Maternal and Child Health Services Title V Block Grant

Nevada

FY 2021 Application/ FY 2019 Annual Report

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I.A. Letter of Transmittal

Steve Sisolak
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.

Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

August 26, 2020

Michele H. Lawler, M.S., R.D.
Director
Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
Room 5C-26, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

RE: Maternal and Child Health Block Grant Submission. FFY 2020 Application and FFY 2018 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 Nevada Federal Fiscal Year (FFY) 2021 Application and FFY 2019 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,

Candice McDaniel, MS
Health Bureau Chief
Bureau of Child, Family, and Community Wellness

4150 Technology Way, Suite 300 ● Carson City, Nevada 89706
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I.B. Face Sheet

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

I.C. Assurances and Certifications

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 statewide to improve the health of families. Funded partners implement activities serving women of childbearing age, pregnant women, infants, adolescents, and children, including children and youth with special health care needs (CYSHCN). Nevada utilizes Title V MCH funding to collaborate with stakeholders and strengthen community partnerships and activities, ensuring all MCH populations have access to quality health education and preventive services.

Nevada's Title V MCH Program is housed in the Maternal, Child and Adolescent Health (MCAH) Section; Bureau of Child, Family and Community Wellness (CFCW); Division of Public and Behavioral Health (DPBH); Nevada 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/. The Title V MCH Program is committed to funding evidence-based or informed activities/programming to improve the health and wellbeing of the MCH population.

Accomplishments and Priorities by Population Domain

Domain: Women/Maternal Health

According to 2018 Behavioral Risk Factor Surveillance System (BRFSS) data, 64.6% of Nevada women ages 18-44 years received a preventive visit in the past year compared to 73.6% of women nationally. Further, according to 2018 data, 74.6% of pregnant women in Nevada received prenatal care beginning in the first trimester, compared to 77.5% in the US during the same year. This percentage is lower for uninsured women in Nevada, with only 58.5% receiving early prenatal care. The Title V MCH Program partners with statewide and regional MCH coalitions, community-based programs, and public and private stakeholders to increase rates of insurance coverage and receiving timely prenatal care among this vulnerable population.

Nevada's Title V MCH Program collaborates with partners to identify and reduce modifiable risk factors for improving birth outcomes, including racial and ethnic health disparities. Participation continues in the Association of Maternal Child Health Programs (AMCHP) "Infant Mortality Collaborative Improvement and Innovation Network (IM-CoIIN) 2.0." Partners include Local Health Authorities (LHAs), March of Dimes, Division of Health Care Financing and Policy (DHCFP or NV Medicaid), DPBH Office of Public Health Investigations and Epidemiology (OPHIE), Nevada Healthy Start, Washoe County Fetal Infant Mortality Review (FIMR), and the Nevada Home Visiting (NHV) Program. The Nevada IM-CoIIN team convenes monthly to address preterm births and Social Determinants of Health related to Pre/Interconception Care. The establishment of a Maternal Mortality Review Committee (MMRC) by the 80th Nevada Legislature in 2019 was an accomplishment which will create new opportunities for addressing and improving maternal health issues.

Partner organizations provide critical screenings to women of childbearing age; especially women living in rural and frontier areas and at-risk populations. Screenings include those for postpartum depression; Screening, Brief Intervention, and Referral to Treatment (SBIRT); One Key Question campaign; and others. Collaboration with NHV also promotes relevant maternal and infant screenings to targeted MCH populations.

Domain: Perinatal/Infant Health

According to the National Immunization Survey, Nevada's rate for ever breastfeeding increased between 2010 and 2015. In 2016, Nevada's rate decreased slightly but remained in line with the national average (79% and 83.8%, respectively). Nevada's 2016 rate for exclusive breastfeeding at six months was 23.6%, similar to the national average (25.4%).

Nevada's Title V MCH Program partners with the Nevada Women, Infants, and Children (WIC) Program and WIC clinics, MCH coalitions, breastfeeding coalitions, community-based programs, LHAs, the public, and private stakeholders to increase breastfeeding rates by improving access to breastfeeding supports for new mothers.

Nevada WIC breastfeeding campaigns are designed to increase awareness, promote WIC breastfeeding services, and normalize breastfeeding in public locations. Eighty-nine Nevada businesses have signed the pledge to provide welcoming environments to breastfeeding mothers. The 2018 Breastfeeding Peer Counseling (BFPC) campaign used social and digital media to reach potential WIC participants. WIC peer-to-peer support and breastfeeding services were promoted in both Washoe and Clark counties where BFPC services are offered. Nevada Healthy Start, co-funded by the Nevada Title V MCH Program, promoted breastfeeding with the goal of increasing breastfeeding initiation among participants using an equity lens. Nevada Healthy Start conducted eight outreach activities between October 2018 and March 2019. Washoe County FIMR reviewed 49 cases in FFY2019. Nevada Title V MCH Safe Sleep efforts include funding a statewide Cribs for Kids Program, statewide English and Spanish radio and television media campaigns, and statewide distribution of children's books with safe sleep messages. Cribs for Kids distributed 810 Safe Sleep Survival Kits, a 7.9% increase from FFY2018. The NHV Program also promotes breastfeeding and safe sleep to participants in partnership with the Nevada Title V MCH Program.

Nevada Title V MCH activities related to decreasing substance use in pregnancy and participation in the Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI), Nevada Comprehensive Addiction and Recovery Act (CARA), and CoIIN efforts support this domain. The Nevada Title V MCH Program continues Safe Sleep and Injury Prevention education with Indian Health Service clinics. Trainings provided are Infant Safe Sleep, car seat installation, Ages and Stages Questionnaires (ASQs), and Shaken Baby Syndrome and Abusive Head Trauma. Pregnancy Risk Assessment Monitoring System (PRAMS) promotion efforts also relate to pathways for improvements in this domain.

Domain: Child Health

According to the 2017-18 National Survey of Children's Health (NSCH), Nevada (27.9%) is below the national average (33.5%) for children ages nine through 35 months who received a developmental screening using a parent-completed screening tool in the past year. Nevada's Title V MCH Program collaborates with public and private partners to improve the rate of children receiving timely developmental screening and increase the number of applicable entities trained on developmental screening. The Title V MCH Program implemented ASQ-Social Emotional 2nd Edition (ASQ-SE2) parent trainings and screenings statewide, including distribution of the Centers for Disease Control and Prevention (CDC) Milestone Moments bilingual booklets and a Training of Trainers session.

Nevada's Title V MCH CYSHCN Program promotes the Medical Home Portal (MHP), which improves access to healthcare by assisting and supporting professionals and families using the Medical Home model to care and advocate for CYSHCN and non-CYSHCN. From FFY 2018 to FFY 2019, there was a 156% increase in MHP website views, from 4,838 to 12,390; additionally, the number of unique users increased from 2,641 to 5,961.

The Title V MCH-funded Nevada Kindergarten Health Survey conducted annually by the Nevada Institute of Children's Research and Policy (NICRP), shows an increase in the number of overweight children and a decrease in the number of obese children entering kindergarten. The 2018-2019 survey showed 10.7% of Nevada kindergartners were overweight and 20.9% were obese. The Title V MCH Program funded an obesity prevention/physical activity promotion social media campaign to help address this issue. Child health is also supported via Bullying and Suicide Prevention efforts in partnership with the Nevada Department of Education (NDE) and with the DPBH Office of Suicide Prevention (OSP).

Domain: Adolescent Health

According to the 2019 Youth Risk Behavior Surveillance System (YRBSS), 38.4% of Nevada high school students were physically active at least 60 minutes per day on five or more days during the week before the survey. When compared to Nevada's 2017 YRBSS data, there has been a statistically significant decrease in this measure (dropped from 43.9%). National data for the 2019 YRBSS is not yet available, but the 2019 Nevada rate for adolescent physical activity is lower than the 2017 national average (38.4% vs 46.5%). Efforts to increase physical activity include continuing support for trauma-informed yoga via a partner entity serving children and high-risk youth (a Nevada Innovation Station promising practice), conducting a social media campaign for adolescents promoting physical activity, and initiating a project with the Family Voices state representative agency to increase movement among CYSHCN.

Nevada does not have either the highest or lowest rate of teen pregnancy among all states. However, since one in five births to teen mothers (15-19 y.o.) in Nevada is a repeat teen birth, it is important to decrease both measures, with specific emphasis on identifying and addressing health disparities. To improve teen birth measures, the Nevada Title V MCH Program partners with state and local teen pregnancy prevention programs, MCH Coalitions, LHAs, community-based programs, and public and private stakeholders to increase access to family planning information and other educational materials, including funding LHAs and rural/frontier Community Health Nurses (CHNs) to provide education and promote Medicaid coverage of Long Acting Reversable Contraceptives (LARCs) immediately post-partum. The National Governor's Association (NGA) Learning Network to Improve Insurance Enrollment and Access to Health Care for Adolescents ages 15-18 y.o., continues, with efforts initially focusing on Clark County and expanding statewide.

Domain: Children and Youth with Special Health Care Needs

Although CYSHCN should have access to a medical home, according to the 2017-18 NSCH, only 26.3% of CYSHCN in Nevada have a medical home, well below the national average of 42.7%. Comparatively, 43.4% of children without special health care needs in Nevada have a medical home, much closer to the national average of 49.4%. Nevada's CYSHCN Program provides resources and support to community agencies serving children ages birth to 21 years. The CYSHCN Program funds a variety of community programs to better serve children and families through a network of federal, state, Family Voices affiliate, university, and local community and family-based partners. The CYSHCN Program participates in community and family-led coalitions and committees, including the Nevada Governor's Council on Developmental Disabilities (NGCDD), Newborn Screening Program Advisory Board, and the Nevada Early Intervention Interagency Coordinating Council (ICC).

Nevada's CYSHCN Program continues promotion of the MHP, which improves access to health care by assisting and supporting professionals and families using the Medical Home model to care and advocate for CYSHCN. This virtual resource provides reliable and useful information about medical conditions, care, and knowledge of valuable local and national services and resources, improving care coordination among children with and without special

health care needs. The CYSHCN Program partners with a Family Voices entity, Family TIES of Nevada, to increase MHP promotion, access to health care resources, referrals to adequate insurance coverage, care coordination services, and the CYSHCN toll-free hotline. A recent program accomplishment is the collaboration with the RPE Program and the Nevada Coalition to End Domestic and Sexual Violence to create a resource on sexual assault prevention for those living with developmental disabilities.

Nevada's CYSHCN Program also manages the Critical Congenital Heart Disease (CCHD) Registry, ensuring Nevada-born infants are screened for CCHD and reports the annual total number of Nevada infants diagnosed with CCHD. The CYSHCN and Adolescent Health and Wellness Programs are collaborating with the Nevada Center for Excellence in Disabilities (NCED) to expand resources on health care transition and health literacy in addition to working with Family TIES of Nevada to increase physical activity among the CYSHCN population.

Domain: Cross-Cutting/Life Course

Nevada's Title V MCH Program collaborates across systems to collect information regarding the percent of women who smoke or use/misuse substances during pregnancy, as well as information regarding the percent of children exposed to secondhand smoke. PRAMS collects data on substance use in pregnant women in Nevada. For 2017 and 2018 weighted data, PRAMS had a response rate of 40.6% and 39.4%, respectively, both under the CDC threshold of 55%. Therefore, data should be interpreted with caution.

For 2018 births, survey questions asked about substance use during the respondent's most recent pregnancy. When asked about prescription pain medication use during pregnancy, 5.4% said yes; this is an increase of 78% from the percentage responding yes in 2017. When asked about methadone use during pregnancy in 2018, 1% said yes. In 2017, Heroin, amphetamines, methamphetamines, cocaine, tranquilizers, hallucinogens, LSD, sniffing gas, and glue or huffing use were all under 1% each. However, in 2018, reported amphetamine and cocaine use were both greater than 1%, at 1.13% and 1.17% respectively. To gain more data about opioid use during pregnancy, Nevada PRAMS applied for supplemental opioid funding in 2017 and was awarded funds in September 2018. Thirteen additional questions pertaining to opioid use during pregnancy were included in the 2019 survey.

In response to Nevada's legalization of medical and recreational marijuana, informational resources on pregnancy and marijuana use were and continue to be disseminated. Nevada's Title V MCH Program partnered with the Department of Taxation to distribute Child Injury Prevention and Pregnancy and Marijuana prevention materials to all marijuana dispensaries in Nevada. According to Nevada PRAMS, when asked about marijuana use during pregnancy in 2018, 11.6% of women said yes; this is a 95% increase from the percentage responding yes in 2017. Title V MCH Program efforts focused on reducing substance use in pregnancy and interconception for women of childbearing age continue to include promotion of the SoberMomsHealthyBabies.org website and associated media campaigns, marijuana prevention education materials, the Substance Use during Pregnancy Provider Toolkit, and ASTHO OMNI activities on reduction of substance exposed infants and neonatal abstinence syndrome (NAS). Nevada's Title V MCH Program participation in CARA Infant Plan of Safe Care substance exposed infant workgroups, CoIIN, home visiting, and perinatal quality efforts all support progress in this domain.

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

How Title V Funds Support State MCH Efforts

The Nevada Title V MCH Program of the MCAH Section of the DPBH is led by MCH Director Candice McDaniel, MS. Title V MCH Program Units include: Adolescent Health and Wellness, CYSHCN, Maternal and Infant Health, Rape Prevention and Education (RPE), and MCH Epidemiology. MCH also supports and complements Nevada Home Visiting, Nevada PRAMS and the Maternal and Child Health Advisory Board (MCHAB). The State Systems Development Initiative (SSDI) Manager is co-funded with Title V MCH funds and participates in all MCH Unit meetings and activities and monitors specific subawards.

Title V MCH-funded partners provide interventions and support to reach diverse populations, and include, but are not limited to:

- Nevada 211
- Local Health Authorities
- Partners Allied for Community Excellence (PACE) Coalition
- Dignity Health, St. Rose Dominican Hospitals
- Nevada Statewide MCH Coalitions
- Family TIES of Nevada
- Washoe County Fetal Infant Mortality Review
- Immunize Nevada
- UNR NCED
- Children's Cabinet Technical Assistance Center on Social Emotional Intervention (TACSEI)

Programs funded by the Nevada Title V MCH Program recognize the importance of respecting cultural pluralism. Whether at the state, county, or community level, MCH coalitions and funded MCH partners 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

Title V MCH Success Story

Nevada's Title V MCH Program helps fund Nevada 211 which functions as the MCH call line and whose dispatch staff receive four trainings per year on MCH topics. The Nevada 211 example below was chosen as a highlighted success story as it succinctly shows the outcome of one of many resource and referral outlets funded by MCH. A call from a single young woman in her first trimester of pregnancy demonstrates the power of connection for just one Title V MCH-funded partner providing resources and referral:

"She just got notice that she had to leave her residence. She was very stressed and on the verge of tears. I was able to give her the two transitional homes for youth and although I was hesitant to do so, I informed her that we have a transitional house that was specifically for victims of domestic violence, sexual assault and human trafficking. I was also able to provide her with food pantries and information on how to apply for the WIC program. She was very grateful to receive the information and by the end of the call, she was happy to have a game plan and some options."

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 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 by land mass in the U.S. The State Demographer 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 and 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 and Washoe).

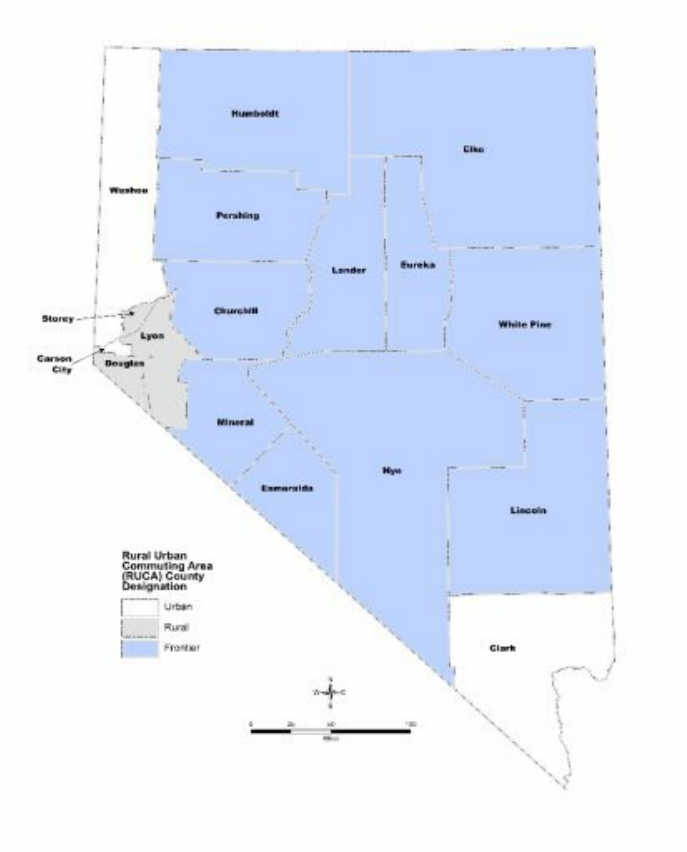


Figure 1. Map of Nevada with Counties

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 382 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.

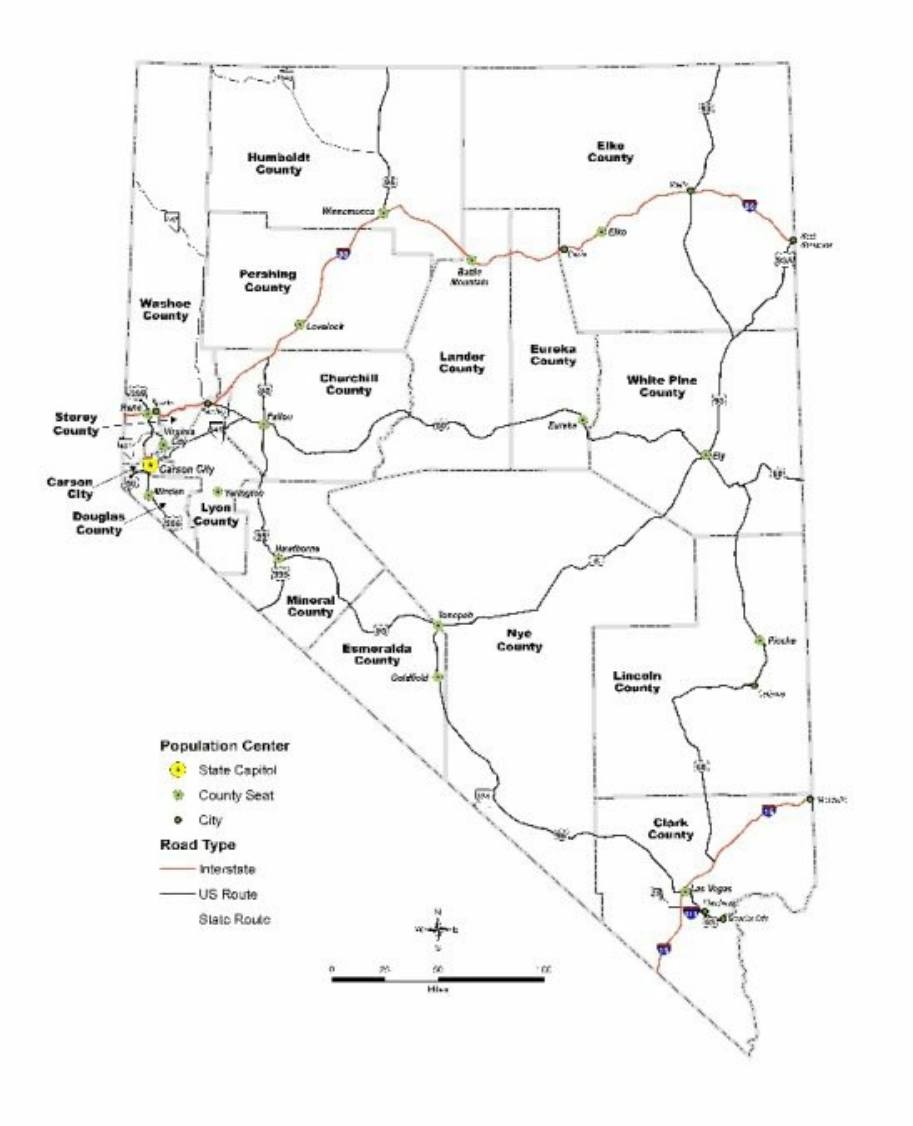


Figure 2. Map of Nevada with Cities

2. Population

In 2019, the Nevada State Demographer's Office and the U.S. Census Bureau estimated Nevada's population at 3,080,156. Between 2010 and 2019, Nevada had the sixth-highest percentage growth in the nation (14.1%, U.S. Census Bureau). 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, home to 74.5% (2,293,391 persons) of all Nevada residents (tax.nv.gov). The population in the rural and frontier counties ranges from approximately 982 (Esmeralda County) to 55,116 residents (Elko County). In 2019, the child population (Nevadans under 18 years) made up 22.9% of the population, similar to the proportion across the U.S. (22.4%).

The U.S. Census Bureau also indicates Nevada is an ethnically diverse state, with over 29% of the state's population in 2019 documented as Hispanic Origin of Any Race. In comparison, Nevada's population is 74.3% White alone, 10.1% Black alone, 8.7% Asian alone, 1.7% Native American or Alaskan alone, 0.8% Hawaiian and Other Pacific Islander alone, and 4.5% two or more races (https://www.census.gov/quickfacts/nv).

According to the most recent Kid's Count Data Center (2018) approximately 35% of Nevada's children are from non-

U.S. national families or reside with at least one foreign-born parent, and of these children, 69% are from Latin America. These numbers have been holding steady over the last five years. Health concerns for Nevada's diverse MCAH population include physical, reproductive, behavioral, mental, psychosocial, chronic disease concerns, health disparities, and care of CYSHCN. Language barriers, cultural differences, equitable access to insurance and service availability can influence the use of clinics, hospitals, doctors, and other health care and ancillary services. Nevada Title V MCH-funded partners provide bilingual referrals and resources to community events. Along with providing printed materials, staff link diverse populations to targeted programs providing culturally informed services.

3. Public Health System/Organizational Structure

Governor Steve Sisolak is Nevada's Governor, currently serving the second year of a four-year term. Nevada DHHS is the largest of the State's departments and the Director is appointed by and reports directly to the Governor. The current DHHS Director is Richard Whitley, MS. DHHS is comprised of five divisions, with multiple stand-alone programs falling under the DHHS Director. Divisions include: Division of Public and Behavioral Health, Aging and Disability Services Division (ADSD), Division of Child and Family Services (DCFS), Division of Health Care Financing and Policy, and the Division of Welfare and Supportive Services (DWSS).

Nevada's three urban counties have their own health authority: Carson City Health and Human Services (Carson City), Washoe County Health District (Washoe County), and Southern Nevada Health District (Clark County). The rural and frontier counties: Humboldt, Elko, Pershing, Lander, Eureka, White Pine, Churchill, Mineral, Esmeralda, Nye, and Lincoln counties do not have their own health authority; therefore, DPBH OPHIE and the DHHS Chief Medical Officer serve as the health authority for those counties. Additionally, some of the rural and frontier counties have or are forming their own boards of health. Nevada Community Health Services (CHS) has community health nursing clinics and behavioral health clinics in various rural and frontier counties to provide family planning services, related preventive health services, public health, and infectious disease services.

DHHS programs helping to promote Title V MCH priorities in Nevada include: Nevada 211, Office of Consumer Health Assistance, NGCDD, the Office of Health Information Technology (HIT), Individuals with Disabilities Education Act (IDEA) Part C Office, Nevada Early Intervention Services (NEIS), the Nevada Office of Minority Health and Equity (NOMHE), 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 (addresses access to health care and identifies workforce shortage areas), Oral Health, CHS/CHNs, DPBH OPHIE, Office of Analytics, Substance Abuse Prevention Treatment Agency (SAPTA), Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), DCFS, Nevada Medicaid, CDPHP Section, Nevada WIC, and the Nevada State Immunization Program (IZ).

Nevada Revised Statute (NRS) Chapter 442 (http://www.leg.state.nv.us/NRS/NRS-442.html) details the Title V MCH public health authority of DPBH. The DPBH Administrator is Lisa Sherych, MBA. The Community Services Branch of DPBH is led by Julia Peek, MHA, CPM. The Bureau of Child, Family and Community Wellness (CFCW) within the Community Services Branch is led by Bureau Chief and MCH Director Candice McDaniel, MS. Ms. McDaniel also 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); Personal Responsibility Education Program (PREP); Sexual Risk Avoidance Education Program (SRAE); Nevada PRAMS; Early Hearing Detection and Intervention (EHDI); and the Title V MCH Program. The MCAH Section also administers the MCHAB and the Nevada MMRC. The MCAH Section addresses health and social issues among the populations served by coordinating efforts with Nevada DHHS programs, LHAs, public and private partners, MCH Coalitions, Community Coalitions, Family Resource Centers, Federally Qualified Health Centers (FQHCs), regional hospitals, and a variety of other traditional and non-traditional stakeholders.

The MCAH Section includes the Title V MCH Program, led by Mitch DeValliere, DC. Title V MCH Program fiscal staff includes two partially funded Management Analyst II positions and a part time Accounting Assistant III. The SSDI Manager is Tami Conn who leads all MCH and PRAMS data efforts. Nevada Title V MCH Program staff and topic units include:

- The CYSHCN Program Coordinator administers and promotes the MHP, serves family and self-advocates for CYSHCN, provides services and supports for CYSHCN, provides and coordinates health education for CYSHCN and their families, administers the CCHD Registry, and provides trainings for families and health professionals. Partners working with the CYSHCN Coordinator include the University of Nevada, Reno (UNR) Craniofacial Clinic, Children's Cabinet TACSEI, Family TIES of Nevada, partners providing transition activities for older CYSHCN, and NCED.
- The Title V MCH Epidemiologist is responsible for MCH data needs for annual reporting and the five-year needs assessment. Additionally, the MCH epidemiologist analyzes data and writes reports for federal, state, and local use, including for the Nevada PRAMS and other MCAH programs. Funding for this position is provided through the Title V MCH Block Grant (0.7 FTE) and CDC PRAMS (0.3 FTE).
- The RPE Coordinator collaborates with statewide partners to prevent sexual violence and intimate partner violence among youth and young adults ages 12 to 24 years. Funding for the RPE Coordinator position and related prevention activities is provided through the Title V MCH Block Grant (0.25 FTE), Preventive Health and Health Services Block Grant (PHHSBG) set-aside, and CDC (0.75 FTE).
- The Adolescent Health and Wellness Program Coordinator collaborates with community partners on improving access to health insurance, increasing utilization of adolescent well visits and general health and wellness services, including trauma informed yoga, increasing daily physical activity by adolescents, and administering school-based health center Medicaid certification and related technical assistance.
- The Maternal and Infant Health Program Coordinator collaborates with diverse community partners on a variety of perinatal and interconception care initiatives, including substance use prevention, breastfeeding promotion, injury prevention, IM CoIIN 2.0 lead, perinatal mood and anxiety disorders, safe sleep, and 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 childbearing age, infants, children, CYSHCN, adolescents, and their families. Examples of Title V MCH-funded partners administering programs congruent with the priorities indicated in the five-year plan, include:

- Children's Cabinet TACSEI provides technical assistance and facilitates parent involvement in social emotional Pyramid Model activities.
- Family TIES of Nevada 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.
- Washoe County FIMR evaluates elements impacting the health of the mother, as well as fetal and infant birth outcomes to reduce fetal and infant mortality.
- Money Management/Nevada 211 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 MHP resource sections, and educating women on the priority status of pregnant women at SAPTA-funded treatment centers.
- Immunize Nevada supports training/workforce development, including the coordination of the statewide

Nevada Health Conference with trainings to build topical MCH knowledge; also conducts a variety of other trainings and public media campaigns which support MCH population health and immunization needs.

- Nevada Broadcasters Association provides airtime and support for the Sober Moms Healthy Babies (SMHB), PRAMS, Safe Sleep and marijuana in pregnancy media campaigns. DP Video supports adolescent physical activity, tobacco quit line, and SMHB social media campaigns.
- Nevada PRAMS partner is UNR's Center for Surveys, Evaluation and Statistics in the School of Community Health Sciences.
- The Statewide MCH Coalition supports website maintenance, disseminates communications, advocates for MCH populations across public and private health entities in Nevada, conducts or refers to maternal mental health trainings, and supports planning with statewide partners for meeting the community needs of diverse populations.
- UNR NCED provides training on leadership, advocacy, and the medical home model 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 weekly to discuss the status of funded program activities and outcomes. 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. Nevada Title V MCH Program staff work with community partners to determine the scope of work and budget needed for community-level activities annually. This includes monthly check-in calls and annual site visits to monitor subawardee program deliverables and fiscal processes.

Culturally and Linguistically Appropriate Services (CLAS) Standards

Nevada Title V MCH-funded programs provide outreach and culturally-informed services and ensure funded products are ADA-compliant. Cultural Competence trainings are a valuable component to the success of the Title V MCH Program and are offered to case managers, nurses, and other professionals. Licensed personnel provide CLAS trainings and CHWs, Home Visitors, and various support staff access CLAS and related trainings.

Nevada's Title V MCH Program 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 greater understanding of the communities in which they live. Partners offer language and translation assistance, either through local community organizations or over the phone. Several partners 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 of Nevada, a Title V MCH-funded Family Voices partner, provides interpretation and translation services at the UNR Craniofacial Clinic. Title V MCH also funds a bilingual CHW in Elko County. Information and materials disseminated by these partners are required to be culturally appropriate. Internal translation support is provided by native-speaking MCAH and CFCW staff.

MCAH staff and partners received training related to equity, disparity reduction, and diversity and participated in webinars and trainings related to health equity, diversity, CLAS, intergenerational trauma, minority health and wellness, tribal partnerships, social determinants of health, race and disparity, and health literacy. The SDOH IM CoIIN 2.0 included surveys related to implicit biases and readiness for change in support of enhancing capacity to address biases and disparities. Nevada's Title V MCH Program works with community stakeholders to expand the

MCH presence across populations to address gaps and expand service scope to engage all state MCH communities. The Title V MCH Program collects accurate statewide and regionalized demographic information and shares information and trends 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. The percent of children ages 0 to 17 years without health insurance from 2012-2018 was 16.6%, 13.9%, 9.7%, 7.6%, 6.1%, 7.1%, and 7.9%. From 2017 to 2018, the proportion of uninsured children in Nevada increased by 11.3%. Nevada will continue to monitor insurance enrollment data for MCH populations. The Title V MCH Program will also review related Nevada PRAMS data.

Nevada Medicaid is administered by DHCFP with enrollment administered by DWSS for Medicaid and Nevada Check-Up, Nevada's Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Program. Both Fee for Service (FFS) and Managed Care Organizations (MCOs) operate in Nevada. Rural areas are served by FFS providers and the urban areas of Clark and Washoe counties are served by contracted MCO providers.

As of December 2019, according to Medicaid and Nevada Check-Up enrollment (Medicaid.gov) an estimated 626,078 individuals were enrolled in Medicaid and Nevada Check-Up, compared to September 2013 in which only 332,560 individuals were enrolled. Open enrollment for the Affordable Care Act began in October 2013. These numbers demonstrate continued growth in enrollment, a net increase of 88.3% in Nevada's Medicaid population over the past six years. (https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=nevada).

Nevada continues to promote the utilization of EPSDT screenings among Medicaid-eligible children under the age of 21years. Healthy Kids, the Nevada EPSDT Program, reimburses providers 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 and Title V MCH Program. Continued collaboration between 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/), CoIIN participation, SBHC certification, and well-visit increases for young adult initiatives .

Nevada's 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 Medicaid or Nevada Check-Up. The Title V MCH Program has also developed a growth chart based on Bright Futures recommended preventive pediatric health care visits. The growth chart includes important milestones, as outlined by Bright Futures guidelines. Title V MCH partners 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, and health care professional pocket guide, which are provided to partners statewide. The Title V MCH Program provides data related to MCH quality measures to DHCFP annually. Title V MCH also partnered with DHCFP and the National Academy for State Health Policy (NASHP) on a learning network regarding medically complex children and Maternal and Infant Health Initiative (MIHI) efforts.

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 services. Participating network providers agree to receive reduced payments to serve members. People in Nevada unable to pay for their health care needs can access limited financial assistance. The Mexican Consulate in Las Vegas provides information relating to health insurance for non-U.S. nationals. FQHCs in Nevada provide sliding scale fees for health care to all prospective patients, irrespective of

citizenship status.

No-cost health care is provided in Northern Nevada through the University of Nevada, Reno, School of Medicine (UNSOM) *Student Outreach Clinic* operated by medical students. The clinic is operated in cooperation with the Family Medicine Center and UNSOM 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, the Student Outreach Center operates five separate clinics (General, Geriatric, Dermatology, Pediatric, and Women's). A new obstetrics and gynecology (OB/GYN) Department at UNSOM provides targeted education for medical students.

Volunteers in Medicine of Southern Nevada (VMSN) provides no-cost medical care in southern Nevada. The University of Nevada Las Vegas (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 clinics are open to the public. Further, Rural Access Network (RAN) events provide oral health, immunizations, and other needed medical services at no cost to the most vulnerable populations in Nevada. The Title V MCH Program supports efforts related to CHS/CHNs and routinely shares information with the Nevada Hospital Association, Nevada Rural Hospital Partnership, the Nevada Primary Care Association, and the Nevada Rural Health Network.

5. Employment

According to the Bureau of Labor and Statistics, there are approximately 1.5 million Nevadans in the work force as of February 2020. Nevada ranked 32nd in the nation for unemployment in February 2020, with an unemployment rate of 3.6% compared to the national average of 3.5% (https://www.bls.gov/web/laus/laumstrk.htm).

Nevada's traditional industries 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).

According to the 2017 Economic Innovation Group's Index of State Dynamism report, Nevada was the most dynamic state in the country. Dynamism is used as a proxy for adaptability, meaning Nevada's economy has been able to withstand and adapt to economic trend changes by creating new businesses, having a steady influx of participants in the labor force, and having a flexible labor market (https://eig.org/wp-content/uploads/2017/07/ISD-Report.pdf)

The Kids Count Data Center data for 2018 reports the statewide median income of households with children was $65,400; an increase from $63,000 in 2017. For 2018, U.S. Census Bureau data indicates there were approximately 28,000 children who had at least one parent unemployed, and 72,961 children with at least one parent not in the labor force during the year.

6. Housing

Market forces continue to decrease the availability of affordable rental housing, increasing rates of rent burden for lower income households. According to the National Low-Income Housing Coalition, the 2019 Fair Market Rent (FMR) in Nevada for a two-bedroom apartment was $980. For a household to afford this level of rent without paying more than 30% of their income on housing, the household must earn at least $3,266 monthly or $39,198 annually. The estimated hourly mean renter wage in Nevada is $17.14, at which workers could realistically afford a rent charge of only $891.
(https://reports.nlihc.org/sites/default/files/oor/files/reports/state/OOR_2018_NV.pdf).

7. Income

Economic distress indicators such as poverty rate, housing vacancy rate, and percent of adults not working are compared across communities to create the Distressed Communities Index (DCI). According to the Economic Innovation Group 2018 DCI, four Nevada counties are considered “prosperous” (Douglas, Eureka, Storey, and Washoe), while four are “at-risk” (Esmerelda, Lincoln, Pershing, and White Pine). Mineral County is considered “distressed” (https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1001&context=bmw_lincy_econdev). Nevada faced no recent budget shortfalls in the reporting FFY but is in the process of reckoning with statewide budget shortfalls in light of COVID-19.

The median annual household income for Nevada decreased from $58,003 in 2017 to $57,598 in 2018, according to the American Community Survey (ACS). Between 2017-18, the U.S. median annual household income increased from $60,336 to $61,937. 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 80th percentile to income at the 20th percentile. In Nevada, the ratio is 4.3 overall and ranges from 3.2 (Lincoln County) to 8.3 (Eureka County) (http://www.countyhealthrankings.org/app/nevada/2019/measure/factors/44/map).

Nevada’s urban areas struggle with an unusually high cost of living relative to low wages and insecure work associated with service industry tourism economies. 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 geographic access barriers, as well as difficulties in recruiting and retaining providers. This translates into low rates of routine preventive health services being delivered to these regions, such as recommended EPSDT screening and 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.

Overall, Nevada’s relatively strong economy has not offset other measures of state performance that rank poorly compared to other states, as evidenced by Nevada’s rankings in the 2020 Camelot Index. The Camelot Index ranks states on six quality of life measures: economy, health, crime, education, society, and state government. While Nevada ranks 19th for economy, which considers poverty rates, incomes, and tax bases, and 26th for prudent state government fiscal measures, the state is in the bottom half for all other measures. Nevada ranks 33rd for health of the state’s population; this measure encompasses age-adjusted death rates, infant mortality rates, and health insurance coverage rates. When comparing crime rates across states, Nevada ranks 40th, and for measures of a healthy society, such as home ownership rates and food security, Nevada ranks 47th. Finally, when comparing measures for education such as high school graduation rate, standardized testing scores, and pupil to teacher ratio, Nevada ranks 46th in the nation. Notably, Nevada is the bottom-ranked state for ACT/SAT scores. These rankings are useful to know to help inform where Nevada can leverage its strengths to improve these and related measures in the future.

8. Policy/Legislature

The 80th Nevada Legislative Session ended June 3, 2019, and a key piece of legislation passed was Assembly Bill (AB) 169 which established a Maternal Mortality Review Committee and protections for the Committee. MCAH staff support the MMRC administratively. Nevada’s Title V MCH Program shared information relating to MCH populations from legislation passed in the session with partners statewide, particularly in relation to any changes to the Nevada Check-Up and Medicaid programs which broaden allowable billing codes or reimbursement and creation of a Diapering Committee and Family Planning account, as well as on newborn screening fee change and panel addition pathways. A bill was passed funding a study on home visiting which includes MCAH participation and the passage of the Account for Family Planning creates opportunities to improve reproductive health statewide.

NRS Chapter 442 codifies statutes related to Title V MCH. NRS 442.133 provides the membership and terms of the

MCHAB. The MCHAB is comprised of nine members appointed to two-year terms by the State Board of Health, with two legislators appointed by the Legislative Counsel. MCHAB is staffed by the Title V MCH Program Manager and an Administrative Assistant 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 MCHAB meets at least quarterly.

The CYSHCN Director served on the AMCHP Policy Committee with a two-year term ending January 2020. Chapter changes under review by Medicaid relevant to MCH populations are shared widely with MCH partners and coalitions, and DHCFP has worked with the Title V MCH Program on provider draft chapter changes related to preterm birth.

The MCAH Section and Title V MCH Program worked 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 and are active in Infant Plan of Care efforts as a key stakeholder. Title V MCH Program staff function as core members of the Nevada ASTHO OMNI team on substance use in pregnancy and NAS reduction efforts.

9. State Title V Emerging Issues

COVID-19

The Nevada Health Response Center, Nevada DPBH, and the CDC are closely monitoring the outbreak of the respiratory illness caused by the 2019 novel coronavirus (COVID-19). DPBH is encouraging healthcare providers to refer to the CDC's Health Alert Network (HAN) and DPBH Technical Bulletins and DHHS efforts inform the state COVID-19 information hub at https://nvhealthresponse.nv.gov/. Local health authorities, including Southern Nevada Health District (SNHD), Washoe County Health District (WCHD), and Carson City Health and Human Services (CCHHS) are also key responders monitoring and providing information related to COVID-19. The latest Nevada COVID-19 statistics and response efforts are located at the following website: https://nvhealthresponse.nv.gov/ and kept updated through the efforts of the DHHS Office of Analytics and DPBH OPHIE office.

In addition to the DHHS and DPBH efforts, the Title V MCH Program posts MCH-specific COVID-19 resources on the program website; are engaged in COVID-in-pregnancy surveillance monitoring discussions with CDC as part of an OPHIE-led team; shares COVID-19 resources and technical bulletins to partners to support rapid information sharing; and has reached out to stakeholders and subawardees to see how COVID-19 is affecting their efforts/activities and to assist with any technical assistance and/or adaptations or fiscal redirects as needed. Fortunately, most MCH-funded partners have been able to function well and adapt to the challenges of using virtual platforms. MCH staff are currently telecommuting and have adapted administrative and organizational processes to support program implementation. Title V MCH staff will facilitate a COVID-19 and MCH data presentation in concert with the Office of Analytics during the August 2020 MCHAB meeting. MCAH staff have also discussed NOMHE-planned equity and COVID-19 toolkit distribution opportunities and shared materials from NOHME and other quality organizations about racism and public health, health equity, health disparities and racism, and racism and pregnancy outcomes.

Congenital Syphilis

In 2018, Nevada was the top ranked state for primary and secondary syphilis rates and ranked second for congenital syphilis (CS) rates. Primary and secondary syphilis rates have been increasing in Nevada since 2012. According to the CDC, Nevada's rate of primary and secondary syphilis per 100,000 persons, from 2012-2018 are as follows: 4.1, 7.3, 11.0, 11.7, 15.3, 19.7, and 22.7. With this increase of syphilis cases comes a rise in congenital syphilis. According to CDC, CS rates in Nevada have been rising since 2012. Nevada's CS rates per 100,000 persons from

2012-2018 are as follows: 2.9, 5.7, 13.9, 22.0, 33.1, 57.9, and 85.5; this represents a 47.7% increase from 2017 to 2018, and a 2,848.3% increase over a seven-year span. Nevada Title V MCH staff are members of the CS Workgroup for Nevada and have been instrumental in CS prevention informational campaign development and resource distribution.

Teen Suicide

Teen suicide is an emerging issue in Nevada. Data from the National Vital Statistics System (NVSS) shows the adolescent suicide rate for those ages 15-19 years per 100,000 adolescents in Nevada was 15.2 for the reporting period of 2016-18; this represents an increase of 12.6% from the 2015-17 rate. Nevada's 2016-18 teen suicide rate is higher than the U.S. rate of 11.1 suicides per 100,000 adolescents during the same reporting period. When stratifying adolescent suicide rates for those ages 15-19 years by urban/rural residence, the 2016-18 rate was 22.1 in non-metro (rural) areas compared to 13.7 and 12.3 in small/medium and large metro areas, respectively. Title V MCH will continue to be an active participant in the Healthy Tomorrows Grant with the Nevada Primary Care Association. The Healthy Tomorrows project is focused on creating adolescent-friendly spaces in FQHCs to increase repeat visits and a develop a patient-centered medical home for Nevada's adolescents. Title V MCH Program funding also helped support the Nevada OSP with teen suicide prevention and systems-building projects, such as Youth Mental Health First Aid and Project AWARE, via funding for the OSP Manager and the crisis call line. Title V MCH staff also participate on the HRSA Mental Health Evaluation Committee and attend Statewide Children's Mental Health Consortia meetings.

Substance Use During Pregnancy and Substance Exposed Infants

Close monitoring of substance use during pregnancy and substance exposed infants will continue to be a priority for DPBH and Nevada's Title V MCH Program. According to data from NVSS, the percent of women who smoked during pregnancy was 4.2% in 2018; a decrease from 5.4% in 2010, or a change of 22.2%. NVSS data also reflects a modest decline in the use of substances during pregnancy, as the percentage of women who reported smoking, alcohol use, and/or drug use decreased from 5.5% in 2016 to 5.3% in 2019. MCAH will continue to work on state efforts regarding Comprehensive Addiction Recovery Act (CARA) and the Infant Plan of Safe Care including education, training, work group participation, and increasing awareness. Nevada PRAMS inquires about substance use before, during, and after pregnancy and provides this self-reported data in addition to vital statistics and hospital inpatient data to inform Title V MCH efforts/activities. Title V MCH Program staff are also core members of the Nevada ASTHO OMNI NAS-related efforts in Nevada.

Maternal Mortality Review Committee (MMRC) and Alliance for Innovation on Maternal Health (AIM) Efforts

Governor Steve Sisolak signed Assembly Bill (AB) 169 of the 80th Nevada Legislative Session into law in June 2020, establishing a Nevada MMRC and Processes and granting committee protections. AB169 was codified in NRS 442.751 through 442.774, inclusive, and reflected the work of a wide vary of supporters and advocates. The MMRC is required to: 1) review incidents of maternal mortality and severe maternal morbidity (SMM) in Nevada; 2) disseminate findings and recommendations concerning maternal mortality and SMM to providers of health care, medical facilities, other interested persons and the public; 3) publish timely reports consisting of data relating to maternal mortality and SMM, descriptions of incidents reviewed by the Committee, and recommendations to reduce maternal mortality and SMM in Nevada.

Nevada established the state's first MMRC and convened the first meeting in February 2020. This MMRC will continue to meet at least twice annually to review all incidences of maternal mortality in Nevada. The Title V MCH Program will be involved in supporting MMRC-related meeting travel and ancillary costs for members, and in

considering possible opportunities for implementing MMRC recommendations in MCH programmatic efforts for prevention, increased awareness of the existence and recommendations of the MMRC among the public, clinicians, and policy makers, and supporting dissemination of required reports and data-driven MMRC recommendations (e.g., evidence-based practices, screenings, and patient and provider education).

Reporting produced by the MMRC support staff will be included in Nevada's Title V MCH Block Grant reporting, and health equity in birth outcomes and maternal domain population health maximization will be key areas of topical intersect in priorities of the MMRC, MCAH Section, SSDI Program, and Title V MCH Program. Title V MCH Program staff will look for opportunities to create sustained funding for the MMRC as it was passed into law without dedicated funding. SSDI funds help support MMRC administrative support staff. The Title V MCH Program is in discussions with the Nevada Rural Hospital Partnership to launch Advanced Life Support in Obstetrics (ALSO), American College of Obstetricians and Gynecologists (ACOG) efforts to reduce rural maternal mortality by working with critical access hospitals. Nevada is now an Alliance for Innovation on Maternal Health (AIM) State, which will help staff support activities reducing preventable maternal mortality and severe maternal morbidity (SMM).

Early Childhood Continuum

Strengthening the early childhood education continuum to include public health is an emerging issue the Nevada Title V MCH Program will help address. The Title V MCH Program will continue and expand efforts to achieve the goal of NPM 6: To increase the percent of children, ages 9 to 35 months, who received a developmental screening using a parent completed screening tool. According to data from NSCH, Nevada has experienced a decrease from 2017-19 in the percent of children screened, from 30.9% to 27.9%. Systems-level interventions are needed to address all components of child development. Title V MCH Program staff will work with the Early Childhood Advisory Council and NHV to engage diverse stakeholders and leverage existing efforts to address the early childhood continuum. The MCH Director and NHV staff have been core participants in Pritzker efforts in Nevada also related to strengthening the early care continuum.

III.C. Five-Year Needs Assessment Summary (as submitted with the FY 2021 Application/FY 2019 Annual Report)

III.C.2.a. Process Description

Process Description

Goals for the Title V MCH Program Five-Year Needs Assessment included surveying the community partners serving MCH populations to help guide the priority needs for the Title V MCH Program, reviewing Federally Available Data (FAD) for Nevada and other state-specific MCH data, linking National Performance Measures (NPMs), Evidence-based or -informed Strategy Measures (ESMs) and State Performance Measures (SPMs) to the state priorities, and identifying the best use of Health Resources and Services Administration (HRSA) Title V MCH Block Grant resources to improve health outcomes in each of the Title V MCH domains.

The Maternal, Child and Adolescent Health (MCAH) Section houses the Title V MCH and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs. Title V MCH and MIECHV collaborated on the HRSA needs assessments required by each grant, discussed goals for each program, and agreed upon a selection process for State Master Service Agreement agencies qualified to coordinate and complete a Five-Year Needs Assessment. After the selection process, Title V MCH and MIECHV staff chose Health Management Association (HMA) to complete the Five-Year Needs Assessment. HMA implemented a mixed method research design to inform the Needs Assessment, including multiple strategies to gather stakeholder and public input from across the state. MCAH staff presented to the Intertribal Council and Tribal Health Director's meetings, the Nevada Governor's Council on Developmental Disabilities, the Maternal and Child Health Advisory Board, and many other venues to heighten awareness of the Needs Assessment and engage collaboration on survey engagement.

HMA worked with Title V MCH and MIECHV program staff to identify and interview key stakeholders working in Title V MCH and MIECHV-funded programs or working with targeted population groups. Key stakeholders identified additional stakeholders for interviews or focus groups through the interview process, which allowed HMA to access a large and diverse number of stakeholders for information gathering. HMA then hosted an online community survey dispersed via Title V MCH and MIECHV staff, partner organizations, and social media channels and a series of focus groups were conducted across the state. Finally, HMA conducted secondary analyses of publicly available population health and surveillance data.

Key Informant Interviews

Twenty (20) semi-structured, in-depth interviews were conducted with a total of 33 key leaders working in maternal, child and adolescent health and wellness from Carson City, Churchill, Humboldt, Storey, Washoe, Mineral, Lyon, Clark, Elko, Eureka, and Nye counties (11 of 17 total counties). Interviews were designed to gather information about the most pressing health issues facing MCH population groups and what is most needed to effectively address these health issues. Leaders included those from organizations associated with special needs transportation, rural/frontier families, undocumented populations, foster care representation, child/abuse neglect, family resource centers, etc. Interviewees were also asked about gaps and barriers in services and programming in Nevada for MCH population groups. Finally, key informant interviews sought to gather information about disparities related to geography, race and ethnicity, and other identified socio-cultural differences.

The list of key informant interviews was finalized in collaboration with Title V MCH and MIECHV program staff and included providers of physical and mental health services, county and city officials, tribal representatives, academic institutions, and leaders at key social service organizations, including family resource centers, juvenile probation offices, Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ) centers, and county coalitions. Informant selection methodology ensured diversity across expertise area and geography.

Notes from each key informant interview were reviewed using NVivo for health topic themes such as access to care, mental health, or oral health. The guide acted as the starting place for coding notes, and when possible, each set of codes were grouped into themes by MCH population group and geography.

Community Survey

In October 2019, HMA developed an online community survey in collaboration with Title V MCH and MIECHV program staff to seek feedback from communities regarding the most important health needs for each MCH population group. Survey respondents were asked about health needs and issues in their community and what resources exist to address those health needs and issues. They were also asked about inequities within the MCH populations and where respondents think MCH population groups turn for information and resources. Finally, for each MCH population group, respondents were provided a list of health topics and asked to select the top three (3) health needs for each group.

The survey was posted online from November 21, 2019 to December 16, 2019 and a link to the survey was posted on the Division of Public and Behavioral Health (DPBH) homepage. Internal and external partners, stakeholders, and program subawardees were sent the survey link via email, along with information on survey purpose. Information about the survey, as well as the survey link, was posted on DPBH social media accounts. In total, 339 individuals responded to the online survey, of whom 46 percent (n=157) identified as a “community member,” 46 percent (n=157) as a “service provider/partner or public health professional in maternal and child health services,” and seven (7) percent (n=25) as a “service provider/partner or public health professional in a Maternal, Infant and Early Childhood Home Visiting Program.” Among service providers, 30 percent were health care professionals and approximately 26 percent identified as community service providers. Public health professionals identified as 16 percent of providers, with just six (6) percent identifying as an educator and one (1) percent as a school nurse. Throughout the report, all service providers/partners and public health professionals who responded to the survey are noted as “MCH professionals and service providers.”

Descriptive analysis was conducted for each of the survey questions, including a description of the number of people who included a given topic as a top three (3) issue, per MCH population group. Cross tabulations were conducted to understand whether variation existed in responses between respondent type (i.e., service provider or community member). Broad themes for any open-ended responses were determined through manual review.

Focus Groups

Between August 2019 and January 2020, HMA held 14 focus groups at different locations across Nevada. All focus groups took place in one (1) of the following Nevada counties: Carson City, Washoe, Clark, Storey, and Nye.

Participants were asked about:

1. Health needs of different MCH populations in Nevada;
2. Health needs of friends/family members;
3. Where clients receive health information;
4. What problems/barriers clients experience when trying to access services;
5. Services needed but not accessible, available, and/or affordable;
6. What are homes, schools, and communities doing to improve health and safety; and
7. What is Nevada doing well or what areas need improvement to address the health of MCH population groups across the state.

Specific focus groups were convened to better understand the perspective of populations including at-risk youth; parents engaged in home visiting; Spanish speakers; mothers in recovery from substance use; community members who identify as LGBTQ; families with children and youth with special health care needs (CYSHCN); and participants

from frontier or rural communities. To support free flow of information, a list of open-ended questions was used to explore participant's insights. Analysis of focus group notes was conducted similarly to key informant notes using NVivo to note the health topic themes, such as access to care, mental health, or oral health, for example.

Data Sources Utilized

Along with the key informant interviews, surveys, and focus groups, HMA used a variety of national data sources including the National Vital Statistics System (NVSS), National Survey on Children's Health (NSCH), Behavioral Risk Factor Surveillance System (BRFSS), American Community Survey (ACS), Youth Risk Behavioral Survey (YRBS), National Survey on Drug Use and Health (NSDUH), Pregnancy Risk Assessment Monitoring System (PRAMS), as well as state data sources including the Nevada Report Card published by Nevada Department of Education (NDE) and the Nevada Rural and Frontier Data Book published by the University of Nevada, Reno, School of Medicine. FAD and MIECHV federal data were also integrated into the assessment.

The Title V MCH Program and MIECHV staff, led by the State Systems Development Initiative (SSDI) Manager met weekly to discuss the findings of the Five-Year Needs Assessment. In the meetings, staff reviewed current priorities and performance measures and compared them to the needs indicated by Needs Assessment survey respondents and to state and federal data indicators. Common needs appeared throughout the assessment drafts and Title V MCH Program staff and the SSDI Manager created the Title V MCH Program logic model (see attachment). The logic models helped focus the priorities and performance measures.

III.C.2.b. Findings

III.C.2.b.i. MCH Population Health Status

MCH Population Health Status

Data suggest Nevada improved on several indicators relevant to MCH population groups compared to the United States as a whole since 2015. This assessment goes beyond key performance measures to understand root causes or drivers of MCH health and wellness outcomes, including both strengths and opportunities for improvement in Nevada.

The Needs Assessment identified strengths among MCH population groups, specifically:

- The community survey revealed respondents felt their communities were good places to raise children, including satisfaction with local schools and recreational facilities.
- Stakeholders felt a sense of commitment and urgency for improving the health and well-being of MCH population groups.
- Many communities engaged partners and leaders who were willing to work on solutions to improve MCH outcomes statewide.
- Nevada was ranked 11th in decline of teen pregnancy rate compared to the United States over the past decade.

Despite these strengths, for many MCH indicators, racially and ethnically diverse and low-income families in Nevada are disproportionately negatively impacted. The assessment identified significant age, gender, geographic, and racial and ethnic disparities.

The Needs Assessment identified opportunities for improvement among MCH population groups, specifically:

Women/Maternal Health

- Nearly one (1) in five (5) women in Nevada (19.6%), ages 19-44 years, are uninsured (higher than the United States at 15.2%), according to the 2017 American Community Survey.
- Across all MCH populations, a higher percentage of Hispanic women and children are uninsured compared to other race/ethnicity groups, according to the 2017 American Community Survey.
- Single mothers experience the highest poverty rates, at more than twice the rate of two-parent households, according to the 2017 American Community Survey. Single mothers of children younger than five (5) years are most vulnerable to poverty.
- Mental health was a predominant issue noted across all MCH population groups, according to Nevada survey respondents.
- Violence, including both violence to women (23%) as well as child abuse and neglect (26%), ranked high as health problems/issues for women of reproductive age and children birth to five (5) years according to Nevada survey respondents.

Perinatal/Infant Health

- Nevada's rate of sleep-related sudden unexpected infant death (SUID) reached a nine (9) year high in 2016 of 124.1 deaths per 100,000 live births but decreased in 2017 to 81.1 deaths per 100,000 live births. Rates disproportionately affect Black or African American infants with 233.8 deaths per 100,000 live births, while white infants and Hispanic infants had the lowest rates at 90.3 and 57.8 deaths per 100,000 live births respectively according to National Vital Statistics System 2017 data.
- Nevada's infant mortality rate has remained stable since 2009, with a rate of 5.8 deaths per 1,000 live births in 2017. Black or African American infants have disproportionately higher rates, with 9.9 deaths per 1,000 live births. White and Hispanic infants had the lowest rates, at 4.7 and 4.9 deaths per 1,000 live births respectively, according to National Vital Statistics System 2016 data.
- The Health Care Cost and Utilization Project-State Inpatient Databases indicates the highest rate of infants born in Nevada with neonatal abstinence syndrome (NAS) per 1,000 birth hospitalizations was amongst White infants (13.7), with the lowest rates among Hispanic infants (2.7) in 2017.

Child Health

- According to the 2018 National Children's Health Survey, while insurance rates are generally high among children, access to consistent and adequate health insurance coverage is lower in Nevada (63.4%) compared to the United States (67.5%).
- The State of Nevada, Division of Child and Family Services 2016 Statewide Child Death Report indicates there is a racial and ethnic disparity among statewide child deaths, as Black or African American child deaths (ages 0 to 17 years) are disproportionately higher at 23.6 percent versus their population distribution in Nevada (10%) .
- More children in Nevada (22%), compared to children nationwide (18.6%), have ever experienced two (2) or more Adverse Childhood Experiences (ACEs), particularly parental separation or divorce, living with someone with substance use problems, and having a parent who served time in jail, according to the 2018 National Children's Health Survey.

Adolescent Health

- Lesbian, Gay, and Bisexual (LGB) youth experience high levels of bullying and violence, homelessness, fear,

and mental health issues compared to their heterosexual peers, according to the 2017 Nevada Youth Risk Behavior Survey (YRBS): Sexual Identity Special Report.

- Nevada ranks 41st among states in the 2017 teen pregnancy rate; however, Nevada is ranked 11th nationwide in decrease of the teen pregnancy rate across all racial and ethnic groups. Black or African American teens continue to experience the highest teen birth rates in Nevada, at 38.4 per 1,000 girls ages 15 to 19 years.
- Data from the Centers for Disease Control and Prevention (CDC) shows the number of deaths among all female adolescents in Nevada due to intentional self-harm is one of the highest in the nation, at 11 deaths per 100,000 population, compared to the US average of 6.2 deaths per 100,000 population.

Children and Youth with Special Health Care Needs

- Access to a medical home (i.e., patient-centered comprehensive coordinated care) occurs for less than half of Nevada's children, according to data from the National Survey of Children's Health. Among CYSHCN, this is less than one-third, lower than the United States average. Access to a medical home is lowest among CYSHCN, ages 0-5 years (16.3%), compared to the same age group of children without special needs (40.8%).

Cross-Cutting

- The difference between families experiencing poverty in rural and frontier communities who are also connected to benefits, such as food stamps/SNAP benefits, is greatest in Nye (10.4%), White Pine (10%), and Mineral (9.9%) counties, according to the 2017 American Community Survey. For Nevada as a whole, 16.1% of families live below the poverty level, while only 12.3% are connected to food stamp/SNAP benefits.
- Language and insurance status (i.e., uninsured or Medicaid) are shared risk factors across MCH population groups regarding access to services and are reported to be a common reason why people report experiencing unequal treatment in receiving services.
- Data from the 2018 Nevada Substance Abuse Prevention and Treatment Agency (SAPTA) Epidemiologic profile shows overall self-reported tobacco use among mothers during pregnancy decreased since 2010 from 66.8 to 48.2 per 1,000 live births in 2017; however, the rate among mothers living in rural communities increased to an eight (8) year high at 132.5 per 1,000 live births in 2017.
- Substance use was a concern among adolescents, pregnant, and one-year postpartum women.
- Alcohol and marijuana were the most reported substances used during pregnancy among Nevada mothers, with marijuana surpassing alcohol use in 2015 (5.3 and 5.0, respectively, per 1,000 live births) and increasing in 2017 (8.5 and 5.6 per 1,000 live births) according to the Nevada SAPTA Epidemiologic profile.

Access to Services

Access to services is a significant barrier to health and wellbeing, with community members reporting lack of providers, needed services offered by a local provider, and physical access to providers as key barriers. Both community members, MCH professionals, and service providers identified the same set of resources needing improvement (or those services not available, accessible, affordable, and/or high quality) in their community to benefit MCH population groups: mental health services, childcare options, housing, health care options, and good paying jobs with livable wages.

The barriers are particularly prevalent in rural or frontier communities in Nevada. Only 5.3% of health care and social assistance employees in Nevada live in rural and frontier counties (despite 9.5% of Nevada's population living in these areas). Overall, more than two-thirds of Nevada's population live in a federally designated primary medical

care health professional shortage area (HPSA). The proportion of populations who reside in dental and mental health care HPSAs is even larger with almost 100% of the population in all rural and frontier counties living in a mental health HPSA.

Protective factors for adverse health outcomes for MCH population groups are less prevalent in Nevada. For example:

- Nevada ranks 47th nationwide in the percent of children who experience protective family routines and habits using data from the 2018 National Children's Health Survey
- Using data from the American Community Health Survey, one (1) in ten (10) youth (ages 16 to 19 years) are disconnected in Nevada (defined by neither working nor in school), putting them at greater risk of increased violent behavior, smoking, alcohol consumption and marijuana use, and emotional and cognitive deficits than their peers who are working and/or in school.
- The percentage of parents who report feeling their child lived in a safe neighborhood and was safe at school was lower in Nevada (59.6%) compared to parents across the United States (65.3%), according to the 2018 National Children's Health Survey.
- 2018 KidsCount data shows more children in Nevada ages three (3) to four (4) years are not enrolled in school (62%), including preschool or pre-kindergarten, than in the United States (52% not enrolled); this is most prevalent among children who are low-income (82%) and children who are Hispanic (72%).

Funding for public health is, in part, an indicator of the resources available to improve population health. Nevada is identified as the least healthy state when considering the amount of public health funding available relative to other states, including both a combination of state dollars dedicated to public health and federal dollars directed to states by the CDC and HRSA. Per-capita public health funding amounts to $46 in Nevada, lower than the United States per-capita average of $87, according to Trust for America's Health.

The Nevada Title V MCH Program will continue collaborations with public and private partners to improve the health of the Nevada MCH populations in areas of need identified by state data, FAD, and Needs Assessment feedback. The Five-Year Needs Assessment and state and federal data informed the state priorities, objectives, and strategies for the current State Action Plan.

III.C.2.b.ii. Title V Program Capacity

III.C.2.b.ii.a. Organizational Structure

Organizational Structure

The Governor of Nevada and the Cabinet and elected constitutional officers make up the Executive Branch. The Governor is the chief magistrate, the head of the executive department of the state's government and the commander-in-chief of the Nevada military forces. Steve Sisolak was elected Governor of Nevada on November 2, 2018.

The Department of Health and Human Services (DHHS) is the largest department in the Nevada Executive Branch. DHHS is comprised of five (5) Divisions along with additional programs and offices overseen by the DHHS Director's Office. Richard Whitley, MS, is the DHHS Director and was appointed by Governor Brian Sandoval in June 2015. The Divisions under DHHS 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, aka Nevada Medicaid), and Division of Welfare and Supportive Services (DWSS).

DPBH is led by Administrator Lisa Sherych and organized into four (4) branches: Administrative Services; Clinical

Services; Community Services; and Regulatory and Planning Services. Within Community Services, led by Deputy Administrator Julia Peek, MHA, CPM, is the Bureau of Child, Family, and Community Wellness (CFCW), led by MCH Director and Bureau Chief Candice McDaniel, MS. The MCAH Section is led by the CYSHCN Director, Vickie Ives, MA, and is within CFCW. The MCAH mission is to improve the health and wellbeing of Nevada's pregnant women, women of childbearing age, infants, children and youth, including CYSHCN, and their families to protect and advance health, safety, and quality of life through development of partnerships, education, health promotion, and disease and injury prevention. MCAH understands active engagement of families, caregivers, and communities is integral to positively impacting the health of MCH populations.

The Title V MCH Program is in the MCAH Section and is organized into the Maternal and Infant Health Program (MIP), Adolescent Health and Wellness Program (AHWP), CYSHCN Program, and MCH Epidemiology/Evaluation. The Health Program Manager I, Brian (Mitch) DeValliere, DC, leads the Title V MCH Program and collaborates closely with the Health Program Specialist II, SSDI Manager position, Tami Conn, and the DHHS Office of Analytics to ensure MCH data needs are supported.

Nevada's Title V MCH Program supports and is advised by a Maternal and Child Health Advisory Board (MCHAB). The Nevada MCHAB was established via executive order in 1989 and established by law in 1991 in Nevada Revised Statute 442.133 and meets quarterly. MCHAB is comprised of nine (9) individuals appointed to two (2) year terms by the State Board of Health from a list provided by the DPBH Administrator and two (2) legislators appointed by the Legislative Counsel. Members of MCHAB make MCH-related recommendations to the DPBH Administrator.

Title V MCH staff collaborate with other sections and programs within DPBH, as well as with other state agencies within DHHS. Title V MCH staff also collaborate with NDE and the Department of Taxation.

III.C.2.b.ii.b. Agency Capacity

Agency Capacity

The Title V MCH Program functions as a unit within the MCAH Section of CFCW, DPBH and takes a coordinated, systems-based approach to improving MCH health and wellbeing. Title V MCH Program Coordinators work to improve the function of each program unit within Title V MCH. For example, the AHWP Coordinator and CYSHCN Coordinator collaborate to improve transition from adolescent to adult health. The MCAH Rape Prevention and Education Coordinator collaborates with the AHWP and CYSHCN Coordinators to prevent intimate partner violence and promote shared protective factors. The MCH Epidemiologist coordinates data requirements with each Title V MCH program unit to enhance reports for internal/external partners and the MCHAB and links MCH to SSDI and PRAMS efforts as part of MCH data efforts led by the SSDI Manager.

The Title V MCH Program also coordinates efforts with other sections/programs within DPBH through Memoranda of Understanding (MOU). MOUs support the DPBH Office of Public Health Investigations and Epidemiology (OPHIE) and the DHHS Office of Analytics provides data for Title V MCH Block Grant narratives and reports, as well as for special reports requested by leadership, stakeholders, and the public. DPBH Community Health Services (CHS) promotes well visits for women of childbearing age, adolescent preventive medical visits, and health care transition from pediatric to adult care for adolescents and CYSHCN. The DPBH Primary Care Office improves health care outcomes through its efforts to coordinate the federal shortage designation process, the J-1 Physician Visa Waiver Program, and other healthcare worker recruitment and retention programs. The CFCW Chronic Disease Prevention and Health Promotion Section provides resources for the SSDI Manager. The CFCW Immunization (IZ) Program co-funds a fiscal position and promotes Title V MCH population-related immunizations, including maternal and adolescent vaccines and provides reports on activities for MCHAB quarterly meetings.

The MCH Director is the CFCW Bureau Chief and is supported by the Deputy Bureau Chief, Karissa Loper, MPH, who leads IZ and MCAH efforts. The CYSHCN Director is the MCAH Section Manager. The CYSHCN Coordinator

works with the CYSHCN Director and Title V MCH Program Manager to ensure CYSHCN and their families and/or caregivers receive the resources needed to support access to appropriate referrals and health care. In addition, the CYSHCN Program coordinates efforts to increase the number of children who have a Medical Home, leads the critical congenital heart disease (CCHD) registry, and supports transition from pediatric/adolescent to adult health care.

Nevada DHHS Tribal Liaisons and Title V MCH staff collaborate to share resources to address the needs of MCH populations in Nevada Tribal Nations and support targeted an injury prevention efforts. DHHS has MOUs with all 27 federally recognized Tribes of Nevada. These MOUs extend to the five (5) Divisions, including DPBH which houses the Title V MCH Program. DCFS has an additional MOU with Nevada Tribes for the Indian Child Welfare Act (ICWA) Program. A Tribal Consultation process is established at DHHS to guide the work and interactions with federally recognized Tribes in Nevada and must meet federal regulations. All topics and issues related to the health and wellbeing of Nevada Tribal members is important to discuss at Tribal Consultations which are held quarterly by DHHS.

The most important pieces of Tribal Consultation consist of the following: open and ongoing information exchange prior to implementing any proposed policies affecting Tribal Nations, including informal discussions and information sharing which leads to informed decision-making; creating the opportunity for DHHS to be responsive to the issues and concerns expressed by the Tribal Nations; continuation of trust, transparency and collaboration with the Tribal Nations; the commitment to work together to improve the quality, availability and accessibility to public health, human services and behavioral health care for Tribal communities in Nevada. DHHS agencies collaborate to present on the Divisions' current topics of importance and topics requested by the Tribal Nations at Consultation.

To support the ongoing communication and trust between Tribal Nations and DHHS, the Tribal Liaisons have traveled to all the Tribal Health Clinics to meet face-to-face with the Health Directors, Tribal Council Members, and other tribal organization staff (i.e., Social Service Program Directors). Additionally, to support Tribal partners, the DHHS Tribal Liaisons attend all meetings hosted at the Inter-Tribal Council of Nevada (ITCN) and meetings related to Tribal matters, as applicable. Also, with the partnership of other DHHS agencies, many community events are attended. MCAH staff presented on the MCAH Programs and Five-Year Needs Assessment at ITCN and Tribal Health Directors meetings and provided MCAH resource packets to the Tribal Liaisons for their visits as guests of the Tribal Health Clinics.

III.C.2.b.ii.c. MCH Workforce Capacity

MCH Workforce Capacity

The Title V MCH Program supports 11 full-time equivalent (FTE) positions located in Nevada's capital city, Carson City. FTE positions include a MIP Coordinator, an AHWP Coordinator, a Health Program Manager 1 (HPM 1), a MCH Epidemiologist, a Rape Prevention and Education (RPE) Coordinator, as well as 6 employees in various roles and capacities including the MCH Director and Bureau Chief (supported by a Deputy Bureau Chief with MCAH and IZ oversight), CYSHCN Director and Section Manager, two (2) Management Analysts, and two (2) Administrative Assistants in the Bureau of CFCW. The SSDI Manager and a part time Accounting Assistant III are funded through internal MOUs.

The MCH Director and CFCW Bureau Chief provides oversight of MCAH and across diverse programs and sections and is supported by the Deputy Bureau Chief, who leads IZ and MCAH efforts and programming, and Bureau Office Manager McKenna Bacon. The CYSHCN Director and MCAH Section Manager manages the Title V MCH Program and other MCAH programs and projects. The Title V MCH Program Manager oversees the Nevada Title V MCH Program and is responsible for Title V MCH Block Grant, MCH staff support, budget development and

oversight, and grant fiscal administration.

The MIP Coordinator position is currently vacant. Eileen Hough, MPH, is the AHWP Coordinator; Kagan Griffin, MPH, RD, is the MCH Epidemiologist and PRAMS Lead Coordinator; Larissa White, MPH, CPH is the CYSHCN Program Coordinator; Yesenia Pacheco is the RPE Coordinator; Lisa Light is the Accounting Assistant III (0.5 FTE); and Desiree Wenzel is the MCAH Office Manager.

The Nevada SSDI Manager, Tami Conn, leads MCH data efforts, supervises the MCH Epidemiologist and PRAMS Program and supports evaluation activities regarding NPMs, contributing to building the evidence base for the Title V MCH Block Grant; the SSDI Manager also supports the Nevada Maternal Mortality Review Committee (MMRC) and Alliance for Innovation on Maternal Health (AIM) efforts.

Misty Allen, MA, the Office of Suicide Prevention (OSP) Manager, coordinates suicide prevention efforts and provides Suicide Hotline data for Title V MCH reporting. Jie Zhang, MS, supports all MCAH data needs as the MCH Biostatistician II in the DHHS Office of Analytics and works closely with the MCAH and MCH teams. Further, eleven (11) Community Health Nurses (CHNs) provide services for MCH populations in rural communities and are partially funded by MCH, as well as a Primary Care Office (PCO) position, and a School Wellness Coordinator & Liaison at NDE.

Workforce challenges include recruiting and maintaining qualified and experienced public health professionals, the time needed to fill vacant positions due to state human resource processes, as well as needing to use contracted employees for key positions. The financial consequences to Nevada as a result of COVID-19 have culminated in a hiring freeze and furloughs of one (1) day per month for six (6) months from January 2021 – July 2021, impacting the state's ability to recruit staff for vacant positions and to renew contracted staff.

Serving the diverse MCH population in Nevada, addressing health disparities, increasing engagement with MCH leaders with lived experience, and family and adolescent engagement are important goals of the Title V MCH Program. Attending Culturally and Linguistically Appropriate Services (CLAS) Standards trainings, racism and health outcomes trainings, family and adolescent engagement trainings, and implicit bias trainings are key to staff development and improving MCH staff understanding of root causes of disparity and pathways to authentic engagement and partnership so activities can be designed and implemented to move data to action in collaboration with funded partners, MCH stakeholders, family members, and those with lived experience who are served by Title V MCH programs.

III.C.2.b.iii. Title V Program Partnerships, Collaboration, and Coordination

Title V Program Partnerships, Collaboration and Coordination

The Nevada Title V MCH Program collaborates with a network of partners, stakeholders, and agencies to support a systems-based model of delivering public health and enabling services to Nevada's MCH populations. Partnerships include the local Family Voices affiliate, Family TIES of Nevada led by Mary Meeker, state agencies, Local Health Authorities (LHAs), the Nevada System of Higher Education (NSHE), non-profit organizations, MCH Coalitions, community partners, and advocacy groups.

DHHS formed an Office of Analytics under the DHHS Director's Office to consolidate data capacity and facilitate cross training and data analytics support. Title V MCH funds the MCH Biostatistician and a Health Resource Analyst (HRA) position within this group. The MCAH Section also staffs two (2) HRA positions in the DHHS Office of Analytics to work with Nevada Early Hearing Detection and Intervention (EHDI) Program and Nevada Home Visiting (NHV/MIECHV) data. These positions are crucial members of the MCAH team and increase MCH data support and analytics capacity, accessing primary data and generating analyses and reports on behalf of MCAH and Title V

MCH, in addition to the work of the MCH Epidemiologist and SSDI Manager.

Title V MCH continues to integrate with SSDI; MCAH created an organizational unit which includes PRAMS, SSDI, and MCH Epidemiology to foster cross-training and to meet program data needs. The MCAH Section Manager and Office of Analytics Manager meet regularly with staff regarding MCAH data needs. SSDI enhances Nevada Title V MCH data capacity to allow for informed decision making and resource allocation supporting effective, efficient, and quality programming. The Title V MCH Program plans to improve NPM evaluation activities using PRAMS, MMRC, and AIM efforts, as well as a pending MCAH data dashboard project to support enhanced surveillance capabilities to drive data-informed decision-making.

Other programs partnering to promote Title V MCH priorities in Nevada include: the DHHS Office of Analytics, NHV/MIECHV, EHDI, Teen Pregnancy Prevention (TPP), the Nevada Governor's Council on Developmental Disabilities, the Individuals with Disabilities Education Act (IDEA) Part C Office, Nevada Early Intervention Services (NEIS), the Nevada Office of Minority Health and Equity (NOMHE), the PCO (addresses access to health care and identifies workforce shortage areas), the Oral Health Program, CHNs, the Office of Public Health Investigations and Epidemiology (OPHIE), the Substance Abuse Prevention and Treatment Agency (SAPTA), the Division of Child and Family Services (DCFS), the Chronic Disease Prevention and Health Promotion (CDPHP) Section, the Nevada Women, Infants, and Children (WIC) Program and the Nevada State Immunization Program (IZ).

Nevada’s Children’s Health Insurance Program (CHIP), Nevada Check-Up, provides coverage to low- and moderate-income children. Nevada Medicaid and NV Check-Up are administered through the Division of Health Care Financing and Policy (DHCFP), with enrollment administered by the Division of Welfare and Supportive Services (DWSS) for NV Check-Up and Medicaid. Both Fee for Service (FFS) providers and Managed Care Organizations (MCOs) operate in Nevada. Rural areas are served by FFS providers and the urban areas of Clark and Washoe counties are served by contracted MCO providers.

NDE and DPBH collaborate through an interlocal contract to support a statewide School Wellness Coordinator. The School Wellness Coordinator, funded by Title V MCH, will support strengthening collaborations between MCAH and NDE, as well as with the Nutrition Unit, Immunization, and CDPHP Sections; contracts/MOUs with the Oral Health Program and ADSD also support MCH goals.

DHHS and DPBH partner with 27 Tribes across Nevada through a Tribal Consultation Process Agreement to strengthen ties and relationships with Tribal Governments. The Regional Emergency Medical Services Authority (REMSA), a Title V MCH partner, distributes car seats and provides safe sleep education and injury prevention information as part of the MCH injury prevention pilot developed with key staff at participating Tribal Nations.

The Title V MCH Program partners with Nevada WIC, MCH statewide coalitions, breastfeeding coalitions, community-based programs, LHAs, and public and private stakeholders to increase breastfeeding rates by improving access to breastfeeding supports for new mothers. Breastfeeding campaigns and a MCH-administered website are designed to increase awareness, promote breastfeeding services, and normalize breastfeeding in public locations in partnership with WIC staff.

Title V MCH funds the Nevada Institute for Children’s Research and Policy (NICRP) to conduct an annual health survey of children entering kindergarten, in partnership with all school districts. Other state and local public and private organizations serving MCH populations funded by MCH include: Family TIES, which also hosts the CYSHCN toll-free help line; Children’s Cabinet; Washoe County Health District Fetal Infant Mortality Review (FIMR) Committee; University Center for Autism and Neurodevelopment (UCAN); University of Utah Medical Home Portal; Nevada 211; REMSA; Immunize Nevada; Nevada Broadcasters Association; Urban Lotus; and the Statewide MCH Coalitions.

Family TIES of Nevada, a Title V MCH-funded Family Voices partner, provides interpretation and translation services at the University of Nevada, Reno, Craniofacial Clinic. Nevada Title V MCH also funds a bilingual Community Health Worker (CHW) in Elko County. Partners disseminate information and materials which are culturally appropriate. Internal translation support for written educational materials is provided by MCAH and CFCW staff when needed. Nevada's Children's Cabinet Technical Assistance Center on Social Emotional Intervention (TACSEI) provides technical assistance and facilitates parent involvement in social emotional Pyramid Model activities.

Money Management/Nevada 211 provides information and referrals via www.nv211.org, a toll-free phone number, text support, as well as hosting the Title V MCH toll-free phone line, supporting the MIP resource sections, and educating women on the priority status of pregnant women at SAPTA-funded treatment centers. Urban Lotus provides trauma-informed yoga to at-risk youth. REMSA, in addition to distributing car seats, provides safe sleep media outreach and distributes Infant Safe Sleep Survival Kits to at-risk families via statewide partners.

Immunize Nevada supports staff training and workforce development, including planning and hosting the statewide Nevada Health Conference with trainings to build topical MCAH knowledge in cross-cutting health topic areas, including CDPHP, IZ, etc. Nevada Broadcasters Association is funded to promote Safe Sleep, PRAMS, and Sober Moms Healthy Babies (SMHB) PSAs. DP Video is funded to promote adolescent physical activity, tobacco quit-line, transition to adult, and SMHB social media campaigns. The Statewide MCH Coalition is funded to support website maintenance, communication, maternal mental health and other MCH trainings, promote the Go Before You Show campaign, and plan conferences with partners for meeting the community needs of diverse MCH populations.

III.C.2.c. Identifying Priority Needs and Linking to Performance Measures

Identifying Priority Needs and Linking to Performance Measures

The Title V MCH Program staff and SSDI Manager met weekly to discuss the results of the Five-Year Needs Assessment. Staff reviewed Nevada's current Performance Measures and compared them to the needs indicated by the state data, FAD, and the needs assessment focus groups, interviews, and surveys. Common themes appeared throughout the Needs Assessment and the Title V MCH Program staff created a logic model for each program unit, as well as an overarching Title V MCH Program Logic Model containing eight (8) National Performance Measures (NPMs):

- NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
- NPM 4 A: Percent of infants who are ever breastfed and B: Percent of infants breastfed exclusively through 6 months
- NPM 5 A: Percent of infants placed to sleep on their backs, B: Percent of infants placed to sleep on a separate approved sleep surface, and C: Percent of infants placed to sleep without soft objects or loose bedding
- NPM 6: Percent of children, ages 9 through 35 months, who received a development screening using a parent-completed screening tool in the past year
- NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit 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
- NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
- NPM 14: Percent of women who smoke during pregnancy

The Logic model also describes an outline for Evidence-Based or -Informed Strategy Measures (ESMs). After selecting the NPMs, weekly Title V Block Grant meetings focused on the selection of ESMs and State Performance Measures (SPMs). HRSA guidance and researching measures from other state programs led to the team to choose

measures consistent with the selected NPMs and the priorities identified in the Needs Assessment. The final measures were incorporated into the State Action Plan and include:

- ESM 1.1: Percent of pregnant women who received prenatal care beginning in the first trimester
- ESM 4.1: Percent of PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends
- ESM 5.1: Percent of PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and/or environment
- ESM 6.1: Percent of Medicaid enrolled children, ages 9 to 35 months, who received a developmental screening using a standardized tool
- ESM 10.1: Percent of adolescents, ages 12 through 17, who received Medicaid and/or Nevada Check-Up covered preventive well visits
- ESM 11.1: Number of Nevada Medical Home Portal website views
- ESM 12.1: Percent of health transition training participants who reported a change in knowledge, practice, or policy
- ESM 14.1.1: Percent of PRAMS respondents who report that a doctor, nurse, or other health care worker asked if they were smoking cigarettes during any prenatal care visits
- SPM 1: Percent of mothers who reported late or no prenatal care
- SPM 2: Percent of women who used substances during pregnancy
- SPM 3: Repeat teen birth rate
- SPM 4: Teenage pregnancy rate

Emerging issues and some frequently cited needs were not selected as specific priorities for Nevada's Title V MCH Program because of existing collaborative efforts with other agencies dedicated to these needs. Further, the Nevada Title V MCH Program continues to engage in and report on many issues related to MCH health even though they are not selected NPMs for the Block Grant.

Mental health was considered a top three (3) health problem in qualitative responses in three (3) domains: women and maternal health, adolescent health, and CYSHCN. MCAH and the Title V MCH Program collaborate with other statewide agencies and stakeholders to advance mental health treatment and awareness. Title V MCH efforts include those to address perinatal mood and anxiety disorders (PMAD), a Suicide Prevention Hotline, NHV efforts to address infant mental health, MCH Coalition efforts, Mental Health First Aid, Urban Lotus Project's efforts to provide Yoga classes to young people undergoing substance use and mental health treatment, participation in the HRSA Pediatric Mental Health Evaluation group and Systems of Care efforts, and the FIMR Case Review Team recommendation to develop a Spanish-speaking support group to address the need in Washoe County's Latina population.

Domestic or intimate partner violence was considered a top health problem for women of reproductive age and was also listed as a concern for pregnant and post-partum women. Title V MCH includes the RPE Program and integrates associated efforts to provide education and prevention support to partners who work with these populations. TPP efforts related to providing information and education about human and sexual trafficking includes MCH participation.

Promoting healthy weight was listed as a top concern for children ages 6-11 years. Efforts related to increasing physical activity for children and adolescents are led by NDE and the Nutrition Unit within CFCW; the AHWP Coordinator participates in these efforts. Increasing adequate insurance coverage is addressed via existing statewide partnerships and program participation in efforts in place under other state agencies. The addition of safe sleep and increasing transition of care for adolescents and CYSHCN NPMs build on existing efforts and partner networks.

Some priority needs from the previous reporting cycle remain because the Title V MCH Program efforts are showing improvement or there is a need to make additional improvements. For example, improving preconception and interconception health among women of childbearing age, promoting breastfeeding, and reducing substance use during pregnancy are ongoing priority concerns and show some improvement as the Nevada and national statistics become closer to the same level. However, there is much room for improvement, particularly in relation to key perinatal outcomes. Increasing developmental screenings and improving care coordination efforts remain priorities; it is important to Nevada to improve these measures to meet or exceed the national-level outcomes and improve the lives of Nevadans. Promoting safe sleep, promoting a medical home for every Nevada child, and increasing transition of care for adolescents and CYSHCN were chosen as needs based on data indicating a gap in state data compared to national data on these measures.

From MIECHV collaboration, to evaluating available data and Needs Assessment results, to selecting the priority needs and associated performance measures using logic models, the Nevada Title V MCH Program staff collaborated on a set of measures and priorities to guide implementation of efforts to improve the health of Nevada MCH populations over the next five-year period. This work synthesized community, family, stakeholder, and provider voices and feedback with key data on MCH needs and gaps. By addressing existing state priorities and recognizing and adding new priorities and performance measures, Nevada's Title V MCH Program is in a strong position to facilitate the enabling and public health services necessary to address the State Action Plan and improve outcomes using data to action interventions.

The Five-Year Needs Assessment can be found as an attachment as well as on the Division of Public and Behavioral Health website.
http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/TitleV/dta/Publications/Needs%20Assessment%20Fi

III.D. Financial Narrative

	2017		2018	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,085,007	$2,090,604	$2,085,007	$1,846,079
State Funds	$1,563,756	$1,574,296	$1,563,756	$1,562,785
Local Funds	$0	$0	$0	$0
Other Funds	$0	$0	$0	$0
Program Funds	$0	$0	$0	$0
SubTotal	$3,648,763	$3,664,900	$3,648,763	$3,408,864
Other Federal Funds	$70,778,207	$65,823,733	$59,515,762	$60,203,912
Total	$74,426,970	$69,488,633	$63,164,525	$63,612,776

	2019		2020	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,091,381	$1,900,965	$2,236,205	
State Funds	$1,578,536	$1,504,548	$1,677,154	
Local Funds	$0	$0	$0	
Other Funds	$0	$0	$0	
Program Funds	$0	$0	$0	
SubTotal	$3,669,917	$3,405,513	$3,913,359	
Other Federal Funds	$63,696,900	$56,788,244	$68,182,911	
Total	$67,366,817	$60,193,757	$72,096,270	

	2021	
	Budgeted	Expended
Federal Allocation	$2,236,205	
State Funds	$1,677,154	
Local Funds	$0	
Other Funds	$0	
Program Funds	$0	
SubTotal	$3,913,359	
Other Federal Funds	$64,444,026	
Total	$68,357,385	

III.D.1 Expenditures

Federal Fiscal Year 2021 Application - Expenditure Narrative

In FFY 2019, the Nevada Title V MCH Program expended $1,900,965 in federal funds and $1,504,548 in state match funds for a total of $3,405,513. The state match funds are comprised of $1,504,548 from the State General Fund and in in-kind contributions from the Nevada Broadcaster's Association. FFY 2019 state match funds expended meet Nevada's maintenance of effort amount of $853,034.

Budgeted vs. Expended by Types of Individuals Served:

The $2,126,003 award received for FFY 2019 was 1.66% higher than the budget of $2,091,381 submitted for FFY 2019.

Pregnant Women:

Budget: $317,708
Expended: $538,859
Variance: Expenditures are 69.61% more than budget

The variance is higher than expected. This may be because the original budget did not consider the full amount of funding available in state match funds.

Infants <1 year old:

Budget: $348,953
Expended: $610,316
Variance: Expenditures are 74.9% more than budget

The variance is higher than expected. This may be because the original budget did not consider the full amount of funding available in state match funds.

Children 1 to 22 years old:

Budget: $734,980
Expended: $969,866
Variance: Expenditures are 31.96% more than budget

Children with Special Healthcare Needs:

Budget: $908,832
Expended: $924,488
Variance: Expenditures are 1.72% more than budget

Others:

Budget: $164,717
Expended: $245,932
Variance: Expenditures are 49.31% more than budget

Administration:

Budget: $209,060
Expended: $116,052
Variance: Expenditures are 44.49% less than budget.

Budgeted vs. Expended by Types of Services:

Direct Health Care Services:

Direct services include preventive and primary care services for all pregnant women, mothers, and infants up to age 1, preventive and primary care services for children and services for CYSHCN. Nevada Title V MCH does not support direct services with HRSA funds.

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

Enabling Services:

Enabling services are defined as non-clinical services that aim to increase access to health care and improve health outcomes.

Budget: $667,170
Expended: $720,560
Variance: Expenditures are 8% more than budget

Public Health Services and Systems:

Budget: $3,002,747
Expended: $2,684,953
Variance: Expenditures are 10.58% less than budget

III.D.2 Budget

Federal Fiscal Year 2021 Application – Budget Narrative

The total estimated Federal Fiscal Year FFY 2021 Title V MCH budget is $3,913,359. As required, the state of Nevada's FFY 2021 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 $2,236,205. State matching funds are budgeted at $1,677,154 and are comprised of State General Funds and in-kind contributions from Nevada State Broadcasters Association. The amount of state funds to be used to support Maternal and Child Health programs in FFY 2021 is shown in the budget documentation of the state application. We assure that the $853,034 maintenance of effort requirement (FFY89 level of state funding) will be satisfied.

For FFY 2021, $670,862, 30% of the federal Title V allocation, is budgeted for Preventive and Primary care of Children and Adolescents. The same amount, $670,862, 30% of the federal Title V allocation, is budgeted for Children and Youth with Special Health Care Needs. Administrative costs for Federal Fiscal Year 2021 are budgeted at $223,619, 10% of the MCH allotment. Administrative expenditures will not exceed this amount. The remaining FFY 2021 Federal Title V award is directed towards services for pregnant women, postpartum women and infants up to age one 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 $64,444,026 in FFY21. 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

Sexual Risk Avoidance Education Program (SRAE)
Personal Responsibility Education Program (PREP)

Centers for Disease Control and Prevention

Early Hearing Detection and Intervention (EHDI)
Pregnancy Risk Assessment Monitoring System (PRAMS)
Rape Prevention and Education
Preventive Health and Health Services
Colorectal Cancer Control Program (CRCCP)
National Comprehensive Cancer Control Program (NCCCP)
Tobacco Control Program
Vaccines for Children/Immunizations
National Breast and Cervical Cancer Early Detection (NBCCEDP)
Diabetes Prevention
Heart and Stroke Prevention (1815)
Heart and Stroke Prevention (1817)
Tobacco Control Quitline Capacity

Health Resources and Services Administration

Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)
Universal Newborn Hearing Screening

United Department of Agriculture

Women, Infants and Children (WIC)
Summer EBT
FMN Program
Healthy Hungry Free Kids Act
WIC BFBC

Budget by Types of Individuals Served

In FFY 2021, the Nevada Title V MCH program is budgeting the following federal and state match funds towards the individuals served requirements:
Pregnant Women - $524,051
Infants < 1 year old - $602,318
Children 1 to 22 years old - $1,174,009
Children and Youth with Special Healthcare Needs - $1,174,008
All Others – $215,354

Total Budgeted by types of individuals served is $3,689,740 because the administrative costs of $223,619 are excluded in this calculation.

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 2021, the Nevada MCH program plans to allocate federal and state match funds as follows:

Direct Health Care Services - $0
Enabling Services - $978,339
Public Health Services and Systems - $2,935,020

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

The Nevada Department of Health and Human Services (DHHS) oversees five Divisions including Child and Family Services, (DCFS), Health Care Financing and Policy (DHCFP), Aging and Disability Services (ADSD),Welfare and Supportive Services (DWSS) and Public and Behavioral Health (DPBH). The Nevada Title V MCH Program is part of the Maternal, Child and Adolescent Health (MCAH) Section of the Bureau of Child, Family and Community Wellness within DPBH. The mission statement of DPBH, "It is the mission of the Division of Public and Behavioral Health to protect, promote and improve the physical and behavioral health of the people of Nevada," is the guiding directive for the Nevada Title V MCH Program.

Nevada Title V MCH is dedicated to improving the health of families, with an emphasis on women, infants, and children, including children and youth with special health care needs (CYSHCN). Title V funding from the Health Resources and Services Administration (HRSA) supports health education and prevention activities, increasing access to health care services, developing and leveraging key partnerships and collaborations, and planning and implementing program components reaching target populations in collaboration with community-level partners, stakeholders, coalitions, non-profit organizations, and other state agencies.

The 2015 Title V MCH Needs Assessment helped to formulate Nevada's priorities to improve the health for each population domain during the 2016-2020 block grant applications and reports. Nevada Title V MCH priorities are also influenced by the state's chosen National Performance Measures (NPM), Evidence-Based or- Informed Strategy Measures (ESM), and State Performance Measures. Nevada Title V MCH priorities from the 2015 Needs Assessment were:

- Improve preconception health among adolescents and women of childbearing age
- Increase percent of infants who are ever breastfed, and percent of infants breastfed exclusively through six months
- Increase the percent pf children aged 10 through 71 months receiving developmental screening
- Increase the percent of children, adolescents and women of childbearing age who are physically active
- Increase the percent of adolescents and women of childbearing age who have access to healthcare services.
- Promote establishment of a medical home for children
- Prevent and reduce tobacco use among adolescents, pregnant women and women of childbearing age
- Increase the percent of adequately insured children

Nevada's Title V MCH 2020 Needs Assessment demonstrated the need to retain some of these priorities as well as addressing additional priorities. Although the removed measures remain a priority, they have been adjusted to meet the evolving needs of Nevada's MCH population. Moving forward, the priorities for Nevada's Title V MCH Program are:

- Improve preconception and interconception health among women of childbearing age
- Reduce substance use during pregnancy
- Promote breastfeeding
- Promote Safe-Sleep
- Increase developmental screening
- Provide a Medical Home
- Improve care coordination among adolescents
- Increase transition care for adolescents and CYSHCN

Nevada Title V MCH Program staff meet weekly to discuss programmatic updates and address the needs of partners, stakeholders, and subawardees. Nevada Title V MCH also remains flexible to adapt to the changing health outcomes for Nevadans. Emerging issues require Nevada Title V MCH staff to stay abreast of evolving MCH healthcare needs. Nevada Title V MCH priorities currently address the following key issues:

COVID-19

The Nevada Health Response Center, Nevada DHHS, Nevada DPBH, and the Centers for Disease Control and Prevention (CDC) are closely monitoring the outbreak of the respiratory illness caused by the 2019 novel coronavirus (COVID-19). DPBH is encouraging healthcare providers to refer to the CDC's Health Alert Network (HAN), DPBH Technical Bulletins, and DHHS efforts by visiting the state's COVID-19 information hub at https://nvhealthresponse.nv.gov/. Local health authorities, including Southern Nevada Health District (SNHD), Washoe County Health District (WCHD), and Carson City Health and Human Services (CCHHS) are also key responders monitoring and providing information related to COVID-19.

The latest statistics and response efforts are located at https://nvhealthresponse.nv.gov/ and are updated regularly by the DHHS Office of Analytics and DPBH Office of Public Health Investigations and Epidemiology (OPHIE).

In addition to DHHS and DPBH efforts, Nevada Title V MCH staff have posted MCH-specific resources on the program's website, are engaged in pregnancy surveillance monitoring discussions with CDC as part of an OPHIE-led team, have shared resources and Technical Bulletins with partners to support rapid information sharing, reached out to stakeholders and subawardees to determine how COVID-19 is affecting their efforts, and is assisting in any technical assistance and allowing reasonable adaptations or fiscal redirects for subawardees as needed. Fortunately, most MCH-funded partners have been able to function well and adapt to the challenges of using virtual platforms. Nevada Title V MCH Program staff are actively telecommuting and have adapted administrative processes to continue supporting program implementation. Nevada Title V MCH staff will facilitate a COVID-19 and MCH data presentation in concert with the Office of Analytics for the August 2020 Maternal and Child Health Advisory Board (MCHAB) meeting. MCAH staff have also discussed Nevada Office of Minority Health and Equity (NOMHE) "Equity and COVID-19 Toolkit" distribution opportunities and shared materials from NOHME and other quality sources regarding racism and public health, equity, health disparities and racism, and pregnancy outcomes and racism.

Congenital Syphilis

In 2018, Nevada ranked number one in the country for primary and secondary syphilis rates and second for congenital syphilis (CS) rates. Primary and secondary syphilis rates have been increasing in Nevada since 2012. According to the CDC, Nevada's rate of primary and secondary syphilis per 100,000 persons, from 2012-2018 was 4.1, 7.3, 11.0, 11.7, 15.3, 19.7, and 22.7, respectively, representing an increase of 453.7%. With this increase of syphilis cases comes a rise in congenital syphilis as well.

According to CDC, CS rates in Nevada have also been rising since 2012. Nevada's CS rate per 100,000 infants from 2012-2018 was 2.9, 5.7, 13.9, 22.0, 33.1, 57.9, and 85.5 respectively. This represents a 47.7% increase from 2017 to 2018, and a 2,848.3% increase over the seven-year span. MCH staff are members of the CS Workgroup for Nevada and have been instrumental in CS informational campaign development and resource distribution.

Teen Suicide

Teen suicide is an emerging issue in Nevada. Data from the National Vital Statistics System (NVSS) shows the

adolescent suicide rate for Nevada teens ages 15 to 19 years was 15.2 per 100,000 persons for 2016-2018; this represents an increase of 12.6% from the rate recorded for 2015-2017. Nevada's 2016-2018 rate is also higher than the U.S. rate of 11.1 per 100,000 persons for the same time period. When stratifying Nevada's adolescent suicide rate for teens ages 15-19 years by urban/rural residence, the 2016-2018 rate was 22.1 in non-metro areas compared to 13.7 and 12.3 in small/medium and large metro areas, respectively, illustrating a concerning trend for adolescents living in rural areas.

Nevada Title V MCH will continue to participate in the Healthy Tomorrows Grant with the Nevada Primary Care Association (NVPCA), focused on creating adolescent-friendly spaces at Federally-Qualified Health Centers (FQHCs) to increase repeat visits and create a patient-centered medical home. Title V MCH funding also helped support the Nevada Office of Suicide Prevention (OSP) with teen suicide prevention and systems-building projects, such as Youth Mental Health First Aid and Project AWARE by funding the OSP Manager's salary and the crisis call line. Nevada Title V MCH staff participate in the HRSA Mental Health Evaluation Committee and attend the Statewide Children's Mental Health Consortia meetings.

Substance Use During Pregnancy and Substance Exposed Infants

Close monitoring of substance use during pregnancy and substance exposed infants will continue to be a priority for DPBH and Nevada's Title V MCH Program. According to data from NVSS, the percent of women who smoke during pregnancy was 4.2% in 2018. This percentage has decreased from 5.4% in 2010, representing a decrease of 22.2%. Data from the Nevada Office of Vital Records (OVR) reflects a modest decline in the use of substances during pregnancy, as the percentage of women who reported smoking, alcohol use, and drug use decreased from 5.5% in 2016 to 5.3% in 2019. MCAH will continue to work on statewide efforts such as the Comprehensive Addiction Recovery Act (CARA) project and the Infant Plan of Safe Care including education, training, work group participation, and increasing awareness. Nevada's Pregnancy Risk Assessment Monitoring System (PRAMS) surveys inquire about substance use before, during, and after pregnancy and provides this self-reported data to inform Title V MCH efforts, in addition to the vital statistics and hospital inpatient data. Nevada Title V MCH Program staff are also core members of the Nevada ASTHO OMNI NAS efforts.

Maternal Mortality Review Committee (MMRC) and Alliance for Innovation on Maternal Health (AIM) Efforts

Governor Steve Sisolak signed Assembly Bill (AB) 169 of the 80th Nevada Legislative Session into law, establishing the Nevada MMRC and Processes and granting committee protections. The bill was codified in Nevada Revised Statues (NRS) 442.751 through 442.774, inclusive, and its creation reflected the work of a wide array of supporters and advocates in Nevada. The Committee is required to: (1) review incidents of maternal mortality and severe maternal morbidity (SMM) in Nevada; (2) disseminate findings and recommendations concerning maternal mortality and SMM to providers of health care, medical facilities, other interested persons and the public; (3) publish timely reports consisting of data relating to maternal mortality and SMM, descriptions of incidents reviewed by the Committee, and recommendations to reduce maternal mortality and SMM in Nevada. Nevada established their first MMRC and convened for their first meeting in February 2020. The MMRC will continue to meet at least twice annually to review all incidences of maternal mortality in Nevada. The Title V MCH Program will support the MMRC-related meeting travel and ancillary costs, and will consider opportunities for implementing MMRC recommendations in MCH programmatic efforts for prevention, increased awareness of the existence and recommendations of the MMRC among the public, clinicians, and policy makers, and supporting dissemination of required reports and data-driven MMRC recommendations (e.g., evidence-based practices, screenings, and patient and provider education). Reporting produced by the MMRC support staff will be included in the Title V MCH Block Grant reporting, and health equity in birth outcomes and maternal domain population health maximization will be key areas of topical intersect in

priorities of the MMRC, MCAH Section, State Systems Development Initiative (SSDI) Program, and Nevada Title V MCH Program. Nevada Title V MCH staff will look for opportunities to create sustained funding for the MMRC as it was passed into law without dedicated funding; currently, SSDI funds help support the MMRC administrative support staff. Nevada Title V MCH staff are also in discussions with the Nevada Rural Hospital Partnership to launch Advanced Life Support in Obstetrics (ALSO) American College of Obstetricians and Gynecologists (ACOG) efforts to reduce rural maternal mortality by working with critical access hospitals. Nevada is now an AIM state which will also support reducing preventable maternal mortality and SMM.

Early Childhood Continuum

Strengthening the early childhood education continuum to include public health is an emerging issue MCH will help address in Nevada. Nevada Title V MCH will continue and expand efforts to achieve the goal of NPM 6, to increase the percent of children ages 9 to 35 months who received a developmental screening using a parent-completed screening tool. According to data from the National Survey of Children's Health (NSCH), Nevada experienced a decrease from 2017-2019 in the percent of children screened, dropping from 30.9% to 27.9%. Systems-level interventions are needed to address all components of child development. Nevada Title V MCH staff will work with the Early Childhood Advisory Council and Nevada Home Visiting Program to engage diverse stakeholders and leverage existing efforts to address the early childhood continuum. The MCH Director and Nevada Home Visiting (NHV) staff have been core participants of Pritzker efforts in Nevada related to strengthening the early care continuum.

State Title V Program Purpose Design Conclusion

The Nevada Title V MCH Program is a small, but enthusiastic and well-organized unit. Working with other programs within the MCAH Section, such as NHV, SSDI, PRAMS, Personal Responsibility Education Program (PREP), Sexual Risk Avoidance Education (SRAE) Program, Early Hearing Detection and Intervention (EHDI) Program, and Rape Prevention and Education (RPE) Program, the Title V MCH Program aims to address many of the key health needs of Nevada's MCH population using evidenced-based approaches, highlighting social determinants of health, and prioritizing the importance of stakeholder collaboration. Nevada Title V MCH takes a systems-based approach to achieving the mission of DPBH and embraces intra and inter agency braided efforts. In addition to Title V MCH Block Grant priorities, program staff support the Governor's priorities and those of DHHS to maximize MCH population health outcomes and improve the health and wellbeing of Nevada families.

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

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

MCH Workforce Development

Nevada Title V MCH supports 11 Full-Time Equivalent (FTE) staff members and eight employees in various roles and capacities in the Bureau of Child, Family and Community Wellness (CFCW). Candice McDaniel, MS, CFCW Bureau Chief serves as the Nevada Title V MCH Director and provides oversight across diverse programs and sections, including MCAH, and is supported by Karissa Loper, MPH, Deputy Bureau Chief. Vickie Ives, MA, serves as the CYSHCN Director and MCAH Section Manager. Mitch DeValliere, DC, serves as the Title V MCH Program Manager for the MCH Unit which includes Eileen Hough, MPH, Adolescent Health and Wellness Coordinator, Larissa White, MPH, CYSHCN Coordinator, Yesenia Pacheco, RPE Coordinator, Kagan Griffin, RD, MPH, MCH Epidemiologist and PRAMS Lead Coordinator, and a vacant Maternal and Infant Program Coordinator. Additionally, Tami Conn, SSDI Manager, works closely with the MCH Unit and leads data efforts.

Non-MCH funded key partners within the MCAH Section, CFCW, and other areas of DPBH collaborating on MCH-related activities include:

- PREP 1.0 FTE Coordinator, SRAE Program 1.0 FTE Coordinator, 1.0 FTE Administrative Assistant (AA) II, and 0.4 FTE Grants and Project Analyst (GPA) I;
- EHDI 1.0 FTE Coordinator, EHDI 1.0 FTE Data Analyst, EHDI 1.0 FTE AA II, and 0.5 FTE Audiologist;
- Reproductive Health Program 1.0 FTE Coordinator;
- Division of Child and Family Services staff;
- Nevada Women, Infants, and Children (WIC) Program staff; and
- Substance Abuse Prevention and Treatment Agency (SAPTA) programs.

Partially or fully funded MCH key state partners include:

- RPE Program 0.25 FTE Coordinator through leveraged Preventive Health and Health Services (PHHS) Block Grant and CDC grant funds;
- Community Health Nurses (CHNs) who provide health promotion and prevention services, care coordination, health education, and outreach to support public health in Nevada's rural and frontier counties;
- NHV Program - two sites co-funded;
- Nevada Immunization Program 0.5 FTE Accounting Assistant supports MCH fiscal efforts;
- DHHS Office of Analytics 1.0 FTE Biostatistician and 1.0 FTE Health Resource Analyst II who provides data support across MCAH programs;
- 1.0 FTE SSDI Manager; and
- 1.0 FTE OSP Manager
- Primary Care Office (PCO) 0.5 FTE Health Resource Analyst
- MMRC 0.5 FTE Nurse Abstractor (Ancillary costs only)

State and Division Staff Training

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 trainings including on developing and applying logic models for planning, implementing, and evaluating programs, effective techniques for

presenting data, effective methods for making decisions, etc. DPBH employees meet annual HIPAA and information security training requirements using the Development Center and can use it to further job-related skills. Employees value the continuing education offered by MCH trainings to stay current on topical MCH developments in priority areas. Trainings taken by MCH staff included, but were not limited to those on substance use during pregnancy, LGBTQIA+ and health, suicide prevention, child abuse and human trafficking prevention, ADA remediation, Recovery Friendly Workplaces, computer security, specialized data systems (i.e., MMRIA and MMRC trainings), health equity and disparities, quality improvement, data management, naloxone emergency administration, adolescent positive youth development, CYSHCN and whole child approaches, and cultural competency. Other workforce development opportunities are provided to staff by various state programs, federal agencies, academic institutions, and professional organizations such as the Association of Maternal and Child Health Programs (AMCHP), Immunize Nevada, HRSA/AMCHP Technical Assistance and Regional meetings, the Nevada Public Health Association (NPHA), and through an assortment of coalition conferences. MCH staff attend the Statewide MCH Coalition and Breastfeeding Coalition sponsored trainings, as well as Project ECHO, the local Area Health Education Center (AHEC), and University of Nevada, Reno (UNR) trainings.

MCAH Staff Training

In the reporting year, MCAH Section staff participated in various workforce development opportunities. Nevada Title V MCH provided funding for five MCAH staff to attend grant writing and grant management courses. Other trainings provided to MCAH staff are highlighted below.

The MCH Director attended numerous development opportunities and trainings in support of MCH, WIC, Chronic Disease Prevention and Health Promotion (CDPHP), and Immunization as the Chief of these Sections. She continues to be a key participant in statewide systems building initiatives such as the Nevada Pritzker Foundation efforts and early childhood initiatives. The CYSHCN Director attended trainings and conferences during the reporting period, including the Technical Assistance HRSA Title V MCH meeting and AMCHP Policy Committee meetings, Association of State and Territorial Health Officials (ASTHO)-Opioid Disorder, Maternal Outcome, Neonatal Abstinence Syndrome Initiative (OMNI) Advisory Team meetings, the ASTHO Expansion meeting, HRSA Title V MCH Reverse Site Visit, CMS Maternal Infant Health Initiative meetings, Prevent Child Abuse meeting (presenter), Community Engagement meeting on Access to Reproductive Health, NOHME training and meeting, Listening Session on Child Welfare and Domestic Violence, Tribal Consultation Meeting, Americans with Disabilities Act (ADA) Training, AIM meeting, PREP and SRAE All-Grantee Meeting, Nevada Governor's Council on Developmental Disabilities (NGCDD) meetings, CARA meetings, Nevada Department of Education Health Standards Meetings, Protecting our Adolescents Round Table Discussion, Western Genetics meeting , Sassabration Pride event, and many local reoccurring meetings, including the Statewide Executive Committee to Review Child Fatality, Fetal Infant Mortality Review (FIMR), Pediatric Mental Health Evaluation, Medical Home Portal Advisory Committee, AMCHP Policy Committee, CARA, Nevada Newborn Screening Advisory Committee, and OMNI Core Team meetings.

The Title V MCH Program Manager attended the Technical Assistance HRSA Title V MCH Meeting in Washington, DC, and local reoccurring meetings including Medical Home Portal Advisory Committee, AMCHP Policy All State meetings, and Infant Mortality Collaborative Improvement and Innovation Networks Social Determinants of Health (IM CoIIN SDOH) meetings.

The Maternal and Infant Program Coordinator attended the MCH Symposium, which had presentations and trainings on nutrition in the first two years, community engaged models for breastfeeding, feeding challenges, dietary intake before and during pregnancy, hunger or deportation, implications of the proposed public charge rule, immigration nutrition, iron deficiency and neurodevelopment, CDC's *Learn the Signs. Act Early*, FIMR meetings, IM CoIIN

(SDOH) lead, local and statewide MCH and Breastfeeding Coalition meetings, Maternal and Infant Health Initiative (MIHI), local Child Death Review and Statewide Executive Committee to Review Child Fatality meetings, and effects of sanctuary city policies on MCH outcomes.

The RPE Program Coordinator attended the two-day regional RPE leadership training in Atlanta, GA, the National Sexual Assault Conference in Philadelphia, PA, and Courageous Conversations, an Empowerment Approach Annual Conference in Reno, NV hosted by the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV), as well as quarterly meetings with the Nevada Office of the Attorney General.

The Adolescent Health and Wellness Program Coordinator attended the AMCHP annual conference, various webinars to enhance progress of state staff increasing adolescent well-visit outcomes a training on teen violence, Protecting Our Adolescents Round Table Discussion, Association of State Public Health Nutritionists (ASPHN) Annual Meeting (Scottsdale, AZ), Region XIII Adolescent Health and Wellness Summit (UT), Nevada Primary Care Association (NVPCA) Substance Use Roundtable Discussion, and the NCEDSV Courageous Conversations, an Empowerment Approach Annual Conference.

The CYSHCN Program Coordinator continued to receive training on the Medical Home Portal and Medical Home Model from various sources. The CYSHCN Program Coordinator attended the Nevada *Learn the Signs. Act Early* (NvLTSAE) Annual Summit in May 2019, where training was received on bringing awareness to parents to learn early warning signs of neurodevelopmental disorders. The coordinator also attended the July 2019 Chronic Disease Coalition Annual Meeting about advancing transformative health equity.

NHV agencies received training on ‘serve and return’, a child friendly method of teaching children; Parents as Teachers; Mind in the Making; use of Nevada 2-1-1; Strengths-based Practice, home visitor safety; Trauma-Informed Care; Reflective Practice; Adverse Childhood Experiences (ACEs); recognizing and reporting child abuse; choosing your caregiver or partner carefully; family engagement; Bright by Text; Reading Aloud; library tools and resources; Welfare and Supportive Services; Liberty Dental (Medicaid); and Job Connect/Department of Employment, Training, and Rehabilitation (DETR) programs.

The PREP Coordinator attended the SRAE Orientation meeting and received guidance on evaluation methods and strategies. In June 2019, PREP staff attended the Family and Youth Services Bureau (FYSB) Adolescent Pregnancy Prevention (APP) All-Grantee Annual Conference where staff received onsite training to expand capacity to provide youth with effective prevention education services. PREP staff attended in-person topical training on the impact trauma has on the still-developing adolescent brain which affects aspects of daily life, such as healthy decision-making. In September 2019, PREP staff attended the NCEDSV Courageous Conversations – An Empowerment Approach Annual Conference where key concepts were learned on how to reduce sexual and domestic violence by enhancing healthy relationships and reducing sexual coercion-related pregnancies using trauma-informed approaches. PREP staff attended an in-person training on Understanding and Applying Trauma-Informed Approaches for SRAE Programs.

All MCAH staff completed the Federal Emergency Management Agency (FEMA) Emergency Management Institute Independent Study (IS)-100, IS-200, IS-700 and IS-800, and completed Recovery Friendly Workplace training. MCAH staff training opportunities planned for FFY 2021 include the AMCHP Annual Conference, HRSA Technical Assistance Meeting, and ADA Remediation Training.

To provide culturally and linguistically informed approaches to services, health policies, and leadership for an increasingly diverse MCH population, the MCAH workforce attended several trainings, including Bridging the Cultural

Divide, the Role of Community Health Representatives/Works in Environmental Public Health, and Healthy Native Youth: A One-Stop-Shop for Culturally Relevant Health Curricula. Many of these trainings were on cultural competence, tribal outreach, and Office of Minority Health and Equity trainings. The trainings discussed the importance of cultural humility as a key tool in addressing health disparities. MCAH staff attended a Tribal Data Summit and numerous trainings related to disparity reduction, health equity, racism and health impacts, and family and youth engagement.

The MCH Data Research Group meets twice a year providing training and collaboration opportunities, and the MCH Data Workgroup meets monthly to discuss data efforts and needs. The MCH Data Workgroup also attends PCO data sharing meetings quarterly. All MCAH staff also attend quarterly MCHAB meetings.

Pediatricians, Family and General Practitioners, and Obstetricians and Gynecologists

According to the May 2019 Bureau of Labor Statistics (BLS) Occupational Employment Statistics Query System, the number of Obstetricians and Gynecologist (OBGYN) per 1,000 persons in the U.S. is 0.127. For 2019, Nevada data is unavailable, but in 2018 the Nevada rate was 0.09. An absence of a full time OBGYN exists in 7 of 17 Nevada counties: Storey, Mineral, Esmeralda, Lincoln, Eureka, Lander and Pershing.

There is evidence to suggest along with absences of full time OBGYNs, shortages in providers appear in other counties. The Doximity 2019 OBGYN Workforce Study developed a composite index score to assess the severity of risk of OBGYN shortages in different metropolitan areas. Las Vegas, the largest metropolitan area in Nevada, was found to be at the highest risk for shortages in the U.S. This index considered the average age of the workforce and the average workload, based on number of births per OBGYN per year.

The 2019 U.S. rate for Family Medicine physicians is 0.745 per 1,000 persons and 0.304 per 1,000 persons for General Internal Medicine physicians. For Nevada, the rates are 0.511 and 0.283, respectively.

The 2019 U.S. rate for Pediatricians is 0.202 per 1,000 persons and for Nevada the rate is 0.062 per 1,000 persons. According to the 2020 Nevada Heath Workforce Research Center's Physician Workforce in Nevada: A Chartbook Report, Nevada would need an additional 244 pediatricians to meet the national average. The Nevada Health Workforce Research Center is in the Office of Statewide Initiatives at the UNR School of Medicine.

In 2019, the number of active primary care physicians, including general medicine, family practice, OBGYN, and pediatricians in Nevada is 107.4 providers per 100,000 population compared to 159.6 providers per 100,000 persons nationally. An estimated 2,026,181 Nevadans, or 67.3% of the state's population, reside in a federally designated primary care health professional shortage area. Three counties, Esmeralda, Eureka, and Storey, have no licensed physicians.

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

Family Partnership

Nevada Title V MCH staff collaborate with agencies, programs, and organizations at the local and state level to meet the needs of the state's MCH populations and the priorities in the 5-year plan. Through these collaborations, Nevada Title V MCH can reach families and consumers to receive input and recommendations on the development and implementation of the programs provided to Nevada MCH populations. Using the Family Voices four domains of family engagement (commitment, transparency, representation, and impact), this section describes how the Nevada Title V MCH Program engaged families in programmatic initiatives.

Commitment was demonstrated in the activities of our funded partners, including, but not limited to, Nevada's family partnership champion, Family TIES of Nevada (FTON), and the Nevada Statewide MCH Coalition. Through presentations to the MCHAB, NGCDD, and other agency partners, the Nevada Title V MCH Program acknowledged the contributions these organizations made to meet the needs of Nevadan families. Nevada Title V MCH staff participated in the NGCDD and Interagency Coordinating Council, which include persons living with intellectual and developmental disabilities and family representatives. Staff also participated in Nevada Leadership Education in Neurodevelopmental and Related Disabilities (NvLEND) and Learn the Signs Act Early (NvLTSAE) training activities, which offered opportunities to engage CYSHCN in transition and their families. To improve commitment in the application year, Nevada Title V MCH plans to: 1) explore options for a written policy relating to family engagement in systems-level initiatives; and 2) potentially identify funding for family leaders' time and other costs they may incur in the course of engagement efforts.

Transparency was displayed through Title V MCH Program activities meant to understand the issues faced by children and families in Nevada. Title V MCH solicited feedback from the public on MCH-related issues via a survey link (English and Spanish) posted on the DPBH and Statewide MCH Coalition websites. Consumers could also provide information directly to the MCH Coalition by telephone or email. During the quarterly MCHAB meetings, members of the public provided feedback and other information related to MCH populations. Furthermore, the Nevada Institute for Children's Research and Policy (NICRP), in partnership with all Nevada School Districts and DPBH, conducted an annual health survey of children entering kindergarten. By completing the survey, parents and families provided a voice on the status of Nevada kindergartners. Survey information informed local efforts to improve future programming and the health of Nevadan communities. Nevada's Title V MCH Program funded the survey, partnering with NICRP.

Every Nevada Title V MCH staff member had the support and information they needed to participate in family engagement discussions and webinars to improve workforce development. Nevada Title V MCH staff and funded partners also had the supports necessary to understand their family partnership role in programmatic activities and a clear understanding of how these activities increase family engagement statewide. Through training provided by HRSA, Family Voices, and other family-centered organizations, Nevada's Title V MCH Program staff and funded partners received evidence-based toolkits and information on how to assess and increase family engagement.

Representation was achieved by focusing efforts on diverse groups, including racial/ethnic, linguistic, socioeconomic, rural/frontier geographical, and/or rare or complex disease populations. FTON staffs a bilingual (Spanish) hotline for CYSHCN and their families. Furthermore, FTON provided translation services to families receiving care through agencies like the Northern Nevada Cleft Palate Clinic. The Children's Cabinet-Technical Assistance Center on Social Emotional Intervention (TACSEI) has a Family Engagement Coordinator on staff to facilitate parent involvement, especially for those living in rural areas, in completing developmental screenings for their children. Nevada Title V MCH staff also participated in the Mountain States Regional Genetics Network, where families with lived experience contribute to the success of expanding genetics services in Nevada. To improve representation in the application year, Nevada Title V MCH will explore the possibility of reaching diverse families

and organizations in rural and frontier areas by supporting telehealth strategies.

Program impact has been measured by assessing current ESMs, listening to partner feedback concerning programmatic activities, working with funded partners to implement strategies which improve family partnership as outlined above, and evaluating how partners contributed to meeting NPMs. Evaluation occurred through a review of quarterly reporting, weekly Title V MCH team discussions, MCH Navigator training, and biweekly or monthly partner check-ins. To improve impact in the application year, Nevada Title V MCH will explore opportunities to 1) engage family leaders in choosing ESMs; 2) collaborate with family leaders in evaluating these ESMs; and 3) further utilize family leaders' input to improve programmatic activities and goals overall.

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

State Systems Development Initiative (SSDI) and Other Title V MCH Data Capacity Efforts

The purpose of Nevada SSDI is to develop, enhance, and expand Nevada Title V 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. Nevada SSDI aims to support evaluation activities around NPMs contributing to building the evidence base for the Title V MCH Block Grant. Nevada aims to enhance surveillance capabilities related to MCH.

Nevada DHHS formed an Office of Analytics under the Director's Office to consolidate data capacity and facilitate cross training and data analytics support. Nevada Title V MCH continues to fund a MCH Biostatistician and Health Resource Analyst (HRA) within this group and MCAH funds two additional HRA positions located in the Office of Analytics working with EHDI and NHV. These positions are crucial members of the MCAH team in increasing MCH data support and analytics capacity, accessing primary data, and generating analyses and reports on behalf of MCAH and MCH, in addition to the work of the MCH Epidemiologist and SSDI coordinator. Nevada Title V MCH continued to integrate SSDI and MCH staff, creating a PRAMS, SSDI, MCH Epidemiology organizational unit to foster cross-training and data supports.

MCH has three goals to help maximize SSDI funding:

1. To build and expand MCAH data capacity to support Nevada Title V MCH Program efforts and contribute to data-driven decision making in MCAH programs. Specific areas in which the SSDI program assists include:

    1. Data support in conducting ongoing MCAH needs assessment, including the Five-Year Needs Assessment for the Title V MCH Program and the NHV and SRAE needs assessment.

    2. Support of yearly submission of the Title V MCH Block Grant Application and Annual Report.

    3. Identification of additional structural and process measures to address Nevada MCH NPMs

    4. Continued development of State Performance Measures (SPMs) to address the identified MCH Program priority needs.

2. Advance the development and utilization of linked information systems between key MCH-related 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 seven-member board. In 2019, two carriers were offering Qualified Health Plans (QHPs): Health Plan of Nevada and Silver Summit. In 2020, Anthem (HMO Nevada) rejoined the exchange after offering coverage in 2017 but terminating for 2018 and 2019. Carriers are allowed to use telemedicine to meet accessibility requirements.

Beginning January 2020, Nevada migrated from Healthcare.gov and provided application, eligibility, and enrollment services for health insurance coverage fully through the state-based exchange platform.

Nevada is a Medicaid-expansion state and allows more low-income adults to access health insurance. Open enrollment for 2020 ended on December 15, 2019. Enrollment has been dropping each year since 2018. The 2020 coverage period had 77,410 enrollments, down 7.24% from the 2019 coverage period in which 83,449 people signed up for Medicaid coverage. An initial goal of 118,000 enrollees was projected by Nevada Health Link 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 332,000 uninsured residents in Nevada in 2018. Out of these, 31 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. Nevada Title V 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.

All Nevada 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.

The National Governors Association (NGA) Nevada Learning Collaborative provided technical assistance for Improving Quality and Access to Care in Maternal and Child Health. A core group of state leaders from various DHHS Service Divisions committed to continued collaboration on activities to improve insurance enrollment and enhance uptake of adolescent well-visits. One of these activities includes distributing brochures titled “Does your Teen Need Health Coverage?” on the value of yearly adolescent checkups and applying for health insurance. In FFY 2019, 30,760 brochures were disseminated by the Adolescent Health and Wellness Program to multiple distribution partners across the state.

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

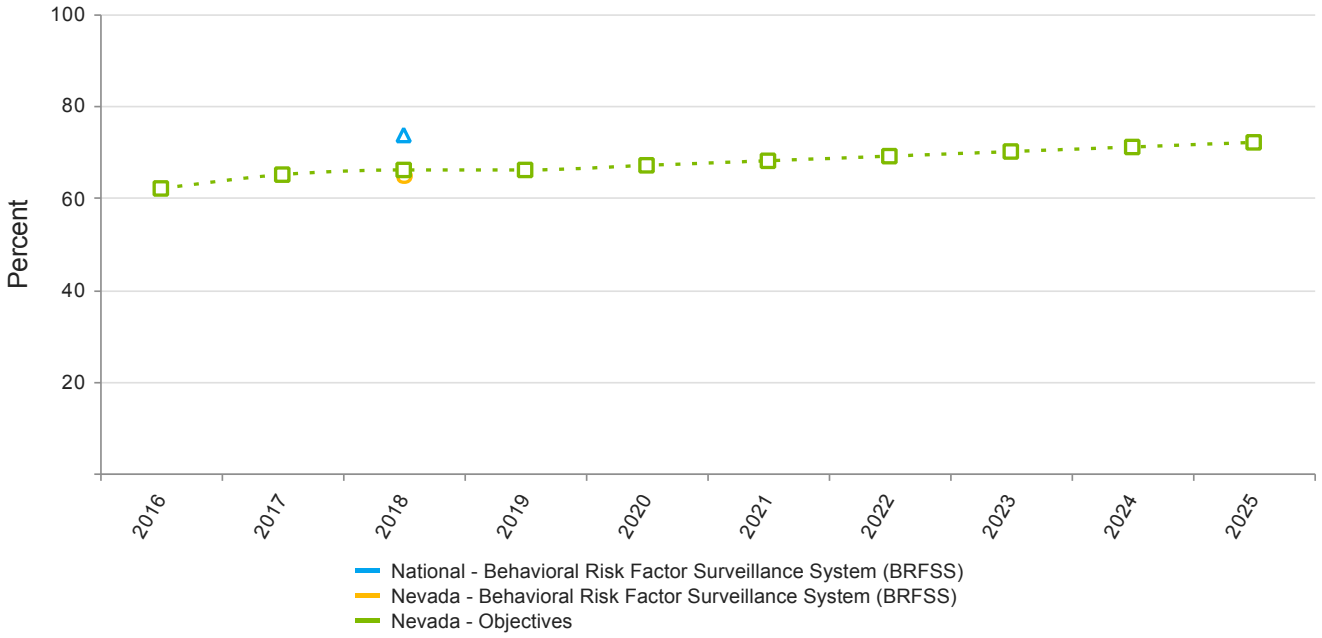
Women/Maternal Health

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-2017	66.5	NPM 1 NPM 14.1
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS-2014_2018	9.5	NPM 1 NPM 14.1
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	NVSS-2018	8.7 %	NPM 1 NPM 14.1
NOM 5 - Percent of preterm births (<37 weeks)	NVSS-2018	10.1 %	NPM 1 NPM 14.1
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS-2018	27.7 %	NPM 1 NPM 14.1
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS-2017	5.8	NPM 1 NPM 14.1
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2017	5.8	NPM 1 NPM 14.1
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2017	3.6	NPM 1 NPM 14.1
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2017	2.3	NPM 1 NPM 14.1
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS-2017	148.2	NPM 1 NPM 14.1
NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2017	81.1	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 or Not Reportable	NPM 1
NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births	SID-2017	7.6	NPM 1
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH-2017_2018	90.8 %	NPM 14.1
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS-2018	20.5	NPM 1
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth	PRAMS	Data Not Available or Not Reportable	NPM 1

National Performance Measures

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



Federally Available Data				
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)				
	2016	**2017**	**2018**	**2019**
Annual Objective	62	65	66	66
Annual Indicator	64.0	65.4	63.9	64.6
Numerator	319,699	336,134	338,556	346,488
Denominator	499,724	513,892	529,766	536,239
Data Source	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2015	2016	2017	2018

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	67.0	68.0	69.0	70.0	71.0	72.0

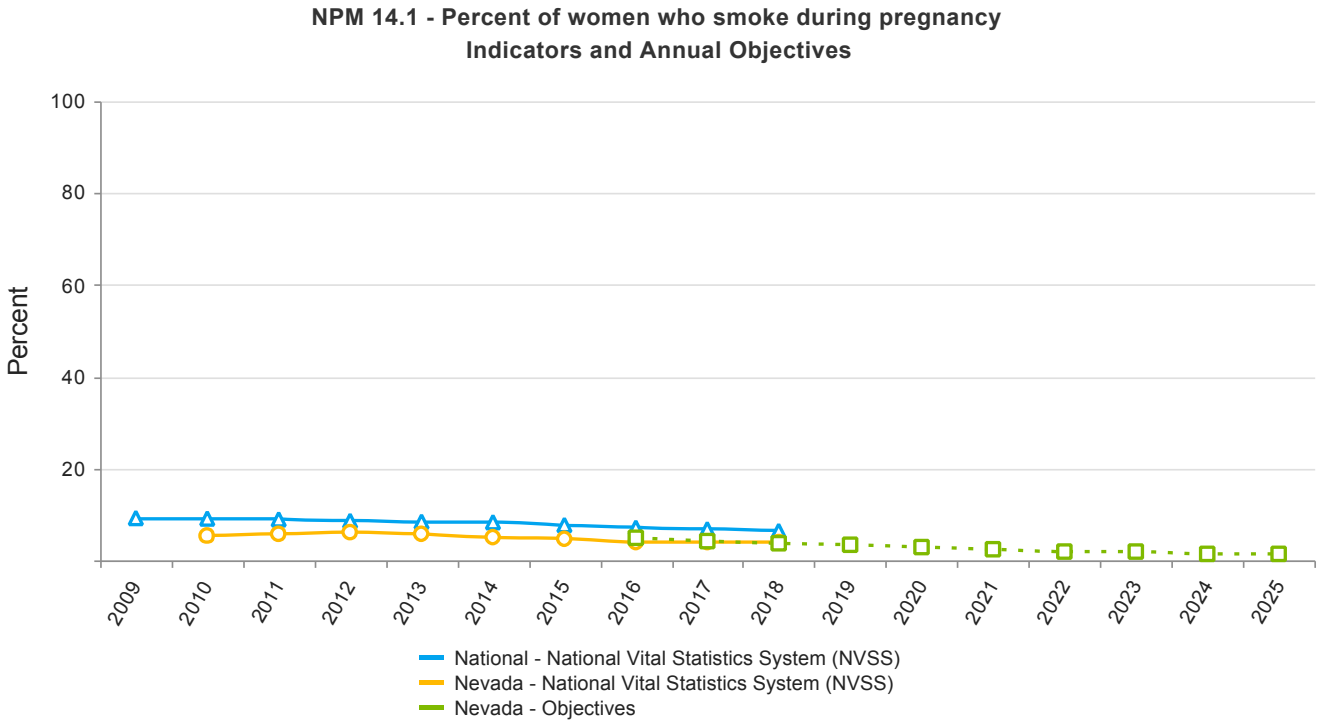
Evidence-Based or –Informed Strategy Measures

ESM 1.1 - Percent of pregnant women who received prenatal care beginning in the first trimester

Measure Status:	Active

State Provided Data		
	2018	2019
Annual Objective		
Annual Indicator	74	74.6
Numerator	24,893	25,805
Denominator	33,651	34,573
Data Source	Federally Available Data-NVSS	Federally Available Data-NVSS
Data Source Year	2017	2018
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	76.0	77.0	78.0	79.0	80.0	81.0



Federally Available Data				
Data Source: National Vital Statistics System (NVSS)				
	2016	**2017**	**2018**	**2019**
Annual Objective	5	4.3	3.8	3.5
Annual Indicator	4.8	4.0	4.2	4.2
Numerator	1,726	1,440	1,491	1,492
Denominator	35,965	35,964	35,462	35,400
Data Source	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	3.0	2.5	2.0	2.0	1.5	1.5

Evidence-Based or –Informed Strategy Measures

ESM 14.1.1 - Percent of PRAMS respondents who report that a doctor, nurse, or other health care worker asked if they were smoking cigarettes during any prenatal care visits

Measure Status:	Active

State Provided Data	
	2019
Annual Objective	
Annual Indicator	88.8
Numerator	732
Denominator	824
Data Source	NV PRAMS
Data Source Year	2018
Provisional or Final ?	Final

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	90.0	91.0	92.0	93.0	94.0

State Performance Measures

SPM 1 - Percent of mothers who reported late or no prenatal care

Measure Status:	Active

State Provided Data				
	2016	2017	2018	2019
Annual Objective		7	4.5	4
Annual Indicator	7.9	4.6	4.7	4.9
Numerator	2,805	1,601	1,634	1,680
Denominator	35,378	34,838	34,577	34,357
Data Source	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records
Data Source Year	2016	2017	2018	2019
Provisional or Final ?	Final	Final	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	4.0	3.5	3.5	3.0	3.0	2.5

SPM 2 - Percent of women who used substances during pregnancy

Measure Status:	Active

State Provided Data				
	2016	2017	2018	2019
Annual Objective		5	4.5	4
Annual Indicator	5.5	5.5	6	5.3
Numerator	1,950	1,924	2,060	1,817
Denominator	35,378	34,838	34,577	34,357
Data Source	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records
Data Source Year	2016	2017	2018	2019
Provisional or Final ?	Final	Final	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	5.0	4.5	4.5	4.0	4.0	3.5

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 18 through 44, receiving a preventive medical visit in the past year to 70% by 2025
Increase the percent of women receiving prenatal care in first trimester to 80% by 2025

Strategies
Collaborate with public and private partners to provide women, ages 18 through 44, with information on the benefits available to link them to appropriate health care coverage options
Collaborate with public and private partners to engage (through outreach) and educate (e.g. website, materials, etc.) women, ages 18 through 44, communities, and health care professionals, regarding women's health, including early prenatal care and screenings
Collaborate with public and private partners to conduct training 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
Collaborate with public and private partners to provide women, ages 18 through 44, communities and health care professionals with information to reduce disparity in perinatal outcomes

ESMs	Status
ESM 1.1 - Percent of pregnant women who received prenatal care beginning in the first trimester	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 to 1.5% by 2025

Reduce the percent of children ages 0-17 who live in households where someone smokes to 13% by 2025

Increase the percent of PRAMS respondents who report that a doctor, nurse, or other health care worker asked if they were smoking cigarettes during any prenatal care visits to 97% by 2025

Reduce the percent of women using substances during pregnancy to 3.5% by 2025

Strategies

Collaborate with public and private partners such as The Tobacco Control Program (TCP) and Medicaid to promote smoking cessation programs.

Disseminate educational materials to partners for statewide distribution and engage partners through outreach to encourage promotion of smoking cessation resources

Collaborate with public and private partners to improve outcomes related to substance use

Collaborate with public and private partners to conduct data collection, surveying, and other activities to improve maternal health and birth outcomes, including continuation of Nevada PRAMS

ESMs	Status
ESM 14.1.1 - Percent of PRAMS respondents who report that a doctor, nurse, or other health care worker asked if they were smoking cigarettes during any prenatal care visits	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 who reported late or no prenatal care

Objectives

Increase the percent of pregnant women/new mothers receiving prenatal care in first trimester to 76%.

Strategies

Collaborate with public and private partners to engage (outreach) and educate (e.g. website, materials, etc.) women, ages 18 through 44, 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

Priority Need

Reduce substance use during pregnancy

SPM

SPM 2 - Percent of women who used substances during pregnancy

Objectives

Reduce the percent of women who used substances during pregnancy to 3.5% by 2025.

Strategies

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

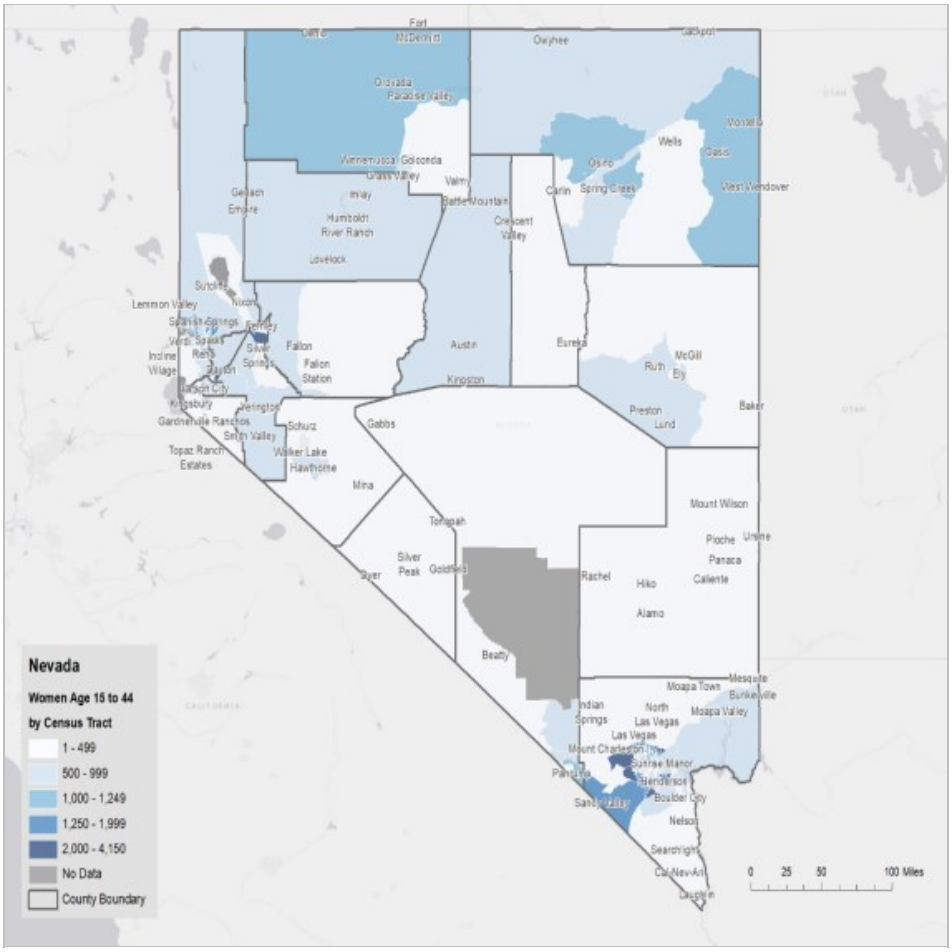
Disseminate educational materials to partners for statewide distribution.

Collaborate with public and private partners to improve outcomes related to substance use

2016-2020: National Performance Measures

Women/Maternal Health Report

As part of the Title V MCH Program, the Maternal and Infant Health Program (MIP) provides technical assistance, resources and support to private and public agencies serving women, ages 18 through 44. The MIP Coordinator works closely with these agencies as well as the Title V MCH Program Manager and MCAH Section Manager to improve the health outcomes of women of childbearing age. The Women/Maternal Health report demonstrates how collaboration between agencies, leadership and MIP is working to accomplish the state priority to improve the health of Nevada women. The population of women, ages 18 through 44 is demonstrated by Census tract in the map below.



The Title V MCH Program staff chose NPM 1 and NPM 14 to improve women and maternal health outcomes. Improving preconception and interconception health among women of childbearing age is a priority need in Nevada. Title V MCH partners with public and private stakeholders to enhance efforts to meet this priority by increasing the percent of women, ages 18 through 44, with a preventive medical visit in the past year (NPM 1). Reducing substance use in women of childbearing age is another ongoing priority in Nevada. Public and private stakeholders assist with these efforts to reduce the percent of women who smoke during pregnancy (NPM 14). All subawardees share information about the Nevada Tobacco Quitline as part of their scope of work. Program activities and successes related to these efforts are included in the body of the report.

Nevada Home Visiting Report

Title V MCH collaborates with the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program; co-

funding activities for the Sunrise Children's Foundation expanded Home Instruction for Parents of Preschool Youngsters (HIPPY) program in Pahrump and the Northeastern Nevada Early Head Start home visiting program. The design and delivery of the MIECHV-funded program is to provide comprehensive, coordinated health and social service fostering continuous access to care for women who are pregnant or who have young children. 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 teen pregnancy, reducing substance use during pregnancy, and increasing adequate insurance coverage for families.

HIPPY programs (serving families with children aged three, four, and five) help parents engage with their children in daily learning activities to help promote literacy and school readiness. The program fosters language development, problem solving, logical thinking, and perceptual skills in children. Parents as Teachers serves expectant mothers and families with children up to kindergarten entry providing child development education, health education, activities to build cognitive and motor skills in children, and parent-child interaction coaching. Both programs provide developmental and social development screening, birth spacing education, screening for insurance coverage, depression screening (both post-partum and general), screening for domestic violence, necessary needs (housing, food, clothing, and utilities), and substance misuse. Referrals are provided for any screening showing need. Referrals are followed up and assistance is given in making any appointments or any application follow through.

Agencies implementing home visiting programs for NHV pursue Continuous Quality Improvement (CQI) and conduct Plan Do Study Act (PDSA) cycles to test small changes to improve processes and outcomes. Significant improvements have been made to the Early Learning and Literacy benchmark through CQI. Benchmark data from MIECHV are shared with Title V MCH Epidemiologist and other staff.

NHV staff and all implementing agencies are participating in a core competency certification program including self-paced courses as follows: ASQ-3, Basics of Home Visiting, Building Engaging Relationships, Challenges: Substance Abuse, Domestic Violence, Infant Mental Health, Pregnancy, Supervising Home Visitors, Trauma for Home Visitors, Trauma for Supervisors. In addition to the self-paced courses, the certification also requires the following live webinars: Domestic Violence: Safety Planning, Exploring Values and Beliefs, Home Visiting Boundaries, Home Visiting Safety, Implementing Tools, Home Visiting Boundaries for Supervisors. Matching Resources, Partnering for Change, Motivational Interviewing, Reflective Supervision, Impact of Domestic Violence, Trauma in Communities, and Understanding Substance Abuse. Technical Assistance has been provided to agencies for data entry, CQI processes and family engagement.

All home visiting models provide information to encourage well child and adult well visits, immunizations on schedule, child development topics, and safe home information. In addition to these topics, agencies serving expectant mothers and infants all have a certified lactation educator to provide breastfeeding education and support. NHV has provided each of those agencies with commercial grade, loaner breast pumps to encourage longer breastfeeding as mothers return to work.

NHV provides bilingual materials and agencies serving populations with the need for bilingual home visitors have bilingual staff. Families are also provided with Spanish language books for children to keep and agencies maintain a resource library for check-out in Spanish and English. In addition, families are administered Spanish language screenings and learning materials. A total of 102 MIECHV families reported Spanish as their primary language in 2018.

- 483 households were served by the Nevada Home Visiting Program in FFY2018.
- 620 children were served by the Nevada Home Visiting Program in FFY2018.
    - Intimate Partner Violence Screening; Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) using a validated tool increased from 72% in FFY2017 to 80.1% in FFY2018.

- Developmental Screening; Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool increased from 82% in FFY2017 to 84.2% in FFY2018.
- Breast feeding; Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age rose from 32.7% in FFY2017 to 50% in FFY2018.
- Tobacco Cessation Referrals; Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment increased from 28.1% in FFY2017 to 69.4% in FFY2018.

The Nevada Statewide Maternal and Child Health (MCH) Coalition Report

The Nevada Statewide MCH Coalition is largely funded by the Title V MCH Block Grant and state MCH staff provide extensive technical assistance. The Nevada Statewide MCH Coalition had a presence at the American Academy of Pediatrics (AAP) conference, the Nevada Health Conference, oversaw the implementation of the Fall Symposium in Reno, hosted the Climb Out of the Darkness postpartum depression prevention event - the first one ever held in Southern Nevada - promoted Global Big Latch On breastfeeding events statewide with five locations and over a hundred Latch On's. These events/activities demonstrated support for breastfeeding, pre-conception and inter-conception health, developmental screenings, anxiety and depression, safe sleep, marijuana use during pregnancy education, and other statewide resources. Social media outlets included Instagram and Facebook with a total of three hundred and fifty-one "likes;" increased awareness and support for the following programs; Sober Moms Healthy Babies, Nevada 211, the Medical Home Portal, Nevada Tobacco Quit-line, Go Before You Show, breastfeeding, safe sleep facts, drowning prevention and lead poisoning information. The MCH website saw continued growth in total visitors throughout the year, as well as Facebook and Instagram, see chart below:

Statewide Maternal and Child Health Coalition Social Media – 2018-2019

October 2018-September 2019	Facebook Following	Instagram Following	Website Total Visitors
October	306	106	241
November	306	110	231
December	309	113	185
January	313	122	180
February	322	118	176
March	328	120	215
April	332	135	214
May	332	131	222
June	338	146	253
July	340	151	263
August	344	154	250
September	351	160	189
Total for Grant Year	**351**	**160**	**2619**

In February 2019, the NV Statewide MCH Coalition hosted a live webcast of the 2020 Mom Forum, "Birth: An Intersection Between Maternity and Mental Health – Cost, Quality, Choice and Outcomes," at four locations across Nevada: Las Vegas, Reno, Elko, and Hawthorne. The ninety-three participants included nurses, therapists, and statewide community organizations. The coalition's Perinatal Mood and Anxiety Disorders (PMAD) Program held twelve trainings across Nevada for lactation staff, social workers, nurses, and pediatric residents with over a hundred and sixty attendees. The PMAD Coordinator attended twelve online/in-person PMAD related trainings through Maternal Mental Health NOW, Nevada Suicide Prevention Coalition, Gold Lactation Conference and 2020Mom, conducted outreach to thirty organizations that included OBGYN offices, therapists, doulas, Health Districts, WIC offices and other local programs. Collaboration continues with HealthPlan of Nevada's Behavioral Health Options in assisting PMAD families with available resources statewide in navigating care. The PMAD Coordinator attended the Postpartum Support International conference (700+ attendees).

Nevada MCH staff worked with statewide partnerships including the Southern Nevada Health District (SNHD), Washoe County Health District (WCHD), Carson City Health and Human Services (CCHHS), Safe Kids, Southern and Northern NV Breastfeeding Coalition, Immunize Nevada, University of Nevada, Las Vegas (UNLV), University of Nevada, Reno (UNR), Children's Advocacy Alliance, Healthy Living Institute University Medical Center, Nevada 211, Nevada State Oral Health Program, Nevada Institute for Children's Research and Policy, and other statewide resources to continue the goal of building the capacity of the MCH Coalition partners. This helped to promote statewide MCH messaging for improving the health of pregnant women, women of childbearing age, infants, children, children and youth with special health care needs (CYSHCN), and their families.

Both the northern and southern MCH coalitions included leadership changes this year. In the south, Kim Amato accepted the position of co-chair from Baby's Bounty, a 501(c)(3) nonprofit organization supplying essential items and baby gear to disadvantaged families with an infant six months of age or younger. In the north, Lora Carlson and Megan Schwarzrock accepted as chair and co-chair. Lora is the Manager of Nursing-Labor and Delivery at Renown Hospital. Megan is a pediatric nurse and Health Coordinator for the University of Nevada, Reno, Early Head Start Program. The Early Head Start Program is a comprehensive program serving pregnant women in poverty and families with children aged three or younger. The services included are home visiting and center-based childcare. Nikki Raffail joined as secretary with experience in challenges faced by pregnant and parenting teens issues with the Planned Parenthood Mar Monte Teen Success Program serving first time mothers, ages 14-19 years old (y.o.), to help them complete their high school education, learn social emotional skills, parenting education, and reproductive health education including birth spacing to reduce repeat teen births.

The MCH Coalition Steering Committee is comprised of volunteer leadership members from both the Northern Nevada MCH Coalition and the Southern Nevada MCH Coalition and Title V MCH staff. Four (4) meetings are held each year to discuss proposed and current activities. New members to the Steering Committee include Dr. Aimee Nussbaum, Laura Oslund, and Dr. Antonina Capurro. Aimee Nussbaum was the Maternal Child Health Program Director for both the Utah and Nevada markets of March of Dimes. Laura Oslund is the Executive Director of the PACE Coalition. The PACE Coalition's mission is to strengthen the character and competencies of youth and families in Elko, Eureka and White Pine counties through the collaborative effort of members from every community sector to reduce substance abuse and to enhance proven protective factors that encourage youth to make healthy choices. Nevada MCH Title V Program funds the PACE Coalition community health worker (CHW) to further assist in these efforts for that region. Dr. Capurro is the Nevada State Dental Health Officer with the Nevada Oral Health Program in Las Vegas and UNLV School of Dental Medicine, visiting assistant professor. Erick Lopez, Research Analyst with the Nevada Institute for Children's Research and Policy, was nominated by Tara Phebus to replace her position. The MCH Steering Committee voted unanimously.

In September 2019 the NV Statewide MCH Coalition hosted the annual MCH Symposium in Reno, Nevada, with 100 attendees and a focus on PMAD. Speakers discussed PMAD, substance use during pregnancy, birth trauma, perinatal grief and breastfeeding. Vendors who attended this event included Quest Counseling, Anthem Blue Cross Blue Shield, March of Dimes, and Title V MCH (provided information on Medical Home Portal, PRAMS, Text4Baby and the MCH needs assessment).

Title V MCH staff contributed content to the statewide MCH Coalition e-newsletter and encouraged membership growth, new partner linkages, and outreach to youth-serving agencies. Topics shared included CYSHCN-relevant information and trainings, child, medical, reproductive health, perinatal and infant resources, webinars, conferences, Project ECHO, teen health week, adolescent physical activity, adolescent-centered care, information briefs for parents, and materials to promote campaigns for suicide prevention, childhood obesity awareness, Sexual Assault Nurse Examiner regional training opportunities, and physical fitness and sports. Numerous Title V MCH funded partners participated in the MCH Coalitions; for example, Urban Lotus Project, serving high-risk youth in northern Nevada attended meetings to share the value of trauma-informed yoga no-cost courses to help young people cope

with daily life stressors and the MCH-funded Washoe County FIMR uses the Northern Nevada MCH Coalition meeting to present recommendations as they function as the FIMR's Community Action Team.

Women's Health and Wellness Outcomes

Title V MCH staff will continue to participate in efforts to promote reproductive health, planning, and access. MCH staff work with Teen Pregnancy Prevention PREP and SRAE programs, and other key stakeholders to promote informed reproductive choices and education to support reproductive life planning. Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI) efforts and quality improvement of Infant Plan of Safe Care processes continued, as did efforts to create robust wrap around care and referrals for women who are pregnant and use substances. Efforts continue to try and get significant utilization of the Tobacco Quitline among pregnant women. PRAMS data to action exploration, pregnancy surveillance efforts, and programming based on surveillance resulted in initial PRAMS data use.

The MCAH Section application for Alliance for Maternal Innovation (AIM) state status was completed and MCH staff worked on Nevada Maternal Mortality Review Committee establishment pathways and data reporting working with the Office of Analytics to reduce preventable maternal mortality and severe maternal morbidity. Exploration of perinatal quality improvement efforts more broadly continued as a possible space to leverage efforts of substance use, LARC, and perinatal mortality review committees. Development of more robust maternal and perinatal data evaluation and applying for a CDC-MCH Assignee was completed and is pending in an effort to present timely key indicators of MCH health. Continuing to look for opportunities to expand NHV capacity to serve more families through additional funding streams and continued participation of MCH staff in early childhood support and systems building initiatives continue and focus on referral pathway supports and data integration.

Maternal-focused PSAs, websites, social media and print campaigns, and sponsoring conferences for information sharing and collaboration are ongoing. Staff training on equity, and programmatic efforts focused on disparity reduction are key areas of focus and include the IM CoIIN and current partnerships with the Office of Minority Health and Equity, The Center, the Nevada Governor's Council for Developmental Disabilities, and the Nevada Coalition to End Sexual and Domestic Violence efforts to prevent sexual assault among women and CYSHCN with developmental disabilities.

Title V MCH provided funding for an Oral Health pilot which included focused education to pregnant women and children in rural Nevada and Clark County. Mobile dental services provided in partnership between SNHD and the University of Nevada, Las Vegas, Oral Health Program afforded the opportunity to promote the importance of dental care during pregnancy and the connection between oral health and perinatal outcomes.

Fifteen public health clinics were awarded Title V MCH funding to improve maternal and women's health among females aged 18-44 years old (y.o.). These entities included SNHD, WCHD, and CCHHS local health authorities and 12 DPBH Community Health Services (CHS) public nursing clinics providing services in Nevada's rural and frontier areas. Clinic assessments, education, reproductive education and resources were based on nationally accepted standards of practice. Clients were screened for alcohol, tobacco, recreational drug use, vaping, suicidal thoughts, and other risky behaviors utilizing a Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach with the provision of education and referrals. General preventive health education such as weight and nutrition, exercise, and preconception counseling were incorporated in the comprehensive patient teaching model.

All clinicians were mandatory reporters and educated in the recognition of patients at risk for human trafficking, neglect, and abuse. Staff were additionally trained in the delivery of culturally competent care, including the provision of services to those in non-traditional relationships. Age-appropriate education and counseling were conducted along with referrals, as needed. Education provided to avoid sexually transmitted infections and communicable

diseases and treatment protocols follow Centers for Disease Control and Prevention (CDC) guidelines.

Through 13,518 clinic visits, women of childbearing age (ages 18-44 y.o.) were educated on wellness and the value of yearly visits. Reporting criteria to MCH varied. For CCHHS, the 1,992 well-visits, education and or referrals were made to 1,057 people using alcohol, 386 people using substances, 39 affected by intimate partner violence, and 276 experiencing depression. CHS provided 1,506 well care visits, 1,122 nutrition and weight management counseling sessions, and 10 referrals were made for depression. CHS activities resulted in 996 identified sexually transmitted infections, 2,287 contraceptive visits (54 intrauterine and seven implantable devices), and administration of 636 immunizations during which Title V MCH funded education, resources, and referrals were provided.

Clinic staff distributed diverse women's health-related materials. Topics covered the value of no-cost yearly checkups, reproductive health (including long-acting reversible contraception), sexually transmitted infections, healthy pregnancy outcomes, immunizations, depression, and intimate partner violence prevention. Resources provided by the MCH Program included information about *Go Before You Show,* Nevada Tobacco Quitline, SoberMomsHealthyBabies website, PRAMS, Text4Baby, Nevada 211, and the Medical Home Portal.

CCHHS reached 571 people at community events promoting the US Preventive Task Force Recommendations for women's health annual checkups. Two Facebook posts promoting the importance of an annual well women exam reached 3,808 users.
CCHHS promoted annual well women exams at three employer sites reaching 95 individuals.

Partners Allied for Community Excellence (PACE) Coalition, an entity within the Nevada Statewide MCH Coalition, 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 Latina and underserved populations. The CHW distributed information on topics such as child health, pregnancy, diabetes, intimate partner violence assistance, tobacco cessation, and suicide prevention. The CHW raised awareness of intimate partner violence through several public service announcements informing community members to participate in the *Walk A Mile in Her Shoes* event. PACE partnered with other agencies to host a Family Safety Night educating about vaping hazards, internet safety for children, and mental health awareness. The CHW taught seven (7) suicide prevention classes (Suicide Alertness for Everyone or safeTALK) and Mental Health First Aid (MHFA) empowering 118 new community members to avert suicide attempts. Case management assisted 37 women (through 91 encounters) with health insurance, interpretation services, setting up medical appointments, transportation support for health visits, and basic social supports. Spanish translation was a critical job duty since 57% of those served were Hispanic and many people needed access to care assistance.

Sober Moms Healthy Babies Annual Report

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 211, Crisis Call Center, the Nevada Tobacco Quitline, and 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.

The website had 2,474 sessions and 2,051 users. New users represented 82.5% of the total number of users and

17.5% were returning visitors. A total of 4,492-page views occurred. Most of these sessions were accessed from Reno, Carson City, and Las Vegas, with Sparks and Elko rounding out the top five.

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 window clings and referral cards. The collaboration ensures substance use in pregnancy materials and resources will reach the targeted audience. The media campaign had a total of 10,367 total spots aired (8,2864 radio advertisements and 1,503 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.

To raise awareness on the priority admission of pregnant women at state-funded treatment centers, Title V MCH continued to disseminate removable wall stickers promoting the *SoberMomsHealthyBabies.org* website. 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 DPBH programs continue.

All local health authorities participated in sharing substance use in pregnancy resource distribution. CCHHS, with Title V MCH funds, endorsed pregnant and postpartum women being substance free through their clinic digital signage and social media. Facebook messages with information about the SoberMomsHealthyBabies website reached 4,082 families.

Title V staff participated in the Comprehensive Addiction and Recovery Act (CARA) and neonatal abstinence syndrome focused efforts and serve as a core team member on the ASTHO OMNI Nevada Team and on numerous subcommittees focused on reduction of substance use in pregnancy and building systems of referral for families with substance exposed infants. LARC and Community Reproductive Engagement Committee MCH staff involvement also dovetailed with substance use prevention efforts, as did engagement on possible Title V Families First efforts.

Marijuana Efforts Annual Report

The Nevada Title V MCH Program has continued to disseminate Spanish and English marijuana awareness materials to partners statewide. These materials were developed in the last funding year in response to Nevada's legalization of medical and recreational marijuana, and informational resources on pregnancy, breastfeeding and marijuana were developed by the Title V MCH program. The Title V MCH Program developed public service announcements (PSAs) promoting awareness, in addition to posters displayed in all dispensaries related to use in pregnancy and injury prevention and marijuana for children. Efforts to reduce substance misuse in pregnancy and improve inter-conception care are funded by the Title V MCH program and include promoting the SoberMomsHealthyBabies.org website and associated media campaigns and focusing perinatal activities on reduction of neonatal abstinence syndrome (NAS). Title V MCH funded partners promote SoberMomsHealthyBabies.org through social media and print materials developed by Title V MCH, in addition to the Substance Use During Pregnancy Toolkit, marijuana use and pregnancy information and posters, and marijuana and childhood injury prevention warnings.

Title V MCH worked 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 from the Department of Taxation. Title V MCH marijuana awareness posters and SoberMomsHealthyBabies.org referral cards and removable wall stickers are provided to all dispensaries; informational sheets are distributed widely through FIMR and local health authorities.

Tobacco Cessation Report

All Title V MCH funded programs promoted the Nevada Tobacco Quitline to pregnant women and women of childbearing age. WCHD, SNHD, CCHHS and CHS clinics provided smokers tobacco education and counseling. Referrals to the Nevada Tobacco Quitline were provided to 25 adolescents (ages 12-17 y.o) and 603 adults (ages 18-44 y.o.). CCHHS promoted the Nevada Tobacco Quitline each month on clinic digital signage, as well as conducted a Facebook campaign reaching 14,233 users.

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. March of Dimes Pregnancy and Smoking brochures were distributed statewide through MCH partners, and PRAMS support by the Title V MCH Program is generating information on tobacco and nicotine use in pregnancy and early postpartum to inform future outreach strategies.

The Tobacco Control Program Annual Report

The Chronic Disease Prevention and Health Promotion (CDPHP) Tobacco Control Program (TCP) disseminates Nevada Tobacco Quitline (NTQ) promotional material for pregnant and postpartum women who use tobacco via Nevada providers, Women, Infants, and Children (WIC) clinics, early childhood educators and Nevada Head Start sites. The NTQ continues to provide callers 13 years and older with up to five scheduled personalized, culturally competent, coaching sessions, unlimited inbound calls, web and text support, and Nicotine Replacement Therapies (NRTs) free of charge to callers ages 18 and older, upon availability. The Pregnancy/Postpartum (PPP) program offered mothers in Nevada a designated, trained coach throughout each session along with incentivized gift cards for each completed counseling call. According to guidelines of the PPP program, each pregnant caller was enrolled before giving birth to ensure eligibility for both programs. This allows the mother to focus on her health, as well as that of the baby, benefitting the dyad. Comprehensive printed educational materials on benefits of quitting smoking during pregnancy and harmful effects on babies was provided upon each enrollment process.

The NTQ enrolled 1,326 callers during the program period which included 9 pregnant women. The NTQ offers a free program specializing in helping pregnant mothers quit smoking. The tailored treatment plan meets their needs by providing intensive behavioral support, including an increased number of coaching calls compared to the general population. As an incentive, reward gift cards for $5 and $10 are given after scheduled and completed counseling calls. For pregnant and new mothers who have quit, additional postpartum support is available to prevent relapse. NTQ uses evidence-based treatment practices to help pregnant smokers quit and remain tobacco free. Although the call volume was limited, outreach was expanded to Community Health Workers, women's health care providers, WIC clinics, and events in the community. MCH opportunities to heighten NTQ awareness are being implemented, including promotion by all Title V MCH funded partners and the Chronic Disease Coalition monthly newsletters.

Partnerships continued to expand with the NTQ as listed: Medicaid Managed Care Organizations (MCOs), Division of Welfare and Social Services, Maternal, Child and Adolescent Health (MCAH), local tribal health departments, University Medical Center, Nevada Health Centers, Carson Tahoe Hospital, Lyon County Medical Center, Northern Nevada Health Centers, Access to Healthcare Network, and mental health clinics. Established relationships with providers created an opportunity for a health system change through a NTQ e-Referral process specific to patients interested in cessation.

Nevada Health Conference Report

The 2018 theme of the Nevada Health Conference, October 15-16, 2018, "Paving the Path for a Healthy Nevada"

highlighted the importance of collaboration with other healthcare disciplines, addressed the health disparities, barriers, and challenges across the lifespan through an array of healthcare-related fields. Title V MCH provided significant funding to the conference, sponsoring scholarships and travel, sponsoring materials, and serving on the conference planning committee. DPBH staff, including MCH staff, presented at the conference and the CYSHCN Director and MIP Coordinator organized the substance exposure in pregnancy session, facilitated the session, and identified presenters. On October 15, a keynote speaker, Dr. Nathan Boonstra, and concurrent workshops featuring local and national field experts presenting on a variety of Immunization; Maternal, Child, and Adolescent Health; and Chronic Disease Prevention and Health Promotion topics related to the conference theme. A Roundtable allowing attendees to interact with one another on health-related topics included a presentation from Julia Peek, MHA, CPM, Deputy Administrator, DPBH, focused on updates and priorities, ACEs data, and Nevada's preventive health foci. On October 16, the conference offered four intensive general session tracks focusing on niche areas of interest including: Immunization Clinic Best Practices; Maternal, Child, and Adolescent Health; and Chronic Disease Prevention and Health Promotion; and Increasing HPV Vaccination in Nevada. Conference exhibits were available.

Testimonials from some of the 235 attendees included:

"This conference provided a lot of helpful information for my line of work. I really appreciated the Substance Exposed Infants session"

"Information on resources that are already out there for us to use as public health workers. Often things are developed but it is difficult to know what is out there and how to find it, so I found that very useful."

Continuing education credits were issued through the University of Nevada, Reno, for multiple healthcare related fields including:

- Certified Health Education Specialists (CHES)
- Certified Public Health
- Nursing
- Pharmacists
- Physicians (plus 1 hour of ethics/addiction care)
- Social Work

Each year the Nevada Health Conference awards scholarships to individuals who wish to attend the conference but may not otherwise be able to attend due to cost. MCH funds scholarships via Immunize Nevada, in addition to the Nevada Public Health Training Center, and the Nevada DPBH.

- Total number of Applicants Awarded: 44
- Total number of Recipients (people who accepted and/or didn't cancel): 40 (local scholarships: 25; traveling scholarships 15)
- No-show(s): 1

Reality Works Report

Title V MCH provided partners with Reality Works figures (substance exposed, abusive head trauma, and fetal alcohol spectrum disorder infant sized figures) including the Nevada Public Health Foundation (NPHF) for their Supporting Teens Achieving Real-Life Success (STARS) workshop aimed at improving life skills and supporting pregnant and parenting teens and providing tools for self-sufficiency. Reality Works figures provided by Title V MCH were used to help reinforce the importance of abstaining from substances and alcohol use while pregnant. Other focus areas of the classes include reducing a repeat 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. Items provided by the Title V MCH program included an infant oral health kit with tooth paste and toothbrushes, baby bath thermometers, text4baby water bottles and lunch bags, and informational handouts on various topics such as safe sleep, marijuana, WIC, and developmental screenings.

Rape Prevention and Education Program

The Nevada Rape Prevention and Education (RPE) Program implements prevention strategies to prevent sexual violence by using the public health approach to prevent first-time perpetration and victimization, reduce modifiable risk factors, and enhance protective factors associated with sexual violence. RPE primarily focuses on adolescents; however, the program also reaches young adults to reduce multiple forms of sexual and intimate partner violence. The RPE Program Coordinator is co-funded through Title V MCH Block Grant to create a full-time position dedicated to supporting sexual assault and violence prevention. Federally approved strategies reflected the expansion of previous RPE Program work preventing sexual violence through approaches impacting agency professionals, advocates, coaches and athletes, college campuses, and Las Vegas casino and bar personnel.

RPE funded activities to support Active Bystander Intervention Training to increase participation in active bystander behavior through education and intervention techniques. The Rape Crisis Center (RCC) collaborated with the Las Vegas Metropolitan Police Department to educate staff from 48 Las Vegas bars and clubs on the signs of predatory behavior and the dangers of drugs and alcohol in the perpetration and victimization of sexual violence. RCC assisted casino and club management in creating policies to avert potentially dangerous situations for staff and patrons.

In collaboration with the University of Nevada, Las Vegas, Jean Nidetch Women's Center, a CARE Peer Program 45-hour empowerment-based training curriculum was conducted with 292 students. The interactive modules focused on increasing awareness of community and societal factors leading to sexual violence and harassment, as well as increasing social norms which protect against violence. Following leadership preparation, new peer advocates delivered trainings on campus to the student body and self-identified campus groups. An Interpersonal Violence Collaborative Interest Group, consisting of administrative and educational faculty, convened quarterly for the purpose of building campus infrastructure to establish best practices and evidence-based strategies for policy reform in response to interpersonal violence and harassment on the campus.

Trauma-Informed Yoga Report

Title V MCH funding supported Urban Lotus Project yoga and mindfulness instruction to help adolescents cope with stress for adolescents ages 12-17 y.o and also served young adults. Young adults were served at five (5) facilities with 165 yoga classes taught to 102 individuals comprised of pregnant and parenting young women, and young people undergoing substance use and mental health treatment. Most students attended multiple yoga classes resulting in 821 pupil exposures. The collaboration with ULP and MCH resulted in an Innovation Station product for AMCHP in hopes of replicating the success of this effort elsewhere.

Nevada Maternal Mortality Review Committee (MMRC)

Nevada MMRC statute are codified in Nevada Revised Statues Statutes (NRS) 442.751 through 442.774, inclusive, and the Committee is required to: (1) review incidents of maternal mortality and severe maternal morbidity (SMM) in Nevada; (2) disseminate findings and recommendations concerning maternal mortality and SMM to providers of health care, medical facilities, other interested persons and the public; (3) publish timely reports consisting of data relating to maternal mortality and SMM, descriptions of incidents reviewed by the Committee, and recommendations to reduce maternal mortality and SMM in Nevada. Nevada's MMRC convened for their first meeting in February 2020. This committee will continue to meet at a minimum of twice a year to review all incidences of maternal mortality in Nevada and address health disparities related to maternal mortality and SMM in efforts to end

preventable MM and SMM.

Title V MCH Program staff have worked with CDC for a number of years in efforts to bring a MMRC to Nevada and will be involved in supporting the MMRC related meeting travel and ancillary costs, and in considering possible opportunities for implementing MMRC recommendations in MCH programmatic efforts for prevention, increased awareness of the existence and recommendations of the MMRC among the public, clinicians, and policy makers, and supporting dissemination of required reports and data-driven MMRC recommendations (e.g., evidence-based practices, screenings, and patient and provider education). Reporting produced by the MMRC support staff will be included in the Title V MCH Block Grant reporting, and health equity in birth outcomes and maternal domain population health maximization will be key areas of topical intersect in priorities of the MMRC, MCAH Section, SSDI Program, and Title V MCH Program. Title V MCH staff will look for opportunities to create sustained funding for the MMRC as it was passed into law without dedicated funding. SSDI funds help to support MMRC case abstraction staff. Title V MCH staff have facilitated maternal mortality and severe maternal morbidity presentations to the Maternal and Child Health Advisory Board in concert with the Department of Health and Human Services Office of Analytics and the efforts of the Title V MCH-funded Biostatistician in the Office of Analytics.

In response to state priorities regarding maternal mortality and morbidity prevention, the Title V MCH Program, in conjunction with Nevada Rural Hospital Partners (NRHP), plans to fund Advanced Life Support in Obstetrics (ALSO) training for rural and frontier critical access hospital staff. ALSO is an evidence-based, interprofessional, and multidisciplinary training program that equips the entire maternity care team with skills to effectively manage obstetric emergencies. This comprehensive training encourages a standardized team-based approach amongst physicians, residents, nurse midwives, registered nurses and other members of the maternity care team to improve patient safety and positively impact maternal outcomes.

Summary

Highlights of maternal and women’s health efforts include robust substance use in pregnancy prevention efforts and internal and external stakeholder engagement, successful partnerships with NHV to improve dyad outcomes and reproductive health, strong relationships with local health authorities, support of statewide MCH Coalition networks, MMRC groundwork, funding statewide and local conferences for information sharing and workforce development, and support of novel trainings for sexual assault prevention with non-traditional partners in the bar and casino industries.

Women/Maternal Health - Application Year

Women/Maternal Health Plan for the Application Year

Nevada Home Visiting Plan

Nevada Home Visiting (NHV) will continue to partner with Title V MCH staff on numerous efforts. Title V MCH collaborates with the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program; co-funding activities for the Sunrise Children's Foundation expanded Home Instruction for Parents of Preschool Youngsters (HIPPY) program in Pahrump and newly launched Parents as Teachers program in Elko. NHV will provide training specific to positions as needed. Program staff will attend model training for Home Instruction for Parents of Preschool Youngsters (HIPPY) and Parents as Teachers (PAT) programs.

NHV will connect with diverse populations. Culturally appropriate support will be provided to Tribal communities. Support to English language learners with language appropriate materials and bilingual home visitors will continue. Insurance eligibility assistance will be provided to at least 90% of the families who are uninsured or underinsured. Programs will continue to disseminate educational information on safe sleep, 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 parent-child interaction. Other areas of need will be addressed, including substance use, housing, food security, and medical needs.

NHV will continue to implement 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 program will monitor model fidelity using data submitted, site visits, and annual model reports. NHV will also provide quarterly data reports to each agency. NHV will implement a Continuous Quality Improvement (CQI) plan approved by HRSA, embracing the Plan Do Study Act (PDSA) cycles as a method to improve systems, processes, and outcomes. Participating local implementing agencies (LIAs) will create monthly, data driven PDSAs to improve program quality, focusing on model fidelity and family literacy. The most successful changes will be adapted and spread throughout the Home Visiting agencies. LIAs will submit monthly progress reports on CQI activities. Title V MCH co-funded NHV LIAs will be included in these activities and NHV will provide quarterly reports to MCH for distribution at Maternal and Child Health Advisory Board (MCHAB) meetings and will meet MCH deliverables. Achieve On Demand, the training company offering NHV training courses is also developing online tools and resources for COVID-19 response.

MCH and Title V have collaborated on a statewide Needs Assessment, identifying areas of critical need, and will partner in implementing efforts to address identified areas of need.

The Nevada Statewide Maternal and Child Health (MCH) Coalition Plan

Plans for the upcoming year include MCH staff as the primary support for the state breastfeeding website and content redesign in partnership with WIC staff and key partners, as well as continued promotion of the Breastfeeding Welcome Here Campaign. Dignity Health will work in conjunction with the Breastfeeding Coalitions and other Title V partners to help enroll Nevada business as breastfeeding friendly establishments. The Statewide Coalition will continue to support key NPMs related to Title V and MCH staff will continue to attend coalition meetings and leadership calls, Additionally, the Statewide MCH Coalition website and e-newsletters will continue and will look to community groups to expand outreach and participation, the promotion of text4baby, Nevada Tobacco Quitline, Nevada 211, and Medical Home Portal. Other Title V MCH-funded resources will continue to be promoted using website, social media outlets, educational materials, health fairs, and other organizations and coalitions. Northern and Southern Nevada MCH Coalitions will continue to be supported, as well as the quarterly MCH Steering Committee meetings. COVID-19 and related resources will continue to be disseminated via the coalition listservs

and local meetings, in addition to many other partners. The norther MCH coalition will continue to serve as the Community Action Team for the Title V MCH funded Washoe County FIMR.

Women's Health and Wellness Plan

Title V MCH staff will continue to participate in efforts growing from the Community Engagement in Reproductive Health workgroup to promote reproductive access in partnership with PREP, SRAE, and Account for Family Planning MCAH staff to promote informed reproductive choices and education to support reproductive life planning. MCH staff will continue in core team roles for CARA and ASTHO OMNI statewide members' efforts and quality improvement of Infant Plan of Safe Care processes, SBIRT policy change and implementation, family resource development, provider resource development, stigma reduction, MAT utilization, and dyad-centered care will continue, as will efforts to create robust wrap around care and referrals for women who are pregnant and use substances. Efforts will continue to obtain significant utilization of the Tobacco Quitline among pregnant women. COVID-19 and pregnancy surveillance efforts and programming based on that surveillance will be emerging issues of focus, as will increased use of PRAMS data. Efforts to promote the importance of keeping prenatal care and women's and adolescent well visits during COVID-19 via social media campaigns will be launched, and close and frequent communication with Title V MCH funded partners related to COVID-19 impacts on scopes of work and emerging MCH population needs will continue for all population domains.

The launch of the hypertension patient safety bundle as a new Alliance for Innovation on Maternal Health (AIM) state will be a key effort, as will the completion of the first year of the new Nevada Maternal Mortality Review Committee (inaugural meeting 2/21/20) data collection, case review, reporting, recommendations, and development of data to action interventions to reduce preventable maternal mortality and SMM. Exploration of perinatal quality improvement efforts more broadly will continue as a possible space to leverage efforts of OMNI, LARC and perinatal mortality review committees. Development of more robust maternal and perinatal data evaluation and exploring possible routes to data dashboards across all MCH populations to present timely key indicators of maternal and MCH health will be investigated. Continuing to look for opportunities to expand NHV capacity to serve more families through wider funding streams and continued participation of MCH staff in early childhood support and systems building initiatives will continue and focus on referral pathway supports and data integration.

Continuing PSAs, websites, social media and print campaigns, and sponsoring conferences for information sharing and collaboration will be ongoing. Staff training on equity, systemic racism as a public health issue, and programmatic efforts focused on disparity identification and reduction will be core areas of focus and continue work of the IM CoIIN on Social Determinants of Health and current partnerships with the Office of Minority Health and Equity, The Center, and the Nevada Governor's Council for Developmental Disabilities, and the Nevada Coalition to End Sexual and Domestic Violence efforts to prevent sexual assault among women and CYSHCN with developmental disabilities. MCH staff are working on a team to create a resource to be provided to all women experiencing sexual assault who seek care in a hospital per Assemble Bill 124 of the 80th Legislative Session.

Efforts will continue to promote reproductive health in partnership with the Account for Family Planning (AFP) staff who are now co-located with MCH staff and are in the MCAH Section. Biennial funding totaling six million dollars was awarded to the Department of Health and Human Services by the Nevada Legislature to support reproductive health access statewide through the AFP and both continuation and competitive request for proposal funds were awarded to local health authorities, county health and social service entities, FQHCs, and community-based organizations. MCH staff will continue to work with the AFP Program to share data, leverage efforts, and evaluate impact of the funding.

Title V MCH will continue to award funds to CCHHS, a local health authority in Northern Nevada, and DPBH

Community Health Services (CHS) providing care in each rural county to promote women/maternal health. Priorities will focus on improving the health of women (ages 18 – 44 y.o.) through enabling services and provision of educational materials on women's health including the value of no-cost yearly checkups, reproductive health (including long-acting reversible contraception), sexually transmitted infections, healthy pregnancy outcomes (e.g., *Go Before You Show,* Nevada Tobacco Quitline, sobermomshealthybabies.org PRAMS), immunizations, depression, and intimate partner violence prevention. Education, counseling, and/or referrals will be made to women affected by alcohol and substance use, intimate partner violence, and depression. Staff will distribute health-related brochures provided by the Title V MCH Program through clinic visits and community outreach events. CCHHS will promote routine well-visits through Facebook and digital signage.

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 and removable wall stickers. Collaboration with local health authorities, ASTHO OMNI members, and the Substance Abuse Prevention and Treatment Agency (SAPTA) will ensure substance use in pregnancy materials and resources will be promoted.

All local health authorities and MCH subgrantees will continue to promote the *SoberMomsHealthyBabies.org* website and share Sober Moms Healthy Babies referral cards. CCHHS will use Title V MCH funds to promote the website through their clinic digital signage and social media posts. ASTHO OMNI produced final provider and family resources will be added to the website in addition to the prior resources developed and posted and content will be kept up to date with new resources and a dedicated CARA page.

Title V staff will participate in CARA and neonatal abstinence syndrome focused efforts and serve as a core team member on the ASTHO OMNI Nevada Team and on numerous subcommittees focused on reduction of substance use in pregnancy and building systems of referral for families with substance exposed infants as efforts continue to create a robust continuum of care for families.

Marijuana Efforts Plan

Title V MCH will continue to disseminate marijuana awareness materials to partners statewide. The Substance Abuse, Prevention and Treatment Agency (SAPTA) will continue the work started by Title V MCH, funding the media campaign aimed to raise awareness on marijuana use during pregnancy.. Title V MCH staff will work with Nevada WIC to ensure marijuana materials are administered to WIC clinic statewide, as well as continue the SoberMomsHealthyBabies.org website promotion through public service announcements (PSAs) in English and Spanish on radio and television stations statewide

The Tobacco Prevention and Control Program Plan

All Title V MCH funded agencies will continue to promote the Nevada Tobacco Quitline (NTQ). Sharing information regarding the Quitline with women of childbearing age is explicitly articulated within the scope of work for each funded program serving this population. MCH staff will work with NTQ staff and Nevada 211 to improve data collection so utilization by women of childbearing age can be tracked efficiently. CHS and CCHHS and other MCH funded partners will provide tobacco cessation counseling, educational materials, and referrals to pregnant women and women of childbearing age.

Increasing collaboration between the NTQ and MCH will help promote tobacco cessation for pregnant/postpartum mothers. The Chronic Disease Prevention and Health Promotion Tobacco Prevention and Control Program will work to establish discussions with providers to assess tobacco use with their patients and develop a mechanism for

appropriate data collection, in addition to continuing dissemination of targeted NTQ promotional material for pregnant and postpartum women who use tobacco to increase uptake and utilization.

Nevada Health Conference Plan

Immunize Nevada intended to host the Nevada Health Conference in 2020 in Reno, but uncertainty surrounding conferences due to COVID-19 caused the conference to be postponed until March 2021. The conference theme will focus on maternal, child and adolescent health topics. One of the presentations will share the outcome of the new partnership between Women, Infant, and Children (WIC) and the Nevada State Immunization Program (NSIP) to assess the vaccine status of pregnant women served and provide referrals to immunizing practitioners.

Funding, planning, and support will again be provided by the Title V MCH program. The Title V MCH program will be a key partner and sponsor and continue to provide funds for scholarships to individuals unable to attend due to cost-related issues. Title V MCH Program resources will be provided to participants along with conference materials, including key information on perinatal information and a pamphlet promoting the value of adolescent well visits and educating on how to sign up for health insurance, substance use during pregnancy awareness materials, and the Pregnancy Risk Assessment Monitoring Survey (PRAMS). Title V MCH staff are members of the planning committee and staff often present and facilitate at the conference.

Reality Works Plan

Title V MCH will continue to provide partners with Reality Works figures (substance exposed, abusive head trauma, FASD infant sized figures) including the Nevada Public Health Foundation (NPHF) for their Supporting Teens Achieving Real-Life Success (STARS) workshop aimed at improving life skills and supporting pregnant and parenting teens and providing tools for self-sufficiency.

Rape Prevention and Education Program Plan

The Rape Prevention and Education (RPE) Program will look for areas to align five- year project activities with the Title V MCH State Action Plan, particularly in relation to designing safer environments and fostering economic growth for adolescent and young women. RPE will address shared risk and protective factors through collaborative partnerships within the MCAH Section and other DPBH programs, as well as external agencies working with populations of interest. Goals for the coming year will focus on increasing the number of community strategies implemented, creating protective environments to protect against violence and provide opportunities to empower and support young women, and continuing efforts related to CYSHCN and sexual assault prevention in partnership with the Title V MCH CYSHCN Coordinator and Director.

Trauma-Informed Yoga Plan

Title V MCH will continue to support Urban Lotus Project yoga and mindful awareness instruction to help adolescents cope with stress and serve CYSHCN and promote trauma-informed care. The Title V MCH funded Innovation Station project will focus on adolescents ages 12-17y.o., including pregnant and parenting young women.

Perinatal/Infant Health

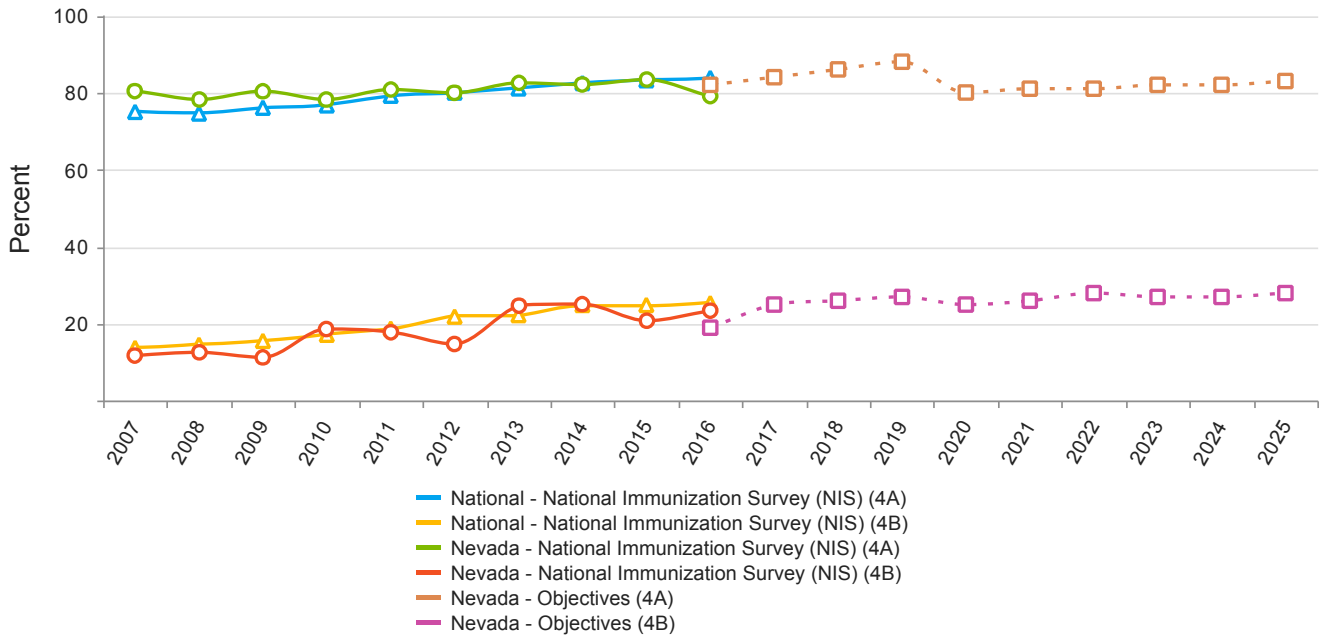
Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2017	5.8	NPM 4 NPM 5
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2017	2.3	NPM 4 NPM 5
NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2017	81.1	NPM 4 NPM 5

National Performance Measures

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

Indicators and Annual Objectives



NPM 4A - Percent of infants who are ever breastfed

Federally Available Data				
Data Source: National Immunization Survey (NIS)				
	2016	**2017**	**2018**	**2019**
Annual Objective	82	84	86	88
Annual Indicator	82.6	82.3	83.5	79.0
Numerator	26,908	25,695	29,014	27,212
Denominator	32,591	31,207	34,751	34,427
Data Source	NIS	NIS	NIS	NIS
Data Source Year	2013	2014	2015	2016

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	80.0	81.0	81.0	82.0	82.0	83.0

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

Federally Available Data				
Data Source: National Immunization Survey (NIS)				
	2016	**2017**	**2018**	**2019**
Annual Objective	19	25	26	27
Annual Indicator	24.9	25.0	20.8	23.6
Numerator	7,990	7,700	7,086	7,914
Denominator	32,061	30,787	34,093	33,557
Data Source	NIS	NIS	NIS	NIS
Data Source Year	2013	2014	2015	2016

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	25.0	26.0	28.0	27.0	27.0	28.0

Evidence-Based or –Informed Strategy Measures

ESM 4.1 - Percent of Nevada PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends

Measure Status:	Active

State Provided Data	
	2019
Annual Objective	
Annual Indicator	1.8
Numerator	6
Denominator	328
Data Source	Nevada PRAMS
Data Source Year	2018
Provisional or Final ?	Provisional

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	1.5	1.3	1.0	0.8	0.5

NPM 5A - Percent of infants placed to sleep on their backs
Indicators and Annual Objectives

NPM 5A - Percent of infants placed to sleep on their backs

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2019
Annual Objective	
Annual Indicator	77.6
Numerator	25,230
Denominator	32,492
Data Source	NV PRAMS
Data Source Year	2018
Provisional or Final ?	Final

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	80.0	81.0	82.0	83.0	84.0

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2019
Annual Objective	
Annual Indicator	35
Numerator	11,072
Denominator	31,599
Data Source	NV PRAMS
Data Source Year	2018
Provisional or Final ?	Final

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	36.0	37.0	38.0	39.0	40.0

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2019
Annual Objective	
Annual Indicator	43.1
Numerator	13,539
Denominator	31,413
Data Source	NV PRAMS
Data Source Year	2018
Provisional or Final ?	Final

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	44.0	45.0	46.0	47.0	48.0

Evidence-Based or –Informed Strategy Measures

ESM 5.1 - Percent of PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and /or environment

Measure Status:	Active
State Provided Data	
	2019
Annual Objective	
Annual Indicator	73.2
Numerator	25,078
Denominator	34,250
Data Source	Nevada PRAMS
Data Source Year	2018
Provisional or Final ?	Provisional

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	68.0	68.0	63.0	63.0	58.0

State Action Plan Table

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

Priority Need
Promote Breastfeeding

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 87% by 2025
Increase the percent of children who are exclusively breastfed at 6 months to 30% by 2025
Decrease the percent of PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends to 0.5% by 2025

Strategies
Partner with MCH Coalition and MCH stakeholders 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 such as WIC, faith-based and breastfeeding coalitions, community based programs, and local health authorities to improve access to breastfeeding supports for new mothers
Collaborate with public and private partners to conduct data collection, surveys, and other activities to improve breastfeeding rates
Collaborate with public and private partners to proved website maintenance and updates to...

ESMs	Status
ESM 4.1 - Percent of Nevada PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends	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

State Action Plan Table (Nevada) - Perinatal/Infant Health - Entry 2

Priority Need

Promote Safe-Sleep

NPM

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Objectives

Increase the percent of infants placed to sleep on their backs to 84% by 2025.

Increase the percent of infants placed to sleep on a separate approved sleep surface to 40% by 2025.

Increase the percent of infants placed to sleep without soft objects or loose bedding to 48% by 2025.

Strategies

Provide staff support and training to home visitors on promotion of safe sleep practices

Collaborate with public and private partners to conduct data collection, surveys, and other activities to understand current safe sleep practices

Collaborate with public and private partners to promote safe sleep resources to the community such as media campaigns

Collaborate with Cribs for Kids (C4K) to support providing educational resources to parents and caregivers on the importance of safe sleep behaviors

ESMs	Status
ESM 5.1 - Percent of PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and /or environment	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

2016-2020: National Performance Measures

Perinatal/Infant Health Annual Report

As part of the Title V MCH Program, the Maternal and Infant Health Program (MIP) provides technical assistance, resources and support to private and public stakeholders serving mothers and infants. The MIP Coordinator works closely with these partners, as well as the Title V MCH Program Manager and MCAH Section Manager, to improve the health outcomes of mothers and infants. The Perinatal/Infant Health report demonstrates how collaboration between agencies, leadership and MIP is working to accomplish the state priorities to promote breastfeeding and safe sleep.

The Title V MCH Program chose NPM 4 to improve health outcomes for infants. Promoting breastfeeding is a priority in Nevada Title V MCH partners with public and private stakeholders to enhance efforts to meet this priority by increasing the percent of infants who are ever breastfed (NPM 4A) and who are breastfed exclusively for six months (NPM 4B). Program activities and successes related to these efforts are included in the body of the Perinatal/Infant Health report.

Perinatal health and newborn screening are covered in the CYSHCN domain narrative, but in relation to perinatal and infant health, MCH staff serve on the Newborn Screening Advisory Board and report on critical congenital heart disease efforts and the CCHD Registry maintained by CYSHCN staff and work in partnership with EHDI staff who also serve in this capacity. The EHDI and Title V MCH programs work closely together and are co-located in the MCAH Section.

Breastfeeding Report

The Nevada Women, Infants, and Children (WIC) Breastfeeding Program in collaboration with Title V MCH continued statewide campaigns to improve infant feeding practices in maternity hospitals and increase community and business support for breastfeeding mothers. Nevada WIC supported participants by providing free professional lactation services, breast pumps and an enhanced food package to breastfeeding mothers.

Nevada WIC continued to promote and support breastfeeding through the use of an existing (previously CDC-funded) campaign to model Baby Steps to Breastfeeding Success (BS to BS) with funding and support from Title V MCH: http://azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#hospitals-baby-steps

New maternity hospitals were given the opportunity to participate and past hospital participants were offered a refresher training.

BS to BS educates maternity hospitals on how they may implement five evidence-based low or no-cost practices to support breastfeeding:

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,
5. Give mothers a breastfeeding resource to help with breastfeeding questions after discharge.

One Nevada maternity center received BS to BS training (University Medical Center (UMC)). A total of 37 nurses and 28 physicians attended the training at UMC. Four Nevada hospitals, St. Rose San Martin, St. Rose Siena, Henderson Hospital and Carson Tahoe are already “Baby Friendly” designated.

Two breastfeeding campaigns in Nevada are designed to increase awareness, promote WIC breastfeeding services and normalize breastfeeding in public locations. For the Breastfeeding Welcomed Here (BFWH) campaign, Nevada businesses were asked to pledge their commitment to provide welcoming environments to breastfeeding mothers. This campaign included statewide print and social media posts. PACE Coalition, a Title V MCH funded agency serving Elko and nearby rural communities, sent out materials marketing the BFWH campaign to their listserv and Chamber of Commerce members. As of September 30, 2019, 95 Nevada businesses have signed this pledge. The WIC Breastfeeding Peer Counseling (BFPC) program is used to help WIC participants expand their breastfeeding journey by offering one on one culturally appropriate breastfeeding support. WIC peer-to-peer support and breastfeeding services were promoted in both Washoe and Clark Counties where BFPC services are offered.

Nevada WIC was invited to participate in the Association of State Public Health Nutritionists' (ASPHN) Children's Healthy Weight Collaborative Improvement and Innovation Networks' (CHW CoIIN) Breastfeeding Stream at the Intensive Learning Level. Nevada's project focuses on promoting breastfeeding support to partners of WIC mothers through education and targeted outreach with the intent of increasing breastfeeding rates and Title V MCH staff participated.

Title V MCH funds Carson City Health and Human Services (CCHHS), a local health authority in Northern Nevada, to provide businesses with supplies for a designated breastfeeding area for employees. To identify interest in establishing breastfeeding-friendly workplaces, CCHHS sent 108 emails and made 109 telephone calls and seven (7) in-person visits to local businesses and reached out to local MCH and immunization coalitions to identify interest in establishing breastfeeding friendly workplaces. Four (4) businesses created a designated breastfeeding area for employees, and were provided supplies such as privacy screens, refrigerators, or reclining chairs. CCHHS provided each agency a placard for the recliners mentioning their donation of the chairs through Title V MCH funds. Businesses proudly sent photos to CCHHS of the newly created spaces to confirm the space was established, as intended.

Breastfeeding Success Story

Title V MCH co-funds and routinely partners with the HRSA MIECHV-funded Nevada Home Visiting (NHV) Program to help support two local implementing agencies in the state. NHV performance benchmarks and Quality Improvement metrics track breastfeeding duration of at least six months among NHV families with infants. NHV participants have markedly high rates of breastfeeding continuation through 6 months with 51% of families answering yes to the question: "Did your baby receive breastmilk in any amount at six months?"

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. 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 $20 Walmart gift card (funded by PRAMS). PRAMS data will be used to monitor the progress of national and state pregnancy and birth-related health measures. PRAMS data 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. Nevada PRAMS started collecting data in September 2017. For 2018 births, Nevada PRAMS completed a full year of 12 batches. The weighted data from the 2018 births had a response rate of 39.4%, which falls below the CDC-required threshold of 55%. Due to this response rate, the data is to be interpreted with caution. PRAMS entered its fourth year of funding in May 2019. Title V MCH provided funds to cover the costs of printing and distribution of PRAMS survey covers, informational brochures, and posters. Title V MCH has supported efforts to increase the survey response rate

through funding a Nevada Broadcasters Association and DP Video Productions media campaign airing of PRAMS television, radio, and social media advertisements in both English and Spanish.

All Title V MCH subrecipients have language in their contracts to educate pregnant women about PRAMS. Promotional materials are disseminated to suitable agencies educating about PRAMS such as, posters, brochures, water bottles, ice packs, pens, and tote bags. Carson City Health and Human Services (CCHHS), a local health authority serving Northern Nevada, awarded Title V MCH funding, promoted awareness of the PRAMS survey through social media and Facebook posts which reached 2,549 users.

Fetal Infant Mortality Review (FIMR) Report

FIMR program activities at the Washoe County Health District (WCHD) were fully funded by the Title V MCH Block Grant during this grant period. Seventy-five (75) new cases were received, data were abstracted and presented by WCHD nursing staff. Fifteen (15) of the cases were from areas outside of Washoe County. The FIMR Case Review Team (CRT) met a total of nine (9) times and reviewed forty-nine (49) cases between October 2018 and September 2019. The April 2019 meeting was cancelled due to room availability and an inadequate number of cases ready for review. The FIMR Team typically reviews five (5) to six (6) cases per meeting and the CYSHCN Director and MIP Coordinator are members of the CRT.

One maternal interview was fully conducted during this grant period. Barriers for completing maternal interviews continue to be transiency, invalid phone numbers and incomplete information. Interviews are not attempted in cases involving litigation, out of jurisdiction, complex and extenuating circumstances, or patients with psychiatric comorbidities. Resources and interviews are offered to all contacted mothers. Multiple women have accepted resources but declined interviews or to answer questions due to the grieving process. Other barriers to interview were staff turnover and training. The FIMR Community Action Team (CAT) implements recommendations of the CRT and continues to meet in conjunction with the Northern Nevada Maternal Child Health (NNMCH) Coalition. Staff continue to provide FIMR updates and the NNMCH Coalition meeting. Staff attended the 2020 Mom Forum “Birth: An Intersection Between Maternity and Mental Health” on February 8, 2019 and the Maternal Child Health Fall Symposium in Reno on September 12, 2019.

The CRT has expanded over the last year as staff actively recruited additional members from the community. The CRT now has members form the Child Advocacy Center, insurance representatives, mental health counselors and genetic counseling providers. Quest Counseling and Consulting representative presented the Neonatal Abstinence Syndrome (NAS) Prevention Grant to the CRT team and the NNMCH Coalition. FIMR coordinators attended Washoe County Child Death Review (CDR) meetings every other month and presented summaries of infant death cases, not currently under investigation by Child Protective Services (CPS) or local law enforcement agencies. FIMR coordinators participated in National Western Region FIMR support calls held quarterly. Staff obtained training and implemented the new, National Center for Fatality Review Program (NCFRP) case reporting system. Title V MCH staff facilitated a data system transition into NCFRP in July of 2019 and all cases are now being entered into this system which will help standardize data collection and ensure comparability with CDR data housed in the same system.

Throughout the year, Title V MCH and FIMR staff were actively involved in Congenital Syphilis initiatives and helped disseminate information for the June 25 Inservice; *Congenital Syphilis: How to Stop the Rising Rate in Nevada*, presented by Jennifer Somdahl, RN, DHHS. FIMR and WCHD staff participated throughout the year in the Nevada State Congenital Syphilis Workgroup initiated by the Nevada Department of Health and Human Services, Division of Public and Behavioral Health; the CYSHCN Director was a workgroup member, as well. FIMR coordinators are actively involved in review of local congenital syphilis cases, which are presented to the FIMR team in the event of a death.

Staff attended the Pregnancy and Infant Loss Support Organization of the Sierras (PILSOS) committee meetings

and assisted with the Conference held April 27, 2019 “When Everything is Wrong, What is Right? Ethical Topics in Perinatal Loss.” An undergraduate Public Health Intern shared a poster presentation of the WCHD FIMR program at this event. FIMR staff assisted with planning for the annual PILSOS garage sale to raise funds for bereavement services in the area. FIMR coordinators also assisted in the 8th annual “Time for Remembrance Event” held on October 14, 2018 and assisted in planning and preparation for the 2019 event. The FIMR team recommended a Spanish speaking support group would be beneficial to the populations. This recommendation was immediately taken on by the PILSOS organization.

FIMR brochures and various educational materials continue to be disseminated at the WCHD and local hospitals. These materials include information provided by Title V MCH on the Nevada Tobacco Quitline, soberomshealthybabies.org, Medical Home Portal and Nevada PRAMS. The FIMR Program is prepared to serve diverse populations with interpreter services and sympathy cards and educational materials are available in both English and Spanish and are sent to all reported cases within Washoe County.

FIMR Success Story

Since the implementation of Washoe County FIMR Program in 2014, it was noted Spanish-speaking women were less likely to attend a loss support group due to the language barrier. Many are not eligible for Medicaid or other insurance programs so are also unable to seek assistance from a mental health counselor when they are having difficulty dealing with a traumatic birth or loss.

The FIMR Case Review Team made a recommendation to develop a Spanish-speaking support group to address the need in Washoe County’s growing Latina population. A CRT member took the recommendation to the Pregnancy and Infant Loss Support Organization of the Sierras (PILSOS), who runs the support groups. Within two months, a Spanish-speaking support group began with two attendees and continues to bring together Spanish-speaking women who have experienced a loss. This is a testament of the dedication to bringing awareness to fetal and infant loss.

Cribs for Kids/Safe Sleep 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 to prevent mortality. Partner agencies participate in train the trainer sessions, which include evidence-based, best practice Safe Sleep Education endorsed by the American Academy of Pediatrics (AAP). Safe Sleep Survival Kit for infants are provided to families who cannot afford to purchase a crib for their infant. 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 funded by the Title V MCH Program. Materials are available in English and Spanish.

Over the reporting year, C4K conducted twelve (12) statewide train-the-trainer sessions, to 29 trainees, two (2) successful hospital involved trainings with an additional hospital already scheduled for the 2019-2020 cycle. A total of 30,000 Safe Sleep brochures were provided in the Immunize Nevada PINK packets distributed to southern Nevada birthing hospitals (15,000 English and 15,000 Spanish). Additionally, 4,000 brochures were provided for PINK packets in Northern and rural Nevada birthing hospitals (2,000 English and 2,000 Spanish). All participating C4K agencies continued to receive technical assistance related to updating the REDCap relational data system to ensure accurate data are 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 (20) new and existing agencies actively participated in the C4K Program by assisting with the distribution of 810 Safe Sleep Survival Kits. 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 thirty-seven (37) events where safe sleep was discussed and/or information was disseminated. Some of these events focus on family engagement and reach many more people outside the events. During community events and the train-the-trainer sessions, the C4K Program shared additional internal MCH agency materials with the public, including Nevada 211, sobermomshealthybabies.org, the Nevada Tobacco Quitline, and the Medical Home Portal. C4K was also present at one (1) Nevada statewide conference and one (1) National C4K conference during this grant cycle.

Title V MCH and C4K Program staff conducted media interviews to raise public awareness of the importance of following Safe Sleep guidelines. The children's book, *"Sleep Baby Safe and Snug"*, was offered to all state birthing facilities and 1,297 books in Spanish and English were distributed statewide. Other safe sleep materials distributed statewide include 54 binders, 635 posters, 42,768 brochures (not including PINK packet distribution), 11 flip charts and 521 Sudden Unexplained Infant Death (SUID) intake questionnaires.

C4K Program staff updated two (2) materials/trainings based on updated Safe Sleep guidelines/practices. The 2016 CDC safe sleep statistics were used to update training materials and parent curriculum was updated to add swaddling information. C4K staff also attended bi-monthly Washoe County Child Death Review meetings, Statewide Executive Committee Child Fatality Review meetings and Northern Nevada MCH Coalition meetings.

A statewide Impact of Safe Sleep Task Force functioned through May 2019, attended by the MIP Coordinator. This group aimed to ensure evidence based, standardized statewide safe sleep messaging to raise public awareness on the importance of following Safe Sleep Guidelines and reducing infant deaths. Similar efforts continue in the ongoing SUID prevention efforts of the Statewide Executive Committee to Review Child Fatalities of which one MCH staff member is an appointee.

The C4K Program staff also distributes infant, convertible and booster car seats statewide. This grant cycle, 70 seats were distributed, all were disseminated on rural Tribal reservations. Owyhee Community Health Facility distributed 40 car seats, South Bands Health Center distributed 22 car seats and Walker River Paiute Tribe distributed 8 car seats. A Tribal pilot in concert with interested Tribal Nations, C4K, IHS staff, NICRP and MCH was funded via Title V MCH to prevent injury.

Partners Allied for Community Excellence (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 CHW taught five (5) classes serving eight (8) expectant mothers. All class participants were provided materials to enhance healthy outcomes including safe sleep brochures, Nevada Tobacco Quitline, sobermomshealthybabies.org, PRAMS, Text4Baby, Nevada 211, and the Medical Home Portal.

Safe Sleep Media Campaign Report

The Safe Sleep Media Campaign ran from October 1, 2018 through September 30, 2019 with English and Spanish radio and television public service announcements statewide. For this funded period, the Safe Sleep media campaign had a total of 17,773 total spots aired (16,347 radio advertisements and 1,426 television advertisements). The total estimated return on investment for airtime was 29-1.

All local health authorities promote Safe Sleep messaging. The Title V MCH Program works closely with partners across the state and participated in a statewide safe sleep workgroup which has members on the Statewide Executive Committee to Review Child Fatalities. The Statewide Executive Committee to Review Child Fatalities is co-chaired by the CYSCHN Director and the MIP Coordinator attended meetings of the Committee and both

positions work closely with community partners, local health authorities, and the Division of Child and Family Services to leverage statewide efforts to end preventable infant and child mortality statewide, including SUID.

Perinatal/Infant Health and Wellness Report

Title V MCH staff participated in a CMS technical assistance opportunity, Maternal Infant Health Initiative (MIHI), as a partner with the state Medicaid program, national consultants, local Primary Care Association staff, and DPBH leadership. Efforts focused on rural access to prenatal and obstetric care and generated rich perinatal data for both Fee for Service and Managed Care Organizations related to trimester of care initiation, adequacy of care, disparity in outcomes, NICU stays, and policy related to neonatal levels of care. Rural birth outcome improvement and roles of FQHCs in potential increasing access to care in one rural area in particular were foci, along with logic model development and analysis of policy and perinatal data.

ASTHO OMNI participation by Title V MCH staff was focused on systems building to provide referrals and interventions for substance exposed infants, and state interest in formalizing a statewide perinatal quality collaborative was explored as part of the OMNI Action Plan. March of Dimes collaborations, including participation in the IM CoIIN (Social Determinants of Health), material distribution on preterm birth and smoking in pregnancy, and conference participation helped strengthen ties with new regional March of Dimes staff and MCH staff. The Title V MCH MIP Coordinator and other MCH staff actively participated in numerous infant and perinatal focused workgroups, conferences, webinars, taskforces, committees, community meetings, provider outreach, hospital presentations, MCH data meetings, and breastfeeding and MCH coalitions. The CYSHCN Director served on the AMCHP Policy Committee where perinatal and infant health policy was a key area of emphasis, and all key Title V MCH staff participated in AMCHP efforts.

Fifteen public health clinics were awarded Title V MCH funding to improve perinatal and infant health. These entities encompassed Carson City Health and Human Services (CCHHS), SNHD, and WCHD, local health authorities and 12 nursing clinics within DPBH Community Health Services (CHS) serving Nevada's rural and frontier areas. Clinic staff provided information about securing a medical home, the value of being adequately insured, postpartum and infant visits, safe sleep, developmental screens, breastfeeding, and nutrition,Text4Baby, Sober Moms Healthy Babies website, as well as immunizations schedules for women and family members (flu and Tdap cocooning) and infant/toddlers. Furthermore, staff discussed reproductive health and promoted Medicaid coverage for long-acting reversible contraceptives immediately postpartum. CCHHS endorsed infant immunizations and Text4Baby through clinic digital signage. Facebook messages reached 5,681 families with information about Text4Baby. Furthermore, CCHHS provided counseling and education to 64 pregnant women about establishing an obstetrician, breastfeeding, PRAMS, immunizations, and WIC support services. Women who tested positive or were considering pregnancy were given bags, with materials provided by MCH, to promote healthy pregnancy outcomes endorsing Text4Baby, *Go Before You Show,* Nevada Tobacco Quitline, Cribs for Kids, being alcohol and substance-free, as well as other pertinent information. All clinic staff distributed perinatal/infant health-related materials provided by the Title V MCH Program. Materials covered safe sleep, substance use in pregnancy (including marijuana), PRAMS, Nevada 211, and the Medical Home Portal. CCHHS created an infographic disseminated at the local WIC office promoting the importance of a medical home. The flier was distributed to 625 women presenting for WIC services allowing for discussion about the value of a medical home.

WCHD was funded by Title V MCH for FIMR, and SNHD was funded by Title V MCH to help support Healthy Start initiatives to decrease disparities in perinatal outcomes with a focus on disparity reduction among women of color.

Title V MCH funded the PACE Coalition, to enhance perinatal/infant health in Elko County and nearby rural communities. The Community Health Worker (CHW) served six (6) pregnant women through 27 encounters and nine (9) women with infants through 13 encounters to assist them in receiving health and social support services. Clients

were provided information about safe infant sleep, substance use in pregnancy, tobacco cessation, Nevada 211, the PRAMS survey, breastfeeding and nutrition, local WIC offices, immunization schedules, and baby growth charts. The CHW conducted four parenting skill sessions and helped women secure car seat installations. Furthermore, the CHW received perinatal mood and anxiety disorder training to assist new or soon-to-be mothers experiencing prenatal and postnatal depression and/or anxiety.

Multiple perinatal related presentations were made to the Maternal and Child Health Advisory Board (MCHAB) for which Title V MCH staff serve as support staff. Staff facilitated recommendations from the MCHAB being passed on the Administrator of DPBH in relation to the prior Legislative Session from key statewide subject matter experts in MCH. Also, MCH staff made presentations to the Inter-Tribal Council of Nevada and the Tribal Clinic Director's Meeting on MCAH, Title V MCH and the MCH-MIECHV Needs Assessment.

Perinatal Immunizations Report

Title V MCH funding supported a 0.5 FTE position for the Nevada State Immunization Program (NSIP) to improve health among women of childbearing age, linking immunization to interconception and preconception care, as well as supporting Tdap cocooning efforts. In immunization compliance visits with 18 obstetricians, an informational packet, furnished by the MCH Program, was dropped off for distribution to pregnant women. The materials related to improving maternal and infant health outcomes, such as the PRAMS survey and substance use in pregnancy (sobermomshealthybabies.org). Obstetricians promoted the benefits of Tdap vaccines early in the third trimester, as well as flu shots at any time during pregnancy. One new practitioner was enrolled in the Tdap Cocooning Program. The Coordinator in this position attended MCHAB meetings and prepared quarterly updates on their work to share with MCHAB members. Title V MCH also co-funded at 0.5FTE an Accounting Assistant III with NSIP, supporting Title V MCH fiscal efforts.

NSIP created a new partnership with WIC to assess the vaccine status of pregnant women served and provided referrals to immunizing practitioners. WIC staff received training to access NV WebIZ (the statewide immunization information system) and view the immunization status of WIC recipients. An electronic toolkit was developed and distributed to WIC staff offering resources on how to discuss vaccines and where clients can receive needed immunizations. The NSIP/WIC partnership was shared as an innovative practice during a presentation at the Nevada Health Conference, hosted by Immunize Nevada, supported by Title V MCH funds.

The HRSA MIECHV and Title V MCH funded Nevada Home Visiting (NHV) Program also provided education and referral supports promoting timely vaccination for NHV families and numerous evidence-based screenings and supports to promote healthy pregnancy and infancy for NHV families

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

To address issues relating to birth outcomes and Social Determinants of Health, Nevada Title V MCH is involved in several statewide initiatives as part of the Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) 2.0 in partnership with the Association of Maternal and Child Health Programs (AMCHP). Nevada CoIIN partners included: Title V MCH, Nevada Home Visiting, Nevada Healthy Start Program, Southern Nevada Health District (SNHD), Washoe County Health District (WCHD), Nevada Medicaid, and March of Dimes (Nevada Chapter). The aim of the IM CoIIN 2.0 is to build state and local capacity and test innovative strategies to shift the impact of social determinants of health and increase equity in birth outcomes by developing evidence-based policies, programs, and place-based strategies.

Messaging on the importance of 17-alpha-hydroxyprogesterone caproate (17P) and long-acting reversible contraception (LARCs) were embedded in Nevada IM CoIIN efforts. The Nevada IM CoIIN efforts have led to further distribution of Go Before You Show campaign materials, March of Dimes preterm birth resources and information distribution, and drafting of two policy changes to 17P verbiage for consideration for inclusion in the Medicaid Service Manual (MSM) after a public hearing process. The IM CoIIN team partnered with the University of Nevada, Reno, School of Medicine (UNRSOM) Project ECHO (http://med.unr.edu/echo) to host a provider-focused webinar on 17P with continuing medical education units. 17-P efforts are currently on hold pending the outcome of a FDA review reassessing the expedited approval given to 17P.

Summary

Perinatal infant health highlights include full implementation of the PRAMS survey and availability of the first full year of data and production of data to action reporting related to PRAMS promotion efforts and to substance use in pregnancy, extensive outreach activities and partnerships of MCH staff supporting varied messaging and funded efforts to support improving birth outcomes, CME development and provision to prevent preterm birth, and widespread safe sleep messaging and perinatal mortality prevention efforts.

Perinatal/Infant Health Plan for Application Year

Results of the Five-Year Needs Assessment demonstrated the need to continue promoting breastfeeding (NPM4) as well as to promote safe sleep; therefore, Title V MCH included NPM 5 as a performance measure. In addition to collaborating with existing partners to promote breastfeeding and safe sleep, establishing new partners to increase the percent of infants placed to sleep on their backs (NPM 5A), on a separate approved sleep surface (NPM 5B) and placed to sleep without soft objects or loose bedding (NPM 5C) will be a priority in future funded efforts.

COVID-19 resources for all MCH populations will continue to be posted, updated and widely promoted on the Title V MCH website and staff will continue to be involved with information sharing, data related to MCH populations and COVID-19, and monitoring and technical assistance support to funded partners on adaptations and needs due to COVID-19 impacts. MCH staff will continue to partner with the Nevada Office of Minority Health and Equity (NOHME) on efforts including COVID-19 data related to disparity and equity and distribution of an equity toolkit during COVID-19 under production by NOHME. A COVID-19 Nevada MCH population data report will be presented to the MCHAB in partnership with the Office of Analytics, and MCH staff will pursue opportunities to bring the CDC Pregnancy Surveillance Module to Nevada in partnership with the lead entity, the Office of Public Health Informatics and Epidemiology.

MCH staff will be involved in Newborn Screening Advisory Board and newborn screening and diapering account regulation development. The EHDI and Title V MCH programs work closely together and are co-located in the MCAH Section and will explore possible funded efforts in relation to CCHD and EHDI data collection and capacity development in concert with SSDI staff and the Office of Vital Records.

Breastfeeding Plan

The Title V Maternal and Child Health (MCH) Program will reach out to all birthing hospitals in Nevada to further assess if there is a continued need of the BS to BS Program, which will be re-evaluated based on hospital response.

Efforts will continue to encourage Nevada businesses to sign the *Breastfeeding Welcomed Here* pledge. Title V MCH will assume the lead in managing and promoting the nevadabreastfeeds.org website statewide and in the Breastfeeding Welcome Here Campaign and work on getting more businesses engaged in the campaign. The nevadabreastfeeds.org website will be redesigned, and content updated and refreshed to ensure relevant and timely information is provided for breastfeeding families and interested stakeholders. Carson City Health and Human Services (CCHHS), a local health authority in Northern Nevada will contact at least five local businesses to educate about breastfeeding laws and how to take the pledge listing themselves as breastfeeding friendly establishments. An updated Breastfeeding Awareness Month banner will be ordered to replace an outdated banner used to hang in Carson City, Nevada, during a week of National Breastfeeding Month, August 2020. NHV will continue breastfeeding efforts resulting in their above average uptake of breastfeeding as compared to the Nevada population as a whole.

CCHHS will promote the establishment of breastfeeding-friendly workplaces through education and supplies to create a space dedicated to breastfeeding in the workplace.

The Title V MCH Maternal and Infant Health Coordinator will start collaborating with the WIC Breastfeeding Coordinator on monthly Northern Nevada and monthly Southern Nevada Breastfeeding Coalition meetings. Support will be offered to the breastfeeding coalitions when possible, including participation in the annual Liquid Gold 5k and Black Breastfeeding Week.

Nevada Pregnancy Assessment Monitoring System (PRAMS) Plan

Title V MCH will fund a media campaign promoting awareness of Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) via PSAs and social media. Data collected by PRAMS will be used to monitor the progress of national and state pregnancy and birth-related health measures. PRAMS efforts 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. Nevada PRAMS was awarded Opioid and Disability supplemental funding to add questions pertaining to 2019 births which run from April 2019 to March 2020. Nevada PRAMS purchased promotional items such as hot/cold packs, reusable water bottles, pens, tote bags, posters and flyers which will be provided to OBGYN, pediatricians, vital records, and WIC Clinics across Nevada. PRAMS staff will continue to attend Title V MCH Unit and Block Grant meetings and the programs will continue closely linked efforts. MCH staff serve on the PRAMS Steering Committee.

All Title V MCH subrecipients will continue to have language in their contracts to educate pregnant women about PRAMS. Promotional materials will be disseminated to suitable agencies educating about PRAMS including posters, brochures, water bottles, ice packs, pens, tote bags.

Fetal Infant Mortality Review (FIMR) Plan

The Title V MCH Program will continue to fund and MCH staff will continue to serve on the CRT of the FIMR Program to continue the goal of reducing fetal and infant mortality in Washoe County by examining contributing factors of fetal, neonatal and postnatal deaths including identification of disparately impacted populations and recommendations to improve outcomes and promote equity. FIMR staff will facilitate 8-10 CRT meeting where at least forty cases will be reviewed annually each FFY. Community Action Team updates will continue to be provided at the NNMCH Coalition meetings. The CAT will consider implementing objectives and evaluation components for interventions of policy, systems or community norm changes needed to reduce fetal, neonatal and postnatal deaths based on case findings, CRT recommendations and community input.

The CRT will also be actively involved in the implementation of activities such as birth spacing initiatives and will continue to promote the Go Before you Show Campaign in Nevada. The CRT will continue to evaluate mortality reduction strategies, maternal substance use challenges, prevention of premature births, disparities, maternal obesity, identification of cases directly or indirectly linked to COVID-19, and other emerging issues. The CAT will consider implementing objectives and evaluation components for interventions of policy, systems or community norm changes needed to reduce fetal, neonatal and postnatal deaths based on case findings, CRT recommendations and community input. Work will continue on finishing the multi-year executive summary.

FIMR staff will continue to participate in Local NNMCH Coalition meetings and events, CDR meetings, Western Regional FIMR, and additional community program activities. These activities provide an opportunity to share FIMR program updates and build valuable community partnerships in efforts to end preventable infant and fetal mortality. The FIMR and NNMCH and SNMCH coalitions will continue to serve as information resources and platforms for speakers and information sharing in relation to COVID-19 efforts for all MCH populations.

Cribs for Kids/Safe Sleep Plan

The Title V MCH funded Cribs for Kids (C4K) Program will continue activities throughout the state. Train the trainer sessions will continue to be offered statewide with a focus on getting more survival kits to rural areas and Tribal Nations across the state. 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. Additional funds next Federal Fiscal Year will target zip codes of highest risk.

The Title V MCH Program will continue Safe Sleep and Injury Prevention education with Tribal Nations via their Indian Health Service clinics and provide funds to support Safe Sleep Survival Kits and car seats in injury prevention efforts. Clinics participate in trainings including Infant Safe Sleep, car seat installation, Ages and Stages Questionnaire, and Shaken Baby Syndrome and Abusive Head Trauma. Additional resources will include drowning prevention, tobacco cessation, substance use in pregnancy, car safety, and other Title V MCH resources. All class participants are provided materials to enhance healthy outcomes including safe sleep brochures, Nevada Tobacco Quitline, sobermomshealthybabies.org, PRAMS, Text4Baby, Nevada 211, and the Medical Home Portal.

The Safe Sleep Media Campaign will continue radio and television public service announcements statewide to promote Safe Sleep for infants. Imagery may be refreshed to ensure public engagement. The Statewide Executive Committee to Review Child Fatalities will continue to be attended by Title V MCH staff and will work closely with community partners, local health authorities, and the Division of Child and Family Services to leverage efforts to end preventable infant and child mortality statewide, including SUID.

Perinatal/Infant Health and Wellness Plan

Title V MCH staff continue to explore the issues addressed in the MIHI CMS technical assistance opportunity, continuing to partner with the state Medicaid program on improving perinatal outcomes related to both Fee for Service and Managed Care Organizations related to trimester of care initiation, adequacy of care, disparity in outcomes, and policy related to neonatal levels of care. MCH staff will participate in DHHS-wide MCH-focused meetings to leverage efforts serving this population across different Divisions and state agencies. ASTHO OMNI participation will continue to work to provide referrals and interventions for substance exposed infants, and state interest in formalizing a statewide perinatal quality collaborative will continue to be explored by Title V MCH staff. PRAMS Data to Action reports will include perinatal outcome areas of interest.

Title V MCH will award funds to Carson City Health and Human Services (CCHHS), a local health authority in Northern Nevada, and DPBH Community Health Services (CHS) providing care in each rural county, to promote perinatal and infant health. Staff will educate parents of infants on the value of securing a medical home and being adequately insured, immunizations, safe sleep, breastfeeding and nutrition, well-child checkups, reproductive health and promotion of Medicaid coverage for long-acting reversible contraceptives immediately postpartum, as well as monitor for symptoms of perinatal and mood anxiety disorder. Clinic personnel will distribute various health-related brochures provided by the Title V MCH Program. CCHHS will promote PRAMS, Nevada 211, Medical Home Portal, infant immunizations and Text4Baby through clinic digital signage and Facebook social media posts.

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

The Nevada State Team will continue participation in the Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) 2.0 focusing efforts to reduce preterm births, promotion of long-acting reversible contraception (LARCs), birth spacing, and possible policy efforts. Remaining funds will be used to create and disseminate preterm birth risk flyers to help further educate at-risk pregnant women about their options and ways to reduce preterm birth rates. The IM CoIIN team will continue to meet through September 2020 and members will attend the virtual AMCHP infant mortality conference in 2020. Nevada Title V MCH staff will present on CoIIN efforts at the meeting and may continue to participate should the planned extension of the end date to December 2020 be implemented for the IM

ColIN.

Child Health

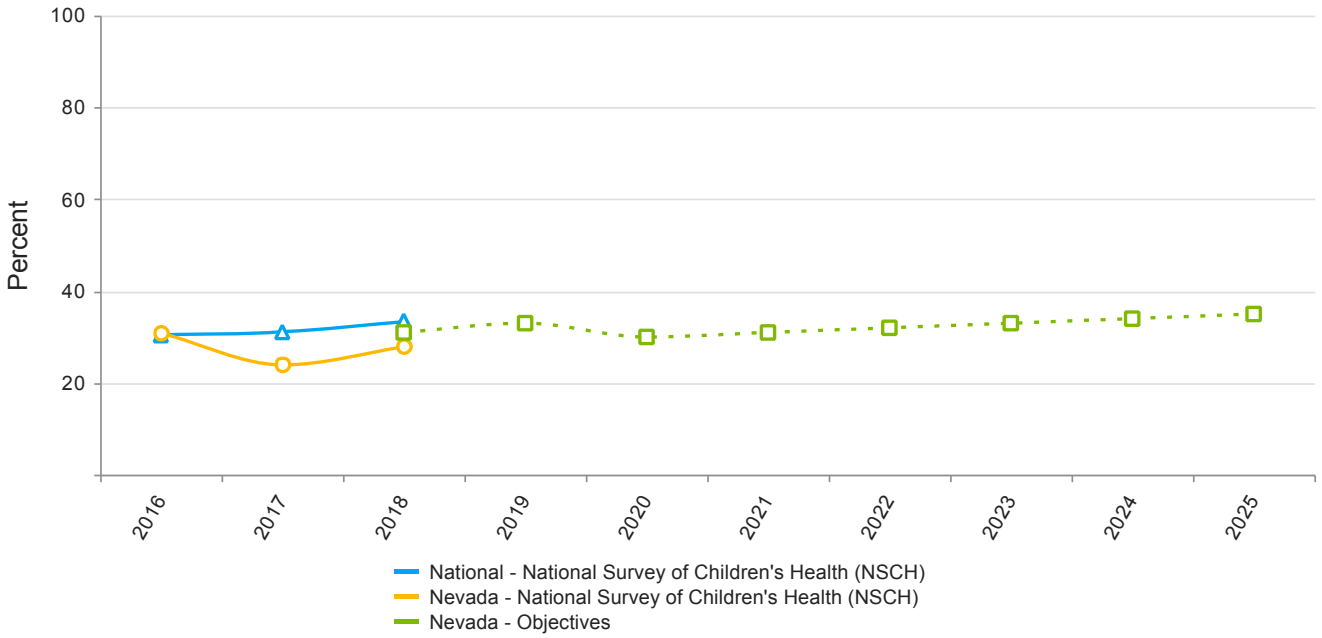
Linked National Outcome Measures

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 or Not Reportable	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-2017_2018	5.9 %	NPM 11 NPM 15
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH-2017_2018	33.7 %	NPM 11 NPM 15
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH-2017_2018	90.8 %	NPM 6 NPM 8.1 NPM 11 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-2017_2018	13.7 %	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-2016	11.6 %	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-2017	14.0 %	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-2018	64.0 %	NPM 15
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza	NIS-2018_2019	51.8 %	NPM 15
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NIS-2018	66.0 %	NPM 15
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	NIS-2018	85.2 %	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-2018	80.6 %	NPM 15

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year	NSCH-2017_2018	2.0 %	NPM 11 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
Indicators and Annual Objectives



Federally Available Data				
Data Source: National Survey of Children's Health (NSCH)				
	2016	**2017**	**2018**	**2019**
Annual Objective			31	33
Annual Indicator		30.9	24.1	27.9
Numerator		23,385	19,924	26,239
Denominator		75,745	82,645	94,028
Data Source		NSCH	NSCH	NSCH
Data Source Year		2016	2016_2017	2017_2018

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						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	30.0	31.0	32.0	33.0	34.0	35.0

Evidence-Based or –Informed Strategy Measures

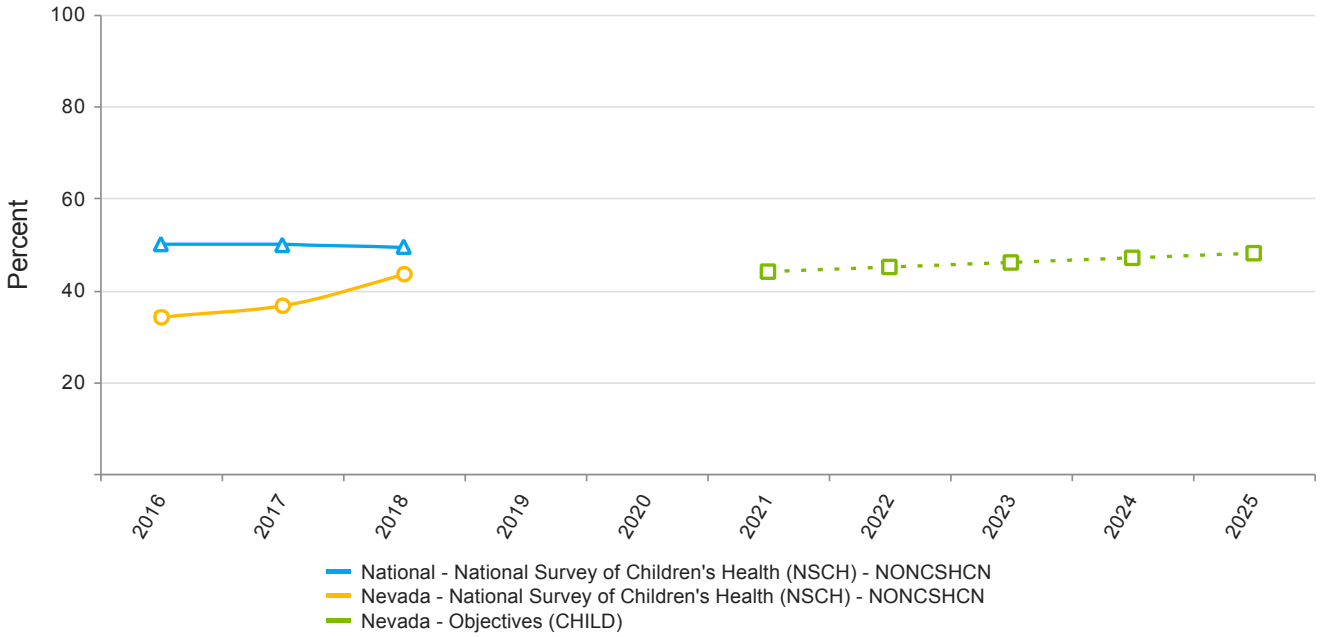
ESM 6.1 - Percent of Medicaid enrolled children, ages 9 through 35 months, who received a developmental screening using a standardized tool.

Measure Status:	Active

State Provided Data		
	2018	2019
Annual Objective		
Annual Indicator	9.2	6.9
Numerator	6,247	4,036
Denominator	68,245	58,428
Data Source	Nevada Medicaid Data	Nevada Medicaid Data
Data Source Year	2018	2019
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	7.0	8.0	9.0	10.0	11.0	12.0

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
Indicators and Annual Objectives



NPM 11 - Child Health - NONCSHCN

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - NONCSHCN	
	2019
Annual Objective	
Annual Indicator	43.4
Numerator	248,300
Denominator	572,498
Data Source	NSCH-NONCSHCN
Data Source Year	2017_2018

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	44.0	45.0	46.0	47.0	48.0

Evidence-Based or –Informed Strategy Measures

ESM 11.1 - Number of Nevada Medical Home Portal website views.

Measure Status:	Active

State Provided Data		
	2018	2019
Annual Objective		
Annual Indicator	4,838	12,390
Numerator		
Denominator		
Data Source	Medical Home Portal	Medical Home Portal
Data Source Year	2018	2019
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	17,000.0	21,500.0	25,500.0	29,000.0	32,000.0	34,500.0

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, ages 9 through 35 months, who receive a developmental screening using a parent-completed screening tool to 35% by 2025

Strategies
Collaborate with public and private partners to communicate the importance of developmental screenings, including referral to appropriate health professionals
Collaborate with Title V MCH public and private partners, families of CYSHCN, and providers to conduct outreach to educate individuals, families and communities regarding the benefits of the medical home portal for CYSHCN
Collaborate with Title V 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 Title V MCH partners to promote use of the Medical Home Portal to provide resources for families and health care providers

ESMs	Status
ESM 6.1 - Percent of Medicaid enrolled children, ages 9 through 35 months, who received a developmental screening using a standardized tool.	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 a Medical Home

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, and other program participants that received information on the benefits of a medical home by 20% by 2025

Increase the number of unique users of Nevada's medical home portal to 9,000 by 2025

Strategies

Partner to support the utilization of Medical Home Portal including awareness, professional development, Nevada 2-1-1 activities, etc.

Partner to identify and conduct outreach to CYSHCN groups, including families to promote the availability and benefits of Medical Home Portal

ESMs	Status
ESM 11.1 - Number of Nevada Medical Home Portal website views.	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

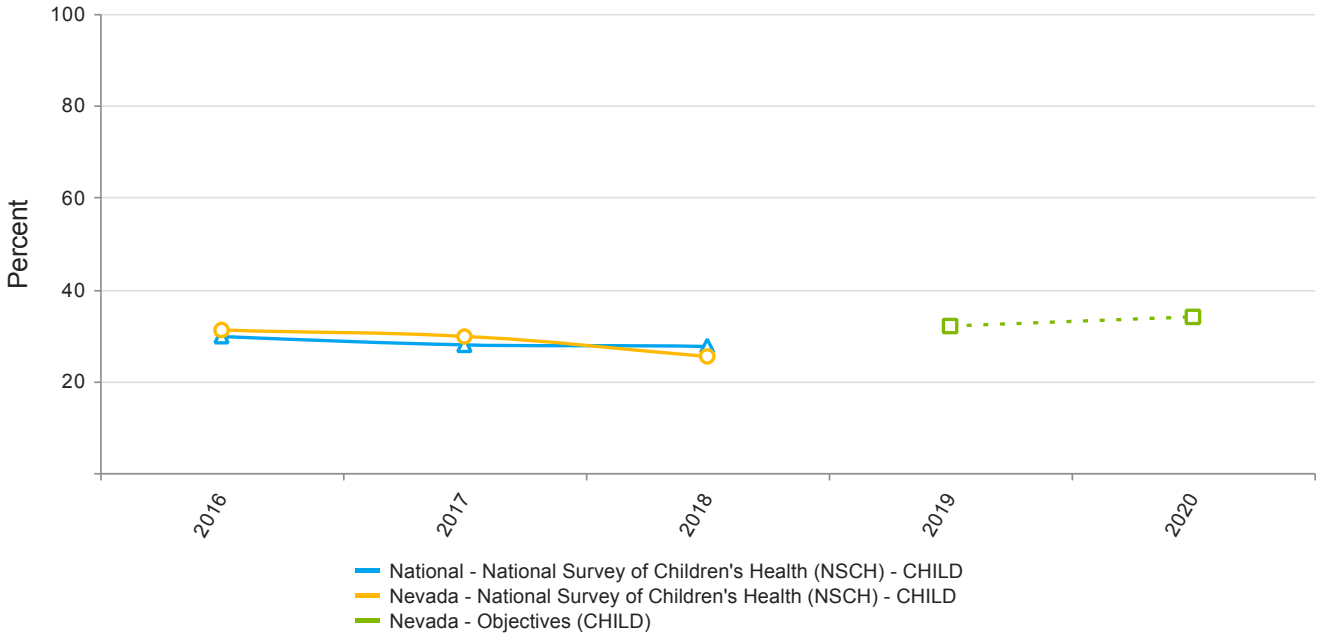
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

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

2016-2020: National Performance Measures

2016-2020: NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
Indicators and Annual Objectives



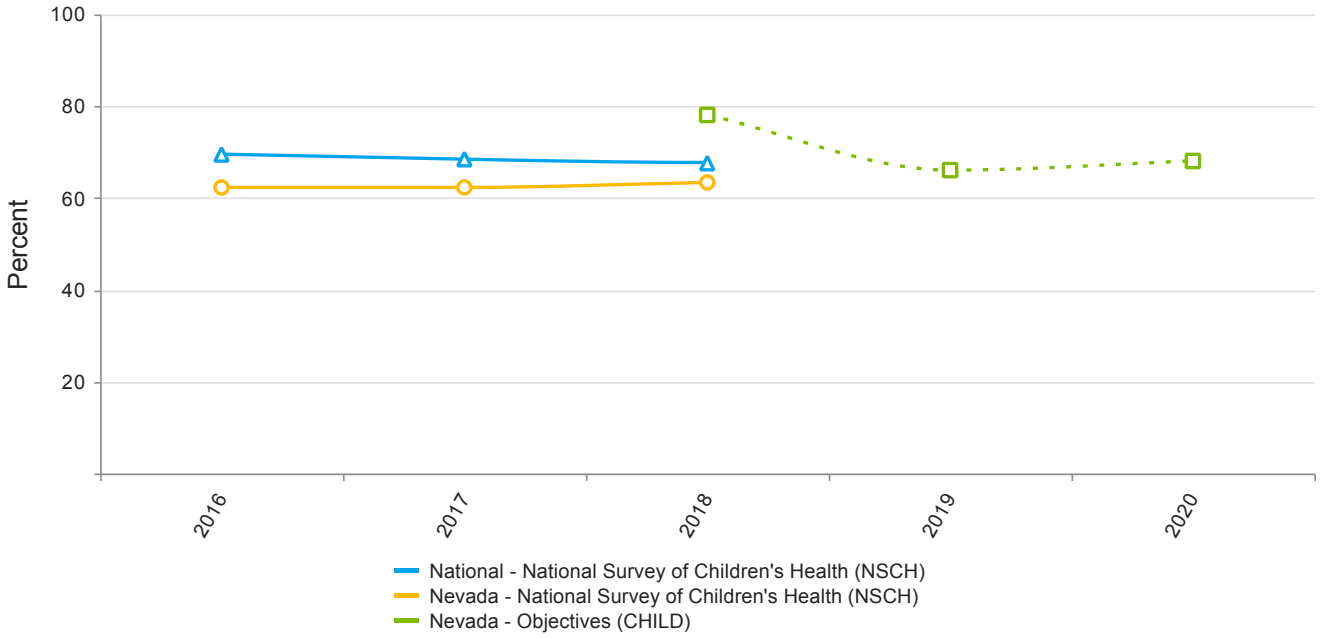
Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - CHILD			
	2017	**2018**	**2019**
Annual Objective			32
Annual Indicator	31.0	29.8	25.5
Numerator	73,747	66,162	54,124
Denominator	237,722	221,688	212,017
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2016	2016_2017	2017_2018

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 8.1.2 - Number of sites conducting training and technical assistance to early care and education centers to reduce childhood obesity.

Measure Status:	**Active**	
State Provided Data		
	2018	**2019**
Annual Objective		
Annual Indicator	266	
Numerator		
Denominator		
Data Source	State Obesity Prevention and Control Program	
Data Source Year	2018	
Provisional or Final ?	Final	

2016-2020: NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured
Indicators and Annual Objectives



2016-2020: NPM 15 - Child Health

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH)				
	2016	**2017**	**2018**	**2019**
Annual Objective			78	66
Annual Indicator		62.2	62.2	63.4
Numerator		415,085	417,372	429,828
Denominator		667,147	670,675	678,451
Data Source		NSCH	NSCH	NSCH
Data Source Year		2016	2016_2017	2017_2018

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.

2016-2020: Evidence-Based or –Informed Strategy Measures

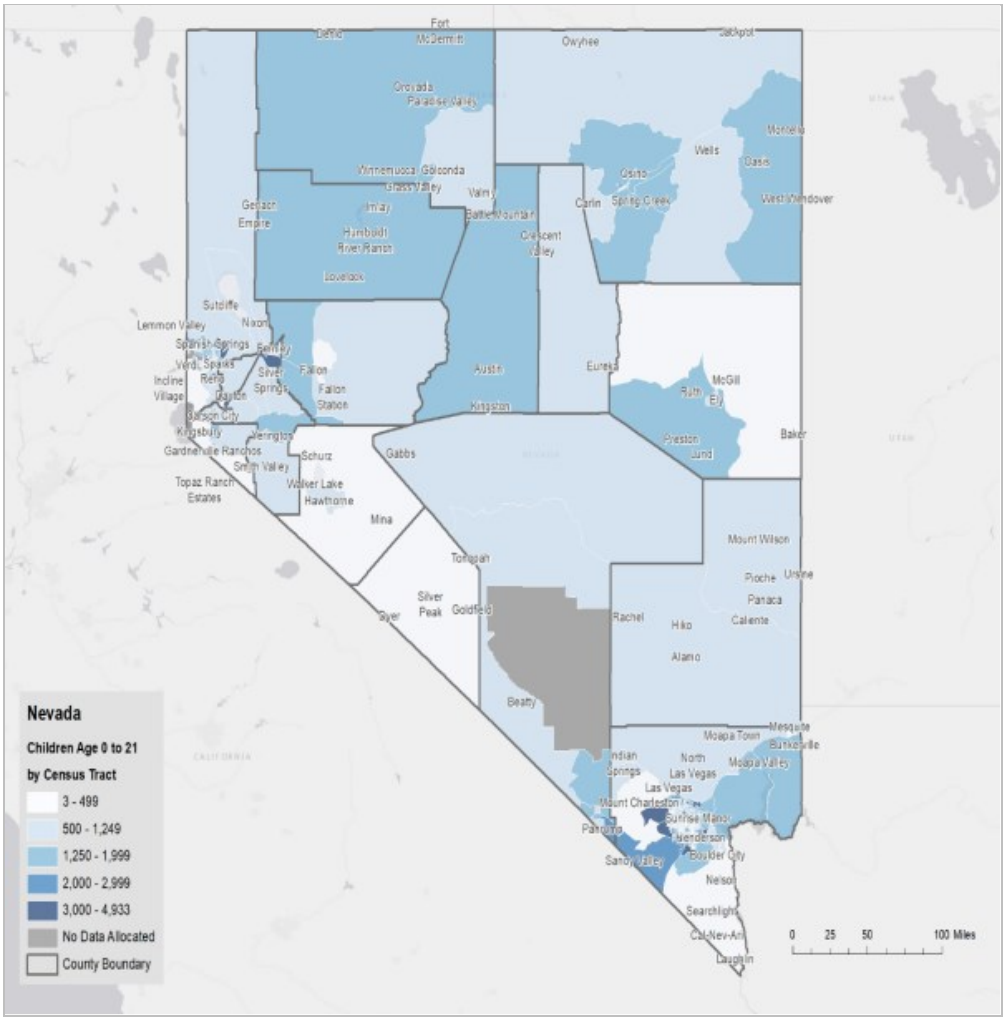
2016-2020: ESM 15.2 - Percent of children ages 0 -17 on Nevada Medicaid and/or Nevada Check-Up.

Measure Status:	Active

Baseline data was not available/provided.

Child Health Annual Report

The Title V MCH Program is dedicated to improving the health outcomes of children by partnering with families and agencies to help children reach optimal physical growth, psychological development, and overall health. Child wellness was promoted through developmental screens, school-based health center activities, information about the benefits of a medical home and value of adequate insurance, immunization schedules, oral health screenings, physical activity, and weight management. The population distribution by Census tract for children, ages 0 to 21, is indicated in the map below.



To enhance child health outcomes the Title V MCH Program selected NPM 6, NPM 8, and NPM 15. MCH sought to increase the percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (NPM 6), grow the percent of children ages 6-11 years old (y.o.) who are physically active at least 60 minutes a day (NPM 8), and increase the percent of children, ages 0-17 y.o. who are adequately insured (NPM 15). Health outcomes are anticipated to improve when developmental screens are conducted, children are physically active, and adequate insurance increases consistent medical visits. Additional efforts to improve child health involved medical screenings, collection of survey data about five-year old's for improving early childhood health planning, technical assistance to better meet the physical activity needs for Children

and Youth With Special Health Care Needs (CYSHCN), and referrals made through Nevada 211 and the Medical Home Portal (MHP). Program activities and successes on these efforts are highlighted in the report.

Developmental Screening

The Title V MCH Program sought to increase the percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (NPM 6). According to the National Survey of Children's Health (NSCH) 2017-2018 report, 27.9% of Nevadan children, ages 9 through 35 months, received a developmental screening using a parent-completed screening tool in the past year compared to 33.5% nationwide.

To improve developmental screening, Title V MCH Program partners provided over 500 community, parent, and provider education courses statewide concerning developmental milestones and the importance of screening using the Pyramid Model framework. The Pyramid Model is a tiered prevention and intervention framework to avert and address challenging behavior through evidence-based practices. The Pyramid Model consists of four layers: (1) the foundation, where systems and policies are developed to ensure an effective workforce can adopt and sustain evidence-based practices; (2) tier one, where universal supports for all children occur through nurturing and response relationships and high-quality supportive environments (behavioral needs of about 80% of children met here) ; (3) tier two, where prevention through targeted social emotional strategies is used to prevent problem behaviors (behavioral needs of about 15% of children addressed here); and (4) tier three, where individualized, intensive interventions comprise the top of the pyramid (required for about 5% of children).

The Children's Cabinet completed over 1,300 Ages and Stages Questionnaire: Social Emotional 2nd Edition (ASQ-SE2) and ASQ 3rd Edition (ASQ-3) developmental screenings. For all participating school district classrooms, a set of materials was provided to support the teaching of social and emotional skills using the Pyramid Model framework, with most materials provided in English and Spanish. Fact sheets were provided for each family, and some families received additional materials to further support their abilities to teach and support social and emotional skills at home. Five implementation and three demonstration classrooms committed to implementing Pyramid Model practices. For over 500 children requiring tier three strategies, families received case management services at no cost.

The Title V MCH Program also participated in the Women, Infants, and Children (WIC) Developmental Monitoring Project, a joint project between U.S. DHHS, CDC, and the Association of State Public Health Nutritionists (ASPHN), which improves developmental screening in low-income families. The WIC Developmental Monitoring Project helps WIC staff respond to concerns from parents about their child's development, provide an easy way to monitor a child's early development using CDC *Learn the Signs. Act Early* (LTSAE) milestone checklists, help parents set goals related to their child's growth and development, offer parent education about a child's developmental milestones, and provide WIC staff with resources to refer a child when indicated. Title V MCH partners with the Nevada Home Visiting (NHV) Program to help support two local implementing agencies. NHV provides ASQ and ASQ-SE screenings to the families they serve and facilitate resources and referrals to care in relation to developmental delays. NHV shares Milestone Moments and LTSAE resources with all families they serve in addition to the screenings home visitors provide.

The Children's Cabinet and Nevada Technical Assistance Center on Social Emotional Interventions (TACSEI)

The 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 five 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 (TA) for supporting social emotional competence and addressing challenging behaviors in young children at-risk for or those with identified developmental delays.

The Title V MCH Program funds three TACSEI staff positions, including the Regional Coordinator (RC), Data and Evaluation Coordinator (D&EC), and Family Engagement Coordinator (FEC). The RC provides leadership, TA and training to local and regional TACSEI implementation sites and connects with diverse partners to expand potential sites. The D&EC handles data collection and summarization for the ASQ-SE2 and TACSEI evaluation activities. The FEC is a contractual position in collaboration with the statewide non-profit organization Nevada Parents Encouraging Parents, Parents Educating Professionals, and Professionals Empowering Parents (PEP).

- The FEC provided ongoing TA to programs and centers in southern Nevada using the TACSEI Pyramid Model. The FEC worked with providers to assist families in increasing their knowledge of positive behavior interventions, the environment in which challenging behaviors occurs and evidence-based practices which support their children's social and emotional development.

- The Northern Nevada Coordinator supported building internal capacity within each site to sustain implementation of Pyramid Model practices to fidelity, conducting developmental screenings and/or assessments for all children in their program, and providing leadership team meeting coordination and direct coaching support. Coordinators worked with eleven implementation and six demonstration sites to conduct developmental screening and/or assessments for all children in their program, including a social emotional screening tool.

- The Southern Nevada Coordinator continued work with one implementation site in Nye County, and on-boarded two new exploration sites in Clark County.

- Coordinators attended 51 site-level leadership team meetings and spent 392 hours of coaching time with implementation and demonstration sites. Coordinators provided most of their coaching focus to Tier 1 (universal) and Tier 2 (prevention) support with 382 hours. An additional 10 hours of coaching time was spent providing Tier 3 (individualized behavior) support. Coordinators spent their main coaching hours in these top five categories: Teaching Pyramid Observation Tool for Pre-School Classrooms/Teaching Pyramid Infant–Toddler Observation Scale (TPOT/TPITOS) assessment, Targeted Observation, Building Rapport, Leadership Team Meetings and Modeling. Coordinators spent their secondary coaching hours in these top five categories: Reflective Conversation, Problem-Solving Discussion, Building Rapport, Modeling and Targeted Observation.

- Nevada TACSEI sites administered over 1,300 ASQ-SE2 and ASQ-3 screens. Statewide, 841 participants attended 66 TACSEI trainings (southern Nevada only: 282 participants and 21 trainings). 449 were unduplicated participants (189 in southern Nevada) as the average attendee participated in 1.87 TACSEI sessions. 98.92% of participants would recommend TACSEI trainings to others, 98.79% of participants reported their knowledge of TACSEI increased, 98.92% of participants stated they gained new methods they would use immediately, and 98.52% of participants stated they gained new resources they would like to use.

- Over 2,000 materials were shared with parents and caregivers at multiple events and committee meetings throughout Nevada including: Step Up for Kids in Reno and Las Vegas, Southern Nevada Early Childhood Advisory Council, Southern Nevada Family Engagement Collaborative, United Way of Northeastern Nevada, Kickoff to Kindergarten at the East Las Vegas Library, Nevada Urban Indians Health Fair, The Healthy Kids

Festival, Pinwheels for Prevention at the Northwest Reno Library, Clark County School District Family and Community Engagement Services (FACES) Centers, Nye County School District Pre-K and Washoe County School District Pre-K. In addition, 265 active Quality Rating Improvement System (QRIS) statewide participants received TACSEI materials regularly through their assigned coaches.

Developmental Screening: Clinical Settings

Thirteen public health clinics were awarded Title V MCH funding to improve child health. These entities encompassed Carson City Health and Human Services (CCHHS), a local health authority in Northern Nevada and 12 nursing clinics within DPBH Community Health Services (CHS) providing services in Nevada's rural and frontier areas. Developmental screens were only conducted as part of well-child visits for uninsured clients. Of the 33 screens, 27 young children were connected to specialty care through referrals for developmental hearing or vision screenings with findings outside of age-based norms. Families were provided with CDC Milestone Moments booklets or given information on how to access the CDC mobile app tracker to monitor their child's development.

Children's Health and Wellness Clinic and Agency Outcomes

Clinic staff from 13 Title V MCH funded clinics (CCHHS and CHS) provided information about the value of being adequately insured, developmental screens, overall child wellness, immunization schedules, oral health, and weight management. The public health clinics refer families with insurance/Medicaid to primary care providers to establish a medical home with local pediatricians. CCHHS conducted three immunization reminder recalls for children aged 4 months to 35 months sending out 419 postcards related to 1,260 delayed immunizations. The clinic created a flier promoting the importance of a medical home which was distributed to 650 women presenting for WIC services. Childhood immunizations and Text4Baby were endorsed through outreach events and health promotion marketing campaigns, inclusive of clinic digital signage and Facebook. Social media Text4Baby messages reached 4,082 families, while the immunization posts reached 4,822 individuals with 266 engaged users. CHS helped children within clinic settings and through community outreach events. Fluoride varnish was applied on 141 children, and vaccines were administered to 1,134 infants and children ages 0-11 y.o.

Title V MCH funded Partners Allied for Community Excellence (PACE) Coalition, to employ a Community Health Worker (CHW) to participate in MCH activities in Elko County and nearby communities. The CHW focused outreach and education to Latino and underserved populations. Through community events, the CHW distributed educational information provided by the Title V MCH Program, including ways to access resources and/or how to work with local medical professionals to improve child health. Developmental screenings, vaccinations, nutrition, obesity prevention, and well-child visits were promoted, and the CHW helped families enroll their children into Medicaid/Nevada Check-Up.

School-Based Health Centers

The MCH Adolescent Health and Wellness Program (AHWP) Coordinator provides technical assistance to school-based health care facilities with an aim to support comprehensive services inclusive of primary care, preventive health, vison screens, oral health, screening and lab services, pharmacy, mental/behavioral health, and social services for children and adolescents. MCH was contacted by several agencies for guidance in establishing School-Based Health Centers (SBHC) and shared Nevada's SBHC Toolkit, which was developed by the AHWP Coordinator, as well as resources to enhance adolescent-friendly clinic environments. MCAH provided input for the standards of care in the DHHS Request for Application for school-based health services to ensure consistency with the guidelines in the Nevada SBHC Toolkit. Furthermore, the AHWP Coordinator supported efforts related to DHHS

SBHC efforts. The DHHS funding resulted in three school districts offering telehealth and mobile clinics to students in 39 schools, as well as access to care with transportation to and from a local Boys and Girls Club to the health clinic. Nevada SBHCs have experienced sustainability challenges, thus these expansion grants contained models of care to keep operating costs minimal. Additional advancements to grow school-based health services will be realized by a newly approved State Plan Amendment by the Centers for Medicare and Medicaid Services (CMS) creating expanded pathways for Medicaid reimbursement under the existing Provider Type 60 (formerly only available in relation to Individual Education Plans), for services provided at public schools for physical, dental, and behavioral/mental health.

The AHWP Coordinator participated in bi-monthly calls with 12 other states working to improve SBHC policies and practices. This special interest group, comprised of adolescent health coordinators and colleagues managing or working closely with SBHCs, explored how the field is transforming into a new health care delivery model, staff shared challenges and solutions, as well as successes to highlight what works well in their states. Several discussions focused on school-based telehealth, and enhanced partnerships with Medicaid for reimbursement.

Nevada Institute for Children's Research and Policy Kindergarten Heath Survey

Title V MCH funded the Nevada Institute for Children's Research and Policy (NICRP) to conduct an annual health survey of children entering kindergarten, in partnership with all school districts. Survey data provides estimates for monitoring MCH indicators and reporting to local, state, and federal entities, as well as informs local efforts how to improve future programming and child health. The *Health Status of Children Entering Kindergarten in Nevada* annual report (2018-2019 results) was posted on NICRP's website and the agency distributed the report statewide to stakeholders. MCH staff shared the reports with awarded partners, the MCH Coalition and Primary Care Office e-newsletters for mass distribution.

NICRP circulated questionnaires to all public elementary schools in the state. A total of 9,612 surveys (34.4% response rate) were received from parents in 16 school districts. Despite one district not returning any surveys, the response rate increased 5.5% compared to last year. This change is most likely the result of an increased sample size. Data were weighted by district to increase state representativeness.

When compared to last year's 2017-2018 report, behaviors in the health status category remain relatively steady with only slight fluctuations. The number of overweight/obese children slightly increased from 31.3% to 31.6%. There was a 3.94% decrease in children engaging in 7 days per week of 60 minutes of physical activity, from 40.6% to 39.0%. Just under half of survey respondents (47.6%) indicated their child was physically active six to seven days a week for at least 60 minutes at a time. Only 1.2% indicated their child was not active during the week.

While physical activity decreased, television viewing during the weekday increased. Most respondents (40.9%) indicated their child watched 2-3 hours of television per day, and 10.8% indicated their child watched 4 hours or more. This represents a 2.31% increase from the previous year's report for children watching more than 3 hours per weekday. The number of children playing 3 or more hours of computer/video games on weekday increased from 7.2% to 7.6%.

Positive changes were observed for exclusive breastfeeding, reductions in drinking soda, and children with a primary care provider. The number of infants breastfed exclusively through one, three, six, and twelve months all increased, with the six-month timeframe seeing the largest increase from the previous year's report, from 23.1% to 25.3% For soda consumption, the majority of children did not drink any non-diet soda (69.7%) or diet soda (89.0%). If children drink soda, most only drink it a few times per week (23.5% for non-diet, 8.3% for diet), rather than daily consumption (4.7%, 2.2%). Children never drinking non diet soda increased from 66.5% to 69.7%, and those reporting daily consumption or more decreased from 7.2% to 6.8%, showing positive progress for this health

indicator. The number of children with a primary care provider modestly increased from 88.4% to 89.1%. This factor is related to children receiving routine check-ups, because of the children who received a check-up in the last 12 months, 93.1% had a primary care provider.

Nevada 211

Nevada 211, a program of the Financial Guidance Center, was awarded Title V MCH funds to provide access to health and social service information and resources for maternal and child health populations. MCH supports a portion of personnel costs to manage the website and operate the telephone call center connecting people with needed services. Nevada 211 is a special telephone number to provide information and referrals to health and social service organizations. Resources include, but are not limited to places to find food, housing, emergency shelter locations, children's services, adoption and foster care, mental health and counseling services, support for seniors, safety for those affected by intimate partner violence, and individuals living with disabilities. Specific services for children include breastfeeding support, diaper programs, childcare and assistance with related expenses, clothing, family support, and respite care.

Nevada 211 call specialists answered 658 calls from individuals inquiring about maternal and child health resources and services. Eighty eight percent of the callers were pregnant representing each trimester. Most were insured through Medicaid (71%) with the largest needs being housing, utility, and food assistance. Pregnant women and new mothers were provided with information to help improve maternal and infant health outcomes.

Source	Numbers
MHP referrals	60
Pregnancy Risk Assessment Monitoring System (PRAMS) calls/texts	24
Text4Baby referrals	18
Perinatal Mood and Anxiety Disorder (PMAD) helpline	8
Nevada Tobacco Quitline referrals	8

Title V MCH staff arranged trainings for Nevada 211 call specialists to expand and update their knowledge base of MCH programs. The sessions served as refresher courses for most staff with topics covering information to assist families of CYSHCN, the Sober Moms Healthy Babies website, PRAMS survey, Text4Baby, and the MHP.

Nevada 211 provided the University of Utah, Department of Pediatrics with a quarterly export of Nevada 211 agency-level information to be placed into the database supporting Nevada's MHP webpages. A key offering of the MHP is information about local community and professional services to assist families of CYSHCN.

Title V MCH funded agencies promoted Nevada 211 by providing information to staff and clientele about the value of the service and how to access its resources. CCHHS promoted Nevada 211 through clinic digital signage and social media. Facebook posts reached 5,084 individuals. All DHHS staff include information in their email closings to find help 24 hours a day by dialing 211; texting 898-211; or visiting www.nevada211.org. Title V MCH awarded partners are also required to register and update program information with Nevada 211.

Nevada 211 Success Story

Call from single young woman in her first trimester of pregnancy:

> "She just got notice that she had to leave her residence. She was very stressed and on the verge of tears. I was able to give her the two transitional homes for youth and although I was hesitant to do so, I informed her

that we have a transitional house that was specifically for victims of domestic violence, sexual assault and human trafficking. I was also able to provide her with food pantries and information on how to apply for the WIC program. She was very grateful to receive the information and by the end of the call, she was happy to have a game plan and some options."

Physical Activity and Nutrition

To enhance child health outcomes, the Title V MCH Program selected NPM 8 to increase physical activity among children ages 6-11 y.o. The NSCH *2017-2018 Report* revealed 25.5% of Nevadan's ages 6-11- y.o. were physically active every day at least 60 minutes per day compared to 27.7% nationally. Movement and play activities are needed to manage childhood obesity, as well as enhance mental and physical health conditions to prevent chronic diseases. The 2017 Nevada Middle School Youth Behavior Health Survey reported 53.9%of students watched TV, played video or computer games, or used a computer for three or more hours per day showing the need for youth to be more active.

Children's Healthy Weight Collaborative Improvement and Innovation Network (CoIIN)

The Title V MCH Program received technical assistance through the Children's Healthy Weight Collaborative Improvement and Innovation Network (CoIIN). The learning collaborative, overseen by the Association of State Public Health Nutritionists (ASPHN), supports Title V MCH programs to promote physical activity, breastfeeding, and nutrition through quality improvement practices.

Nevada lacked adaptive physical activity information about CYSHCN, a population which can sometimes be less physically active than children without special health care needs. Staff within the Title V MCH Adolescent Health and Wellness and CYSHCN Programs worked jointly to access and increase knowledge of physical activity standards and adaptive movements for parents of CYSHCN. MCH found a no-cost bilingual infographic from the National Center on Health, Physical Activity, and Disability (NCHPAD) to serve as the conduit for information. CYSHCN staff contacted Nevada parks and recreation departments to identify inclusive playgrounds and programs, as well as find local and online businesses providing adaptive sporting equipment. A link to both resource guides, accessed through MHP, was posted on the back of the infographic. Family Ties, Nevada's Family Voices affiliate agency, educated clientele on the value of physical activity through one-on-one dissemination of the infographic. Additionally, the materials were placed in the MCH Coalition and Primary Care Office e-newsletters. MCH conducted a poster presentation at the ASPHN annual meeting and distributed copies of the infographic to attendees. Participants appreciated learning of the no-cost downloadable bilingual NCHPAD materials so they could disseminate content promoting adaptive physical activity within their states.

The final phase of the Children's Healthy Weight CoIIN to integrate nutrition into Title V MCH funded programs starts in October 2019. MCH selected to partner with DPBH programs working on childhood nutrition which include WIC, Obesity Prevention and Control, and Office of Food Security and Wellness. CoIIN efforts will entail a needs assessment of state and community nutrition projects to better understand how MCH can share resources and build better partnerships to promote healthy eating habits in children.

Trauma-Informed Yoga

Title V MCH funding supported AMCHP Innovation Station Urban Lotus Project yoga instruction and mindful awareness to help adolescents cope with stress. The project focuses on adolescents ages 12-17 y.o., as well as elementary school-aged children. Urban Lotus Project reports non-Title V MCH funded activities for ages 5-11 y.o. Children were served at seven facilities with 248 yoga classes taught to 610 individuals in elementary schools,

community agencies, those residing in a temporary shelter for abused children, and a mental health treatment facility. Most students attended multiple yoga classes resulting in 4,091 pupil exposures.

Child Health Domain Accomplishments

Title V MCH focused on improving the health status of children to reduce negative long-term implications for health, productivity, and longevity. Funded partners dedicated efforts to help children reach optimal physical growth, psychological development, and overall health. Parents/caregivers, providers, and stakeholders received best practice information about developmental screens, school-based health centers, benefits of a medical home and value of being adequately insured, immunization schedules, oral health screenings, and physical activity and weight management. Families of CYSHCN learned of inclusive playgrounds and programs, as well as how to find adaptive sporting equipment via local and online businesses through an infographic created and disseminated statewide. *The Health Status of Children Entering Kindergarten in Nevada* annual report revealed increases in exclusive breastfeeding, reduction in drinking soda, and a slight increase in young children receiving medical visits from a primary care provider.

Child Health – Plan for Application Year

Developmental Screening

The Children's Cabinet will be awarded Title V MCH funds for developmental screenings using the Pyramid Model framework. The Ages and Stages Questionnaire: Social Emotional 2nd Edition (ASQ-SE2) and ASQ 3rd Edition (ASQ-3) developmental screenings will continue statewide with a focus in Nevada's frontier and rural areas. Online implementation of ASQ-SE2 and ASQ-3 screenings will be available, along with promotion of the *Learn the Signs. Act Early* campaign. Statewide Women, Infant, and Children (WIC) staff will provide resources to refer a child when indicated. Families will be provided with Milestone Moment booklets in English and Spanish or given information on how to access the CDC mobile app tracker to monitor their child's development. MCH will participate in a statewide co-funded effort led by the University of Nevada, Reno, related to printing and distributing Nevada-customized CDC Milestone Moments booklets.

The Children's Cabinet and Nevada Technical Assistance Center on Social Emotional Interventions (TACSEI)

The Nevada Technical Assistance Center on Social Emotional Interventions (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. The FEC will continue to conduct TA and training based on the Pyramid Model to personnel within organizations serving CYSHCN 0-5 years of age. The FEC will also continue to facilitate parent involvement in TA development, implementation, and evaluation to support family engagement in early care and education settings. The RC and fellow TACSEI staff will attend summit and leadership meetings to increase program reach. Online implementation of the Ages and Stages Questionnaire: ASQ-SE2 screenings and data collection will continue, along with the distribution of Milestone Moment booklets in English and Spanish.

Clinic Children's Health and Wellness

Title V MCH will award funds to Carson City Health and Human Services (CCHHS), a local health authority in Northern Nevada, and DPBH Community Health Services (CHS) providing care in each rural county, to promote child health. Staff will educate parents/caregivers of children on wellness, the value of securing a medical home and being adequately insured, yearly well-child checkups, immunization schedules, and oral health screenings. Clinic personnel will distribute various child health-related brochures provided by the Title V MCH Program. CCHHS will promote Nevada 211, Medical Home Portal (MHP), and childhood immunizations through clinic digital signage and Facebook social media posts.

School-Based Health Centers

The Adolescent Health and Wellness Program (AHWP) Coordinator will continue to provide technical assistance on the School-Based Health Center (SBHC) certification process, promote the Nevada SBHC Toolkit, and encourage comprehensive services inclusive of primary care, preventive health, vison screens, oral health, screening and lab services, telehealth, pharmacy, and mental/behavioral health and social services. The AHWP Coordinator will represent Title V MCH on a Department of Education learning collaborative to enhance school mental health services with an emphasis on SBHC services.

Nevada Institute for Children's Research and Policy

Nevada Institute for Children's Research and Policy, in partnership with all Nevada School Districts, will conduct an annual health survey of children entering kindergarten with funding from Title V MCH. The *Health Status of Children Entering Kindergarten in Nevada* annual report will be posted on NICRP's website and distributed to stakeholders statewide.

Nevada 211

Nevada 211 will continue to be Title V MCH funded to provide information on health and human service programs throughout the state, including physical, behavioral, socio-emotional, and mental health resources, and support for families of children with and without special health care needs. Nevada 211 will provide quarterly data exports to University of Utah, Department of Pediatrics for the MHP. CCHHS and CHS staff will reach out to at least eight MCH-population serving businesses not included in Nevada 211 and educate them on the value of listing services inside the portal. All Title V MCH subrecipients will have language in their contracts to include updating agency information with 211 resources and promoting 211 services.

Trauma-Informed Yoga

Title V MCH will continue to support Urban Lotus Project yoga mindful awareness instruction and to help adolescents cope with stress. Urban Lotus will focus on adolescents ages 12-17 y.o.; however, the organization serves elementary school-aged children and Urban Lotus Project will continue to provide Title V MCH with data about elementary school aged children served.

Adolescent Health

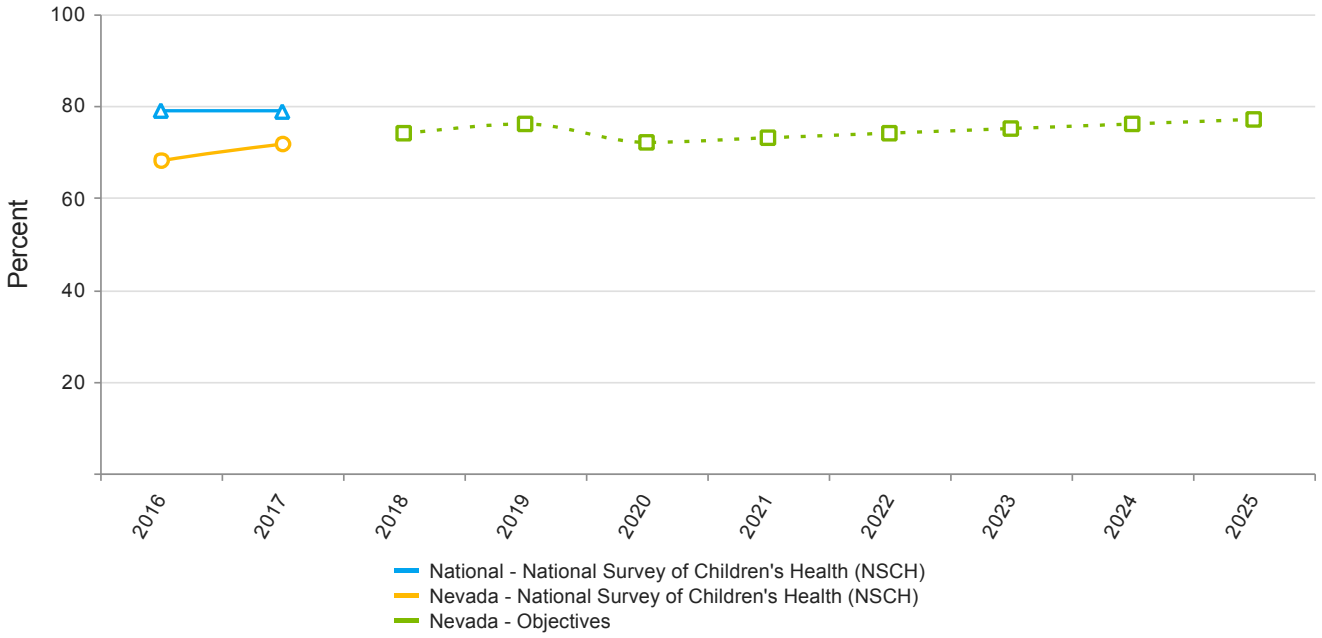
Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	NVSS-2018	35.2	NPM 10
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	NVSS-2016_2018	11.1	NPM 10
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	NVSS-2016_2018	15.2	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-2017_2018	5.9 %	NPM 12 NPM 15
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH-2017_2018	33.7 %	NPM 10 NPM 15
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH-2017_2018	90.8 %	NPM 8.2 NPM 10 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-2017_2018	13.7 %	NPM 8.2 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-2016	11.6 %	NPM 8.2 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-2017	14.0 %	NPM 8.2 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-2018	64.0 %	NPM 15
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza	NIS-2018_2019	51.8 %	NPM 10 NPM 15
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NIS-2018	66.0 %	NPM 10 NPM 15
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	NIS-2018	85.2 %	NPM 10 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-2018	80.6 %	NPM 10 NPM 15
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS-2018	20.5	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-2017_2018	2.0 %	NPM 15

National Performance Measures

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



Federally Available Data				
Data Source: National Survey of Children's Health (NSCH)				
	2016	**2017**	**2018**	**2019**
Annual Objective			74	76
Annual Indicator		68.2	71.7	71.7
Numerator		145,792	164,488	164,488
Denominator		213,715	229,387	229,387
Data Source		NSCH	NSCH	NSCH
Data Source Year		2016	2016_2017	2016_2017

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						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	72.0	73.0	74.0	75.0	76.0	77.0

Evidence-Based or –Informed Strategy Measures

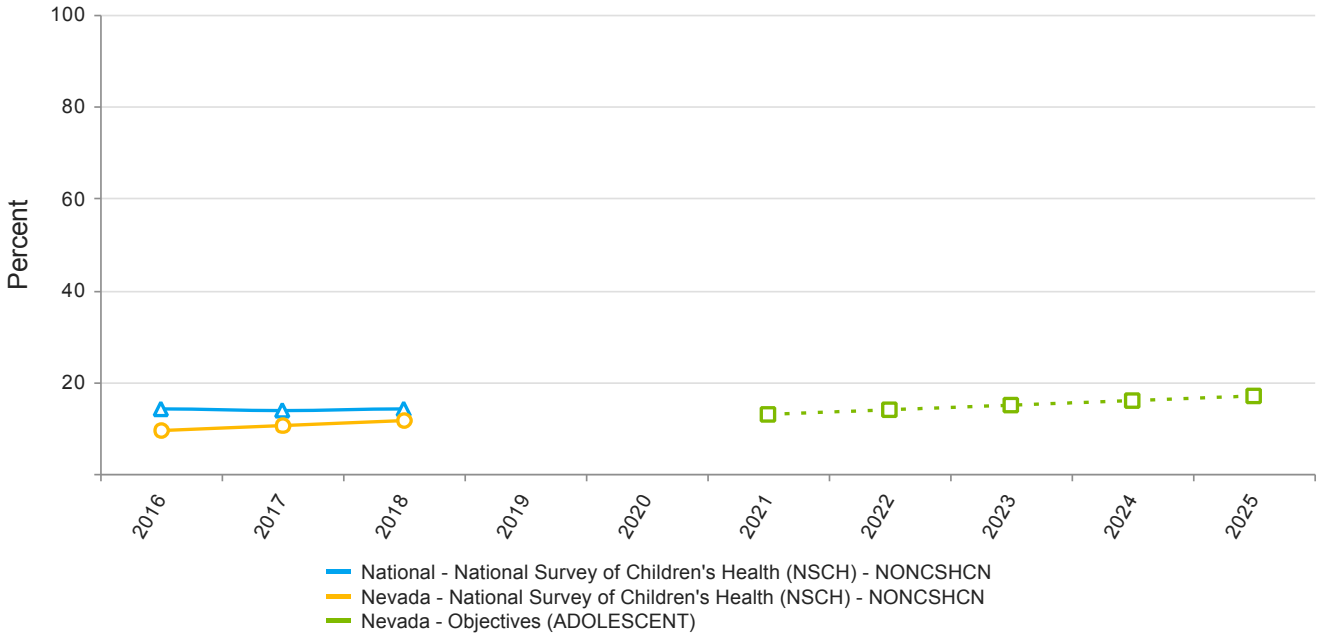
ESM 10.1 - Percent of Medicaid EPSDT eligible adolescents, ages 12 through 17, who received at least one initial or periodic screen

Measure Status:	Active

State Provided Data		
	2018	2019
Annual Objective		
Annual Indicator	32	24
Numerator		
Denominator		
Data Source	Center for Medicare and Medicaid Services Form 416	Center for Medicare and Medicaid Services Form 416
Data Source Year	2018	2019
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	26.0	28.0	30.0	32.0	34.0	36.0

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
Indicators and Annual Objectives



NPM 12 - Adolescent Health - NONCSHCN

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - NONCSHCN	
	2019
Annual Objective	
Annual Indicator	11.6
Numerator	21,585
Denominator	186,655
Data Source	NSCH-NONCSHCN
Data Source Year	2017_2018

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	13.0	14.0	15.0	16.0	17.0

Evidence-Based or –Informed Strategy Measures

ESM 12.1 - Percent of health transition training participants who reported a change in knowledge, practice, or policy

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	10.0	55.0	60.0	65.0	70.0

State Performance Measures

SPM 3 - Repeat teen birth rate

Measure Status:	Active

State Provided Data				
	2016	2017	2018	2019
Annual Objective		16	16	15
Annual Indicator	16.6	22.9	22.4	16.4
Numerator	339	436	395	275
Denominator	2,040	1,901	1,762	1,679
Data Source	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records
Data Source Year	2016	2017	2018	2019
Provisional or Final ?	Final	Final	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	15.0	14.0	14.0	13.0	13.0	12.0

SPM 4 - Teenage pregnancy rate

Measure Status:	Active

State Provided Data			
	2017	2018	2019
Annual Objective	29	25	24
Annual Indicator	25.9	24.4	21.3
Numerator	2,485	2,377	2,124
Denominator	96,038	97,485	99,599
Data Source	DPBH Electronic Birth Registry System	DPBH Electronic Birth Registry System	DPBH Electronic Birth Registry System
Data Source Year	2017	2018	2019
Provisional or Final ?	Final	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	21.0	20.0	19.0	18.0	17.0	16.0

State Action Plan Table

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

Priority Need
Improve care coordination among adolescents

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, ages 12 through 17, with a preventive medical visit in the past year to 77% by 2025
Reduce pregnancies among adolescent females, ages 15 to 19, to 16 pregnancies per 1,000 by 2025
Reduce repeat birth rate among adolescent females, ages 15 to 19, to 12 repeat births per 1,000 by 2025

Strategies
Collaborate with public and private partners to provide adolescents, ages 12 through 17, with information on the benefits available 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 teen pregnancy prevention, bullying, rape and sexual assault prevention, suicide, and other factors that negatively impact health
Coordinate with partners and local health authorities to enhance the quality of adolescent clinic environments

ESMs	Status
ESM 10.1 - Percent of Medicaid EPSDT eligible adolescents, ages 12 through 17, who received at least one initial or periodic screen	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 2

Priority Need

Increase transition of care for adolescents and CYSHCN

NPM

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

Objectives

Increase percent of children with special health care needs ages 12 through 17, who received services necessary to transition from pediatric to adult health care to 16% by 2025

Increase percent of children without special health care needs ages,12 through 17, who received services necessary to transition from pediatric to adult health care to 17% by 2025

Strategies

Coordinate with partners and local health authorities to improve the messaging of transition care.

Collaborate with public and private partners to provide adolescents, ages 12 through 17, with information on the benefits available and link them to appropriate health care coverage options

Conduct health transition trainings among health care providers to support transition efforts and gather information regarding changes in knowledge, practices, and policy.

ESMs	Status
ESM 12.1 - Percent of health transition training participants who reported a change in knowledge, practice, or policy	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

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

Priority Need

Improve care coordination among adolescents

SPM

SPM 3 - Repeat teen birth rate

Objectives

Reduce repeat birth rate among adolescent females, ages 15 to 19, to 12 repeat births per 1,000 by 2025.

Strategies

Collaborate with the Sexual Risk Avoidance Education (SRAE) Program 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 4

Priority Need

Improve care coordination among adolescents

SPM

SPM 4 - Teenage pregnancy rate

Objectives

Reduce pregnancies among adolescent females, ages 15 to 19, to 16 pregnancies per 1,000 by 2025

Strategies

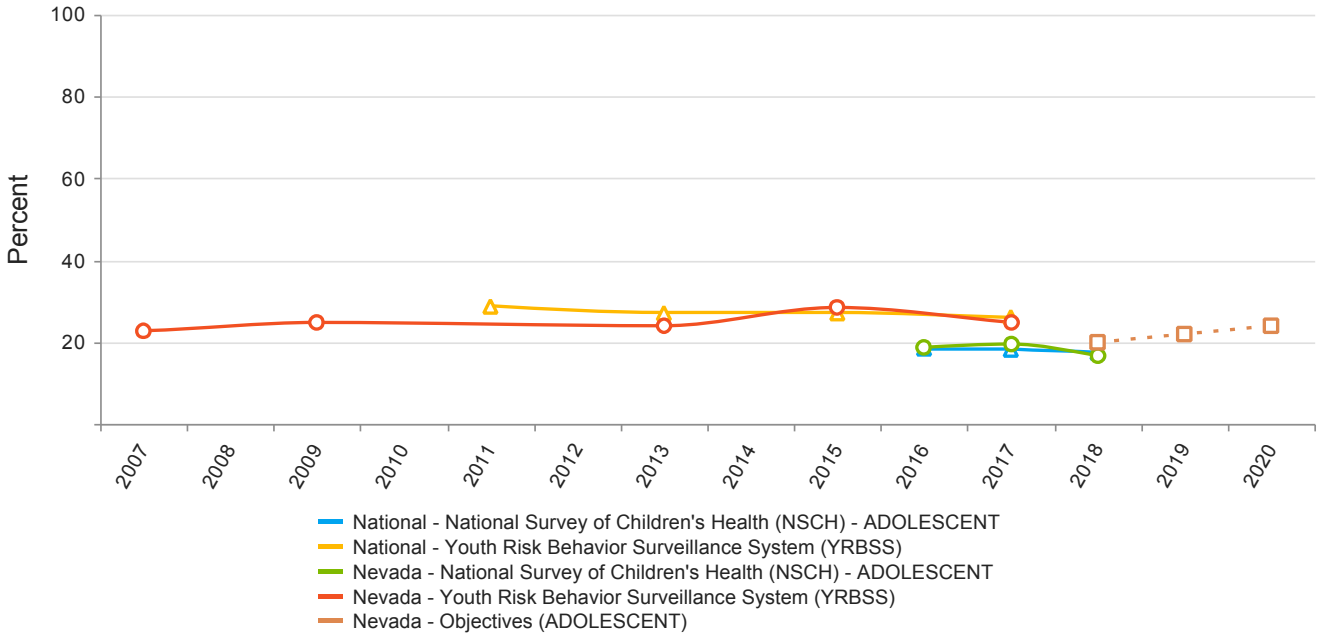
Collaborate with the State Sexual Risk Avoidance and Education (SRAE) Program and the State Personal Responsibility Education Program (PREP) on positive youth development, Sexually transmitted infection (STI) reduction and teen pregnancy reduction.

Collaborate with community partners on resource sharing related to decreasing teen pregnancy.

2016-2020: National Performance Measures

2016-2020: NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Indicators and Annual Objectives



Federally Available Data				
Data Source: Youth Risk Behavior Surveillance System (YRBSS)				
	2016	**2017**	**2018**	**2019**
Annual Objective	16	18	20	22
Annual Indicator	28.6	28.6	24.9	24.9
Numerator	34,940	34,940	33,324	33,324
Denominator	122,356	122,356	134,051	134,051
Data Source	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT
Data Source Year	2015	2015	2017	2017

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH) - ADOLESCENT				
	2016	**2017**	**2018**	**2019**
Annual Objective			20	22
Annual Indicator		18.7	19.6	16.8
Numerator		39,329	44,325	37,886
Denominator		210,143	226,517	225,199
Data Source		NSCH-ADOLESCENT	NSCH-ADOLESCENT	NSCH-ADOLESCENT
Data Source Year		2016	2016_2017	2017_2018

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.

2016-2020: Evidence-Based or –Informed Strategy Measures

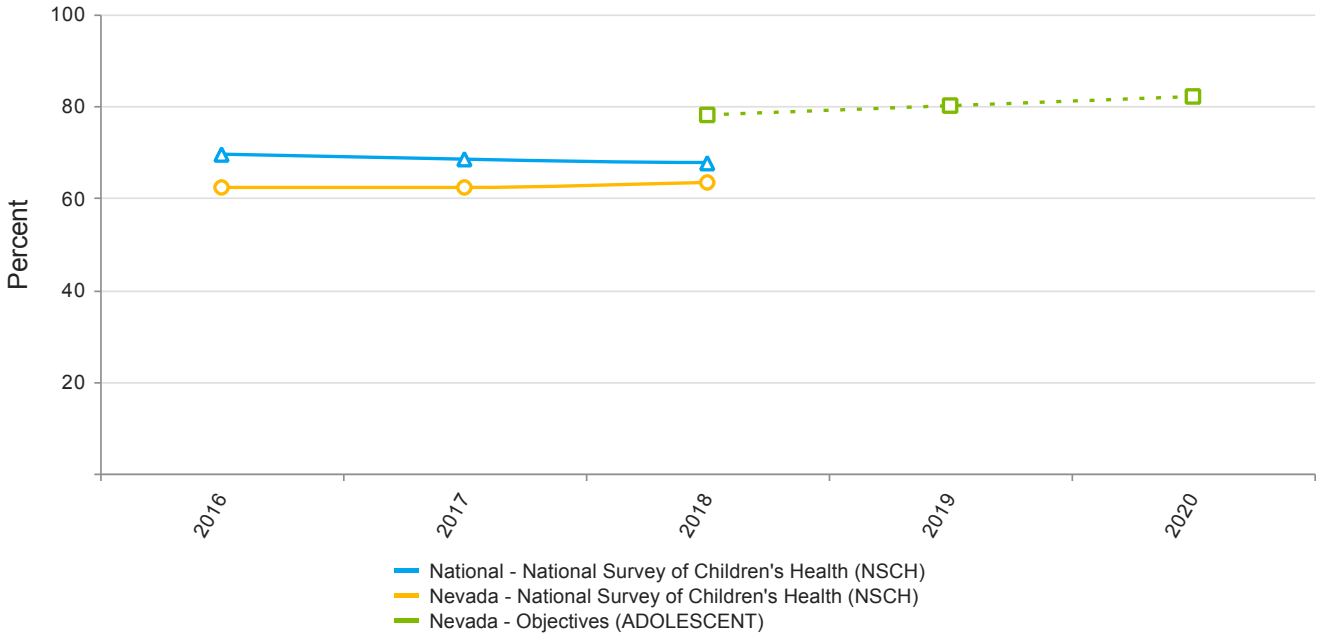
2016-2020: ESM 8.2.1 - Number of facilities providing Trauma-Informed Yoga (TIY) for at-risk adolescents ages 12-17.

Measure Status:		**Active**	
State Provided Data			
	2017	**2018**	**2019**
Annual Objective			14
Annual Indicator	9	13	18
Numerator			
Denominator			
Data Source	Nevada Title V MCH Program	Nevada Title V MCH Program	Nevada Title V MCH Program
Data Source Year	FY 2017	FY 2018	FY 2019
Provisional or Final ?	Final	Final	Provisional

2016-2020: ESM 8.2.2 - Number of unique visitors to MCH social media including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17.

Measure Status:		**Active**	
State Provided Data			
	2017	**2018**	**2019**
Annual Objective			105,000
Annual Indicator	99,000	131,396	117,179
Numerator			
Denominator			
Data Source	Nevada Title V MCH Program	Nevada Title V MCH Program	Nevada Title V MCH Program
Data Source Year	FY 2017	FY 2018	FY 2019
Provisional or Final ?	Final	Final	Provisional

2016-2020: NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured
Indicators and Annual Objectives



2016-2020: NPM 15 - Adolescent Health

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH)				
	2016	**2017**	**2018**	**2019**
Annual Objective			78	80
Annual Indicator		62.2	62.2	63.4
Numerator		415,085	417,372	429,828
Denominator		667,147	670,675	678,451
Data Source		NSCH	NSCH	NSCH
Data Source Year		2016	2016_2017	2017_2018

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.

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 15.2 - Percent of children ages 0 -17 on Nevada Medicaid and/or Nevada Check-Up.

Measure Status:	Active

Baseline data was not available/provided.

Adolescent Health Annual Report

The health status of adolescents is a key determinant for adult health, productivity, and longevity. Adolescence, the transition from childhood to early adulthood, is a critical phase in human development. While adolescence may appear to be a relatively healthy period of life, health patterns, behaviors, and lifestyle choices made during this time have important long-term implications. Behaviors started during adolescence related to diet, exercise, sexual behavior, nicotine/tobacco/vaping, alcohol, and substance use can impact risk and protective factors of short- and long-term health outcomes. Mental health disorders and related conditions surfacing during adolescence are best addressed early to ensure optimum health. The Adolescent Health and Wellness Program (AHWP) uses the public health approach by addressing risk factors which increase the likelihood of negative health outcomes in youth.

To improve adolescent health outcomes Title V MCH Program selected NPM 15, NPM 10, and NPM 8. Title V MCH sought to increase the percent of children, ages 0-17-year-old (y.o). who are adequately insured (NPM 15), grow the percent of adolescents, ages 12-17 y.o. with a preventive medical visit in the past year (NPM 10), and to increase the percent of adolescents who are physically active at least 60 minutes a day (NPM 8). Health outcomes are anticipated to improve when youth are adequately insured, receive yearly wellness visits, and physically active. Program activities and successes on these efforts are highlighted in the report.

Well-Visits

The *National Survey of Children's Health* (NSCH): 2016-2017 *Report* stated 71.7% of Nevadan's ages 12-17- y.o. received a preventive health visit, compared to 78.7% nationwide. Efforts to increase preventive medical visits included partnering with outside agencies to increase the percent of children, ages 0-17 y.o. who are adequately insured (NPM 15). The NSCH *2017-2018 Report* revealed 61.8% of Nevadan's ages 12-17- y.o., had adequate and continuous insurance coverage compared to 64% nationwide. It is important to ensure adolescents receive recommended health screenings to address physical, emotional, cognitive, and social changes which can have a lasting impact on their lives. As of 2013, most insurance plans cover preventive health services for adolescents with no out-of-pocket cost, as mandated by the Patient Protection and Affordable Care Act (ACA). These no-cost preventive health visits include alcohol, drug, and nicotine use screening; behavioral health and depression assessments; reproductive health and sexually transmitted infection prevention counseling and screening; administration of age-recommended vaccines; and obesity management.

To increase access to care, the AHWP disseminated 30,760 brochures (English/Spanish) highlighting the value of yearly adolescent checkups and how to apply for health insurance. Primary distribution partners included Division of Welfare and Supportive Services, Division of Child and Family Services, Silver State Health Insurance Exchange (Nevada online Marketplace), Title V MCH funded partners, and community agencies working to enhance the uptake of yearly adolescent well-visits.

The AHWP Coordinator disseminated best practice youth-friendly resources with the goal of improving adolescent health and wellness outcomes. The materials included unique activities and tips to address health and wellness, health insurance, self-advocacy, and health literacy. Content was shared with the Title V MCH Children and Youth with Special Health Care Needs (CYSHCN) Coordinator, Title V funded agencies, community organizations, and health care providers. Additionally, the state Sexual Risk Avoidance Education Program (SRAE) and Personal Responsibility Education Program (PREP) distributed materials to enhance programming at youth-serving non-medical agencies. Best practice materials disseminated were created by Nemours Children's Health System, Got Transition, University of Michigan Adolescent Health Initiative Program, and the Oregon Health Authority. Materials highlighted adolescent well-visits, youth-friendly services, adolescent risk screening, transition from pediatric to adult

health care, and other pertinent topics to enhance the provision of adolescent care.

Collaboration with Youth Serving Agencies

The AHWP Coordinator engaged with other state staff through the National Network of State Adolescent Health Coordinators which unites state adolescent health coordinators responsible for Title V MCH and other adolescent health programs. Discussions focused on ensuring youth topics and lived experiences of young people became part of Title V Needs Assessments; improving adolescent-centered clinic environments, policies, and practices; co-occurring risk and protective factors; and emerging vaping concerns and suicide attempts impacting health outcomes. Attendance at the HRSA Region XIII Adolescent Health & Wellness Summit provided opportunities to network with other Title V MCH state adolescent health coordinators and identify best practices.

Several DPBH programs cross-over into each other's field of expertise, including prevention and education surrounding sexual and intimate partner violence, teen pregnancy, sexual risk avoidance education, obesity, food security, tobacco, suicide, substance use, and mental health. The AHWP Coordinator shared topical information with Title V MCH funded partners and DPBH adolescent-focused programs pertinent to their field about upcoming webinars and trainings, round-table discussions, community events, new publications, and youth-focused materials.

The AHWP Coordinator disseminated adolescent-focused health information through the statewide MCH Coalition and state Primary Care Office e-newsletters. Additionally, partners contributed content on agency Facebook pages covering topics such as teen health week, adolescent physical activity, adolescent-centered care, information briefs for parents, and materials to promote National campaigns for suicide prevention, childhood obesity awareness, and physical fitness and sports.

The AHWP Coordinator played a key role in ensuring youth-serving agencies and adolescents were included in the Nevada needs assessments prepared for Title V and SRAE. Forty-three youth-serving organizations were invited to participate to reduce suicide/bullying, pregnancy, repeat teen births, substance and alcohol use, mental health issues; improve immunizations, sustainable skills for pregnant and parenting teens, food security, housing, LGBTQ+ support; youth advisory councils, schools, juvenile justice programs, as well as welfare and supportive services. Youth were recruited for focus groups to obtain lived experiences from young people.

The coordinator shared youth-friendly resources and information with the Nevada Primary Care Association (NVPCA) staff working on the Healthy Tomorrows Partnership for Children Program (HTPCP) grant. The HTPCP project collaborated with Title V MCH to improve rates of adolescent well-visits in federally qualified health centers (FQHCs). MCAH served on the technical assistance team visit with the NVPCA staff to discuss project progress and future plans. Outcomes included new MCH partnerships with the Nevada American Academy of Pediatrics (AAP) Chapter, and Community Access to Child Health (CATCH) Program, as well as participation on the advisory council to improve adolescent health care services through input and feedback on program focus, development, and operations.

MCAH staff contributed content to a NVPCA Project ECHO webinar; *Improving Sexual and Reproductive Health for Nevada Teens,* sharing information about evidence-based programs and education materials for adolescents, their families, and health care providers. AHWP staff informed attendees about availability of the *Does Your Teen Need Health Coverage* brochure to increase access to care through health insurance and improve uptake in adolescent well-visits, as well as promote the AAP *Bright Futures Parent and Patient Handout for Adolescent* Ages. Program staff from the state teen pregnancy prevention programs SRAE and PREP shared content about curriculums and funded projects.

Youth Engagement

The AHWP Coordinator attended webinars and conferences to learn best practices of authentic youth engagement to prepare Nevada for future planning and implementation. Adolescent-focused motivational interviewing (MI) solicits more effective youth communication to identify and reduce risky behaviors. The Possibilities for Change MI questions focus on sexual risks whereas, the Hilton Foundation Adolescent SBIRT materials concentrate on substance use. The youth engagement conferences focused on health equity, cultural humility, and intersectionality while building systems for engaging youth in organizations and community projects. Significant content included evidence-based recommendations for increasing authentic youth engagement, resources to support system development and services to engage and support youth and young adults, skills to assist young people working within organizations and in the community, and methods to ensure health equity is inherent in program planning, implementation, and systems-building. Handouts and PowerPoint presentations on meeting topics were shared with Nevada youth-serving agencies, including youth advisory councils such as Healthy Young NV, and Youth M.O.V.E.

Pregnant and Parenting Teens

The MCAH Section partners with agencies serving pregnant and parenting teens through work conducted by the AHWP, Nevada Home Visiting, Maternal and Infant Health Program (MIP), and PREP. The AHWP Coordinator sent out webinar announcements and best-practice materials to organizations serving new young families. A collaboration to share informational resources was established between the AHWP program and staff conducting workshops for low income pregnant and parenting teens. The Supporting Teens Achieving Real-Life Success (STARS) workshops, offered by the Nevada Public Health Foundation (NPHF), supports pregnant and parenting teens with tools to reach their highest level of self-sufficiency. STARS is offered four times a year, with three workshops serving Clark County and one in Northern Nevada reaching women in Carson City, Washoe, Douglas, Lyon and Storey counties. The AHWP program provided workshop attendees with materials promoting the value of yearly wellness visits and no-cost yoga classes to supplement resources provided by the MIP such as Text4Baby water bottles and lunch bags, oral health kits and handouts on safe sleep, marijuana, WIC, and developmental screenings. Additionally, Title V MCH provided Reality Works dolls to reinforce the importance of abstaining from alcohol use while pregnant. Other focus areas of the workshops included reducing a repeat teen pregnancy, birth control, continuing education, and job readiness. The Nevada Home Visiting program serves young adult families to improve health outcomes, promote breastfeeding, increase developmental screening, reduce teen pregnancy and substance use. One of their programs helps parents engage with children in daily learning activities to promote literacy and school readiness.

Substance Use

The AHWP Coordinator attended the NVPCA substance use round table meeting and shared the Adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) Project's curriculum including the toolkit, PowerPoint, and other resources. Among the information learned included Washoe Tribal Health Clinic efforts to reduce opioid use among Native American pregnant teens and women, and Las Vegas Mission High School's recovery program driven by peer mentors to empower students in meeting education and career success. MCAH partnered with Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA) to create a document of agencies serving youth for substance use and co-occurring disorders. Programs using peer educators were noted since this principle is considered a best practice. New resources were added to strengthen the content already placed within the Medical Home Portal.

Clinic Adolescent Health and Wellness Outcomes

Thirteen public health clinics were awarded Title V MCH funding to promote adolescent health and wellness. These entities encompassed Carson City Health and Human Services (CCHHS), a local health authority in Northern Nevada and 12 nursing clinics within DPBH Community Health Services (CHS) providing services in Nevada's rural and frontier areas. During clinic visits, adolescents were screened for risk behaviors including nutrition and weight management,

depression, intimate partner violence, alcohol, drugs, and tobacco/nicotine (including vaping) using Bright Futures Brief Risk Assessment tools. Age appropriate education and counseling were conducted along with referrals as needed. Education provided to avoid sexually transmitted infections and communicable diseases and treatment protocols follow Centers for Disease Control (CDC) guidelines. Clinicians were mandatory reporters and educated in the recognition of patients at risk for human trafficking, neglect, and abuse, as well as trained in the delivery of culturally competent care, including the provision of services to those in non-traditional relationships. Adolescents were screened for sexual coercion and encouraged to include family engagement in discussions regarding sexual decisions. Services were customized to the individual based on age and social determinants of health.

Through 4,284 clinic visits, adolescents were educated on wellness and the value of yearly visits. Reporting criteria to Title V MCH varied by funded agency. CCHHS revealed among the 184 well-visits, education and referrals were made to 49 users of alcohol, 50 substance users, 7 adolescents affected by intimate partner violence, and 19 experiencing depression. Additionally, CCHHS conducted reminder telephone calls for adolescent delayed in age-appropriate vaccinations. CHS provided 475 well care visits, 422 nutrition and weight management counseling sessions, and referrals were made to 4 experiencing depression. Title V MCH activities resulted in 306 identified sexually transmitted infections, delivery of 606 contraceptives, and administration of 636 immunizations (only a portion of reported numbers were Title V funded). During clinical visits, staff distributed diverse adolescent health-related brochures. Materials covered the benefits of being adequately insured, value of annual well-visits, reproductive health, sexually transmitted infections, depression, intimate partner violence prevention, tobacco cessation, and nutrition.

Clinics conducted outreach events and marketing campaigns to promote adolescent health and wellness. CCHHS provided education and resources to 237 high school students during health classes. Materials covered reproductive health, sexually transmitted infections, importance of a medical home, and value of annual well-visits. CCHHS promoted adolescent wellness exams at three outreach events and through a Facebook campaign reaching 2,681 individuals. CHS nursing personnel promoted wellness through outreach events and partnerships with schools, coalitions at health fairs, point of dispensing sites, and vaccine clinics.

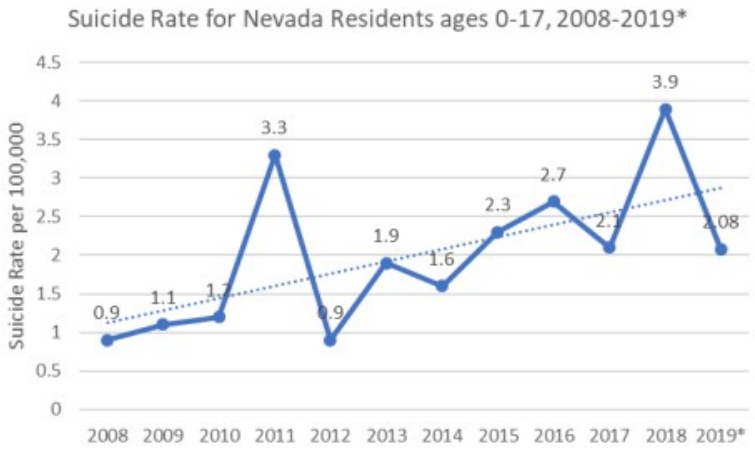
Adolescent Immunizations

Title V MCH funding supported a 0.5 FTE position for Nevada's Immunization Program. The linkage strengthens the infrastructure of the Title V MCH Program by improving adolescent health outcomes utilizing Bright Futures immunization schedule promotion within the medical home portal. Efforts focused on improving human papillomavirus vaccination completion (HPV) rates by providers participating in peer-to-peer education to deliver strong recommendations, and reminder/recall campaigns. Letters and materials for improvement were sent to 24 providers with low initiation rates and 43 clinicians with low series completion rates for adolescents aged 13-17 y.o.

Suicide Prevention

Teen suicide is an emerging issue in Nevada. Data from the Electronic Death Registry System shows suicide rates for Nevada residents ages 0 through 17 have steadily increased from 2008 to 2018, rising from 0.9 per 100,000 to

3.9 per ' 2019. The chart below illustrates these trends.



*2019 data is preliminary and subject to change

Furthermore, the National Vital Statistics System (NVSS) shows adolescent suicide rate for ages 15 through 19 per 100,000 in Nevada was 15.2 from 2016-2018. This represents an increase of 12.6% from 2015-2017. This is higher than the U.S. rate of 11.1 from 2016-2018.

When stratifying suicide rates for ages 0 through 17 by county, differences are apparent between urban and rural residence. From 2015 to 2019, the urban counties, Clark (2.31 per 100,000) and Washoe (3.04 per 100,000), had lower suicide rates than the rest of the state (4.9 per 100,000), which is primarily composed of rural counties. Differences in suicide rates by urban/rural residence are also apparent when examining NVSS data for adolescent suicide rate for ages 15-19. The 2014-2018 rate was 22.1 in non-metro areas compared to 13.7 and 12.3 in small/medium and large metro areas respectively.

The 2019 Nevada Youth Risk Behavior Survey (YRBS) is a voluntary survey of students in 6th through 12th grade in regular public, charter, and alternative schools. Students self-report their behaviors in six areas of health related to morbidity and mortality. The Emotional Health section contain eight (8) questions to measure mental health risks. The table below outlines the responses from the major areas of concern related to suicide.

2019 Nevada Youth Risk Behavior Survey		
	Middle School Students	High School Students
Percentage of students who seriously considered attempting suicide/killing themselves during the 12 months before the survey	21.8%	18%
Percentage of students who made a plan about how they would attempt suicide/kill themselves during the 12 months before the survey	12.9%	15.3%
Percentage of students who tried attempting suicide/killing themselves during the 12 months before the survey	8.1%	8.9%
Percentage of students who have done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose during the 12 months before the survey	19.1%	N/A
Percentage of students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the 12 months before the survey	N/A	2.8%

While teen suicide specifically is not listed as a priority in the Nevada 2019 Needs Assessment, behavioral health is, which encompasses mental health concerns such as suicide.

The AHWP Coordinator attended the Adolescent Task Force convened by the Safe Kids Coalition in Washoe County. The task force provided direction for activities to develop Latino culturally and linguistically competent teen suicide prevention messages. Grant funds awarded by the Nevada Department of Health and Human Services by the Statewide Executive Committee to Review Child Fatalities allowed the Children's Cabinet to conduct research to solicit responses from Latinos about depression and suicide risks. Latino clients, with an established base of trust with the agency, revealed cultural insensitivities to the most common assessments used. Further work from evidence-based assessments will address how to reduce cultural barriers for obtaining information.

Title V MCH state general fund MCH match funding helped support the Nevada Office of Suicide Prevention (OSP) in teen suicide prevention and systems-building projects. OSP supported Youth Mental Health First Aid (YMHFA) and school-based suicide prevention programs which enables adults to better recognize and assist adolescents in need of intervention. Statewide, mental health literacy was enhanced by training 561 community helpers to identify youth mental health risks using the YMHFA model.

OSP supported the Project AWARE comprehensive plan of activities, services, and strategies to decrease youth violence and support the healthy development of school-aged youth. Project AWARE helped develop a safe and respectful learning environment, promoted behavioral and mental health through school-based prevention and early identification efforts, and built awareness, connection and infrastructure across local and state entities to increase capacity providing access to mental health support.

OSP worked with the Nevada Department of Education (NDE) Office of Safe and Respectful Learning Environments on a multi-tiered system of support to threat assessment teams and practicing of protocols across Nevada school districts. During the 80th (2019) Session of the Nevada Legislature, several school-based suicide prevention bills were passed. OSP provided technical assistance and resources to help school districts implement the new

requirements. The collaboration with NDE included cross-training staff in bullying prevention and suicide prevention during the Statewide Suicide Prevention Conference. OSP and NDE worked together on Model School District Policy on Suicide Prevention for schools to address the risks and protective factors impacting bullying and mental health concerns to decease suicide risks. Title V MCH match funds supported the Crisis Support Services of Nevada (CCSN) phone and text lines and the salary of the OSP Manager. CCSN assisted 5,560 youth with resources for depression, suicide, sexual assault, and intimate partner violence.

Success Story

Signs of Suicide (SOS) education program for students received the following feedback:

> A grandmother anonymously called OSP whose 15-year-old granddaughter said a friend with mental health concerns was talking about suicide. The granddaughter did not want to get involved because she feared being bullied by others in her school. SOS teaches students how to identify the symptoms of depression and suicidality in themselves or their friends and encourages help-seeking by the ACT technique (Acknowledge the need for help, show you Care, Tell a trusted adult). The student reached out to her grandmother as the trusted adult to help her friend. The grandmother was given local resources to Safe Voice an anonymous system to report student safety or well-being threats, the Crisis Support Services Text line, and the National Suicide Prevention Lifeline. She followed through to help her granddaughter's friend.

Sex and Human Trafficking

MCAH staff expanded partnerships with groups working to eliminate sex and human trafficking, an issue of concern to populations served by Title V MCH Programs, especially adolescents. Staff attended Protecting Our Adolescents Round Table Discussion facilitated by NVPCA. The workshop identified access barriers, shared available resources, potential interventions, and helped create partnerships for future efforts. Additionally, Title V MCH staffed a vendor table to network with community partners at an event raising funds for survivors of sex and human trafficking resulting in connections with the Attorney General's Human Trafficking Program, Nevada Operation Underground Railroad, and Parents and Educators of Clark County. Title V MCH staff attended a meeting to learn the outcome of efforts by the Nevada Coalition to Prevent Sexual Exploitation of Children (CSEC). DCFS led the efforts directed by the Governor's Executive Order 2016-14 to develop a strategic plan. The purpose of the meeting was for DCFS to share the CSEC Model Coordinated Response Protocol and Toolkit and Prevention Resource Guide. Title V staff shared the resources with the statewide MCH Coalition, Primary Care Office, and Nevada 211 allowing for agencies and providers to know of the resources.

Rape Prevention and Education Program

The Nevada Rape Prevention and Education (RPE) Program implements prevention strategies to avert sexual violence from occurring by using the public health approach to prevent first-time perpetration and victimization, reduce modifiable risk factors, and enhance protective factors associated with sexual violence. RPE primarily targets adolescents; however, the program also reaches young adults to reduce multiple forms of sexual and intimate partner violence. The RPE Program Coordinator is co-funded through Title V MCH Block Grant funds to create a full-time position dedicated to supporting sexual assault and violence prevention. Federally approved strategies reflected the expansion of previous RPE Program work preventing sexual violence through approaches impacting agency professionals, advocates, coaches and athletes, as well as school-aged students.

The Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) hosted *Courageous Conversations*, an annual conference to support domestic and sexual violence statewide prevention efforts. The annual conference hosted 112 individuals from 11 counties introducing new strategies for improving organizational infrastructure through emerging trends, and best practices for creating systemic changes in the community and society.

MCAH Program staff from AHW, SRAE, PREP, CYSHCN, and RPE programs attended the conference to increase strategies for linking adolescent health to risks and protective factors related to sexual assault and intimate partner violence. Workshops focused on prevention efforts and services reflecting the rich diversity of the anti-sexual violence movement by dismantling the systems of oppression and inequity perpetuating and allowing gender-based violence to thrive. AHW staff expanded its knowledge about authentic youth engagement, trauma-informed principles, health equity, cultural humility, and intersectionality when building systems for engaging youth in organizations and community projects. SRAE/PREP staff learned how to reduce sexual and domestic violence by enhancing healthy relationships, reducing sexual coercion-related pregnancies, and using trauma-informed holistic approaches in safe and supportive environments. CYSHCN staff better understood the incidence of relationship violence in special needs populations and how to reduce occurrences.

NCEDSV held four regional trainings to support domestic and sexual violence statewide prevention efforts. Seventy-one individuals attended the trainings, taught by the Ohio Domestic Violence Network, discussing methods for reducing economic disparities which allow sexual and domestic violence to thrive. A webinar hosted by the NVPCA, *Screening and Intervention Strategies for Adolescent Patients,* shared how health care providers can make appropriate referrals to domestic and sexual violence organizations. The webinar included participants from rural areas where in-person trainings are not always feasible.

RPE provided education and awareness on issues related to dating violence through Your SPACE presentations. A total of 9,673 middle and high school-aged youth received healthy relationship presentations promoting respectful relationships and increased awareness of sexual abuse connected to dating violence. The training encouraged bystander behavior to circumvent potentially violent situations whenever possible.

Funded activities included the Party SMART Campaign. Party SMART used social media to endorse planning and awareness of ways to avoid sexual assaults by following simple tips to ensure a good time without compromising safety.

RPE funded community partners to increase athlete awareness of relationship abuse and toxic masculinity through Mentors in Violence Prevention (MVP) training. The teaching consisted of role-plays intended to allow students to construct and practice viable options for active bystander intervention in response to incidents of harassment, abuse, or domestic and sexual violence. MVP trainers conducted workforce development with school personnel for improving leadership skills to promote the role of adult professionals in creating and sustaining a school climate which discourages abusive behavior. Participants included 3,821 individuals from 66 agencies including University of Nevada, Reno, fraternities and sororities, community-based organizations working with high- risk youth (Job Corps, incarcerated youth, homeless youth, youth living in residential treatment centers) and Washoe County School District students attending Title I Schools.

In collaboration with the University of Nevada Las Vegas Jean Nidetch Women’s Center, a CARE Peer Program 45-hour empowerment-based training curriculum was conducted with 292 students. The interactive modules focused on increasing awareness of community and societal factors leading to sexual violence and harassment, as well as increasing social norms which protect against violence. Following leadership preparation, new peer advocates delivered trainings on campus to the student body and self-identified campus groups. An Interpersonal Violence Collaborative Interest Group, consisting of administrative and educational faculty, convened quarterly for the purpose of building campus infrastructure to establish best practices and evidence-based strategies for policy reform in response to interpersonal violence and harassment on the campus.

Using MCAH funding and technical assistance from subject matter experts facilitated by the CYSHCN MCH Coordinator, NCEDSV created an advisory committee to identify needs of parents and caregivers who wish to support and protect youth and young adults living with developmental disabilities prevent relationship abuse. The committee reviewed existing sexual assault prevention materials and made recommendations on preferred

strategies to support parents and caregivers. A webpage was added to the NCEDSV website to provide appropriate resources for this high-risk population. A “Supporting Adolescents with Disabilities Who Are Experiencing Relationship Abuse and Sexual Violence: Setting the Stage for Prevention” workshop was presented at the Nevada State Child Abuse Prevention and Safety Conference, as well as two similar workshops offered during the NCEDSV Annual Conference.

According to the 2010 National Intimate Partner and Sexual Violence Survey Summary Report, among adult victims of rape, physical violence, and/or stalking by an intimate partner, 22.4% of women and 15.0% of men first experienced some form of partner violence between 11 and 17 (y.o.). More than three-quarters of female victims were first raped before 25 years of age and 42.2% experiencing their first rape before the age of 18. One quarter of male victims of completed rape were first raped when they were 10 (y.o.) or younger.

State Teen Pregnancy Prevention Programs

Two teen pregnancy prevention programs are housed within MCAH; the Sexual Risk Avoidance Education Program (SRAE) and the Personal Responsibility Education Program (PREP). The SRAE Program educated youth on benefits associated with delaying sexual activity to avoid related risky behaviors, and to prevent sexually transmitted infections (STIs), including HIV/AIDS. The SRAE and PREP Programs both shared positive youth development (PYD) principles, whereas, the PREP curricula focused on enhancing adulthood preparation by providing abstinence and comprehensive sex education to prevent pregnancy and sexually transmitted infections, including HIV/AIDS. While Title V MCH funds do not support SRAE efforts, Title V MCH staff worked closely with SRAE and PREP on cross-cutting efforts to enhance positive youth development, outreach to high-risk youth, teen pregnancy prevention, and preventing relationship violence by supporting healthy relationship education. Program staff shared pertinent resources provided by other state adolescent health coordinators focused on similar goals and embraced opportunities to network with Title V MCH staff at national conferences.

Sexual Risk Avoidance Education Program

Over 750 youth ages 10-19 y.o. participated in SRAE in northern and rural Nevada. Priority enrollment was given to adolescents who are at-risk, homeless, or in foster care. Participants were recruited through CCHHS, Family Resource Center of Northeastern Nevada-Elko, (FRCNEN), Quest Counseling, and NyE Communities Coalition and local partnerships.

In 2017, National Vital Statistics System data shows the teen birth rate in Nevada was 21.9 births per 1,000 females ages 15-19 y.o., whereas in 2018, the teenage pregnancy rate was 20.5 pregnancies per 1,000 teen girls ages 15-19 y.o. SRAE built partnerships to reduce teen pregnancies and births through evidence-based curricula providing an inclusive, non-stigmatizing environment addressing the social, psychological, and health gains realized by abstaining from sexual activity.

The curricula, *Promoting Health Among Teens! -Abstinence Only (PHAT! -AO* and *Teen Outreach Program (TOP),* used theoretical frameworks focused on PYD principles. Topics covered included healthy decision-making, engagement in healthy relationships, and peer group development for positive social values and norms. The curricula reduces teen pregnancy by teaching sexual responsibility through accountable sexual behavior decision making, encouraging respect among themselves and others, increasing effective life management skills, and stresses the importance of developing a positive self-image. The activities were designed to help participants feel comfortable practicing abstinence, address concerns about this practice, and provide strategies for overcoming obstacles through community service-learning projects.

Two data factsheets in English and Spanish, highlighting national, state, and county-specific statistics on teen pregnancy were disseminated through the TPP Program and sub-awardees for promotional events and

conferences. Sub-awardees promoted the Nevada 211 website and distributed Nevada Tobacco Quitline, Medical Home Portal and Title V MCH provided *Does Your Teen Need Health Coverage?* brochures.

As part of the Nevada SRAE local evaluation plan, a statewide needs assessment was implemented to identify barriers and gaps to improving the health of youth across the state. The needs assessment, conducted by Health Management Associates, Inc., included cross mapping to identify Health Professional Shortage Areas (HPSA) in primary care organizations working with teens, Nevada's unique needs related to HPSAs across the state, and challenges many counties are currently experiencing. Seven interviews were completed with 15 participants from Carson City, Clark, Nye, Elko, Washoe, and Eureka counties. Five focus groups, consisting of 34 participants were held in Pahrump, Las Vegas, Henderson, and Reno. The interviews included topics of discussion on mental health, substance use, violence, and sexual health. A community survey was implemented in White Pine, Eureka, Elko, and Humboldt counties with 40 participants composed of health service providers in Elko. Individuals who participated in the local evaluation were teens and young adults, including but not limited to, pregnant and parenting teens, parents, teachers, and health care providers.

Success Story

Partner implementing SRAE Program

> "This success story is about one of the girls who took the class while at the juvenile detention center. During class the girl expressed that she knew she could be someone, but apparently had never had anyone support her in that belief. She made the choice to take the educator's words to heart and to believe in herself and her ability to make proud and responsible choices going forward. She knew that putting her old life behind would be difficult. She knew that she would risk potential fallout from her old friends, and that she may repeat certain mistakes. A few months after the class, the educator saw the girl again. She was no longer in the juvenile detention center. The girl ran up to the educator and gave her a giant hug. The girl thanked the educator for helping her see who she could be. She told the educator she had left all her bad influences behind and made all new friends, joined clubs at school, hadn't been placed back in detention since their first meeting and she was getting ready to attend her very first youth group. This youth had transformed into a successful young woman as a result of the positive influence of the program."

Personal Responsibility Education Program (PREP)

Over 600 youth ages 13-19 y.o. participated in PREP in northern, southern and rural Nevada targeting youth who are experiencing homelessness, in foster care, juvenile justice involved, and minority groups, including LGBTQ. Five agencies, Planned Parenthood Mar Monte and Rocky Mountain, The Center, FRCNEN, and CCHHS, were awarded funds to reduce Nevada teen pregnancy and teen births, as well as reduce sexually transmitted infections including syphilis and HIV/AIDS, and implement activities to prevent sex trafficking of youth. Comprehensive sex education was taught using several evidence-based curriculums: *¡Cuidate!*, *Sexual Health and Adolescent Risk Prevention (SHARP)*, *Teen Success, Making Proud Choices (MPC),* and *Reducing the Risk* with the lesbian, gay, bisexual, transgender, and queer (LGBTQ) supplemental adaptation. This focus on LGBTQ youth is driven by data showing this population experiences disproportionate burdens of priority health risk behaviors and negative health outcomes. The 2019 Nevada High School YRBS Sexual and Gender Minority report found that LGBTQ students had increased risk burdens across six different risk categories compared to non-LGBTQ students, as shown in the tables below.

2019 Nevada YRBS Sexual and Gender Minority Report: Summary of Risk Behaviors or Health Outcomes with Significant Differences based on Sexual Identity

Risk Behavior Category	Proportion of Risk Behaviors or Health Outcomes with Significant Differences Based on Sexual Identity	
	Fraction	Percent
All Categories	64/73	87.7%
Violence-Related Behaviors	7/8	87.5%
Adverse Childhood Experiences	6/6	100%
Emotional Health	7/7	100%
Substance Use	34/39	87.2%
Sexual Behaviors	4/7	57.1%
Resiliency Factors	6/6	100%

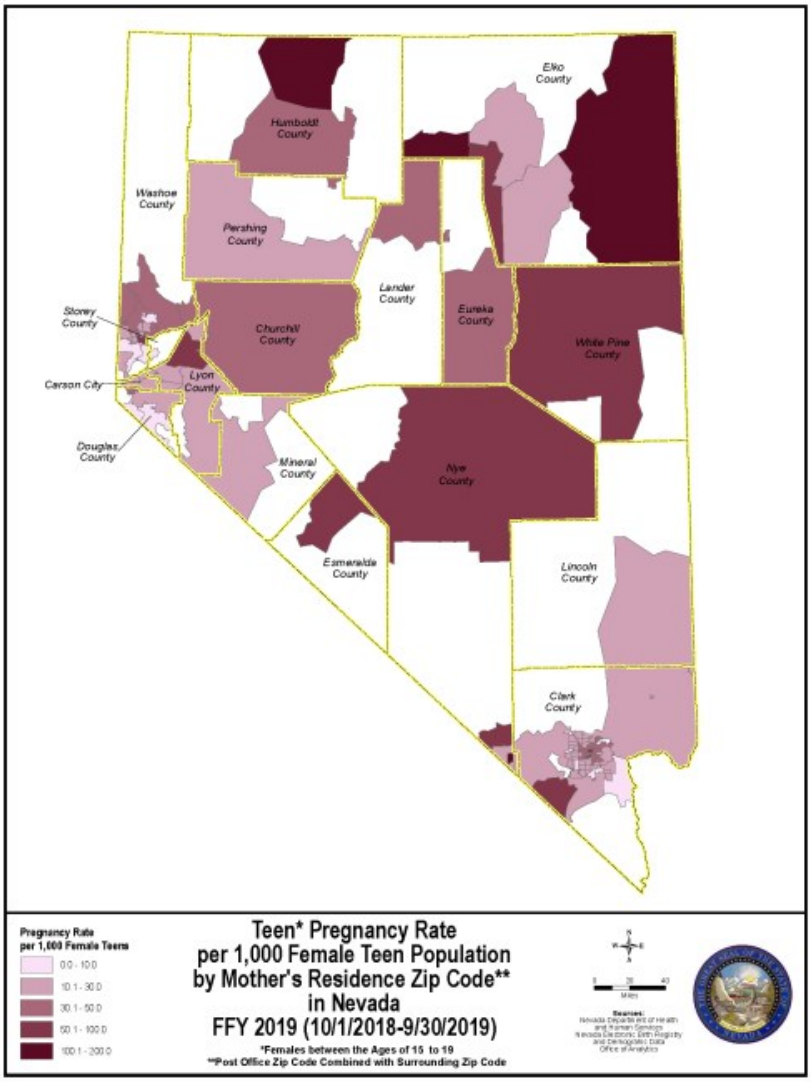
Footnote: Students were asked to report on risk behaviors and health outcomes for each risk category. The number of behaviors per category varies. The tables below show how many risk behaviors or health outcomes within each risk category were significantly different for LGBTQ youth.

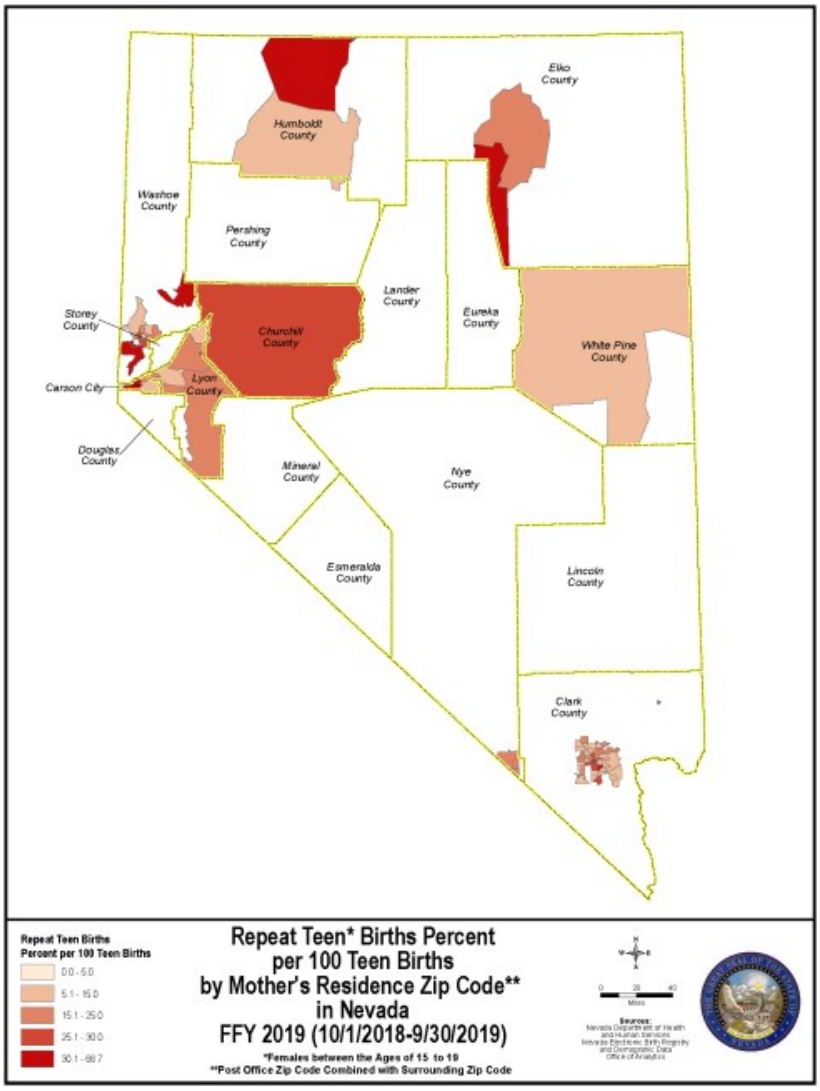
2019 Nevada YRBS Sexual and Gender Minority Report: Summary of Risk Behaviors or Health Outcomes with Significant Differences based on Gender Identity

Risk Behavior Category	Proportion of Risk Behaviors or Health Outcomes with Significant Differences Based on Sexual Identity	
	Fraction	Percent
All Categories	58/73	79.5%
Violence-Related Behaviors	7/8	87.5%
Adverse Childhood Experiences	4/6	66.6%
Emotional Health	6/7	85.7%
Substance Use	32/39	82.1%
Sexual Behaviors	3/7	42.9%
Resiliency Factors	6/6	100%

Footnote: Students were asked to report on risk behaviors and health outcomes for each risk category. The number of behaviors per category varies. The tables below show how many risk behaviors or health outcomes within each risk category were significantly different for LGBTQ youth.

The curricula reduce teen pregnancy and repeat teen birth by teaching confidence and skills to reduce STDs, HIV, and pregnancy by abstaining from sex or increasing condom use if choosing to have sex, as well as reducing alcohol-related sexual risk behavior. Furthermore, the curricula contain culturally based interventions to reduce HIV sexual risk among Latino youth and empowers teen mothers through social-emotional learning skills for healthy relationships and self-care for a successful future. The maps below illustrate Nevada's teen pregnancy rate and repeat teen birth rate by mother's residence zip code.


Elko County
Humboldt County
Washoe County
Pershing County
Lander County
Eureka County
White Pine County
Storey County
Churchill County
Carson City
Lyon County
Douglas County
Mineral County
Nye County
Esmeralda County
Lincoln County
Clark County
Pregnancy Rate per 1,000 Female Teens
0.0 - 10.0
10.1 - 30.0
30.1 - 50.0
50.1 - 100.0
100.1 - 200.0
Teen* Pregnancy Rate
per 1,000 Female Teen Population
by Mother's Residence Zip Code**
in Nevada
FFY 2019 (10/1/2018-9/30/2019)
*Females between the Ages of 15 to 19
**Post Office Zip Code Combined with Surrounding Zip Code
Miles



The 80th Legislative Session of the Nevada Legislature passed Senate Bill (SB) 94 allocating 6 million dollars over the biennium in state general funds to support reproductive health and contraceptive access statewide. While funding is focused on supporting reproductive health and access, SB 94 also allows for the use of funds for immunizations and prenatal care support. Local health authorities, community, public health clinic, and county partners were awarded funds to implement the goals of SB 94. The Reproductive Health Coordinator funded by SB 94 is situated within the MCAH Section and has worked closely with MCAH data and teen pregnancy prevention staff.

Success Story

Partner Implementing PREP

> "What I love about teaching sexual health is creating an environment that empowers young people to talk about their own experiences. Sometimes their experiences are horrible and other times they are very healthy. Each group offers unique learning opportunities through discussion of the subject material. I must admit I usually learn something each group. Youth vary in their knowledge and attitudes around sexual and

reproductive health. I had a couple in one of my groups recently that were vocal about not needing to use condoms and that they were fine and in love, nothing could touch them. My program *Making Proud Choices* is 8 hours long, so I was with this group for several weeks. I did not shame the couple but did ask curious questions like “Have you both been tested for STIs?” or “What method of birth control do you practice?”. On the last day of the group, I asked everyone if they had any takeaways from the class. The young woman from the couple said, “We [her and her partner] had a long talk and we decided that we really need to change how we’re protecting ourselves.”, as she looked to her partner who nodded in agreement. The group gasped collectively and clapped for the new decisions this couple had decided to make. I found out later that the reason I had been contacted to teach was because one of the members of the group had become pregnant months earlier and the facilitator wanted to prevent another group member from becoming pregnant or infected with an STI.”

Adolescent Physical Activity Report

The Title V MCH Program sought to increase the percent of adolescents, ages 12-17 y.o. who are physically active at least 60 minutes a day (NPM 8). Research demonstrates consistent exercise (60 minutes per day) provides physical and mental health benefits such as weight management, building of healthy muscles and bones, increased endurance, reduction in anxiety and stress, and improvement in self-esteem. The NSCH *2017-2018 Report,* revealed 16.8% of Nevadan’s ages 12-17- y.o., were physically active every day at least 60 minutes per day, compared to 17.5% nationally, indicating a need to increase awareness about the value of physical activity and movement programs for adolescents. Efforts to meet this goal included social media campaigns targeting adolescents and their parents/caregivers, as well as a program designed to improve health and wellness through yoga.

Social Media

DP Video was awarded Title V MCH funding to arrange promotional efforts of physical activity video posts on Facebook, Instagram, and Twitter targeting youth and parents/caregivers to help promote change in adolescent daily physical activity habits. Campaign messaging was pilot tested by Nevada youth of various socioeconomic and cultural backgrounds, including those experiencing special health needs.

DP Video created two seasonal social media campaigns to increase the number of middle school and high school students engaging in at least 60 minutes of daily physical activity. The one-month campaigns displayed adolescents and families with youth engaging in physical activity. All English and Spanish messages reached intended targeted ages, racial and ethnic groups, and met Culturally and Linguistically Appropriate Services (CLAS) standards. The campaign accommodated individuals with visual impairments to ensure compliance with Americans with Disabilities Act (ADA) regulations. Youth assisted messaging and images resulted in 185,483 twitter display impressions, Facebook video advertisements resulted in 145,045 views, 205,342 impressions, and 117,179 engaged visitors.

Trauma-Informed Care Yoga for Youth

Student self-reports from the 2019 Nevada YRBS disclosed 21.9% of middle school and 20.5% of high school students engaged in physical activity at least 60 minutes daily, indicating the need for more movement programs. Furthermore, Nevada lacks specialized physical activity programs for high-risk and special needs youth, although state physical activity education standards are predicated on inclusivity. A 2017 Nevada YRBS Adverse Childhood Experiences (ACEs) report revealed 51.1% of middle school and 62.2% of high school students were affected by a lifetime prevalence of ACEs which can contribute to negative health outcomes. This indicates the need for prevention and intervention strategies targeting early adverse experiences to reduce mental health consequences into adulthood.

Consequently, MCAH staff attended conferences and webinars to understand how trauma effects the developing

adolescent brain in healthy decision making. The AHW, SRAE, and PREP programs shared resources obtained with youth serving agencies and youth advisory councils to enhance their understanding of trauma-informed principles and better engage with youth impacted by ACEs.

Title V MCH Program funded Urban Lotus Project (ULP) to provide physical activity to high-risk adolescents and those with special health care needs. ULP offers Trauma-Informed Yoga for Youth to benefit adolescents effected by a high lifetime prevalence of ACEs to increase physical activity, provide resilience, support mindfulness to combat obesity and chronic disease, enhance wellness, and help mitigate other harmful public health outcomes.

This practice allows physical activity to be available at no-cost in a safe environment to high-risk young people. It provides access to physical activity for 60 minutes, often only available at a significant financial cost to youth of all socioeconomic statuses and in restrictive contexts for other physical activity alternatives. Urban Lotus Project provides inclusive environments, regardless of social and cultural factors. Cultural humility is built into the practice since teachers nurture the strengths, interests, and talents of each student, as well as honor each person's beliefs, customs, and values.

During the reporting period, adolescents were served at 18 facilities with 624 yoga classes taught to 640 individuals. Most students attended multiple yoga classes resulting in 3,077 pupil exposures. Extensive evaluations resulted in moving this cutting-edge practice along the continuum to a promising practice inside the Association of Maternal and Child Health Programs (AMCHP) Innovation Station database.
http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Urban%20Lotus%20Project%20TInformed%20Yoga%20for%20Youth.pdf

Success Story

Student Reponses to Yoga Exposure

> "I learned I was capable of calming my body without anything or anyone else." - age, 14
>
> "Yoga has changed who I am. I feel more happy and I'm starting to love myself." - age, 15
>
> "It has made me think I'm not just a violent person." - age, 14
>
> "I feel a little closer to finding out who I am inside." - age, 13
>
> "I was feeling sad, depressed and homesick before I came to yoga. After, although I can feel them still, I have a sense of peace about me now." - age, 12
>
> "Being mindful is like being awake. Like knowing what's up all around and inside you." – age, 14

Admissions Manager at Location

> "Urban Lotus provides a great opportunity for these youth to find peace within themselves in a world that affords them so few opportunities to do so."

Mom of Urban Lotus Project Student

> "My son was recently incarcerated at the Jan Evans juvenile facility for several months. While he was there, he attended yoga classes taught by Hannah from Urban Lotus Project. I happened to visit him one day just after he had finished one of her classes. He told me that he felt so peaceful and relaxed afterwards. I have always thought [yoga] would be good for him because he has ADHD and a lot of

trouble controlling his impulses. I am so happy that he was able to experience what yoga has to offer him. The work that Urban Lotus Project is doing is so valuable to these at-risk kids. It offers them an opportunity to learn techniques to calm themselves and be reflective. I know it has shown my son that he has the capacity to calm himself and slow down his thoughts."

Accomplishments of Adolescent Health and Wellness Program

The AHWP focused its activities to help improve the health status of adolescents, which have long-term implications for adult health, productivity, and longevity. Title V MCH successfully promoted public health approaches to protect, promote, and improve adolescent physical, behavioral, emotional, and mental health statewide. Best practices were shared with funded agencies and community members on how best to serve adolescents regarding yearly well-visits, healthy weight management/exercise, immunizations, sexual behavior, nicotine/tobacco/vaping, alcohol/substance use, and mental health. Extensive evaluations resulted in moving the Urban Lotus Project Trauma-Informed Yoga for Youth cutting-edge practice along the continuum to a promising practice inside the AMCHP Innovation Station database. The AHWP expanded its knowledge base about authentic youth engagement, trauma-informed principles, health equity, cultural humility, and intersectionality when building systems for engaging youth into organizations and community projects.

Adolescent Health - Application Year

Adolescent Health Plan for the Application Year

Adolescent Well-Visits and Health and Wellness

The Title V MCH Adolescent Health and Wellness Program (AHWP) Coordinator will work with funded partners and community agencies to improve the health status of adolescents associated with diet, exercise, sexual behavior, nicotine/tobacco/vaping, alcohol, substance use, and mental health issues linked to depression and suicide. This staff will serve as the Title V MCH representative in a learning collaborative, led by the Department of Education, to enhance supports and services towards positive school climates, social emotional learning, mental health, and well-being.

Title V MCH will award funds to Carson City Health and Human Services (CCHHS), a local health authority in Northern Nevada, and DPBH Community Health Services (CHS) providing care in each rural county, to promote adolescent health through enabling services and provision of educational materials on the value of being adequately insured, importance of yearly checkups, health care transition, immunizations, reproductive health, nutrition, and physical activity. Education, counseling, and referrals will be provided to adolescents regarding alcohol and substance use, intimate partner violence, and depression. Both clinics will conduct workforce development using best practices for assessing youth-friendly clinic environments, policies, and practices, as well as health care transition. CCHHS will promote routine well-visits and health care transition information through Facebook and digital signage.

Outreach with DPBH adolescent-focused programs will identify opportunities to leverage efforts. Programs will share relevant materials and events crossing over into areas impacting adolescents such as, positive youth development and prevention of intimate partner violence, teen pregnancy, suicide, tobacco/nicotine. substances, and mental health concerns.

Suicide Prevention

The AHWP Coordinator will provide guidance and resources to further the goals of the Adolescent Task Force through the Safe Kids Coalition. Grant funding from the Nevada Department of Health and Human Services, Statewide Executive Committee to Review Child Fatalities will develop Latino-focused messages to reduce adolescent suicide, increase crisis response teams, train key community members in targeted populations, and conduct an outreach campaign to educate and offer resources to schools and local communities.

Title V MCH will partially fund the Nevada Office of Suicide Prevention (OSP) for teen suicide prevention and systems-building projects. Statewide, OSP will train the Youth Mental Health First Aid (YMHFA) model and work on other school-based suicide prevention programs. YMHFA enables adults to better recognize and assist adolescents in need of intervention. OSP will continue working with the Nevada Department of Education (NDE) Office of Safe and Respectful Learning Environments on a multi-tiered system of support to threat assessment teams and practicing of protocols across Nevada school districts. Additionally, Title V MCH will support activities of the Crisis Support Services of Nevada phone and text lines to offer help and resources for depression, suicide, and other issues such as sexual assault and intimate partner violence. OSP will explore several upstream models of peer to peer supports to prevent mental health concerns, substance use, bullying and suicide to expand non-Title V MCH funding and support wider implementation.

Rape Prevention and Education Program

The Rape Prevention and Education (RPE) Program will align five- year project activities with the Title V MCH State Action Plan by designing safer environments and fostering economic growth for adolescent and young women. RPE will address shared risk and protective factors through collaborative partnerships within the Division of Public and

Behavioral Health including Title V MCH, PREP and SRAE, as well as external agencies working with young adult populations. The program will support school implementation of new statewide health curriculum standards increasing socio-emotional skills for children grades K-12 to expand primary prevention and evaluation increasing community and societal-level changes shown to reduce sexual violence reaching the greatest amount of people. Goals for the coming year will focus on increasing the number of community strategies implemented, creating protective environments to protect against violence and provide opportunities to empower and support adolescent and young women. The Title V MCH and RPE programs will exploring building evaluator capacity through shared contracted staff.

School Wellness Coordinator

Title V MCH will fund a new School Wellness Coordinator position to strengthen existing collaborations between MCAH and the Nevada Department of Education, the state Nutrition Unit, Immunization and Chronic Disease Prevention and Health Promotion sections. Adolescent health and CYSHCN program core functions will include MCAH staff advocating for the health, safety, and wellness of all students and staff, including exploring opportunities to foster integration of intimate partner violence and rape prevention education and evidence-based sexual health education, as well as explore pathways to support school district programs supporting pregnant and parenting teens and healthcare transition supports and education. Collaborative efforts will occur within the Nevada Department of Agriculture and school districts to support the Nevada School Wellness Policy, and integration of behavioral and mental health through the School Mental Health Partnership.

Sexual Risk Avoidance Education and Personal Responsibility Education Program Programs

Additionally, within the MCAH Section, the Personal Responsibility Education Program (PREP) and Sexual Risk Avoidance Education (SRAE) Program outreach for trauma-informed care and positive youth development will be a priority. Title V MCH funds will not support SRAE and PREP efforts directly, but MCH staff will closely work on cross-cutting interests in positive youth development, teen pregnancy prevention, and outreach to high-risk youth.

Adolescent Physical Activity

Social Media

Social media campaigns with DP Video will utilize Title V MCH funds to provide public awareness about the value of increasing physical activity for adolescents ages 12-17 y.o. Messages targeting youth and their families will integrate physical activity with adolescent values.

Trauma-Informed Yoga for Youth

Title V MCH will fund the Urban Lotus Project (ULP) to conduct Trauma-Informed Yoga for Youth. The Teacher Evaluation Survey and Student Response Questionnaire will be used to ensure quality improvement and to assess the benefits of Trauma-Informed Yoga on high-risk adolescents' ability to cope with stress and increase resilience. To increase the number of youths benefiting from this practice, ULP will expand into neighboring northern Nevada counties. Additionally, ULP will bring trauma-consciousness to all system levels of care through a professional development program educating on trauma science, nervous system health, and embodiment practices for front-line support workers, care providers, social workers, teachers, etc. across multiple social service settings.

Children with Special Health Care Needs

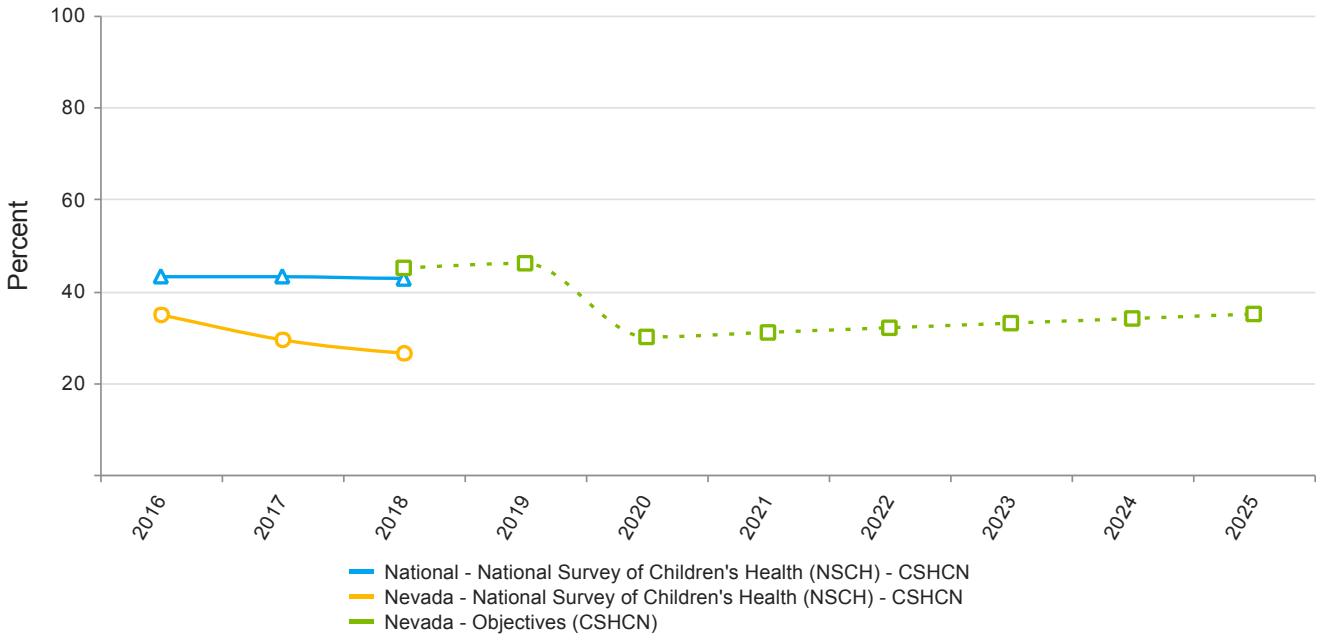
Linked National Outcome Measures

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-2017_2018	5.9 %	NPM 11 NPM 12 NPM 15
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH-2017_2018	33.7 %	NPM 11 NPM 15
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH-2017_2018	90.8 %	NPM 11 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-2018	64.0 %	NPM 15
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza	NIS-2018_2019	51.8 %	NPM 15
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NIS-2018	66.0 %	NPM 15
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	NIS-2018	85.2 %	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-2018	80.6 %	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-2017_2018	2.0 %	NPM 11 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

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**	**2018**	**2019**
Annual Objective			45	46
Annual Indicator		34.9	29.5	26.3
Numerator		35,648	31,552	28,106
Denominator		102,067	106,845	106,689
Data Source		NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year		2016	2016_2017	2017_2018

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						
	2020	2021	2022	2023	2024	2025
Annual Objective	30.0	31.0	32.0	33.0	34.0	35.0

Evidence-Based or –Informed Strategy Measures

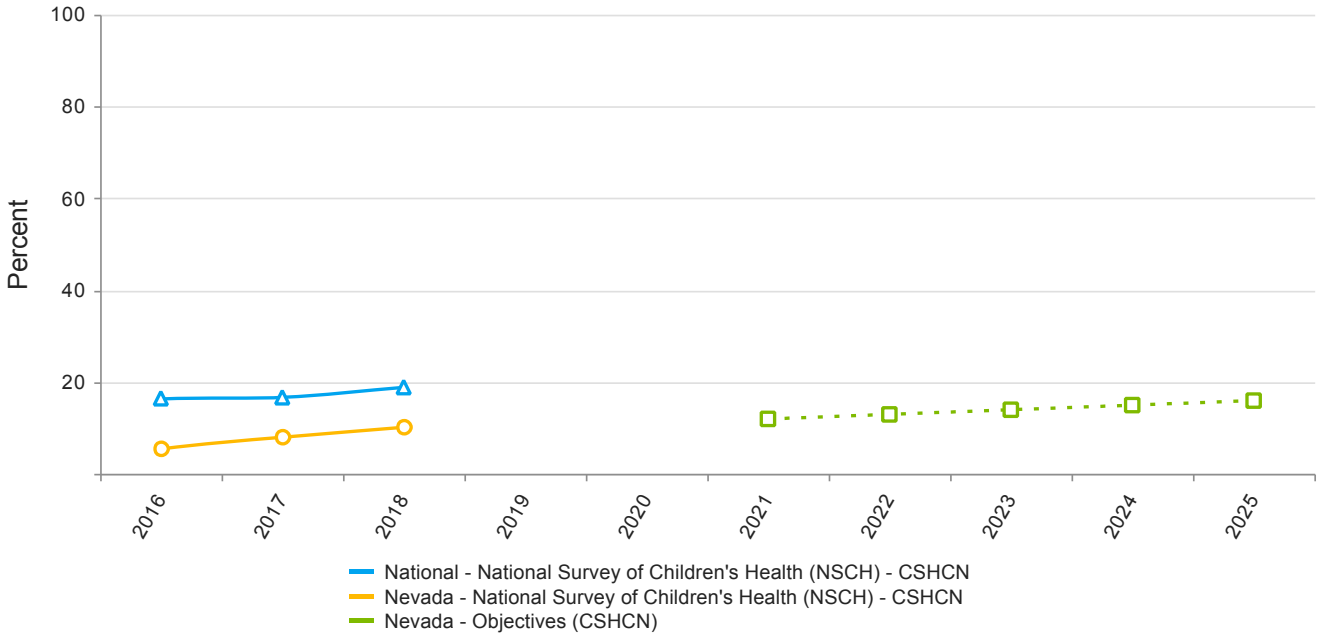
ESM 11.1 - Number of Nevada Medical Home Portal website views.

Measure Status:	Active

State Provided Data		
	2018	2019
Annual Objective		
Annual Indicator	4,838	12,390
Numerator		
Denominator		
Data Source	Medical Home Portal	Medical Home Portal
Data Source Year	2018	2019
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	17,000.0	21,500.0	25,500.0	29,000.0	32,000.0	34,500.0

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
Indicators and Annual Objectives



NPM 12 - Children with Special Health Care Needs

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - CSHCN	
	2019
Annual Objective	
Annual Indicator	10.3
Numerator	4,248
Denominator	41,437
Data Source	NSCH-CSHCN
Data Source Year	2017_2018

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	12.0	13.0	14.0	15.0	16.0

Evidence-Based or –Informed Strategy Measures

ESM 12.1 - Percent of health transition training participants who reported a change in knowledge, practice, or policy

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	10.0	55.0	60.0	65.0	70.0

State Action Plan Table

State Action Plan Table (Nevada) - Children with Special Health Care Needs - Entry 1

Priority Need
Promote a Medical Home

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 35% by 2025
Increase the percent of children without special health care needs with a medical home in the past year to 50% by 2025
Increase the number of WIC, Home Visiting, and other program participants that received information on the benefits of a medical home by 20% by 2025
Increase the number of unique users of Nevada's medical home portal to 9,000 by 2025

Strategies
Partner to support the utilization of Medical Home Portal including awareness, professional development, Nevada 2-1-1 activities, etc.
Partner to identify and conduct outreach to CYSHCN, 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 Nevada Medical Home Portal website views.	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 transition of care for adolescents and CYSHCN

NPM

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

Objectives

Increase the percent of children with special health care needs ages, 12 through 17, who received services necessary to make transitions from pediatric to adult health care to 16% by 2025

Strategies

Coordinate with partners and local health authorities to improve the messaging about transition from pediatric to adult care to youth with and without special health care needs.

Collaborate with public and private partners to provide children with special health care needs and their families with information on the benefits available and link them to appropriate health care coverage options

Conduct health transition trainings among health care providers to support transition efforts and gather information regarding changes in knowledge, practices, and policy.

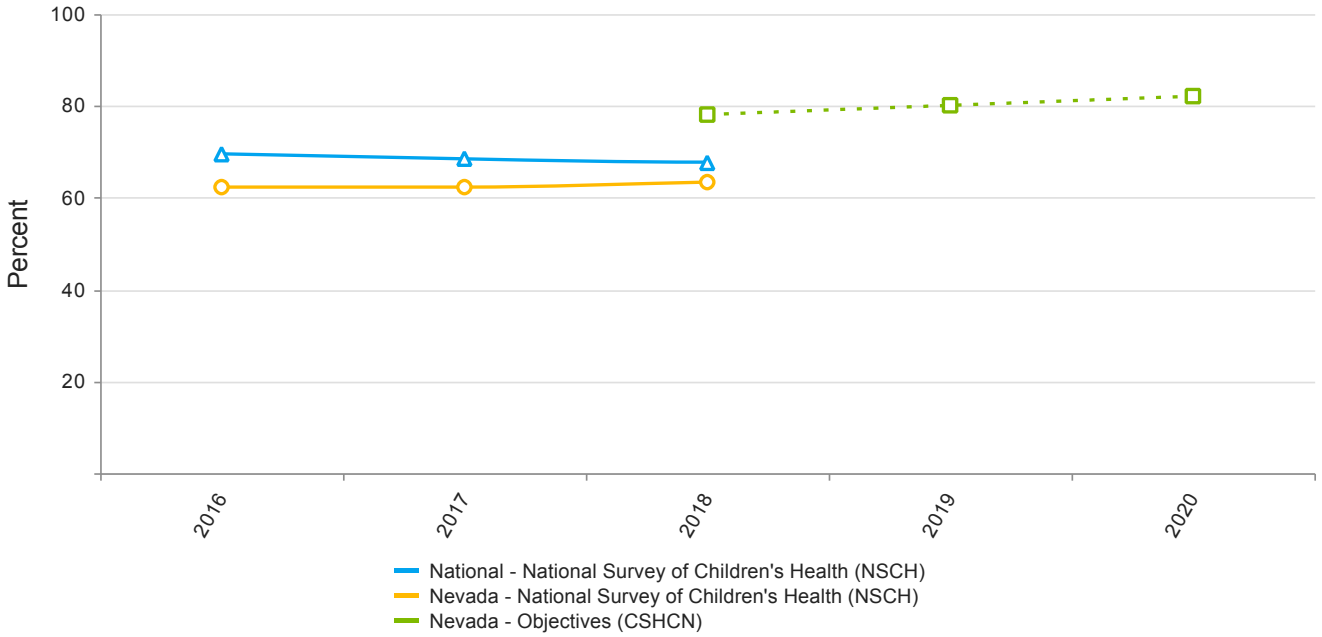
ESMs	Status
ESM 12.1 - Percent of health transition training participants who reported a change in knowledge, practice, or policy	Active

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

2016-2020: National Performance Measures

2016-2020: NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured
Indicators and Annual Objectives



2016-2020: NPM 15 - Children with Special Health Care Needs

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH)				
	2016	**2017**	**2018**	**2019**
Annual Objective			78	80
Annual Indicator		62.2	62.2	63.4
Numerator		415,085	417,372	429,828
Denominator		667,147	670,675	678,451
Data Source		NSCH	NSCH	NSCH
Data Source Year		2016	2016_2017	2017_2018

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.

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 15.2 - Percent of children ages 0 -17 on Nevada Medicaid and/or Nevada Check-Up.

Measure Status:	Active

Baseline data was not available/provided.

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 (DHHS), Health Resources and Services Administration (HRSA), requires at least 30% of Title V funding to 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, developmental, 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.

The CYSHCN Program provides resources and support to community agencies serving children from birth to age 21. The CYSHCN Program successfully moved away from a direct services approach to focus on funding a variety of community programs bridging service gaps, linking families to appropriate resources and providers. This includes developing strategies to better serve children and families through a network of federal, state, and local community and family-based partners.

The CYSHCN Director manages the Maternal, Child, and Adolescent Health (MCAH) Section of the Nevada Division of Public and Behavioral Health (DPBH), which includes the Title V MCH Program, Pregnancy Risk Assessment Monitoring System (PRAMS), Early Hearing Detection and Intervention (EHDI), Maternal, Infant, Early Childhood Home Visiting (MIECHV), and Teen Pregnancy Prevention Program (TPP). The Director uses a systems-building approach by developing relationships with outside CYSHCN entities, attending innovative trainings and annual conferences, and participating in both community and family-led coalitions and committees, including the Nevada Governor's Council on Developmental Disabilities (NGCDD) and the Nevada Newborn Screening Advisory Committee (NSAC), Childhood Sexual Assault Prevention Advisory Board, Nevada HRSA Mental Health Evaluation Committee, and the Medical Home Portal Advisory Committee. The CYSHCN Program Coordinator works closely with the Director to evaluate if program activities are achieving expectations and to modify these goals when appropriate. The CYSHCN Program Coordinator participates in the Nevada Maternal and Child Health Coalition, Nevada State Team of the Mountain States Regional Genetics Network, Statewide Children's Mental Health Consortia, and the Nevada Early Intervention Interagency Coordinating Council (ICC) through the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) Part C Office. The CYSHCN Program staff also attended the Association of Maternal and Child Health Programs (AMCHP) MCH Federal/State Partnership Title V Technical Assistance Meeting in Washington, D.C.

To improve CYSHCN health outcomes, the Title V MCH Program selected NPM 11, NPM 15, and NPM 12. The Title V MCH Program sought to increase (1) the percent of children with special health care needs, ages 0 through 17, who have a medical home (NPM 11), (2) the percent of children, ages 0 through 17, who are continuously and adequately insured (NPM 15), and (3) the percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care (NPM 12). Health outcomes are anticipated to improve when children and youth have access to a medical home, are adequately insured, and successfully transitioned from pediatric to adult health care. Program activities and successes on these efforts are highlighted in the report, along with supplementary activities which support CYSHCN and their families in other areas.

Medical Home

The Title V MCH Program sought to increase the percent of children with special health care needs, ages 0 through 17, who have a medical home (NPM 11). According to the National Survey of Children's Health (NSCH) 2017-2018 report, 26.3% of Nevadan children with special health care needs, ages 0 through 17, have a medical home compared to 42.7% nationwide.

Most chronic conditions are uncommon or rare - for many diagnoses, primary care physicians are likely to have only one, or a few, patients. The cumulative prevalence of chronic conditions; however, is substantial – 18.5% of children meet criteria for classification as CYSHCN. Effective care coordination through the Medical Home Model provides substantial value for CYSHCN, their families, and their clinicians and requires knowledge of their conditions, available resources, and relevant service providers. However, it is impossible to maintain enough current knowledge of medical information and community resources to provide high quality primary care for each of these conditions. From Medical Home Model strategies, it is known families of CYSHCN desire more information about raising a child with special health care needs, about their condition(s), and about how to manage their care and navigate the health care system. Families are motivated and may have more time than clinicians to devote to learning about their child's condition and to finding resources. Families will learn to understand relatively technical language and will be better able to understand and communicate with professionals when they do. Numerous other professionals (therapists, dentists, care coordinators, educators, pediatric and adult subspecialists, etc.) could also benefit from information about various aspects of caring for CYSHCN. Physicians and families sharing information and working together as partners in the Medical Home model will improve outcomes for CYSHCN.

The Title V MCH Program, in conjunction with the University of Utah Department of Pediatrics, promotes the Medical Home Portal (MHP) to governmental and community partners at the local, regional, and state levels to improve medical home access in Nevada for CYSHCN. The MHP is an easy to use conduit to connect children with and without special health care needs, their families/caregivers, and providers to health and social service resources, and is also available in Spanish. To increase awareness of the MHP, each Title V MCH-funded partner is required to promote the MHP. CCHHS, a local health authority in Northern Nevada, promoted the MHP through clinic digital signage and Facebook. Social media MHP messages reached 2,124 individuals with 21 user engagements. Promotion of the MHP is a condition of funding for Title V MCH subawardees.

DP Video was awarded Title V MCH funding to create and arrange a month-long social media campaign promoting the MHP. Video posts on Facebook and Twitter promoted the MHP to providers and other health professionals, as well as families and CYSHCN advocates in both English and Spanish. These campaigns highlighted the need for inclusion in care coordination throughout Nevada and how the MHP can be used to benefit current efforts whether through modules like gold-standard information concerning diagnoses or conditions, tips for families navigating the system of care, or the service directory of over 3,350 resources. Twelve video ads on Twitter resulted in 93,349 media impressions. Six video ads on Facebook and Instagram resulted in 86,037 media impressions and 69,043 views by 32,832 unique users.

Medical Home Portal (MHP)

Title V MCH financially supports the Medical Home Portal (MHP), in conjunction with the University of Utah Department of Pediatrics (UUDP), which serves CYSHCN by addressing the information and resource access needs of clinicians, care coordinators, other healthcare professionals, educators, families and patients. The MHP’s vision is for all CYSHCN and their families to achieve the best possible outcomes for their health, well-being, and success. The MHP’s mission is to assist and support professionals and families using the Medical Home model to care and advocate for CYSHCN; specifically, by providing reliable and useful information about CYSHCN conditions, care, and knowledge of valuable local and national services and resources. The MHP’s long-range goal is to improve outcomes for CYSHCN and their families by enhancing the availability and quality of healthcare, related services, and care coordination.

The MHP integrates with Nevada 211, the state’s Information and Resource (IR) platform, as the main source of referral information for community and professional service providers serving Nevada’s CYSHCN population. Data from Nevada 211 is exported quarterly for presentation on the MHP. Community and professional service providers can also import their referral information directly to the MHP. Usage of the MHP is evaluated utilizing Google Analytics, where the number of website views by page and unique users are quantified and reported monthly.

For FFY 2019, there were 5,961 MHP unique users (compared to 2,641 unique users in FFY 2018) and 12,390 website views (compared to 4,838 website views in FFY 2018). As of December 2019, the MHP contains:

- Over 500 pages of content and resources, including
  - 55 "Diagnosis Modules" addressing the comprehensive primary care of those conditions;
  - 38 Newborn Disorder pages addressing primary care response to notification of abnormal results of newborn screening for those conditions;
- Over 3,100 links to other reliable and valuable websites or downloadable, including components on Sickle Cell Disease (SCD) screening and family resources added by the CYSHCN Program Coordinator;
- Over 2,200 citations of scientific and other expert literature to provide users with the evidence behind recommendations or to explore topics in greater depth;
- Over 3,350 service listings in the directory for CYSHCN and their families in Nevada;
- New nationwide service directory, including telehealth resources accessible to families living in rural and frontier areas. Nevada's CYSHCN Program was the first MHP partner to launch this new feature.

Title V MCH Program-funded partners promoted the MHP through their scopes of work and promotional materials were provided to both funded and non-funded partners to increase awareness. Materials included teddy bears, med-spoons, sippy cups, pens, and bookmarks showcasing the MHP logo and website address. The Title V MCH Program also launched social media campaigns on Facebook and Twitter. Social media posts were inclusive of age, gender, race/ethnicity, and disability through carefully chosen images and text. In FFY 2019, there was a 156% increase in website views and 126% increase in unique users compared to FFY 2018.

The MHP expanded to include nationwide resources. Visitors to the site can now search not only UUDP partner state directories (to include Idaho, Montana, New Mexico, Rhode Island, and Utah), but also a nationwide directory of resources and services which may not be available in Nevada or those mainly provided online or through phone consultations.

Adequate Insurance

The Title V MCH Program sought to increase the percent of children, ages 0 through 17, who are continuously and adequately insured (NPM 15). According to the NSCH 2017-2018 report, 63.4% of Nevadan children, ages 0 through 17, were continuously and adequately insured compared to 67.5% nationwide. To improve the percent of children who are adequately insured, all AHWP and CYSHCN Program partners provide insurance application assistance in English and Spanish, referrals to Medicaid and other social service programs, and informational materials on topics such as eligibility criteria and coverage of preventive services. Future efforts within the CYSHCN Program will continue these services while also focusing on increasing collaboration with the Nevada Division of Health Care Financing and Policy (DHCFP; which includes Medicaid, Early Periodic Screening, Diagnostic and Treatment (EPSDT), and Katie Beckett Programs) and the Division of Welfare and Supportive Services (DWSS) to improve referrals and thereby, continuous and adequate insurance coverage for Nevadan children.

Health Care Transition

According to the NSCH 2017-2018 report, 10.3% of CYSHCN in Nevada received services necessary for transition to adult health care compared to 18.9% nationwide. Similarly, for non-CYSHCN in Nevada, 11.6% received services necessary for transition to adult health care compared to 14.2% nationwide. The CYSHCN Program and Adolescent Health and Wellness Programs (AHWP) continued collaboration with the Title V MCH-funded partner Nevada Center for Excellence in Disabilities (NCED) to expand resources on health care transition and health literacy. NCED held trainings and disseminated resources to improve health care education and integration for youth and young adults

using no-cost resources through Got Transition. Health care transition education engages and empowers adolescents and young adults to be their own advocates by breaking down health and wellness, insurance coverage, and self-advocacy in a way they can easily understand. This partnership aims to improve transition from pediatric to adult health care using new and innovative strategies for health professionals, youth, and families.

Nevada Center for Excellence in Disabilities (NCED)

The Title V MCH Program funded health transition efforts with NCED in the College of Education at the University of Nevada, Reno (UNR), which serves as Nevada's University Center for Excellence in Developmental Disabilities (UCEDD). The work of UCEDD's are to accomplish a shared vision which foresees a nation where all Americans, including Americans with disabilities, participate fully in their communities. Independence, productivity and community inclusion are key components of this vision. The mission of the NCED is to cooperatively work with consumers, agencies, and programs to assist Nevadans with disabilities of all ages to be independent and productive citizens who are included in their communities. This mission is accomplished by providing interdisciplinary training, offering model exemplary services, conducting interdisciplinary evaluations, disseminating information on developmental disabilities and service options, providing technical assistance, and conducting relevant research and evaluation studies.

Using Title V MCH funds, NCED provided seven trainings on health care transition to professionals working with parents and to classes of CYSHCN students. Trainings focused on pediatric to adult health care transition, as well as the Medical Home Model and the Medical Home Portal (MHP) reaching over 400 professionals, mentors, and CYSHCN and their families. Trainings were held at UNR, Washoe County School District, Nevada Department of Education (NDE) Mega Conference, Nevada Student Leadership Transition Summit, and at the Nevada Governor's Council on Developmental Disabilities (NGCDD) Self-Advocacy Conference.

Coordinator and staff from NCED distributed information on pediatric to adult health care transition, the Medical Home Model, and the MHP to transition-aged youth and their parents through vendor tables at ten healthcare and disability related events held throughout Nevada for a total of 3,200 attendees, including: Hugs and Heroes, Down Syndrome Network of Northern Nevada Buddy Walk, Reed High School Resource Fair, Spring Forward for Autism Walk, Nevada Department of Education Mega Conference, the Nevada Student Leadership Transition Summit, Reno Sparks Indian Colony Health Fair, Special Olympics Health Fair, Community Health Fair at North Valley High School, Family Health Festival in Sun Valley, and the Nevada Early Intervention Trick or Treat Event.

Family TIES of Nevada

Family TIES of Nevada (FTON) is Nevada's Family Voices representative and Family-to-Family Healthcare Information and Education Center which provides culturally competent support and information to CYSHCN and their families. FTON, a Title V MCH funded partner, provides a bilingual CYSHCN toll-free hotline and assistance to family-centered care for individuals living with disabilities or special health care needs.

The Title V MCH Program understands CYSHCN and their families' journeys have value and offer essential knowledge, hope and inspiration to others, as well as inform programmatic efforts. FTON engages CYSHCN communities by fostering peer support, mutual growth, and resilience in families and among programs. The agency applies evidence-based practices to ensure consistency and quality throughout the parent-to-parent network, utilizing leadership, integrity, and partnership to build capacity and sustainability statewide.

FTON team members participate in a variety of outreach events and committee meetings to distribute resources to families and stay knowledgeable on emerging topics related to CYSHCN. FTON 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. FTON continues to participate in health promotion campaigns supported by Immunize

Nevada, Healthy Nevada, Cribs for Kids, Respite and Volunteer Experiences (RAVE), and Nevada Early Intervention Services (NEIS). Of these organizations, Cribs for Kids and Immunize Nevada receive Title V MCH funding through our Maternal and Infant Program (MIP) to emphasize Safe Sleep activities and childhood immunizations.

FTON made extensive referrals to the Medical Home Portal, the FTON website, NEIS, and other specialized information sources. Eligibility assistance for Medicaid, Supplemental Security Income (SSI), affordable housing, and Katie Beckett programs were provided to increase continuous and adequate insurance coverage among CYSHCN. Transportation services were made available to rural and frontier families so their children could attend clinical appointments and obtain other supplementary needs.

Care coordination and case management were provided to CYSHCN and their families receiving clinical and enablin services from Title V MCH-funded partners, the Northern Nevada Cleft Palate Clinic (NNCPC) and University of Nevada, Las Vegas (UNLV). Care coordination involved organized child activities and shared information among the family and other health professionals to achieve safer and more effective care. Case management was provided to children with complex medical needs (physical, mental, and emotional) and families living in rural and frontier regions. Translation, and interpretation services were offered at NNCPC and UNLV. Overall, FTON has identified a need for translation services among CYSHCN and is considering certifying bilingual team members to serve in this capacity. FTON is committed to improving referral systems and community partnerships to increase access to care for CYSHC and their families in Nevada.

FTON team members attended a variety of trainings including outreach events and committee meetings to present information to families of CYSHCN as described below. In addition, FTON partnered 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. FTON distributed over 4,400 brochures and informational resources at outreach events and nonprofit partnership events. Also, FTON participated in various health promotion campaigns with Immunize Nevada, Healthy Nevada, Cribs for Kids, Lyft, RAVE, Nevada NEIS, Reno Fire Department, and Toys for Tots.

FTON made over 1,786 referrals to the Medical Home Portal, the FTON website, and other specialized information resources. Eligibility assistance for Medicaid, Supplemental Security Income (SSI), affordable housing, and Katie Beckett programs was provided to 646 families. Transportation services were also provided to 19 families.

Care coordination and case management services were offered to 117 individuals attending Northern Nevada Cleft Palate Clinic (NNCPC) in both northern and southern Nevada. Translation and interpretation services were provided f 279 families at two FTON locations, NNCPC at University of Nevada, Reno (UNR), and UNLV.

- In FFY 2019, FTON logged 397 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.

- FTON sponsored four (quarterly) support groups, including movie night and game night for families with CYSHCN to increase family-to-family engagement.

- FTON partnered for a second year with Northwestern Mutual to sponsor trainings for parents on financial planning for families with CYSHCN.

- The FTON Executive Director continued participation with the Nevada State Team of the Mountain States Regional Genetics Network by serving as one of the team's co-leaders.

- FTON routinely attended community events to increase awareness of the organization and the resources

offered, including: the Washoe County School District Summit, NEIS, Turkey Trot, Chevy Classic Car Summer Salute, RAVE Trunk or Treat, and the Caregivers Coalition.

Adaptive and Inclusive Physical Activity

The CYSHCN Program and AHWP participated in the Association of State Public Health Nutritionists (ASPHN) Children's Healthy Weight Collaborative Improvement and Innovation Network (CoIIN) to support Title V MCH programs to promote nutrition, physical activity and breastfeeding through collaborative learning and quality improvement practices. Title V MCH staff, in partnership with our state family-led organization, FTON, sought to increase physical activity in the CYSHCN population.

Title V MCH staff identified a bilingual infographic from the National Center on Health, Physical Activity, and Disability. Staff then contacted parks and recreation departments (where available) across Nevada to identify inclusive playgrounds and programs, as well as locate local and online businesses providing adaptive sporting equipment to develop a resource guide for families with CYSHCN. A link to both guides, accessed through the MHP, was posted on the back of the infographic. FTON disseminated the infographics to their client population and the information was also posted on the MHP site. When developing the list, Title V MCH staff identified rural and frontier counties needing physical activity equipment. Local agencies were then directed to federal and private funding opportunities for playground development and adaptive equipment.

Northern Nevada Cleft Palate Clinic (NNCPC)

As a collaboration of NEIS and the University of Nevada Reno, School of Medicine (UNR-SOM), Title V MCH offers financial support to the Northern Nevada Cleft Palate Clinic (NNCPC) held in Reno, Nevada. Each clinic has a dedicated multidisciplinary team committed to caring for and treating children with cleft lip and palate and other craniofacial disorders using a grand rounds style where each family receives an individualized case review. The NNCPC is housed within the Department of Speech Pathology and Audiology at UNR. The NNCPC is a cooperative effort between Nevada's DHHS, DPBH, and community healthcare professionals. The NNCPC offers online referral resources and collaborates with Family TIES of Nevada to provide a Spanish language interpreter for Spanish-speaking families. The NNCPC examines children with cleft palate or other craniofacial disorders involving the head, face, and mouth. Each patient and their family are taught how to care for the specific cleft palate or craniofacial disorder and what to expect. Speech therapy is offered when necessary.

The NNCPC's Director attends the American Cleft Palate Craniofacial Association (ACPCA) annual convention each year, keeping up with the most current information, products, and services in the field. Staff also attended several oral health webinars and seminars which address craniofacial disorders and cleft palate.

- A total of 135 children were served with no charge to families, more than double the patients from FFY 2018.
    - 69% were male and 31% were female
    - 26% were provided with translation services
- All families were given insurance eligibility assistance and care coordination to outside services if needed.

University Center for Autism and Neurodevelopment (UCAN)

The University Center for Autism and Neurodevelopment (UCAN) in the Department of Speech Pathology and Audiology in the University of Nevada, Reno School of Medicine (UNR-SOM) is a multi-disciplinary team of

professionals concerned with autism and neurodevelopmental disorders in children. The purposes of the UCAN Assessment Team are to provide diagnostic evaluation for children in need and improve differentiation between autism and other neurodevelopmental disorders. The Team is a diverse group of professionals from different disciplines and agencies throughout Northern Nevada comprised of child psychiatrists, child psychologists, school psychologists, an occupational therapist, marriage and family therapist, speech language pathologists, and a developmental specialist. The Team provides three extensive assessments per month, as well as follow-up to help families access recommended treatments.

UCAN is associated with the Nevada *Learn the Signs. Act Early* (NvLTSAE) Program, which is a Leadership Education in Neurodevelopmental and Related Disabilities (LEND) project. The purpose of the LEND training project is to improve the health of CYSHCN. 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 CYSHCN and their families, exchange best practices, and develop shared products.

UCAN performed 35 extensive assessments to identify developmental disorders in children using a cognitive evaluation with an additional 80 children and families who received guidance and assistance in obtaining necessary services. In conjunction with the NvLTSAE Program, UCAN collaborated with several state, private, and public agencies to disseminate CDC Milestone Moments booklets adapted for Nevada, which included referral information for parents.

NvLTSAE held its annual Nevada Act Early Summit with approximately 70 attendees including pediatricians, speech language pathologists, occupational therapists, social workers, developmental specialists, physical therapists, other healthcare specialists, and parents of CYSHCN. Agenda items included a roundtable discussion on developmental screening methods in Nevada, a presentation from Good Health TV, a panel discussion with local pediatricians, and statewide updates from NEIS, Nevada Commission on Autism Spectrum Disorders, Nevada Autism Treatment Assistance Program (ATAP), and Medicaid.

Mountain States Regional Genetics Network

The CYSHCN Program participates in the Mountain States Regional Genetics Network (MSRGN) as part of the Nevada State Team. The MSRGN is a HRSA-funded project which spans eight states, including Arizona, Colorado, Montana, Nevada, New Mexico, Texas, Utah, and Wyoming. The MSRGN ensures individuals with heritable disorders and their families have access to quality care and appropriate genetic expertise through facilitating a network of genetics clinics, primary care practices, consumer advocates, and state health department resources. The MSRGN facilitates regional networking, encourages involvement of diverse populations, and supports activities which inform quality improvement and access for underserved populations in the clinical genetics health care delivery systems. These collaborative efforts bring together clinicians, public health professionals, and affected families to fulfill the MSGRN mission. The Nevada State Team implemented an ECHO series on genetic service delivery in primary care settings to better inform medical professionals on newborn screenings, genetic evaluations for developmental delays and/or autistic behaviors and caring for a child with multiple special health care needs. Upon identifying a gap regarding genetic counseling, the group decided to implement genetic “pop-ups”, or impromptu, casual discussion sessions between experts and community members on the advantages of genetic counseling for CYSHCN.

Pediatric Mental Health Care Access Program

To support CYSHCN Program goals specific to mental health, the CYSHCN Director and Program Coordinator continue to participate in the Nevada Division of Child and Family Services (DCFS) HRSA Pediatric Mental Health

Care Access Program (PMHCAP). PMHCAP uses telehealth strategies such as, Mobile Crisis Response teams to expand mental health services for children. The program goals are to (1) promote behavioral health integration in pediatric primary care by supporting the development of statewide pediatric mental health telehealth and telephone access program; (2) provide training and education on the use of evidence-based, culturally and linguistically appropriate telehealth protocols to support the treatment of children and adolescents with behavioral disorders; (3) and serve as a resource for pediatric primary care providers seeing children and adolescents including but not limited to pediatricians, family physicians, nurse practitioners, physician assistants, and case coordinators.

Sexual Assault Prevention in Individuals with Developmental Disabilities

The CYSHCN and Rape Prevention and Education (RPE) programs, in conjunction with the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) and CDC Preventive Health and Health Services (PHHS) Program, are participating in the Statewide Advisory Committee to Prevent the Sexual Assault of Individuals (ages 12-24) with Developmental Disabilities (DD). A gap was identified in both resources and data regarding sexual violence against individuals with disabilities nationwide. The few available resources were dated in the 1980s-1990s and of poor quality compared to today's standards. Therefore, the committee developed an infographic for dissemination to increase awareness of local community-based organizations which offer resources for both sexual assault prevention and victim services. The committee is building a webpage which lists resources, policies, and myths regarding sexual violence geared towards people with DD, their parents, self-advocates, and service providers.

Sickle Cell Disease Regulation and Registry

CYSHCN staff participated in policy and implementation planning in relation to new statutory language passed in 2019 related to development of a sickle cell registry and resources for CYSHCN and their families. Assembly Bill (AB) 254 (https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6459/Text) of Nevada's 80th Legislative Session requires Medicaid to cover certain supplements, prescription drugs, and services for the treatment of SCD and its variants, and authorization of a prescription of certain controlled substances for the treatment of acute pain caused by SCD and its variants for a longer period than otherwise allowed. The CYSHCN Program worked with the Nevada Newborn Screening Program, specialty providers, and various family centered SCD advocacy organizations to also develop a letter focused on improving parental screening of SCD and sickle cell trait (SCT) statewide. This resource will be mailed to the family's primary care provider in the event of a presumptive positive result of SCD/SCT; the letter encourages parental screening of SCT/SCT as a family planning measure and informs the family of available resources in their area.

Nevada's Sickle Cell Registry (SCR) was also developed through AB 254. The SCR is designed to collect information on the number of newly diagnosed cases of SCD and its variants (incidence) and the number of cases living in Nevada (prevalence).

Data sources for the registry include:

- Reports from health care facilities, providers of healthcare, and medical laboratories
- State newborn screening program
- Administrative claims data from the Division of Health Care Financing and Policy (DHCFP; Medicaid)
- Hospital in-patient and emergency room discharge data

Critical Congenital Heart Disease Registry

The CYSHCN Program manages the Critical Congenital Heart Disease (CCHD) Registry, which ensures Nevada-born infants are screened for CCHD and those diagnosed with CCHD receive timely and appropriate medical care. The CYSHCN Program works in partnership with Nevada birthing hospitals, the Nevada Hospital Association (NHA),

and the American Heart Association (AHA) to provide technical assistance, ensure all Nevada birthing hospitals are reporting, and produce an annual CCHD report. Title V MCH staff within the CYSHCN Program and MIP are currently exploring the possibility of partnering with state and regional organizations representing Certified Nurse Midwives (CNMs) to include their newborn screenings into the CCHD Registry. The EHDI Program includes CNMs in their data collection and if the CCHD Registry can accommodate this change, there may be an increase in reportable coverage of CCHD screenings.

Congenital heart defects (CHDs) are malformations of the heart or major blood vessels and the most common type of birth defect (CDC, 2018a). In the US, about 40,000 births per year are affected by CHDs, accounting for 4.2% of all infant deaths (AHA, 2019; CDC, 2018b). About 25% of infants who have CHDs will be diagnosed with CCHD (CDC, 2018c). CCHD is a life-threatening condition requiring surgical intervention within the first year of life (CDC, 2018c). Fortunately, pulse oximetry screening increases the chances for early diagnosis and detection of CCHD when coupled with routine newborn screening practices (CDC, 2018c; AAP, 2019). Once detected, many heart defects can be surgically repaired (CDC, 2018c; AAP, 2019).

The State of Nevada worked with the AHA and other stakeholders to implement Nevada Revised Statute (NRS) 442.680 to address CCHD screenings.

Since July 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. The attending physician must report the infant if they have failed the CCHD screening to the DPBH Chief Medical Officer, or a representative thereof, and discuss the condition with those responsible for the infant's care.

Pulse oximetry is a lifesaving, low cost, non-invasive diagnostic test completed in as little as 45 seconds at just $4 per infant (AAP, 2019). Pulse oximetry estimates the percentage of hemoglobin in the blood saturated with oxygen (CDC, 2018c). When screening identifies newborns with low blood oxygen levels, echocardiography then provides definitive diagnosis of heart defects (CDC, 2018c; AAP, 2019).

Working in partnership with Nevada birthing hospitals, NHA, and AHA, the Title V MCH Program has been able to provide technical assistance and ensure all Nevada birthing hospitals are reporting.

The CCHD registry contains monthly counts for number of screens, number of births, number of failed screens, and percent of failed screens. The registry also includes details on discrepancies in number of screens and births for the month reported, patient information for failed screenings, and whether the failed screening was found via prenatal detection.

As of 2018, the CCHD Registry included a total of 35,516 births. A total of 31,890 (89.79%) were documented as receiving a pulse oximetry screening. Of the 3,626 (10.21%) infants without documentation of a screen, 102 passed away, 2,046 were sent to NICU, 922 infants received echocardiograms, 500 were believed to be home births, 55 were confirmed missed screens, and parents or family members declined services for one infant. The confirmed missed screens were all documented as receiving either doctor or family notification from the birthing facility. A total of 46 failed pulse oximetry screenings were reported.

There is no funding allocation related to NRS 442.680 and the CCHD registry receives no portion of newborn screening fees or dedicated federal funds.

Centers for Disease Control and Prevention [CDC]. (2018a). What are congenital heart defects? Retrieved from https://www.cdc.gov/ncbddd/heartdefects/facts.html

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CDC. (2018c). Critical congenital heart defects. Retrieved from https://www.cdc.gov/ncbddd/heartdefects/cchd-facts.html

American Academy of Pediatrics [AAP]. (2019). Newborn screening: Critical congenital heart defects. Retrieved from https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Newborn-Screening-for-CCHD.aspx

Children with Special Health Care Needs - Application Year

Children and Youth with Special Health Care Needs (CYSHCN) Plan

CYSHCN Program staff integrated with Title V MCH Programs serving infants, children, and adolescents through projects funded to increase developmental screening, access to care and the medical home, insurance assistance, health care transition, family support and wraparound services, adaptive and inclusive physical activity, sexual assault prevention for young adults with developmental disabilities, and CCHD. The CYSHCN Program also collaborated with partners to support projects focused on genetic counseling and screening and child mental health.

Future endeavors include collaboration with other MCAH Programs, including PRAMS to reach families and pregnant women, TPP to further sexual assault prevention and sexual health efforts, and MIECHV to reach families and women of childbearing age. The CYSHCN Program will also continue to build or sustain relationships with state agencies DHCFP (Medicaid, EPSDT, and Katie Beckett Programs); NEIS and the IDEA Part C Office; Department of Education (DOE; Office of Inclusive Education and Child Find Department); DCFS (Children's Mental Health and Independent Living Programs); Department of Employment, Training, and Rehabilitation (DETR; Bureau of Vocational Rehabilitation); and the Nevada Chapter of American Academy of Pediatrics (AAP). With this expansion in connectedness, the CYSHCN Program will further improve services, referrals, and specialized resources for CYSHCN and their families in Nevada. The CYSHCN Program will continue to share COVID-19 resources with stakeholders and families, emphasizing resources related to CYSHCN and to ensure MHP resources are up to date. When a vaccine is available, specific needs of high priority CYSHCN will be shared with the Immunization Program; for example, conversations related to sickle cell anemia and hemoglobinopathies are ongoing in preparation and planning efforts.

Medical Home Portal (MHP)

To further increase awareness of the MHP, each Title V MCH funded partner will continue to promote the MHP as part of their scope of work. The MHP will continue to be promoted to medical providers in Nevada to increase referrals to needed resources and to families to provide easy access to local or statewide resources for a variety of health-related and social services. With prior promotional success utilizing social media, more campaigns will be launched in FFY 2020. The MHP increases knowledge of the Medical Home Model and CYSHCN-specific content, is available in multiple languages, and is an easy to use conduit to connect CYSHCN, their families, and providers to resources for needed services state and nationwide. The CYSHCN Program Coordinator provided COVID-19 resources to the MHP which are now available and changes in search terms queried by end users will be monitored for feedback on CYSHCN areas of need.

Nevada Center for Excellence in Disabilities (NCED)

Nevada Center for Excellence in Disabilities (NCED) will continue to develop a program with Title V MCH funding designed to help CYSHCN transition from child health care to the adult health care system without loss of medical coverage, as well as increased referrals to and promotion of the Medical Home Portal. The program will continue to extend into education agencies, primarily the local school districts. It will continue to be implemented in the rural and frontier communities, as well as Nevada's larger counties.

Family TIES of Nevada (FTON)

FTON will continue serving CYSHCN with Title V MCH funding focusing on rural areas (i.e., Douglas, Nye, Churchill, Pershing, and Lyon Counties) and Hispanic populations statewide. FTON continues to consider the possibility of reaching rural areas using a telecommunications application like Skype. Protocols will be developed to engage families in need in outlying areas through technology alternatives. If implemented, this will serve to reduce cost regarding travel expenses for staff. FTON will continue to staff the bilingual CYSHCN helpline and track assistance and referrals provided to callers. The FTON Executive Director will continue to participate in the MSRGN as a team

co-lead. FTON will continue to distribute CDC Milestone Moments booklets, adaptive and inclusive physical activity resources, transition resources, and trainings on the Medical Home Portal, QUIT Smoking, and Healthy Weight. FTON will continue to share general and CYSHCN-specific COVID-19 resources and information passed on from Title V MCH staff and from state and national resources and share public health preparedness resources. The CYSHCN call line types of inquires will be monitored quarterly to identify any patterns in different types of needs rising to the fore in the advent of COVID-19.

Northern Nevada Cleft Palate Clinic (NNCPC)

NNCPC will continue to examine children with cleft palate and other craniofacial disorders involving the head, face, and mouth in the advent of COVID-19 using recommended prevention strategies. NNCPC is also exploring a partnership with audiology mobile outreach clinics, as well as maximizing referrals through increased advertising. The clinic will continue to have staff in house which provide bilingual services for Spanish-speaking patients through Title V-MCH funded partner Family TIES of Nevada (FTON) and assist families with step-by-step follow-up information regarding available services.

University Center for Autism and Neurodevelopment (UCAN)

The University Center for Autism and Neurodevelopment (UCAN) will continue to provide diagnostic evaluation to identify children in need and refer to services, as needed. A cognitive psychologist will continue to provide assessments at no cost with referrals provided to families for access to appropriate services. UCAN, in association with NvLTSAE Program, will continue to disseminate Milestone Moments booklets and attend trainings for professionals and parents related to neurodevelopmental disorders.

Nevada Critical Congenital Heart Disease (CCHD) Registry

The Nevada CCHD Registry's goal is to increase survival of newborns with CHD and to reduce loss to follow-up. The Registry will continue to ensure Nevada-born infants are screened for CCHD and those diagnosed with CCHD receive timely and appropriate medical care. The Title V MCH Program will continue to collect and report data annually. The Title V MCH Program, in conjunction with NHA and AHA, will continue to provide technical assistance to ensure Nevada birthing hospitals report CCHD screenings. Emerging CCHD data will be explored given the potential impacts of COVID-19 in relation to CCHD.

The Children's Cabinet and Nevada Technical Assistance Center on Social Emotional Interventions (TACSEI) Plan

The Nevada Technical Assistance Center on Social Emotional Interventions (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. The FEC will continue to conduct TA and training based on the Pyramid Model to personnel within organizations serving CYSHCN 0-5 years of age. The FEC will also continue to facilitate parent involvement in TA development, implementation, and evaluation to support family engagement in early care and education settings. The RC and fellow TACSEI staff will attend summit and leadership meetings to increase program reach. Online implementation of the Ages and Stages Questionnaire: ASQ-SE2 screenings and data collection will continue, along with the distribution of Milestone Moment booklets in English and Spanish. Given the impacts of COVID-19 on preschools and daycares, needs for possible adaptations to the TASCI Program will be closely monitored through communication on implementation barriers.

Cross-Cutting/Systems Building Annual Report

Primary Care Office (PCO) Report

The Nevada Primary Care Office (PCO) improves health care access through its efforts to coordinate the federal 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 health care sites. The PCO 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 Title V MCH grant supports 0.25 FTE Health Resource Analyst in the PCO. Staff in the PCO continue to support Title V MCH initiatives through regular participation in Maternal and Child Health Advisory Board (MCHAB) 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 hosted by the PCO. The PCO shares provider-facing trainings and resources from Title V MCH staff in their newsletters and through their statewide provider lists for primary care physicians and specialists.

PCO Shortage Designation

The PCO recently completed a Health Professional Shortage Area designation update for all FQHCs, Rural Health Centers, and tribal clinics. Overall, there were 18 primary care, 13 dental health, and 9 mental health facilities whose designation score increased. This score increase will help facilities utilize federal recruitment and retention tools to recruit providers into the shortage areas. The Health Resource Analyst in the PCO was selected to be one of two state representatives in the country that participated in a federal auto-HPSA workgroup. Auto-HPSAs support Federally Qualified Health Centers, Indian Health Service and Tribal health care sites, and Rural Health Clinics throughout Nevada. The PCO strongly advocated for communication measures that support our state safety net clinics.

PCO National Health Service Corps and Nurse Corps Program Coordination

National Health Service Corps (NHSC) outreach activities during this year included 14 health clinic site visits, 14 webinars, and 6 outreach events. These activities increase awareness of the program and subsequent program participation, which leads to increased recruitment and retention of health providers for underserved maternal, pediatric and adolescent populations. The PCO also reviewed 19 NHSC site applications. These safety net health care sites serve all patients regardless of ability to pay and represent critical primary care, mental health, and dental access points for maternal, pediatric, and adolescent populations in Nevada.

PCO J-1 Visa Waiver Program

Twenty-three (23) applications were reviewed, public hearings were held, and letters of support were completed for primary care, mental health, and specialist physicians to participate in the J-1 Physician Visa Waiver program. These doctors will serve underserved populations in Las Vegas, Carson City, Reno/Sparks, including maternal, pediatric and adolescent populations. Additionally, 14 participant compliance site visits were completed to provide

technical assistance and to assure compliance with program requirements.

Interorganizational Collaborations

The PCO Newsletter was published in October, February, May, and September and included multiple articles that support maternal, child and adolescent health. Informational articles included an announcement of the Bright Futures Tools and Resource Kits available, a new Family Medicine Residency Program in Elko, NV, Nevada Health Service Corps offering loan repayment to Licensed Alcohol and Drug Counselors, and a Suicide safeTALK alertness training for adolescents. They also included articles about resources to help 14 million children with special care needs, the Nevada's Congenital Syphilis Awareness Campaign Launch, and guides to help providers address patient sexual health. Lastly, they included articles on new resources for adolescent and school health, new funding opportunities for health centers, and an article on the Pediatrician's Role in Public Health Systems for Children with Special Needs.

The PCO manager participated in the National Governor's Association and the National College of State Legislatures workgroups to support health initiatives in Nevada. These workgroups include public health leaders and legislatures. The workgroups developed goals to support improvement of state-level capacity building best practices. This was a great opportunity for Nevada, including sessions on building behavioral health and dental health capacity, as well as model state-level health workforce data collection efforts across the county

The PCO attended a Primary Care Association annual conference on Growing, Improving and Nurturing Health in Nevada. The conference touched on the growing shortages of health providers throughout the state and how communities can collaborate to close the gaps.

Adequate Insurance Report

The Title V MCH Program sought to increase the percent of children, ages 0 through 17, who are continuously and adequately insured (NPM 15). According to the NSCH 2017-2018 report, 63.4% of Nevadan children, ages 0 through 17, were continuously and adequately insured compared to 67.5% nationwide. To improve the percent of children who are adequately insured in Nevada, the Title V MCH Program utilized several strategies to accomplish this goal, including partnership and collaboration with other programs, agencies, and community organizations; drafting and distribution of informational brochures developed with a multi-agency workgroup convened by Title V MCH; and insurance application assistance and referrals.

The Title V MCH Program increased access to care by actively promoting Medicaid referral and enrollment, specifically annual open enrollment periods, Katie Beckett information, and essential health benefits; providing trainings on what Medicaid expansion means for MCH populations to provider and community-based partners and stakeholders; creating and widely promoting a one-sheet on Senate Bill 325 of the 79th Session of the Nevada Legislature in support of increasing Medicaid utilization for legally present youth under 19 years old on the DPBH MCH website; and including Medicaid information on the Nevada 211 MCH page, within the customized state text4baby messaging, on the Medical Home Portal, and through the CYSHCN statewide helpline.

The Title V MCH Program also participated in the National Governors Association (NGA) Learning Network to Improve Insurance Enrollment and Access to Health Care for Adolescents ages 15-18. The NGA Learning Network provided technical assistance for improving quality and access to care in MCH populations. A core group of state leaders from various governmental agencies committed to collaboration on activities to improve insurance enrollment.

Adequate Insurance – Partner Efforts

Family TIES of Nevada (FTON), Nevada's Family Voices affiliate, awarded Title V funding, provided enabling resources and care coordination to families with CYSHCN statewide. FTON assisted clientele with insurance applications, disseminated informational health insurance brochures, including Katie Beckett waiver information, and referred families to applicable providers for needed services in southern and northern Nevada.

Carson City Health and Human Services (CCHHS), a local health authority in northern Nevada, awarded Title V funding disseminated brochures with information regarding insurance enrollment. CCHHS referred uninsured families to Nevada 211 to obtain health insurance benefits information and conducted Facebook campaigns promoting Nevada 211 and the Medical Home Portal, respectively reaching 5,084 and 2,124 users. CCHHS also partnered with the Division of Welfare and Supportive Services for on-site, Medicaid application assistance. Promotion of the services and resources to access insurance were displayed on the clinic digital signage.

Partners Allied for Community Excellence (PACE) Coalition, serving Elko and the nearby counties, was awarded Title V funds to strengthen the character and competencies of youth and families through the collaborative effort of members from every community sector to enhance proven protective factors encouraging youth to make healthy choices. The PACE Coalition's Community Health Worker (CHW), enrolled 16 Hispanic and underserved individuals in Medicaid and assisted 35 people in accessing healthcare services, and other supports necessary to improve health. PACE referred families to Nevada 211 to obtain additional resources related to health insurance benefits and distributed health insurance brochures.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program within the MCAH Section exists to develop and promote a statewide coordinated system of evidence-based home visiting supporting healthy child development and ensures the safety of young children and family members. MIECHV works directly with families to facilitate completion of insurance enrollment referrals to increase adequate insurance coverage and is partly funded by Title V MCH.

Community Health Nurses (CHNs) are part of the Community Health Services (CHS) Program within DPBH and provide access to medical services in underserved areas including, but not limited to, family planning, outreach and education, and referral and navigation to care as needed. CHNs, awarded Title V funding, provided insurance resources and referrals to uninsured people in Nevada's rural and frontier regions 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 the Access to Healthcare Network Medical Discount Plan.

The Title V MCH-funded Washoe County Fetal Infant Mortality Review (FIMR) studies a variety of factors affecting the health of the mother, fetus, and infant to learn more about how to reduce fetal and infant mortality. FIMR tracks insurance type (if any) the mother had during pregnancy and separates categories based on private, Medicaid or no insurance to identify insurer-specific opportunities to reduce infant mortality gaps and look for opportunities to expand care.

The Nevada Division of Health Care Financing and Policy; Medicaid), works in partnership with the Centers for Medicare & Medicaid Services to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. Services are provided through a combination of traditional fee-for-service provider networks and managed care. Medicaid partners with Title V MCH for informational and referral resources on the Katie Beckett waiver program, development of the one-sheet on Medicaid coverage for legally present children, and many other NPM 15-related efforts. MIHI efforts between DHCFP, DHHS and Title V MCH staff focused on increasing adequate prenatal care.

Office of Suicide Prevention and Hotline Report

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 with the Nevada State Board of Pharmacy, hospitals across the state, and the University of Las Vegas School of Medicine Office of Continuing Medical Education.
OSP conducted several suicide education and prevention courses across the state. The safeTALK training, a suicide alertness course using the model *Tell, Ask, Listen, and Keepsafe*, reached 1,593 community members and/or school staff. The evidence-based Applied Suicide Intervention Skills Training (ASIST) teaching the Pathway for Assisting Life model intervention skill to 414 providers and/or caregivers. The Nevada Gatekeeper trainings providing information about suicide prevention, statistics, and what to look for and how to help reached 1,617 participants plus an additional 419 veterans and/or service members. The Reducing Access to Lethal Means program provided outreach to 108-gun shop owners and shooting range staff; 524 nurses and other healthcare providers, as well as 191 first responders.

OSP supported Youth Mental Health First Aid (YMHFA) and school-based suicide prevention programs which enables adults to better recognize and assist adolescents in need of intervention. Statewide, mental health literacy was enhanced by training 561 community helpers to identify youth mental health risks using the YMHFA model.

OSP worked with the Nevada Department of Education (NDE) Office of Safe and Respectful Learning Environments on a multi-tiered system of support to threat assessment teams and practicing of protocols across Nevada school districts. During the 80th (2019) Session of the Nevada Legislature, several school-based suicide prevention bills were passed. OSP provided technical assistance and resources to help school districts implement the new requirements.

Title V MCH funds supported the Crisis Support Services of Nevada (CCSN) phone and text lines which made 77,090 contacts. Detailed data reflecting all contacts made was available for quarters 1, 3, and 4. For those three quarters, the most common issue was mental health, reflecting 31.9% of calls. Other common issues included relationships, suicide, and abuse/violence, making up 28.3%, 14.4%, and 10.1% of calls respectively. Suicide related concerns represented 15.5% of users. Slightly more than 60% were female and less than 1% reported as transgender or gender fluid for contacts where gender was recorded. Most users were between ages 25-40 y.o. with 14% under age 18 y.o.

Nevada Oral Health Program Report

Title V MCH provided funding to the Oral Health Program in support of a pilot that included outreach to pregnant women and children, including mobile services and prescriptions of prenatal oral health care. Dr. Antonina Capurro, the State Dental Health Officer, and Ms. Shauna Tavcar, Social Services Program Specialist III with DHCFP, collaborated in reviewing and rewriting the Medicaid Services Manual 1000 Dental with the goal to increase preventive dental services while identifying areas to reduce redundancies and clarify the intent of the chapter. Dr. Capurro and Ms. Tavcar also collaborated with Dr. Amy Tongsiri, Nevada Dental Director of Liberty Dental Plan, to analyze the coverage, limitations and prior authorization requirements for the Nevada Medicaid and Nevada Check Up Dental Program. CPT codes and service limits are under review and the fiscal impact is under evaluation.

The Oral Health Program collaborated with Liberty Dental Plan and the University of Medical Center of Southern Nevada to redirect non-traumatic dental conditions within the emergency department and refer for definitive dental care. The project team provided a formal presentation to the April meeting of the Nevada Medical Care Advisory Committee.

The Oral Health Program also provided oral hygiene instruction, dental screening, and oral hygiene kits to Special Olympic athletes at the spring basketball game in Las Vegas on March 9, 2019. The Oral Health Program screened

101 Special Olympic athletes on May 31, 2019.

Tobacco Cessation Report

All Title V MCH funded programs promoted the Nevada Tobacco Quitline to pregnant women and women of childbearing age. WCHD, SNHD, CCHHS and CHS clinics provided smokers tobacco education and counseling. Referrals to the Nevada Tobacco Quitline were provided to 25 adolescents (ages 12-17 y.o) and 603 adults (ages 18-44 y.o.). CCHHS promoted the Nevada Tobacco Quitline each month on clinic digital signage, as well as conducted a Facebook campaign reaching 14,233 users. March of Dimes *Smoking in Pregnancy* brochures were widely distributed by the MIP Coordinator.

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.

The Tobacco Control Program Annual Report

The Chronic Disease Prevention and Health Promotion (CDPHP) Tobacco Control Program (TCP) disseminates Nevada Tobacco Quitline (NTQ) promotional material for pregnant and postpartum women who use tobacco via Nevada providers, Women, Infants, and Children (WIC) clinics, early childhood educators and Nevada Head Start sites. The NTQ continues to provide callers13 years and older with up to five scheduled personalized, culturally competent, coaching sessions, unlimited inbound calls, web and text support, and Nicotine Replacement Therapies (NRTs) free of charge to callers ages 18 and older, upon availability. The Pregnancy/Postpartum (PPP) program offered mothers in Nevada a designated, trained coach throughout each session along with incentivized gift cards for each completed counseling call. According to guidelines of the PPP program, each pregnant caller was enrolled before giving birth to ensure eligibility for both programs. This allows the mother to focus on her health, as well as the baby, creating longevity for both the baby and the mother. Comprehensive printed educational materials on benefits of quitting smoking during pregnancy and harmful effects on babies was provided upon each enrollment process.

The NTQ enrolled 1,326 callers during the program period which included 9 pregnant women. The NTQ offers a free program specializing in helping pregnant mothers quit smoking. The tailored treatment plan meets their needs by providing intensive behavioral support, including an increased number of coaching calls compared to the general population. As an incentive, reward gift cards for $5 and $10 are given after scheduled and completed counseling calls. For pregnant and new mothers who have quit, additional postpartum support is available to prevent relapse. NTQ uses evidence-based treatment practices to help pregnant smokers quit and remain tobacco free. Although the call volume was limited, outreach was expanded to Community Health Workers, women's health care providers, WIC clinics, and events in the community. MCH opportunities to heighten NTQ awareness are being implemented, including promotion by all Title V MCH funded partners and the Chronic Disease Coalition monthly newsletters.

Partnerships continued to expand with the NTQ as listed: Medicaid Managed Care Organizations (MCOs), Division of Welfare and Social Services, Maternal, Child and Adolescent Health (MCAH), local tribal health departments, University Medical Center, Nevada Health Centers, Carson Tahoe Hospital, Lyon County Medical Center, Northern Nevada Health Centers, Access to Healthcare Network, and mental health clinics. Established relationships with providers created an opportunity for a health system change through a NTQ e-Referral process specific to patients interested in cessation.

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 211, Crisis Call Center, the Nevada Tobacco Quitline, and 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.

The website had 2,474 sessions and 2,051 users. New users represented 82.5% of the total number of users and 17.5% were returning visitors. A total of 4,492-page views occurred. Most of these sessions were accessed from Reno, Carson City, and Las Vegas, with Sparks and Elko rounding out the top five.

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 window clings and referral cards. The collaboration ensures substance use in pregnancy materials and resources will reach the targeted audience. The media campaign had a total of 10,367 total spots aired (8,2864 radio advertisements and 1,503 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.

To raise awareness on the priority admission of pregnant women at state-funded treatment centers, Title V MCH continued to disseminate removable wall stickers promoting the *SoberMomsHealthyBabies.org* website. 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 DPBH programs continue.

All local health authorities participated in sharing substance use in pregnancy resource distribution. CCHHS, with Title V MCH funds, endorsed pregnant and postpartum women being substance free through their clinic digital signage and social media. Facebook messages with information about the SoberMomsHealthyBabies website reached 4,082 families.

Title V staff participated in CARA and neonatal abstinence syndrome focused efforts and serve as a core team member on the ASTHO OMNI Nevada Team and on numerous subcommittees focused on reduction of substance use in pregnancy and building systems of referral for families with substance exposed infants. LARC and Community Reproductive Engagement Committee MCH staff involvement also dovetailed with substance use prevention efforts, as did engagement on possible Title V Families First efforts.

Marijuana Efforts Annual Report

The Nevada Title V MCH Program has continued to disseminate Spanish and English marijuana awareness materials to partners statewide. These materials were developed in the last funding year in response to Nevada's legalization of medical and recreational marijuana, and informational resources on pregnancy, breastfeeding and marijuana were developed by the Title V MCH program. The Title V MCH Program developed public service announcements (PSAs) promoting awareness, in addition to posters displayed in all dispensaries related to use in pregnancy and injury prevention and marijuana for children. Efforts to reduce substance misuse in pregnancy and improve inter-conception care are funded by the Title V MCH program and include promoting the SoberMomsHealthyBabies.org website and associated media campaigns and focusing perinatal activities on reduction of neonatal abstinence syndrome (NAS). Title V MCH funded partners promote SoberMomsHealthyBabies.org through social media and print materials

developed by Title V MCH, in addition to the Substance Use During Pregnancy Toolkit, marijuana use and pregnancy information and posters, and marijuana and childhood injury prevention warnings.

Title V MCH worked 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 from the Department of Taxation. Title V MCH marijuana awareness posters and SoberMomsHealthyBabies.org referral cards and removable wall stickers are provided to all dispensaries; informational sheets are distributed widely through FIMR and local health authorities.

Nevada Health Conference Report

The 2018 theme of the Nevada Health Conference, October 15-16, 2018, "Paving the Path for a Healthy Nevada" highlighted the importance of collaboration with other healthcare disciplines, addressed the health disparities, barriers, and challenges across the lifespan through an array of healthcare-related fields. Title V MCH provided significant funding to the conference, sponsoring scholarships and travel, sponsoring materials, and serving on the conference planning committee. DPBH staff, including MCH staff, presented at the conference and the CYSHCN Director and MIP Coordinator organized the substance exposure in pregnancy session, facilitated the session, and identified presenters. On October 15, a keynote speaker, Dr. Nathan Boonstra, and concurrent workshops featuring local and national field experts presenting on a variety of Immunization; Maternal, Child, and Adolescent Health; and Chronic Disease Prevention and Health Promotion topics related to the conference theme. A Roundtable allowing attendees to interact with one another on health-related topics included a presentation from Julia Peek, MHA, CPM, Deputy Administrator, DPBH, focused on updates and priorities, ACEs data, and Nevada's preventive health foci. On October 16, the conference offered four intensive general session tracks focusing on niche areas of interest including: Immunization Clinic Best Practices; Maternal, Child, and Adolescent Health; and Chronic Disease Prevention and Health Promotion; and Increasing HPV Vaccination in Nevada. Conference exhibits were available.

Testimonials from some of the 235 attendees included:

"This conference provided a lot of helpful information for my line of work. I really appreciated the Substance Exposed Infants session"

"Information on resources that are already out there for us to use as public health workers. Often things are developed but it is difficult to know what is out there and how to find it, so I found that very useful."

Continuing education credits were issued through the University of Nevada, Reno, for multiple healthcare related fields including:

- Certified Health Education Specialists (CHES)
- Certified Public Health
- Nursing
- Pharmacists
- Physicians (plus 1 hour of ethics/addiction care)
- Social Work

Each year the Nevada Health Conference awards scholarships to individuals who wish to attend the conference but may not otherwise be able to attend due to cost. MCH funds scholarships via Immunize Nevada, in addition to the Nevada Public Health Training Center, and the Nevada DPBH.

- Total number of Applicants Awarded: 44
- Total number of Recipients (people who accepted and/or didn't cancel): 40 (local scholarships: 25; traveling

scholarships 15)
- No-show(s): 1

Cross-Cutting/Systems-Building Plan for the Application Year

Primary Care Office (PCO) Plan

The majority of the activities outlined above 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. As more information on maternal Health Professional Shortage Area development and methodologies emerge, PCO and Title V MCH will share information and communicate on any opportunities to develop these in Nevada. Messaging for the Title V MCH program to providers via the PCO newsletter and provider listservs will continue and will continue to include resources related to MCH populations and COVID-19. 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 healthcare access to underserved populations in the state.

PCO 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, the PCO will finish all outreach videos that will be accessible through YouTube so that 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 that 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 healthcare 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.

PCO Support of DHHS and State Health Workforce Development Efforts

The PCO has been assigned to fulfill an active role in many DHHS efforts to improve the delivery of healthcare 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. 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 has tasked the PCO with providing support to assist Medicaid and Healthcare Quality and Compliance efforts to improve access to primary care.

The PCO will continue to partner with the MCH program to achieve the common goal of increasing primary care

providers statewide that support child, adolescent, and maternal health. Additionally, PCO staff will support data requests that assist the MCH program in identifying primary care workforce shortages and in targeting their resources to the areas of greatest need.

Adequate Insurance Plan

The Title V MCH Program will continue to actively work with our partners to promote insurance referral and enrollment, especially among underserved populations and those living in rural and frontier regions. All Title V MCH-funded agencies will continue to refer uninsured families to Nevada 211 and the Medical Home Portal (MHP) to obtain health insurance benefits information. Carson City Health and Human Services (CCHHS) will continue its partnership with the Division of Welfare and Supportive Services for onsite, walk-in application assistance to enroll in Medicaid. Additionally, CCHHS will promote Nevada 211, MHP, and onsite walk-in insurance enrollment through the digital signage and social media campaigns. Outreach will continue to uninsured clientele on options for health care coverage. Nursing personnel within Community Health Services, in the rural and frontier regions, will provide information 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 continue to be referred to Access to Healthcare Network.

Office of Suicide Prevention and Hotline Plan

Title V MCH will continue to partially fund the Nevada Office of Suicide Prevention (OSP) to focus efforts in four priority areas. The Crisis Support Services of Nevada phone and text lines will be awarded funds to continue its work.

OSP will work with the Nevada Department of Education (NDE) Office of Safe and Respectful Learning Environments on a multi-tiered system of support to threat assessment teams and practicing of protocols across Nevada school districts. Trainings will continue to reach community helpers with safeTALK, Applied Suicide Intervention Skills Training (ASIST), Youth Mental Health First Aid (YMHFA), and Nevada Gatekeeper information.

OSP will expand outreach and education through the Zero Suicide initiative by working with the diverse disciplines of health care and promoting improved continuity of care for suicide across systems through support of the Crisis Now model. The Crisis Now triage system will recognize and monitor trends to develop a system of follow-up care to minimize repeated attempts. OSP will continue to work with the State Office of Analytics to improve surveillance of suicide and suicide attempt data. Nevada's participation in the National Violent Death Reporting System will allow more complete data to gather a more vivid picture of what might be impacting someone with thoughts of suicide. OSP will strengthen partnerships supporting lethal means safety and the reduction of access to lethal means to prevent suicide with gun shops/ranges/shows, the Board of Pharmacy, and others. The Title V MCH Program will request COVID-19 related information as it relates to crisis line utilization and any identified impacts related to suicide rates from the OSP in their quarterly reporting.

The Tobacco Prevention and Control Program Plan

All Title V MCH funded agencies will continue to promote the Nevada Tobacco Quitline (NTQ). Sharing information regarding the Quitline with women of childbearing age is explicitly articulated within the scope of work for each funded program serving this population. MCH staff will work with NTQ staff and Nevada 211 to improve data collection so utilization by women of childbearing age can be tracked efficiently. CHS and CCHHS and other MCH funded partners will provide tobacco cessation counseling, educational materials, and referrals to pregnant women and women of childbearing age.

Increasing collaboration between the NTQ and MCH will help promote tobacco cessation for pregnant/postpartum mothers. The Chronic Disease Prevention and Health Promotion Tobacco Prevention and Control Program will work to establish discussions with providers to assess tobacco use with their patients and develop a mechanism for appropriate data collection, in addition to continuing dissemination of targeted NTQ promotional material for pregnant and postpartum women who use tobacco to increase uptake and utilization.
Resources specific to pregnant women will continue to be shared by the Title V MCH MIP Coordinator.

Tobacco Cessation Plan

All Title V MCH funded agencies will continue to promote the Nevada Tobacco Quitline. 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 childbearing 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.

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 and removable wall stickers. Collaboration with local health authorities, ASTHO OMNI members, and the Substance Abuse Prevention and Treatment Agency (SAPTA) will ensure substance use in pregnancy materials and resources will be promoted.

All local health authorities and MCH subgrantees will continue to promote the *SoberMomsHealthyBabies.org* website and share Sober Moms Healthy Babies referral cards. CCHHS will use Title V MCH funds to promote the website through their clinic digital signage and social media posts. ASTHO OMNI produced final provider and family resources will be added to the website in addition to the prior resources developed and posted and content will be kept up to date with new resources and a dedicated CARA page.

Title V staff will participate in CARA and neonatal abstinence syndrome focused efforts and serve as a core team member on the ASTHO OMNI Nevada Team and on numerous subcommittees focused on reduction of substance use in pregnancy and building systems of referral for families with substance exposed infants as efforts continue to create a robust continuum of care for families.

Marijuana Efforts Plan

Title V MCH will continue to disseminate marijuana awareness materials to partners statewide. The Substance Abuse, Prevention and Treatment Agency (SAPTA) will continue the work started by Title V MCH, funding the media campaign aimed to raise awareness on marijuana use during pregnancy.. Title V MCH staff will work with Nevada WIC to ensure marijuana materials are administered to WIC clinic statewide, as well as continue the SoberMomsHealthyBabies.org website promotion through public service announcements (PSAs) in English and Spanish on radio and television stations statewide.

Nevada Health Conference Plan

Immunize Nevada intended to host the Nevada Health Conference in 2020 in Reno, but uncertainty surrounding conferences due to COVID-19 caused the conference to be postponed until March 2021. The conference theme will focus on maternal, child and adolescent health topics. One of the presentations will share the outcome of the new partnership between Women, Infant, and Children (WIC) and the Nevada State Immunization Program (NSIP) to assess the vaccine status of pregnant women served and provide referrals to immunizing practitioners.

Funding, planning, and support will again be provided by the Title V MCH program. The Title V MCH program will be a key partner and sponsor and continue to provide funds for scholarships to individuals unable to attend due to cost-related issues. Title V MCH Program resources will be provided to participants along with conference materials, including key information on perinatal information and a pamphlet promoting the value of adolescent well visits and educating on how to sign up for health insurance, substance use during pregnancy awareness materials, and the Pregnancy Risk Assessment Monitoring Survey (PRAMS). Title V MCH staff are members of the planning committee and staff often present and facilitate at the conference.

Rape Prevention and Education Program Plan

The Rape Prevention and Education (RPE) Program will look for areas to align five- year project activities with the Title V MCH State Action Plan, particularly in relation to designing safer environments and fostering economic growth for adolescent and young women. RPE will address shared risk and protective factors through collaborative partnerships within the MCAH Section and other DPBH programs, as well as external agencies working with populations of interest. Goals for the coming year will focus on increasing the number of community strategies implemented, creating protective environments to protect against violence and provide opportunities to empower and support young women, and continuing efforts related to CYSHCN and sexual assault prevention in partnership with the Title V MCH CYSHCN Coordinator and Director.

III.F. Public Input

Public Input and Report

The 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 levels. Realizing they bring with them diverse backgrounds and expertise, Nevada Title V 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 DPBH website.

A Five-Year Needs Assessment was required for the current Title V MCH Block Grant application. The NHV Program was also required to include a Five-Year Needs Assessment for their grant application and Title V MCH and NHV Programs contracted with Health Management Associates (HMA) to conduct the needs assessment. HMA implemented a mixed method research design to inform the needs assessment, including multiple strategies to gather public input from across the state. First, HMA worked with MCH and NHV program staff to identify and interview key stakeholders working in MCH and NHV funded programs or working with MCH/NHV population groups. Key stakeholders identified additional contacts for interviews or focus groups through the interview process, which allowed access to a diverse number of stakeholders for information gathering. Second, an online community survey was dispersed via MCH and NHV staff, partner organizations, and on social media channels. Third, a series of focus groups were conducted across the state. Finally, HMA conducted secondary analysis on publicly available population health and surveillance data.

In non-needs assessment years, the Nevada Title V MCH will continue to post and promote a public input survey to update the information supplied in the Five-Year Needs Assessment. Title V MCH Block Grant applications will also be shared on the DPBH website after the initial submission and prior to the final submission.

III.G. Technical Assistance

Technical Assistance

Nevada Title V MCH is interested in exploring receiving Technical Assistance (TA) in the following areas:

1. Social Media Evaluation Strategies
2. State System Development Initiative (SSDI) and MCH integration best practices
3. Expanding on current systems-based practices

Title V MCH has used social media as a strategy to increase public awareness in educational campaigns. TA from other states and/or on evidence-based evaluation practices may be useful to expand and enhance opportunities through social media platforms to deliver and evaluate campaigns. In addition, Title V MCH staff would like to learn more about how Title V MCH Programs integrate their State System Development Initiative (SSDI) efforts and grow data evaluation capacity. Children and Youth with Special Health Care Needs Program enhancements are of interest, particularly in relation to cross-system bilateral referral system development.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - Medicaid MOU.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - Nevada Title V MCH Logic Model.pdf

Supporting Document #02 - Acronym List For Title V Block Grant.pdf

Supporting Document #03 - Newborn Screening Nevada State Public Health flowchart.pdf

Supporting Document #04 - MCH Partner List v2.pdf

Supporting Document #05 - Needs Assessment Final.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - Organizational Chart MCAH June 2020.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Nevada

	FY 21 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 2,236,205	
A. Preventive and Primary Care for Children	$ 670,862	(30%)
B. Children with Special Health Care Needs	$ 670,862	(30%)
C. Title V Administrative Costs	$ 223,619	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,565,343	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 1,677,154	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 1,677,154	
A. Your State's FY 1989 Maintenance of Effort Amount $ 853,034		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 3,913,359	
9. OTHER FEDERAL FUNDS 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)	$ 64,444,026	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 68,357,385	

OTHER FEDERAL FUNDS	FY 21 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	$ 148,966
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 191,665
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 442,076
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 657,751
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 2,174,954
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) > Colorectal Cancer Control Program (CRCCP)	$ 1,024,846
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) > Tobacco Control Programs	$ 794,315
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Vaccines For Children/Immunizations	$ 4,319,854
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	$ 45,384,176
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Breast and Cervical Cancer Early Detection Program (NBCCEDP)	$ 3,598,658
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Diabetes Prevention	$ 845,111

OTHER FEDERAL FUNDS	FY 21 Application Budgeted
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Heart and Stroke Prevention (1815)	$ 845,111
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Heart and Stroke Prevention (1817)	$ 750,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Tobacco Control Quitline Capacity	$ 132,893
US Department of Agriculture (USDA) > Food and Nutrition Services > Summer EBT	$ 356,569
US Department of Agriculture (USDA) > Food and Nutrition Services > FMN Program	$ 334,241
US Department of Agriculture (USDA) > Food and Nutrition Services > Healthy Hungry Free Kids Act	$ 227,837
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC BFPC	$ 515,177

	FY 19 Annual Report Budgeted		FY 19 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 2,091,381		$ 1,900,965	
A. Preventive and Primary Care for Children	$ 642,054	(30.7%)	$ 580,400	(30.5%)
B. Children with Special Health Care Needs	$ 688,064	(32.9%)	$ 572,269	(30.1%)
C. Title V Administrative Costs	$ 209,060	(10%)	$ 116,052	(6.2%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,539,178		$ 1,268,721	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 1,578,536		$ 1,504,548	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0		$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0		$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 1,578,536		$ 1,504,548	
A. Your State's FY 1989 Maintenance of Effort Amount $ 853,034				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 3,669,917		$ 3,405,513	
9. OTHER FEDERAL FUNDS 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		$ 56,788,244	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 67,366,817		$ 60,193,757	

OTHER FEDERAL FUNDS	FY 19 Annual Report Budgeted	FY 19 Annual Report Expended
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Abstinence Education Grant Program	$ 760,359	$ 500,286
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 417,330	$ 409,042
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Early Hearing Detection and Intervention (EHDI) State Programs	$ 149,933	$ 113,325
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	$ 2,174,954
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 250,000	$ 243,590
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 154,867	$ 182,368
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 397,602	$ 399,296
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Colorectal Cancer Control Program (CRCCP)	$ 1,024,846	$ 1,088,598
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	$ 3,231,602
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Comprehensive Cancer Control Program (NCCCP)	$ 272,137	$ 258,196
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 611,831	$ 640,868
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State Public Health Actions-1305 Chronic Disease	$ 1,123,310	$ 0

OTHER FEDERAL FUNDS	FY 19 Annual Report Budgeted	FY 19 Annual Report Expended
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Tobacco Control Programs	$ 794,315	$ 794,314
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Vaccines For Children/Immunizations	$ 3,795,785	$ 2,597,650
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	$ 45,726,730	$ 40,394,921
US Department of Agriculture (USDA) > Food and Nutrition Services > Commodity Supplemental Food Program (CSFP)	$ 217,899	$ 0
US Department of Agriculture (USDA) > Food and Nutrition Services > Child Nutrition	$ 2,057,850	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Nevada Immunization Interoperability	$ 622,070	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Nevada Utilization of NVWebIZ	$ 449,792	$ 0
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC BFPC		$ 419,183
US Department of Agriculture (USDA) > Food and Nutrition Services > FMN Program		$ 95,078
US Department of Agriculture (USDA) > Food and Nutrition Services > Summer EBT		$ 115,197
US Department of Agriculture (USDA) > Food and Nutrition Services > Healthy Hungry Free Kids Act		$ 743,079
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Diabetes Prevention		$ 799,759
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > 1815 Heart and Stroke		$ 815,927
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > 1817 Heart and Stroke		$ 638,118

OTHER FEDERAL FUNDS	FY 19 Annual Report Budgeted	FY 19 Annual Report Expended
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Tobacco Control		$ 132,893

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**Federal Allocation, B. Children with Special Health Care Needs:**
	Fiscal Year:	**2019**
	Column Name:	**Annual Report Expended**
	Field Note: The overall expenditures for CYSHCN came out to less than the budgeted amount	
2.	**Field Name:**	**Federal Allocation, C. Title V Administrative Costs:**
	Fiscal Year:	**2019**
	Column Name:	**Annual Report Expended**
	Field Note: The overall Title V Administrative costs came out to less than the original budget due to personnel salary savings. The original budget was also based on the max of 10 percent of the total budget and this amount was not needed for administrative costs	
3.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State Public Health Actions-1305 Chronic Disease**
	Fiscal Year:	**2019**
	Column Name:	**Annual Report Expended**
	Field Note: No longer a funding source	
4.	**Field Name:**	**Other Federal Funds, US Department of Agriculture (USDA) > Food and Nutrition Services > Commodity Supplemental Food Program (CSFP)**
	Fiscal Year:	**2019**
	Column Name:	**Annual Report Expended**
	Field Note: No longer a funding source	
5.	**Field Name:**	**Other Federal Funds, US Department of Agriculture (USDA) > Food and Nutrition Services > Child Nutrition**
	Fiscal Year:	**2019**
	Column Name:	**Annual Report Expended**

	Field Note: No longer a funding source	
6.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Nevada Immunization Interoperability**
	Fiscal Year:	**2019**
	Column Name:	**Annual Report Expended**
	Field Note: No longer a funding source	
7.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Nevada Utilization of NVWebIZ**
	Fiscal Year:	**2019**
	Column Name:	**Annual Report Expended**
	Field Note: No longer a funding source	

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	FY 21 Application Budgeted	FY 19 Annual Report Expended
1. Pregnant Women	$ 255,706	$ 238,293
2. Infants < 1 year	$ 300,431	$ 277,925
3. Children 1 through 21 Years	$ 670,862	$ 580,400
4. CSHCN	$ 670,862	$ 572,269
5. All Others	$ 114,725	$ 116,026
Federal Total of Individuals Served	$ 2,012,586	$ 1,784,913

IB. Non-Federal MCH Block Grant	FY 21 Application Budgeted	FY 19 Annual Report Expended
1. Pregnant Women	$ 268,345	$ 300,566
2. Infants < 1 year	$ 301,887	$ 332,391
3. Children 1 through 21 Years	$ 503,147	$ 389,466
4. CSHCN	$ 503,146	$ 352,219
5. All Others	$ 100,629	$ 129,906
Non-Federal Total of Individuals Served	$ 1,677,154	$ 1,504,548
Federal State MCH Block Grant Partnership Total	$ 3,689,740	$ 3,289,461

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

1.	**Field Name:**	**IA. Federal MCH Block Grant, 1. Pregnant Women**
	Fiscal Year:	**2021**
	Column Name:	**Application Budgeted**
	Field Note: Based on historical budgeting of approximately 12%	
2.	**Field Name:**	**IA. Federal MCH Block Grant, 2. Infant < 1 Year**
	Fiscal Year:	**2021**
	Column Name:	**Application Budgeted**
	Field Note: Based on historical budgeting of 13.5% of total award	
3.	**Field Name:**	**IA. Federal MCH Block Grant, 3. Children 1 through 21 years**
	Fiscal Year:	**2021**
	Column Name:	**Application Budgeted**
	Field Note: Based on 30% of total award budgeted for Children	
4.	**Field Name:**	**IA. Federal MCH Block Grant, 4. CSHCN**
	Fiscal Year:	**2021**
	Column Name:	**Application Budgeted**
	Field Note: Based on 30% of total award budgeted for CYSHCN	
5.	**Field Name:**	**IA. Federal MCH Block Grant, 5. All Others**
	Fiscal Year:	**2021**
	Column Name:	**Application Budgeted**
	Field Note: Based on historical budgeting of 5-6%	
6.	**Field Name:**	**IB. Non-Federal MCH Block Grant, 1. Pregnant Women**
	Fiscal Year:	**2021**
	Column Name:	**Application Budgeted**

	Field Note: Based on historical budgets of 16%	
7.	**Field Name:**	**IB. Non-Federal MCH Block Grant, 2. Infant < 1 Year**
	Fiscal Year:	**2021**
	Column Name:	**Application Budgeted**
	Field Note: Based on previous budgets of approximately 18%	
8.	**Field Name:**	**IB. Non-Federal MCH Block Grant, 3. Children 1 through 21 years**
	Fiscal Year:	**2021**
	Column Name:	**Application Budgeted**
	Field Note: Based on previous budgets of approximately 30%	
9.	**Field Name:**	**IB. Non-Federal MCH Block Grant, 4. CSHCN**
	Fiscal Year:	**2021**
	Column Name:	**Application Budgeted**
	Field Note: Based on previous budgets of approximately 30%	
10.	**Field Name:**	**IB. Non-Federal MCH Block Grant, 5. All Others**
	Fiscal Year:	**2021**
	Column Name:	**Application Budgeted**
	Field Note: Based on previous budgets of approximately 6%	

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Nevada

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 21 Application Budgeted	FY 19 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	$ 559,051	$ 460,445
3. Public Health Services and Systems	$ 1,677,154	$ 1,440,520
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	$ 2,236,205	$ 1,900,965

IIB. Non-Federal MCH Block Grant	FY 21 Application Budgeted	FY 19 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	$ 419,288	$ 260,114
3. Public Health Services and Systems	$ 1,257,866	$ 1,244,434
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	$ 1,677,154	$ 1,504,548

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: 34,758 **Data Source Year: 2019**

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	34,488 (99.2%)	1,616	41	40 (97.6%)

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	34,570 (99.5%)	242	57	42 (73.7%)
Critical Congenital Heart Disease	31,890 (91.7%)	46	45	34 (75.6%)

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

Once a case is acknowledged by the follow-up coordinator, 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 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.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	**Field Name:**	**Total Births by Occurrence**
	Fiscal Year:	**2019**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: NetSmart 2019 Births. This includes Nevada and non-Nevada resident births.	
2.	**Field Name:**	**Data Source Year**
	Fiscal Year:	**2019**
	Column Name:	**Data Source Year Notes**
	Field Note: Calendar Year 2019	
3.	**Field Name:**	**Core RUSP Conditions - Receiving At Least One Screen**
	Fiscal Year:	**2019**
	Column Name:	**Core RUSP Conditions**
	Field Note: Newborn Screening Report Calendar Year 2019. Data are preliminary and subject to change.	
4.	**Field Name:**	**Core RUSP Conditions - Positive Screen**
	Fiscal Year:	**2019**
	Column Name:	**Core RUSP Conditions**
	Field Note: Data are preliminary and subject to change.	
5.	**Field Name:**	**Core RUSP Conditions - Confirmed Cases**
	Fiscal Year:	**2019**
	Column Name:	**Core RUSP Conditions**
	Field Note: Data are preliminary and subject to change.	
6.	**Field Name:**	**Core RUSP Conditions - Referred For Treatment**
	Fiscal Year:	**2019**
	Column Name:	**Core RUSP Conditions**

	Field Note: Data are preliminary and subject to change.	
7.	**Field Name:**	**Nevada Early Hearing Detection and Intervention (EHDI) Program - Receiving At Least One Screen**
	Fiscal Year:	**2019**
	Column Name:	**Other Newborn**
	Field Note: 2018 data are preliminary and subject to change.	
8.	**Field Name:**	**Nevada Early Hearing Detection and Intervention (EHDI) Program - Positive Screen**
	Fiscal Year:	**2019**
	Column Name:	**Other Newborn**
	Field Note: 2018 data are preliminary and subject to change.	
9.	**Field Name:**	**Nevada Early Hearing Detection and Intervention (EHDI) Program - Confirmed Cases**
	Fiscal Year:	**2019**
	Column Name:	**Other Newborn**
	Field Note: 2018 data are preliminary and subject to change	
10.	**Field Name:**	**Nevada Early Hearing Detection and Intervention (EHDI) Program - Referred For Treatment**
	Fiscal Year:	**2019**
	Column Name:	**Other Newborn**
	Field Note: 2018 data are preliminary and subject to change. 15 confirmed cases were not referred for treatment. 5 were contacted with no response back. 4 cases had an unknown reason for not having treatment. 5 cases had family or parents that declined treatment. One case was unable to be contacted.	
11.	**Field Name:**	**Critical Congenital Heart Disease - Receiving At Least One Screen**
	Fiscal Year:	**2019**
	Column Name:	**Other Newborn**
	Field Note: 2018 data are preliminary and subject to change.	

12.	**Field Name:**	**Critical Congenital Heart Disease - Positive Screen**
	Fiscal Year:	**2019**
	Column Name:	**Other Newborn**
	Field Note: Data from 2018 Critical Congenital Heart Disease (CCHD) screening registry. 2018 data are preliminary and subject to change.	
13.	**Field Name:**	**Critical Congenital Heart Disease - Confirmed Cases**
	Fiscal Year:	**2019**
	Column Name:	**Other Newborn**
	Field Note: Data from Office of Analytics- Hospital Inpatient Billing data. 2018 data are preliminary and subject to change.	
14.	**Field Name:**	**Critical Congenital Heart Disease - Referred For Treatment**
	Fiscal Year:	**2019**
	Column Name:	**Other Newborn**
	Field Note: Number referred for treatment comes from CCHD registry data, which is separate from the Hospital inpatient billing data that gives the number of confirmed cases. Reasons follow-up care wouldn't occur include: infant was sent to higher level care prior to screening, infant did not require follow-up care, or infant expired prior to that point. 2018 data are preliminary and subject to change.	

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Nevada

Annual Report Year 2019

Form 5a – Count of Individuals Served by Title V
(Direct & Enabling Services Only)

		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	28,532	46.0	0.0	49.0	5.0	0.0
2. Infants < 1 Year of Age	31,166	46.0	0.0	49.0	5.0	0.0
3. Children 1 through 21 Years of Age	139,079	33.0	0.0	57.0	10.0	0.0
3a. Children with Special Health Care Needs	38,789	39.0	0.0	53.0	8.0	0.0
4. Others	108,469	14.0	0.0	74.0	12.0	0.0
Total	307,246					

Form 5b – Total Percentage of Populations Served by Title V
(Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	35,682	Yes	35,682	98	34,968	28,532
2. Infants < 1 Year of Age	35,369	Yes	35,369	98	34,662	31,166
3. Children 1 through 21 Years of Age	786,296	Yes	786,296	52	408,874	139,079
3a. Children with Special Health Care Needs	128,166	Yes	128,166	84	107,659	38,789
4. Others	2,212,315	Yes	2,212,315	14	309,724	108,469

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2019**
	Field Note: Counts derived from FFY2019 Medicaid report, total number of unique pregnant women served. Medicaid data is used as Medicaid has the widest reach	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2019**
	Field Note: Counts derived from FFY2019 Medicaid report, number of infants <1 year served. Medicaid data used as Medicaid has the widest reach.	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2019**
	Field Note: Counts derived from FFY2019 Medicaid Report, number of children ages 1-21 served. Medicaid data is used as Medicaid has the widest reach.	
4.	**Field Name:**	**Children with Special Health Care Needs**
	Fiscal Year:	**2019**
	Field Note: Counts derived from FFY2019 Medicaid Report, CYSHCN served. Methodology for querying this category changed from FFY2018, to include different ICD-10 codes. Differences from FFY2018 numbers are due to this change. The following were used: ICD10 codes starting with: A15, B18, B20,C64, C69, C71, C80, C85, C95, D18, D56-D57, D68, D75, D82, D89, E00, E05, E10-E11, E20, E23, E27, E66, E70, E72, E74, E84, E88,F41, F80-F82, F84, F90-F91, F98, G40, G43, G71, G80, G93, H26, H35, H53-H55, H90-H91, I10, I42, I49-I51, I61, I72-I73, J45, L20, M40-M41, N18-N19, P04-P05, P07, P22, P27-P28, P35, P77, P84, P96, Q02-Q03, Q05, Q20-Q21, Q24-Q25, Q28, Q35, Q43, Q45, Q54, Q65, Q68, Q75, Q77, Q79, Q85-Q87, Q89-Q91, Q93, Q96, Q98-Q99, R62-R63, S06, T74, T76, T78. Z21, Z93, and Z97. Medicaid data is used as Medicaid has the widest reach.	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2019**
	Field Note: Counts derived from FFY2019 Medicaid report, number of men aged 15-44 served + number of women aged 15-44 who were not pregnant served. Methodology changed from FFY2018 to change how "Others" were defined. Differences from FFY2018 are due to this change. Medicaid data is used as Medicaid has the widest reach.	
6.	**Field Name:**	**Total_TotalServed**
	Fiscal Year:	**2019**
	Field Note: Calculated from above. Medicaid data used as Medicaid has the widest reach.	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women**
	Fiscal Year:	**2019**
	Field Note: Counts derived from Nevada Office of Vital Statistics, 2018-2019 Birth and Death Vital Records; Calculated by subtracting the number of home births from the total occurrent births. These are births that take place in a hospital. Every mother that gives birth in the hospital receives PINK packets that provides many resources for new mothers. The percentages for the primary source of coverage were provided by HRSA.	
2.	**Field Name:**	**InfantsLess Than One Year**
	Fiscal Year:	**2019**
	Field Note: Counts derived from 2018 Early Hearing Detection and Intervention (EHDI) Hearing Screening and Follow up Survey; total infants documented as screened. These numbers were used because EHDI 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:	**2019**
	Field Note: Counts derived from FFY2019 Medicaid Report, total number of children ages 1-21. Medicaid data used as Nevada Medicaid 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:	**2019**
	Field Note: Counts derived from FFY2019 Medicaid Report, Number of CYSHCN. Methodology for querying this category changed from FFY2018, to include different ICD-10 codes. Differences from FFY2018 numbers are due to this change. The following were used: ICD10 codes starting with: A15, B18, B20,C64, C69, C71, C80, C85, C95, D18, D56-D57, D68, D75, D82, D89, E00, E05, E10-E11, E20, E23, E27, E66, E70, E72, E74, E84, E88,F41, F80-F82, F84, F90-F91, F98, G40, G43, G71, G80, G93, H26, H35, H53-H55, H90-H91, I10, I42, I49-I51, I61, I72-I73, J45, L20, M40-M41, N18-N19, P04-P05, P07, P22, P27-P28, P35, P77, P84, P96, Q02-Q03, Q05, Q20-Q21, Q24-Q25, Q28, Q35, Q43, Q45, Q54, Q65, Q68, Q75, Q77, Q79, Q85-Q87, Q89-Q91, Q93, Q96, Q98-Q99, R62-R63, S06, T74, T76, T78. Z21, Z93, and Z97. These numbers were used because Nevada Medicaid has the widest reach in this population. The percentages for the primary source of coverage were HRSA provided	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2019**
	Field Note: Counts derived from FFY2019 Medicaid Report, Number of men aged 15-44 + women aged 15-44 who were not pregnant. Methodology for querying this category changed from FFY2018. These numbers were used because Nevada Medicaid has the widest reach in this population. The percentages for the primary source of coverage were provided by HRSA.	

Data Alerts: None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Nevada

Annual Report Year 2019

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	35,542	13,510	4,995	13,205	344	3,216	0	0	272
Title V Served	34,446	13,362	4,587	12,963	344	3,079	0	0	111
Eligible for Title XIX	16,349	6,215	2,298	6,074	158	1,479	0	0	125
2. Total Infants in State	35,542	13,510	4,995	13,205	344	3,216	0	0	272
Title V Served	34,446	13,362	4,587	12,963	344	3,079	0	0	111
Eligible for Title XIX	16,349	6,215	2,298	6,074	158	1,479	0	0	125

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2019**
	Column Name:	**Total**
	Field Note: Data from Nevada Electronic Birth and Death Registry, Calendar year 2018	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2019**
	Column Name:	**Total**
	Field Note: Data from 2018 Nevada CDC EHDI Hearing Screening and Follow Up Survey	
3.	**Field Name:**	**1. Eligible for Title XIX**
	Fiscal Year:	**2019**
	Column Name:	**Total**
	Field Note: Data obtained by using percentage of infants eligible for Title XIX from Form 5a (46%), and multiplying by number of total deliveries	
4.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2019**
	Column Name:	**Total**
	Field Note: Data from Nevada Electronic Birth and Death Registry, Calendar year 2018	
5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2019**
	Column Name:	**Total**
	Field Note: Data from 2018 Nevada CDC EHDI Hearing Screening and Follow Up Survey	
6.	**Field Name:**	**2. Eligible for Title XIX**
	Fiscal Year:	**2019**
	Column Name:	**Total**
	Field Note: Data obtained by using percentage of infants eligible for Title XIX from Form 5a (46%), and multiplying by number of total deliveries	

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Nevada

A. State MCH Toll-Free Telephone Lines	2021 Application Year	2019 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"	Mitch DeValliere, DC	Christina Turner
4. Contact Person's Telephone Number	(775) 684-4134	(775) 684-4134
5. Number of Calls Received on the State MCH "Hotline"		658

B. Other Appropriate Methods	2021 Application Year	2019 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"		658
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		466
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	Candice McDaniel, MS
Title	Bureau Chief, Child, Family, and Community Wellness
Address 1	4150 Technology Way
Address 2	#210
City/State/Zip	Carson City / NV / 89706
Telephone	(775) 684-4200
Extension	
Email	cmcdaniel@health.nv.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Vickie Ives, MA
Title	Section Manager, Maternal, Child, and Adolescent Health Section
Address 1	4150 Technology Way
Address 2	#210
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	3710 Grant Drive
Address 2	Suite B
City/State/Zip	Reno / NV / 89509
Telephone	(775) 823-9500
Extension	
Email	mary@familytiesnv.org

Form Notes for Form 8:

None

Form 9
State Priorities – Needs Assessment Year

State: Nevada

Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Improve preconception and interconception health among women of childbearing age	Continued
2.	Promote Breastfeeding	Continued
3.	Promote Safe-Sleep	New
4.	Increase developmental screening	Continued
5.	Improve care coordination among adolescents	Revised
6.	Increase transition of care for adolescents and CYSHCN	New
7.	Reduce substance use during pregnancy	Continued
8.	Promote a Medical Home	New

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 10
National Outcome Measures (NOMs)

State: Nevada

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

Data Note: Percent of infants (under 1 year of age) who were most often laid to sleep in high-risk sleep positions (either on their side or stomach), who “always” or “often” slept in the same bed with someone else, and who usually slept in an environment with one or more of the following risk factors: pillows, bumper pads, plush blankets, or stuffed toys; not sleeping in a crib or portable crib; not sleeping on a firm or hard mattress; and who when sleeping alone, in its crib or bed, not sleeping in the same room where parent (s) sleep.

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
2018	74.6 %	0.2 %	25,805	34,573
2017	74.0 %	0.2 %	24,893	33,651
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% points or >1.2 times the estimate, 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
2017	66.5	4.4	228	34,302
2016	59.5	4.2	207	34,803
2015	73.2	5.3	189	25,818
2014	84.2	5.0	286	33,979
2013	63.2	4.4	209	33,087
2012	69.0	4.6	229	33,203
2011	64.1	4.4	215	33,540
2010	69.8	4.5	239	34,245
2009	62.6	4.2	225	35,942
2008	65.8	4.2	247	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
2014_2018	9.5	2.3	17	179,857

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
2018	8.7 %	0.2 %	3,097	35,668
2017	9.1 %	0.2 %	3,265	35,748
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% points or >1.2 times the estimate, 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
2018	10.1 %	0.2 %	3,616	35,668
2017	10.7 %	0.2 %	3,833	35,741
2016	10.4 %	0.2 %	3,758	36,246
2015	9.9 %	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% points or >1.2 times the estimate, 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
2018	27.7 %	0.2 %	9,886	35,668
2017	27.3 %	0.2 %	9,744	35,741
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% points or >1.2 times the estimate, 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
2018/Q2-2019/Q1	2.0 %			
2018/Q1-2018/Q4	1.0 %			
2017/Q4-2018/Q3	1.0 %			
2017/Q3-2018/Q2	1.0 %			
2017/Q2-2018/Q1	1.0 %			
2017/Q1-2017/Q4	1.0 %			
2016/Q4-2017/Q3	1.0 %			
2016/Q3-2017/Q2	1.0 %			
2015/Q4-2016/Q3	1.0 %			
2015/Q3-2016/Q2	3.0 %			
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:

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
2017	5.8	0.4	209	35,866
2016	6.0	0.4	218	36,384
2015	6.1	0.4	222	36,410
2014	6.0	0.4	214	35,958
2013	5.7	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
2017	5.8	0.4	209	35,756
2016	5.8	0.4	209	36,260
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
2017	3.6	0.3	128	35,756
2016	3.3	0.3	118	36,260
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
2017	2.3	0.3	81	35,756
2016	2.5	0.3	91	36,260
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
2017	148.2	20.4	53	35,756
2016	148.9	20.3	54	36,260
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
2017	81.1	15.1	29	35,756
2016	124.1	18.5	45	36,260
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

Federally available Data (FAD) for this measure is not available/reportable.

NOM 10 - Notes:

Data not available for this measure. Nevada PRAMS did not meet CDC required response rate threshold.

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
2017	7.6	0.5	261	34,521
2016	8.6	0.5	299	34,861
2015	7.7	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)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

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

Federally available Data (FAD) for this measure is not available/reportable.

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
2017_2018	11.2 %	1.4 %	70,139	628,193
2016_2017	12.4 %	1.5 %	77,422	623,173
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
2018	18.1	2.3	62	341,821
2017	17.3	2.3	59	341,141
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
2018	35.2	3.1	133	378,120
2017	33.7	3.0	126	373,593
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
2016_2018	11.1	1.4	60	539,074
2015_2017	10.5	1.4	56	534,861
2014_2016	12.0	1.5	64	531,334
2013_2015	12.2	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	17.1	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
2016_2018	15.2	1.7	82	539,074
2015_2017	13.5	1.6	72	534,861
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
2017_2018	15.7 %	1.5 %	106,689	679,188
2016_2017	15.9 %	1.5 %	106,845	671,412
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
2017_2018	5.9 %	2.0 %	6,270	106,689
2016_2017	9.2 %	2.1 %	9,882	106,845
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
2017_2018	3.4 %	0.8 %	18,874	554,403
2016_2017	2.7 %	0.7 %	15,349	561,709
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
2017_2018	6.0 %	0.9 %	33,017	548,062
2016_2017	5.6 %	1.0 %	31,662	561,761
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
2017_2018	33.7 %	5.3 %	22,036	65,440
2016_2017	33.7 %	5.4 %	22,296	66,115
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
2017_2018	90.8 %	1.3 %	613,809	675,647
2016_2017	89.3 %	1.4 %	596,321	667,839
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
2016	11.6 %	0.2 %	2,834	24,493
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 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	14.0 %	1.1 %	18,404	131,376
2015	12.1 %	1.0 %	14,639	120,502
2013	11.5 %	1.0 %	14,480	126,191
2009	10.9 %	0.9 %	13,286	121,778
2007	10.6 %	1.1 %	11,774	111,156

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate 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
2017_2018	13.7 %	2.5 %	37,548	273,456
2016_2017	14.7 %	2.7 %	39,336	267,747
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
2018	7.9 %	0.6 %	54,059	688,493
2017	7.1 %	0.6 %	48,571	683,349
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 >20% points, >1.2 times the estimate, or that is inestimable 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
2018	64.0 %	3.5 %	34,986	54,665
2017	71.3 %	3.4 %	37,812	53,031
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 width/estimate >1.2

Estimates with 95% confidence interval widths >20 or that are inestimable 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
2018_2019	51.8 %	2.1 %	334,067	644,420
2017_2018	49.5 %	2.2 %	313,179	632,682
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 because the relative standard error is >0.3.

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	66.0 %	3.0 %	127,020	192,415
2017	64.9 %	3.2 %	124,083	191,304
2016	64.9 %	3.2 %	123,262	190,018
2015	57.9 %	3.2 %	108,790	187,816

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable 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
2018	85.2 %	2.3 %	163,941	192,415
2017	82.5 %	2.7 %	157,772	191,304
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 width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable 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
2018	80.6 %	2.6 %	154,993	192,415
2017	77.3 %	2.9 %	147,792	191,304
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 width/estimate >1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable 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
2018	20.5	0.5	1,800	87,691
2017	21.9	0.5	1,906	86,909
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

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2019
Annual Indicator	14.4
Numerator	4,721
Denominator	32,737
Data Source	Nevada PRAMS
Data Source Year	2018

NOM 24 - Notes:

2018 Nevada PRAMS had a response rate of 39.4%, which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. Interpret data with caution due to response rate.

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
2017_2018	2.0 %	0.5 %	13,556	676,677
2016_2017	2.7 %	0.6 %	18,251	670,399
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 10
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**	**2018**	**2019**
Annual Objective	62	65	66	66
Annual Indicator	64.0	65.4	63.9	64.6
Numerator	319,699	336,134	338,556	346,488
Denominator	499,724	513,892	529,766	536,239
Data Source	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2015	2016	2017	2018

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	67.0	68.0	69.0	70.0	71.0	72.0

Field Level Notes for Form 10 NPMs:

None

NPM 4A - Percent of infants who are ever breastfed

Federally Available Data				
Data Source: National Immunization Survey (NIS)				
	2016	**2017**	**2018**	**2019**
Annual Objective	82	84	86	88
Annual Indicator	82.6	82.3	83.5	79.0
Numerator	26,908	25,695	29,014	27,212
Denominator	32,591	31,207	34,751	34,427
Data Source	NIS	NIS	NIS	NIS
Data Source Year	2013	2014	2015	2016

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	80.0	81.0	81.0	82.0	82.0	83.0

Field Level Notes for Form 10 NPMs:

None

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

Federally Available Data				
Data Source: National Immunization Survey (NIS)				
	2016	**2017**	**2018**	**2019**
Annual Objective	19	25	26	27
Annual Indicator	24.9	25.0	20.8	23.6
Numerator	7,990	7,700	7,086	7,914
Denominator	32,061	30,787	34,093	33,557
Data Source	NIS	NIS	NIS	NIS
Data Source Year	2013	2014	2015	2016

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	25.0	26.0	28.0	27.0	27.0	28.0

Field Level Notes for Form 10 NPMs:

None

NPM 5A - Percent of infants placed to sleep on their backs

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2019
Annual Objective	
Annual Indicator	77.6
Numerator	25,230
Denominator	32,492
Data Source	NV PRAMS
Data Source Year	2018
Provisional or Final ?	Final

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	80.0	81.0	82.0	83.0	84.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
Data represents 2018 calendar year births. Nevada PRAMS receives data in fall of the preceding birth year, resulting in a year lag (2019 data is not received until fall 2020). That is why 2018 calendar year was used. For the 2018 PRAMS weighted data, Nevada PRAMS had a response rate of 39.4%, which is less than the CDC threshold of 55%. Data should be interpreted with caution. Data was obtained from PRAMS question #49 (In which one position do you most often lay your baby down to sleep now?") which has 3 answer choices, with the option to select only one. Responses were calculated from those who selected "on his or her back."

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2019
Annual Objective	
Annual Indicator	35
Numerator	11,072
Denominator	31,599
Data Source	NV PRAMS
Data Source Year	2018
Provisional or Final ?	Final

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	36.0	37.0	38.0	39.0	40.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
Data represents 2018 calendar year births. Nevada PRAMS receives data in fall of the preceding birth year, resulting in a year lag (2019 data is not received until fall 2020). That is why 2018 calendar year was used. For the 2018 PRAMS weighted data, Nevada PRAMS had a response rate of 39.4%, which is less than the CDC threshold of 55%. Data should be interpreted with caution. Data was obtained from PRAMS question #50 ("In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed") which has 5 answer choices, with the option to select only one. Percent of infants were calculated from those who selected "Always, often, or sometimes."

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2019
Annual Objective	
Annual Indicator	43.1
Numerator	13,539
Denominator	31,413
Data Source	NV PRAMS
Data Source Year	2018
Provisional or Final ?	Final

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	44.0	45.0	46.0	47.0	48.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
Data represents 2018 calendar year births. Nevada PRAMS receives data in fall of the preceding birth year, resulting in a year lag (2019 data is not received until fall 2020). That is why 2018 calendar year was used. For the 2018 PRAMS weighted data, Nevada PRAMS had a response rate of 39.4%, which is less than the CDC threshold of 55%. Data should be interpreted with caution. Data was obtained from PRAMS question #52 ("How did your new baby usually sleep in the past 2 weeks?") which has 8 sleep environments with the option to select yes or no for each environment. Percent of infants placed to sleep without soft objects or loose bedding was obtained by those who responded "yes" to "In a crib, bassinet, or pack and play" (choice a) and "no" to all choices b-h.

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**	**2018**	**2019**
Annual Objective			31	33
Annual Indicator		30.9	24.1	27.9
Numerator		23,385	19,924	26,239
Denominator		75,745	82,645	94,028
Data Source		NSCH	NSCH	NSCH
Data Source Year		2016	2016_2017	2017_2018

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						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	30.0	31.0	32.0	33.0	34.0	35.0

Field Level Notes for Form 10 NPMs:

None

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**	**2018**	**2019**
Annual Objective			74	76
Annual Indicator		68.2	71.7	71.7
Numerator		145,792	164,488	164,488
Denominator		213,715	229,387	229,387
Data Source		NSCH	NSCH	NSCH
Data Source Year		2016	2016_2017	2016_2017

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						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	72.0	73.0	74.0	75.0	76.0	77.0

Field Level Notes for Form 10 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**	**2018**	**2019**
Annual Objective			45	46
Annual Indicator		34.9	29.5	26.3
Numerator		35,648	31,552	28,106
Denominator		102,067	106,845	106,689
Data Source		NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year		2016	2016_2017	2017_2018

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						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	30.0	31.0	32.0	33.0	34.0	35.0

Field Level Notes for Form 10 NPMs:

None

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Child Health - NONCSHCN

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - NONCSHCN	
	2019
Annual Objective	
Annual Indicator	43.4
Numerator	248,300
Denominator	572,498
Data Source	NSCH-NONCSHCN
Data Source Year	2017_2018

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	44.0	45.0	46.0	47.0	48.0

Field Level Notes for Form 10 NPMs:

None

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care - Children with Special Health Care Needs

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - CSHCN	
	2019
Annual Objective	
Annual Indicator	10.3
Numerator	4,248
Denominator	41,437
Data Source	NSCH-CSHCN
Data Source Year	2017_2018

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	12.0	13.0	14.0	15.0	16.0

Field Level Notes for Form 10 NPMs:

None

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care - Adolescent Health - NONCSHCN

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - NONCSHCN	
	2019
Annual Objective	
Annual Indicator	11.6
Numerator	21,585
Denominator	186,655
Data Source	NSCH-NONCSHCN
Data Source Year	2017_2018

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	13.0	14.0	15.0	16.0	17.0

Field Level Notes for Form 10 NPMs:

None

NPM 14.1 - Percent of women who smoke during pregnancy

Federally Available Data				
Data Source: National Vital Statistics System (NVSS)				
	2016	**2017**	**2018**	**2019**
Annual Objective	5	4.3	3.8	3.5
Annual Indicator	4.8	4.0	4.2	4.2
Numerator	1,726	1,440	1,491	1,492
Denominator	35,965	35,964	35,462	35,400
Data Source	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	3.0	2.5	2.0	2.0	1.5	1.5

Field Level Notes for Form 10 NPMs:

None

Form 10
National Performance Measures (NPMs) (2016-2020 Needs Assessment Cycle)

State: Nevada

2016-2020: 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	**2018**	**2019**
Annual Objective			32
Annual Indicator	31.0	29.8	25.5
Numerator	73,747	66,162	54,124
Denominator	237,722	221,688	212,017
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2016	2016_2017	2017_2018

Field Level Notes for Form 10 NPMs:

None

2016-2020: 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**	**2018**	**2019**
Annual Objective	16	18	20	22
Annual Indicator	28.6	28.6	24.9	24.9
Numerator	34,940	34,940	33,324	33,324
Denominator	122,356	122,356	134,051	134,051
Data Source	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT
Data Source Year	2015	2015	2017	2017
Federally Available Data				
Data Source: National Survey of Children's Health (NSCH) - ADOLESCENT				
	2016	**2017**	**2018**	**2019**
Annual Objective			20	22
Annual Indicator		18.7	19.6	16.8
Numerator		39,329	44,325	37,886
Denominator		210,143	226,517	225,199
Data Source		NSCH-ADOLESCENT	NSCH-ADOLESCENT	NSCH-ADOLESCENT
Data Source Year		2016	2016_2017	2017_2018

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.

Field Level Notes for Form 10 NPMs:

None

2016-2020: 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**	**2018**	**2019**
Annual Objective			78	66
Annual Indicator		62.2	62.2	63.4
Numerator		415,085	417,372	429,828
Denominator		667,147	670,675	678,451
Data Source		NSCH	NSCH	NSCH
Data Source Year		2016	2016_2017	2017_2018

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.

Field Level Notes for Form 10 NPMs:

None

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

Field Level Notes for Form 10 NPMs:

None

NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured - Children with Special Health Care Needs

Field Level Notes for Form 10 NPMs:

None

Form 10
State Performance Measures (SPMs)

State: Nevada

SPM 1 - Percent of mothers who reported late or no prenatal care

Measure Status:	Active

State Provided Data				
	2016	2017	2018	2019
Annual Objective		7	4.5	4
Annual Indicator	7.9	4.6	4.7	4.9
Numerator	2,805	1,601	1,634	1,680
Denominator	35,378	34,838	34,577	34,357
Data Source	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records
Data Source Year	2016	2017	2018	2019
Provisional or Final ?	Final	Final	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	4.0	3.5	3.5	3.0	3.0	2.5

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**
	Field Note: 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: Late prenatal care is care beginning in the third trimester. Denominator is Nevada residents aged 15-44 years old.	
3.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: Late prenatal care is care beginning in the third trimester. Denominator is Nevada residents aged 15-44 years old.	
4.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Late prenatal care is care beginning in the third trimester. Denominator is Nevada residents aged 15-44 years old.	

SPM 2 - Percent of women who used substances during pregnancy

Measure Status:	Active

State Provided Data				
	2016	2017	2018	2019
Annual Objective		5	4.5	4
Annual Indicator	5.5	5.5	6	5.3
Numerator	1,950	1,924	2,060	1,817
Denominator	35,378	34,838	34,577	34,357
Data Source	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records
Data Source Year	2016	2017	2018	2019
Provisional or Final ?	Final	Final	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	5.0	4.5	4.5	4.0	4.0	3.5

Field Level Notes for Form 10 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.	
3.	**Field Name:**	**2018**
	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. 2018 data are preliminary and subject to change.	
4.	**Field Name:**	**2019**
	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. 2019 data are preliminary and subject to change.	

SPM 3 - Repeat teen birth rate

Measure Status:	Active

State Provided Data				
	2016	2017	2018	2019
Annual Objective		16	16	15
Annual Indicator	16.6	22.9	22.4	16.4
Numerator	339	436	395	275
Denominator	2,040	1,901	1,762	1,679
Data Source	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records	Nevada Vital Records
Data Source Year	2016	2017	2018	2019
Provisional or Final ?	Final	Final	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	15.0	14.0	14.0	13.0	13.0	12.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**
	Field Note: Data provided are for percent of repeat teen births. Data are for Nevada Residents only. Data are preliminary and subject to change. Repeat teen births include previous live births and previous live but dead births.	
2.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: 2017 data are preliminary and subject to change. Data are for Nevada residents only.	
3.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: 2018 data are preliminary and subject to change. Data are for Nevada residents only. Ages 15-19.	
4.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: 2019 data are preliminary and subject to change. Data are for Nevada residents only. Ages 15-19.	

SPM 4 - Teenage pregnancy rate

Measure Status:	Active

State Provided Data			
	2017	2018	2019
Annual Objective	29	25	24
Annual Indicator	25.9	24.4	21.3
Numerator	2,485	2,377	2,124
Denominator	96,038	97,485	99,599
Data Source	DPBH Electronic Birth Registry System	DPBH Electronic Birth Registry System	DPBH Electronic Birth Registry System
Data Source Year	2017	2018	2019
Provisional or Final ?	Final	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	21.0	20.0	19.0	18.0	17.0	16.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: Teenage Pregnancy Nevada Residents, Ages 15-19.	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: Teenage Pregnancy Nevada Residents, Ages 15-19.	
3.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Teenage Pregnancy Nevada Residents, Ages 15-19. 2019 data is preliminary and subject to change.	

Form 10
Evidence-Based or –Informed Strategy Measure (ESM)

State: Nevada

ESM 1.1 - Percent of pregnant women who received prenatal care beginning in the first trimester

Measure Status:	Active

State Provided Data		
	2018	2019
Annual Objective		
Annual Indicator	74	74.6
Numerator	24,893	25,805
Denominator	33,651	34,573
Data Source	Federally Available Data-NVSS	Federally Available Data-NVSS
Data Source Year	2017	2018
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	76.0	77.0	78.0	79.0	80.0	81.0

Field Level Notes for Form 10 ESMs:

None

ESM 4.1 - Percent of Nevada PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends

Measure Status:	Active

State Provided Data	
	2019
Annual Objective	
Annual Indicator	1.8
Numerator	6
Denominator	328
Data Source	Nevada PRAMS
Data Source Year	2018
Provisional or Final ?	Provisional

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	1.5	1.3	1.0	0.8	0.5

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
Data represents 2018 calendar year births. Nevada PRAMS receives data in fall of the preceding birth year, resulting in a year lag (2019 data is not received until fall 2020). That is why 2018 calendar year was used. 2018 Nevada PRAMS data had a response rate of 39.4% which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. Interpret data with caution due to the response rate. Data was gathered from NV PRAMS question #48 (what were your reasons for stopping breastfeeding?) which has a check all that apply response. The response "I did not have support from family or friends" was utilized for this ESM.

ESM 5.1 - Percent of PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and /or environment

Measure Status:	Active
State Provided Data	
	2019
Annual Objective	
Annual Indicator	73.2
Numerator	25,078
Denominator	34,250
Data Source	Nevada PRAMS
Data Source Year	2018
Provisional or Final ?	Provisional

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	68.0	68.0	63.0	63.0	58.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
Data represents 2018 calendar year births. Nevada PRAMS receives data in fall of the preceding birth year, resulting in a year lag (2019 data is not received until fall 2020). That is why 2018 calendar year was used. 2018 Nevada PRAMS data had a response rate of 39.4% which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. Interpret data with caution due to the response rate.
High risk sleep positions are defined as not being laid to sleep on the back, using soft bedding, and/or not having a separate approved sleep surface. The following survey questions and responses were used to define high risk:
#49 On his or her side, On his or her stomach
#50 Sometimes Rarely Never
#51 No
#52 b. Twin or larger mattress or bed
c. Couch, sofa, or armchair
d. Infant car seat or swing
e. Sleeping sack or wearable blanket
f. With Blanket
g. With toys, cushions, or pillows, including nursing pillows
h. With crib bumper pads

2.	**Field Name:**	**2021**
	Column Name:	**Annual Objective**

Field Note:
Objectives based off of change from 2017 to 2018, which was 79.1 to 73.2 (7.5% decrease).

ESM 6.1 - Percent of Medicaid enrolled children, ages 9 through 35 months, who received a developmental screening using a standardized tool.

Measure Status:	Active

State Provided Data		
	2018	2019
Annual Objective		
Annual Indicator	9.2	6.9
Numerator	6,247	4,036
Denominator	68,245	58,428
Data Source	Nevada Medicaid Data	Nevada Medicaid Data
Data Source Year	2018	2019
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	7.0	8.0	9.0	10.0	11.0	12.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: EPSDT screenings were used for this measure. Data is for federal fiscal year 2018.	
2.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: EPSDT screenings were used for this measure. Data is for federal fiscal year 2019	

ESM 10.1 - Percent of Medicaid EPSDT eligible adolescents, ages 12 through 17, who received at least one initial or periodic screen

Measure Status:	Active

State Provided Data		
	2018	2019
Annual Objective		
Annual Indicator	32	24
Numerator		
Denominator		
Data Source	Center for Medicare and Medicaid Services Form 416	Center for Medicare and Medicaid Services Form 416
Data Source Year	2018	2019
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	26.0	28.0	30.0	32.0	34.0	36.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: Percentage was obtained from Center for Medicare and Medicaid Services Form CMS-416: Annual EPSDT Participation Report; modified for ages 12-17 only. Percentage was calculated by dividing the "Total Eligibles receiving at least one initial or periodic screen" by "Total individuals eligible for EPSDT."	
2.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Percentage was obtained from Center for Medicare and Medicaid Services Form CMS-416: Annual EPSDT Participation Report; modified for ages 12-17 only. Percentage was calculated by dividing the "Total Eligibles receiving at least one initial or periodic screen" by "Total individuals eligible for EPSDT."	
3.	**Field Name:**	**2020**
	Column Name:	**Annual Objective**
	Field Note: Objective is to increase by 2 percentage points every year from 2020-2025, with the goal of ultimately exceeding the 2018 annual indicator.	

ESM 11.1 - Number of Nevada Medical Home Portal website views.

Measure Status:	Active

State Provided Data		
	2018	2019
Annual Objective		
Annual Indicator	4,838	12,390
Numerator		
Denominator		
Data Source	Medical Home Portal	Medical Home Portal
Data Source Year	2018	2019
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	17,000.0	21,500.0	25,500.0	29,000.0	32,000.0	34,500.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: Data is for Federal Fiscal year 2018	
2.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data is for Federal Fiscal Year 2019	
3.	**Field Name:**	**2020**
	Column Name:	**Annual Objective**
	Field Note: Obtained by assuming website views will increase by approximately 5,000	
4.	**Field Name:**	**2021**
	Column Name:	**Annual Objective**
	Field Note: The expectation is that the growth rate would not be stable over time, as more people will become familiar with the website. We will still expect to see an increase in the number of views, but each year the increase will be by slightly less than the year prior.	

ESM 12.1 - Percent of health transition training participants who reported a change in knowledge, practice, or policy

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	10.0	55.0	60.0	65.0	70.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
Once this data becomes available next year, annual objectives will be determined.

ESM 14.1.1 - Percent of PRAMS respondents who report that a doctor, nurse, or other health care worker asked if they were smoking cigarettes during any prenatal care visits

Measure Status:	Active

State Provided Data	
	2019
Annual Objective	
Annual Indicator	88.8
Numerator	732
Denominator	824
Data Source	NV PRAMS
Data Source Year	2018
Provisional or Final ?	Final

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	90.0	91.0	92.0	93.0	94.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
Data represents 2018 calendar year births. Nevada PRAMS receives data in fall of the preceding birth year, resulting in a year lag (2019 data is not received until fall 2020). That is why 2018 calendar year was used. 2018 Nevada PRAMS data had a response rate of 39.4% which falls under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. Interpret data with caution due to response rate. Data was gathered from NV PRAMS question #20c, which is a yes/no question.

Form 10
Evidence-Based or -Informed Strategy Measures (ESMs) (2016-2020 Needs Assessment Cycle)

2016-2020: 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**	**2018**	**2019**
Annual Objective			60	75
Annual Indicator	31.6	57.9	73.7	63.2
Numerator	6	11	14	12
Denominator	19	19	19	19
Data Source	Nevada Title V MCH Program	Nevada Title V MCH Program	Nevada Title V MCH Program	Title V MCH Program
Data Source Year	FY 2016	FY 2017	FY 2018	FY 2019
Provisional or Final ?	Final	Final	Provisional	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 8.1.2 - Number of sites conducting training and technical assistance to early care and education centers to reduce childhood obesity.

Measure Status:		**Active**
State Provided Data		
	2018	**2019**
Annual Objective		
Annual Indicator	266	
Numerator		
Denominator		
Data Source	State Obesity Prevention and Control Program	
Data Source Year	2018	
Provisional or Final ?	Final	

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**

Field Note:
Data for this ESM was collected from a grant funded program that did not receive additional funding and ended June 30 2018. 2018 data is for FFY 2018, but only for nine months (Oct 2017-June 2018)

The State Chronic Disease Prevention and Health Promotion (CDPHP) Section program, the State Obesity Prevention and Control (OPC) Program, funded the Children's Cabinet to provide statewide trainings and technical assistance to Early Care and Education (ECE) Centers in the areas of nutrition, physical activity improvement and sedentary time reduction, as well as breastfeeding support.

2.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
The program that provided this data lost funding in 2018 and was not continued. There is no data available for 2019.

2016-2020: 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	**2018**	**2019**
Annual Objective			14
Annual Indicator	9	13	18
Numerator			
Denominator			
Data Source	Nevada Title V MCH Program	Nevada Title V MCH Program	Nevada Title V MCH Program
Data Source Year	FY 2017	FY 2018	FY 2019
Provisional or Final ?	Final	Final	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 8.2.2 - Number of unique visitors to MCH social media including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17.

Measure Status:		**Active**	
State Provided Data			
	2017	**2018**	**2019**
Annual Objective			105,000
Annual Indicator	99,000	131,396	117,179
Numerator			
Denominator			
Data Source	Nevada Title V MCH Program	Nevada Title V MCH Program	Nevada Title V MCH Program
Data Source Year	FY 2017	FY 2018	FY 2019
Provisional or Final ?	Final	Final	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: 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**	**2018**	**2019**
Annual Objective		30	40	25
Annual Indicator	20	14	1	1
Numerator				
Denominator				
Data Source	Nevada Tobacco Prevention and Control Program	Nevada Tobacco Prevention and Control Program	Nevada Tobacco Prevention and Control Program	Nevada Tobacco Prevention and Control Program
Data Source Year	FY 2016	FY 2017	FY 2018	FY 2019
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 15.2 - Percent of children ages 0 -17 on Nevada Medicaid and/or Nevada Check-Up.

Measure Status:	Active

Baseline data was not available/provided.

Field Level Notes for Form 10 ESMs:

None

Form 10
State Performance Measure (SPM) Detail Sheets

State: Nevada

SPM 1 - Percent of mothers who reported late or no prenatal care
Population Domain(s) – Women/Maternal Health

Measure Status:	Active
Goal:	Increase percent of women receiving prenatal care in first trimester
Definition:	**Numerator:** Number of births without prenatal care or late prenatal care listed on birth certificate **Denominator:** Number of Nevada resident births for the same year **Unit Type:** Percentage **Unit Number:** 100
Healthy People 2020 Objective:	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 Related to Access to Health Services (AHS) Developmental Objective 7.0: Increase the proportion of persons who receive appropriate clinical preventive services
Data Sources and Data Issues:	Electronic Birth Registry System
Significance:	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

SPM 2 - Percent of women who used 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 **Denominator:** Number of Nevada resident births for the same year **Unit Type:** Percentage **Unit Number:** 100
Healthy People 2020 Objective:	Related to Maternal, Infant, and Child Health (MICH) Developmental Objective MICH: MICH-11: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women. MICH-11.1: Increase abstinence from alcohol among pregnant women. MICH-11.2Increase abstinence from binge drinking among pregnant women MICH-11.3Increase abstinence from cigarette smoking among pregnant women 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 3 - 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 **Denominator:** Number of Nevada resident teen births for the same year **Unit Type:** Percentage **Unit Number:** 100
Healthy People 2020 Objective:	Related to Maternal, Infant, and Child Health (MICH) Developmental Objective 16 and Family Planning Objectives FP-8 MICH-16 Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors FP-8.1 Reduce pregnancies among adolescent females aged 15 to 17 years 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 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 **Denominator:** Number of teenage females **Unit Type:** Rate **Unit Number:** 1,000
Healthy People 2020 Objective:	Related to FP-8 Reduce pregnancies among adolescent females FP-8.1 Reduce pregnancies among adolescent females aged 15 to 17 years FP-8.2 Reduce pregnancies among adolescent females aged 18 to 19 years
Data Sources and Data Issues:	Electronic Birth Registry System 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 10
State Outcome Measure (SOM) Detail Sheets

State: Nevada

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Nevada

ESM 1.1 - Percent of pregnant women who received prenatal care beginning in the first trimester
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase percent of women accessing prenatal care in the first trimester.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Numerator:</td><td>Number of pregnant women who received prenatal care beginning in the first trimester.</td></tr>
<tr><td>Denominator:</td><td>Number of pregnant women in Nevada</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>Data Sources and Data Issues:</td><td>Data Source: Federally available data (FAD)</td></tr>
<tr><td>Significance:</td><td>Prenatal care access ensures opportunities for the provision of preventive services including screenings, identification of high risk behaviors and nutritional needs, and education for new parents. Prenatal care reduces the risk of pregnancy complications and women who receive prenatal care within their first trimester are more likely to have a healthy birth outcome. Prenatal care visits help monitor maternal and fetal well being throughout pregnancy. Early detection and treatment of potential complications improves chances of healthy pregnancy and healthy infant.</td></tr>
</table>

ESM 4.1 - Percent of Nevada PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	Reduce the number of women who stop breastfeeding due to lack of support from family or friends.
Definition:	**Numerator:** Number of PRAMS respondents who stop breastfeeding due to lack of support from family or friends **Denominator:** Number of PRAMS respondents **Unit Type:** Percentage **Unit Number:** 100
Data Sources and Data Issues:	Nevada Pregnancy Risk Assessment Monitoring System; Data represents 2018 calendar year births. Nevada PRAMS receives data in fall of the preceding birth year, resulting in a year lag (2019 data is not received until fall 2020). That is why 2018 calendar year was used. 2018 Nevada PRAMS data had a response rate of 39.4% which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. Interpret data with caution due to the response rate.
Significance:	Breast milk provides the ideal nutrition for infants. It provides the proper mix of vitamins, protein, and fat to help babies grow. Breastmilk is more easily digested than infant formula, and contains antibodies to help babies fight off viruses and bacteria. Babies who are breastfed exclusively for the first 6 months, without any formula, have fewer health issues. They also have fewer hospitalizations and trips to the doctor.

ESM 5.1 - Percent of PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and /or environment
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Active
Goal:	Reduce the number of infants (under 1 year of age) who are laid to sleep in a high-risk sleep position and/or environment
Definition:	**Numerator:** Number of PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and /or environment **Denominator:** Number of PRAMS respondents **Unit Type:** Percentage **Unit Number:** 100
Data Sources and Data Issues:	Nevada Pregnancy Risk Assessment Monitoring System; Data represents 2018 calendar year births. Nevada PRAMS receives data in fall of the preceding birth year, resulting in a year lag (2019 data is not received until fall 2020). That is why 2018 calendar year was used. 2018 Nevada PRAMS data had a response rate of 39.4% which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. Interpret data with caution due to the response rate.
Significance:	In 2016, the American Academy of Pediatrics (AAP) developed specific recommendations expanding on the importance of sleep position for infants up to 1 year old. To reduce the risk of SIIDS, for safe sleep in a supine position (wholly on the back) for every sleep by every caregiver until the child reaches 1 year of age. Side sleeping is not safe and is not advised.

ESM 6.1 - Percent of Medicaid enrolled children, ages 9 through 35 months, who received a developmental screening using a standardized tool.
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

Measure Status:	Active
Goal:	To increase the number of children receiving a developmental screenings using a standardized tool.
Definition:	**Numerator:** Number of children receiving a developmental screening using a standardized tool. **Denominator:** Members 9-35 months **Unit Type:** Percentage **Unit Number:** 100
Data Sources and Data Issues:	Nevada Title V/MCH Program, Office of Analytics
Significance:	Parents Evaluation of Developmental Status (PEDS), Ages and Stages (ASQ-3 and ASQ:SE-2) and Early Language Milestone Screen are the most commonly used standardized developmental screening tool. Collection of this data will allow the Title V MCH Program to track the number of medicaid enrolled children receiving a developmental screening.

ESM 10.1 - Percent of Medicaid EPSDT eligible adolescents, ages 12 through 17, who received at least one initial or periodic screen
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	To increase the number of adolescents, ages 12 through 17, receiving preventive well visits.
Definition:	**Numerator:** Number of Medicaid EPSDT eligible adolescents, ages 12 through 17, receiving at least one initial or periodic screen **Denominator:** Total adolescents, ages 12 through 17, who are eligible for EPSDT **Unit Type:** Count **Unit Number:** 100,000
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 any physical, emotional and behavioral health issues they may have.

ESM 11.1 - Number of Nevada Medical Home Portal website views.
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active
Goal:	To increase the users visiting the Nevada Medical Home Portal website to help the CYSHCN population about how to access and benefits of medical home portal in the past year.
Definition:	**Numerator:** Number of Nevada Medical Home Portal website views during reporting period. **Denominator:** N/A **Unit Type:** Count **Unit Number:** 100,000
Data Sources and Data Issues:	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 well being.
Significance:	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 12.1 - Percent of health transition training participants who reported a change in knowledge, practice, or policy
NPM 12 – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

Measure Status:	Active
ESM Subgroup(s):	CSHCN and non-CSHCN
Goal:	Increase the percent of transition training participants with a change in knowledge, practice, or policy
Definition:	**Numerator:** Number of transition training participants who reported a change in knowledge, practice, or policy **Denominator:** Number of transition training participants **Unit Type:** Percentage **Unit Number:** 100
Data Sources and Data Issues:	Title V MCH Program. The results of the pre- and post-test surveys administered to Health Care Transition training participants.
Significance:	The transition of youth to adulthood, including the movement from a child to an adult model of healthcare, has become a statewide priority issue based on the 2020 Needs Assessment. Poor health has the potential to impact negatively the youth and young adults' academic and vocational outcomes. Over 90 percent of children with special health care needs now live to adulthood, but are less likely than their non-disabled peers to complete high school, attend college or to be employed. Health and health care are cited as two of the major barriers to making successful transitions.

ESM 14.1.1 - Percent of PRAMS respondents who report that a doctor, nurse, or other health care worker asked if they were smoking cigarettes during any prenatal care visits
NPM 14.1 – Percent of women who smoke during pregnancy

Measure Status:	Active
ESM Subgroup(s):	Pregnant Women
Goal:	Reduce the percentage of pregnant women who smoke during pregnancy
Definition:	**Numerator:** Number of PRAMS respondents who report that a doctor, nurse, or other health care worker asked if they were smoking cigarettes during any prenatal care visits **Denominator:** Number of total PRAMS respondents **Unit Type:** Percentage **Unit Number:** 100
Data Sources and Data Issues:	Nevada Pregnancy Risk Assessment Monitoring System (PRAMS); Data represents 2018 calendar year births. Nevada PRAMS receives data in fall of the preceding birth year, resulting in a year lag (2019 data is not received until fall 2020). That is why 2018 calendar year was used. 2018 Nevada PRAMS data had a response rate of 39.4% which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. Interpret data with caution due to the response rate.
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.

Form 10
Evidence-Based or -Informed Strategy Measure (ESM) (2016-2020 Needs Assessment Cycle)

2016-2020: 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

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. **Denominator:** Number of birthing facilities in Nevada (19) **Unit Type:** Percentage **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.

2016-2020: ESM 8.1.2 - Number of sites conducting training and technical assistance to early care and education centers to reduce childhood obesity.
2016-2020: NPM 8.1 – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Measure Status:	Active
Goal:	Increase the number of early care and education centers conducting training to reduce childhood obesity.
Definition:	**Numerator:** Number of site conducting training and technical assistance to early care and education centers **Denominator:** N/A **Unit Type:** Count **Unit Number:** 320
Data Sources and Data Issues:	Nevada Title V/MCH Program
Significance:	The training consists of 3 parts: breastfeeding, nutrition and physical activity. The goal is to decrease obesity via nutrition and physical activity.

2016-2020: ESM 8.2.1 - Number of facilities providing Trauma-Informed Yoga (TIY) for at-risk adolescents ages 12-17.
2016-2020: 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 **Denominator:** N/A **Unit Type:** Count **Unit Number:** 50
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. It provides access to physical activity for 60 minutes often only available at a significant financial cost, to youth of all socioeconomic statuses and in restrictive contexts for other physical activity alternatives.

2016-2020: ESM 8.2.2 - Number of unique visitors to MCH social media including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17.
2016-2020: 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 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 including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17 **Denominator:** NA **Unit Type:** Count **Unit Number:** 500,000
Data Sources and Data Issues:	Nevada Title V/MCH Program 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.

2016-2020: 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

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 **Denominator:** All pregnant women who use nicotine **Unit Type:** Count **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.

2016-2020: ESM 15.2 - Percent of children ages 0 -17 on Nevada Medicaid and/or Nevada Check-Up.
2016-2020: NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured

Measure Status:	Active
Goal:	To increase the percent of children ages 0 through 17 who are adequately insured
Definition:	**Numerator:** Number of children ages 0 -17 on Nevada Medicaid and/or Nevada Check-Up. **Denominator:** Number of children ages 0-17 **Unit Type:** Percentage **Unit Number:** 100
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.

Form 11
Other State Data

State: Nevada

The Form 11 data are available for review via the link below.

Form 11 Data