

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Title V Maternal and Child Health (MCH) Block Grant Updates

Division of Public and Behavioral Health

Mitch DeValliere, DC



8/3/2020

Helping people. It's who we are and what we do.



Agenda

1. Fiscal Update
2. Priority Areas
3. New Priorities Based on Needs Assessment
4. Emerging Issues
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6. Contact Information
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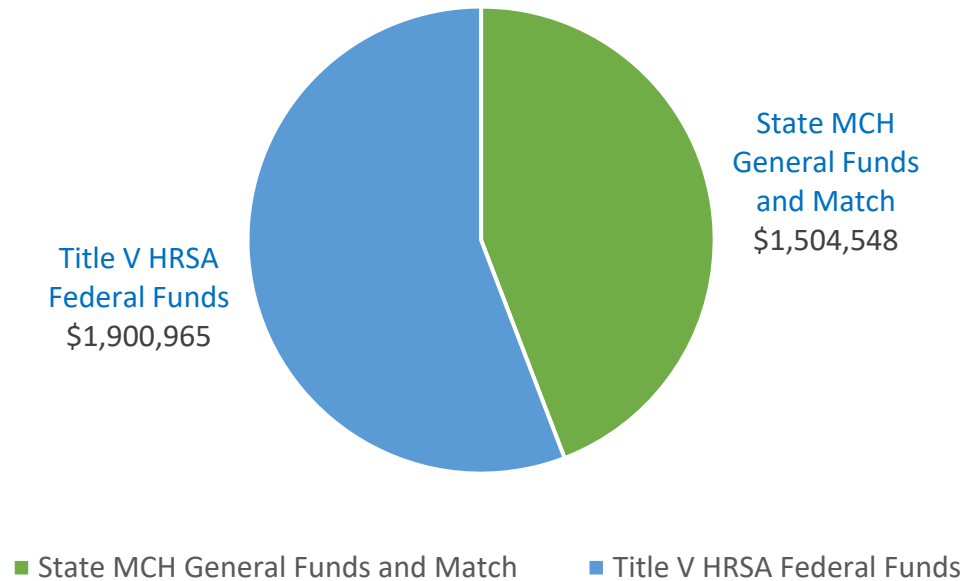




Fiscal Update

- Title V HRSA Federal Funds \$1,900,965
- State MCH General Funds and Match \$1,504,548
- Total \$3,405,513

FY 2019 Expenditures





Priority Areas

Improve preconception and interconception health among women of childbearing age, National Performance Measure 1 (NPM 1)



Breastfeeding promotion (NPM 4)



Increase developmental screening (NPM 6)



Promote healthy weight (NPM 8)





Priority Areas

Reduce teen pregnancy, State Performance Measure 2 (SPM2)



Improve care coordination (NPM 10)



Reduce substance use during pregnancy (NPM 14)



Increase adequate insurance coverage among children (NPM 15)





Priorities based on Needs Assessment

Improve preconception and interconception health among women of childbearing age - National Performance Measure 1 (NPM 1)

Breastfeeding promotion - NPM 4

Promote Safe Sleep - NPM 5

Increase developmental screening - NPM 6





Priorities based on Needs Assessment

Improve care coordination - NPM 10

Promote a Medical Home - NPM 11

Increase transition of care for adolescents and Children and Youth with Special Health Care Needs (CYSHCN) - NPM 12

Reduce substance use during pregnancy - NPM 14





Emerging Issues

COVID-19

Congenital Syphilis

Teen Suicide

Substance Use During Pregnancy
and Substance Exposed Infants

Maternal Mortality Review
Committee (MMRC)

Early Childhood Continuum





COVID-19

DPBH is encouraging healthcare providers to refer to the CDC's Health Alert Network (HAN) and DPBH's technical bulletins and DHHS efforts inform the state COVID-19 information hub at <https://nvhealthresponse.nv.gov/>.

The latest 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 Office of Public Health Investigations and Epidemiology





Congenital Syphilis

In 2018, Nevada was number one in the country for primary and secondary syphilis rates and second for congenital syphilis (CS) rates.

With an increase of syphilis cases, comes a rise in congenital syphilis.

Title V 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) show adolescent suicide rate for ages 15 through 19 per 100,000 in Nevada was 15.2 from 2016-2018.

This is higher than the U.S. rate of 11.1 from 2016-2018.





Substance Use During Pregnancy and Substance Exposed Infants

Resource development for substance use in pregnancy and substance exposed infants will continue to be a priority for DHHS, DPBH and Title V MCH.

MCAH will continue to work with state efforts on Comprehensive Addiction Recovery Act (CARA) and the Infant Plan of Care including education, training, work group participation, and increasing awareness.

Staff are core members of the Nevada Association of State and Territorial Health Organizations (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI NAS) related efforts in the state.





Maternal Mortality Review Committee (MMRC)

Governor Steve Sisolak signed Assembly Bill (AB) 169 of the 80th Legislative Session into law, establishing a Nevada MMRC, codified in Nevada Revised Statutes Statutes (NRS) 442.751 through 442.774, inclusive.

Reporting produced by the MMRC, Office of Analytics and MCAH support staff will be included in the Title V MCH Block Grant reporting.

Nevada is an Alliance for Innovation on Maternal Health (AIM) state and this will also support 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 MCH will help address.

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.

Title V MCH will work with the Early Childhood Advisory Council and Nevada Home Visiting (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 of Pritzker efforts in Nevada related to strengthening the early care continuum.





Questions?





Contact Information

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Acronyms

- AIM: Alliance for Innovation on Maternal Health
- ASTHO: Association of State and Territorial Health Organizations
- CARA: Comprehensive Addiction and Recovery Act
- CDC: The Centers for Disease Control and Prevention
- COVID-19: Corona Virus Disease (2019)
- CS: Congenital Syphilis
- CYSHCN: Children and Youth with Special Health Care Needs
- DHHS: Department of Health and Human Services
- DPBH: Division of Public and Behavioral Health
- HAN: Health Alliance Network
- HRSA: Health Resources and Services Administration
- MCAH: Maternal, Child, and Adolescent Health Section
- MCH: Maternal and Child Health
- MMRC: Maternal Mortality Review Committee
- NPM: National Performance Measure
- NVSS: National Vital Statistics System
- OMNI: Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative
- OPHIE: Office of Public Health Investigations and Epidemiology

