



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEBRASKA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

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Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$3,775,140
State MCH Funds	\$3,236,272
Local MCH Funds	\$325,257
Other Funds	\$0
Program Income	\$0

FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$399,449	\$686,428
Enabling Services	\$1,679,173	\$2,464,321
Public Health Services and Systems	\$1,696,518	\$410,780

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



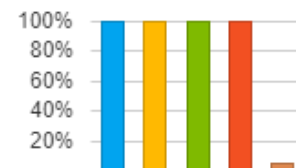
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$641,470
Infants < 1 Year	100.0%	\$859,011
Children 1 through 21 Years	100.0%	\$2,209,856
CSHCN (Subset of all infants and children)	100.0%	\$2,658,815
Others *	5.0%	\$898,131

FY 2023 Expenditures Total: \$7,267,283



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Cardiovascular Disease including Diabetes, Obesity, and Hypertension</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Participation in the Women's Community Health Initiative for Preventing Cardio Vascular Disease. ○ ESM WWV.2: 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. ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	<p>Women/Maternal Health</p>
<p>Premature Birth</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: The percent of preterm births. 	<p>Perinatal/Infant Health</p>
<p>Infant Safe Sleep</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: The number of birthing hospitals and pediatric clinics that become Champions of the "Nebraska Safe Babies Campaign". ○ ESM SS.2: The percent of organizations receiving outreach that become Champions of the "Nebraska Safe Babies Campaign". 	<p>Perinatal/Infant Health</p>

<p>Access to Preventive Oral Health Care Services</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 (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: The number of sites participating in the Nebraska Early Dental Health Starter Kits Educational program. ○ ESM PDV-Child.2: The percentage of children participating in the Open Mouth Survey from underserved communities 	<p>Child Health</p>
<p>Child Abuse Prevention</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 (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: The number of CYSCHN families who have contact with a Parent Resource Coordinator. ○ ESM MH.2: The percentage of families who are satisfied with supports provided by the Parent Resource Coordinator 	<p>Child Health</p>
<p>Motor Vehicle Crashes among Youth</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent <ul style="list-style-type: none"> ○ ESM IH-Adolescent.1: The number of schools participating in the "Teens in the Driver Seat" program. 	<p>Adolescent Health</p>
<p>Sexually Transmitted Diseases among Youth</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: The rate of chlamydia infections reported per 100,000 youth (age 15-19). 	<p>Adolescent Health</p>
<p>Suicide among Youth</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: The death rate due to suicide per 100,000 youth (age 10-19). 	<p>Adolescent Health</p>

Behavioral and Mental Health in School

Children with Special Health Care Needs

NPMs

- Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH
 - ESM MH.1: The number of CYSCHN families who have contact with a Parent Resource Coordinator.
 - ESM MH.2: The percentage of families who are satisfied with supports provided by the Parent Resource Coordinator

Improved Access to and Utilization of Mental Health Care Service

Cross-Cutting/Systems Building

SPMs

- SPM 5: Percent of children, ages 0 through 17, who are continuously and adequately insured

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 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 diversity 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 five-year Needs Assessment. This robust process applies a deliberate methodology to determine the 10 priorities which govern activities for the five-year cycle. The assessment highly inclusive, intentionally bringing in stakeholders and family/consumer voices at various stages throughout the overall process.

The 2020 Needs Assessment determined the following priorities (in alphabetical order):

- Access to Preventative Oral Health Services
- Access to and Utilization of Mental and Behavioral Health Care across the Lifespan
- Behavioral Health in School for Children and Youth with Special Health Care Needs
- Cardiovascular Disease among Women aged 18 through 44 years
- Child Abuse and Neglect
- Infant Safe Sleep
- Motor Vehicle Crashes among Youth aged 10 through 19 years
- Premature Birth
- Sexually Transmitted Disease Prevention
- Suicide Prevention

Women/Maternal Health

Cardiovascular Disease

Like national trends, cardiovascular disease including diabetes, obesity, and hypertension continues to burden Nebraska women, particularly those of African American, American Indian, or Hispanic descent. Addressing this disease is difficult due to the multifactorial nature of the issue, containing medical, behavioral, and socio-economic root causes. Title V supports a systems approach that focuses on ensuring access to health care, culturally and linguistically appropriate services, and available wrap around services such as case navigation and community health worker involvement for women.

Perinatal/Infant Health

Infant Safe Sleep

While data from the Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) indicates that Nebraska parents routinely place infants in the supine position for sleep and the incidence of SIDS has decreased, the number of infants dying from accidental suffocation and strangulation in bed (ASSB) has steadily increased. PRAMS data shows that significant racial and ethnic differences exist in numbers and percentages of infants who routinely share their sleep surface with others, the highest rates among African American, Asian, and American Indian mothers.

Title V work includes promoting the protective practice of infants sharing a bedroom with a parent, but close to the parents' bed, on a separate surface designed especially for infants; promoting initiation of and sustained breastfeeding; and providing culturally and linguistically appropriate education for new parents and birthing hospital staff.

Premature Birth

In Nebraska, approximately 2,600 babies are born prematurely (earlier than 37 weeks gestation) every year, which in 2018 was 10% of all births. This was higher than both the Healthy People 2020 and March of Dimes 2020 goals. Additionally, significant demographic disparities exist between racial/ethnic, income, and educational attainment groups. Babies born prematurely are at high risk for mortality and morbidity, and when compared to full-term babies, they are at significant risk for cerebral palsy, chronic lung disease, hearing loss, and intellectual disabilities. Title V will partner with stakeholders to implement screening women for social determinants of health, offering appropriate information and tools for clinicians, and encouraging women to become healthy before becoming pregnant.

Child Health

Child Abuse and Neglect

According to the NDHHS, 2,369 Nebraska children experienced substantiated abuse and/or neglect during 2020. Poverty is often associated with a greater risk of child maltreatment, and data indicates that neglect is the primary reason most children enter foster care. Additionally, approximately 45% of children who enter out-of-home care are ages 0-5 and in significant numbers do so because of parental substance use. This provides a compelling case for providing family supports prenatally and during early

childhood, as well as to identify and serve families dealing with substance use. Title V seeks to leverage the strong existing partnership with the Division of Children and Family Services to expand Home Visiting services across Nebraska, particularly in the Child Welfare Protocol within the Healthy Families America model, as well as to implement system changes around screening for and serving families with infants born exposed to substances.

Access to Preventive Oral Health Services

The NDHHS Office of Oral Health and Dentistry (OOHD) reported in 2015-2016 that 63.9% of 3rd grade children had decay experience, 32% of 3rd grade children had untreated caries, and 15% of children ages 1-17 reported active oral health problems; all are higher than the U.S. averages. Further, hospital emergency room dental visits have doubled over 10 years, with 16% being for children ages 0-17. Access to care is one root cause to this problem, since more than half of Nebraska is a state designated general dentist shortage area, and a significant percentage of Nebraska's population lives in rural locations, including approximately 125,000 children aged 1-9 years. As a result, many low-income children and youth eligible for Medicaid benefits do not receive mandated preventive dental services. In partnership with the OOHD, Title V work includes providing culturally and linguistically appropriate education and dental health supplies to new parents and engaging in surveillance of young children's oral health.

Children and Youth with Special Health Care Needs

Behavioral Health in School

Students with disabilities are more than twice as likely to receive an out-of-school suspension as students without disabilities, and those receiving special education supports have a disproportionate rate of school-related arrests. These practices lead to higher incarceration rates which are positively associated with academic failure, high school dropout, and involvement with the juvenile justice system, grade retention, and illegal substance abuse. Title V will utilize existing relationships with partners serving CYSHCN and school staff to increase screening and referrals for mental/behavioral health issues, to explore training that is trauma-informed and designed to de-escalate, and to ensure that families are aware of their rights, available resources, and educational opportunities.

Adolescent Health

Motor Vehicle Crashes

Motor Vehicle Crashes are the leading cause of unintentional injury related death for Nebraska youth aged 10-19 years. In 2017, teen drivers aged 19 and younger were involved in 21% of all reported crashes but only represented 7.3% of all licensed drivers. Also in 2017, 72.7% of teen traffic fatalities were not wearing seat belts, and the Nebraska Youth Risk Behavioral Survey (YRBS) reported that nearly half of students reported texting or emailing while driving in the past 30 days. Continuing a strong partnership with the NDHHS Injury Prevention program, Title V will support the Teens in the Driver's Seat program and engage in surveillance of youth driving behaviors and needs across the state.

STD Prevention

According to the Centers for Disease Control and Prevention (CDC), young people aged 15 to 24 years acquire approximately half of all new Sexually Transmitted Diseases (STD) while making up only about one quarter of the sexually active population. Chlamydia and gonorrhea are the most prevalent STD for this age group, both nationally and in Nebraska. In 2018, the reported rate of gonorrhea infections per 100,000 Nebraska youth aged 15 to 19 years was 137.3 and 788.9 for chlamydia. Significant disparities exist in chlamydia and gonorrhea infections by race and ethnicity. Title V work supports other programs focused on reducing STD rates in NE youth by providing culturally and linguistically appropriate educational materials and distributing funds to local organizations.

Suicide Prevention

Suicide has been, and continues to be, a top cause of death in the state for young people. Nebraska Vital Records show that in 2017, the rate of youth (aged 10-19 years) deaths due to suicide was 11.4 per 100,000 compared to the national suicide rate of 7.2 per 100,000. Further, the number of deaths due to suicide for youth has been steadily increasing since 2009 according to NE Vital Statistics data. Title V will collaborate with state and local partners focused on suicide prevention and seek to expand that collaboration to include school staff with the goal of describing how state training requirements are being met and what gaps exist.

Cross-Cutting

Access to and Utilization of Behavioral Health Care

Unmet mental health and behavioral health needs significantly impact the MCH population. One in five Nebraskans are reported to experience mental illness; a significant number of others also experience behavioral health concerns. The prevalence of mental health disorders among persons with Intellectual or Developmental Disorders range from 15% to 41% depending on the diagnosis. Title V work in this area leans heavily on partnerships with the Division of Behavioral Health and the Pediatric Mental Health Care Access project. The focus is to ensure access to care through Medicaid expansion, to increase screening and referral services, and to offer training and resources specific to mental/behavioral health services for Community Health Workers.

Emerging Needs

Maternal and child health is never static and identifying priorities/needs once every five years does not limit the focus of Title V, significant attention is paid to emerging needs and the flexibility required to quickly pivot and address those needs when necessary. Lingering effects of the COVID pandemic remain and continue to be felt most strongly by vulnerable populations. Mental/behavioral health continues to be a major concern across the lifespan, affecting children, youth, and women alike. Challenges within the Public Health workforce are persistent, after many professionals experiencing burnout left the field, recruitment issues delay onboarding of

new staff, and training and integrating new public health professionals takes sustained effort overtime. Staffing and workforce capacity remain a significant issue. Recently, syphilis rates have drastically increased and emerged as a significant issue in Nebraska and surrounding states, this includes cases of congenital syphilis which is a serious concern. The State Epidemiologist has taken the lead on the response and Title V has collaborated by accessing the need, collaborating with state and regional leaders, and by providing funds to improve testing.

The framework to address the needs of the maternal and child population in Nebraska mentioned above is broad and inclusive. Title V staff have significant expertise and partnering with other NDHHS programs enhances the options to address Nebraska's priorities. In addition to those mentioned earlier, partners such as the Office of Health Disparities and Health Equity, Medicaid and Long-Term Care, and the Office of Rural Health bring significant subject matter expertise.

Equally important to this work are several external partnerships. These partners bring not only expertise, but their own networks of participants, partners, and contacts who are vital to informing and performing Title V work. Partners include the Nebraska Perinatal Quality Improvement Collaborative (NPQIC), the University of Nebraska system (Munroe-Meyer Institute, College of Public Health, and Public Policy Center), public schools and school staff, Local and Tribal Health Departments, 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 and their professional health providers, ultimately benefitting Nebraska MCH, regardless of whether it is an informal relationship or formal in nature through an executed agreement. Additionally, these affiliations mean opportunities for involvement including participating in the five-year Needs Assessment, serving on the Title V Steering Committee, and providing feedback on various initiatives.

Comprehensive and Family-centered Care

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 work, and evaluation efforts; compensating non-professionals for their time serving 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. Many of these approaches began within the population of children/youth with special health care needs and are expanding to serve all other domains within MCH.

Program Evaluation

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 data base. Evaluation can be based on easily quantifiable metrics or more qualitative metrics and often are described throughout the 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, and regular evaluation Nebraska Title V seeks to promote systems 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 in Nebraska Title V. The block grant dollars and technical resources available to the state complements, leverages, and 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, local 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 51% (Public Health Services and Systems), 41% (Enabling Services), and 8% (Direct Services). Non-federal dollars are allocated differently, averaging over the same period 14% (Public Health Services and Systems), 69% (Enabling Services), and 17% (Direct Services). The importance of consistent, complementary roles is illustrated with data from Title V reports (2020-2023) 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 2020-2023

by Types of Individuals served (TVIS Form 3a)

Types of Individuals	2020 federal / non-federal		2021 federal / non-federal		2022 federal / non-federal		2023 federal / non-federal	
Pregnant Women	7.9%	11.5%	9.7%	11.9%	8.1%	12.7%	8.8%	8.9%
Infants < 1 year of age	10.7%	15.7%	12.2%	18.6%	15.6%	25.1%	10.0%	13.7%
Children 1 to 22 years of age	37.9%	21.7%	36.6%	12.4%	39.4%	12.4%	41.6%	18.8%
Children and Special Health Care Needs	36.5%	27.5%	36.6%	38.9%	33.1%	38.9%	35.2%	38.0%
Others	7.0%	23.6%	5.0%	10.9%	3.8%	10.9%	4.3%	20.7%

*The 2023 grant is not fully liquidated at the time of the 2024 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

Nebraska Early Dental Health Starter Kit Educational Program

In 2016, NDHHS Office of Oral Health and Dentistry (OOHD) began the Nebraska Early Dental Health Starter Kit Educational program aimed at teaching parents and caregivers of newborns how to establish sound daily oral hygiene habits at a very early age. Since that time the request for the Starter Kits only continues to grow.

Early on the NE Early Dental Health Starter Kits were distributed through a few select local health departments and early childhood clinics and services. Currently, the distribution has grown to include almost all local health departments, WIC Clinics, Early Head Start/Head Start programs, home visiting programs, seven Federally Qualified Health Centers, Children’s Physicians network within Children’s Nebraska, Nebraska Hospital Association, Ponca Tribe of Nebraska Health Services, early childhood programs including daycares and preschools, and other medical providers across the State. Between May 1, 2023, and June 30, 2024, a total of 30,576 Nebraska Early Dental Health Starter Kits were distributed. The Nebraska Early Dental Health Starter Kits are now being replicated by State Oral Health programs in Illinois and Missouri.

The Early Dental Health Starter Kit includes age-appropriate dental cleaning items, an educational card that tells the care giver how to use them, and a two-minute timer with a message to “brush 2 minutes 2 times a day.” Starter Kits also include information to educate parents of the importance of establishing a dental home for their child by age one and a listing of where reduced-cost dental care can be found in Nebraska. On one of the educational items included in the Starter Kits is a QR code that will take caregivers to a video that talks about the importance in starting proper oral hygiene habits from day one and demonstrates how to use each of the age-appropriate items. The video can be found at this link: <https://www.unmc.edu/dentistry/outreach/starter-kits.html>.

The NDHHS Office of Oral Health and Dentistry partners with Nebraska MCH/Title V, University of Nebraska Medical Center College of Dentistry, and the Nebraska Community Foundation to make the Nebraska Early Dental Health Educational Program a reality. Volunteers from these organizations and others come together to assemble the Starter Kits for distribution. The Nebraska Title V funding makes it possible to purchase items that go into each Starter Kit, supports staff time to implement the program, and aids in distribution of the Starter Kits.

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 2023.

[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.