

**Maternal and Child Health Advisory Board (MCHAB)**  
**February 5, 2021 Update**

- **Domain: Women/Maternal Health**
  - Increase the percent of women ages 15-44 receiving routine check-ups in the previous year
  - Increase the percent of women receiving prenatal care in first trimester
  
- **Title V MCH Program and Partners –**
  - Community Health Services (CHS) provided 1,864 preventive education services, 186 well-care screenings, 354 contraceptives, 170 Sexually Transmitted Infection (STI) screens, 71 immunizations, and 321 clients received nutrition, weight, and exercise information. All women presenting for reproductive health visits were screened for domestic violence and behavioral health, as well as depression. One woman was referred to a mental health provider.
  - Carson City Health and Human Services (CCHHS) conducted well visits for women. Referrals were made for women afflicted by domestic violence, mood disorders, substance use, and women reporting alcohol use were educated about risks of alcohol use with pregnancy. Sobermomshealthybabies.com was promoted during clinic visits.
  
- **Rape Prevention & Education (RPE) Program –**
  - The Nevada Rape Prevention and Education (RPE) Program is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) in response to the Violence Against Women Act of 1994. It continues through reauthorization and expansion of the original legislation. The RPE Program focuses on preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors to prevent sexual violence. CDC funds the RPE Program, sexual violence funds set-aside through Preventive Health the Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program Block Grant.
  - Over the last few months, RPE partners have continued to adapt prevention efforts from in-person training to virtual platforms with much success.
  - UNLV continued the CARE Peer Program (CPP), an individual/relationship level strategy, and the CARE Campus initiative, a strategy focused at the community level. CPP is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social norms that protect against violence, such as bystander approaches and healthy relationship/communication components. It is offered to all UNLV students with an outreach emphasis on priority populations of women, female-identified, and LGBTQI students. Graduates of the CPP can become CPP Leaders and graduate students eligible for scholarships, thereby improving both leadership skills and economic stability as they are supported in completing their education.
  - CARE Campus focuses on revising existing protocols and procedures to identify and respond to intimate partner violence (IPV) for students, faculty, and staff. This work will result in tools for tracking and monitoring policy findings over time. Due to COVID-19, UNLV has moved to virtual education, outreach, and training.
  - Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) is working to identify policies and legislative recommendations for increasing gender equity in Nevada to empower and support women and girls. They have connected with various organizations in Nevada working on economic justice issues, which may or may not have connected economic justice and sexual violence. NCEDSV has met with or intends to meet with: Opportunity Alliance, PLAN, Nevada Women’s Lobby, Nevada Women’s Equity Coalition,

Nevadans for the Common Good, Nevada Minority Health and Equity Coalition, Make it Work Nevada, and Make the Road Nevada.

- NCEDSV researches statewide economic policies impacting women and girls, such as pay equity, childcare, education, and housing. Also, NCEDSV explores policy initiatives to help identify strategies to operationalize initiatives through changes to existing regulations, codes, and legislation. NCEDSV plans to identify given issues to focus on going forward and intends to hold virtual meetings with key players and interested parties in December 2020 and January 2021.
- Safe Embrace is currently working to assist entertainment and hospitality organizations in Northern Nevada to establish and strengthen zero tolerance and sexual harassment policies in the workplace.
- In their work to create protective environments, Safe Embrace conducted outreach to new partners in the business community, highlighting how they could increase safety for staff and patrons. Since the program's start in late 2019, 12 establishments have MOUs in place and receive information, training, and policy guidance, while 25 other establishments expressed interest in the program.
- The Rape Crisis Center of Las Vegas (RCCLV) continues to implement the Stay Safe / SAINT program, which is targeted to the hospitality industry. While the program was initially put on hold in March due to Nevada's shelter in place order, as businesses reopened, RCCLV held socially distanced and masked training promoting safety and security. Through the Stay Safe / SAINT program, RCCLV has worked to institutionalize relationships with MGM and Wynn and seek new partnerships to expand the safety practices. In the coming year, RCCLV plans to reach out to casinos, bars, and clubs to establish and formalize programming support relationships.
- Additionally, RCCLV is working on enhance prevention efforts concerning Sexual Violence and Intimate Partner Violence during COVID-19 by increasing protective factors by supporting 24-hour crisis response hotlines and improving public health emergency preparedness (PHEP) capabilities through community preparedness and information sharing. Sexual Violence and Intimate Partner Violence Prevention efforts are statewide with a particular focus on rural and frontier counties. This Covid-19 funding will specifically benefit populations that are at higher risk in experiencing sexual abuse and intimate partner violence. Due to Nevada's unique geographic distribution of population, 90% of the state's population resides in urban counties. The majority (73%) of the state's population lives in Clark County, 16% in Washoe County, and the remaining 11% in rural and frontier counties. Additionally, a third of Nevadans (33.7%) live in a health professional shortage area (HPSA). This percent is intensified among rural and frontier counties, with 50.6% of rural Nevadans living in an HPSA. The great differences between urban and rural contexts in Nevada highlight unique needs related to HPSAs across the state and the different obstacles many counties face. Nevada's unique geographical landscape, with rural and frontier counties making up most of Nevada's geographical areas, increases the risk of Nevadans experiencing sexual violence and intimate partner violence. Access to health, prevention, and protection services in the U.S. is disparate based on population density: women in rural areas have less access than urban women to domestic violence shelters, physical and mental health professionals, law enforcement, and judicial personnel. Women in rural areas are also nearly twice as likely to be turned away from services because of the insufficient number of community-based health programs and inadequate staffing.
- Additionally, Nevada RPE was awarded CDC COVID-19 Supplemental funding as Nevada's current shelter-in-place restrictions from the COVID-19 pandemic continue, reports of violence in the home increase in some areas. The Domestic Violence Resource

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

- **MCH Coalition (north, south and statewide) –**

- The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Medical Home Portal (MHP), Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, Sober Moms Healthy Babies and the Nevada Tobacco Quitline. In addition, monthly e-newsletters, educational opportunities, and Program updates are provided to Coalition members. Social media campaigns promoting maternal, child, and adolescent health continue on Facebook and Instagram.
  - Southern Nevada MCH Coalition meetings were held:
    - October 13, 2020
    - November 10, 2020
    - December 2020: No meeting
  - Northern Nevada MCH Coalition meeting were held:
    - October 8, 2020
    - November 12, 2020
    - December 2020: No meeting
  - Held quarterly steering committee meeting on November 19, 2020
  - Disseminated information to the MCH Coalition listserv regarding COVID-19, rental assistance, and ACA Open Enrollment.
  - Six Perinatal Mood and Anxiety Disorder (PMAD) support group meetings were conducted, two per month. Virtual PMAD training held on October 22<sup>nd</sup>, November 13<sup>th</sup> for WIC and November 24<sup>th</sup> for UNLV.
  - Facebook followers increased by 5 in October, by 2 in November, and by 0 in December for a total of 7 from October to December.
  - Instagram followers increased by 13 in October, by 16 in November, and by 11 in December for a total of 40 from October to December.

- **Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) Program**

- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Nevada Division of Public and Behavioral Health and the Centers for Disease Control and Prevention (CDC). The purpose is to determine protective factors for healthy, full-term births; risk factors for short-term births, babies born with disabilities; and maternal health. To do this, our questionnaire asks new mothers questions about their behaviors and experiences before, during, and after their pregnancy. Each year in Nevada hundreds of babies are born with serious health concerns or disabilities. Many factors in a mother's life may affect her pregnancy and the health of her child, this survey is designed to capture these variables. The overall goal of PRAMS is to reduce infant morbidity and mortality and to promote maternal

health by influencing maternal and child health programs, policies, and maternal behaviors during pregnancy and early infancy.

- PRAMS received \$14,999 in supplemental funds in year 5 of the grant that runs from May 1, 2020 to April 30, 2021. These supplemental funds allow for the continuation of the additional disability questions through March of 2020. NV PRAMS continued the opioid supplemental questions with MCH Title V Program and state general funds. A total of 18 supplemental questions will continue on the survey relating to pregnancy and disability, as well as opioid use in pregnancy. Data from the survey will inform future data driven MCH efforts.
- Nevada PRAMS received \$16,444 from the Council of State and Territorial Epidemiologists (CSTE) to add eleven questions on how the COVID-19 pandemic and response impacted women's pregnancy and birth experiences. These questions began in October 2020, and will run through April 2021, representing six months of data collection.
- 2017 Nevada PRAMS data had a response rate of 41% and 2018 data had a response rate of 39%, which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. This data should be interpreted with caution due to the response rate. Nevada PRAMS has submitted the 2019 birth file to the CDC and should be receiving weighted data soon.
- Data can be requested via the Office of Analytics at [data@dhhs.nv.gov](mailto:data@dhhs.nv.gov). The primary goal for Nevada PRAMS is to increase response rates moving forward.

- **Domain: Perinatal/Infant Health**

- **Title V MCH Program and Partners –**

- CCHHS reached out to businesses to educate about breastfeeding laws, encourage participation in the Breastfeeding Welcome Here (BFWH) Campaign, and check interest in needing a space established for staff to feed their infants. Several Facebook campaigns were conducted. The campaign promoting text4baby reached 1,730 people, with 3,830 media impressions, and 26 clicks on the link for more information. The PRAMS campaign promoted the value of women participating in the survey to improve prenatal health care for women and infants in Nevada. These messages reached 2,025 with 8,559 media impressions and women 33 clicked on the link to obtain resources. Vaccination reminder cards were sent for infants/toddlers four through 35-months old in need of 1<sup>st</sup> MMR and 4<sup>th</sup> Dtap shots. During clinic visits, staff educated women receiving positive pregnancy test results about breastfeeding. All were referred to WIC for support, informed about the value of participating in the Pregnancy Risk Assessment Monitoring System (PRAMS survey and given information about Sobermomshealthybabies.com.

- **Safe Sleep Media Campaign**

September, October, and November 2020: 263 Total TV Spots Aired, 1,724 Radio Spots Aired

- TV
  - North: 67 English, 37 Spanish
  - South: 120 English, 36 Spanish
- Radio
  - North: 883 English, 117 Spanish
  - South: 634 English, 90 Spanish

- **SoberMomsHealthyBabies.org Media Campaign**  
September, October, and November 2020: 273 Total TV Spots Aired, 1,651 Radio Spots Aired
  - TV
    - North: 68 English, 36 Spanish
    - South: 109 English, 60 Spanish
  - Radio
    - North: 905 English, 101 Spanish
    - South: 602 English, 43 Spanish
  
- **PRAMS Media Campaign**  
September, October, November 2020: 306 Total TV Spots Aired, 2,243 Radio Spots Aired
  - TV
    - North: 88 English, 54 Spanish
    - South: 112 English, 52 Spanish
  - Radio
    - North: 1550 English, 100 Spanish
    - South: 441 English, 152 Spanish
  
- **Washoe County Health District (WCHD) continues to review records for the Fetal Infant Mortality Review (FIMR)**
  - Nineteen new FIMR cases were received between October 1, 2020 and December 31, 2020 from local hospitals, Washoe County Medical Examiner's Office and Washoe County Health District Vital Statistics. One case was out of jurisdiction, (not from Washoe County) but received some care within Washoe County. The number of cases received and out of jurisdiction cases are preliminary
  - There was one Case Review Team (CRT) meeting during this reporting period. Five cases were presented and discussed. Meetings have been held virtually since COVID-19. There was no meeting in October due to staff leave of absence. The team typically meets monthly, except in June and December. The CRT has reviewed twenty one cases this fiscal year so far.
  - Staff completed the Washoe County FIMR Annual Report after data was received from the state.
  - Staff continue to attend and provide updates at the Northern Nevada Maternal Child Health meetings, Pregnancy & Infant Loss Support Organization of the Sierras (PILSOS) and Child Death Review meetings.
  - The Northern Nevada Maternal Child Health (NNMCH) Coalition continues to function as the FIMR Community Action Team (CAT). Two NNMCH Coalition meetings were held during this quarter. The most recent meeting was held on November 12, 2020 with a presentation about Building Better Birth Stories by a Labor and Delivery Nurse. The next NNMCH Coalition will be held on January 14, 2021.
  
- **Safe Sleep/Cribs for Kids-**
  - Provides safe sleep media outreach and conducts activities with safe sleep partners, including community event participation statewide.
  - Maintain consistent partner communication and continue with the train-the-trainer model.
  - Work with hospital partners to implement Infant Safe Sleep practices and increase awareness by presenting at a minimum of four hospitals per year.
  - Includes Infant Safe Sleep brochures in the PINK packets

- Delivered program supplies and equipment.
- Purchased more safe sleep kits to distribute to partners
- Continued to promote 211, Nevada Tobacco Quitline and Nevada Children's Medical Home Portal
- **REMSA Cribs for Kids-**
  - Attended virtual meetings with Northern Nevada MCH Coalition, Safe Kids Coalition, Immunize Nevada, and Washoe County Child Death Review,
  - New partnership agreement signed with Foster Kinship and a training is TBD
  - Distributed car sets to Tribal partners:
    - Owyhee- 7 car seats
    - Washoe- 0 seats due to event cancellation
    - Southern Bands- 0 car seats
    - Walker River Paiute Tribe- 5 car seats
  - Survival kit distribution: 129
  - Binder distribution: 5
  - Poster distribution: 10
  - Charlie's Kids Foundations Safe and Snug Books distribution: 0
  - Brochure distribution: 7675
  - Flip Chart Distribution: 1
  - Sudden unexpected infant death (SUID) intake questionnaire: 174
    - 3-month follow-up: 53
    - 12-month follow up: 18
- **Maternal-Infant Program –**
  - Critical Congenital Heart Disease (CCHD) data collection continues.
  - Congenital syphilis reduction efforts are a focus of MCAH staff efforts in partnership with DHHS and DPBH programs
  - Participation was completed in the AMCHP-led Infant Mortality CoIIN focused on the Social Determinants of Health. The IM CoIIN ended 9/2020, a final budget update was submitted 9/2020 and a final virtual meeting was attended on August 24, 26 and 28, 2020. A final interview was completed on October 23, 2020 and a close out meeting celebrating lessons learned was held January 13, 2021.
  - Breastfeeding Welcome Here Campaign
    - KPS3 is continuing to host the website address for nevadabreastfeeds.org. The website is going through an update and should be completed in February
  - MCAH staff continue to participate in the Nevada ASHTO OMNI and CARA substance use in pregnancy core team.
    - Updated Infant Plan of Care and CARA provider and family resources were posted on sobermomshealthybabies.org
  - FIMR participation and addition of COVID-19 resources on the DPBH MCAH website
  - Information dissemination on maternal and infant COVID-19, anti-racism and health equity resources
  - AIM efforts are ongoing and data system is under construction
  - Maternal Mortality Review Committee case abstraction and case record documentation requests continue.
  - Newborn Advisory Committee participation by MCAH staff
  - Regulatory development in relation to newborn screening fees and diapering resources are ongoing.
  - Reproductive health promotion and working with MCAH staff to administer the Account for Family Planning continues

- **Domain: Child Health**
  - Increase the percent of children (10-71 months) who receive a developmental screening using a parent-completed screening tool
  - Increase the percent of children (6-11) who are physically active at least 60 minutes a day
  
- **Title V/MCH Program and Partners –**
  - CHS administered 188 infant and child immunizations in the clinic setting and through community immunization clinics.
  - CCHHS works collaboratively with the in-house WIC office whose staff virtually met with clients and discussed the value for a medical home with individuals. Additionally, Nevada 211 and medical home portal promotional materials were discussed with CCHHS clients and made available in the clinic area. A Facebook campaign promoting the Medical Home Portal reached 8,023 people.
  - Nevada Institute for Children’s Research and Policy (NICRP) posted the results of the 2019-2020 survey *Health Status of Children Entering Kindergarten in Nevada* on the website:  
<https://nic.unlv.edu/files/KHS%20Year%2012%20Report%2011.04.20%20Final.pdf>  
 And Title V MCH staff disseminated the report to key stakeholders. Results from these annual surveys provide estimates for monitoring MCH indicators and for reporting to local, state, and federal entities. All 17 school districts participated in the 2020-2021; however, due to COVID-19 only 2,155 surveys were completed which is significantly less than the 2019-2020 report comprised of 7,965 respondents.
  - The AHWP Coordinator serves as a member on the Coalition to Prevent the Commercial Sex Exploitation of Children (CSEC). The group held its first meeting and discussed plans to complete mandated Senate Bill 293 activities executed in the 80th Legislative Session. Safety nets will be put into place through 24/7 CSEC Receiving Centers to assist impacted youth with necessary services. Standards of care will be developed, as well as staff training to include trauma-informed approaches.
  - The Adolescent Health and Wellness Program (AHWP) Coordinator attended the Nevada Children’s Behavioral Health Consortium meetings and shared resources.
  
- **Child and Adolescent Efforts by Title V MCH staff**
  - Title V MCH staff started creating resources on state-led child and youth mental health programs and social support services, especially those implemented and utilized since the public health emergency began.
  - The AHWP Coordinator continued participation in the Collaborative Innovation and Improvement Network (CollIN) facilitated through the Association of State Public Health Nutritionists. MCH collaborated with the Nevada Office of Food Security and Obesity Prevention and Control programs on a social media campaign promoting a series of fact sheets to assist Early Care and Education centers in implementing the Child and Adult Care Food Program (CACFP). This program is recommended to help childcare settings improve childhood nutrition, prevent obesity, and address food insecurity. CACFP provides reimbursement for healthier meals and snacks served in licensed childcare settings. Despite these benefits, Nevada ranks among the lowest enrollment rates in the country.

- The AHWP Coordinator serves as the Title V MCH mandated member on the National Center for School Mental Health CoIIN for the Nevada team led by the Nevada Department of Education (NDE). This staff attended monthly meetings with other states participating in the learning collaborative.
- The AHWP Coordinator attended several DCFS children's mental health meetings. These included the Nevada Children's Behavioral Health Consortium, the Division of Child and Family Services (DCFS) Five-Year Strategic Plan Pre-Public Launch meetings, and NDE + DCFS Collaboration Meetings. The ongoing monthly & bi-monthly meetings discussed topics pertinent to COVID's impact on school-aged children, school-based mental health services, and enhancements in Medicaid reimbursement to include telehealth visits, specialized foster-care, and services targeting children and youth with special health care needs.
- **Domain: Adolescent Health**
  - Increase the percent of adolescents aged 12-17 with a preventive medical visit in the past year
  - Increase the percent of middle school and high school students who are physically active at least 60 minutes a day
  - Reduce pregnancies among adolescent females aged 15 to 17 years and 18 to 19 years
- **Title V/MCH Program and Partners –**
  - Community Health Services (CHS) provided 574 preventive education services, 71 well-care screenings, 120 contraceptives, 62 STI screens, 76 immunizations, and provided 109 adolescents with nutrition, weight, and exercise information. Youth presenting for reproductive health visits were screened for domestic violence and emotional/mental problems, as well as depression.
  - Carson City Health and Human Services (CCHHS) conducted well visits for adolescents. Referrals were made for youth afflicted by domestic violence, mood disorders, substance use, and those reporting alcohol use.
  - Urban Lotus Project (ULP) Trauma-Informed Yoga for Youth no-cost courses, started up again at six agencies serving Northern Nevada adolescents at public community hubs, drop-in centers, treatment facilities, and human service entities. COVID-19 resulted in 12 routine locations not offering in-person classes. Only a few residential facilities have authorized youth to attend virtual courses, significantly reducing exposure to the benefits of yoga movement, breathing, and mindful meditation. Yoga teachers taught 66 classes to 245 adolescents reaching 73 new students. [ULP was unable to obtain a full count of students served through all virtual classes, so these numbers are underrepresented].
    - Course promotion, expansion, and growth:
      - Reached out to two youth residential treatment facilities to learn about including public yoga classes into resource lists provided to clients upon discharge.
      - Outreach was conducted with Washoe County School District (WCSD) to set up youth classes and inform school staff about the virtual public classes
      - Presented to WCSD employees professional learning day on the benefits of mindfulness meditation to address stress, anxiety, burnout, and trauma
      - Provided a talk on meditation at Hope Means Nevada's Rising Hope Festival
      - Submitted an abstract to be a speaker at Immunize Nevada's 2021 Health Conference
  - DP Video conducted a month-long social media campaign displaying videos and messages targeting youth to engage, educate, and become empowered to be their own health care advocates. Content also informed parents/caregivers of the value of their children learning how to manage their health care as they transition into adulthood. Six video ads (3 English/3 Spanish) were displayed on Facebook/Instagram. The messages reached 14,412 people in the specified demographics, with 111,921 media impressions and 619 clicks on



the links for additional resources. Six video ads (3 English/3 Spanish) were displayed on Twitter resulting in 91,698 media impressions.

- **Adolescent Health and Wellness Program (AHWP)–**

- The AHWP Coordinator attended several adolescent focused webinars and meetings. These included discussions amongst other state adolescent health program coordinators about the evolving landscape of adolescent health state work during COVID, youth-adult partnerships and strategies for working together.
- The AHWP Coordinator attended the virtual two-day course Practicing Adolescent-Centered Trauma-Informed Care in a Clinical Setting and disseminated content to appropriate adolescent serving partners.
- The AHWP Coordinator disseminated topic content to be displayed on the MCH Coalition and Office of Primary Care e-newsletters. Focus included health care transition. Additionally, the Facebook video posts created by DP Video were shared with funded partners and outside agencies for placing on their Facebook pages.

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

- Increase the percent of children with special health care needs with a medical home
- Increase the percent of children without special health care needs with a medical home
- Increase the number of WIC, Home Visiting, Healthy Start, and other program participants that received information on the benefits of a medical home
- Increase the number of referrals to Nevada's medical home portal

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- Family TIES of Nevada (FTON) continues to maintain the children and youth with special health care needs (CYSHCN) helpline, provide translation services for families with CYSHCN, conduct Parent to Parent (P2P) program trainings assisting families with CYSHCN and educate families on how to navigate the Medical Home Portal. It is important to note that FTON did see a reduction in families served in the last quarter of 2020 as a result of Covid restrictions and the inability to host holiday events similar to those held in past years. FTON has traditionally sponsored Halloween activities and holiday family events. Due to gathering restrictions and minimal opportunity to hold events, families served did not meet original projections. In addition, monthly attendance at the Cleft Palate Clinic was reduced as the clinic did not see patients until December 2020. In the first quarter of the new subaward period - FTON assisted 88 families with translation services (primarily by phone), 67 with insurance eligibility assistance, 38 with education. A total of 27 families received Medical Home Portal training. Due to an inability to reach families in a traditional manner, FTON focused on mass mailing of information with a total of 597 informational brochures being mailed during this period
- Nevada Center for Excellence in Disabilities (NCED) completed an orientation with Project ECHO, as the first step to providing six trainings on pediatric to adult health care transition to professionals serving youth with and without special health care needs using Got Transition six

core elements, related resources, and case based discussions. NCED reviewed CDC resources to expand emergency preparedness and response efforts for CYSHCN and their families, in anticipation of staff competing online training on this topic.

- The Children's Cabinet (TCC) and the Technical Assistance on Social Emotional Intervention (TACSEI) continued to engage families through use of social emotional Pyramid Model trainings serving CSHCN 0-5 years of age. TCC enhanced parent involvement through newsletters and virtual meetings, and enhanced health literacy to parents/caregivers through distribution of Milestone Moments books in English/Spanish, Making Life Easier materials, Backpack Series materials, Help Us to Have a Good Day materials, National Center for Pyramid Model Innovations (NCPMI) COVID-19 Family materials, and developmental screenings using the Ages and Stages Questionnaire (ASQ). TCC-TACSEI developmentally screened 167 children from nine implementation sites and 8 demonstration sites. TCC did not distribute any TACSEI kits during the last quarter.

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

- Title V MCH staff finished participation in the AMCHP Emergency Preparedness and Response Action Learning Collaborative (EPR ALC) in collaboration with the Nevada DPBH Public Health Emergency Preparedness (PHEP) Program. Through this opportunity, AMCHP and CDC provided technical assistance to Nevada and other participating states to aid in developing or enhancing the integration of MCH populations in their emergency preparedness and response plans. This final quarter Title V MCH staff reviewed hospital protocols for discharging newborns and postpartum women after an emergency, including those who are displaced from disaster-affected homes.
- Title V MCH staff continued participation in the Pediatric Mental Health Care Access Program (PMHCAP) with the Nevada Division of Child and Family Services (DCFS). PMHCAP uses telehealth strategies like Mobile Crisis Response teams to expand mental health services for children in Nevada. Title V MCH staff recently peer reviewed the Early Childhood Mental Health Brief development process and protocols initiated by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).
- Title V MCH staff shared general vaccination resources from the Centers for Disease Control and Prevention (CDC) and Sickle Cell Disease (SCD)-specific immunization schedules, CDC SCD infection prevention flyers, and two flu awareness events to the Nevada MCH Coalition, as well as Family TIES of Nevada.
- Title V MCH staff provided federally available data (FAD) on flu immunizations for children to Dr. Nik Rashid and Linetta Barnes, BSN, RN from Sickled Not Broken Foundation of Nevada.

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

- Reduce the percent of women using substances during pregnancy
- Reduce the percent of children who are exposed to secondhand smoke
- Increase the percent of callers to Nevada 2-1-1 inquiring/requesting health insurance benefits information

- **Tobacco Cessation:**

- All subgrantees continue to promote the Nevada Tobacco Quitline (NTQ). CCHHS and CHS referred tobacco users to the NTQ. CCHHS & CHS counseled self-identified nicotine users with a Brief Tobacco Intervention resulting in referrals to the NTQ due to desire to change smoking/vaping habits.

- **Substance Use During Pregnancy:**
  - All Title V MCH subrecipients promote the SoberMomsHealthyBabies.org website
  - Title V MCH staff participate in Substance Use workgroups and collaborate with the Substance Abuse Prevention and Treatment Agency (SAPTA) on the Comprehensive Addiction Recovery Act (CARA) initiatives, including Infant Plan of Care, and the Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI)
    - CARA final materials were posted to the SoberMomsHealthyBabies.org website
- **Nevada Public Health Conference**
  - The Nevada Public Health Conference was tentatively scheduled for fall 2020 but has been postponed until March 8-9, 2021.
- **Adequately Insured Children:**
  - CCHHS partners with the Division of Welfare and Supportive Services (DWSS) by placing insurance enrollment staff on-site. Due to COVID-19, onsite efforts were replaced with virtual/online assistance, thus reporting ceased for this activity. In-reach was provided to uninsured clients seeking services through CCHHS.
- **Nevada 211:**
  - Nevada 211 received 86 calls/texts from within the MCH population with 91% being pregnant. PRAMS program information was provided to 3 women, 3 referrals were made to the Medical Home Portal, 14 recommendations were given for Text 4 Baby, and 3 for resources to deal with perinatal mood and anxiety disorder. Caller/text demographics reported revealed 70% were on Medicaid, 100% resided in Clark County and 36% identified as Black.
  - All subgrantees continue to promote Nevada 211.
- **Nevada Home Visiting:**
  - All Nevada Home Visiting sites successfully navigated transition to virtual services. The NHV Program shared COVID-19 resources with Local Implementing Agencies and submitted the grant application and data reporting to HRSA.
  - More than 1000 virtual home visits have been provided to families
  - Families have received help connecting to the internet through free services from Spectrum
  - Families have received help accessing telehealth services for well child, well adult, and mental health services
  - Some agencies have supported families with food from local food pantries and have delivered to keep families safe.
  - Children have received curriculum handouts either delivered or in the mail, as well as books
  - Home Visitors have adjusted activities to use what families have on hand to support their child's development
- **Teen Pregnancy Prevention Programs:**
  - All Teen Pregnancy Prevention Program sites successfully navigated transition to virtual services and curricula implementation. The Program shared COVID-19 resources with agencies.
  - A Teen Mental Health social media campaign was completed, linking youth to Resilience Ambassador (<https://www.nevada211.org/nevada-resilience-project/>) information at [dpbhnrp@health.nv.gov](mailto:dpbhnrp@health.nv.gov).
- **Nevada Early Hearing Detection and Intervention**

- Nevada Early Hearing Detection and Intervention (EHDI) successfully works with its hospital, audiologist, early intervention provider and family-based organization partners to ensure all children in Nevada are screened for hearing loss at birth and those identified with hearing loss receive timely and appropriate audiological, educational and medical intervention. EHDI promotes the national EHDI goals and timelines developed by the Joint Committee on Infant Hearing. Information and resources are available here: <http://dpbh.nv.gov/Programs/EHDI/EHDI-Home/>
- Cytomegalovirus (CMV) public awareness information and resources are available here: <https://nevadacmv.org/>