

Maternal and Child Health Advisory Board (MCHAB)
May 7, 2021 Update

- **Domain: Women/Maternal Health**
 - Increase the percent of women ages 15-44 receiving routine check-ups in the previous year
 - Increase the percent of women receiving prenatal care in first trimester

- **Title V MCH Program and Partners –**
 - Community Health Services (CHS) provided preventive education services with a focus on well-care screenings, contraceptives, Sexually Transmitted Infection (STI) screens, immunizations, as well as nutrition, weight, and exercise information. All women presenting for reproductive health visits were screened for domestic violence and behavioral health, as well as depression. Affected women were referred to appropriate providers.
 - Carson City Health and Human Services (CCHHS) conducted well visits for 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. The website <https://sobermomshealthybabies.org/> 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 intimidate 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:
 - January 12, 2021
 - February 9, 2021
 - March 9, 2021
 - Northern Nevada MCH Coalition meeting were held:
 - January 14, 2021
 - February 2021: Meeting canceled.
 - March 2021: No meeting held.
 - Held quarterly steering committee meeting on February 18, 2021.
 - Next meeting scheduled for June 17, 2021.
 - Four Perinatal Mood and Anxiety Disorder (PMAD) Virtual trainings were conducted, from January to March. Virtual PMAD training held on January 20, 2021, January 29, 2021 for UNLV, February 26, 2021 for UNLV, and March 23, 2021 for UNLV.
 - Facebook followers increased by 4 in January, by 5 in February, and by 10 in March for a total of 19 from January to March.
 - Instagram followers increased by 9 in January, by 29 in February, and by 16 in March for a total of 54 from January to March.

- **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. 2019 weighted data was received in February and had a response rate of 42% which is under the CDC threshold of 50% to publish data. This data should be interpreted with caution due to the response rate.
- Data can be requested via the Office of Analytics at data@dhhs.nv.gov. The primary goal for Nevada PRAMS is to increase response rates moving forward.

- **Domain: Perinatal/Infant Health**

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

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

- CCHHS reached out to 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. A Pregnancy Risk Assessment Monitoring System (PRAMS) social media campaign promoted the value of participating in the survey to improve prenatal health care in Nevada. These messages reached 2,366 with 4,266 media impressions and 220 clicked on the link to obtain resources. Vaccination reminder cards were sent for infants/toddlers four-months through 35-months old in need of recommended 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 PRAMS survey and given information about <https://sobermomshealthybabies.org/>
- Promoting Innovation in State and Territorial MCH Policymaking (PRISM) through the Association of Maternal and Child Health Programs (AMCHP) held virtual action planning sessions in March. The PRISM Learning Community provides technical assistance and capacity building over a twelve month period to support and advance policy implementation within states and territories to equitably address substance misuse and addiction and mental health disorders in women, children, and families within the context of the COVID-19 pandemic. Nevada participated in the Cohort Two kick-off call in February and the virtual action planning session in March.

- **Safe Sleep Media Campaign**
December, January, and February 2020-2021: 221 Total TV Spots Aired, 1,935 Radio Spots Aired
 - TV
 - North: 54 English, 29 Spanish
 - South: 105 English, 33 Spanish
 - Radio
 - North: 1146 English, 87 Spanish
 - South: 656 English, 46 Spanish

- **SoberMomsHealthyBabies.org Media Campaign**
December, January, and February 2020-2021: 183 Total TV Spots Aired, 1,410 Radio Spots Aired
 - TV
 - North: 45 English, 29 Spanish
 - South: 74 English, 35 Spanish
 - Radio
 - North: 883 English, 72 Spanish
 - South: 420 English, 35 Spanish

- **PRAMS Media Campaign**
December, January, February 2021: 247 Total TV Spots Aired, 2,465 Radio Spots Aired
 - TV
 - North: 59 English, 36 Spanish
 - South: 113 English, 39 Spanish
 - Radio
 - North: 1628 English, 70 Spanish
 - South: 645 English, 122 Spanish

- **Washoe County Health District (WCHD) continues to review records for the Fetal Infant Mortality Review (FIMR)**
 - Twenty-five new FIMR cases were received between January 1, 2021 and March 31, 2021 from local hospitals, Washoe County Medical Examiner's Office, and Washoe County Health District Vital Statistics. Three of the cases were 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 subject to change due to findings during the course of case investigation.
 - There were three Case Review Team (CRT) meetings during this reporting period. Eleven cases were presented and discussed. Meetings have been held virtually since COVID-19. The team typically meets monthly, except in June and December. The CRT has reviewed thirty-two cases this fiscal year so far.
 - There were no maternal interviews during this quarter.
 - Staff completed the Multi-year FIMR Executive Summary, and it has been sent for final approval.
 - Staff completed the Washoe County FIMR Local profile for National FIMR.
 - 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.

- Staff are helping plan the PILSOS “Time for Remembrance” event October 10, 2021 and the PILSOS conference which will be held on April 23, 2022.
 - The Northern Nevada Maternal Child Health (NNMCH) Coalition continues to function as the FIMR Community Action Team (CAT). One NNMCH Coalition meeting was held during this quarter. The most recent meeting was held on January 14, 2021 with a presentation about Postpartum Depression. The February meeting was canceled. The next NNMCH Coalition meeting will be held on April 8, 2021.
 - Staff virtually attended the 2021 MOM Annual Forum March 24-26, 2021.
 - Staff met with a physician on the CRT to meet his office staff, discuss CRT process improvements and implement changes in case reviews.
 - Washoe County FIMR Staff met with staff from the State of Nevada Department of Health and Human Services, DPBH to refine data collection and entry into the National Fatality Review Case Reporting System.
 - Staff continues to make information available on the Nevada Tobacco Quitline, Nevada Children’s Medical Home Portal, and Nevada PRAMS in the public areas of the WCHD as well as in all clinics.
 - The Case Review Team remains dynamic with a diverse multidisciplinary membership and a consistent core group of participants. The team continues to recruit members to gain an ongoing diverse group representing multiple disciplines. No new members to report this quarter. Staff continue to actively recruit for representation from Tribal entities.
 - Staff members continues to explore potential grant opportunities for sustainability.
 - The Washoe County FIMR program has been exploring the “Count the Kicks” fetal movement awareness app and campaign. A recommendation was made by the CRT to support this fetal movement campaign in Nevada. Washoe County FIMR staff have met with the Executive directors of “Count the Kicks” and a local health care insurance company outreach team who may be interested in supporting a campaign in Nevada for their enrollees through a grant.
- **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-**
 - Provided Train-the-Trainer Safe Sleep Training February 3,2021 to WCHSA-Our Place - 2 attendees, March 23, 2021 to Olive Crest – 8 attendees, and March 24, 2021 to Foster kinship – 6 attendees.
 - Distributed car sets to Tribal partners:

- Owyhee- 7car seats
 - Washoe- 0 seats due to event cancellation
 - Southern Bands- 0 car seats
 - Walker River Paiute Tribe- 0 car seats
- Survival kit distribution: 220
- Binder distribution: 13
- Poster distribution: 20
- Brochure distribution: 28,484
- Flip Chart Distribution: 4
- Sudden unexpected infant death (SUID) intake questionnaire: 151
 - 3-month follow-up: 31
 - 12-month follow up: 21

- **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 launched on April 20, 2021**
- 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 Screening 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
- PRISM held a Cohort Two kickoff call in February and a virtual action planning session in March.

- **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 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. Two Facebook campaigns were run. The Nevada 211 posts reached 1,497 people with 2,953 impressions and 197 engaged users. A Facebook campaign promoting immunizations reached 2,491 people with 3,242 impressions and 98 engaged users.

- **Child and Adolescent Efforts by Title V MCH staff**

- Title V MCH continued 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 (CoIIN) facilitated through the Association of State Public Health Nutritionists. This staff member, in partnership with the Nevada Office of Food Security and Obesity Prevention and Control programs finalized content for the 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. Collaboration continued for the annual conference abstract poster session highlighting the social media project.
- 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 children’s mental health meetings. Information and resources were shared with DPBH staff from the Nevada Children’s Behavioral Health Consortium meetings, including

the NDE + DCFS Collaboration

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. The Title V MCH staff are involved in creating an Interconnected Systems Framework allowing state agencies working on childhood resiliency to create a unified resource list and action plan.

- The AHWP Coordinator disseminated child health topic content to be displayed on the MCH Coalition and Office of Primary Care e-newsletters such as new content in the Medical Home Portal, autism resources, etc.

- **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 preventive education services with a focus on well-care screenings, contraceptives, Sexually Transmitted Infection (STI) screens, immunizations, as well as nutrition, weight, and exercise information. Youth presenting for reproductive health visits were screened for domestic violence and emotional/mental

- problems, as well as depression. Staff were trained on topics pertinent to creating adolescent-friendly clinic environments using best practice resources from the Adolescent Health Initiative (Starter Guide mini toolkits and Spark trainings).
- 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. The clinic made plans to implement the electronic risk Rapid Adolescent Prevention Screening (RAAPS) and Adolescent Health Technologies (ACT) assessment tools performed during well-visits. The youth-friendly assessment is intended to solicit more honest information than other tools to identify risk behaviors and depression. Staff were trained on topics pertinent to creating adolescent-friendly clinic environments using best practice resources from the Adolescent Health Initiative (Starter Guide mini toolkits and Spark trainings).
 - Urban Lotus Project (ULP) Trauma-Informed Yoga for Youth no-cost courses were conducted at 4 agencies and through a virtual format serving Northern Nevada adolescents at public community hubs, drop-in centers, treatment facilities, and human service entities. COVID-19 resulted in 9 routine locations not offering in-person classes. Yoga teachers taught 84 classes to 311 adolescents reaching 90 new students. The Association of Maternal and Child Health Professionals (AMCHP) awarded funding to a Texas yoga agency to replicate ULP practices and policies. The AHWP and ULP director will be trained by AMCHP as coaches to best lead these efforts.
 - Additional ULP course promotion, expansion, and growth:
 - Virtual classes promoted through ULP e-newsletter and Facebook/Instagram
 - Meetings conducted with Pyramid Lake Jr/Sr High School, Billingshurst Middle School, Washoe Inspire Academy, and Washoe County Department of Child and Family Services. Two schools are interested in programming
 - Partnered with Mindful Health Initiative to offer yoga classes at Trainer Middle School as part of an afterschool program
 - Held CEU courses for Washoe County School District teachers and counselors on the physiological impact of trauma in youth and various movement, breathing, and mindfulness practices
 - Accepted as presenter at the Nevada Coalition to End Sexual and Domestic Violence Annual Conference
 - DP Video conducted a month-long social media campaign promoting the value of yearly adolescent well-visits. Messages and videos targeted youth and parents/caregivers. Six video ads (3 English/3 Spanish) were displayed on Facebook/Instagram. The messages reached 16,382 people in the specified demographics, with 109,194 media impressions, 11,889 video views, and 696 clicks on the links for additional resources. Six video ads (3 English/3 Spanish) were displayed on Twitter resulting in 168,625 media impressions.
- **Adolescent Health and Wellness Program (AHWP) –**
 - The AHWP Coordinator serves as a member on the Coalition to Prevent the Commercial Sex Exploitation of Children (CSEC). The group 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. Human and sex trafficking bill drafts were discussed being considered for the Nevada 81st Legislative Session. This staff member serves on the External Engagement subcommittee to:
 - Disseminate information regarding services available for CSEC in Nevada. Activities include helping facilitate Nevada 211 in updating website information and providing user friendly access for survivors of these resources. Additionally, the

AHWP Coordinator will help Nevada 211 implement trauma-informed education for staff answering the phones and speaking with possible victims/survivors.

- Partner with the DPBH to expand CSEC awareness and prevention. Activities include recommendations for victim-sensitive/centered for content for non-sensationalist awareness campaigns. Additionally, the AHWP Coordinator will help create a Toolkit/media toolkit how to conduct victim-sensitive awareness campaigns to avoid re-traumatization.
- The PREP and AHWP Coordinators joined the Leadership Exchange for Adolescent Health Promotion (LEAHP) learning collaborative to assist in development of state-specific action plans in support of adolescent health policy assessment, development, implementation, monitoring, and evaluation. The NDE led group is comprised of representatives from education agencies, health departments, state-level decision makers, and state-specific adolescent health organizations. It addresses sexual health education and services, as well as safe and supportive mental and emotional health environments. Non-state staff have drafted legislation specific to certain NV LEAHP team goals. One bill will capture data on student health to determine gaps. Another will partner with DHHS to track student provided mental health issues through a data dashboard.
- The AHWP Coordinator attended several adolescent focused meetings. These included discussions amongst other state adolescent health program coordinators about program successes and challenges. Additionally, this staff member attended the first session of an ongoing Racial Equity Learning Community organized by the National Network of State Adolescent Health Coordinators.
- The AHWP Coordinator shared the Facebook video posts promoting adolescent well-visits created by DP Video 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

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

Nevada Center for Excellence in Disabilities (NCED) continued work to implement six University of Nevada Reno (UNR) sponsored Project ECHO trainings on health care transition. Providers will learn best practices from Got Transition's six core elements, related resources, and be involved in case-based discussions. The AHWP Coordinator provided resources to expand the course opportunity to reach practitioners serving both children with and without special health care needs. Course offering will be promoted by Project ECHO to their listserv reaching providers affiliated with the Nevada Chapter of the Academy of Pediatrics (AAP), state Primary Care Office, and other professional associations. The AHWP and NCED Coordinators will promote the course to providers serving youth with and without special health care needs (e.g., Nevada Primary Care Association, local health departments/community health nursing clinics, Nevada PEP, Nevada Department of Vocational Rehabilitation, Ackerman Autism Center, etc.). A draft survey

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

- Title V MCH and Public Health Preparedness (PHP) staff presented to the AMCHP Cohort 3 Emergency Preparedness and Response Action Learning Collaborative (EPR ALC) in two

webinars on state successes. 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.

- 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. In addition, Title V MCH staff connected the Division of Health Care Financing and Policy (DHCFP) and national Genetics Network staff.
 - Title V MCH staff presented to the Nevada Governor's Council on Developmental Disabilities (NGCDD) on CYSHCN Programs.
- **Domain: Cross-Cutting/Lifecourse (activities within this domain are included within each subpopulation above), which include the following objectives:**
 - Reduce the percent of women who smoke during pregnancy
 - Increase the percent of women who call the Nevada Tobacco Quitline for assistance
 - Reduce the percent of women using substances during pregnancy

 - Increase the percent of adequately insured children
 - 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 website: <https://sobermomshealthybabies.org/>
 - 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), and Promoting Innovation in State and Territorial MCH Policymaking (PRISM).
 - PRISM held a Cohort Two kickoff call in February and a virtual action planning session in March.
 - CARA final materials were posted to the website: <https://sobermomshealthybabies.org/>
 - **Nevada Public Health Conference**
 - The Nevada Public Health Conference occurred March 8-9, 2021. MCAH and CFCW staff participated as attendees and presenters.

- **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 140 calls/texts from within the MCH population with 91% being pregnant. PRAMS program information was provided to 6 women, 9 referrals were made to the Medical Home Portal, and 14 recommendations were given for Text 4 Baby. Caller/text demographics reported revealed 64% were on Medicaid, 90% resided in Clark County and 40% 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.

- **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/>