 2020 |
| Increase the percent of children who are exclusively breastfed at 6 months to 28% by 2020 |
| Increase the percent of baby-friendly hospitals in Nevada to 68% by 2020 |

| Strategies |
| --- |
| Partner with MCH Coalition on activities and website postings to increase awareness, community-wide support and business education of breastfeeding, safe sleep, etc. (includes FIMR) |
| Collaborate with public and private partners to increase the number of Nevada hospitals (birthing facilities) receiving training on Baby Steps to Breastfeeding Success or designated as Baby Friendly. |

| ESMs | Status |
| --- | --- |
| ESM 4.1 - Percent of hospitals (birthing facilities) receiving training on Baby Steps to Breastfeeding Success or designated as Baby Friendly by Baby Friendly USA | Active |

| NOMs |
| --- |
| NOM 9.1 - Infant mortality rate per 1,000 live births |
| NOM 9.3 - Post neonatal mortality rate per 1,000 live births |
| NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births |

## Perinatal/Infant Health – Annual Report

## Breastfeeding Report

The Women, Infants, and Children (WIC) Nevada Breastfeeding Program continued statewide campaigns to improve infant feeding practices in hospitals, and increase community and business support for breastfeeding mothers. The Breastfeeding Program offers breastfeeding support to WIC families by providing free professional lactation support, breast pumps, and an enhanced food package for breastfeeding mothers.

WIC continued to use an existing (previously CDC-funded) campaign to model *Baby Steps to Breastfeeding Success* : (http://azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#hospitals-baby-steps).

Each maternity hospital was given a chance to participate in the campaign to assist in implementing five evidence-based practices as part of their standard of care: 1. Initiate breastfeeding in the hour after birth; 2. Promote 24-hour rooming-in; 3. Avoid giving infants any food or liquid other than breast milk unless medically indicated; 4. Avoid artificial nipples for healthy term infants; and 5. Give mothers a breastfeeding resource to help with breastfeeding after discharge. Nine Nevada maternity centers received BS to BS training, while six hospitals still have not. Two other Nevada hospitals, Saint Rose and Carson Tahoe are already “Baby Friendly” designated. Ongoing recruitment of untrained hospitals, as well as refresher trainings for previously trained hospitals continues.

Two WIC breastfeeding campaigns were designed to target increasing awareness, promote WIC breastfeeding services, and normalize breastfeeding in public locations. For the *Breastfeeding Welcomed Here* campaign, Nevada businesses were asked to pledge their commitment to provide welcoming environments to breastfeeding mothers. This campaign included animated digital ads in Carson City, Reno, and Las Vegas, as well as statewide print and social media posts. As of March 2018, 86 Nevada businesses have signed this pledge. In 2017, the six-month duration *Breastfeeding Partner Support* campaign utilized radio spots in English and Spanish statewide to promote breastfeeding, WIC breastfeeding services, and the value of partner support in a woman’s breastfeeding success. Lastly, the 2018 Breastfeeding Peer Counseling (BFPC) campaign currently uses social and digital media to promote WIC peer-to-peer support and WIC breastfeeding services in both Washoe and Clark counties where BFPC services are offered.

To assist with a statewide goal of normalizing breastfeeding, Nevada WIC helped distribute 5,000 (2017) and 4,500 (2018) Nevada Breastfeeding promotional calendars to medical providers and local community members for the Northern Nevada breastfeeding coalition. These calendars feature professional photographs of Nevada mothers breastfeeding in primarily public locations.

Nevada WIC provided support and comment for two breastfeeding-related bills during the 2017 Nevada Legislative session, and both bills passed. Assembly Bill (AB) 152 of the 79$^{th}$ Nevada Legislative Session requires child care facilities to provide an appropriate private space on the premises of the child care facility where a mother may breastfeed. AB 113 requires certain employers to make accommodations for a nursing mother, including reasonable break times, and a place for an employee who is a nursing mother to express breast milk without retaliation. Nevada also successfully worked with Nevada Medicaid to achieve physician reimbursement for breastfeeding management.

In 2016, Nevada WIC received a supplemental grant to link rural program participants with support from Internationally Board-Certified Lactation Consultants (IBCLCs) through the *Pacify* smart phone application (app). Once downloaded, mothers are able to access professional lactation assistance 24 hours a day, 7 days a week in English or Spanish. Prior to funding, there were no IBCLCs available to rural Nevada. Nevada has 1.8 IBCLC’s per 1,000 births, which is lower than the CDC recommended 8.6 IBCLC’s per 1,000 births (CDC, 2016). From April 2015 through March 2017, approximately 1,200 rural WIC mothers utilized this service. In 2017-18, Nevada received

additional grant funding for a WIC statewide *Pacify* implementation. From August 2017 through February 2018, 750 WIC moms enrolled and 555 clinical lactation consults were performed.

Title V MCH adapted materials from Colorado and continues to distribute public and provider facing factsheets on marijuana use during pregnancy and breastfeeding. Factsheets are posted on the Division of Public and Behavioral Health and SoberMomsHealthyBabies.org websites.

### March of Dimes (MOD) Report

Title V MCH partners with March of Dimes (MOD) on numerous efforts focused on ethnic/racial disparities in preterm birth and infant mortality. MOD continued to collaborate with Title V MCH and Nevada Hospital Association on a campaign to decrease early elective deliveries. A sample policy template was shared to assist hospitals in drafting their own internal policies, and a hospital banner program encouraged and acknowledged efforts of hospitals to decrease early elective deliveries. Twelve hospitals were recognized for reducing early elective delivery rates to 3% or less for at least two consecutive quarters. Title V MCH and March of Dimes collaborated to increase statewide public awareness on the importance of taking steps to nurture full term births and recognize the potential risks of premature delivery to mothers and babies.

The MOD Signature Chefs Gala had 250 attendees at the annual gathering in Las Vegas and featured the area's finest culinary talent. The event included an overview of the MOD mission and personal accounts from families affected by prematurity. Sponsorships and support were provided by numerous community partners and businesses.

MCH Title V put forth funds toward a Women's Health Symposium focused on ethnic/racial disparities in preterm birth and infant mortality. The event was video-conferenced from Las Vegas to Reno and was attended by 132 health professionals.

The Nurse of the Year Awards Ceremony was attended by 650 people. The event honoring Nevada nurses for their exceptional impact on patients and their families raised funds to advance the MOD mission of improving the health of babies by preventing birth defects, premature birth, and infant mortality. The March for Babies fundraising event in Las Vegas was attended by 500 people. Various organizations disseminated wellness information and Saint Rose Siena Hospital held their Neonatal Intensive Care Unit (NICU) Family Reunion.

Outreach was conducted to community partners, including service organizations, hospitals, clinicians, and businesses to partner on initiatives and fundraising events. Provider and patient education materials were distributed to numerous community partners.

MOD awarded funding to five programs through their community grant program. Nevada Obstetrical Charity Clinic and Women's Health of Southern Nevada received funding for their group prenatal care program which served 200 women. An additional group prenatal care project, funded through the University of Nevada, Reno, School of Medicine, served 180 women. HealthInsight received funding for their Strong Start for Newborns and Mothers Project, which increased enrollment by 180 women.

### Critical Congenital Heart Disease (CCHD) Report

As of January 2017, all nineteen birthing hospitals in Nevada have been reporting data related to Critical Congenital Heart Disease (CCHD). The Title V MCH and CYSHCN programs continue to distribute a state-specific fact sheet and screening report used by all Nevada birthing hospitals. The monthly reporting form includes a section to explain any discrepancies between the number of screens and births reported. Additional data points collected include patient information for failed screenings, if the failed screening was found via prenatal detection, and any follow-up needed. Title V MCH staff will develop an annual report for 2017 once all data have been entered and evaluated.

### Pregnancy Risk Assessment Monitoring System (PRAMS) Report

The Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) is part of a national effort to reduce infant mortality and adverse birth outcomes. In October 2016, PRAMS groundwork and implementation as outlined by the Centers for Disease Control and Prevention (CDC) PRAMS Protocol continued. A PRAMS Project Coordinator was hired to assist project in the management of duties in February 2017.

PRAMS entered its second and third year of funding in May 2017 and May 2018. Title V MCH provided funds to cover the costs of printing and distribution of PRAMS survey covers, informational brochures, and posters. To help raise awareness of PRAMS, Title V MCH funded the creation and airing of PRAMS television and radio advertisements in both English and Spanish. In September 2017, the PRAMS data collection activities commenced. PRAMS protocol requires approximately 161 mothers to be randomly selected from birth records each month and only mothers between two and six months after delivery are included in the sample. The PRAMS questions cover the period before, during and shortly after pregnancy. The PRAMS questionnaire packets include a cover letter, a question and answer brochure, and a consent document. If a mother does not respond after three questionnaires are sent, an attempt is made to reach her by telephone. Mothers who complete the survey by mail or telephone are offered a $10 Walmart gift card (funded by PRAMS).

Title V MCH has supported efforts to increase the survey response rate through co-funding the University of Nevada, Reno staff, providing funding for incentives, and funding an intern to look into ways to increase PRAMS response rates.

PRAMS data will be used to monitor progress of national and state pregnancy and birth-related health measures. PRAMS will also identify and monitor self-reported maternal behaviors and experiences occurring before, during, and shortly after pregnancy among women who deliver live-born infants.

### Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) Report

To address issues relating to birth outcomes, Nevada Title V Maternal Child Health (MCH) is involved in several statewide initiatives as part the Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN). Partners include; Nevada Healthy Start Program, Southern Nevada Health District (SNHD), Nevada Medicaid, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Center, March of Dimes (Nevada Chapter), and the Nevada Women, Infants and Children (WIC) Program. Nevada participated in two learning networks through IM CoIIN: the Social Determinants of Health (SDoH) Learning Network, and the Preconception and Interconception Care (PCICC) Learning Network.

The aim of the SDoH Learning Network was to build state and local capacity and test innovative strategies to shift the impact of social determinants of health by developing evidence based policies, programs, and place-based strategies to improve social determinants of health and equity in birth outcomes.

The main goal of the PCICC Learning Network was to improve life course care for women related to preconception and interconception care. Efforts focused on increasing the percentage of postpartum visits, increasing adolescent well visit attendance, increasing birth spacing in women of child-bearing age, and reducing short inter-pregnancy intervals.

Messaging on the importance of 17-alpha-hydroxyprogesterone caproate (17P) and long-acting reversible contraception (LARCs) are embedded in CoIIN efforts. Nevada Medicaid unbundled LARCs at the time of delivery. If the new mother is covered by Medicaid, LARCs are discussed at the time of delivery, and also in the 60-day period immediately following delivery. WIC clinics, Healthy Start, and Home Visiting Programs were identified as pilot sites for data collection of postpartum visits (PPV), including screening for Adverse Childhood Experience (ACE) and birth spacing. The Nevada Title V MCH program funds two Home Visiting sites where birth spacing data is gathered.

Data was reviewed to monitor learning network activities and provide recommendations, as well as increase PPV visit rates and birth spacing intervals.

Title V MCH continues to develop a Perinatal Quality Collaborative (PQC). In November 2016, two staff members attended the National Network of Perinatal Quality Collaboratives Conference. Nevada highlighted their participation in the IM CoIIN and the National Governors Association Learning Network on Improving Birth Outcomes. Although Title V MCH did not receive a Centers for Disease Control and Prevention (CDC) grant to establish a PQC focused on Neonatal Abstinence Syndrome, eight hospitals had agreed to participate along with several state agencies, including the Department of Child and Family Services, IDEA, Part C/Division of Aging and Disability, Medicaid, Substance Abuse Prevention and Treatment Agency (SAPTA) and Women, Infants and Children (WIC). Efforts continue to engage partners and expand Nevada's Perinatal Quality Collaborative and Infant Plan of Safe Care workgroup, which includes Title V MCH staff.

### Fetal Infant Mortality Review (FIMR) Report

The MCH funded FIMR Case Review Team (CRT) in Washoe County met 10 times between October 2016 and September 2017, reviewing 60 cases. The CRT progressed to reviewing an average of six cases per meeting. Seventy new cases were received and data were abstracted from local hospitals and health care providers for all cases during this time period. A total of five maternal interviews were conducted. Barriers to completing maternal interviews continue to be transiency, invalid phone numbers, and incomplete information. Interviews are not attempted for cases involving: litigation, patients with psychiatric comorbidities, jurisdictions outside of Washoe County, and complex extenuating circumstances.
The FIMR Community Action Team (CAT), which aims to implement recommendations of the CRT, held one formal meeting during this reporting period in conjunction with the Northern Nevada Maternal Child Health (NNMCH) Coalition. The NNMCH Coalition meeting schedule was compromised for several months due to loss of key stakeholders; however, it has been revitalized with the addition of new board and general members. Staff provided brief FIMR updates at all regularly scheduled NNMCH coalition meetings.

The "*Go Before You Show*" public awareness campaign was selected by CAT to encourage early/on time prenatal care, based on the 2015 FIMR Annual Report and recommendations from the CRT. Initial funding was obtained for this campaign through the Title V MCH Block Grant. A license was purchased and campaign materials are being created.

One of the objectives previously identified by the CRT was to gather more information on substance use in pregnant women, and design a system for improving services. A staff Public Health Nurse (PHN) worked closely with the Drug Endangered Children (DEC) Program, a national program conducted in partnership with local police departments. In cooperation with Washoe County Sheriff's Department Alternative Sentencing Program, the Nevada PHN meets with pregnant women who test positive for drugs and are incarcerated, or on probation or parole, to provide prenatal education, prenatal vitamins, and available resources. Safe sleep training and a Pack 'N Play portable crib are provided at a follow-up appointment for eligible clients. Child Protective Services takes over care once the baby is born.

FIMR brochures and various educational materials were disseminated at the Washoe County Health District (WCHD) and local hospitals. The FIMR program serves diverse populations with interpreter services provided in many languages. Sympathy cards and educational materials are also available in English and Spanish.

FIMR staff attended Child Death Review meetings every other month and presented summaries of infant death cases which were not under investigation by Child Protective Services or local law enforcement. FIMR staff also attended monthly Pregnancy and Infant Loss Support Organization of the Sierras (PILSOS) committee meetings, Perinatal and Infant Loss: The Art and Science of Transforming Tragedy Into Healing and Hope conference in September 2017, and assisted with a "Day of Remembrance" event in October 2016,

The FIMR staff represented the WCHD at various community meetings including Join Together Northern Nevada (JTNN), Children's Justice Act (CJA), Child Death Review (CDR), and Northern Nevada Breastfeeding Coalition. FIMR staff served on a statewide workgroup for the Washoe County Child Death Review: "Increasing the Impact of Safe Sleep Education," and the National Governors Association Learning Network on Improving Birth Outcomes Collaborative. These committees continue to work on a Substance Abuse Toolkit for distribution to physicians statewide.

Staff attended the March of Dimes Strategic Preterm Birth Planning Summit on November 16, 2016. The Summit brought together a select group of perinatal leaders from across Nevada to identify the key drivers, best practices, as well as possible risk reduction interventions which could be replicated throughout Nevada to lower the states preterm birth rate.

Additional events participated in by staff included; Food as Medicine – Addressing Social Determinants of Health; Caring for Caregivers; Nevada Health Conference; Cribs 4 Kids Conference; and a Prescription Drug Workshop.

### The Nevada Early Hearing Detection and Intervention (EHDI) Program Report

The Nevada Early Hearing Detection and Intervention (EHDI) program, housed within the Maternal, Child and Adolescent Health Section, ensures all children in Nevada are screened for hearing loss at birth, and those identified with hearing loss receive timely and appropriate audiological, educational, and medical intervention.

Preliminary data from 2016 shows 35,927 births in NV with 34,645, or 96.4%, documented as receiving a newborn hearing screening. Among the infants who received a newborn hearing screening, 34,150 passed the screening and 495 infants did not pass. For those infants who did not pass, 269 were documented with a diagnosis on file. From the 269 infants who did not pass, 220 were determined to have normal hearing and 49 were diagnosed with hearing loss. Forty of the forty-nine infants diagnosed with hearing loss were enrolled in Early Intervention programs and 9 infants were not enrolled or their enrollment status was unknown. Of the 1,282 infants who did not receive screening, 109 passed away and 128 had a parent or family member decline the screening. There were 657 infants whose screening status was unknown or not performed, half of which were home births (n=307).

Nevada continued to face a shortage of pediatric audiologists causing delays in diagnosis and increased loss to follow-up. Consequently, both parents and health care providers can get frustrated. To alleviate these issues, NV EHDI partners with Nevada Hands & Voices to implement Guide-By-Your-Side (GBYS) parent-to-parent mentoring to address the diagnostic and early intervention loss to follow-up and loss to documentation. In addition, NV EHDI contracts with an audiologist consultant to provide training on correct hearing screening and hearing diagnostic testing procedures. These collaborations led to improved screening, diagnostic, and early intervention follow-through within established timeframe guidelines.

The EHDI program worked with selected midwives to increase hearing screenings of home-birth infants by providing Otoacoustic Emissions (OAE) hearing screening equipment and training for midwives to screen their infants. The EHDI program collaborates with Pediatric Audiology Facilities, Nevada Early Intervention Services, State Part C Office, statewide non-profits, hospitals and the Nevada Office of Vital records to ensure timely processes, accurate reporting, and education to parents and providers. Collaborations help to decrease the number of infants due to lost documentation and/or lost follow-up diagnostic and intervention services.

### Safe Sleep/Cribs for Kids (C4K) Report

The Regional Emergency Medical Services Authority (REMSA), funded through the Title V MCH Block Grant, operates as the lead agency for the Cribs for Kids (C4K) program in Nevada. C4K provides educational resources to parents and caregivers on the importance of practicing safe sleep behaviors with infants.

Over the reporting year, C4K conducted 16 statewide train-the-trainer sessions: 3 in Las Vegas, 8 in Reno, and 5 in rural Nevada. This was an increase from the previous year when C4K conducted 4 statewide sessions. In addition, C4K conducted 3 Safe Sleep educational sessions, which included a question and answer component, to Casa De Vida, a non-profit agency providing home and support services for pregnant young women in the urban Reno area. All participating C4K agencies continued to receive technical assistance for updating the REDCap relational data system to ensure accurate data is reported on parent Safe Sleep classes, survival kit disseminations, and follow-up surveys. REMSA offered continuing education credits for CEUs to nurses and social workers who attended the train-the-trainer sessions.

Twenty-four agencies actively participated in the C4K program by assisting with the distribution of 754 Safe Sleep Survival Kits, an increase of over 350 kits compared to last year. A total of forty-four agencies were identified as partners, and ongoing communication efforts are prioritized to ensure Safe Sleep education and materials are widely distributed and participation in C4K activities continue to increase.

C4K staff attended 18 community events and health fairs, reaching approximately 3,300 participants, to promote Safe Sleep education and preventive measures to increase first year infant survival rates. During community events and the train-the-trainer sessions, the C4K program shared additional internal agency materials with the public, including, Nevada 2-1-1, the Nevada Tobacco Quitline, and the Nevada Children's Medical Home Portal. C4K will participate in a minimum of ten community events and health fairs, and additional venues as requested.

C4K staff conducted a media interview in English and Spanish highlighting the importance of Safe Sleep preventive measures. Title V MCH program staff also conducted a media interview to raise public awareness on the importance of following Safe Sleep guidelines.

The Safe Sleep Media Campaign was launched in October 2016 with English and Spanish radio and television public service announcements statewide, to promote Safe Sleep.

C4K program staff attended trainings to increase their knowledge on new Safe Sleep guidelines. Webinars and events attended included: Collaborative Improvement and Innovation Network to Reduce Infant Mortality American Academy of Pediatrics (AAP) Safe Sleep Guidelines, the Nevada Health Conference, and the Cribs for Kids National Conference. C4K staff also attended bi-monthly Washoe County Child Death Review meetings and Statewide Executive Committee Child Fatality Review meetings

A statewide Impact of Safe Sleep task force continued to meet with representation from all local health authorities, hospital staff from Northern and Southern Nevada, Child Death Review committee members, Title V MCH staff, REMSA's C4K Program Coordinator, Department of Child and Family Services, and interested stakeholders. The group aims to raise public awareness on the importance of following Safe Sleep Guidelines and reducing infant deaths. Safe Sleep updates were provided for the Child Death Review Executive Committee meetings.

The C4K brochure and poster, as well as the Title V MCH media campaign, were updated in English and Spanish to include recent recommendations from the American Academy of Pediatrics.

### Perinatal/Infant Health Data

### NPM 4A - Percent of infants who are ever breastfed

According to the National Immunization Survey (NIS), the percent of infants who are ever breastfed in Nevada increased from 80.5 % in 2007 to 82.3 % in 2014. Nevada exceeds the Healthy People (HP) 2020 objective of 81.9%.

### NPM 4B - Percent of infants breastfed exclusively through 6 months

The percent of infants breastfed exclusively through 6 months in Nevada increased from 11.9 % in 2007 to 25.0 % in 2014 (NIS). Even with the increase, Nevada is far below the HP 2020 objective of 60.6%.

### NOM 5 - Percent of preterm births (<37 weeks)

The National Vital Statistics System (NVSS) data indicates the percent of preterm births (<37 weeks) in Nevada has not significantly changed from 2009-2016. In 2016, Nevada's preterm birth rate was 10.4% compared to 9.9% nationally. However, Nevada has not met the HP 2020 objective of 9.4%. Non-Hispanic Black preterm birth rate (14.2%) is the highest, followed by non-Hispanic Native Hawaiian/other Pacific Islander (14.0%), Non-Hispanic American Indian/Alaska Native (13.6 %), Non-Hispanic Asian (11.0%), Non-Hispanic Multiple Race (10.3%) and Non-Hispanic White (9.9%). Hispanics have the lowest preterm birth rate 9.4%. Women on Medicaid have the highest preterm birth rate (11.0 %) followed by uninsured (10.8 %), private insurance (9.7 %) and other Public (9.6 %).

### NOM 9.1 - Infant mortality rate per 1,000 live births

According to the National Vital Statistics System (NVSS), Nevada's infant mortality rate per 1,000 live births in 2015 was 5.2, below the HP 2020 target of 6.0. Race/ethnic disparities exist in infant mortality in Nevada. Three-year estimates for 2013-2015 indicate Nevada's Non-Hispanic Black infant mortality (9.9) was twice that of non-Hispanic White (4.7). Three-year infant mortality rates among women with less than high school education (5.9) were the highest, followed by high school graduates (5.5) and women with some college (5.2). Infant mortality rates were lowest in women who were college graduates (3.9).

### NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

According to the NVSS, the sleep-related SUID rate per 100,000 live births increased from 55.8 in 2014 to 88.2 in 2015. From 2009 to 2015, Nevada has experienced similar increases and decreases in the rate. For example, in 2009 the rate was 93.1 and in 2010 the rate dropped to 58.4. The overall trend rate is a reduction of 5.3%. A maternal age of less than 20 years old was the highest rate (160.2). A gestational age of 34-36 was the second highest rate (142.0). Non-Hispanic Black women had the highest rate among any race or ethnicity (134.7) and was lowest for Hispanic women (43.7).

## Perinatal /Infant Health – Plan for the Application Year

### Breastfeeding Plan

The Title V Maternal and Child Health (MCH) Program will continue to partner with Women, Infants, and Children (WIC) to provide outreach to Nevada hospitals who have not received the *Baby Steps to Breastfeeding Success* (BS to BS) training in order to incorporate the five best practice steps for breastfeeding, and to increase hospital standards of care for nursing mothers. Follow-up training opportunities will be offered to hospitals who have received this training.

In early 2018, a new hospital-based breastfeeding training, *EMPower Breastfeeding Initiative*, will be shared with all Nevada birthing centers. Awarded hospital grantees will receive additional coaching, materials, resources, and support for achieving optimal breastfeeding practices. All Nevada hospitals were encouraged to apply.

Efforts will continue to encourage Nevada businesses to sign the *Breastfeeding Welcome Here* pledge. WIC applied for continued funding in 2018-2019 to retain rural only Pacify tele-lactation services, and is currently waiting on a notice of award.

MCH is continuing to collaborate with WIC to finalize and disseminate a Pediatrician Breastfeeding Toolkit. The pediatrician-focused toolkit compliments the published *Nevada Substance Use During Pregnancy Provider Toolkit*. The Pediatrician Breastfeeding Toolkit includes information on when to supplement, breastfeeding friendly office practices, reimbursement for breastfeeding services, and continuing education opportunities for providers related to breastfeeding. Distribution will begin in October 2018. The Pediatrician toolkit will also be available on the Nevada Title V MCH website.

In 2018, Nevada WIC plans to distribute 4,500 Nevada Breastfeeding promotional calendars to medical providers and local community members for the Northern Nevada breastfeeding coalition. These calendars feature professional photographs of Nevada mothers breastfeeding in primarily public locations and support the goal of normalizing breastfeeding.

Lastly, MCH and WIC are collaborating to participate in the Children's Healthy Weight Collaborative Improvement and Innovation Network (CoIIN) project to normalize breastfeeding by establishing breastfeeding-friendly communities through family support, targeting current and future breastfeeding women, infants, children, their partners / fathers, and communities. This effort targets increased statewide and community-level breastfeeding awareness and support, leading to an increase in breastfeeding rates, initiation rates, and breastfeeding duration.

### March of Dimes (MOD) Plan

Nevada March of Dimes (MOD) will continue fundraising efforts to support its mission of reducing preterm births. The Signature Chefs Gala expects 300 attendees and the March for Babies event hopes to have 2,000 people. The Nurse of the Year Awards Ceremony will be held again with 700 attendees expected.

The MOD community grants will fund implementation of a group prenatal care program at The University of Nevada, Reno, School of Medicine and a project covering birth spacing education and preconception health at the Southern Nevada Health District. The grants are expected to remain through October 2018.

The Zeta Phi Beta, Pi Pi Chapter's Stork's Nest, a prenatal education and incentive program, will also be funded through the MOD community grants through March 2019.

MOD will continue to disseminate patient education materials to hospitals, clinics and community organizations promoting full term pregnancies and preconception and interconception health.

A Women's Health Symposium scheduled for fall 2018 in Las Vegas will cover evidence-based interventions to decrease preterm birth: namely birth spacing education through pre/interconception care, progesterone for at-risk women with a prior pre-term birth, and low dose aspirin utilization for pregnant women at risk for pre-eclampsia, with an overall emphasis on addressing health equity and reducing racial, ethnic and geographic disparities.

The Nevada Chapter of MOD will serve as a team member on Nevada's Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) 2.0, Social Determinants of Health Learning Network led by the Association of Maternal and Child Health Programs (AMCHP) focused on promoting Medicaid coverage of 17-alpha-hydroxyprogesterone caproate (17P).

### Critical Congenital Heart Disease Plan

The Title V MCH Program will continue overseeing Critical Congenital Heart Disease data collection and communications with all birthing facilities. In 2018, a data summary report will be created by the Title V MCH and CYSHCN programs. The report will be used for evaluating the screening data and results. Data points collected with CCHD reporting include: monthly counts for number of screens, number of births, number of failed screens, and percent of failed screens.

### Nevada Pregnancy Assessment Monitoring System (PRAMS) Plan

Title V MCH will continue to co-fund a media campaign promoting the launch of the Nevada Pregnancy Risk Assessment Monitoring System (PRAMS). Data collected by PRAMS will be used to monitor progress of national and state pregnancy and birth-related health measures. PRAMS will also identify and monitor self-reported maternal behaviors and experiences occurring before, during, and shortly after pregnancy among women who deliver live-born infants.

The web module is currently under development and Nevada PRAMS will implement the module when CDC makes it available to PRAMS states. Continued search for databases to provide reliable and working physical addresses and phone numbers for sampled mothers will be conducted.

### Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) Plan

The Association of Maternal and Child Health Programs (AMCHP) invited Nevada to participate in the Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) 2.0, Social Determinants of Health Learning Network. Participation in this initiative aligns well with Nevada MCH priorities. The Nevada State Team will focus efforts on promoting Medicaid coverage of 17-alpha-hydroxyprogesterone caproate (17P) and policy change.

Title V MCH will continue efforts to develop a Perinatal Quality Collaborative (PQC). Key partners will continue to meet to expand activities in Southern Nevada, including new initiatives focused on NAS, hypertension and maternal mortality.

### Fetal Infant Mortality Review (FIMR) Plan

The Title V MCH program will continue to fund the FIMR Program to continue its goal to reduce fetal and infant mortality in Washoe County, by examining contributing factors of fetal, neonatal, and postnatal deaths, and identify disparately impacted populations. FIMR staff will facilitate 10 monthly Case Review Team (CRT) and periodic Community Action Team (CAT) meetings where at least 50 cases will be reviewed. Based on case findings, CRT recommendations, and community input, the CAT will implement objectives and evaluation components for interventions of policy, systems, or community norm changes needed to reduce fetal, neonatal, and postnatal deaths. The MCH funded statewide "Go Before You Show" Campaign will be implemented to encourage early/on time

prenatal care. Staff will also continue to participate in local Northern Nevada Maternal Child Health (NNMCH) Coalition meetings and events, Child Death Review (CDR) meetings, Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) efforts, and additional community program activities to provide FIMR program updates, build partnerships for improving birth outcomes in Washoe County, and reducing infant mortality by implementing activities informed by FIMR data.

### The Nevada Early Hearing Detection and Intervention Plan

The EHDI program will focus on quality improvement and improving evaluation processes. Continued collaborations will ensure more children in Nevada are screened for hearing loss at birth, timely audiological, educational and early appropriate intervention referrals are delivered to Nevada families. Efforts to decrease the number of infants lost to documentation and lost to follow-up diagnostic and intervention services will continue through standard tracking protocols. Title V MCH will leverage Family TIES resources to support EHDI efforts on care coordination.

### Safe Sleep/Cribs for Kids (C4K) Plan

The Title V MCH funded Cribs for Kids (C4K) program will continue to provide program activities throughout the state. A minimum of 12 train-the-trainer sessions will be offered in three Nevada communities including at least 6 trainings in Las Vegas, 3 trainings in rural Nevada, and 3 trainings in Reno. Additional trainings will be provided as requested by partners. Technical assistance will be provided as needed, along with ongoing support to ensure agencies are collecting and entering mandatory data on three and twelve-month follow-up surveys.

Safe Sleep Survival Kits will continue to be distributed through partner agencies statewide. Safe Sleep survival kits include a Pack and Play Crib, a crib sheet with the safe sleep message, a Halo Sleep Sack, Safe Sleep ABC photo magnet, Philips Soothie Pacifier, Safe Sleep educational materials (brochure, door hanger, and flyer), a Safe Sleep DVD, and a *"Sleep Baby Safe and Snug"* children's book. Materials will be provided in English and Spanish.

C4K will propose an abstract for the Nevada Health Conference and the 2019 Cribs for Kids National Conference, to demonstrate Nevada`s progress in expanding outreach and dissemination of Safe Sleep Survival Kits.

The Safe Sleep Media Campaign will continue radio and television public service announcements statewide, to promote Safe Sleep for baby.

C4K and Title V MCH staff will continue participating in the statewide Impact of Safe Sleep meetings. Members will collaborate with funds from Child Death Review teams to launch a public awareness campaign to incorporate Safe Sleep messages on grocery carts and through other methods determined by the group.

The Title V MCH program will continue and expand a Safe Sleep and Injury Prevention Pilot with four Indian Health Service clinics. Clinics participate in trainings including: Infant Safe Sleep, car seat installation, Ages and Stages Questionnaire, and Shaken Baby Syndrome and Abusive Head Trauma. Additional topics available for consideration will include drowning prevention, tobacco cessation, substance use in pregnancy, car safety, and other Title V MCH resources.

**Child Health**

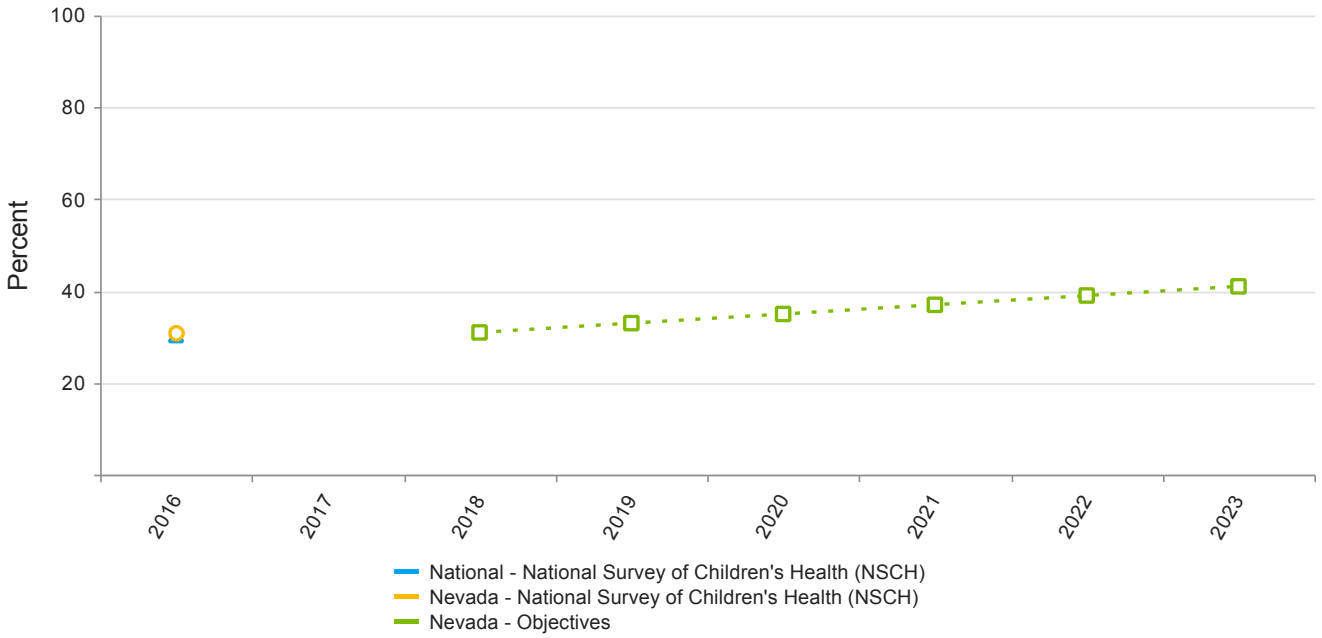
**Linked National Outcome Measures**

| National Outcome Measures | Data Source | Indicator | Linked NPM |
|---|---|---|---|
| NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) | NSCH | Data Not Available | NPM 6 |
| NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system | NSCH-2016 | 13.7 % | NPM 15 |
| NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling | NSCH-2016 | 34.4 % | NPM 15 |
| NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health | NSCH-2016 | 87.6 % | NPM 6<br>NPM 8.1<br>NPM 15 |
| NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) | NSCH-2016 | 14.5 % | NPM 8.1 |
| NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) | WIC-2014 | 12.0 % | NPM 8.1 |
| NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) | YRBSS-2015 | 12.2 % | NPM 8.1 |
| NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4) | NIS-2016 | 71.9 % | NPM 15 |
| NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza | NIS-2016_2017 | 45.6 % | NPM 15 |
| NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine | NISF-2016 | 64.6 % | NPM 15 |
| NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine | NISM-2016 | 65.1 % | NPM 15 |
| NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine | NIS-2016 | 87.1 % | NPM 15 |

| National Outcome Measures | Data Source | Indicator | Linked NPM |
|---|---|---|---|
| NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine | NIS-2016 | 78.7 % | NPM 15 |
| NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year | NSCH-2016 | 4.0 % | NPM 15 |

## National Performance Measures

**NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year**
**Baseline Indicators and Annual Objectives**




| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH)** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 30.9 |
| Numerator | | 23,385 |
| Denominator | | 75,745 |
| Data Source | | NSCH |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 31.0 | 33.0 | 35.0 | 37.0 | 39.0 | 41.0 |

**Evidence-Based or –Informed Strategy Measures**

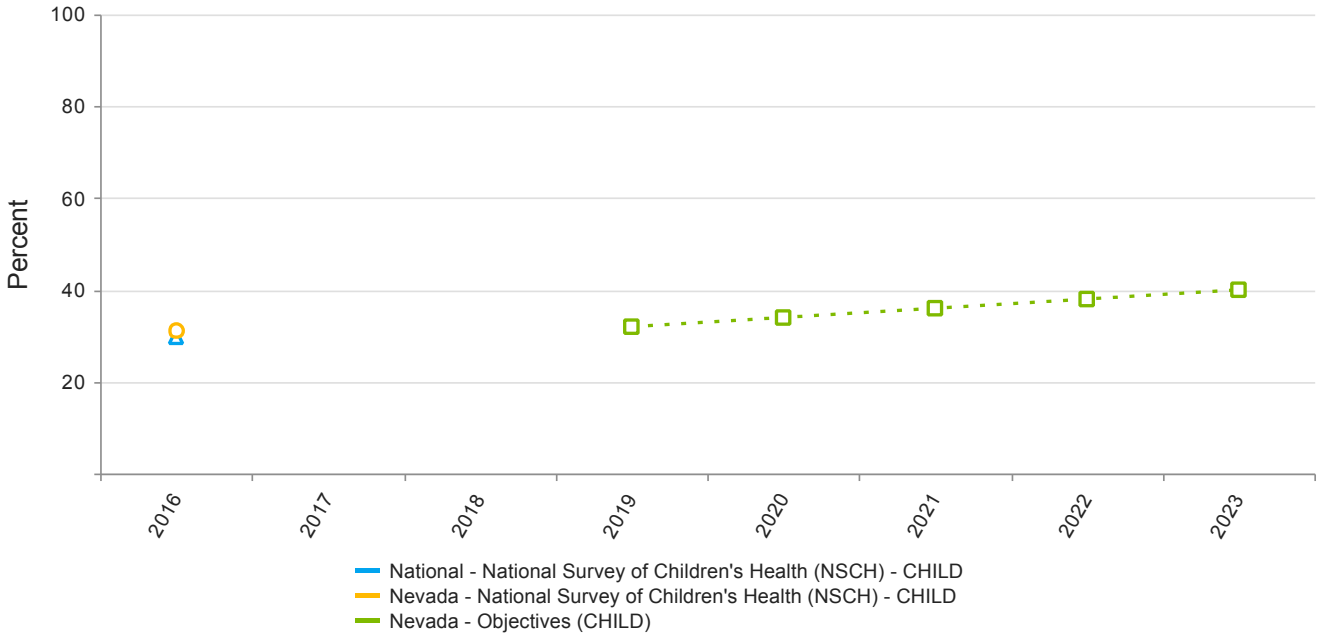
**ESM 6.2 - Number of children receiving a developmental screening using the Ages and Stages Questionnaire (ASQ)**

| Measure Status: | Active |
|---|---|

| State Provided Data | |
|---|---|
| | 2017 |
| Annual Objective | 500 |
| Annual Indicator | 517 |
| Numerator | |
| Denominator | |
| Data Source | Nevada Title V MCH Program |
| Data Source Year | FY 2017 |
| Provisional or Final ? | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 600.0 | 700.0 | 800.0 | 900.0 | 1,000.0 | 1,100.0 |

**NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day**
**Baseline Indicators and Annual Objectives**




| Federally Available Data | |
|---|---|
| **Data Source: National Survey of Children's Health (NSCH) - CHILD** | |
| | **2017** |
| Annual Objective | |
| Annual Indicator | 31.0 |
| Numerator | 73,747 |
| Denominator | 237,722 |
| Data Source | NSCH-CHILD |
| Data Source Year | 2016 |

| Annual Objectives | | | | | |
|---|---|---|---|---|---|
| | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 32.0 | 34.0 | 36.0 | 38.0 | 40.0 |

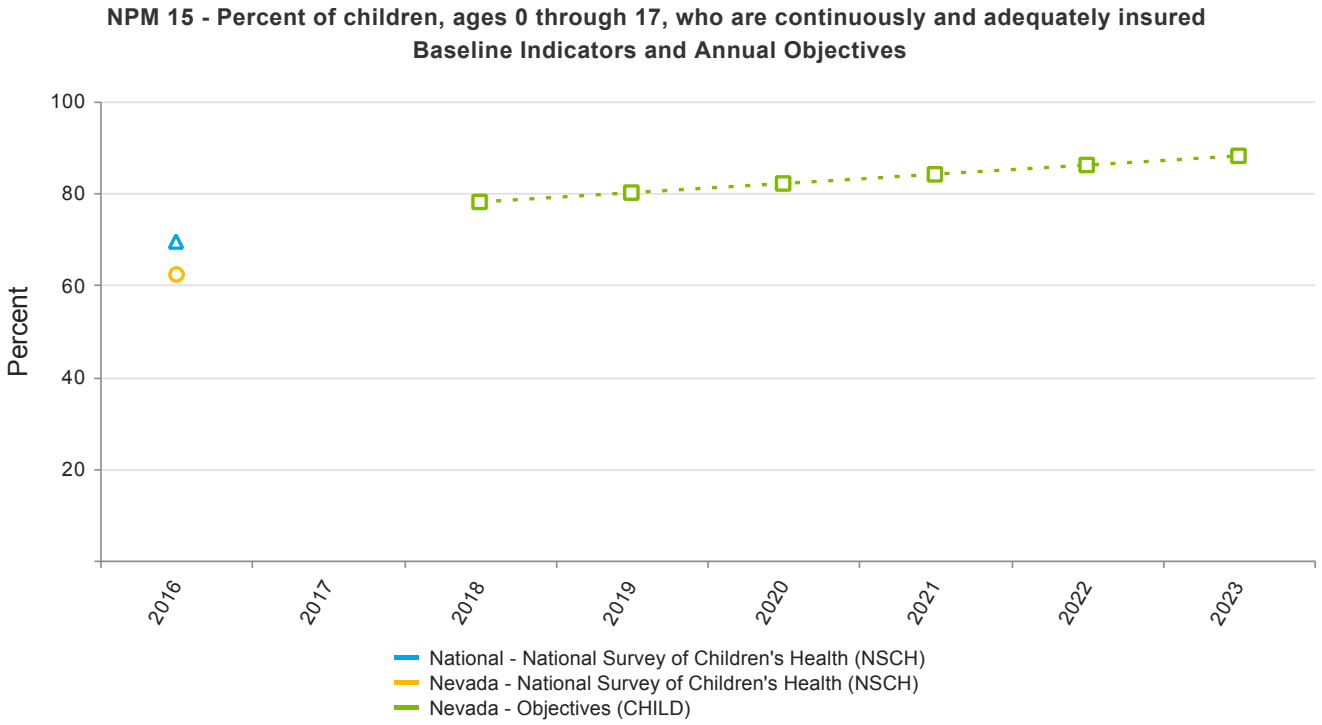
**Evidence-Based or –Informed Strategy Measures**

**ESM 8.1.1 - Number of unique visitors to Chronic Disease Prevention and Health Promotion Section social media and marketing materials including physical activity and healthy lifestyle messages for parents and caregivers of children ages 6-11.**

| Measure Status: | Active |
|---|---|

| State Provided Data | |
|---|---|
| | 2017 |
| Annual Objective | |
| Annual Indicator | 43,586 |
| Numerator | |
| Denominator | |
| Data Source | Title V MCH Program |
| Data Source Year | 2017 |
| Provisional or Final ? | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 45,000.0 | 50,000.0 | 50,000.0 | 52,500.0 | 55,000.0 | 60,000.0 |




**NPM 15 - Child Health**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH)** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 62.2 |
| Numerator | | 415,085 |
| Denominator | | 667,147 |
| Data Source | | NSCH |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 78.0 | 80.0 | 82.0 | 84.0 | 86.0 | 88.0 |

**Evidence-Based or –Informed Strategy Measures**

**ESM 15.1 - Number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations (e.g. in multiple languages)**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 7 | 7 |
| Numerator | | |
| Denominator | | |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 9.0 | 10.0 | 11.0 | 12.0 | 13.0 | 14.0 |

**State Action Plan Table**

State Action Plan Table (Nevada) - Child Health - Entry 1

| Priority Need |
| --- |
| Increase developmental screening |

| NPM |
| --- |
| NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year |

| Objectives |
| --- |
| Increase the percent of children (10-71 months) who receive a developmental screening using a parent-completed screening tool to 31.9% by 2020 |

| Strategies |
| --- |
| Collaborate with public and private partners to communicate the importance of developmental screenings, including referral to appropriate health professionals |
| Collaborate with MCH public and private partners to conduct outreach to educate individuals, families and communities regarding the benefits of the medical home portal for CYSHCN |
| Collaborate with MCH partners to train providers on the parent-completed screening tool |
| Collaborate with public and private partners on community events, trainings and other events/activities which include information about the importance of developmental screenings |
| Collaborate with MCH partners to pilot a project to develop a Medical Home toolkit to bridge the gap between families and health care providers |

| ESMs | Status |
| --- | --- |
| ESM 6.1 - Number of Title V funded partners providing developmental screening in the past year | Inactive |
| ESM 6.2 - Number of children receiving a developmental screening using the Ages and Stages Questionnaire (ASQ) | Active |

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

## State Action Plan Table (Nevada) - Child Health - Entry 2

### Priority Need

Promote healthy weight

### NPM

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

### Objectives

Increase the percent of middle school and high school students who are physically active at least 60 minutes a day to 48.8%.

### Strategies

Collaborate with public and private partners to conduct survey activities to track and trend weight data for target population

Collaborate with state partners, including the educational system, to increase the percent of elementary schools that adopt a physical activity plan/policy

Collaborate with public and private partners to link children to appropriate health services, including screenings, vaccinations, etc.

Collaborate with public and private partners to expand physical activity opportunities outside of school hours

Disseminate educational materials to partners for statewide distribution

Collaborate with public and private partners to provide target population with information on the benefits available through the Affordable Care Act

Collaborate with public and private partners to conduct outreach, education, and eligibility assistance to promote utilization of family planning and link women to appropriate health services, vaccinations, screenings (breast and cervical cancer, substance use/misuse, behavioral/mental health, postpartum depression, etc.), LARC, and use of 1-key question

Collaborate with public and private partners on activities focused on bullying, rape and sexual assault prevention, suicide, and other factors that negatively impact health

| ESMs | Status |
| --- | --- |
| ESM 8.1.1 - Number of unique visitors to Chronic Disease Prevention and Health Promotion Section social media and marketing materials including physical activity and healthy lifestyle messages for parents and caregivers of children ages 6-11. | Active |

| NOMs |
| --- |
| NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health |
| NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) |

## State Action Plan Table (Nevada) - Child Health - Entry 3

### Priority Need

Increase adequate insurance coverage among children

### NPM

NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured

### Objectives

Increase the percent of adequately insured children

Increase the number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations and in multiple languages

### Strategies

Collaborate with MCH partners to provide information on the benefits available through the Affordable Care Act

Increase information and referral across the lifespan into Medicaid and Nevada CHIP

Partner to ensure assistance with all aspects of the enrollment and renewal is provided (navigators)

| ESMs | Status |
| --- | --- |
| ESM 15.1 - Number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations (e.g. in multiple languages) | Active |

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

## Child Health Annual Report

## Child Health

Carson City Health and Human Services (CCHHS), a local health authority in Northern Nevada, was awarded Title V MCH funding to promote children's health. Childhood immunizations and Text4Baby were endorsed through outreach events and health promotion marketing campaigns, inclusive of clinic digital signage, local bus advertising, and Facebook. Social media reached 9,348 families with children. CCHHS administered 369 vaccinations to children less than 19 years old (y.o.); and connected 31 young children to specialty care through referrals for developmental hearing, or vision screenings from findings outside of age-based norms.

Title V MCH co-funded 13 nursing personnel within Community Health Services (CHS) to educate parents/caregivers of 108 children in Nevada's rural and frontier areas on wellness and the value of yearly well child checkups. Fluoride varnish was applied on 40 children ages 0-6 y.o. Nursing personnel provided information about child wellness, oral health, nutrition and physical activity, and immunization schedules. Nursing personnel distributed diverse health-related brochures provided by the Title MCH program. CHS nursing personnel attended local events in their communities to promote immunizations, as well as fluoride varnish to young children.

The PACE Coalition utilized Title V MCH funding for one Community Health Worker (CHW) to conduct outreach and education to the Latino population in Elko County and nearby rural areas. Through community events, the CHW distributed educational information provided by the MCH Program, including ways to access further information and/or how to work with local medical professionals to improve child health. Childhood vaccinations, developmental screenings, nutrition, obesity prevention, and well-child visits were promoted.

Title V MCH funding supported anti-bullying strategies and social and emotional learning (SEL) trainings conducted by the Nevada Department of Education (NDE). Both topics targeted local school district personnel, as well as parents. NDE trained elementary school teachers in seven school districts using best practices to implement positive youth development and SEL principles. Four hundred parents and students attended a SEL conference, and plans are in place to develop statewide social emotional learning standards to improve child and adolescent well-being.

Title V MCH funding supported the State Home Visiting Program Coordinator to attend the Train the Trainer Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire: Social Emotional (ASQ:SE) training. The questionnaires, used by program staff, screen children ages 0 to 6 y.o. for developmental and social emotional delays. Referrals are made to local providers for additional evaluation and services as needed. ASQ and ASQ:SE training was provided to four staff at the Washoe County Health District for work force development. Additionally, three nurses were provided ASQ and ASQ:SE training at Southern Bands Health Center in Elko.

## Physical Activity and Nutrition

Title V MCH funding supported Urban Lotus Project activities to help children cope with stress. The project targets ages 12-17 years old y.o.; however, the organization also serves elementary school age children. Urban Lotus Project conducted 109 yoga classes at three facilities reaching 155 children ages 5-11 y.o.

The Title V MCH Program partnered with the DPBH Food Security and Wellness, and Women, Infants, and Children (WIC) Programs on a one-month social media campaign focused on healthy eating habits (inclusive of breastfeeding) and daily exercise routines. The target audience included low-income and/or Latino parents/caregivers of children ages 0-8 y.o. English and Spanish postings were placed on Facebook, Instagram, Twitter, YouTube, and Google. Forty-eight posts reached 227,487 parents/caregivers resulting in over 43,586 video views.

The State Chronic Disease Prevention and Health Promotion (CDPHP) Section partners with MCH in meeting goals

to improve health. The State Obesity Prevention and Control (OPC) Program (not Title V MCH funded) finalized a statewide Early Childhood Obesity Prevention Plan to reduce obesity in children. The plan targets parents of children ages 0-8 y.o. whom are low-income, minority populations, pregnant women, early childhood educators, providers, and community partners. OPC funds the Children's Cabinet to provide trainings and technical assistance to early care and education centers (ECEs) statewide, in the areas of nutrition, physical activity improvement and sedentary time reduction, as well as breastfeeding support. The Children's Cabinet held a total of 35 classes, with 735 attendees, at 214 sites with a capacity of 16,460 children.

Nevada's Chronic Disease School Health Program Coordinator (not Title V MCH funded) conducted professional development sessions on the Comprehensive School Physical Activity Program (CSPAP) to 13 of the 17 Nevada school districts, mostly at the elementary school level. Four school districts received School Wellness Policy (SWP) training to assist staff in implementing best practices for nutrition and physical activity. Additionally, nutrition education was presented to parents, Parent Teacher Association members, and afterschool providers to increase engagement of stakeholders supporting improved school nutrition environments. A social media campaign, highlighting healthy nutrition, was conducted through the Nevada Wellness website and movie theaters targeting parents and school personnel. The campaign recommended reduced sodium intake in the diet, healthy fundraising, non-food rewards, tips for teachers, and smart snack standards. The campaign reached 76,505 individuals including 25,842 viewers engaging with social media posts.

In 2018, the CSPAP Program will receive technical assistance through the Healthy Weight CoIIN conducted by the Association of State Public Health Nutritionists. Collaborations with MCH and WIC will enhance CSPAP efforts. Additionally, the School Health Program will join forces with MCH, the Nevada Department of Education, and the Department of Agriculture, to offer a school wellness conference for school administrators and staff focusing on implementing physical activities on school campuses. New partnerships will increase awareness by disseminating messages encouraging physical activity beyond the school day to bridge the gap between school and home environment.

### Nevada 2-1-1

Nevada 2-1-1, a program of the Financial Guidance Center, is committed to helping Nevada citizens connect with the services they need. Whether by phone or internet, their goal is to present accurate, and easy-to find information from state and local health and human services programs. Nevada 2-1-1 is a special telephone number reserved in Canada and the United States to provide information and referrals to health and social service organizations. Dialing 2-1-1 in almost every part of the United States will connect the caller to local health and social services.

Nevada 2-1-1 services include places to find food, housing, emergency shelter locations, children's services, adoption and foster care resources, mental health and counseling services, support for seniors, domestic violence resources, and resources for people with disabilities. Services for children include breastfeeding support, diaper programs, child care and assistance with related expenses, clothing, family support, and respite care.

Nevada 2-1-1 assists the Title V MCH Program by staffing the MCH Hotline and providing quarterly reports regarding the number of MCH calls answered, demographics of the callers, and referrals to services. During the period of October 2016 to September 2017, Nevada 2-1-1 answered 216 calls involving MCH topics. In addition, Nevada 2-1-1 provides the University of Utah, Department of Pediatrics (UUDP) with a quarterly export of all Nevada 2-1-1 agency-level information. The information is added to the database supporting the Nevada Children's Medical Home Portal, a website project of the UUDP serving Nevada. A key offering of the Nevada Children's Medical Home Portal is information about local community and professional services to assist families of Children and Youth with Special Health Care Needs (CYSHCN). All Title V MCH subgrantees are required to register and continually update program information with Nevada 2-1-1.

Financial Guidance Center replaced the VisionLink operating system with iCarol creating smoother data exports to

UUDP for the Nevada Children's Medical Home Portal. Employees of Nevada 2-1-1 received trainings from Title V MCH Program on topics including: Pregnancy Risk Assessment Monitoring System (PRAMS), Sober Moms Healthy Babies, and the Nevada Children's Medical Home Portal to better speak to these MCH programs.

### Nevada Institute for Children's Research and Policy (NICRP) Annual Report

Nevada Institute for Children's Research and Policy (NICRP), in partnership with all Nevada School Districts and the Nevada Division of Public and Behavioral Health (DPBH), conducted an annual health survey of children entering kindergarten in Nevada. Data from the survey provides estimates for monitoring MCH indicators and for reporting to local, state and federal entities. NICRP develops an annual report posted on the NICRP website, and distributed statewide. Survey information informs local efforts to improve future programming as well as improve the health of Nevada communities. Nevada Title V MCH funds the survey and provides oversight.

In the fall of 2016, NICRP distributed questionnaires to all public elementary schools in the state, except Clark County School District, which requested a sample of their schools be surveyed. The results were made available in May 2017 with a total of 5,750 surveys received from parents in 15 school districts in Nevada. The data were weighted and the survey data represents each district and the state.

When compared to last year, behaviors in the health status category remain relatively steady with only slight fluctuations. There was a slight increase in obesity, inactivity, and video game play/computer play, but also a slight reduction in soda drinking. There was also an increase in the percent of parents reporting feeding their infant breast milk only at one and three months, but a decrease at 12 months.

### Child Health Data

### Developmental Screening

According to the 2016 National Survey of Children's Health (NSCH), the percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in Nevada (30.9%) was similar to the nation (30.4%). In the same year, a higher percent of male children (32.5%) received developmental screening using a parent-completed screening tool compared to female children (28.2%) in Nevada.

### Physical Activity

Data in the 2016 National Survey of Children's Health (NSCH) indicate more children ages 6 through 11 years old (y.o.), were physically active at least 60 minutes per day in Nevada (31.0%) compared to the nation (29.8%). For Children and Youth with Special Health Care Needs (CYSHCN), the percent of children who were physically active at least 60 minutes per day, was even higher in Nevada (46.3%) compared to the nation (26.4%). More females (33.6%) than males (28.4%) engaged in physical activity in Nevada while nationwide, it was males (32.4%) who were more physically active compared to females (27.2%).

**Child Health - Application Year**

## Child Health Plan for the Application Year

Title V MCH will continue to collaborate with Carson City Health and Human Services (CCHHS) to promote children's health. Childhood immunizations and Text4baby will be promoted through outreach events and health promotion marketing campaigns (local bus advertising and Facebook). CCHHS will connect children to specialty care through developmental, hearing, or vision screenings, including staff attending training on Ages and Stages Questionnaire (ASQ) delivery. Additionally, CCHHS will assist families in identifying a medical home for their children.

Title V MCH will continue to co-fund 13 nursing personnel within Community Health Services (CHS) to educate parents/caregivers of children in Nevada's rural and frontier areas on wellness and the value of yearly well child checkups. Nursing personnel will provide information about child wellness, nutrition and physical activity, and immunization schedules. Nursing personnel will distribute diverse health-related brochures provided by the Title V MCH program

Title V MCH funding will continue to be awarded to employ one PACE Community Health Worker (CHW) to participate in MCH activities in Elko County and nearby rural communities. The CHW will conduct culturally competent outreach and education to the Latino population. Through community events, the CHW will distribute educational information provided by the MCH Program, including ways to access further information and/or how to work with local medical professionals to improve child health. The CHW will promote childhood vaccinations, developmental screenings, asthma, Nevada Children's Medical Home Portal, obesity prevention, and well-child visits.

Title V MCH funding will continue to support the State Home Visiting Program Coordinator in providing ASQ and Ages and Stages Questionnaire: Social Emotional (ASQ:SE) trainings for sub-awardee staff as needed. The questionnaires will be used by program staff to screen children from 0-6 y.o. for developmental and social emotional delays, as well as encourage referrals to local providers for additional evaluation and services as needed.

## Physical Activity and Nutrition

Collaborative projects with the State Obesity Prevention and Control Program, as well as the School Health Program, will be pursued.

## Nevada 2-1-1 Plan

Nevada 2-1-1 will continue to provide information on health and human service programs throughout the state, including physical, behavioral, socio-emotional and mental health resources and support for CYSHCN and families. They also provide quarterly data exports to UUDP for the Nevada Children's Medical Home Portal. All Department of Health and Human Service staff include information in their email closings to find help 24 hours a day by dialing 2-1-1; texting 898-211; or visiting www.nevada211.org. All Title V MCH subgrantees have language in their contracts to include updating their information with 2-1-1 resources and promoting 2-1-1 services.

## Nevada Institute for Children's Research and Policy (NICRP) Plan

Nevada Institute for Children's Research and Policy (NICRP), in partnership with all Nevada School Districts and the Nevada Division of Public and Behavioral Health (DPBH), will continue to conduct an annual health survey of children entering kindergarten in Nevada with funding from Title V MCH. An annual report will be posted on the NICRP website and distributed statewide.

**Adolescent Health**

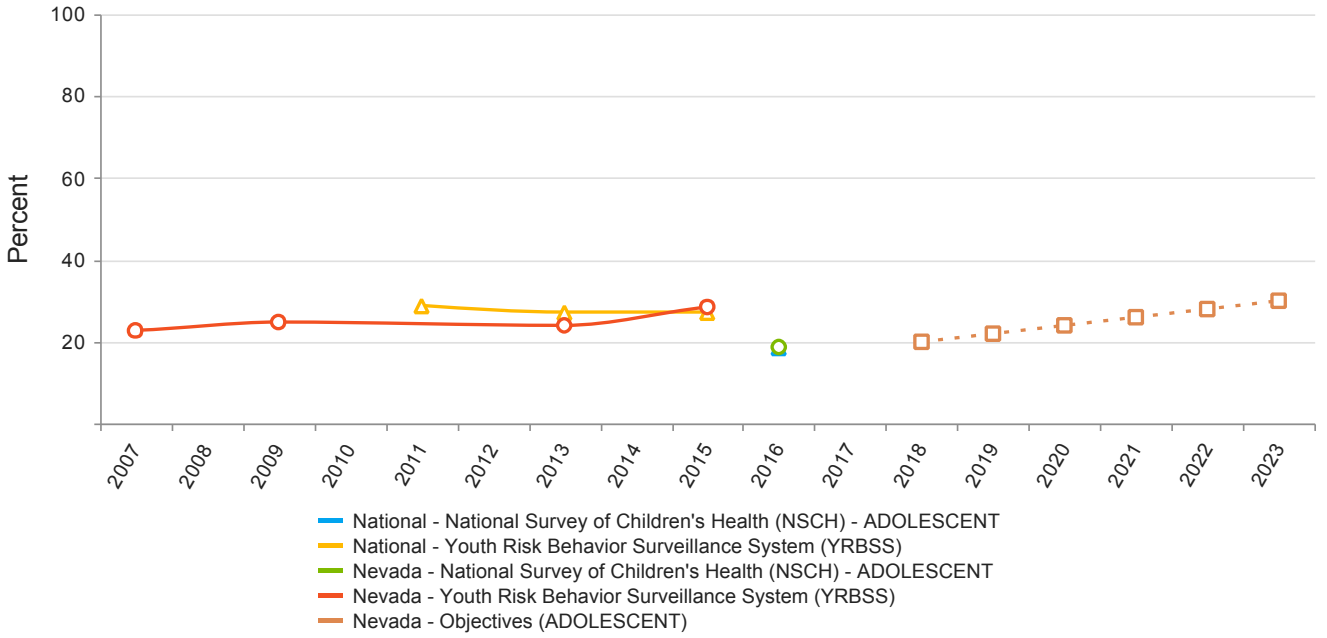
**Linked National Outcome Measures**

| National Outcome Measures | Data Source | Indicator | Linked NPM |
|---|---|---|---|
| NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000 | NVSS-2016 | 36.3 | NPM 10 |
| NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 | NVSS-2014_2016 | 12.1 | NPM 10 |
| NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000 | NVSS-2014_2016 | 10.9 | NPM 10 |
| NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system | NSCH-2016 | 13.7 % | NPM 15 |
| NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling | NSCH-2016 | 34.4 % | NPM 10<br>NPM 15 |
| NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health | NSCH-2016 | 87.6 % | NPM 8.2<br>NPM 10<br>NPM 15 |
| NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) | NSCH-2016 | 14.5 % | NPM 8.2<br>NPM 10 |
| NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) | WIC-2014 | 12.0 % | NPM 8.2<br>NPM 10 |
| NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) | YRBSS-2015 | 12.2 % | NPM 8.2<br>NPM 10 |
| NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4) | NIS-2016 | 71.9 % | NPM 15 |
| NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza | NIS-2016_2017 | 45.6 % | NPM 10<br>NPM 15 |
| NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine | NISF-2016 | 64.6 % | NPM 10<br>NPM 15 |
| NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine | NISM-2016 | 65.1 % | NPM 10<br>NPM 15 |

| National Outcome Measures | Data Source | Indicator | Linked NPM |
|---|---|---|---|
| NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine | NIS-2016 | 87.1 % | NPM 10<br>NPM 15 |
| NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine | NIS-2016 | 78.7 % | NPM 10<br>NPM 15 |
| NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females | NVSS-2016 | 24.2 | NPM 10 |
| NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year | NSCH-2016 | 4.0 % | NPM 15 |

## National Performance Measures

**NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day**
**Baseline Indicators and Annual Objectives**




| Federally Available Data | | |
|---|---|---|
| **Data Source: Youth Risk Behavior Surveillance System (YRBSS)** | | |
| | **2016** | **2017** |
| Annual Objective | 16 | 18 |
| Annual Indicator | 28.6 | 28.6 |
| Numerator | 34,940 | 34,940 |
| Denominator | 122,356 | 122,356 |
| Data Source | YRBSS-ADOLESCENT | YRBSS-ADOLESCENT |
| Data Source Year | 2015 | 2015 |

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH) - ADOLESCENT** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 18.7 |
| Numerator | | 39,329 |
| Denominator | | 210,143 |
| Data Source | | NSCH-ADOLESCENT |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 20.0 | 22.0 | 24.0 | 26.0 | 28.0 | 30.0 |

**Evidence-Based or –Informed Strategy Measures**

**ESM 8.2.1 - Number of facilities providing Trauma-Informed Yoga (TIY) for at-risk adolescents ages 12-17.**

| Measure Status: | Active |
|---|---|

| State Provided Data | |
|---|---|
| | 2017 |
| Annual Objective | 10 |
| Annual Indicator | 10 |
| Numerator | |
| Denominator | |
| Data Source | Nevada Title V MCH Program |
| Data Source Year | FY 2017 |
| Provisional or Final ? | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 12.0 | 14.0 | 16.0 | 18.0 | 20.0 | 22.0 |

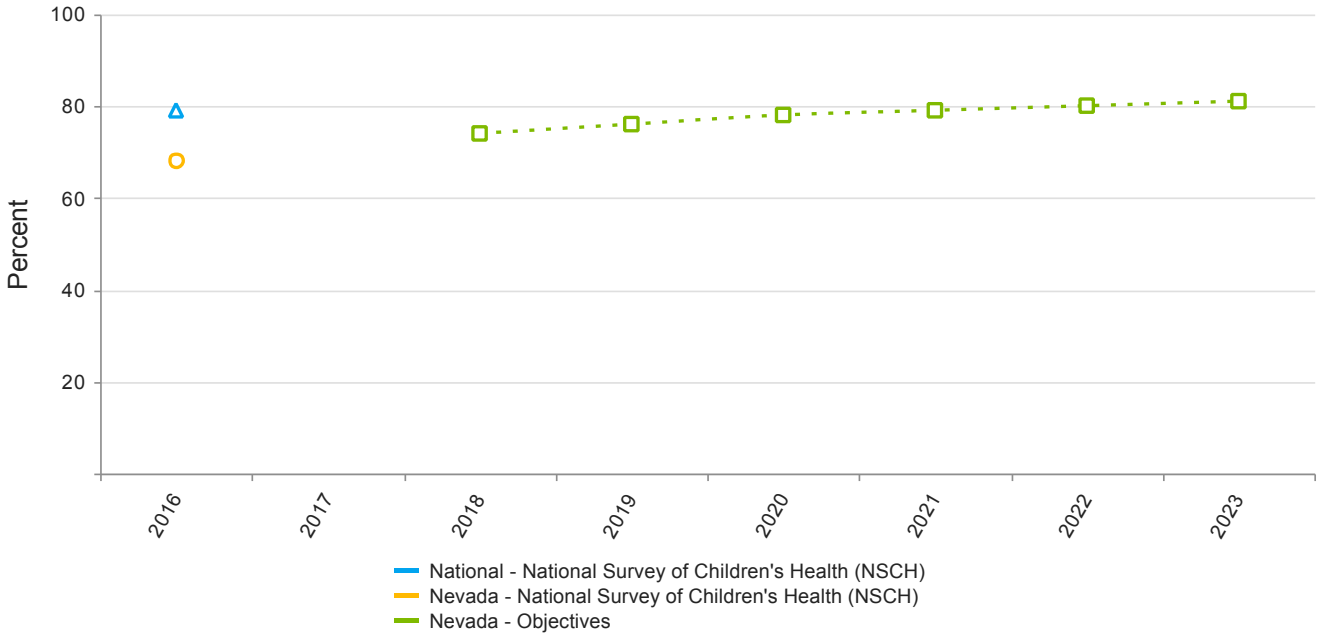
**ESM 8.2.2 - Number of unique visitors to MCH social media and marketing materials including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17.**

| Measure Status: | Active |
|---|---|

| State Provided Data | |
|---|---|
| | 2017 |
| Annual Objective | 60,000 |
| Annual Indicator | 99,000 |
| Numerator | |
| Denominator | |
| Data Source | Nevada Title V MCH Program |
| Data Source Year | FY 2017 |
| Provisional or Final ? | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 100,000.0 | 105,000.0 | 110,000.0 | 115,000.0 | 120,000.0 | 120,000.0 |

**NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.**
**Baseline Indicators and Annual Objectives**




| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH)** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 68.2 |
| Numerator | | 145,792 |
| Denominator | | 213,715 |
| Data Source | | NSCH |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 74.0 | 76.0 | 78.0 | 79.0 | 80.0 | 81.0 |

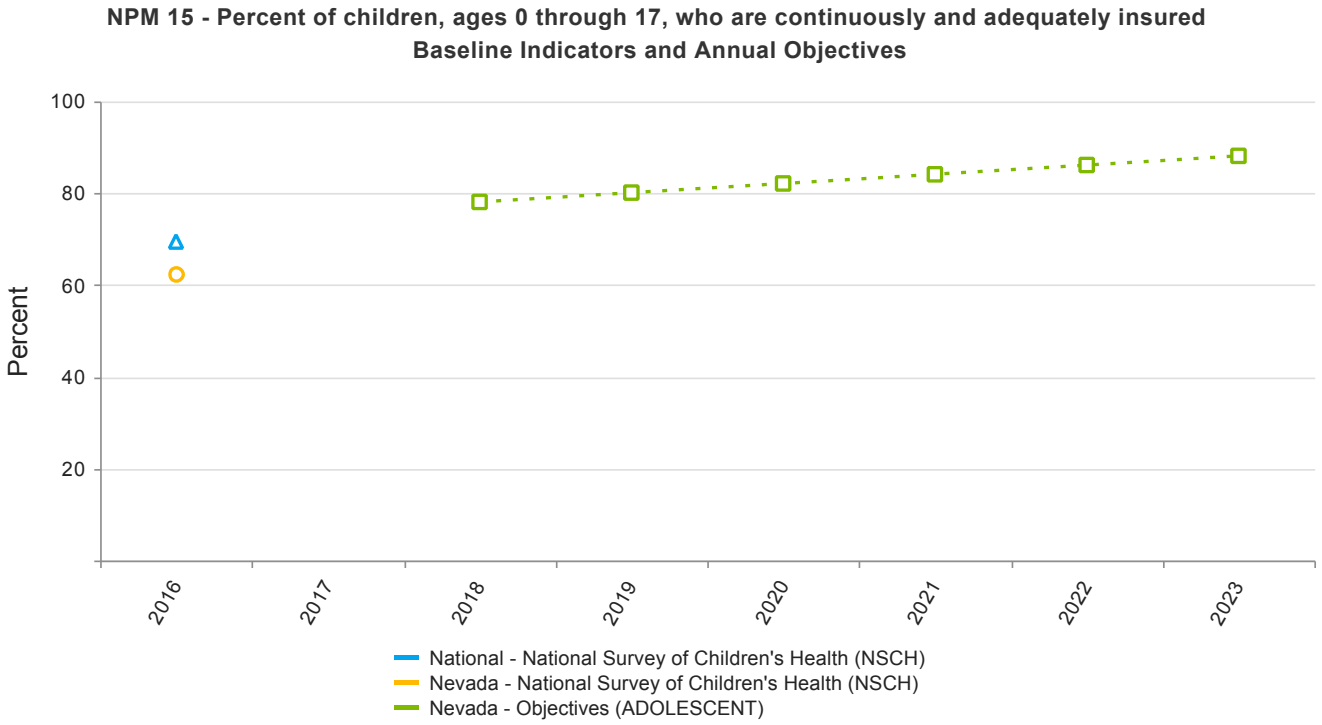
**Evidence-Based or –Informed Strategy Measures**

**ESM 10.1 - Percent of Title V partners that conducted activities to promote preventive well visits for youth in the past year**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 40.9 | 72.7 |
| Numerator | 9 | 16 |
| Denominator | 22 | 22 |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 77.0 | 77.0 | 81.0 | 81.0 | 86.0 | 86.0 |




**NPM 15 - Adolescent Health**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH)** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 62.2 |
| Numerator | | 415,085 |
| Denominator | | 667,147 |
| Data Source | | NSCH |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 78.0 | 80.0 | 82.0 | 84.0 | 86.0 | 88.0 |

**Evidence-Based or –Informed Strategy Measures**

**ESM 15.1 - Number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations (e.g. in multiple languages)**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 7 | 7 |
| Numerator | | |
| Denominator | | |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 9.0 | 10.0 | 11.0 | 12.0 | 13.0 | 14.0 |

**State Performance Measures**

**SPM 2 - Repeat teen birth rate**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 16 |
| Annual Indicator | 16.6 | 22.9 |
| Numerator | 339 | 436 |
| Denominator | 2,040 | 1,901 |
| Data Source | Nevada Vital Records | Nevada Vital Records |
| Data Source Year | 2016 | 2017 |
| Provisional or Final ? | Final | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 16.0 | 15.0 | 15.0 | 14.0 | 14.0 | 13.0 |

**SPM 4 - Teenage pregnancy rate**

| Measure Status: | Active |
|---|---|

| State Provided Data | |
|---|---|
| | 2017 |
| Annual Objective | 29 |
| Annual Indicator | 25.9 |
| Numerator | 2,485 |
| Denominator | 96,038 |
| Data Source | DPBH Electronic Birth Registry System |
| Data Source Year | 2017 |
| Provisional or Final ? | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 25.0 | 24.0 | 24.0 | 23.0 | 23.0 | 22.0 |

**State Action Plan Table**

State Action Plan Table (Nevada) - Adolescent Health - Entry 1

### Priority Need

Promote healthy weight

### NPM

NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

### Objectives

Increase the percent of middle school and high school students who are physically active at least 60 minutes a day to 48.8%.

### Strategies

Collaborate with public and private partners to conduct survey activities to track and trend weight data for target population

Collaborate with state partners, including the educational system, to increase the percent of elementary schools that adopt a physical activity plan/policy

Collaborate with public and private partners to link children to appropriate health services, including screenings, vaccinations, etc.

Collaborate with public and private partners to expand physical activity opportunities outside of school hours

Disseminate educational materials to partners for statewide distribution

Collaborate with public and private partners to provide target population with information on the benefits available through the Affordable Care Act

Collaborate with public and private partners to conduct outreach, education, and eligibility assistance to promote utilization of family planning and link women to appropriate health services, vaccinations, screenings (breast and cervical cancer, substance use/misuse, behavioral/mental health, postpartum depression, etc.), LARC, and use of 1-key question

Collaborate with public and private partners on activities focused on bullying, rape and sexual assault prevention, suicide, and other factors that negatively impact health

| ESMs | Status |
| --- | --- |
| ESM 8.2.1 - Number of facilities providing Trauma-Informed Yoga (TIY) for at-risk adolescents ages 12-17. | Active |
| ESM 8.2.2 - Number of unique visitors to MCH social media and marketing materials including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17. | Active |

| NOMs |
| --- |
| NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health |
| NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) |

## State Action Plan Table (Nevada) - Adolescent Health - Entry 2

### Priority Need

Improve care coordination

### NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

### Objectives

| |
|---|
| Increase the percent of adolescents aged 12-17 with a preventive medical visit in the past year to 78% by 2020. |
| Reduce pregnancies among adolescent females aged 15 to 17 years to 36.2 pregnancies per 1,000 by 2020 |
| Reduce pregnancies among adolescent females aged 18 to 19 years to 105.9 pregnancies per 1,000 by 2020 |

### Strategies

| |
|---|
| Collaborate with public and private partners to provide target population with information on the benefits available through the Affordable Care Act and link them to appropriate health care coverage options |
| Collaborate with public and private partners to conduct outreach, education, and eligibility assistance to promote utilization of family planning and link women to appropriate health services, vaccinations, screenings (breast and cervical cancer, substance use/misuse, behavioral/mental health, postpartum depression, etc.), LARC, and use of 1-key question |
| Collaborate with public and private partners on activities focused on bullying, rape and sexual assault prevention, suicide, and other factors that negatively impact health |

| ESMs | Status |
|---|---|
| ESM 10.1 - Percent of Title V partners that conducted activities to promote preventive well visits for youth in the past year | Active |

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

## State Action Plan Table (Nevada) - Adolescent Health - Entry 3

### Priority Need

Increase adequate insurance coverage among children

### NPM

NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured

### Objectives

Increase the percent of adequately insured children

Increase the number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations and in multiple languages

### Strategies

Collaborate with MCH partners to provide information on the benefits available through the Affordable Care Act

Increase information and referral across the lifespan into Medicaid and Nevada CHIP

Partner to ensure assistance with all aspects of the enrollment and renewal is provided (navigators)

Disseminate brochures with information regarding insurance enrollment and the importance of yearly adolescent wellness visits

| ESMs | Status |
| --- | --- |
| ESM 15.1 - Number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations (e.g. in multiple languages) | Active |

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

## State Action Plan Table (Nevada) - Adolescent Health - Entry 4

### Priority Need

Reduce teen pregnancy

### SPM

SPM 2 - Repeat teen birth rate

### Objectives

Reduce repeat pregnancies among adolescent females aged 15 to 19 years to 15 percent by 2020.

### Strategies

Collaborate with State Abstinence Education Grant Program (AEGP) and the State Personal Responsibility Education Program (PREP).

Collaborate with community partners on educational campaign focused on decreasing teen pregnancy and repeat pregnancy.

## State Action Plan Table (Nevada) - Adolescent Health - Entry 5

### Priority Need

Reduce teen pregnancy

### SPM

SPM 4 - Teenage pregnancy rate

### Objectives

Reduce pregnancies among adolescent females to 26 pregnancies per 1,000 by 2020

### Strategies

Collaborate with State Abstinence Education Grant Program (AEGP) and the State Personal Responsibility Education Program (PREP).

Collaborate with community partners on educational campaign focused on decreasing teen pregnancy.

## State Action Plan Table (Nevada) - Adolescent Health - Entry 6

### Priority Need

Reduce substance use during pregnancy

### Objectives

Reduce the percent of women who smoke during pregnancy

Reduce the percent of children who are exposed to secondhand smoke

Increase the percent of women who call the quitline for assistance

Reduce the percent of women using substances during pregnancy

### Strategies

Collaborate with public and private partners to promote use of the State’s tobacco Quitline for pregnant women and new mothers

Disseminate educational materials to partners for statewide distribution

Collaborate with public and private partners to improve outcomes related to the use/misuse of other substances

## Adolescent Health Annual Report

## Adolescent Well-Visits Report

Nevada's Title V MCH Program continued efforts on the Nevada National Governors Association (NGA) Nevada Learning Collaborative on *Improving Quality and Access to Care in Maternal and Child Health*. The Nevada NGA Learning Collaborative chose to focus efforts on systems of care for uninsured adolescents 15-18 years old by expanding access to insurance coverage and health services. The State Leadership Team consists of a diverse group from Nevada's Office of the Governor, State Legislative Assembly persons, and the following Health and Human Services Divisions: Health Care Financing and Policy, Child and Family Services, Welfare and Supportive Services, Tribal Liaison/Office of Minority Affairs, Community Health Services, and Public and Behavioral Health. In November, a technical assistance site-visit enabled members from the NGA Center for Best Practices to assist the Nevada State Leadership Team to improve insurance enrollment and health care access outcomes, engage stakeholders, and collaborate with health care providers on strategies for services to adolescents. The site-visit prioritized a need to develop and disseminate a brochure informing families how to access insurance coverage for adolescents and highlight the value of adolescent yearly wellness visits. During this reporting period, 19,575 (9,125 English and 10,450 Spanish) brochures were sent to state and community agencies to disseminate through routine outreach efforts and advisory boards. Electronic versions were placed on DPBH and MCH Coalition websites, as well as partner agency listservs, e-newsletters, and websites.

The Adolescent Health and Wellness Program Coordinator ensures information on School-Based Health Center (SBHCs) State Certification is on the MCH website to collaborate with Nevada's 13 SBHCs supporting health and well-being for children and adolescents. MCH provides technical assistance on SBHCs with an aim to promote SBHC State Certification to agencies in support of comprehensive services inclusive of primary care, preventive health, screening and lab services, pharmacy, mental and behavioral health, social services, and oral health care for youth. The Adolescent Health and Wellness Program Coordinator began drafting the Nevada SBHC Toolkit to assist in the planning and implementation phases for agencies interested in starting a SBHC. The SBHC Toolkit provides key steps to assist schools, health organizations, and community members to build successful partnerships for planning and implementing a SBHC. Title V MCH funds supported a SBHC at Wooster High School in Reno for a three-year cycle with the last two years focused on creating a sustainable facility, Unfortunately, the facility closed due to fiscal challenges despite outreach and education resulting in increased clinic visits (inclusive of well visits) each month.

Title V MCH supported the Bowers SBHC to pilot the viability of the Rapid Assessment for Adolescent Preventive Services (RAAPS) tool, performed during well-visits and sports physicals. The youth-friendly tool, filled out on an electronic tablet, is intended to solicit more honest information than other assessments. The electronic survey was completed by 185 adolescents. Students preferred responding to questions electronically rather than being asked by the provider, and stated the electronic format allowed for more honest reporting of risk behaviors. Clinic staff reported the following: a preference for not having to ask youth sensitive questions, increased efficiency due to reviewing risky behaviors prior to seeing the patient, and they valued the prompted scripts advising how to discuss risk behaviors.

The MCAH Section participated in projects to enhance positive youth development and youth engagement. A group of northern Nevada community agencies and the Nevada Department of Education's Office of Social and Emotional Learning collaborated on strategies to enhance positive youth development. Nevada was one of twelve states selected to participate in the Association of Maternal and Child Health Program (AMCHP) Youth Engagement Community of Practice. The purpose is to improve capacity to increase youth engagement in Title V MCH funded programs. Goals to initiate youth engagement efforts included: defining best practices, applying research, modifying tools to help evaluate and measure impact, and capturing a return on state investment. An outline for the Youth

Engagement Toolkit was developed with the intention of completion and implementation over the next year.

Title V MCH co-funded 13 nursing personnel within DPBH Community Health Services (CHS) to educate 2,726 adolescents in Nevada's rural and frontier areas on wellness and the value of yearly adolescent checkups. Well care resulted in 606 reproductive health visits (including long-acting reversible contraception provision), 303 sexually transmitted infection screens, 456 nutrition and weight management counseling sessions, 227 immunizations, and 98 fluoride treatments. Nursing personnel also conducted depression screens, and intimate partner violence prevention counseling sessions at well care visits. Additionally, nursing personnel distributed diverse health-related brochures provided by the Title V MCH program pertinent to adolescents on health and wellness and the value of annual well-visits. Materials covered reproductive health, sexually transmitted infections, depression, intimate partner violence prevention, tobacco cessation and nutrition.

Carson City Health and Human Services (CCHHS), was awarded Title V MCH funding to promote adolescent health and wellness. Priorities focused on providing education, counseling and/or referrals to alcohol and substance users and teens experiencing intimate partner violence, and depression. Clinic staff distributed educational information on adolescent health and wellness and the value of annual well-visits. Materials covered reproductive health, sexually transmitted infections, depression, intimate partner violence prevention, tobacco cessation and nutrition.

PACE Coalition (an entity within the Nevada Statewide Coalition Partnership) was awarded Title V MCH funding to employ a Community Health Worker (CHW) to participate in MCH activities in Elko County and nearby communities. Specific emphasis was placed on care coordination and increasing connections to resources and services for the Latina population. The CHW distributed educational information to adolescents on health and wellness and the value of annual well-visits. Materials covered reproductive health, sexually transmitted infections, depression, intimate partner violence prevention, tobacco cessation and nutrition.

### Adolescent Physical Activity Report

Urban Lotus Project (ULP), an organization providing yoga instruction and mindful awareness to at-risk and underserved youth in Reno and surrounding areas, was awarded Title V MCH funding in February. The pilot aims to assess physical activity benefits of high-risk adolescents' ability to cope with stress and increase resilience. Title V MCH funding supports ULP activities targeting ages 12-17 years old (y.o.). Trauma-Informed Yoga is shown to be most effective in coping with stress and increasing resilience of adolescent youth. Urban Lotus Project conducted yoga classes at three schools, one juvenile detention center, one youth drop-in center, as well as social service agencies and transitional housing organizations serving young people experiencing drug addiction and mental health challenges, and pregnant women. Adolescents were served at nine facilities with 290 yoga classes taught to 1,253 individuals. Urban Louts Project developed a sustainability plan outlining steps to generate long-term community partner support. The Association of Maternal and Child Health Program's (AMCHP) Innovation Station database of cutting edge practices accepted the MCH submission for efforts conducted by Urban Lotus Project's Trauma-Informed Yoga for Youth. Title V MCH funding in 2018 continues to support ULP activities to provide enhanced opportunities for evaluation through pre-and post-test questionnaires, as well as key informant interviews.

DP Video was awarded Title V MCH funding to create seasonal one-month social media campaigns to increase the number of middle school and high school students who engage in at least 60 minutes of physical activity a day. The initial campaign was conducted in the summer showcasing adolescents and families being physically active. The English and Spanish messages targeted youth ages 12-13 y.o. and adolescents ages 14-17 y.o., as well as parents/caregivers. The campaign was posted on Twitter, Snapchat, YouTube, and the Google network; however, postings with the largest reach were viewed on Facebook and Instagram. The 67 posts reached 99,000 people with 12,000 video views. Two additional one-month campaigns were run in January and May 2018. The numbers reached will be reported in the next year Block Grant report.

Title V MCH co-funds 13 nurses within the Community Health Services (CHS). In the reporting year, community health

nurses provided educational materials on nutrition and physical activity to adolescents in their communities.

The State Chronic Disease School Health Program Coordinator (not Title V MCH funded), in collaboration with Washoe County School District, conducted a three-month pilot project tracking moderate to vigorous activity in physical education (PE) classes through software and heart rate monitors. Eight Washoe County School District middle and high school physical education teachers tested the software. Results are not yet available since the pilot started the last month of the reporting period.

### Abstinence Education Grant Program (AEGP) Report

Over 459 youth ages 9-12 y.o. and 13-19 y.o. participated in the Abstinence Education Grant Program (AEGP) in northern and rural Nevada: an increase from 351 participants last year. Priority enrollment was given to at-risk, homeless and foster care youth. Carson City Health and Human Services (CCHHS), Family Resource Center of Northeastern Nevada-Elko (FRCNEN), and Quest Counseling and Consulting (Quest) in Washoe County have all recruited participants in-house, and through local organizations working with at-risk youth. AEGP continued to build partnerships throughout the life of the project to provide a comprehensive approach to reducing teen pregnancies and births in Nevada. AEGP provides an inclusive, non-stigmatizing environment for youth to learn about social, psychological, and health gains realized by abstaining from sexual activity.

Efforts to create robust marketing strategies and materials to promote program participation and recruitment resulted in the addition of an AEGP user friendly website, increased content on the CCHHS website, and incorporated AEGP information to the DPBH website. In efforts to encourage parent youth communication, a statewide television and radio bilingual media campaign, “Parents Talk to your Teens” ran approximately 400 radio spots, statewide, each month. Topical trainings were hosted to encourage education on trauma informed care and positive youth development: two primary foci when working with this population.

Subgrantees partnered with twelve community organizations and attended twelve community events to promote AEGP priorities. Carson City Health and Human Services offered “Promoting Health Among Teens!-Abstinence Only” (PHAT!-AO) classes in Carson City, Douglas County, Lyon County and Storey County. Storey County School District approved the PHAT!-AO curriculum, facilitated by CCHHS AEGP staff, as a part of elementary school health classes. Quest continued to conduct PHAT!-AO classes with male youth living at the Quest House for substance use and mental health treatment which has now expanded to include an out-patient group and coed participation. CCHHS worked with Storey County School District and Bishop Manogue High School to implement the AEGP curriculum at the middle school level. Both FRCNEN and CCHHS successfully began implementing PHAT!-AO inside juvenile detention centers as well. The FRCNEN conducted PHAT!-AO classes in Elko, and the outlying Nevada rural communities of Winnemucca, Lovelock, Jackpot, Battle Mountain, and Wendover.

### Personal Responsibility Education Program (PREP) Report

The major goals of the Personal Responsibility Education Program (PREP) are to reduce teen pregnancy and teen births in Nevada, and to reduce sexually transmitted infections, including HIV/AIDS. In Federal Fiscal Year 2017, over 600 youth ages 13-19 y.o. participated in the Personal Responsibility Education Program (PREP), with the highest number of participants reached through Planned Parenthood Mar Monte and Planned Parenthood of the Rocky Mountains. The number of participants is approximately the same as FFY 2016. Subgrantees have partnered with over twenty-eight community organizations and attended thirty-six community events around the state. The five PREP subgrantees (Planned Parenthood Mar Monte, Planned Parenthood of the Rocky Mountains, Family Resource Centers of Northern Nevada, Carson City Health and Human Services, and The Center) taught comprehensive sex education using several evidence-based curriculums: "¡Cuidate!", "Reducing the Risk", "Be Proud! Be Responsible!” (BPBR), and Sexual Health and Adolescent Risk Prevention (SHARP).

Carson City Health and Human Services was approved by the Storey County School District to teach PREP in high school health classes, and was available for all high school students who needed Health credits in 2017. Planned

Parenthood of the Rocky Mountains implemented "¡Cuidate!" with Hispanic/Latino youth in a home-based setting in Las Vegas using Promatores to provide culturally competent information. The Center utilized a curriculum inclusive of the lesbian, gay, bisexual, transgendered, and queer (or questioning) (LGBTQ) community, specifically with the BPBR curriculum. Planned Parenthood Mar Monte taught "¡Cuidate!" BPBR, SHARP, and continued a weekly Teen Success group in Reno serving pregnant and parenting adolescent mothers.

### Nevada Public Health Foundation Report

Nevada Public Health Foundation (NPHF) delivered a Supporting Teens Achieving Real-Life Success (STARS) workshop with support from Title V MCH. Participants were eligible for the STARS workshop if they were pregnant and/or a parenting teen, low income or receiving some type of public assistance, such as Temporary Assistance for Needy Families (TANF), Welfare, Food Stamps, Women, Infants, and Children (WIC), Foster Care, or Medicaid. Four, six-hour classes were aimed at improving life skills such as budgeting, dressing for an interview, and reducing child abuse and fetal alcohol syndrome. Reality Works dolls provided by Title V MCH were used to help reinforce the importance of abstaining from alcohol use while pregnant. Other foci of the classes included reducing a subsequent teen pregnancy with information on birth control, birth spacing, and continuing education. The overall goal was to support the pregnant and parenting teens and give them tools to reach their highest level of self-sufficiency.

As an incentive for attending the class, teens received a bag full of free items including: a planner, a journal, a calculator, a parenting book, children's books, a cosmetic kit (girls) or a toiletry kit (boys), a dress for success book, local resources, condoms and other items provided by the Title V MCH program, including an oral health kit with tooth paste and tooth brushes, bath thermometers, water bottles, and informational handouts.

### Rape Prevention and Education (RPE) Report

The Nevada Rape Prevention and Education (RPE) Program, uses a public health approach to reduce multiple forms of sexual violence in Nevada. Through leveraged Preventive Health and Health Services (PHHS) and RPE funds, the RPE Program implemented prevention strategies, targeting teens and young adults, to provide education and awareness on issues relating to dating violence, and to prevent sexual violence episodes from occurring. The RPE Program Coordinator salary is co-funded with Title V MCH funds and resides within the Nevada MCH unit. Federally approved prevention strategies reflected the expansion of previous work for preventing sexual violence through: trainings for professionals, healthy relationship education, bystander training for students and campus personnel, and activities to increase awareness about drugs and alcohol used in the facilitation of rape and sexual violence.

Nevada's RPE Program focused on accomplishing the following goals: preventing first-time perpetration and victimization, reducing modifiable risk factors, and enhancing protective factors associated with sexual violence, utilizing best available evidence when planning, implementing, and evaluating prevention programs. Nevada's RPE Program strived to incorporate behavior and social change theories into prevention programs using population-based surveillance to inform program decision making and monitor trends, and evaluate prevention efforts to improve future program plans. The RPE Program served as a liaison for the support of primary prevention measures statewide with one full-time state sexual violence prevention coordinator overseeing the program. RPE staff developed a data collection tool to gather specific data from funded agencies to analyze data trends and continue to implement strategies and principles which are shown to be effective.

A statewide dual domestic and sexual violence coalition, Nevada Coalition to End Domestic and Sexual Violence (NCEDSV), equips and supports Nevada's domestic and sexual violence organizations through trainings, educational sessions, workshops, and policy reform. In 2017, the RPE Program provided funding to the NCEDSV for an annual statewide domestic and sexual violence conference in Reno, Nevada entitled *United Voices for Change*, attracting 151 participants. The annual conference brings expert speakers, provides training opportunities,

addresses legal and political issues affecting victims, and celebrates significant successes in Nevada which contributed to quality services for prevention and victim support. Conference sponsorships were provided to rural area agency staff, allowing training opportunities which might not otherwise be available in Nevada's rural communities. In addition, the NCEDSV provides regional trainings to service providers and professionals to support ongoing prevention efforts throughout Nevada. Trainings include outreach to professionals from healthcare, law, policy, and school administration. Professionals are uniquely situated to be the first line of defense against sexual violence and intimate partner violence. Being aware and knowing the signs of abuse are necessary to ensure emotional, mental, and physical safety of clients.

During the reporting period, Green Dot Bystander four-day trainings were given to 2,063 University of Nevada, Las Vegas (UNLV) students and staff. The Green Dot Bystander Model of prevention increases behavior skills and intervention strategies in the prevention of violence-related behaviors and are proven to be effective in engaging community involvement in sexual violence prevention efforts. A bystander website entitled *Step Up Stop Violence* provides approaches for students and school educators to step up against violence on campus by challenging individuals to become agents of change in their own communities as a way to combat sexual violence. Browsers can research information about the history and theory behind bystander intervention, as well as locate sexual and domestic violence resources in Nevada. A statewide workgroup met quarterly to provide networking opportunities and technical support for agencies implementing bystander intervention activities in Nevada.
The RPE Program funds activities to support a Party Smart Campaign in Las Vegas, Nevada. The Party Smart Campaign, developed in 2009, originated in Las Vegas through the Rape Crisis Center, and is supported through collaborated efforts with the Las Vegas Metropolitan Police Department, to address the dangers of drugs and alcohol in the perpetration and victimization of sexual violence. Security and bar staff from a total of 25 bars and clubs located in Las Vegas received training in active bystander intervention and identifying signs of predatory behavior, to increase awareness of alcohol in the facilitation of sexual assault, and assist management in creating policies to avert potentially dangerous situations for bar patrons. Party Smart endorses the avoidance of sexual violence through planning and awareness and is intended to remind party goers to use common sense and follow some simple tips to ensure they have a good time without compromising safety.

A total of 7,248 Nevada middle and high school aged youth received healthy relationship presentations through YourSPACE educational sessions. YourSPACE educational sessions promote healthy respectful relationships, and increase knowledge and awareness of sexual abuse in connection to dating violence. Healthy relationship presentations, through train-the-trainer workshops, were also provided to professionals and teen peer educators in four Nevada rural communities.

### Adolescent Health Data

### NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

The 2016 National Survey of Children's Health (NSCH) indicates 68.2% of adolescents, ages 12 through 17 years old (y.o) received a preventive medical visit in the past year in Nevada compared to 79% nationally.

### NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

According to the 2016 National Survey of Children's Health (NSCH), a slightly higher percent of children, ages 6 through 11 y.o., were physically active at least 60 minutes per day in Nevada (31.0%), as compared to the national average (29.8%).

### NPM 22.3 – Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

The number of children who are vaccinated annually has decreased from 51.5% in 2014-2015 to 45.63% in 2016-2017. Adolescents aged 13-17 are the least likely to receive vaccinations annually (38.41%), followed by children in

households with an income greater than $75,000 (39.44%) as reported by the National Immunization Survey (NIS).

### NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Nevada's teen birth rate for ages 15 -19 y.o steadily declined from 44.0 per 1,000 in 2009 to 24.2 in 2016. However, non-Hispanic Black teens had the highest rate (44.4) in 2016, followed by Hispanic (30.0), non-Hispanic American Indian/Alaska Native (29.6), non-Hispanic Native Hawaiian/Other Pacific Islander (28.2), non-Hispanic Multiple Race (24.0), and non-Hispanic White (15.8). Birth rates among older teens, 18-19 y.o were the highest at 49.9 while younger teens, 15-17 y.o had a much lower rate of 9.8 (National Vital Statistics System).

## Adolescent Health Plan for the Application Year

### Abstinence Education Grant Program (AEGP) Plan

The AEGP Program Coordinator will re-apply for the grant formerly known as Title V Abstinence Grant, which will now be identified as the Sexual Risk Avoidance Grant. The coordinator will continue to develop and implement a policy and procedure to strengthen grantee and subgrantee programming. The Teen Pregnancy Prevention Program statewide media campaign, in collaboration with the Nevada Broadcasters Association, will continue the “Parents Talk to Your Teens” bilingual television and radio spots through the end of Federal Fiscal Year 18. Promoting Health Among Teens!-Abstinence Only (PHAT!-AO) classes will continue to be offered by Carson City Health and Human Services in the rural areas of Carson City, Douglas County, Lyon, and Storey County. The FRCNEN will also continue to offer PHAT!-AO classes in Elko and further outlying rural communities such as Winnemucca, Lovelock, Jackpot, Battle Mountain, and Wendover. In addition, Quest Counseling and Consulting will continue to conduct PHAT!-AO classes with youth who are living at the Quest House for substance use and mental health treatment, and for both female and male youth utilizing Quest’s outpatient counseling treatment services.

Nye Community Coalition will continue to pilot the Teen Outreach Program promoting abstinence and positive youth development in Nye and Esmeralda County. AEGP training on Families Talking Together was offered to Teen Pregnancy Prevention partners statewide in September 2017. MCH and AEGP programs collaborated to promote positive youth development regionally and statewide, and to leverage AEGP partners to promote teen physical activity.

### Personal Responsibility Education Program (PREP) Plan

Nevada PREP plans to maintain partnerships and funding with Nevada’s five current PREP subgrantees (Planned Parenthood Mar Monte, Planned Parenthood of the Rocky Mountains, Family Resource Centers of Northeastern Nevada, Carson City Health and Human Services, and The Center). These subgrantees will continue to teach comprehensive sex education using evidence-based curricula including "¡Cuidate!", "Sexual Health and Adolescent Risk Prevention", “Teen Success”, “Making Proud Choices”, and "Reducing the Risk”. Planned Parenthood Mar Monte will implement classes for teens in the Sierra Nevada Job Corps system as a pilot peer-to-peer education program. Nevada PREP is looking to reestablish partnerships with sister agencies within the Department of Health and Human Services and agencies throughout the state working with youth. Nevada PREP aims to continue fostering connections with the Division of Child and Family Services (DCFS): the agency responsible for child welfare services in Nevada including foster youth, and youth involved with the juvenile justice systems. Another collaboration Nevada PREP hopes to create is with the Intertribal Council of Nevada (ITCN) to address teen pregnancy among Native youth throughout Nevada. Additional partnerships include the University of Nevada, Las Vegas (UNLV) and the Southern Nevada Health District. Both organizations currently receive Teen Pregnancy Prevention (TPP) Program Tier 1 funding for evidence based programs. These partnerships and collaborations will help strengthen efforts to reduce teen pregnancy and births in Nevada. PREP will help fund Office of Adolescent Health (OAH) Teen Pregnancy Prevention Programs (TPP) programs ending early this federal fiscal year.

MCH and PREP programs will partner on physical activity promotion for adolescents and continue to work together to support opportunities to increase positive youth development.

### Adolescent Well-Visits Plan

The National Governors Association (NGA) Nevada Learning Collaborative concluded technical assistance for *Improving Quality and Access to Care in Maternal and Child Health*. A core group of state leaders from various Department of Health and Human Service Divisions will continue to collaborate on activities to improve insurance enrollment and enhance uptake of adolescent well-visits. Focus areas will be the following: policy changes necessary to turn sports physicals into adolescent well-visits; social media materials for teens, caregivers, and providers;

professional training to educate providers and human services personnel about the value of adolescent well-visits; and heighten juvenile justice system partnerships to increase utilization of adolescent well-visits.

The MCH Adolescent Health and Wellness Coordinator will continue to grow the number of Title V MCH partners conducting activities promoting yearly adolescent well-visits. Funded partners will focus efforts on the value of routine well-visits and will include educating families about no-cost well-care visits. Other activities will incorporate educating schools, providers, adolescents, and families on how a well-visit can be conducted concurrently as a sport physical. MCH will inform providers of no cost quality improvement tools to assess clinic environment, policies, and practices related to youth-friendly services.

The Adolescent Health and Wellness Program Coordinator will continue to collaborate with School-Based Health Centers (SBHCs) on activities supporting health and well-being for children and adolescents. Focus will include technical assistance with an aim to share information about State Certification applications to support comprehensive services inclusive of primary care, preventive health, screening and lab services, pharmacy, mental/behavioral health and social services, and oral health care for youth. The MCH developed Nevada SBHC Toolkit will be distributed to the Nevada School-Based Health Alliance, Nevada Children's Behavioral Health Consortium, and other pertinent stakeholders.

Title V MCH will continue to collaborate with Carson City Health and Human Services (CCHHS) to promote adolescent health. Education, counseling, and/or referrals will be made to adolescents regarding alcohol and substance use, intimate partner violence, and depression. CCHHS will promote routine well-visits through Facebook, and digital signage. Additionally, within the MCAH Section, current Personal Responsibility Education Program (PREP) and Abstinence Education Grant Program (AEGP) outreach on trauma-informed care and positive youth development will continue.

Title V MCH will continue to co-fund 13 nursing personnel within DPBH Community Health Services (CHS) to provide adolescents educational materials about teen health, immunizations, reproductive health, nutrition, physical activity, general wellness, and the value of yearly check-ups.

Title V MCH funding will continue to be awarded to employ one PACE Community Health Worker (CHW) to participate in MCH activities in Elko County and nearby rural communities. Specific emphasis will be placed on care coordination and increasing connections to resources and services for the Latino and hard-to-reach populations. The CHW will distribute educational information to adolescents on health and wellness and the value of annual well-visits.

### Adolescent Physical Activity Plan

The Title V MCH Program supports outside school projects dedicated to increasing physical activity for adolescent's ages 12-17 years old (y.o.). Messages will contain distinct content for youth, ages 12-13 y.o. and adolescent's ages 14-17 y.o., by associating physical activity with activities they value.

Continued Title V MCH funding for the Urban Lotus Project will be determined by evaluation outcomes using pre-and post-test questionnaires and key informant interviews. Outcome evaluations currently assess the benefits of Trauma-Informed Yoga for Youth on high-risk adolescents' ability to cope with stress and increase resilience. The evaluation outcomes will determine whether MCH will submit the project as a best practice to the AMCHP Innovation Station database in July 2019; it is currently a cutting-edge practice.

Collaborative projects with the State Obesity Prevention and Control Program are planned to continue.

Outreach to adolescent-focused DPBH partners in immunization, substance use prevention and treatment, and behavioral and mental health will be pursued to identify opportunities to leverage efforts.

### Nevada Public Health Foundation Plan

Nevada Public Health Foundation (NPHF) will continue offering a Supporting Teens Achieving Real-Life Success (STARS) workshop with support from Title V MCH. Four, six-hour classes will aim to improve life skills and support pregnant and parenting teens by providing tools for self-sufficiency.

### Rape Prevention and Education (RPE) Plan

The Rape Prevention and Education Program (RPE), in part funded through Title V MCH block grant funds, will partner with the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) to provide healthy relationship education workshops to professionals and peer advocates serving developmental disabled youth and young adults ages 12-24 in Nevada. The workshops will assist partners of CYSHCN to address a prominent sexual health disparity for young adults living with a developmental disability, a heightened vulnerability to sexual assault and abuse.

The RPE Program will support opportunities for trainings on community level outreach and policy reform through the NCEDSV annual conference and regional trainings. All funded agencies will be strongly encouraged to collaborate resources to address common risk and protective factors, and implement strategies which are evidence-based or evidence informed.

Nevada expects to improve the healthy development, physical health, safety, and well-being of adolescents and young adults through proposed activities to:

- increase the use of the public health approach in addressing sexual assault and violence;
- train agencies to collect and report all required program information in an accurate and timely manner;
- implement violence prevention strategies which are evidence-based or evidence-informed;
- increase program effectiveness through data driven evaluation;
- increase staff knowledge for implementing effective sexual violence prevention strategies;
- support statewide efforts to prevent intimate partner violence and sexual assault; and,
- increase opportunities for training and technical assistance to funded agencies.

RPE staff will provide training and technical assistance for implementing community change strategies and building evaluation capacity to funded agencies through bi-annual trainings, as well as funding to send sexual violence prevention staff to the annual National Sexual Assault Conference

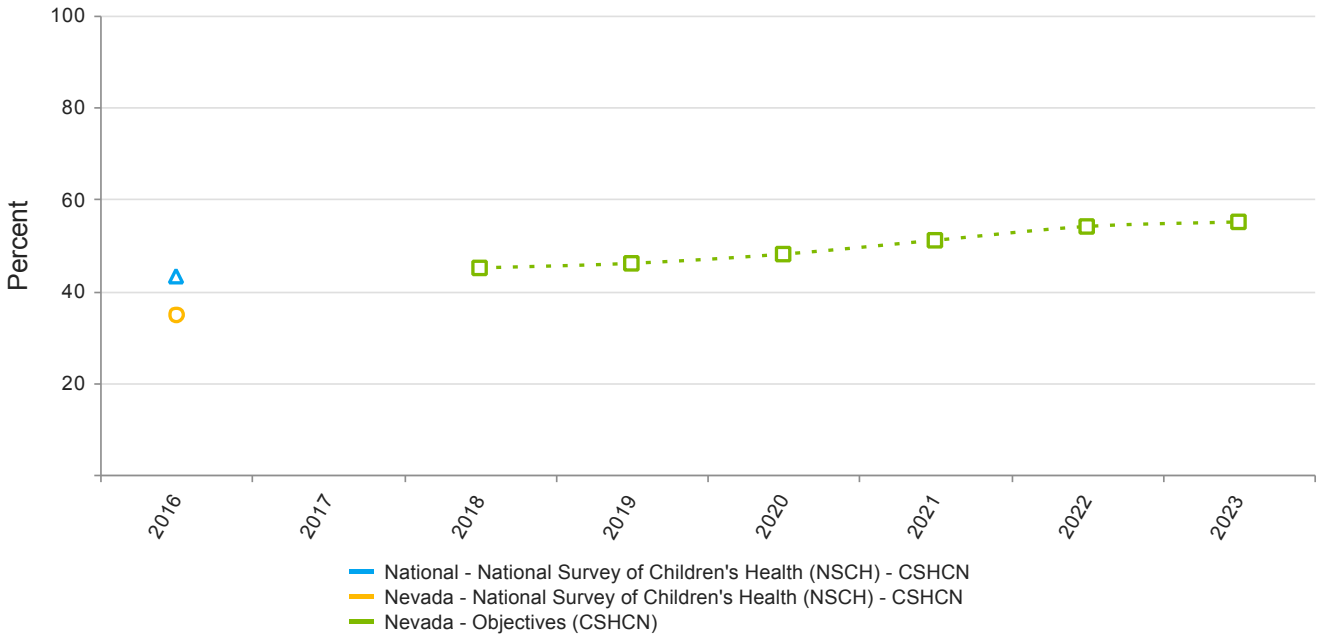
**Children with Special Health Care Needs**

**Linked National Outcome Measures**

| National Outcome Measures | Data Source | Indicator | Linked NPM |
|---|---|---|---|
| NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system | NSCH-2016 | 13.7 % | NPM 11<br>NPM 15 |
| NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling | NSCH-2016 | 34.4 % | NPM 11<br>NPM 15 |
| NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health | NSCH-2016 | 87.6 % | NPM 11<br>NPM 15 |
| NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4) | NIS-2016 | 71.9 % | NPM 15 |
| NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza | NIS-2016_2017 | 45.6 % | NPM 15 |
| NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine | NISF-2016 | 64.6 % | NPM 15 |
| NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine | NISM-2016 | 65.1 % | NPM 15 |
| NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine | NIS-2016 | 87.1 % | NPM 15 |
| NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine | NIS-2016 | 78.7 % | NPM 15 |
| NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year | NSCH-2016 | 4.0 % | NPM 11<br>NPM 15 |

## National Performance Measures

**NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home**
**Baseline Indicators and Annual Objectives**




**NPM 11 - Children with Special Health Care Needs**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH) - CSHCN** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 34.9 |
| Numerator | | 35,648 |
| Denominator | | 102,067 |
| Data Source | | NSCH-CSHCN |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 45.0 | 46.0 | 48.0 | 51.0 | 54.0 | 55.0 |

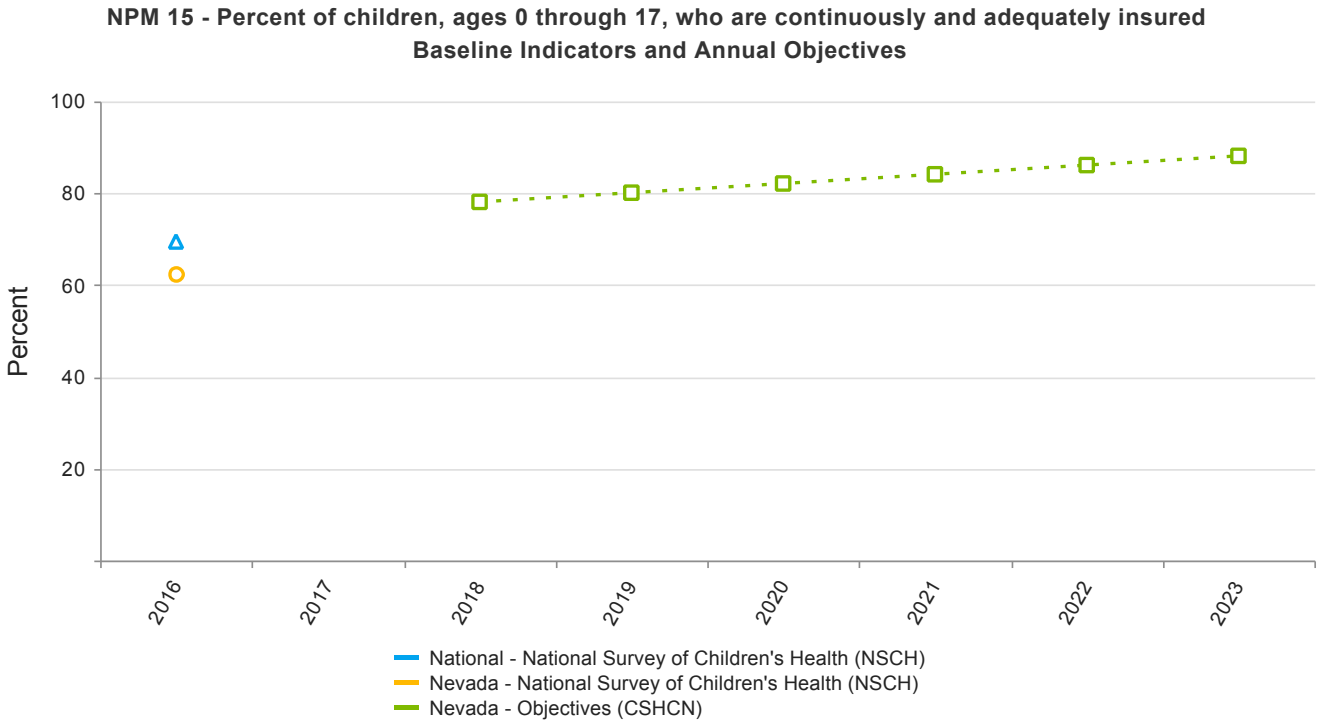
**Evidence-Based or –Informed Strategy Measures**

**ESM 11.1 - Number of public outreach events to educate the CYSHCN population about how to access and benefits of medical home portal in the past year**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 8 | 7 |
| Numerator | | |
| Denominator | | |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 11.0 | 13.0 | 14.0 | 15.0 | 16.0 | 16.0 |




**NPM 15 - Children with Special Health Care Needs**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH)** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 62.2 |
| Numerator | | 415,085 |
| Denominator | | 667,147 |
| Data Source | | NSCH |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 78.0 | 80.0 | 82.0 | 84.0 | 86.0 | 88.0 |

**Evidence-Based or –Informed Strategy Measures**

**ESM 15.1 - Number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations (e.g. in multiple languages)**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 7 | 7 |
| Numerator | | |
| Denominator | | |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 9.0 | 10.0 | 11.0 | 12.0 | 13.0 | 14.0 |

**State Action Plan Table**

State Action Plan Table (Nevada) - Children with Special Health Care Needs - Entry 1

| Priority Need |
| --- |
| Improve care coordination |

| NPM |
| --- |
| NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home |

| Objectives |
| --- |
| Increase the percent of children with special health care needs with a medical home in the past year to 53.3% by 2020 |
| Increase the percent of children without special health care needs with a medical home in the past year to 54.8% by 2020 |
| 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 |

| Strategies |
| --- |
| Partner to support the implementation of Medical Home Portal including awareness, professional development, Nevada 2-1-1 activities, etc. |
| Partner to identify and conduct outreach to population groups (including families) with the greatest need (e.g. racial/ethnic group, payer, rural/urban) regarding availability and benefits of Medical Home Portal |

| ESMs | Status |
| --- | --- |
| ESM 11.1 - Number of public outreach events to educate the CYSHCN population about how to access and benefits of medical home portal in the past year | Active |

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

## State Action Plan Table (Nevada) - Children with Special Health Care Needs - Entry 2

### Priority Need

Increase adequate insurance coverage among children

### NPM

NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured

### Objectives

Increase the percent of adequately insured children

Increase the number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations and in multiple languages

### Strategies

Collaborate with MCH partners to provide information on the benefits available through the Affordable Care Act

Increase information and referral across the lifespan into Medicaid and Nevada CHIP

Partner to ensure assistance with all aspects of the enrollment and renewal is provided (navigators)

| ESMs | Status |
| --- | --- |
| ESM 15.1 - Number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations (e.g. in multiple languages) | Active |

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

## Children and Youth with Special Health Care Needs (CYSHCN) Annual Report

The Title V/Maternal and Child Health (MCH) Block Grant, through the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), requires at least 30% of Title V funding to states be targeted to Children and Youth with Special Health Care Needs (CYSHCN).

According to HRSA, CYSHCN are defined as: "Those who have or are at increased risk for a chronic physical, development, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally". CYSHCN are a diverse group with wide ranging health concerns such as chronic and acute conditions, including emotional and behavioral health.

In Nevada, the CYSHCN Program provides resources and support to community agencies serving children from birth through age twenty-one. The CYSHCN Program funds a variety of community programs bridging service gaps, linking families to appropriate resources and providers, and developing strategies to better serve children and families through a network of federal, state and local community and family-based partners.

## Nevada Technical Assistance Center on Social Emotional Interventions (TACSEI)

Nevada Title V MCH Program provides funding to the Nevada Technical Assistance Center on Social Emotional Interventions (TACSEI) for Young Children in partnership with the Children's Cabinet. TACSEI is a statewide, collaborative initiative to enhance the ability of early care and education personnel and families to address the social, emotional, and behavioral needs of all young children birth to 5 years. Using the Pyramid Model, a tiered prevention and intervention framework, to prevent and address challenging behavior through evidence-based practices, Nevada TACSEI provides training and technical assistance for supporting social emotional competence, and addressing challenging behaviors in young children at-risk for, or with identified developmental delays.

## Highlights of TACSEI

- The Family Engagement Coordinator (FEC) provided ongoing technical assistance to programs and centers in southern Nevada on parent engagement practices. The FEC reviewed and provided feedback on policies and documents related to family engagement, including Nevada Department of Education staff, Nevada's Suspension and Expulsion Policy in early childhood settings, policies and procedures manuals, and the State Leadership Team. The FEC provided seven conference presentations at the regional and state levels.
- Coordinators attended multiple events throughout Nevada relating to young children and families. Materials were shared with parents at 17 events such as the Backpack Series, Step up for Kids, Nevada Early Intervention Services (NEIS), Spring Fling, visual supports, social stories, caregivers, teachers and others who care for young children, reaching hundreds of children and their families. Coordinators worked with implementation and demonstration sites to conduct developmental screening and/or assessments for all children in their program, including a social emotional screening tool.
- Trainings and technical assistance emphasized the importance of developmental and social emotional screening tools, such as the Ages and Stages. Questionnaire 3rd Edition (ASQ-3) and the Ages and Stages Questionnaire – Social Emotional 2nd Edition (ASQ-SE2). Resources were provided to programs and/or parents on how to access the ASQ-3 and/or ASQ-SE2, including the initiation of two online data collection and reporting systems.
- Nevada TACSEI sites reported 649 children screened for social emotional concerns using the ASQ-SE2.
- Coaches and team members participated in quarterly Interagency Coordinating Councils (ICC) Child Find Subcommittee to encourage early intervention.
- A coach was provided to Elko, Nevada, further extending the reach of the program into rural areas.
- Distributed Milestone Moment booklets in both English and Spanish throughout the state.

## Family TIES

As a Title V MCH funded partner, Family TIES of Nevada provides culturally competent support and information to families of CYSHCN. A CYSHCN toll free hotline, and assistance to family-centered care for individuals living with disabilities or special health care needs is achieved by Family Voices representative Family TIES through family, community, and professional partnerships as the Nevada Family-to-Family Healthcare Information and Education Center (F2FHIC).

Family TIES team members attended 908 trainings including outreach events, committee meetings to present information to families of CYSHCN, and disseminating agency materials. Family TIES partners with nonprofits to actively communicate the mission of providing family-centered care for individuals living with disabilities or special health care needs and their families. Family TIES distributed over 1,200 brochures and information resources at outreach events and nonprofit partnership events. Also, Technical Assistance training was completed by Family TIES with a Health Resources and Services Administration (HRSA) project manager.

Family TIES made referrals to Easter Seals and Northern Nevada HOPES, a Federally Qualified Health Center in Northern Nevada. The Easter Seals office in Reno executed a Memorandum of Understanding (MOU) with Family TIE to refer all qualifying families. Eligibility assistance for Medicaid and Katie Beckett programs was provided to 109 families. Transportation services were provided to five families.

Care coordination was provided for seven individuals for Cranial Facial Programs. Case management for Cleft Pala programs was also provided. Clinical health care services were offered to 101 individuals. Translation and interpretation services were provided for 767 families at two Family TIES locations, and Cleft Palate Clinics at University of Nevada, Reno, and University of Nevada, Las Vegas.

## Highlights of Family TIES

- In FFY 2017, Family TIES logged over 320 calls, providing one-on-one assistance for families in need. Families received referral assistance, form completion walk-throughs and assistance, and in person appointments with a care coordination professional.
- Family TIES teamed up with Hispanic parent groups to present a nine-part Parent Training Series in Spanish and English, reaching 128 participants. The trainings were designed to address concerns of Hispanic families of CYSHCN living with chronic illness, disability or other conditions within Las Vegas, and covered important topics, such as ways to improve the quality of life for CYSHCN, and how to play an active role in their child's health care.
- Family TIES helped facilitate a Spring Fling event on 05/20/2017, in conjunction with partners throughout the state, (including the Nevada Governor's Council on Intellectual and Development Disabilities). This event gathered families for parent learning sessions, parent networking opportunities, and unique demonstrations from programs benefitting CYSHCN.
- During the reporting period, Family TIES distributed 6,618 materials (including Medical Home and Nevada Children's Medical Home Portal resources, Milestone Moments, and Bright Futures) to families, individuals and professionals.
- Family TIES listserv supported over 2,600 families, individuals, and professionals providing information on resources available for CYSCHN and their families.
- Family TIES Executive Director participated in NASHP Medically Complex Children CoIIN with Medicaid, practitioners and MCH.

## Craniofacial Clinics

As a collaboration of Nevada Early Intervention Services (NEIS) and the University of Nevada, Reno, School of Medicine, Title V MCH offers subgrants to the Craniofacial Clinic to support interpreter services and travel to provide

linkages between Northern and Southern Craniofacial clinics held in Reno, Nevada. Each clinic has a dedicated interdisciplinary team committed to caring for and treating children with cleft lip and palate and other craniofacial disorders. The Northern Nevada Cleft Palate Clinic (NNCPC) is housed within the Department of Speech Pathology and Audiology at the University of Nevada, Reno. The Southern Nevada Clinic and Craniofacial Team (SNCCT) is a cooperative effort between Nevada's Department of Health and Human Services (DHHS), Division of Public and Behavioral Health, and community healthcare professionals. The SNCCT offers online resources, including a cleft advocate, family-to-family connection, and medical financing options, as well as insurance assistance. In addition, the Southern Nevada Cleft Palate and Craniofacial team maintains a toll-free 24-hour Hotline. The NNCPC examines and counsels children with cleft palate or other craniofacial disorders involving the head, face and mouth. The NNCPC's Director attends the American Cleft Palate Craniofacial Association annual convention each year, keeping up with the most current information, products and services in the field.

### Highlights of Craniofacial Clinic

- A total of 74 children were served with no charge to families.
- Demographics include 38 (51.3%) Caucasian patients, 24 (32.4%) Hispanic, and 12 (16.3%) identified as other or non-specified.
- 45 (60.8%) males and 29 (39.2%) females were served.

The NNCPC created a brochure in Spanish and English, and distributed over 500 copies to pediatricians statewide. Approximately 75 individuals were provided care coordination for annual or biannual visits and verbal referrals were provided to local physicians specializing in craniofacial disorders. The brochure contains the clinic's mission statement, contact information, providers, the clinic schedule, and directions to the clinic. The brochure also explains to families what to expect during their appointment and provide information.

### Nevada Center for Excellence in Disabilities (NCED)

NCED is in the College of Education at the University of Nevada, Reno, and serves as Nevada's University Center for Excellence in Developmental Disabilities (UCEDD) as established by the Developmental Disabilities Rights Assistance and Rights Act (DD Act). As a funded partner, NCED continued to work on many programs and projects in service to people living with disabilities, across the lifespan, including: Partners in Policymaking, Nevada Leadership Education in Neurodevelopment and Related Disabilities (NvLEND) which houses the Nevada State *Learn the Signs Act Early* (*NvLTSAE*) team, Path to Independence Program, Technical Assistance Center on Social Emotional Intervention (TACSEI) for young children, Nevada Sibling Network, and Positive Behavioral Supports (PBS) Nevada.

During FY 2017, NCED held two Sibshop Facilitator Trainings, two demonstration Sibshops, and quarterly Sibshops. These Sibshops hosted 78 families between the two locations. An iCan Bike Camp in Las Vegas to teach children and adolescents living with disabilities how to ride a two-wheel bike was completed. This program occurred in July of 2017 and had 25 participants. NCED began outreach for the Nevada Partners in Policymaking Leadership Program.

NCED collaborated with other CYSHCN partners to provide a volunteer for a bilingual social worker to the Cleft Palate Clinic to assist Family TIES during position turnover. During the Cleft Palate Clinics, 8 families were provided with services and assistance.

NCED extended its reach in communities by providing information and referrals to 5 new families every month, in addition to the 100 families already receiving support.

### Nevada *Learn the Signs. Act Early*

Nevada *Learn the Signs. Act Early* (*NvLTSAE*) Program is a Leadership Education in Neurodevelopmental and Related Disabilities (LEND) project. The purpose of the LEND training program is to improve the health of infants, children, and adolescents with disabilities. This is accomplished by preparing trainees from diverse professional disciplines to assume leadership roles in their respective fields and by insuring high levels of interdisciplinary clinical competence. LEND programs across the nation work together to address issues of importance to children with special health care needs and their families, exchange best practices and develop shared products. The program is funded by the Autism CARES Act and is administrated by the Health Resources and Service's Administration's (HRSA) Maternal and Child Health Bureau (MCHB). NvLTSAE featured four statewide summits bringing together parents and professionals. Primary outcomes established from the summits include:

- Children are identified earlier (reduce time between first concern and diagnosis);
- Individuals of all geographical locations have access to evidence-based, culturally competent, family centered services and care to assure optimal outcomes;
- Professionals and families collaborate across disciplines, agencies, and a statewide system of care.

NvLTSAE collaborates with several state, private, and public agencies. As part of the NvLTSAE project, Milestone Moments Booklets developed by the Centers for Disease Control and Prevention (CDC) and adapted for Nevada, including referral information for parents, are distributed throughout the state.

The University Center for Autism and Neurodevelopment (UCAN) provided diagnostic evaluation to identify developmental disorders for 18 children. Another four assessments were attempted with children but were unable to be completed due to behavioral interference or poor comprehension of assessment tools.

### Healthy Kids, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Healthy Kids, Nevada Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program reimburses providers for well-child visits for all children enrolled in Nevada Medicaid and Nevada Check Up. Nevada continues to monitor the utilization and strives to increase EPSDT screening utilization among Medicaid eligible children under the age of 20 y.o. Outreach to providers and families to encourage EPSDT screenings is a continuing effort for the Division of Health Care Financing and Policy (DHCFP) and Maternal and Child Health (MCH). MCH provides flyers and brochures to increase awareness of EPSDT.

Materials promoting the EPSDT program are shared with all partners and stakeholders. Title V MCH created a bilingual growth chart with developmental milestones and recommended child wellness visits. A bilingual one-page version of the growth chart was created and included in the “Protect and Immunize Nevada’s Kids” (PINK) packets distributed statewide to all new mothers after giving birth in hospitals. The growth charts were shared with all partners and promoted at the statewide 2017 Nevada Health Conference. The EPSDT brochure and one-page reimbursement guide promoting coverage for postpartum depression screenings as part of the first three well child visits, previously created by Title V MCH, continues to be shared with partners, providers, the Maternal and Child Health Advisory Board (MCHAB), and stakeholders.

Home Visiting Program providers continue to remind families to renew their Medicaid or Nevada Check–up one month before renewal is due. Nevada Home Visiting staff refers clients to Positively Kids enrollment workers at two Southern Nevada Health District locations, as appropriate. Local agency home visitors throughout Nevada refer to Medicaid, Nevada Check-up or to the Silver State Exchange as needed.

MCH partners with the Chronic Disease Prevention and Health Promotion (CDPHP) Community Health Worker Program in issues relating to MCH, including the Connecting Kids to Coverage Program. Title V MCH is the lead

agency for the National Governors Association initiative to improve insurance enrollment and access to health care for adolescents 15-18 years of age. The Children and Youth with Special Health Care Needs (CYSHCN) program launched the Nevada Children's Medical Home Portal and continues to disseminate resources to increase insurance coverage in Nevada for CYSHCN. In addition, the Partners Allied for Excellence (PACE) Coalition Community Health Worker promotes and supports access to insurance as well.

### Bright Futures, American Academy of Pediatrics (AAP)

The Bright Futures initiative in Nevada provided information and resources to improve healthy living for infants, children, and adolescents, and to increase regular well child visits. The Bright Futures Tool and Resource Kits were distributed to medical providers, school staff, parent groups, family resource centers, home visiting staff, childcare health consultants, coalition memberships, and community leaders for the purpose of increasing awareness of available services and highlighting the benefits of EPSDT.

The Association of Maternal and Child Health Programs (AMCHP) reached out to states in 2017 requesting information on state-specific activities related to Bright Futures. Nevada was one of three states recognized for Bright Futures related projects and will be featured in the January 2018 AMCHP Issue Brief.

### Children and Youth with Special Health Care Needs (CYSHCN) Data

### NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

According to the 2016 National Survey of Children's Health (NSCH), 34.9% of CYSHCN, ages 0 through 17 years old (y.o), have a medical home in Nevada compared to 43.2% nationally.

### NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Of all Nevada children ages 0 through 17 y.o., 15.3% are CYSHCN. A little over a one-fourth of them are on Medicaid (26.5%) and most are ages 12-17 y.o (19.3%). There are twice as many Non-Hispanic White (17.8 %) CYSHCN compared to non-Hispanic Asian (7.0%) CYSHCN.

## Children and Youth with Special Health Care Needs (CYSHCN) Plan for the Application Year

### Children's Cabinet TACSEI Plan

TACSEI will continue to focus on frontier and rural areas of the state. TACSEI will meet with staff at private, religious, charter, public, preschools and daycares to implement screenings and programs. Staff will attend summit and leadership meetings to increase program reach. Consideration is being given to implementation of the ASQ-SE2 screenings and information collecting through an online system. TACSEI will continue to distribute Milestone Moment booklets in English and Spanish.

### Family TIES – Plan

Family TIES will continue serving all CYSHCN populations with a particular focus on rural areas (i.e., Douglas, Storey and Lyon Counties). Outreach to Hispanic populations statewide will continue. Family TIES will offer a Parent Training series and support to parents of CYSHCN. Family TIES will staff the CYSHCN helpline and track assistance and referrals provided to callers. Family TIES will continue to distribute the Milestone Moments developmental tool, transition resources, and Nevada Children's Medical Home Portal resources including providing trainings on Nevada Children's Medical Home Portal. Staff will participate in media interviews in both urban and rural areas on Channel 2 News KTVN Face the State to further expand awareness of the program. Family TIES will develop a survey related the Nevada Children's Medical Home Portal to gage website productivity, and work with EHDI on care coordination.

### Craniofacial Clinic – Plan

The NNCPC will continue to examine and counsel children living with cleft palate or other craniofacial disorders and their families involving the head, face and mouth. The NNCPC's Director will attend the American Cleft Palate Craniofacial Association annual convention, keeping up with the most current information, products, and services in the field. Family TIES will provide Spanish translation.

### Nevada Center for Excellence in Disabilities (NCED) – Plan

NCED will develop and implement a program designed to help CYSHCN transition from child health care to the adult health care system without a loss of medical coverage. The program will also extend into workforce and education transition focusing on rural, frontier, and urban communities.

### Nevada Learn the Signs. Act Early – Plan

The Nevada *Learn the Signs. Act Early* (*NvLTSAE*) Program will continue distributing Milestone Moments booklets as part of the NvLTSAE campaign. UCAN will provide diagnostic evaluation to identify children in need and refer to services, as needed. Title V MCH will provide funding to support assessments provided by a cognitive psychologist at no cost to families with referrals provided to families for access to appropriate services. A Children's Special Health Service Survey will be sent to the parents of Children and Youth with Special Health Care Needs (CYSHCN). The information gained from the survey will document first-hand the needs of CYSHCN and their families throughout Nevada.

### Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) - Plan

The promotion of preventive benefits and screenings such as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), is a key priority for increasing maternal, child, CYSHCN, and infant health. Collaborations between DHCFP and Maternal, Child, and Adolescent Health (MCAH) will continue including the promotion and

distribution of EPSDT materials and exploring value-based payment opportunities. MCH will continue to partner with the Chronic Disease Prevention and Health Promotion (CDPHP) Section CHW Program in relation to MCH issues. Title V MCH will continue to improve insurance enrollment and access to health care for adolescents 15-18 years of age. The CYSHCN Program will promote the Nevada Children's Medical Home Portal and disseminate resources to increase insurance coverage for CYSHCN, and work on the 2020 Needs Assessment efforts as they relate to CYSHCN. The Partners Allied for Excellence (PACE) Coalition CHW will promote and support access to insurance.

Staff will continue to attend and present at transition conferences and trainings, distribute transition resources, and partner with Nevada Department of Education (NDE), Vocational Rehabilitation, Nevada Governor's Council on Developmental Disabilities (NGCDD), and family advocacy groups to best serve CYSHCN and their families. The Urban Lotus pilot project will serve CYSHCN, as well as meet physical activity health priorities.

The Association of Maternal and Child Health Programs (AMCHP) previously requested information on state-specific activities related to Bright Futures. In addition to the article in January 2018 AMCHP Issue Brief, a follow up project requested Nevada's participation in a short video interview to be featured on their website's Learning Module section.

### Nevada Medical Home Portal

To increase awareness of the Nevada Medical Home Portal (MHP), each funded partner is required to promote the MHP as part of their scope of work in any new sub-award. The MHP is also promoted to medical providers in Nevada to increase referrals to needed resources. Promotion of the MHP to families gives them easy access to local or statewide resources for a variety of health-related and social services increasing the chance they will be able to access care for identified needs. The MHP increases awareness, is available in Spanish, an is an easy to use conduit connection CYSHCN, their families and providers to resources for needed services.

**Cross-Cutting/Systems Building**

**Cross-Cutting/Systems Builiding - Annual Report**

## Cross-cutting Systems Building Annual Report

### Tobacco Cessation

All Title V MCH funded agencies promoted the Nevada Tobacco Quitline to pregnant women and women of child bearing age. CCHHS provided 643 smokers tobacco education, counseling and/or referrals to the Nevada Tobacco Quitline. Nursing personnel within Community Health Services (CHS) counselled and referred 254 smokers to the Nevada Tobacco Quitline. Additionally, Pace Coalition provided information on the importance of tobacco cessation to pregnant women and gave out Nevada Tobacco Quitline cards.

CCHHS and CHS utilized the Brief Tobacco Intervention developed by the Agency for Healthcare Research and Quality (AHRQ) to address tobacco use with clients. The five-step intervention is designed to be repeated at each visit. The practitioner asks about tobacco use, advises and encourages cessation, assesses if the individual is willing to quit, and then assists smokers interested in quitting and arranges for a follow-up session (in person or telephone) to determine the quit attempt outcome. The intervention, conducted in less than three minutes, is an effective means to screen and refer to the Nevada Tobacco Quitline.

### Adequately insured children

The Title V MCH Program drafted a legislative factsheet educating providers and the public about the passage of Nevada Senate Bill (SB) 325. The bill authorizes Medicaid and Nevada Check Up to provide health coverage for children, under 19 years of age and lawfully residing in the U.S., without a 5-year waiting period. Once finalized, the information was disseminated via DPBH and MCH Coalition websites, partner agency listservs, e-newsletters and websites, and School-Based Health Centers (SBHC).

All Title V MCH funded agencies refer uninsured families to Nevada 2-1-1 to obtain health insurance benefits information, and distribute brochures outlining steps to access insurance to families of adolescents. Carson City Health and Human Services (CCHHS) developed a partnership with the Division of Welfare and Social Services (DWSS) for onsite, walk-in application assistance to enroll in Medicaid. In-reach was conducted to uninsured clientele on options for health care coverage. The partnership was so successful, one additional day was added to meet the high public demand, resulting in 448 families assisted with Medicaid applications onsite.

Nursing personnel within DPBH Community Health Services (CHS) provided information to uninsured people in the rural and frontier regions to insurance resources through Nevada Medicaid, Nevada Check Up (Nevada's Children's Health Insurance Program), and the Silver State Health Insurance Exchange (Nevada's health insurance marketplace). Undocumented residents and those not eligible for Medicaid or other insurance were referred to Access to Healthcare Network (AHN).

The PACE Coalition's Community Health Worker (CHW) through targeted work in Elko and nearby communities, assisted 64 Latinos and hard-to-reach populations to access insurance/Medicaid, healthcare services, and other supports necessary to improve health. The CHW advocated for people with barriers to access healthcare services.

Title V MCH funds a 0.5 FTE position for Nevada's Chronic Disease Prevention and Health Promotion (CDPHP) Section to support MCH activities. The CDPHP's Community Health Worker (CHW) Program received technical assistance from the Association of State and Territory Health Officials (ASTHO) regarding certification, training, and reimbursement. The CHW Program funds the Nevada Community Health Workers Association to develop and expand a behavioral health workforce serving populations across the lifespan, including rural and medically underserved areas. CDPHP was awarded the Connecting Kids to Coverage grant resulting in the assistance of 479

uninsured families seeking to access healthcare and support services. The grant will continue through July 2018.

### Office of Suicide Prevention

Title V MCH funding helps support the Nevada Office of Suicide Prevention (OSP) through the provision of outreach and education, facilitated information-sharing, and consensus building among multiple constituent groups. New partnerships were created to meet Assembly Bill (AB) 105 of the 79th Session of the Nevada Legislature for suicide prevention education to health care providers. A Parent Firearm Safety course was developed through collaboration of expert organizations per the recommendations from the Executive Committee to Review the Death of Children.

Over the reporting period, OSP conducted several suicide education and prevention courses resulting in: 99 safeTALK trainings reaching 2,078 community members and/or school staff; 25 Applied Suicide Intervention Skills Trainings (ASIST) workshops reaching 482 providers and/or caregivers; 30 Nevada Gatekeeper trainings reaching 1,100 participants; and 590 veterans and/or service members receiving awareness or intervention training. The Reducing Access to Lethal Means program provided outreach to 44-gun shop owners and shooting range staff.

OSP expanded school-based mental health screening across the state through partnerships with community coalitions and organizations. The Project AWARE grant, trained 751 community helpers to identify mental health risks in youth using Youth Mental Health First Aid (YMHFA) guidelines.

Title V MCH and the Nevada Home Visitation Program supported a safeTALK training-of-trainers to 46 community members and nurses and continued to mentor these provisional trainers after the training was completed. The trainings enhanced OSP's ability to reach diverse communities, including rural areas, health care, first-responders, and Latino communities.

The statewide suicide prevention conference was attended by 150 individuals. Several national suicide prevention experts and local prevention partners presented information on Collaborative Assessment and Management of Suicidality (CAMS), Zero Suicide, trauma, lived-experience, self-injury, elder suicide prevention, postvention, and initiatives for service members, veterans and their families.

### Primary Care Office (PCO)

The Nevada Primary Care Office (PCO) improves health care access through its efforts to coordinate the shortage designation process, the J-1 Physician Visa Waiver Program, and other recruitment and retention programs. These efforts are supported by a strong collaboration between the PCO and Title V MCH, Area Health Education Centers, the Office of Rural Health, health care training programs, community health centers, rural health clinics, tribal clinics, rural hospitals, and other safety net healthcare sites. The PCO is the lead program and receives base funding from the federal Health Resources Services Administration (HRSA) to support its efforts. Because this work helps to improve health care access for maternal, child, and adolescent populations, the HRSA Title V MCH Block Grant to Nevada supports 0.25 FTE in the PCO. Staff in the PCO continue to support MCH initiatives through regular participation in Maternal and Child Health Advisory Board meetings and through quarterly reports of PCO progress relating to MCH goals. The PCO is also regularly briefed by and collaborates with Title V MCH staff at quarterly Data Sharing Meetings.

### Shortage Designation

The PCO was tasked by HRSA to update most of Nevada's Health Professional Shortage Areas (HPSA) designations. The PCO invested a significant amount of time to meet the requirements and deadlines HRSA provided to support an accurate update of all of Nevada's HPSAs. To be actively engaged in this modernization process, PCO staff took part in multiple HRSA workgroups, online and one-on-one trainings, phone conferences, HRSA-sponsored monthly PCO calls, and the HRSA-sponsored reverse site visit. The first significant achievement of the Nevada PCO was the completion of the survey of all Nevada's primary care providers by the October 13, 2016

deadline. To meet this deadline, the PCO had to modernize its provider validation methodology to incorporate aggregated Medicaid claims data.

After the provider data was properly validated, the PCO analyzed and provided data to support updates of all the HPSAs. Because of the substantial number of designations needing to be updated in a short timeframe, the PCO engaged outside partners to assist in the process. Although the PCO previously had one designation workgroup to support Nevada's designation updates, the PCO split this workgroup into two geographically-focused units. These workgroups allowed the PCO to connect with new partners including the health districts from Nevada's largest two counties, University of Nevada, Reno, public health professors, and new public and private health experts. Input from these workgroups guided the formulation of shortage designation updates best reflecting the needs of the individual communities. These workgroups also stimulated collaborations not existing previously which will continue in the future.

In collaboration with its many partners, the PCO developed a group of innovative designations to support Nevada's diverse communities. The biggest changes to Nevada's designations were in its mental health HPSAs. Because an update in federal policy relating to shortage designation made it more challenging to achieve competitive mental health HPSA scores, the PCO reassessed all of Nevada's mental health HPSAs. New HPSAs were then devised accurately reflecting the severe mental health provider shortages in the state. Clark County, the largest urban area in Nevada including Las Vegas, is now completely designated by a group of HPSAs accurately showcasing the dire need for health professionals. A group of new designations was created to support northern Nevada including the following: (1) a HPSA covering all the northern rural and frontier communities which average multiple hour drive time to the nearest accessible psychiatrist, (2) a HPSA covering the urban areas of Washoe County, and (3) a designation covering northern Washoe County. Many collaborative meetings and discussions were held over a period of a year to create and develop stakeholder support for these updated mental health designations.

A new dental HPSA was created covering multiple frontier counties, including White Pine, Eureka and Elko, to support low-income populations traveling two to four hours to access dental care. Also, the primary care and dental HPSAs in urban Clark and Washoe counties were significantly expanded to support areas with high incidence of low-income populations. These new and updated HPSAs provide quantitative data identifying areas of greatest need. They also provide a tool for the effective targeting of federal and state resources for the recruitment of health care providers in underserved areas. Providers recruited to these areas will in turn serve all patients regardless of ability to pay, including child, adolescent, and maternal populations.

### National Health Service Corps and Nurse Corps Program Coordination

The PCO implemented new measures to support the National Health Service Corps (NHSC) and Nurse Corps programs in Nevada. The first measure was to increase health facility participation in the NHSC. The second measure was to utilize new technological resources to improve the efficiency and quality of community, provider, and health facility outreach. Focusing on these goals, the PCO has witnessed increased stakeholder awareness of the NHSC and Nurse Corps and increased health facility participation in these programs.

Compared to nearby states with similar populations and expansive rural and frontier areas, Nevada has a lower number of NHSC approved sites. Additionally, Nevada has historically had significantly less loan repayment awards than other states per capita. Because of these deficits, the PCO invested significant effort increasing the number of approved sites so more providers can be eligible to apply for loan repayment funds. The PCO partnered with state legislative officials to encourage health care facilities to apply to become approved NHSC sites. This effort resulted in over 14 inquiries from interested sites, and one site committed to submit an NHSC site application in 2018. The PCO has also hosted multiple training webinars and conference calls for sites interested in applying to the NHSC. Due in part to these collective efforts, the number of approved sites has increased from under 100 in 2015 to 109

approved sites in 2018.

The PCO has utilized technological resources such as Facebook, YouTube, Constant Contact, and Zoom webinar software to advertise the NHSC and Nurse Corps programs to students, providers and health care sites. These technological resources allow the PCO to reach younger audiences. These tools are also critical communication tools for rural and frontier outreach. Through Zoom webinar software, the PCO completed six NHSC outreach webinars in which participants could visualize multimedia presentations and participate via video and audio connections. The PCO recently created an NHSC outreach video posted on YouTube and viewed 57 times by Nevada health providers. In the past year, outreach materials developed by the PCO were shared in the quarterly newsletter created in Constant Contact and through announcements on Facebook. Although these resources will never replace face-to-face outreach, they provide an effective way to reach thousands of residents throughout the state.

### J-1 Visa Waiver Program

After receipt of only two J-1 Physician Visa Waiver Program applications in 2015, the PCO sought to innovate its outreach and program policy to increase physician recruitment into Nevada's health care infrastructure. To simplify program participation and access, the PCO worked in partnership with other state entities and the Primary Care Advisory Council to update program regulations and policies. These updates reduced application paperwork while maintaining program compliance and integrity. In addition, the PCO focused its efforts on improving program communications and outreach to build stronger relationships with health care sites, immigration attorneys, and doctors. As a result, in the 2017 application cycle, the Nevada PCO had eight doctors enter the program: quadrupling program participation. In 2018, doctors entering through the program increased to 13. Among these doctors serving all patients regardless of ability to pay are five primary care doctors, one pediatrician, and a group of specialists serving the needs of child, adolescent, and maternal populations.

### Sober Moms Healthy Babies

Title V MCH continued to work with the Substance Abuse Prevention and Treatment Agency (SAPTA) list of SAPTA-funded treatment providers to update the *SoberMomsHealthyBabies.org* website to prevent substance use in pregnant women, as well as provide information to women of childbearing age, providers, and concerned family and friends. The website provides the substance use help line number, Nevada 2-1-1, Crisis Call Center, and the Nevada Tobacco Quitline, among other resources. The website specifies the treatment priority status for pregnant women at SAPTA-funded agencies and the importance of women identifying they are pregnant. SAPTA-funded treatment centers must not deny treatment to persons unable to pay. All treatment centers listed on the website are SAPTA-funded.

For this funded period, the website had 5,966 sessions and 4,922 users. New users represented 74% of the total number of users and 26% were returning visitors. A total of 11,013-page views occurred. The average session duration was two minutes and twelve seconds, a significantly longer time than the previous fifty-one second duration. Most of these sessions were accessed from Reno, Las Vegas, and Carson City.

The public awareness campaign uses radio and television public service announcements in English and Spanish throughout the state to promote the www.SoberMomsHealthyBabies.org website, in addition to the distribution of referral cards. The collaboration ensures substance use in pregnancy materials and resources will reach the targeted audience. The media campaign had a total of 22,448 total spots aired (13,076 radio advertisements and 9,372 television advertisements), promoting the *SoberMomsHealthyBabies.org* website and the importance of pregnant women receiving treatment and preventing substance use in women of childbearing age. All local health authorities and MCH subgrantees promoted the *SoberMomsHealthyBabies.org* website and shared Sober Moms Healthy Babies referral cards.

## Cross-cutting/Systems-Building Plan Data

### NPM 14.1 - Percent of women who smoke during pregnancy

According to the National Vital Statistics System (NVSS), the percent of women who smoke during pregnancy in Nevada declined from 5.4% in 2010 to 4.0% in 2016. The national rate also experienced a decline during the same period, Nevada's rate (4.0%) in 2016 is almost half that of the nation (7.2%). In the same year, college graduates (0.6%) had the lowest smoking rate compared to women with less than high school education (5.9%). By race/ethnicity, Non-Hispanic American Indian/Alaska Native (8.0%) had the highest smoking rate during pregnancy, followed by Non-Hispanic Native Hawaiian/other Pacific Islander (7.2%), Non-Hispanic White (7.1%) and Non-Hispanic Black (4.0%). Non-Hispanic Asian and Hispanic women had the lowest rates at 0.8% and 1.2% respectively.

### NPM 14.2 - Percent of children, ages 0 through 17, who live in households where someone smokes

The 2016 National Survey of Children's Health (NSCH) found that 17.1 % of Nevada children, ages 0 through 17 live in households where someone smokes. Twenty-six percent of Children and Youth with Special Health Care Needs (CYSHCN) live in households where someone smokes compared to 15.4% of non- CYSHCN. By nativity status, 20.4% of children born in the US live in households where someone smokes compared to 11.8% of children born outside the US.

### NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured

The 2016 National Survey of Children's Health (NSCH) indicates 62.2% of children, ages 0 through 17, are continuously and adequately insured in Nevada compared to 69.4% nationwide. In Nevada, 75.6% of children, ages 0 through 17 on Medicaid insurance coverage are continuously and adequately insured. By race/ethnicity, Non-Hispanic Multiple Race (64.0%) have the highest insurance coverage, followed by non-Hispanic White (62.1%), Hispanic (60.8%) and non-Hispanic Asian (56.2%). Data for the other race/ethnic groups has an unweighted denominator less than 30 and is not reportable.

## Cross-cutting/Systems-Building Plan for the Application Year

### Tobacco Cessation

All Title V MCH funded agencies will continue to promote the Nevada Tobacco Quitline. PACE Coalition will provide information on the importance of tobacco cessation to pregnant women and distribute Nevada Tobacco Quitline cards. Community Health Services (CHS) and Carson City Health and Human Services (CCHHS) will provide tobacco cessation counseling, educational materials, and referrals to pregnant women and women of child bearing age. Additionally, CCHHS and CHS will continue to utilize the Brief Tobacco Intervention developed by the Agency for Healthcare Research and Quality (AHRQ) to address tobacco use. The five-step intervention is designed to be repeated at each visit. The practitioner asks about tobacco use, advises and encourages cessation, assesses if the individual is willing to quit, and then assists smokers interested in quitting and arranges for follow-up session (in person or telephone) to determine the quit attempt outcome. The intervention, conducted in less than three minutes, is an effective means to screen and refer to the Nevada Tobacco Quitline.

### Adequately insured children

All Title V funded agencies will refer uninsured families to Nevada 2-1-1 to obtain health insurance benefits information. Title V MCH supported organizations will promote Senate Bill (SB) 325 of the 79th Session of the Nevada Legislature allowing legally present children access to Medicaid via a factsheet developed by Title V MCH.

Carson City Health and Human Services (CCHHS) will continue its partnership with DWSS for onsite, walk-in application assistance to enroll in Medicaid. In-reach will continue to uninsured clientele on options for health care coverage.

Nursing personnel within DPBH Community Health Services (CHS) will provide information to uninsured people about Nevada Medicaid, Nevada Check Up, and the Silver State Health Insurance Exchange. Non-US national residents and those not eligible for Medicaid or other insurance will be referred to Access to Healthcare Network (AHN).

The PACE Coalition's Community Health Worker (CHW) will assist the Latino population to access insurance or Medicaid, healthcare services, and other supports necessary to improve health.

### Office of Suicide Prevention

Title V MCH will continue to partially fund the Nevada Office of Suicide Prevention (OSP) to focus efforts in four priority areas: (1) work with facilities and communities to adopt standardized protocols for following up with suicidal patients after discharge from emergency departments and other hospital settings, (2) work with the State Office of Analytics to improve surveillance of suicide and suicide attempt data, (3) work to enhance data collection, utilizing a public health intern in partnership with the Washoe County Medical Examiner to capture data about specific characteristics of the population including veterans, active duty military and families, lesbian, gay, bisexual, transgender, questioning (LGBTQ), and race/ethnicity, and (4) continue to build partnerships through the *Continuity of Care for Suicidality Workgroup* to recognize and monitor trends in real time and develop a system of follow-up care to minimize repeated attempts, as well as working toward a crisis triage system.
OSP will continue working with the Department of Education's, Office of Safe and Respectful Learning Environments on the vision of a multi-tiered system of support to include Youth Mental Health First Aid (YMHFA) as a universal tier one support across Nevada school districts. Activities will include ongoing support and training of instructors statewide through the Project AWARE grant as well as sustainability of the program as the grant ends in 2019. Additionally, OSP will address sustainability of efforts through funding, infrastructure, and system change.

### Primary Care Office (PCO) Plan

Many of the activities outlined in the Annual Report will be repeated in the new budget year to continue coordinating the PCO's functions with the NHSC and Nurse Corps, the shortage designation process, and the J-1 Physician Visa

Waiver Program. The major efforts of the PCO will include the following:

1. Utilize innovative technologies and methodologies to provide outreach and expand utilization of Bureau of Health Workforce (BHW) programs and the J-1 Physician Visa Waiver Program.

2. Support Nevada Department of Health and Human Services (DHHS) efforts to expand utilization of BHW programs and to expand health care access to underserved populations in the state.

### Utilization of Technology and Methodologies in Outreach

One of the PCO's major goals is to increase the effective utilization of technology and new methodologies to reach a wider audience. In the upcoming budget year, training webinars are being planned to provide outreach for the major NHSC and Nurse Corps programs and for the NHSC new site and site recertification application cycles. Because not all students or staff can attend a webinar, all outreach videos will be accessible through YouTube so individuals can watch at their convenience. These videos will be advertised in the newsletter and through the department Facebook page.

A snowball sampling technique will be used to assist in marketing the Nevada J-1 Physician Visa Waiver program. This technique involves utilizing existing J-1 Visa Waiver Program participants to market the Nevada program to their social and professional circles. The PCO will develop marketing materials, videos and messages doctors and sites can share. Additionally, the PCO will develop online surveys and use analytical methodologies to gather information from J-1 waiver doctors, immigration attorneys, recruiters, and health care sites about how the PCO can better increase program utilization. These marketing techniques will also be utilized to increase the effectiveness of NHSC and Nurse Corps outreach.

### Support of DHHS and State Health Workforce Development Efforts

The transfer of the PCO into the DHHS Director's Office has provided the opportunity for increased collaborations with public and private health care entities. Additionally, the PCO has been assigned to fulfill an active role in many DHHS efforts to improve the delivery of health care resources to vulnerable populations throughout the state. One such initiative was an assignment to work with health professionals, the Nevada Office of Rural Health and the legislature to strategically improve rural and frontier health access. Additionally, the PCO manager is a member of two state health workgroups sponsored by the National Governor's Association and the National Conference of State Legislatures. These workgroups have prioritized diverse efforts to support primary care access throughout Nevada, especially in the rural and frontier areas. One of the most innovative state efforts in mental health has been supporting value-based payment methodologies in Certified Community Behavioral Health Clinics (CCBHCs) in urban and rural areas. In one of the workgroups, the PCO and state officials developed a plan to create a CCBHC-incubator program. The PCO also provided technical assistance to existing CCBHCs to become approved NHSC sites to support their recruitment and retention efforts. Lastly, DHHS tasked the PCO with providing support to assist Medicaid and Health Care Quality and Compliance efforts to improve access to primary care.

The PCO will continue to partner with the Title V MCH Program to achieve the common goal of increasing primary care providers statewide supporting child, adolescent, women of child bearing age, and maternal health. Recently, the PCO took part in a new collaboration with Title V MCH staff and Medicaid to increase participation in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. Additionally, PCO staff will support data requests to assist the Title V MCH Program in identifying primary care workforce shortages and in targeting their resources to the areas of greatest need.

### Sober Moms Healthy Babies - Plan

Title V MCH will continue to fund the *SoberMomsHealthyBabies.org* website to prevent substance use among pregnant women. The public awareness campaign will also continue to promote the website, in addition to the distribution of referral cards. Collaboration with local health authorities and the Substance Abuse Prevention and

Treatment Agency (SAPTA) will ensure substance use in pregnancy materials and resources will reach the targeted audience. Additional resources will be added to the website, including updated tobacco cessation information and additional marijuana in pregnancy resources.

*SoberMomsHealthyBabies.org* information, including referral cards, will be included in substance use provider toolkits. All local health authorities and MCH subgrantees will continue to promote the *SoberMomsHealthyBabies.org* website and share Sober Moms Healthy Babies referral cards. A removable wall sticker promoting the *SoberMomsHealthyBabies.org* website and admission priority for pregnant women at state-funded treatment centers will be shared with non-traditional partners in 2018. Title V MCH is in contact with state agencies and local health authorities who have agreed to help with distribution and promotion. Partnerships with the Department of Taxation, Division of Health Care Finance and Policy (DHCFP), SAPTA, local hospitals and providers, March of Dimes, faith-based and MCH Coalitions, and other Division of Public and Behavioral Health programs will continue.

### Nevada Oral Health Program Plan

The Title V MCH Block Grant will continue to support the position of the Oral Health Program Manager to facilitate population-based MCH dental public health programming, while meeting and working with MCH partners in collaborating agencies, organizations, and coalitions, as well as the following:

- Planning, managing, and directing program activities for the benefit of MCAH populations: women of childbearing age, pregnant women, infants, children, and adolescents, including CYSHCN.
- Timely and accurate completion and submission of pertinent reports and documents; monitoring program expenditures; and performing other program management activities as required.
- Continue to maintain and expand liaisons with agencies and organizations (e.g., Department of Education Office of Early Childhood Learning, Nevada Home Visiting, and child care facilities) throughout Nevada with the purpose of expanding the reach of oral health messaging on decay prevention and good oral health practices to children, CYSHCN, adolescents, pregnant women, and women of childbearing age.
- Update the Dental Services Directory of free, reduced cost, and sliding fee dental services throughout Nevada.
- Develop oral health surveillance reports for stakeholders, including the Title V MCH Program.

The Oral Health Program Manager will take the lead and complete one additional project to be determined; under consideration are a social media campaign about oral health for adolescents 12-18 and/or for women of childbearing age, initiation of a pilot to expand tooth brushing regimens in Head Starts to other licensed child care facilities, or a project to provide information to obstetrician and gynecologist offices on Nevada's dental Medicaid benefit for pregnant women.

## III.F. Public Input

### Public Input and Report

Nevada Title V MCH Program strives to involve families and consumers in programmatic activities by collaborating with programs and agencies at the state and local level. Realizing they bring with them diverse backgrounds and expertise, MCH seeks feedback from families, adolescents, consumers, and stakeholders in the development and implementation of program activities. The initial draft and subsequent revisions of the MCH Block Grant were posted on the Division of Public and Behavioral Health (DPBH) website and public feedback was collected through an electronic survey provided on the website. Title V MCH requested all coalitions, local health districts, funded partners, and subgrantees (see attachment in Supporting Documents) distribute the survey link to consumers, adolescents, and families through emails, listservs, and newsletters. The input received was used to make any necessary modifications and to ensure quality and appropriateness of the strategies.

The National Governors Association (NGA) Adolescent Survey also provided valuable information. Some of the issues identified in past public input were taken into consideration in developing the State Performance Measures (SPMs) and Evidence-based or informed measures and were addressed in the five-year state action plan. Specifically, the SPMs are:

- Percent of mothers reporting late or no prenatal care
- Repeat teen birth rate
- Percent of women who misuse substances during pregnancy
- Teenage pregnancy rate

The Title V MCH Program has addressed some of the concerns from the 2017 and 2018 public input surveys including:

- Information and resource distribution for women who are pregnant or breastfeeding about the effects of using newly legalized recreational Marijuana. Marijuana resource materials are posted on the DPBH website, and a close monitoring of legal marijuana in Nevada will continue to be a DPBH priority.
- Neonatal Abstinence Syndrome (NAS) has increased in Nevada in recent years. Title V MCH staff are working with entities to educate pregnant women, and women of reproductive age, on the effects of substance use before, during and after pregnancy to reduce NAS cases.

The Title V MCH Program will continue to investigate ways to address the concerns of families, consumers, and public health professionals in Nevada.

The 2018 Public Input survey generated 62 responses. Respondent were asked to identify themselves as public health professionals (46.8%), parent (8.1%), advocate (4.8%), non-profit professional (17.7%), healthcare provider (6.5%), or other (16.1%). When respondents chose “other” they were able to respond with their title. The top three responses were legal services professional, case manager, and home visitor.

Survey respondents had the opportunity to write their concerns regarding unmet needs and emerging issues in the MCH community, as well as topics specific to improving the health of children, health of adolescents, children and youth with special health care needs (CYSHCN), women of reproductive age, and pregnant women. The topics receiving the most comments, and feedback were: access to healthcare (52), breastfeeding support (32), education (30), prenatal care (30), drug use education and treatment (28), sex education (25), and mental health (22).

Feedback for these topics from the survey is presented below.

### Access to Healthcare

“Access to healthcare, particularly those individuals who are not eligible for Medicaid or Exchange. They cannot afford insurance through the work place because it is too expensive.”

“I believe our most unmet need is that of the pregnant women. Pregnant women have to travel 100 miles to seek health care. Family providers will not see pregnant females. The women in our location are in a poverty-stricken environment and access to health care is our barrier.”

“It has been my observation that there is a growing lack of health resources, services and supports when it comes to children with special health care needs. My son with disabilities is having an increasingly more difficult time of finding medical care that accepts Medicaid. Less dental, hearing, health, and vision providers for those with disabilities on Medicaid. Medicaid is sometimes difficult to work with.”

“In Las Vegas, at times it can take weeks to get in to see your primary doctor. You can see a doctor at an urgent care, but this is more costly than your primary doctor and they also don't have the same relationship or ability to have continuity of care as your primary doctor.”

“A rural community with a very limited number of primary care providers and frequent staff turnover at local hospital & clinic: creates access challenges and delay for appts.”

### Breastfeeding Support

“I believe we need to offer better breastfeeding information.”

“I work at the county hospital. Our biggest need is to educate the parents about drugs and breastfeeding. Also, we need to educate the parents about exclusive breast feeding is better for health benefits of mom and baby. They need education as to the risks of giving formula to the infant.”

“Pediatricians need to be educated on tongue ties. More and more babies are being seen with them and it’s a primary reason for babies having difficulty breastfeeding. Babies are born to breastfeed and when they aren’t doing well getting them to a trained International Board Certified Lactation Consultant (IBCLC) is important.”

“Promote and provide resources and education regarding breastfeeding and normal baby behaviors. Education regarding importance of play for young children.”

“The foundation of good health is breastfeeding.”

### Education

“We should look at marijuana education. Adolescents and even adults continue to think that marijuana is "harmless" and there are consequences to smoking it; just like alcohol.”

“I would like to launch/be part of an education program for new parents to give them tools they need for specifically dealing with problem behavior prevention and skill acquisition for their children. Problem behaviors typically begin to

occur by 8 months of age, which is also when most children can begin learning some effective modes of communication (key for preventing problem behaviors)."

"Education on the importance of well child checks with developmental screening. Improved parental leave so that parents can take time off work to attend well child checks. Strengthen family resiliency through home visiting, increased job training programs, improved/increased job opportunities (not just hourly jobs tied to the hospitality or construction industries), increased minimum wage, continued focus on increasing high school graduation rates, increased subsidized housing. Work to make breastfeeding a societal norm in NV Continued work on promoting Safe Sleep."

"The most important emerging issues impacting us is the lack of education for lactation consultation and Lamaze training."

### Prenatal Care

"Access to prenatal and postnatal care. Transportation and availability of providers who accept Medicaid. In our rural community, there is not a single Medicaid provider. Individuals who need specialized medical care or prenatal or postnatal care often have to travel long distances or utilize Medicaid transportation."

"Increase access to prenatal care and information/education for parents on child development and how healthy development can be supported."

"Provide information to mothers about where to get help for breastfeeding and resources in our community that can assist while mom and baby are learning. Promote a healthy weight gain during the pregnancy. Prepare pregnant women for postpartum. Women are probably unaware of the 4th trimester because it is never talked about and they are so busy being moms they forget to take care of themselves, while they heal. Prenatal care should be standard and be available as easy access for ALL pregnant women. It is of my opinion that infants are exposed to experiences outside their homes too early. I would recommend, health insurance cover a portion of women's care at home after the baby is born. This way the infant is not exposed to lights, loud noises, excitement and instead can enjoy a peaceful time as they are introduced to this world."

### Drug Use Education/Treatment

"Excess number of preterm infants among poor and drug using mothers. Need improvement in birth control, especially BEFORE leaving hospital after a delivery, as the moms rarely follow up before they are pregnant again."

"More drug education - illicit, alcohol, medication, etc. I feel people are forgetting how these can harm an infant in utero and causing a high number of "drug babies" in the NICU."

"We need to get the OB doctor's office staff to educate our community of mothers. We need TV warning about drugs and breastfeeding or smoking THC while pregnant. Billboards would be another suggestion."

### Sex Education

"My community has especially struggled over the last few months with passing common sense sex education, specifically that that is inclusive and scientifically accurate. I do believe that this can greatly impact women and children, especially those of child-bearing age."

“It would be my recommendation to improve sexual education for girls and boys. Children need to understand their bodies and have an understanding how they will change with puberty and becoming of child bearing age. In high school, student education about safe sex, drug use during pregnancy, and responsibilities of parents should be improved. Furthermore, education for women ages 20-35 should have a greater outreach.”

“Sex ed and access to birth control. Access to mental health supports. Access to resources. Access to healthcare. So many of women I interact with, do not have any support, healthcare, and/or resources.”

### Mental Health

“Mental health! We need to look into more resources and treatment for women suffering from perinatal mood disorders. Also, children need mental health facilities LOCALLY rather than sending kids out of state; specifically, Texas. They have over 200 of Nevada children in their facilities. These children need their families more than ever and we are separating them. Stop talking about making changes and start investing into new treatment facilities, because we don't have enough.”

“Based on my experience in the past 12 months, we have seen an increase in mental health related issues among children. Resources are limited for children in our area.”

“Mental health is a high need. I feel there aren't many resources here in the rural areas for families to go to.”

“Increase access in schools for mental health care and substance abuse treatment. Support initiatives for parents to spend quality time with adolescents. Limit adolescent access to phone and tablets, which decrease their connection with the world around them.”

### Follow Up

After gathering the input from the survey respondents, Title V Program Coordinators will utilize the information to enhance program activities, and integrate the information to support the Five-Year Needs Assessment.

## III.G. Technical Assistance

### Technical Assistance

Title V MCH is interested in receiving Technical Assistance (TA) in two areas:

1. Perinatal Mood or Anxiety Disorders (PMAD)
2. Maternal Mortality Review Committees (MMRC)

New mothers are at risk for developing PMAD, and are especially at risk if a history of depression, anxiety, bipolar illness; a stressful or traumatic event; or isolation from family and friends are present. Title V MCH staff are seeking technical assistance to raise awareness of PMAD, normalize and destigmatize PMAD, and enable partners to refer new mothers for appropriate PMAD services, as well as address the maternal infant dyad and infant mental health generally.

Title V MCH is considering seeking technical assistance to form a statewide MMRC in Nevada. MCH staff consulted with the California Pregnancy-Associated Mortality Review (PAMR) for MMRC guidance and PAMR staff provided insight in forming a MMRC. Technical assistance for an MMRC may be beneficial to Title V MCH staff to implement a MMRC successfully.

Nevada Title V MCH was one of two states/territories asked to participate in a pilot program for technical assistance to improve Evidence-based or -informed Strategy Measures (ESMs). Changes were made to some of the existing ESMs and development of future ESMs will utilize the information provided.

## IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - MCH-DHCFP MOU.pdf

## V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - Acronym List For Title V Block Grant.pdf

Supporting Document #02 - Nevada MCH Partners 2018 v2.pdf

Supporting Document #03 - Newborn Screening Nevada Public Health Lab flowchart (002).pdf

Supporting Document #04 - 2016 Ped and OB Doctors by County Nevada.pdf

## VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - Org Chart.pdf

## VII. Appendix

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## Form 2
## MCH Budget/Expenditure Details

**State: Nevada**

| | FY19 Application Budgeted | |
|---|---|---|
| 1. FEDERAL ALLOCATION<br>(Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year) | $ 2,091,381 | |
| A. Preventive and Primary Care for Children | $ 642,054 | (30.7%) |
| B. Children with Special Health Care Needs | $ 688,064 | (32.8%) |
| C. Title V Administrative Costs | $ 209,060 | (10%) |
| 2. Subtotal of Lines 1A-C<br>(This subtotal does not include Pregnant Women and All Others) | $ 1,539,178 | |
| 3. STATE MCH FUNDS<br>(Item 18c of SF-424) | $ 1,578,536 | |
| 4. LOCAL MCH FUNDS<br>(Item 18d of SF-424) | $ 0 | |
| 5. OTHER FUNDS<br>(Item 18e of SF-424) | $ 0 | |
| 6. PROGRAM INCOME<br>(Item 18f of SF-424) | $ 0 | |
| 7. TOTAL STATE MATCH<br>(Lines 3 through 6) | $ 1,578,536 | |
| A. Your State's FY 1989 Maintenance of Effort Amount<br>$ 853,034 | | |
| 8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL<br>(Total lines 1 and 7) | $ 3,669,917 | |
| 9. OTHER FEDERAL FUNDS<br>Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2. | | |
| 10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9) | $ 63,696,900 | |
| 11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL<br>(Partnership Subtotal + Other Federal MCH Funds Subtotal) | $ 67,366,817 | |

| OTHER FEDERAL FUNDS | FY19 Application Budgeted |
|---|---|
| Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Abstinence Education Grant Program | $ 760,359 |
| Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP) | $ 417,330 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Early Hearing Detection and Intervention (EHDI) State Programs | $ 149,933 |
| Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants | $ 1,870,244 |
| Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention | $ 250,000 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS) | $ 154,867 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program | $ 397,602 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Colorectal Cancer Control Program (CRCCP) | $ 1,024,846 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Breast and Cervical Cancer Early Detection Program (NBCCEDP) | $ 3,000,000 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Comprehensive Cancer Control Program (NCCCP) | $ 272,137 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant | $ 611,831 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State Public Health Actions-1305 Chronic Disease | $ 1,123,310 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Tobacco Control Programs | $ 794,315 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Vaccines For Children/Immunizations | $ 3,795,785 |
| US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC) | $ 45,726,730 |

| OTHER FEDERAL FUNDS | FY19 Application Budgeted |
|---|---|
| US Department of Agriculture (USDA) > Food and Nutrition Services > Commodity Supplemental Food Program (CSFP) | $ 217,899 |
| US Department of Agriculture (USDA) > Food and Nutrition Services > Child Nutrition | $ 2,057,850 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Nevada Immunization Interoperability | $ 622,070 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Nevada Utilization of NVWebIZ | $ 449,792 |

| | FY17 Annual Report Budgeted | | FY17 Annual Report Expended | |
|---|---|---|---|---|
| 1. FEDERAL ALLOCATION<br>(Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year) | $ 2,085,007 | | $ 2,090,604 | |
| A. Preventive and Primary Care for Children | $ 625,502 | (30%) | $ 643,815 | (30.7%) |
| B. Children with Special Health Care Needs | $ 625,502 | (30%) | $ 688,428 | (32.9%) |
| C. Title V Administrative Costs | $ 208,501 | (10%) | $ 208,597 | (10%) |
| 2. Subtotal of Lines 1A-C<br>(This subtotal does not include Pregnant Women and All Others) | $ 1,459,505 | | $ 1,540,840 | |
| 3. STATE MCH FUNDS<br>(Item 18c of SF-424) | $ 1,563,756 | | $ 1,574,296 | |
| 4. LOCAL MCH FUNDS<br>(Item 18d of SF-424) | $ 0 | | $ 0 | |
| 5. OTHER FUNDS<br>(Item 18e of SF-424) | $ 0 | | $ 0 | |
| 6. PROGRAM INCOME<br>(Item 18f of SF-424) | $ 0 | | $ 0 | |
| 7. TOTAL STATE MATCH<br>(Lines 3 through 6) | $ 1,563,756 | | $ 1,574,296 | |
| A. Your State's FY 1989 Maintenance of Effort Amount<br>$ 853,034 | | | | |
| 8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL<br>(Total lines 1 and 7) | $ 3,648,763 | | $ 3,664,900 | |
| 9. OTHER FEDERAL FUNDS<br>Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2. | | | | |
| 10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9) | $ 70,778,207 | | $ 65,823,733 | |
| 11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL<br>(Partnership Subtotal + Other Federal MCH Funds Subtotal) | $ 74,426,970 | | $ 69,488,633 | |

| OTHER FEDERAL FUNDS | FY17 Annual Report Budgeted | FY17 Annual Report Expended |
|---|---|---|
| Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Abstinence Education Grant Program | $ 666,706 | $ 656,725 |
| Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP) | $ 448,745 | $ 378,689 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS) | $ 158,308 | $ 157,875 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant | $ 596,915 | $ 596,915 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program | $ 357,769 | $ 356,791 |
| Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ACA Maternal, Infant and Early Childhood Home Visiting Program | $ 1,885,343 | $ 1,885,343 |
| Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention | $ 98,131 | $ 97,863 |
| Department of Health and Human Services (DHHS) > Substance Abuse and Mental Health Services Administration > Project AWARE | $ 175,063 | $ 172,683 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Early Hearing Detection and Intervention (EHDI) State Programs | $ 175,000 | $ 174,500 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Breast and Cervical Cancer Early Detection Program (NBCCEDP) | $ 2,213,618 | $ 2,213,618 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Tobacco Control Programs | $ 791,734 | $ 791,734 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Vaccines For Children/Immunizations | $ 4,202,424 | $ 4,190,942 |

| OTHER FEDERAL FUNDS | FY17 Annual Report Budgeted | FY17 Annual Report Expended |
|---|---|---|
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Comprehensive Cancer Control Program (NCCCP) | $ 860,775 | $ 860,775 |
| Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State Public Health Actions-1305 Chronic Disease | $ 511,799 | $ 511,799 |
| US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC) | $ 57,287,919 | $ 52,429,523 |
| Department of Health and Human Services (DHHS) > Centers for Medicare & Medicaid Services (CMS) > MACRA Connecting Kids | $ 347,958 | $ 347,958 |

**Form Notes for Form 2:**

Our calculations shows line 7 is more than 75% of line 1.

**Field Level Notes for Form 2:**

| | | |
|---|---|---|
| 1. | **Field Name:** | **3. STATE MCH FUNDS** |
| | **Fiscal Year:** | **2019** |
| | **Column Name:** | **Application Budgeted** |
| | **Field Note:**<br>1,578,536/2,091,381 = 75.5% | |
| 2. | **Field Name:** | **7. TOTAL STATE MATCH** |
| | **Fiscal Year:** | **2019** |
| | **Column Name:** | **Application Budgeted** |
| | **Field Note:**<br>Our calculations show it is 75% of line 1.<br><br>1,578,536/2,091,381 = 75.5 % | |
| 3. | **Field Name:** | **Federal Allocation, B. Children with Special Health Care Needs:** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Annual Report Expended** |
| | **Field Note:**<br>FY17 Annual report was budgeted at exactly 30%. The NV Title V MCH Program directed more money towards the CYSHCN program due to our contract with the Medical Home Portal. | |

**Data Alerts: None**

## Form 3a
## Budget and Expenditure Details by Types of Individuals Served

**State: Nevada**

### I. TYPES OF INDIVIDUALS SERVED

| IA. Federal MCH Block Grant | FY19 Application Budgeted | FY17 Annual Report Expended |
|---|---|---|
| 1. Pregnant Women | $ 178,536 | $ 203,827 |
| 2. Infants < 1 year | $ 216,587 | $ 190,467 |
| 3. Children 1 through 21 Years | $ 642,054 | $ 643,815 |
| 4. CSHCN | $ 688,064 | $ 688,428 |
| 5. All Others | $ 157,080 | $ 155,470 |
| Federal Total of Individuals Served | $ 1,882,321 | $ 1,882,007 |

| IB. Non-Federal MCH Block Grant | FY19 Application Budgeted | FY17 Annual Report Expended |
|---|---|---|
| 1. Pregnant Women | $ 139,172 | $ 204,821 |
| 2. Infants < 1 year | $ 132,366 | $ 210,671 |
| 3. Children 1 through 21 Years | $ 92,926 | $ 425,060 |
| 4. CSHCN | $ 220,768 | $ 594,287 |
| 5. All Others | $ 7,637 | $ 7,637 |
| Non-Federal Total of Individuals Served | $ 592,869 | $ 1,442,476 |
| Federal State MCH Block Grant Partnership Total | $ 2,475,190 | $ 3,324,483 |

**Form Notes for Form 3a:**

None

**Field Level Notes for Form 3a:**

None

**Data Alerts: None**

## Form 3b
## Budget and Expenditure Details by Types of Services

**State: Nevada**

### II. TYPES OF SERVICES

| IIA. Federal MCH Block Grant | FY19 Application Budgeted | FY17 Annual Report Expended |
|---|---|---|
| 1. Direct Services | $ 0 | $ 0 |
| A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One | $ 0 | $ 0 |
| B. Preventive and Primary Care Services for Children | $ 0 | $ 0 |
| C. Services for CSHCN | $ 0 | $ 0 |
| 2. Enabling Services | $ 365,653 | $ 368,470 |
| 3. Public Health Services and Systems | $ 1,725,728 | $ 1,722,134 |
| 4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service | | |
| Pharmacy | | $ 0 |
| Physician/Office Services | | $ 0 |
| Hospital Charges (Includes Inpatient and Outpatient Services) | | $ 0 |
| Dental Care (Does Not Include Orthodontic Services) | | $ 0 |
| Durable Medical Equipment and Supplies | | $ 0 |
| Laboratory Services | | $ 0 |
| Direct Services Line 4 Expended Total | | $ 0 |
| **Federal Total** | $ 2,091,381 | $ 2,090,604 |

| IIB. Non-Federal MCH Block Grant | FY19 Application Budgeted | FY17 Annual Report Expended |
|---|---|---|
| 1. Direct Services | $ 0 | $ 0 |
| A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One | $ 0 | $ 0 |
| B. Preventive and Primary Care Services for Children | $ 0 | $ 0 |
| C. Services for CSHCN | $ 0 | $ 0 |
| 2. Enabling Services | $ 301,517 | $ 301,517 |
| 3. Public Health Services and Systems | $ 1,277,019 | $ 1,272,779 |
| 4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service | | |
| Pharmacy | | $ 0 |
| Physician/Office Services | | $ 0 |
| Hospital Charges (Includes Inpatient and Outpatient Services) | | $ 0 |
| Dental Care (Does Not Include Orthodontic Services) | | $ 0 |
| Durable Medical Equipment and Supplies | | $ 0 |
| Laboratory Services | | $ 0 |
| Direct Services Line 4 Expended Total | | $ 0 |
| **Non-Federal Total** | $ 1,578,536 | $ 1,574,296 |

**Form Notes for Form 3b:**

None

**Field Level Notes for Form 3b:**

None

## Form 4
## Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

**State: Nevada**

**Total Births by Occurrence: 35,289** **Data Source Year: 2017**

**1. Core RUSP Conditions**

| Program Name | (A) Aggregate Total Number Receiving at Least One Screen | (B) Aggregate Total Number Presumptive Positive Screens | (C) Aggregate Total Number Confirmed Cases | (D) Aggregate Total Number Referred for Treatment |
|---|---|---|---|---|
| Core RUSP Conditions | 35,289 (100.0%) | 1,618 | 35 | 34 (97.1%) |

| Program Name(s) | | | | |
|---|---|---|---|---|
| 3-Hydroxy-3-methyglutaric aciduria | 3-Methylcrotonyl-CoA carboxylase deficiency | Argininosuccinic aciduria | Biotinidase deficiency | Carnitine uptake defect/carnitine transport defect |
| Citrullinemia, type I | Classic galactosemia | Classic phenylketonuria | Congenital adrenal hyperplasia | Critical congenital heart disease |
| Cystic fibrosis | Glutaric acidemia type I | Glycogen Storage Disease Type II (Pompe) | Hearing loss | Holocarboxylase synthase deficiency |
| Homocystinuria | Isovaleric acidemia | Long-chain L-3 hydroxyacyl-CoA dehydrogenase deficiency | Maple syrup urine disease | Medium-chain acyl-CoA dehydrogenase deficiency |
| Methylmalonic acidemia (cobalamin disorders) | Methylmalonic acidemia (methylmalonyl-CoA mutase) | Mucopolysaccharidosis Type 1 | Primary congenital hypothyroidism | Propionic acidemia |
| S, ßeta-Thalassemia | S,C disease | S,S disease (Sickle cell anemia) | Severe combined immunodeficiences | ß-Ketothiolase deficiency |
| Trifunctional protein deficiency | Tyrosinemia, type I | Very long-chain acyl-CoA dehydrogenase deficiency | X-linked Adrenoleukodystrophy | |

### 2. Other Newborn Screening Tests

| Program Name | (A) Number Receiving at Least One Screen | (B) Number Presumptive Positive Screens | (C) Number Confirmed Cases | (D) Number Referred for Treatment |
|---|---|---|---|---|
| Nevada Early Hearing Detection and Intervention (EHDI) Program | 34,645 (98.2%) | 269 | 49 | 40 (81.6%) |
| Critical Congenital Heart Disease Screening | 32,173 (91.2%) | 50 | 10 | 10 (100.0%) |

### 3. Screening Programs for Older Children & Women

None

### 4. Long-Term Follow-Up

Once a case is acknowledged by the follow-up coordinator and the primary care physician (PCP), is contacted. If the PCP is incorrect or unknown, the parent is contacted. As soon as contact is made with the PCP, the American College of Medical Genetics ACTion Sheet, parent information, diagnostic test information, and specialist contact information are sent to the PCP. At the same time, confirmatory testing is recommended. The follow up coordinator helps organize and guide the PCP and the Lab to complete the appropriate testing. The reference lab is called again until the diagnostic results are received. If results are normal, they are faxed to the PCP, and the determination is closed. If positive results are confirmed, the PCP is contacted again for applicable treatment information. In metabolic cases, short term and long term follow up coordinate and the case is transferred. Once treatment is received or the infant is scheduled to a metabolic clinic, the determination is closed. Chil

**Form Notes for Form 4:**

None

**Field Level Notes for Form 4:**

| | | |
|---|---|---|
| 1. | **Field Name:** | **Total Births by Occurrence** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Total Births by Occurrence Notes** |
| | **Field Note:** 2017 data is preliminary and subject to change. | |
| 2. | **Field Name:** | **Data Source Year** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Data Source Year Notes** |
| | **Field Note:** 2017 data is preliminary and subject to change. | |
| 3. | **Field Name:** | **Core RUSP Conditions - Receiving At Least One Screen** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Core RUSP Conditions** |
| | **Field Note:** Data is preliminary and subject to change. | |
| 4. | **Field Name:** | **Core RUSP Conditions - Positive Screen** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Core RUSP Conditions** |
| | **Field Note:** Data is preliminary and subject to change. | |
| 5. | **Field Name:** | **Core RUSP Conditions - Confirmed Cases** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Core RUSP Conditions** |
| | **Field Note:** Data is preliminary and subject to change. | |
| 6. | **Field Name:** | **Core RUSP Conditions - Referred For Treatment** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Core RUSP Conditions** |

| | | |
|---|---|---|
| | **Field Note:**<br>Data is preliminary and subject to change. | |
| 7. | **Field Name:** | **Nevada Early Hearing Detection and Intervention (EHDI) Program - Receiving At Least One Screen** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Other Newborn** |
| | **Field Note:**<br>2016 data is preliminary. | |
| 8. | **Field Name:** | **Nevada Early Hearing Detection and Intervention (EHDI) Program - Referred For Treatment** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Other Newborn** |
| | **Field Note:**<br>Forty of the forty-nine infants diagnosed with hearing loss were enrolled in Early Intervention programs and 9 infants were not enrolled or their enrollment status was unknown. | |

**Data Alerts: None**

## Form 5a
## Count of Individuals Served by Title V

**State: Nevada**

**Annual Report Year 2017**

| | | Primary Source of Coverage | | | | |
|---|---|---|---|---|---|---|
| Types Of Individuals Served | (A) Title V Total Served | (B) Title XIX % | (C) Title XXI % | (D) Private / Other % | (E) None % | (F) Unknown % |
| 1. Pregnant Women | 34,150 | 43.7 | 0.0 | 48.3 | 8.0 | 0.0 |
| 2. Infants < 1 Year of Age | 34,645 | 43.7 | 0.0 | 48.3 | 8.0 | 0.0 |
| 3. Children 1 through 21 Years of Age | 73,729 | 33.3 | 0.0 | 58.5 | 8.2 | 0.0 |
| 3a. Children with Special Health Care Needs | 55,174 | 52.1 | 0.0 | 44.2 | 3.7 | 0.0 |
| 4. Others | 132,133 | 14.2 | 0.0 | 73.4 | 12.4 | 0.0 |
| Total | 274,657 | | | | | |

**Form Notes for Form 5a:**

Data in Form 5a is an estimate of unduplicated count of individuals served under Title V and includes the number who received an individually-delivered service funded in part or in full by the Title V program within the top two levels of the MCH Pyramid (direct and enabling services).
Data sources include:
• Medicaid (Managed Care Medicaid and Fee for-Service)
• Rural clinics
• North Metabolic Clinic
• South Metabolic Clinic
• Newborn Screening (NBS) Program
• Early Hearing Detection and Intervention (EHDI) Program
• Nevada Early Intervention Services (NEIS)

These estimates may not completely reflect a true unduplicated count as the data received from the various sources is aggregate and does not include identifiers to determine whether the individuals are also served through other direct assistance programs.
The rural clinics provide family planning (FP) services to both men and women, child health services and adult wellness services. Men who received FP services are included in the 'other' category.

Data for primary source of insurance coverage were provided by HRSA from population-based data sources for the 2018 application 2016 report.

**Field Level Notes for Form 5a:**

| | | |
|---|---|---|
| 1. | **Field Name:** | **Pregnant Women Total Served** |
| | **Fiscal Year:** | **2017** |
| | **Field Note:**<br>Counts derived from Nevada Vital Records minus home births. These numbers were used because Nevada Vital Records has the widest reach in this population. The percentages for the primary source of coverage were provided by HRSA. | |
| 2. | **Field Name:** | **Infants Less Than One YearTotal Served** |
| | **Fiscal Year:** | **2017** |
| | **Field Note:**<br>Counts derived from Early Hearing Detection and Intervention (EHDI). These numbers were used because EHDI Program in Nevada has the widest reach in this population. The percentages for the primary source of coverage were provided by HRSA. | |
| 3. | **Field Name:** | **Children 1 through 21 Years of Age** |
| | **Fiscal Year:** | **2017** |
| | **Field Note:**<br>Counts derived from Nevada Medicaid. These numbers were used because Medicaid program in Nevada has the widest reach in this population. The percentages for the primary source of coverage were provided by HRSA. | |
| 4. | **Field Name:** | **Children with Special Health Care Needs** |
| | **Fiscal Year:** | **2017** |
| | **Field Note:**<br>Counts derived from Nevada Medicaid. These numbers were used because Medicaid program in Nevada has the widest reach in this population. The percentages for the primary source of coverage were provided by HRSA. | |
| 5. | **Field Name:** | **Others** |
| | **Fiscal Year:** | **2017** |
| | **Field Note:**<br>Counts derived from Nevada Medicaid. These numbers were used because Medicaid program in Nevada has the widest reach in this population. The percentages for the primary source of coverage were provided by HRSA. | |

**Data Alerts: None**

## Form 5b
## Total Percentage of Populations Served by Title V

**State: Nevada**

**Annual Report Year 2017**

| Populations Served by Title V | Total % Served |
|---|---|
| 1. Pregnant Women | 97 |
| 2. Infants < 1 Year of Age | 97 |
| 3. Children 1 through 21 Years of Age | 45 |
| 3a. Children with Special Health Care Needs | 75 |
| 4. Others | 16 |

**Form Notes for Form 5b:**

None

**Field Level Notes for Form 5b:**

| | | |
|---|---|---|
| 1. | **Field Name:** | **Pregnant Women** |
| | **Fiscal Year:** | **2017** |

**Field Note:**
Numerator used is from form 5a. Data used is from Medicaid Fee for Service (FFS) and Managed Care Organizations (MCOs) combined. These numbers were used because Medicaid program in Nevada has the widest reach for this population. There may be duplication in these data since enrollees may cross from FFS to MCO and could be double-counted.
The denominator used was provided by HRSA.

| | | |
|---|---|---|
| 2. | **Field Name:** | **Infants Less Than One Year** |
| | **Fiscal Year:** | **2017** |

**Field Note:**
Numerator used is from form 5a. Data used is from Early Hearing Detection & Intervention (EHDI). These numbers were used because EHDI Program in Nevada has the widest reach for this population.
The denominator used was provided by HRSA.

| | | |
|---|---|---|
| 3. | **Field Name:** | **Children 1 Through 21 Years of Age** |
| | **Fiscal Year:** | **2017** |

**Field Note:**
Numerator used is from form 5a. Data used is from Medicaid Fee for Service (FFS) and Managed Care Organizations (MCOs) and state Immunization Program combined. These numbers were used because Medicaid and Immunization programs have the widest reach in Nevada. There may be duplication in these data since enrollees may cross from FFS to MCO and could be double-counted.
The denominator used was provided by HRSA.

| | | |
|---|---|---|
| 4. | **Field Name:** | **Children With Special Health Care Needs** |
| | **Fiscal Year:** | **2017** |

**Field Note:**
Numerator used is from form 5a. Data used is from Medicaid Fee for Service (FFS) and Managed Care Organizations (MCOs) combined. These numbers were used because Medicaid program in Nevada has the widest reach. There may be duplication in these data since enrollees may cross from FFS to MCO and could be double-counted.
The denominator used was provided by HRSA.

| | | |
|---|---|---|
| 5. | **Field Name:** | **Others** |
| | **Fiscal Year:** | **2017** |

**Field Note:**
Numerator used is from form 5a. Data used is from Medicaid Fee for Service (FFS) and Managed Care Organizations (MCOs) combined. These numbers were used because Medicaid program has the widest reach. There may be duplication in these data since enrollees may cross from FFS to MCO and could be double-counted.
The denominator used was provided by HRSA.

## Form 6
## Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

**State: Nevada**

**Annual Report Year 2017**

### I. Unduplicated Count by Race/Ethnicity

| | (A) Total | (B) Non-Hispanic White | (C) Non-Hispanic Black or African American | (D) Hispanic | (E) Non-Hispanic American Indian or Native Alaskan | (F) Non-Hispanic Asian | (G) Non-Hispanic Native Hawaiian or Other Pacific Islander | (H) Non-Hispanic Multiple Race | (I) Other & Unknown |
|---|---|---|---|---|---|---|---|---|---|
| 1. Total Deliveries in State | 34,736 | 13,184 | 4,894 | 12,779 | 352 | 3,261 | 176 | 0 | 90 |
| Title V Served | 17,805 | 7,257 | 2,971 | 6,745 | 197 | 531 | 70 | 0 | 34 |
| Eligible for Title XIX | 15,179 | 5,761 | 2,139 | 5,584 | 154 | 1,425 | 77 | 0 | 39 |
| 2. Total Infants in State | 34,736 | 13,184 | 4,894 | 12,779 | 352 | 3,261 | 176 | 0 | 90 |
| Title V Served | 17,805 | 7,257 | 2,971 | 6,745 | 197 | 531 | 70 | 0 | 34 |
| Eligible for Title XIX | 15,179 | 5,761 | 2,139 | 5,584 | 154 | 1,425 | 77 | 0 | 39 |

**Form Notes for Form 6:**

None

**Field Level Notes for Form 6:**

| | | |
|---|---|---|
| 1. | **Field Name:** | **1. Total Deliveries in State** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Total** |
| | **Field Note:**<br>The number of total deliveries was derived from the birth certificate and includes Nevada residents only. 2017 data is preliminary and subject to change. | |
| 2. | **Field Name:** | **1. Title V Served** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Total** |
| | **Field Note:**<br>Data sources:<br>•Medicaid - Managed Care Organizations (MCOs) and Fee for-Service (FFS)<br>• Rural clinics<br>• North Metabolic Clinic<br>• South Metabolic Clinic<br>• Newborn Screening (NBS) Program<br>• Early Hearing Detection and Intervention (EHDI) Program<br>• Nevada Early Intervention Services (NEIS)<br><br>Medicaid numbers were used in form 6 because the program has the widest reach in Nevada. | |
| 3. | **Field Name:** | **1. Eligible for Title XIX** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Total** |
| | **Field Note:**<br>Counts are derived from the percent eligible for XIX- percents provided by HRSA. | |
| 4. | **Field Name:** | **2. Total Infants in State** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Total** |
| | **Field Note:**<br>The number of total deliveries was derived from the birth certificate and includes Nevada residents only. 2017 data is preliminary and subject to change. | |
| 5. | **Field Name:** | **2. Title V Served** |

| | | |
|---|---|---|
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Total** |

**Field Note:**
Data sources:
• Medicaid - Managed Care Organizations (MCOs) and Fee for-Service (FFS)
• Rural clinics
• North Metabolic Clinic
• South Metabolic Clinic
• Newborn Screening (NBS) Program
• Early Hearing Detection and Intervention (EHDI) Program
• Nevada Early Intervention Services (NEIS)

Medicaid numbers were used in form 6 because the program has the widest reach in Nevada.

| | | |
|---|---|---|
| 6. | **Field Name:** | **2. Eligible for Title XIX** |
| | **Fiscal Year:** | **2017** |
| | **Column Name:** | **Total** |

**Field Note:**
Counts are derived from the percent eligible for XIX- percents provided by HRSA

## Form 7
## State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

**State: Nevada**

| A. State MCH Toll-Free Telephone Lines | 2019 Application Year | 2017 Annual Report Year |
|---|---|---|
| 1. State MCH Toll-Free "Hotline" Telephone Number | (800) 429-2669 | (800) 429-2669 |
| 2. State MCH Toll-Free "Hotline" Name | MCH Campaign | MCH Campaign |
| 3. Name of Contact Person for State MCH "Hotline" | Vickie Ives | Vickie Ives |
| 4. Contact Person's Telephone Number | (775) 684-2201 | (775) 684-2201 |
| 5. Number of Calls Received on the State MCH "Hotline" | | 216 |

| B. Other Appropriate Methods | 2019 Application Year | 2017 Annual Report Year |
|---|---|---|
| 1. Other Toll-Free "Hotline" Names | Nevada 2-1-1 | Nevada 2-1-1 |
| 2. Number of Calls on Other Toll-Free "Hotlines" | | 216 |
| 3. State Title V Program Website Address | http://dpbh.nv.gov/Programs/TitleV/TitleV-Home/ | http://dpbh.nv.gov/Programs/TitleV/TitleV-Home/ |
| 4. Number of Hits to the State Title V Program Website | | 250 |
| 5. State Title V Social Media Websites | | |
| 6. Number of Hits to the State Title V Program Social Media Websites | | |

**Form Notes for Form 7:**

None

## Form 8
## State MCH and CSHCN Directors Contact Information

**State: Nevada**

| 1. Title V Maternal and Child Health (MCH) Director | |
|---|---|
| Name | Beth Handler, MPH |
| Title | Bureau Chief, CFCW |
| Address 1 | 4150 Technology Way #210 |
| Address 2 | |
| City/State/Zip | Carson City / NV / 89706 |
| Telephone | (775) 684-4200 |
| Extension | |
| Email | bhandler@health.nv.gov |

| 2. Title V Children with Special Health Care Needs (CSHCN) Director | |
|---|---|
| Name | Vickie Ives, MA |
| Title | Section Manager, MCAH |
| Address 1 | 4150 Technology Way #210 |
| Address 2 | |
| City/State/Zip | Carson City / NV / 89706 |
| Telephone | (775) 684-2201 |
| Extension | |
| Email | vives@health.nv.gov |

| 3. State Family or Youth Leader (Optional) | |
|---|---|
| Name | Mary E. Meeker |
| Title | Executive Director, Family TIES of Nevada |
| Address 1 | 5250 Neil Road |
| Address 2 | Suite 200 |
| City/State/Zip | Reno / NV / 89502 |
| Telephone | (775) 823-9500 |
| Extension | |
| Email | mary@familyfiesnv.org |

**Form Notes for Form 8:**

None

## Form 9
## List of MCH Priority Needs

**State: Nevada**

**Application Year 2019**

| No. | Priority Need |
|---|---|
| 1. | Improve preconception and interconception health among women of childbearing age |
| 2. | Breastfeeding promotion |
| 3. | Increase developmental screening |
| 4. | Promote healthy weight |
| 5. | Reduce teen pregnancy |
| 6. | Improve care coordination |
| 7. | Reduce substance use during pregnancy |
| 8. | Increase adequate insurance coverage among children |

**Form 9 State Priorities-Needs Assessment Year - Application Year 2016**

| No. | Priority Need | Priority Need Type (New, Replaced or Continued Priority Need for this five-year reporting period) | Rationale if priority need does not have a corresponding State or National Performance/Outcome Measure |
|---|---|---|---|
| 1. | Improve preconception health among adolescents and women of childbearing age | New | |
| 2. | Increase percent of infants who are ever breastfed and percent of infants breastfed exclusively through six months | New | |
| 3. | Increase the percent of children aged 10 through 71 months receiving developmental screening | New | |
| 4. | Increase the percent of children, adolescents and women of child bearing age who are physically active | New | |
| 5. | Increase the percent of adolescents and women of child bearing age who have access to healthcare services | New | |
| 6. | Promote establishment of a medical home for children | New | |
| 7. | Prevent and reduce tobacco use among adolescents, pregnant women and women of child bearing age | New | |
| 8. | Increase the percent of adequately insured children | New | |

**Form Notes for Form 9:**

None

**Field Level Notes for Form 9:**

None

## Form 10a
## National Outcome Measures (NOMs)

**State: Nevada**

**Form Notes for Form 10a NPMs, NOMs, SPMs, SOMs, and ESMs.**

Objectives listed in NPM 8.2 are based on the data from NSCH, not YRBSS

**NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 73.1 % | 0.2 % | 25,133 | 34,402 |
| 2015 | 72.6 % | 0.2 % | 25,632 | 35,325 |
| 2014 | 70.7 % | 0.2 % | 24,770 | 35,014 |
| 2013 | 68.4 % | 0.3 % | 22,159 | 32,417 |
| 2012 | 68.1 % | 0.3 % | 21,698 | 31,869 |
| 2011 | 66.8 % | 0.3 % | 21,445 | 32,113 |
| 2010 | 65.9 % | 0.3 % | 20,999 | 31,884 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

**NOM 1 - Notes:**

None

**Data Alerts: None**

**NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations**

**Data Source: HCUP - State Inpatient Databases (SID)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2015 | 130.4 | 7.2 | 337 | 25,841 |
| 2014 | 132.1 | 6.3 | 449 | 33,978 |
| 2013 | 98.2 | 5.5 | 325 | 33,085 |
| 2012 | 107.5 | 5.7 | 357 | 33,203 |
| 2011 | 91.2 | 5.2 | 306 | 33,540 |
| 2010 | 94.3 | 5.3 | 323 | 34,245 |
| 2009 | 89.0 | 5.0 | 320 | 35,942 |
| 2008 | 87.1 | 4.8 | 327 | 37,561 |

**Legends:**

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 2 - Notes:**

None

**Data Alerts: None**

**NOM 3 - Maternal mortality rate per 100,000 live births**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2012_2016 | 8.4 | 2.2 | 15 | 178,360 |
| 2011_2015 | 6.2 | 1.9 | 11 | 177,396 |
| 2010_2014 | 6.8 | 2.0 | 12 | 177,032 |
| 2009_2013 | 10.6 | 2.4 | 19 | 178,783 |
| 2008_2012 | 9.8 | 2.3 | 18 | 183,259 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 3 - Notes:**

None

**Data Alerts: None**

**NOM 4 - Percent of low birth weight deliveries (<2,500 grams)**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 8.5 % | 0.2 % | 3,065 | 36,251 |
| 2015 | 8.5 % | 0.2 % | 3,093 | 36,289 |
| 2014 | 8.3 % | 0.2 % | 2,972 | 35,851 |
| 2013 | 8.0 % | 0.2 % | 2,810 | 35,028 |
| 2012 | 8.0 % | 0.1 % | 2,781 | 34,903 |
| 2011 | 8.2 % | 0.2 % | 2,906 | 35,289 |
| 2010 | 8.3 % | 0.2 % | 2,965 | 35,931 |
| 2009 | 8.1 % | 0.1 % | 3,046 | 37,604 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

**NOM 4 - Notes:**

None

**Data Alerts: None**

**NOM 5 - Percent of preterm births (<37 weeks)**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 10.4 % | 0.2 % | 3,758 | 36,246 |
| 2015 | 10.0 % | 0.2 % | 3,609 | 36,283 |
| 2014 | 10.1 % | 0.2 % | 3,623 | 35,845 |
| 2013 | 9.8 % | 0.2 % | 3,437 | 34,937 |
| 2012 | 10.4 % | 0.2 % | 3,598 | 34,742 |
| 2011 | 10.5 % | 0.2 % | 3,694 | 35,187 |
| 2010 | 10.9 % | 0.2 % | 3,791 | 34,842 |
| 2009 | 10.8 % | 0.2 % | 3,981 | 36,710 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

**NOM 5 - Notes:**

None

**Data Alerts: None**

**NOM 6 - Percent of early term births (37, 38 weeks)**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 26.7 % | 0.2 % | 9,673 | 36,246 |
| 2015 | 26.3 % | 0.2 % | 9,544 | 36,283 |
| 2014 | 25.7 % | 0.2 % | 9,228 | 35,845 |
| 2013 | 25.7 % | 0.2 % | 8,980 | 34,937 |
| 2012 | 27.4 % | 0.2 % | 9,517 | 34,742 |
| 2011 | 29.8 % | 0.2 % | 10,499 | 35,187 |
| 2010 | 28.2 % | 0.2 % | 9,841 | 34,842 |
| 2009 | 29.7 % | 0.2 % | 10,899 | 36,710 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

**NOM 6 - Notes:**

None

**Data Alerts: None**

**NOM 7 - Percent of non-medically indicated early elective deliveries**

**Data Source: CMS Hospital Compare**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2015/Q2-2016/Q1 | 5.0 % | | | |
| 2015/Q1-2015/Q4 | 5.0 % | | | |
| 2014/Q4-2015/Q3 | 4.0 % | | | |
| 2014/Q3-2015/Q2 | 3.0 % | | | |
| 2014/Q2-2015/Q1 | 3.0 % | | | |
| 2014/Q1-2014/Q4 | 3.0 % | | | |
| 2013/Q4-2014/Q3 | 3.0 % | | | |
| 2013/Q3-2014/Q2 | 4.0 % | | | |
| 2013/Q2-2014/Q1 | 6.0 % | | | |

**Legends:**

Indicator results were based on a shorter time period than required for reporting

**NOM 7 - Notes:**

None

**Data Alerts: None**

**NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2015 | 6.1 | 0.4 | 222 | 36,410 |
| 2014 | 6.0 | 0.4 | 214 | 35,958 |
| 2013 | 5.8 | 0.4 | 202 | 35,131 |
| 2012 | 6.0 | 0.4 | 209 | 35,037 |
| 2011 | 6.7 | 0.4 | 237 | 35,433 |
| 2010 | 5.9 | 0.4 | 212 | 36,054 |
| 2009 | 5.8 | 0.4 | 220 | 37,718 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 8 - Notes:**

None

**Data Alerts: None**

**NOM 9.1 - Infant mortality rate per 1,000 live births**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2015 | 5.2 | 0.4 | 188 | 36,298 |
| 2014 | 5.5 | 0.4 | 198 | 35,861 |
| 2013 | 5.3 | 0.4 | 186 | 35,030 |
| 2012 | 4.9 | 0.4 | 172 | 34,911 |
| 2011 | 5.7 | 0.4 | 201 | 35,296 |
| 2010 | 5.5 | 0.4 | 198 | 35,934 |
| 2009 | 5.8 | 0.4 | 219 | 37,612 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 9.1 - Notes:**

None

**Data Alerts: None**

**NOM 9.2 - Neonatal mortality rate per 1,000 live births**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2015 | 3.3 | 0.3 | 119 | 36,298 |
| 2014 | 3.8 | 0.3 | 137 | 35,861 |
| 2013 | 3.7 | 0.3 | 128 | 35,030 |
| 2012 | 2.9 | 0.3 | 102 | 34,911 |
| 2011 | 3.5 | 0.3 | 124 | 35,296 |
| 2010 | 3.5 | 0.3 | 125 | 35,934 |
| 2009 | 3.9 | 0.3 | 146 | 37,612 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 9.2 - Notes:**

None

**Data Alerts: None**

**NOM 9.3 - Post neonatal mortality rate per 1,000 live births**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2015 | 1.9 | 0.2 | 69 | 36,298 |
| 2014 | 1.7 | 0.2 | 61 | 35,861 |
| 2013 | 1.7 | 0.2 | 58 | 35,030 |
| 2012 | 2.0 | 0.2 | 70 | 34,911 |
| 2011 | 2.2 | 0.3 | 77 | 35,296 |
| 2010 | 2.0 | 0.2 | 73 | 35,934 |
| 2009 | 1.9 | 0.2 | 73 | 37,612 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 9.3 - Notes:**

None

**Data Alerts: None**

**NOM 9.4 - Preterm-related mortality rate per 100,000 live births**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2015 | 126.7 | 18.7 | 46 | 36,298 |
| 2014 | 186.8 | 22.9 | 67 | 35,861 |
| 2013 | 171.3 | 22.1 | 60 | 35,030 |
| 2012 | 128.9 | 19.2 | 45 | 34,911 |
| 2011 | 167.2 | 21.8 | 59 | 35,296 |
| 2010 | 125.2 | 18.7 | 45 | 35,934 |
| 2009 | 175.5 | 21.6 | 66 | 37,612 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 9.4 - Notes:**

None

**Data Alerts: None**

**NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2015 | 88.2 | 15.6 | 32 | 36,298 |
| 2014 | 55.8 | 12.5 | 20 | 35,861 |
| 2013 | 71.4 | 14.3 | 25 | 35,030 |
| 2012 | 85.9 | 15.7 | 30 | 34,911 |
| 2011 | 68.0 | 13.9 | 24 | 35,296 |
| 2010 | 58.4 | 12.8 | 21 | 35,934 |
| 2009 | 93.1 | 15.7 | 35 | 37,612 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 9.5 - Notes:**

None

**Data Alerts: None**

**NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy**

**FAD Not Available for this measure.**

**NOM 10 - Notes:**

NOM 10: The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy
State data is not available for this measure. Data source for this measure is PRAMS. Nevada started collecting PRAMS data in September 2017 and data is not yet available for analysis.

**Data Alerts:**

| | |
|---|---|
| 1. | Data has not been entered for NOM 10. This outcome measure is linked to the selected NPM 1,. Please add a field level note to explain when and how data will be available for tracking this outcome measure. |

**NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births**

**Data Source: HCUP - State Inpatient Databases (SID)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2015 | 7.8 | 0.6 | 202 | 26,076 |
| 2014 | 5.6 | 0.4 | 193 | 34,462 |
| 2013 | 5.3 | 0.4 | 175 | 33,311 |
| 2012 | 5.0 | 0.4 | 165 | 33,138 |
| 2011 | 3.5 | 0.3 | 118 | 33,846 |
| 2010 | 2.9 | 0.3 | 101 | 34,549 |
| 2009 | 1.9 | 0.2 | 69 | 36,168 |
| 2008 | 1.6 | 0.2 | 62 | 37,786 |

**Legends:**

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 11 - Notes:**

None

**Data Alerts: None**

**NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)**

**FAD Not Available for this measure.**

**NOM 12 - Notes:**

None

**Data Alerts: None**

**NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)**

**FAD Not Available for this measure.**

**NOM 13 - Notes:**

None

**Data Alerts: None**

**NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 12.2 % | 1.8 % | 76,072 | 625,200 |

**Legends:**

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 14 - Notes:**

None

**Data Alerts: None**

**NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 20.7 | 2.5 | 70 | 338,564 |
| 2015 | 21.9 | 2.6 | 73 | 333,144 |
| 2014 | 17.8 | 2.3 | 59 | 331,182 |
| 2013 | 18.1 | 2.3 | 60 | 331,294 |
| 2012 | 18.6 | 2.4 | 62 | 332,660 |
| 2011 | 19.5 | 2.4 | 65 | 333,347 |
| 2010 | 19.2 | 2.4 | 64 | 334,050 |
| 2009 | 20.9 | 2.5 | 70 | 334,461 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 15 - Notes:**

None

**Data Alerts: None**

**NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 36.3 | 3.2 | 133 | 366,187 |
| 2015 | 38.1 | 3.2 | 139 | 364,784 |
| 2014 | 30.3 | 2.9 | 110 | 362,802 |
| 2013 | 28.8 | 2.8 | 104 | 361,031 |
| 2012 | 29.1 | 2.8 | 105 | 360,693 |
| 2011 | 41.1 | 3.4 | 148 | 359,993 |
| 2010 | 34.2 | 3.1 | 125 | 365,773 |
| 2009 | 36.7 | 3.2 | 134 | 365,053 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 16.1 - Notes:**

None

**Data Alerts: None**

**NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2014_2016 | 12.1 | 1.5 | 64 | 531,334 |
| 2013_2015 | 12.3 | 1.5 | 65 | 530,795 |
| 2012_2014 | 12.4 | 1.5 | 66 | 531,382 |
| 2011_2013 | 10.4 | 1.4 | 55 | 531,349 |
| 2010_2012 | 11.0 | 1.4 | 59 | 536,826 |
| 2009_2011 | 11.6 | 1.5 | 63 | 541,615 |
| 2008_2010 | 14.1 | 1.6 | 77 | 544,431 |
| 2007_2009 | 17.2 | 1.8 | 92 | 536,460 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 16.2 - Notes:**

None

**Data Alerts: None**

**NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2014_2016 | 10.9 | 1.4 | 58 | 531,334 |
| 2013_2015 | 10.0 | 1.4 | 53 | 530,795 |
| 2012_2014 | 8.3 | 1.3 | 44 | 531,382 |
| 2011_2013 | 9.6 | 1.3 | 51 | 531,349 |
| 2010_2012 | 8.9 | 1.3 | 48 | 536,826 |
| 2009_2011 | 8.9 | 1.3 | 48 | 541,615 |
| 2008_2010 | 5.7 | 1.0 | 31 | 544,431 |
| 2007_2009 | 6.5 | 1.1 | 35 | 536,460 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 16.3 - Notes:**

None

**Data Alerts: None**

**NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 15.3 % | 1.8 % | 102,067 | 667,147 |

**Legends:**

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 17.1 - Notes:**

None

**Data Alerts: None**

**NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 13.7 % | 3.5 % | 13,958 | 102,067 |

**Legends:**

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 17.2 - Notes:**

None

**Data Alerts: None**

**NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 2.7 % | 0.9 % | 14,947 | 562,099 |

**Legends:**

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 17.3 - Notes:**

None

**Data Alerts: None**

**NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 5.2 % | 1.2 % | 29,419 | 566,373 |

**Legends:**

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 17.4 - Notes:**

None

**Data Alerts: None**

**NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 34.4 % | 7.8 % | 22,154 | 64,414 |

**Legends:**

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 18 - Notes:**

None

**Data Alerts: None**

**NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 87.6 % | 1.9 % | 584,197 | 666,760 |

**Legends:**

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 19 - Notes:**

None

**Data Alerts: None**

**NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)**

**Data Source: WIC**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2014 | 12.0 % | 0.2 % | 3,237 | 26,884 |
| 2012 | 12.9 % | 0.2 % | 3,570 | 27,649 |
| 2010 | 15.0 % | 0.2 % | 3,891 | 25,855 |
| 2008 | 13.8 % | 0.3 % | 2,528 | 18,366 |

**Legends:**

Indicator has a denominator <50 or a relative standard error ≥30% and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

**Data Source: Youth Risk Behavior Surveillance System (YRBSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2015 | 12.2 % | 1.0 % | | |
| 2013 | 11.4 % | 0.9 % | | |
| 2009 | 10.9 % | 0.9 % | | |
| 2007 | 10.8 % | 1.1 % | | |

**Legends:**

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 14.5 % | 3.2 % | 38,248 | 263,342 |

**Legends:**

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 20 - Notes:**

None

**Data Alerts: None**

**NOM 21 - Percent of children, ages 0 through 17, without health insurance**

**Data Source: American Community Survey (ACS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 6.1 % | 0.5 % | 41,028 | 676,543 |
| 2015 | 7.6 % | 0.5 % | 51,029 | 668,401 |
| 2014 | 9.7 % | 0.8 % | 63,977 | 660,829 |
| 2013 | 13.9 % | 0.8 % | 91,948 | 662,058 |
| 2012 | 16.6 % | 0.8 % | 110,085 | 663,964 |
| 2011 | 16.1 % | 0.9 % | 106,640 | 662,057 |
| 2010 | 17.9 % | 0.7 % | 118,672 | 664,484 |
| 2009 | 18.0 % | 0.9 % | 123,042 | 685,085 |

**Legends:**

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width that is inestimable or >20% and should be interpreted with caution

**NOM 21 - Notes:**

None

**Data Alerts: None**

**NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)**

**Data Source: National Immunization Survey (NIS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 71.9 % | 3.8 % | 36,929 | 51,370 |
| 2015 | 71.3 % | 3.6 % | 36,649 | 51,393 |
| 2014 | 67.7 % | 3.4 % | 34,908 | 51,586 |
| 2013 | 60.6 % | 3.3 % | 31,735 | 52,403 |
| 2012 | 65.3 % | 3.4 % | 35,311 | 54,074 |
| 2011 | 64.7 % | 4.4 % | 37,209 | 57,495 |
| 2010 | 46.4 % | 3.7 % | 28,722 | 61,949 |
| 2009 | 39.3 % | 3.4 % | 24,080 | 61,202 |

**Legends:**

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 might not be reliable

**NOM 22.1 - Notes:**

None

**Data Alerts: None**

**NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza**

**Data Source: National Immunization Survey (NIS) – Flu**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016_2017 | 45.6 % | 2.0 % | 286,404 | 627,665 |
| 2015_2016 | 48.8 % | 2.1 % | 296,420 | 607,293 |
| 2014_2015 | 51.5 % | 2.3 % | 317,981 | 617,438 |
| 2013_2014 | 50.1 % | 2.0 % | 310,104 | 619,540 |
| 2012_2013 | 51.1 % | 2.1 % | 315,349 | 617,143 |
| 2011_2012 | 45.6 % | 3.3 % | 288,232 | 632,828 |
| 2010_2011 | 49.9 % | 4.4 % | 317,389 | 636,051 |
| 2009_2010 | 26.9 % | 1.9 % | 167,991 | 624,500 |

**Legends:**

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 might not be reliable

**NOM 22.2 - Notes:**

None

**Data Alerts: None**

**NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine**

**Data Source: National Immunization Survey (NIS) - Teen (Female)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 64.6 % | 4.4 % | 59,962 | 92,772 |
| 2015 | 72.0 % | 4.0 % | 65,958 | 91,572 |
| 2014 | 54.2 % | 4.4 % | 48,928 | 90,223 |
| 2013 | 53.8 % | 4.8 % | 48,446 | 90,107 |
| 2012 | 62.5 % | 4.9 % | 56,019 | 89,569 |
| 2011 | 55.3 % | 5.7 % | 49,975 | 90,390 |
| 2010 | 47.4 % | 4.5 % | 40,065 | 84,455 |
| 2009 | 39.0 % | 4.7 % | 33,621 | 86,311 |

**Legends:**

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 might not be reliable

**Data Source: National Immunization Survey (NIS) - Teen (Male)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 65.1 % | 4.5 % | 63,300 | 97,246 |
| 2015 | 44.5 % | 4.5 % | 42,832 | 96,244 |
| 2014 | 43.4 % | 4.6 % | 41,328 | 95,263 |
| 2013 | 31.9 % | 4.4 % | 30,060 | 94,319 |
| 2012 | 11.6 % | 2.8 % | 10,828 | 93,680 |
| 2011 | NR | NR | NR | NR |

**Legends:**

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 might not be reliable

**NOM 22.3 - Notes:**

None

**Data Alerts: None**

**NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine**

**Data Source: National Immunization Survey (NIS) - Teen**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 87.1 % | 2.3 % | 165,427 | 190,018 |
| 2015 | 88.3 % | 2.2 % | 165,842 | 187,816 |
| 2014 | 87.6 % | 1.9 % | 162,423 | 185,485 |
| 2013 | 88.3 % | 2.1 % | 162,824 | 184,426 |
| 2012 | 86.3 % | 2.6 % | 158,159 | 183,248 |
| 2011 | 80.2 % | 2.9 % | 148,616 | 185,214 |
| 2010 | 68.3 % | 3.0 % | 119,169 | 174,407 |
| 2009 | 64.0 % | 3.2 % | 113,692 | 177,632 |

**Legends:**

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 might not be reliable

**NOM 22.4 - Notes:**

None

**Data Alerts: None**

**NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine**

**Data Source: National Immunization Survey (NIS) - Teen**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 78.7 % | 2.8 % | 149,605 | 190,018 |
| 2015 | 78.0 % | 2.7 % | 146,535 | 187,816 |
| 2014 | 66.5 % | 3.0 % | 123,337 | 185,485 |
| 2013 | 64.0 % | 3.1 % | 118,108 | 184,426 |
| 2012 | 66.4 % | 3.2 % | 121,579 | 183,248 |
| 2011 | 60.3 % | 3.7 % | 111,737 | 185,214 |
| 2010 | 54.3 % | 3.2 % | 94,611 | 174,407 |
| 2009 | 39.5 % | 3.2 % | 70,129 | 177,632 |

**Legends:**

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 might not be reliable

**NOM 22.5 - Notes:**

None

**Data Alerts: None**

**NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females**

**Data Source: National Vital Statistics System (NVSS)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 24.2 | 0.5 | 2,078 | 85,963 |
| 2015 | 27.7 | 0.6 | 2,369 | 85,389 |
| 2014 | 28.8 | 0.6 | 2,448 | 85,039 |
| 2013 | 30.7 | 0.6 | 2,604 | 84,892 |
| 2012 | 33.7 | 0.6 | 2,863 | 84,844 |
| 2011 | 36.0 | 0.7 | 3,073 | 85,293 |
| 2010 | 38.9 | 0.7 | 3,421 | 87,849 |
| 2009 | 44.0 | 0.7 | 3,879 | 88,257 |

**Legends:**

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

**NOM 23 - Notes:**

None

**Data Alerts: None**

**NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth**

**FAD Not Available for this measure.**

| State Provided Data | |
|---|---|
| | **2017** |
| **Annual Indicator** | 100.0 |
| **Numerator** | 1 |
| **Denominator** | 1 |
| **Data Source** | PRAMS |
| **Data Source Year** | 2017 |

**NOM 24 - Notes:**

NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth
State data is not available for this measure. Data source for this measure is PRAMS. Nevada started collecting PRAMS data in September 2017 and data is not yet available for analysis.

**Data Alerts: None**

**NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

| Year | Annual Indicator | Standard Error | Numerator | Denominator |
|---|---|---|---|---|
| 2016 | 4.0 % | 1.1 % | 26,357 | 666,208 |

**Legends:**

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 25 - Notes:**

None

**Data Alerts: None**

## Form 10a
## National Performance Measures (NPMs)

**State: Nevada**

**NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year**

| Federally Available Data | | |
|---|---|---|
| **Data Source: Behavioral Risk Factor Surveillance System (BRFSS)** | | |
| | **2016** | **2017** |
| Annual Objective | 62 | 65 |
| Annual Indicator | 64.0 | 65.4 |
| Numerator | 319,699 | 336,134 |
| Denominator | 499,724 | 513,892 |
| Data Source | BRFSS | BRFSS |
| Data Source Year | 2015 | 2016 |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 66.0 | 68.0 | 70.0 | 72.0 | 74.0 | 76.0 |

**Field Level Notes for Form 10a NPMs:**

None

**NPM 4A - Percent of infants who are ever breastfed**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Immunization Survey (NIS)** | | |
| | **2016** | **2017** |
| Annual Objective | 82 | 84 |
| Annual Indicator | 82.6 | 82.3 |
| Numerator | 26,908 | 25,695 |
| Denominator | 32,591 | 31,207 |
| Data Source | NIS | NIS |
| Data Source Year | 2013 | 2014 |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 86.0 | 88.0 | 89.0 | 90.0 | 91.0 | 92.0 |

**Field Level Notes for Form 10a NPMs:**

None

**NPM 4B - Percent of infants breastfed exclusively through 6 months**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Immunization Survey (NIS)** | | |
| | **2016** | **2017** |
| Annual Objective | 19 | 25 |
| Annual Indicator | 24.9 | 25.0 |
| Numerator | 7,990 | 7,700 |
| Denominator | 32,061 | 30,787 |
| Data Source | NIS | NIS |
| Data Source Year | 2013 | 2014 |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 26.0 | 27.0 | 28.0 | 29.0 | 30.0 | 31.0 |

**Field Level Notes for Form 10a NPMs:**

None

**NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH)** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 30.9 |
| Numerator | | 23,385 |
| Denominator | | 75,745 |
| Data Source | | NSCH |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 31.0 | 33.0 | 35.0 | 37.0 | 39.0 | 41.0 |

**Field Level Notes for Form 10a NPMs:**

None

**NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day**

| Federally Available Data | |
|---|---|
| **Data Source: National Survey of Children's Health (NSCH) - CHILD** | |
| | **2017** |
| Annual Objective | |
| Annual Indicator | 31.0 |
| Numerator | 73,747 |
| Denominator | 237,722 |
| Data Source | NSCH-CHILD |
| Data Source Year | 2016 |

| Annual Objectives | | | | | |
|---|---|---|---|---|---|
| | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 32.0 | 34.0 | 36.0 | 38.0 | 40.0 |

**Field Level Notes for Form 10a NPMs:**

None

**NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day**

| Federally Available Data | | |
|---|---|---|
| **Data Source: Youth Risk Behavior Surveillance System (YRBSS)** | | |
| | **2016** | **2017** |
| Annual Objective | 16 | 18 |
| Annual Indicator | 28.6 | 28.6 |
| Numerator | 34,940 | 34,940 |
| Denominator | 122,356 | 122,356 |
| Data Source | YRBSS-ADOLESCENT | YRBSS-ADOLESCENT |
| Data Source Year | 2015 | 2015 |

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH) - ADOLESCENT** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 18.7 |
| Numerator | | 39,329 |
| Denominator | | 210,143 |
| Data Source | | NSCH-ADOLESCENT |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 20.0 | 22.0 | 24.0 | 26.0 | 28.0 | 30.0 |

**Field Level Notes for Form 10a NPMs:**

| | | |
|---|---|---|
| 1. | **Field Name:** | **2018** |
| | **Column Name:** | **Annual Objective** |

**Field Note:**
Objectives are based on NSCH data.

**NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH)** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 68.2 |
| Numerator | | 145,792 |
| Denominator | | 213,715 |
| Data Source | | NSCH |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 74.0 | 76.0 | 78.0 | 79.0 | 80.0 | 81.0 |

**Field Level Notes for Form 10a NPMs:**

None

**NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Children with Special Health Care Needs**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH) - CSHCN** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 34.9 |
| Numerator | | 35,648 |
| Denominator | | 102,067 |
| Data Source | | NSCH-CSHCN |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 45.0 | 46.0 | 48.0 | 51.0 | 54.0 | 55.0 |

**Field Level Notes for Form 10a NPMs:**

None

**NPM 14.1 - Percent of women who smoke during pregnancy**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Vital Statistics System (NVSS)** | | |
| | **2016** | **2017** |
| Annual Objective | 5 | 4.3 |
| Annual Indicator | 4.8 | 4.0 |
| Numerator | 1,726 | 1,440 |
| Denominator | 35,965 | 35,964 |
| Data Source | NVSS | NVSS |
| Data Source Year | 2015 | 2016 |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 3.8 | 3.5 | 3.0 | 2.5 | 2.0 | 2.0 |

**Field Level Notes for Form 10a NPMs:**

None

**NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured - Child Health**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH)** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 62.2 |
| Numerator | | 415,085 |
| Denominator | | 667,147 |
| Data Source | | NSCH |
| Data Source Year | | 2016 |

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 78.0 | 80.0 | 82.0 | 84.0 | 86.0 | 88.0 |

**Field Level Notes for Form 10a NPMs:**

None

**NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured - Adolescent Health**

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 78.0 | 80.0 | 82.0 | 84.0 | 86.0 | 88.0 |

**Field Level Notes for Form 10a NPMs:**

None

**NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured - Children with Special Health Care Needs**

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 78.0 | 80.0 | 82.0 | 84.0 | 86.0 | 88.0 |

**Field Level Notes for Form 10a NPMs:**

None

## Form 10a
## State Performance Measures (SPMs)

**State: Nevada**

### SPM 1 - Percent of mothers reporting late or no prenatal care

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 7 |
| Annual Indicator | 7.9 | 4.6 |
| Numerator | 2,805 | 1,601 |
| Denominator | 35,378 | 34,838 |
| Data Source | Nevada Vital Records | Nevada Vital Records |
| Data Source Year | 2016 | 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 4.5 | 4.0 | 4.0 | 3.5 | 3.5 | 3.0 |

**Field Level Notes for Form 10a SPMs:**

| | | |
|---|---|---|
| 1. | **Field Name:** | **2016** |
| | **Column Name:** | **State Provided Data** |
| | **Field Note:**<br>Data are for Nevada Residents only. Data are preliminary and subject to change. Late prenatal care is care received in the third trimester. | |
| 2. | **Field Name:** | **2017** |
| | **Column Name:** | **State Provided Data** |
| | **Field Note:**<br>Late prenatal care is care beginning in the third trimester.<br>Denominator is Nevada residents aged 15-44 years old. | |

**SPM 2 - Repeat teen birth rate**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 16 |
| Annual Indicator | 16.6 | 22.9 |
| Numerator | 339 | 436 |
| Denominator | 2,040 | 1,901 |
| Data Source | Nevada Vital Records | Nevada Vital Records |
| Data Source Year | 2016 | 2017 |
| Provisional or Final ? | Final | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 16.0 | 15.0 | 15.0 | 14.0 | 14.0 | 13.0 |

**Field Level Notes for Form 10a SPMs:**

| | | |
|---|---|---|
| 1. | **Field Name:** | **2016** |
| | **Column Name:** | **State Provided Data** |
| | **Field Note:**<br>Data provided are for percent of repeat teen births.<br>Data are for Nevada Residents only.<br>Data are preliminary and subject to change.<br>Repeat teen births include previous live births and previous live but dead births. | |
| 2. | **Field Name:** | **2017** |
| | **Column Name:** | **State Provided Data** |
| | **Field Note:**<br>2017 data are preliminary and subject to change. Data are for Nevada residents only. | |

**SPM 3 - Percent of women who use substances during pregnancy**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 5 |
| Annual Indicator | 5.5 | 5.5 |
| Numerator | 1,950 | 1,924 |
| Denominator | 35,378 | 34,838 |
| Data Source | Nevada Vital Records | Nevada Vital Records |
| Data Source Year | 2016 | 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 4.5 | 4.0 | 3.5 | 3.0 | 3.0 | 3.0 |

**Field Level Notes for Form 10a SPMs:**

| | | |
|---|---|---|
| 1. | **Field Name:** | **2016** |
| | **Column Name:** | **State Provided Data** |
| | **Field Note:** Substance use includes: smoking, drinking, and drug use during pregnancy. Drug use includes all mothers who self-reported as having used: cocaine, heroin, illicit drugs, unspecified drugs, marijuana, meth/amphetamines, opiates, and polysubstance (multiple substances). Data are for Nevada Residents only. Data are preliminary and subject to change. | |
| 2. | **Field Name:** | **2017** |
| | **Column Name:** | **State Provided Data** |
| | **Field Note:** Substance use during pregnancy includes: smoking, alcohol use and drug use including all mothers who self-reported as having used: cocaine, heroin, illicit drugs, unspecified drugs, marijuana, meth/amphetamines, opiates, and polysubstance (multiple substances). Data are for Nevada residents aged 15-44. 2017 data are preliminary and subject to change. | |

**SPM 4 - Teenage pregnancy rate**

| Measure Status: | Active |
|---|---|

| State Provided Data | |
|---|---|
| | 2017 |
| Annual Objective | 29 |
| Annual Indicator | 25.9 |
| Numerator | 2,485 |
| Denominator | 96,038 |
| Data Source | DPBH Electronic Birth Registry System |
| Data Source Year | 2017 |
| Provisional or Final ? | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 25.0 | 24.0 | 24.0 | 23.0 | 23.0 | 22.0 |

**Field Level Notes for Form 10a SPMs:**

| | | |
|---|---|---|
| 1. | **Field Name:** | **2017** |
| | **Column Name:** | **State Provided Data** |

**Field Note:**
Data provided September submission is for 2017. Teen pregnancy data for 2017 was not available in July, 2018 for the initial submission.

## Form 10a
## Evidence-Based or –Informed Strategy Measures (ESMs)

**State: Nevada**

**ESM 1.1 - Percent of Title V funded partners that disseminate materials to raise awareness of the importance of a well-woman visit, coverage benefits, and how to find a provider**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 15.7 | 29.4 |
| Numerator | 8 | 15 |
| Denominator | 51 | 51 |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 30.0 | 31.0 | 33.0 | 36.0 | 37.0 | 39.0 |

**Field Level Notes for Form 10a ESMs:**

1. **Field Name:** **2017**

   **Column Name:** **State Provided Data**

   **Field Note:**
   Number increased as more partners share information regarding 2-1-1.

**ESM 4.1 - Percent of hospitals (birthing facilities) receiving training on Baby Steps to Breastfeeding Success or designated as Baby Friendly by Baby Friendly USA**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 31.6 | 57.9 |
| Numerator | 6 | 11 |
| Denominator | 19 | 19 |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 60.0 | 60.0 | 65.0 | 65.0 | 70.0 | 70.0 |

**Field Level Notes for Form 10a ESMs:**

None

**ESM 6.2 - Number of children receiving a developmental screening using the Ages and Stages Questionnaire (ASQ)**

| Measure Status: | Active |
|---|---|

| State Provided Data | |
|---|---|
| | 2017 |
| Annual Objective | 500 |
| Annual Indicator | 517 |
| Numerator | |
| Denominator | |
| Data Source | Nevada Title V MCH Program |
| Data Source Year | FY 2017 |
| Provisional or Final ? | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 600.0 | 700.0 | 800.0 | 900.0 | 1,000.0 | 1,100.0 |

**Field Level Notes for Form 10a ESMs:**

None

**ESM 8.1.1 - Number of unique visitors to Chronic Disease Prevention and Health Promotion Section social media and marketing materials including physical activity and healthy lifestyle messages for parents and caregivers of children ages 6-11.**

| Measure Status: | Active |
|---|---|

| State Provided Data | |
|---|---|
| | 2017 |
| Annual Objective | |
| Annual Indicator | 43,586 |
| Numerator | |
| Denominator | |
| Data Source | Title V MCH Program |
| Data Source Year | 2017 |
| Provisional or Final ? | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 45,000.0 | 50,000.0 | 50,000.0 | 52,500.0 | 55,000.0 | 60,000.0 |

**Field Level Notes for Form 10a ESMs:**

None

**ESM 8.2.1 - Number of facilities providing Trauma-Informed Yoga (TIY) for at-risk adolescents ages 12-17.**

| Measure Status: | Active |
|---|---|

| State Provided Data | |
|---|---|
| | 2017 |
| Annual Objective | 10 |
| Annual Indicator | 10 |
| Numerator | |
| Denominator | |
| Data Source | Nevada Title V MCH Program |
| Data Source Year | FY 2017 |
| Provisional or Final ? | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 12.0 | 14.0 | 16.0 | 18.0 | 20.0 | 22.0 |

**Field Level Notes for Form 10a ESMs:**

None

**ESM 8.2.2 - Number of unique visitors to MCH social media and marketing materials including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17.**

| Measure Status: | Active |
|---|---|

| State Provided Data | |
|---|---|
| | 2017 |
| Annual Objective | 60,000 |
| Annual Indicator | 99,000 |
| Numerator | |
| Denominator | |
| Data Source | Nevada Title V MCH Program |
| Data Source Year | FY 2017 |
| Provisional or Final ? | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 100,000.0 | 105,000.0 | 110,000.0 | 115,000.0 | 120,000.0 | 120,000.0 |

**Field Level Notes for Form 10a ESMs:**

None

**ESM 10.1 - Percent of Title V partners that conducted activities to promote preventive well visits for youth in the past year**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 40.9 | 72.7 |
| Numerator | 9 | 16 |
| Denominator | 22 | 22 |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 77.0 | 77.0 | 81.0 | 81.0 | 86.0 | 86.0 |

**Field Level Notes for Form 10a ESMs:**

None

**ESM 11.1 - Number of public outreach events to educate the CYSHCN population about how to access and benefits of medical home portal in the past year**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 8 | 7 |
| Numerator | | |
| Denominator | | |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 11.0 | 13.0 | 14.0 | 15.0 | 16.0 | 16.0 |

**Field Level Notes for Form 10a ESMs:**

None

**ESM 14.1.1 - Number of pregnant women and new mothers who called the quitline for assistance in the past 12 months**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 30 |
| Annual Indicator | 20 | 14 |
| Numerator | | |
| Denominator | | |
| Data Source | Nevada Tobacco Prevention and Control Program | Nevada Tobacco Prevention and Control Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 40.0 | 50.0 | 60.0 | 70.0 | 80.0 | 90.0 |

**Field Level Notes for Form 10a ESMs:**

None

**ESM 15.1 - Number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations (e.g. in multiple languages)**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | |
| Annual Indicator | 7 | 7 |
| Numerator | | |
| Denominator | | |
| Data Source | Nevada Title V MCH Program | Nevada Title V MCH Program |
| Data Source Year | FY 2016 | FY 2017 |
| Provisional or Final ? | Provisional | Provisional |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 9.0 | 10.0 | 11.0 | 12.0 | 13.0 | 14.0 |

**Field Level Notes for Form 10a ESMs:**

None

## Form 10b
## State Performance Measure (SPM) Detail Sheets

**State: Nevada**

**SPM 1 - Percent of mothers reporting late or no prenatal care**
**Population Domain(s) – Women/Maternal Health**

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase percent of women receiving prenatal care in first trimester</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Numerator:</td><td>Number of births without prenatal care or late prenatal care listed on birth certificate</td></tr>
<tr><td>Denominator:</td><td>Number of Nevada resident births for the same year</td></tr>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
</table>
</td></tr>
<tr><td>Healthy People 2020 Objective:</td><td>Related to Maternal, Infant, and Child Health (MICH) Developmental Objective 16.1: Increase the percentage of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy<br>Related to Access to Health Services (AHS) Developmental Objective 7.0: Increase the proportion of persons who receive appropriate clinical preventive services</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Electronic Birth Registry System</td></tr>
<tr><td>Significance:</td><td>A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well-woman visit to promote women’s health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The annual well-woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and was also identified among the women’s preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing</td></tr>
</table>

**SPM 2 - Repeat teen birth rate**
**Population Domain(s) – Adolescent Health**

| | |
|---|---|
| **Measure Status:** | Active |
| **Goal:** | To decrease the number of repeat teen births in Nevada. |
| **Definition:** | **Numerator:** Number of repeat teen births ages 10 to 19 years old<br>**Denominator:** Number of Nevada resident teen births for the same year<br>**Unit Type:** Percentage<br>**Unit Number:** 100 |
| **Healthy People 2020 Objective:** | Related to Maternal, Infant, and Child Health (MICH) Developmental Objective 16 and Family Planning Objectives FP-8<br>MICH-16 Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors<br>FP-8.1 Reduce pregnancies among adolescent females aged 15 to 17 years<br>FP-8.2 Reduce pregnancies among adolescent females aged 18 to 19 years |
| **Data Sources and Data Issues:** | Electronic Birth Registry System |
| **Significance:** | Decreasing repeat teen birth rates is a priority in the state, and account for more than 10% of teen births. Tracking of data to help prevent repeat teen births helps programs across the state see impacts of their programs and the need for continuation of health education their programs need to sustain or develop. |

**SPM 3 - Percent of women who use substances during pregnancy**
**Population Domain(s) – Women/Maternal Health**

| | |
|---|---|
| **Measure Status:** | Active |
| **Goal:** | To reduce the percent of women who report using substances during pregnancy. |
| **Definition:** | **Numerator:** Number of reported substance use during pregnancy<br>**Denominator:** Number of Nevada resident births for the same year<br>**Unit Type:** Percentage<br>**Unit Number:** 100 |
| **Healthy People 2020 Objective:** | Related to Maternal, Infant, and Child Health (MICH) Developmental Objective MICH:<br>MICH-11: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women.<br>MICH-11.1: Increase abstinence from alcohol among pregnant women.<br>MICH-11.2Increase abstinence from binge drinking among pregnant women<br>MICH-11.3Increase abstinence from cigarette smoking among pregnant women<br>MICH-11.4Increase abstinence from illicit drugs among pregnant women |
| **Data Sources and Data Issues:** | Electronic Birth Registry System and PRAMS (future) |
| **Significance:** | Optimal health of mother is desired to help provide a healthy foundation for an infant. To reach optimal health, substance free mothers can help achieve a healthier outcome for their babies, potentially avoiding adverse birth outcomes. Awareness and availability of services is crucial to help provide appropriate resources and access to treatment for alcohol, smoking, and drug use. Information sites such as Sober Moms Healthy Babies from the Maternal, Child and Adolescent Health Section and the Substance Abuse Prevention and Treatment Agency (SAPTA) Program provide resources. |

**SPM 4 - Teenage pregnancy rate**
**Population Domain(s) – Adolescent Health**

| | |
|---|---|
| **Measure Status:** | Active |
| **Goal:** | To decrease the number of teenage pregnancies in Nevada. |
| **Definition:** | **Numerator:** Number of teenage pregnancies<br>**Denominator:** Number of teenage females<br>**Unit Type:** Rate<br>**Unit Number:** 1,000 |
| **Healthy People 2020 Objective:** | Related to FP-8 Reduce pregnancies among adolescent females<br>FP-8.1 Reduce pregnancies among adolescent females aged 15 to 17 years<br>FP-8.2 Reduce pregnancies among adolescent females aged 18 to 19 years |
| **Data Sources and Data Issues:** | Electronic Birth Registry System<br>Data Note: Abortion data has a one year lag. |
| **Significance:** | Reducing teenage pregnancy is a priority in the state. Although teenage pregnancy rates are reducing in Nevada, disparities exist among at-risk populations. Tracking of data to help prevent teenage pregnancies will help programs across the state see the impacts of their programs and the need for continuation of health education. |

## Form 10b
## State Outcome Measure (SOM) Detail Sheets

**State: Nevada**

No State Outcome Measures were created by the State.

## Form 10c
## Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

**State: Nevada**

**ESM 1.1 - Percent of Title V funded partners that disseminate materials to raise awareness of the importance of a well-woman visit, coverage benefits, and how to find a provider**
**NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year**

| | |
|---|---|
| **Measure Status:** | Active |
| **Goal:** | To increase percent of programs raising awareness of the well-woman visit, coverage benefits, and how to find a provider |
| **Definition:** | **Numerator:** Number of Title V funded partners that disseminate materials to raise awareness of the importance of a well-woman visit, coverage benefits, and how to find a provider.<br>**Denominator:** Number of Title V funded partners with a potential to perform the measure (51)<br>**Unit Type:** Percentage<br>**Unit Number:** 100 |
| **Data Sources and Data Issues:** | Data Source: Nevada Title V/MCH Program |
| **Significance:** | Title V funded partners will help to disseminate materials to raise awareness of the importance of a well-woman visit, coverage benefits, and how to find a provider and reach a large proportion of the MCH population including hard-to-reach populations such as non-English speakers and those living in rural areas |

**ESM 4.1 - Percent of hospitals (birthing facilities) receiving training on Baby Steps to Breastfeeding Success or designated as Baby Friendly by Baby Friendly USA**
**NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months**

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|---|---|
| **Measure Status:** | Active |
| **Goal:** | To increase the number of hospitals (birthing facilities) receiving training on Baby Steps to Breastfeeding Success or designated as Baby Friendly by Baby Friendly USA. |
| **Definition:** | **Numerator:** Number of hospitals (birthing facilities) receiving training on Baby Steps to Breastfeeding Success or designated as Baby Friendly by Baby Friendly USA.<br>**Denominator:** Number of birthing facilities in Nevada (19)<br>**Unit Type:** Percentage<br>**Unit Number:** 100 |
| **Data Sources and Data Issues:** | Data Source: Nevada Statewide Breastfeeding Program. |
| **Significance:** | Birth facilities that have achieved Baby Friendly designation typically experience an increase in breastfeeding rates. Research has found a relationship between the number of Baby Friendly steps (included in the Ten Steps to Successful Breastfeeding) in place at a birth facility and a mother's breastfeeding success. In addition, mothers experiencing none of the Ten Steps to Successful Breastfeeding during their stay were eight times as likely to stop breastfeeding before 6 weeks compared to those experiencing five out of the ten steps. These findings emphasize the value of having hospitals acquire Baby Friendly designation. |

**ESM 6.2 - Number of children receiving a developmental screening using the Ages and Stages Questionnaire (ASQ)**
**NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year**

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|---|---|
| **Measure Status:** | Active |
| **Goal:** | To increase the number of children receiving a developmental screening using the ASQ. |
| **Definition:** | **Numerator:** Number of children receiving a developmental screening using the ASQ<br>**Denominator:** N/A<br>**Unit Type:** Count<br>**Unit Number:** 3,000 |
| **Data Sources and Data Issues:** | Nevada Title V/MCH Program<br>ASQ Hub |
| **Significance:** | The Ages and Stages Questionnaire is the most commonly used developmental screening tool by publicly funded and private programs serving infants, toddlers, and their families in Nevada. Collection of this data will allow the Title V MCH Program to track the number of children screened. In the future, the data should allow us to see the developmental status of children by age and program. |

**ESM 8.1.1 - Number of unique visitors to Chronic Disease Prevention and Health Promotion Section social media and marketing materials including physical activity and healthy lifestyle messages for parents and caregivers of children ages 6-11.**
**NPM 8.1 – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day**

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|---|---|
| **Measure Status:** | Active |
| **Goal:** | Increase the number of unique visitors to Chronic Disease Prevention and Health Promotion Section social media and marketing materials including physical activity and healthy lifestyle messages for parents and caregivers of children ages 6-11. |
| **Definition:** | **Numerator:** Number of unique visitors to Chronic Disease Prevention and Health Promotion Section social media and marketing materials including physical activity and healthy lifestyle messages for parents and caregivers of children ages 6-11.<br>**Denominator:** NA<br>**Unit Type:** Count<br>**Unit Number:** 60,000 |
| **Data Sources and Data Issues:** | Nevada Title V/MCH Program<br>Chronic Disease Prevention and Health Promotion Section<br>Google Analytics<br>Facebook analytics are for parents and caregivers of children ages 6 through 8 . |
| **Significance:** | With parents and care-givers increasingly on social media, the reach of this campaign is expected to grow. |

**ESM 8.2.1 - Number of facilities providing Trauma-Informed Yoga (TIY) for at-risk adolescents ages 12-17.**
**NPM 8.2 – Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day**

| | |
|---|---|
| **Measure Status:** | Active |
| **Goal:** | Increase the number of facilities providing Trauma-Informed Yoga (TIY) for at-risk adolescents ages12 through 17 to increase physical activity for 60 minutes per day. |
| **Definition:** | **Numerator:** Number of programs providing TIY<br>**Denominator:** N/A<br>**Unit Type:** Count<br>**Unit Number:** 25 |
| **Data Sources and Data Issues:** | Nevada Title V/MCH Program |
| **Significance:** | TIY programs make physical activity available in a safe environment to at-risk adolescents ages 12-17 without specialized equipment, dedicated space, or unsafe outdoor environment. |

**ESM 8.2.2 - Number of unique visitors to MCH social media and marketing materials including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17.**
**NPM 8.2 – Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day**

| | |
|---|---|
| **Measure Status:** | Active |
| **Goal:** | Increase the number of unique visitors to MCH social media and marketing materials including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17. |
| **Definition:** | **Numerator:** Number of unique visitors to MCH social media and marketing materials including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17<br>**Denominator:** NA<br>**Unit Type:** Count<br>**Unit Number:** 120,000 |
| **Data Sources and Data Issues:** | Nevada Title V/MCH Program<br>Google Analytics |
| **Significance:** | With adolescents increasingly utilizing social media, this campaign is an effective way to reach them. The English and Spanish messages generated for this ongoing campaign were field tested with adolescents. |

**ESM 10.1 - Percent of Title V partners that conducted activities to promote preventive well visits for youth in the past year**
**NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.**

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|---|---|
| **Measure Status:** | Active |
| **Goal:** | To promote preconception wellness. |
| **Definition:** | **Numerator:** Number of Title V partners that conduct activities to promote preventive well visits for youth<br>**Denominator:** Number of Title V funded partners with a potential to perform the measure (22)<br>**Unit Type:** Percentage<br>**Unit Number:** 100 |
| **Data Sources and Data Issues:** | Data Source: Nevada Title V/MCH Program |
| **Significance:** | Adolescents face a variety of health risks and health problems including unintended pregnancies, sexually transmitted diseases, substance use disorders, and depression, among others. Getting an annual well-visit provides an opportunity for adolescents to discuss and address any of these issues in a timely fashion. |

**ESM 11.1 - Number of public outreach events to educate the CYSHCN population about how to access and benefits of medical home portal in the past year**
**NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home**

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|---|---|
| **Measure Status:** | Active |
| **Goal:** | To increase the number of public outreach events to educate the CYSHCN population about how to access and benefits of medical home portal in the past year. |
| **Definition:** | **Numerator:** Number of public outreach events to educate the CYSHCN population about how to access and benefits of medical home portal in the past year.<br>**Denominator:** All partners that serve the CYSHCN population.<br>**Unit Type:** Count<br>**Unit Number:** 16 |
| **Data Sources and Data Issues:** | Data Source: Nevada Title V/MCH Program |
| **Significance:** | Medical Home is an approach to providing comprehensive primary care in which the primary care provider and her/his team work in partnership with the family/patient to meet the medical and non-medical needs of the child/youth. The family/patient is able to access coordinated care from specialists, receive education, family support and other community services to improve their health and wellbeing.<br><br>A Medical Home Portal is a “one-stop shop” credible source of information about children and youth with special health care needs (CYSHCN). It is a valuable resource for families, physicians and medical home teams, and other professionals and caregivers. |

**ESM 14.1.1 - Number of pregnant women and new mothers who called the quitline for assistance in the past 12 months**
**NPM 14.1 – Percent of women who smoke during pregnancy**

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|---|---|
| **Measure Status:** | Active |
| **Goal:** | To decrease the percent of women of child-bearing age who are smokers |
| **Definition:** | **Numerator:** Number of pregnant women and new mothers who called the quitline for assistance in the past 12 months<br>**Denominator:** All pregnant women who use nicotine<br>**Unit Type:** Count<br>**Unit Number:** 1,830 |
| **Data Sources and Data Issues:** | Nevada Tobacco Prevention and Control Program |
| **Significance:** | Tobacco smoke contains a deadly mix of more than 7,000 chemicals; hundreds are harmful, and about 70 can cause cancer. Smoking during pregnancy is a public health problem because of the many adverse effects associated with it. These include intrauterine growth restriction, placenta previa, abruptio placentae, decreased maternal thyroid function, preterm premature rupture of membranes, low birth weight, perinatal mortality, and ectopic pregnancy. Children born to mothers who smoke during pregnancy are at an increased risk of asthma, infantile colic, and childhood obesity. Secondhand prenatal exposure to tobacco smoke also increases the risk of having an infant with low birth weight by as much as 20%. Smoking by women during pregnancy has been shown to increase the risk for Sudden Infant Death Syndrome (SIDS). Providers and public health professionals should provide support mothers to stop perinatal smoking. Public health awareness of the risks associated with smoking and substance use during pregnancy can reach more of the population by mass media. Knowledge of available resources may help reduce the risk of adverse birth outcomes associated with smoking and substance use. Public health initiatives could lead to a decrease in smoking by pregnant women and nonpregnant women of reproductive age by providing access to smoking cessation programs. |

**ESM 15.1 - Number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations (e.g. in multiple languages)**
**NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured**

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|---|---|
| **Measure Status:** | Active |
| **Goal:** | To increase the percent of children ages 0 through 17 who are adequately insured |
| **Definition:** | **Numerator:** Number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations (e.g., in multiple languages).<br>**Denominator:** Number of Title V funded partners<br>**Unit Type:** Count<br>**Unit Number:** 16 |
| **Data Sources and Data Issues:** | Data source: Nevada Title V/MCH Program |
| **Significance:** | Almost one-quarter of American children with continuous insurance coverage are not adequately insured. Inadequately insured children are more likely to have delayed or forgone care, lack a medical home, be less likely to receive needed referrals and care coordination, and receive family-centered care. The American Academy of Pediatrics highlighted the importance of this issue with a policy statement. The major problems cited were cost-sharing requirements that are too high, benefit limitations, and inadequate coverage of needed services. |

## Form 11
## Other State Data

### State: Nevada

The Form 11 data are available for review via the link below.

Form 11 Data