



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEBRASKA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Nebraska

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts






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SSDI Project Director	State Family Leader
Celeste Illian DHHS Administrator I celeste.illian@nebraska.gov (402) 471-0805	Sarah Swanson Assistant Professor/Director Family Care Enhancement Project

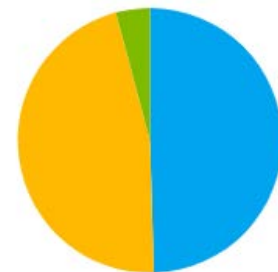
State Youth Leader
No Contact Information Provided

State Hotline: (866) 813-1731

Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$3,881,428
 State MCH Funds	\$3,631,982
 Local MCH Funds	\$325,257
 Other Funds	\$0
 Program Income	\$0

FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$391,823	\$496,919
Enabling Services	\$1,776,153	\$2,634,615
Public Health Services and Systems	\$1,713,452	\$500,448

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



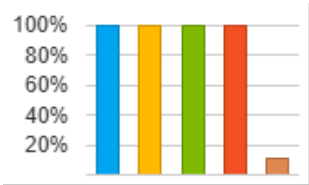
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$499,738
Infants < 1 Year	100.0%	\$1,485,026
Children 1 through 21 Years	100.0%	\$2,086,484
CSHCN (Subset of all infants and children)	100.0%	\$2,842,655
Others *	10.6%	\$507,758

FY 2024 Expenditures
Total: \$7,421,661



FY 2024 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Improving Mental and Behavioral Health for Women</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of women who were screened for depression or anxiety following a recent live birth - MHS <ul style="list-style-type: none"> ESM MHS.1: Percent of WIC staff trained on postpartum mental health, screening protocols, and referral processes. 	New	Women/Maternal Health
<p>Reducing Maternal Mortality and Morbidity</p> <p>NPMs</p> <ul style="list-style-type: none"> A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ESM PPV.1: Number of families served by federally or state funded home visitation programs in the previous calendar year 	New	Women/Maternal Health
<p>Promoting Women's Preventive Care</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> SPM ESM 1.1: Percent of women participating in Women's Community Health Initiative who have had a well check according to the US Preventive Services Task Force (USPSTF) guidelines based on age and history. 	New	Women/Maternal Health
<p>Reducing Preterm Births</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC <ul style="list-style-type: none"> ESM RAC.1: Percent of birthing hospitals with a maternal level of care designation. 	Revised	Perinatal/Infant Health

<p>Increasing Access to Preventive Health Services for Infants and Children through Screening and Referrals</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: The percentage of children participating in the Open Mouth Survey from underserved communities ○ ESM PDV-Child.2: Number of children reached through Title V funded outreach and fluoride treatments ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: The percentage of families who are satisfied with supports provided by the Parent Resource Coordinator ○ ESM MH.2: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participant Ratio, Ages 0-5. 	New	Child Health
<p>Supporting Youth Mental Health</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> ○ ESM MHT.1: Number of community partnerships with Title V that support peer-to-peer support programs 	New	Adolescent Health
<p>Supporting Reproductive Health and Well-Being in Youth</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Adolescent preventive medical visit 	New	Adolescent Health
<p>Increasing Access to Early Screening and Identification for CYSHCN</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: The percentage of families who are satisfied with supports provided by the Parent Resource Coordinator ○ ESM MH.2: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participant Ratio, Ages 0-5. 	New	Children with Special Health Care Needs

Increasing Access to Mental and Behavioral Health Services for CYSHCN	Revised	Children with Special Health Care Needs
SPMs <ul style="list-style-type: none">SPM 3: CYSHCN mental health care		

Executive Summary

Program Overview

Nebraska Title V Overview

The Title V Maternal Child Health (MCH) Block Grant is administered within the Nebraska Department of Health and Human Services (NDHHS). Leadership of the Title V program is shared between the Division of Public Health (DPH) and the Division of Developmental Disabilities (DD). Core leadership, or the Title V Core Team, is comprised of six NDHHS staff representing both divisions. This operational approach extends the reach of Title V activities, expands the amount of available state support, and increases the range and range of staff expertise available to the program.

Assessing Needs of the Maternal-Child Population in Nebraska

Nebraska's Title V is built on a strong framework of data collection and analysis; collaborative planning; implementation of strategies; and evaluation of process, outcomes, and impact as reflected in the 2025 Needs Assessment. This robust process applies a deliberate methodology to determine the 7-10 priorities which govern activities for the next five years and is highly inclusive by intentionally bringing in stakeholders and family/consumer voices at various stages throughout the overall process.

The 2025 Needs Assessment determined the following nine priorities (listed and then summarized by domain):

- Improving Mental and Behavioral Health for Women
- Reducing Maternal Mortality and Morbidity
- Promoting Women's Preventive Care
- Reducing Preterm Births
- Increasing Access to Preventive Health Services for Children through Screening and Referrals
- Supporting Youth Mental Health
- Supporting Reproductive Health and Well-Being in Youth
- Increasing Access to Early Screening and Identification for CYSHCN
- Increasing Access to Mental and Behavioral Health Services for CYSHCN

Women/Maternal Health

Improving Mental and Behavioral Health for Women

Mental health conditions, including postpartum depression and suicide, are leading concerns for Nebraska women, with 12% of new mothers reporting symptoms of postpartum depression. Without intervention, women of reproductive age will continue to face mental health challenges and risk of suicide. These issues can have wide-ranging impacts not just on mothers, but also on their children and family systems. Increasing access to mental health care, support, screening, and follow-up can improve maternal mental health outcomes and reduce stigma across the state.

Reducing Maternal Mortality and Morbidity

From 2014–2022, Nebraska lost 6–17 women each year either during pregnancy or within one year of a pregnancy ending. Women in Nebraska experienced severe maternal morbidity (SMM) rates of 58.5 events per 10,000 delivery hospitalizations, which emphasizes the serious complications many women face during childbirth. These deaths and health issues can be minimized and prevented with proper prenatal and postpartum care. The goal is to reduce the incidence of maternal morbidity and important maternal health outcomes in communities with disproportionately poor outcomes.

Promoting Women's Preventive Care

Many women in Nebraska ages 18–44 did not receive a preventive medical visit in the past year, with even lower rates among Hispanic and Black women. Missing these visits means missing chances to address chronic conditions, STIs, and social determinants of health. Title V is working to increase well-woman visits by promoting screenings, health literacy, and partnerships with programs like WIC, Medicaid, and home visiting. Efforts also include using community health workers and expanding access through virtual care. The goal is to reduce disparities and improve overall health outcomes for women.

Perinatal/Infant Health

Reducing Preterm Births

Preterm birth remains a major issue in Nebraska, with 11% of babies born early in 2023, which is above the national average. The consequences of preterm birth are serious and far-reaching, often requiring expensive and extended neonatal intensive care and increasing the risk of both short and long-term health problems, such as lung disease, developmental delays, and behavioral challenges. Lowering preterm birth rates improves a child's chances of healthy development, reduces healthcare costs, and supports more stable families and communities. Expanding these efforts can also help reduce disparities and lead to better health outcomes for babies and families across the state.

Child Health

Increasing Access to Preventive Health Services for Children through Screening and Referrals

Nebraska's children lack adequate access to preventive health services, as shown by unmet physical, developmental, and behavioral needs. Early childhood sets the foundation for development, learning, and health. Access to age-appropriate screenings for developmental delays, oral health, and lead exposure can be critical for early detection. To increase access to essential screenings, referrals, and services, it is crucial to use public health and community-based solutions that make the most of existing programs.

Adolescent Health

Supporting Youth Mental Health

Mental health has become an increasingly pressing issue in today's world, especially for adolescents and young adults in Nebraska. These mental health challenges can affect their thinking, mood, and behavior. Factors contributing to poor mental health include family conflict, sexual harassment, and abuse by parents. Mental health issues are often linked to increased substance use, violence, risky sexual behaviors, and in the most severe cases, suicide. These challenges highlight the need for comprehensive mental health support for Nebraska's adolescents to improve mental wellness and outcomes for young people.

Supporting Reproductive Health and Well-Being in Youth

Nebraska continues to face high teen birth rates, especially among Hispanic, Native American, and Black adolescents, along with increasing rates of STIs, syphilis rates, and sexual dating violence. Many adolescents engage in sexual activity during high school, which can lead to unintended pregnancies and serious health risks. Promoting reproductive health education and encouraging open communication between adolescents and adults can improve reproductive health knowledge, reduce risky sexual behaviors, and support healthier outcomes for teens in Nebraska.

Children and Youth with Special Health Care Needs

Increasing Access to Early Screening and Identification for CYSHCN

Many children and youth with special health care needs (CYSHCN) in Nebraska are not receiving timely developmental and autism screenings. National guidelines recommend screenings at 9, 18, and 30 months, yet only 31.6% of Nebraska children aged 9–35 months received a developmental screening in 2022. Developmental screenings are crucial for early identification and intervention to maximize key periods of brain development. Improving access to early screening and identification can support brain development and can prevent long-term health problems if there is appropriate follow-up and connection to treatment.

Increasing Access to Mental and Behavioral Health Services for CYSHCN

Nebraska faces ongoing challenges in providing adequate mental and behavioral health care for CYSHCN, especially in rural areas. Within the CYSHCN population, 51% have an emotional, behavioral, or developmental condition that requires treatment or counseling. Barriers such as workforce shortages, geography, insurance gaps, and racial disparities make it difficult for families to access the services they need.

Organizations across the state are working to address these barriers through evidence-based strategies with a proven record to help improve access, coordinate mental health care across multiple points of care, and strengthen support for children and their families. These efforts aim to reduce gaps in care and provide more appropriate care for CYSHCN throughout Nebraska.

Emerging Needs

Maternal and child health is never static, identifying priorities/needs once every five years cannot limit the focus of Title V, thus significant attention is paid to emerging needs and the flexibility required to quickly pivot and address those needs when necessary. Lingering effects of the pandemic continue to be felt by vulnerable populations including Nebraska's children. For example, eroding vaccination rates have led to a significant increase in pertussis cases (2024/2025), and the present threat of measles. Mental/behavioral health continues to be a major concern across the lifespan affecting children, adolescents, and women alike. In the past year, uncertainty in the future of public health has increased challenges within the workforce who are experiencing burnout. Staffing and workforce capacity remain a significant issue.

Nebraska's Title V Approach

The framework to address the needs of the maternal and child population in Nebraska mentioned above is broad and inclusive. When developing and implementing the State Action Plan the intent is to assess the current state capacity looking for gaps or opportunities to build or sustain public health infrastructure to mitigate the needs. This necessitates that Title V team rely on a broad network of partners and collaborators at the state, regional, and local level to leverage and enhance its ability to address Nebraska's priorities.

Partners within NDHHS such as the Office of Health Disparities, Medicaid and Long-Term Care, and the Office of Rural Health bring significant subject matter expertise.

Equally important are several external partnerships including the Nebraska Perinatal Quality Improvement Collaborative (NPQIC), the University of Nebraska system (Munroe-Meyer Institute, College of Public Health, and Public Policy Center), Local and Tribal

Health Departments, Children's Nebraska, Nebraska Department of Education, and the Nebraska Children and Families Foundation, among others. Partnerships such as these amplify the work of Title V in priority areas involving MCH populations ultimately benefiting Nebraska, regardless of whether it is an informal relationship or formal in nature through an executed agreement. Additionally, these affiliations provide opportunities for in the 2025 Needs Assessment, serving on the Title V Steering Committee, and providing feedback on various initiatives.

Nebraska Title V also works to develop approaches promoting comprehensive and family-centered services across the state. These approaches include making space for family members or consumers on advisory committees, planning and evaluation efforts; compensating families for their time working on Title V priorities; and funding work to stabilize and increase partnerships with community health workers, parent resource coordinators, or other community level roles within a system of health. In 2024, Title V launched the Families Advising on MCH Interest through Leadership and Community (FAMILY) committee to ensure that programs and activities reflect the real-life experiences of the families they serve/impact. Many of these approaches began within the population of CYSHCN and are expanding to serve all other domains within MCH.

Evaluation is an important part of any program, ensuring that funds are spent effectively in ways that truly reach intended goals. Title V incorporates evaluation in several ways, beginning at the strategy level and extending to an overall review of the work as a whole. As strategies are drafted, implementation teams are encouraged to build evaluation into their activities and review the evidence base for any activity, often using the MCH Evidence database. Evaluation can be based on easily quantifiable metrics or more qualitative metrics and often are described throughout the State Action Plan narrative as our Results Based Accountability (RBA) measures. Additionally, Title V seeks to describe overall performance to such stakeholders as our Steering Committee members by looking at high level performance measures that can indicate success at the priority level over a longer period.

Through a framework of assessment, inclusive planning/implementation, and regular evaluation, Nebraska Title V seeks to promote system-level change that will directly benefit families and ultimately improve the health of the maternal and child population in Nebraska.

How Federal Title V Funds Complement State-Supported MCH Efforts

A federal-state partnership is evident with Nebraska Title V. The block grant dollars and technical resources available to the state expands opportunities afforded with state funds. State general fund appropriations and cash are the primary non-federal resources for Nebraska Title V work. In some cases, state legislative language specifies the amount of money, target audience(s), allowable activity, and/or intended outcomes of fund expenditures. Many state appropriations align very well with current Title V MCH priorities and where non-federal resources do not strictly align; they do address other pressing MCH/CYSHCN needs in the state. In addition, subrecipients often offer third-party contributions and non-federal cash to broaden the partnership and possibilities.

A four-year average of federal expenditures by service level are 49.3% (Public Health Services and Systems), 42.7% (Enabling Services), and 8% (Direct Services). Non-federal dollars are allocated differently, averaging over the same period 9.2% (Public Health Services and Systems), 72.7% (Enabling Services), and 18.1% (Direct Services). The importance of consistent, complementary roles is illustrated with data from Title V reports (2021-2024) over the four-year period, showing larger contributions from the federal funds in areas where state funding is limited (Public Health Services and Systems) and federal expenditures are less where more state funds are expended (Direct Services).

Similarly, by MCH populations, Nebraska invests federal compared to non-federal funds consistently over time, as illustrated in the following table:

Federal-State Partnership: expense comparison 2021-2024
by Types of Individuals served (TVIS Form 3a)

Types of Individuals	2021 federal / non-federal		2022 federal / non-federal		2023 federal / non-federal		2024 federal / non-federal	
Pregnant Women	9.7%	11.9%	8.1%	12.7%	8.8%	8.9%	2.8%	10.8%
Infants < 1 year of age	12.2%	18.6%	15.6%	25.1%	10.0%	13.7%	9.7%	30.8%
Children 1 to 22 years of age	36.6%	12.4%	39.4%	12.4%	41.6%	18.8%	43.3%	12.2%
Children and Special Health Care Needs	36.6%	38.9%	33.1%	38.9%	35.2%	38.0%	41.3%	35.2%
Others	5.0%	10.9%	3.8%	10.9%	4.3%	20.7%	2.9%	11%

*The 2024 grant is not fully liquidated at the time of the 2025 submission

This federal-state partnership has been invaluable to build and maintain our public health infrastructure (for adequate and well-trained workforce) and expand MCH direct and enabling services to improve outreach and support to vulnerable populations across the state.

MCH Success Story

Leaning into the power of visualizations, Nebraska incorporated graphic recording in the 2025 Title V Needs Assessment process. Nebraska has utilized the same general Needs Assessment process since 2005, and the Title V Core Team is satisfied with the process and results of the process, but open to innovation when there is a clear case for it. In summer 2024, the Title V Core Team imagined that having a visual component to document the large process and large-group conversation would engage participants in new ways. Because external stakeholders play such a pivotal role in the process, the team found it important to include ways to quickly and easily remind the group about the goals, background, progress, and next steps through use of this graphic recorder and the materials they developed.

Nebraska's Title V Core Team worked with the University of Nebraska Medical Center (UNMC) to facilitate the Needs Assessment stakeholder meetings and during the first planning meeting the UNMC team recommended a graphic recorder; Jamie Horter.

The Title V team met with Ms. Horter and discussed a scope of work and executed initiated a contract, and began work together. The key deliverables during the process were 1) a graphic animation of the Needs Assessment process (available here: <https://dhs.ne.gov/Pages/Title-V-Needs-Assessment.aspx>), 2) two full days of visual notetaking at the Kickoff and Prioritization meetings, and a 3) one-page visual for each issue brief/proposed priority (Supporting Document 5).

To lay the foundation for what participants could expect during Nebraska's Needs Assessment process, Title V and Ms. Horter developed a graphic animation that outlined the Title V Needs Assessment process (see supporting document 4). This was shared with all registered participants before the Kickoff Meeting in November 2024. Ms. Horter attended the Kickoff Meeting and had a large easel (eight feet wide) with paper that could be cranked to provide more blank space, erected on a stage/platform. During the meeting, she documented key themes and discussion points on the paper that participants could refer to throughout the day. After the Kickoff Meeting, attendees shared with Title V team members how much they enjoyed having the visual representation of the conversation during the discussion about criteria.

In March 2025, Ms. Horter worked with Title V to create 13 one-page visual documents to accompany each issue brief. The team developed a general template that included 1) the problem, 2) the impact, 3) key proposed strategies, and 4) a visual graphic. These were printed as posters and displayed in the meeting during the Prioritization Meeting in April 2025 (Supporting Document 5). Ms. Horter attended the Prioritization Meeting and used the large easel to document the conversation.

Some evaluation comments about the entire Needs Assessment process highlighted the value-add of the graphic recorder. Two comments illustrate the success of this innovation: "...I very much appreciated the visual documentation of the artist..." "Loved the energy and collaboration behind the planning and engaging sessions. The visualization of the process - in real-time was very additive. It was easy to participate and fun!"

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Nebraska

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.