



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEVADA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Nevada

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






| MCH Director | CSHCN Director |
|---|---|
| Vickie Ives, MA Bureau Chief, Bureau of Child, Family, and Community Wellness vives@health.nv.gov (775) 684-2201 | Tami Conn, MPH Deputy Bureau Chief, Bureau of Child, Family, and Community Wellness tconn@health.nv.gov (775) 684-4023 |

| SSDI Project Director | State Family Leader |
|---|--|
| Vickie Ives, MA Bureau Chief, Bureau of Child, Family, and Community Wellness vives@health.nv.gov (775) 684-2201 | Marcia O'Malley Family to Family Representative |

| State Youth Leader |
|---------------------------------|
| No Contact Information Provided |

State Hotline: (833) 852-6262

Funding by Source

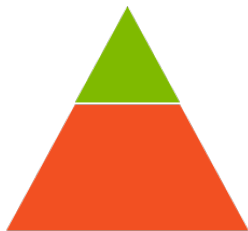
| Source | FY 2024 Expenditures |
|--|----------------------|
|  Federal Allocation | \$2,118,567 |
|  State MCH Funds | \$1,588,926 |
|  Local MCH Funds | \$0 |
|  Other Funds | \$0 |
|  Program Income | \$0 |

FY 2024 Expenditures

Funding by Service Level

| Service Level | Federal | Non-Federal |
|------------------------------------|-------------|-------------|
| Direct Services | \$0 | \$0 |
| Enabling Services | \$915,799 | \$241,148 |
| Public Health Services and Systems | \$1,202,768 | \$1,347,777 |

FY 2024 Expenditures
Federal



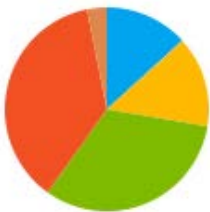
FY 2024 Expenditures
Non-Federal



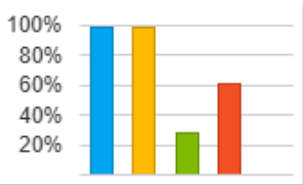
Percentage Served by Title V

| Population Served | Percentage Served | FY 2024 Expenditures |
|--|-------------------|----------------------|
| Pregnant Women | 98.1% | \$483,092 |
| Infants < 1 Year | 97.8% | \$526,155 |
| Children 1 through 21 Years | 28.4% | \$1,176,145 |
| CSHCN (Subset of all infants and children) | 60.2% | \$1,351,659 |
| Others * | 0.1% | \$113,506 |

FY 2024 Expenditures
Total: \$3,650,557



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>Improve access to prenatal and maternal health services</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 1: Percent of mothers who reported late or no prenatal care | New | Women/Maternal Health |
| <p>Increase women that receive recommended clinical care components at the post partum visit and appropriate referrals</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: Percent of WIC- and home visiting-enrolled families during pregnancy who received at least one postpartum visit | New | Women/Maternal Health |
| <p>Increase breastfeeding rates among mothers.</p> <p>NPMs</p> <ul style="list-style-type: none"> A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> ESM BF.1: Percent of Nevada PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends | Continued | Perinatal/Infant Health |
| <p>Reduce substance use during and after pregnancy</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 2: Percent of women who used substances during pregnancy | Revised | Perinatal/Infant Health |
| <p>Increase access to affordable nutritious foods among school aged children</p> <p>NPMs</p> | New | Child Health |

| | | |
|--|-----------|--|
| <ul style="list-style-type: none"> Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS <ul style="list-style-type: none"> ESM FS.1: Percent of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Home Visitors who received training on nutrition and exhibited increased knowledge on food sufficiency and strategies on how to discuss nutrition with families | | |
| <p>Improve access to resources and services around sexual health and reproductive health</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 3: Rate of STI Infections ages 12-17 years | New | Adolescent Health |
| <p>Increase referrals and appropriate care for adolescents.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV <ul style="list-style-type: none"> ESM AWV.1: Percent of Medicaid EPSDT eligible adolescents, ages 12 through 17, who received at least one initial or periodic screen | New | Adolescent Health |
| <p>Promote a Medical Home</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: Percent of Nevada Medical Home Portal users who utilize the Services Directory feature to obtain information on providers and community resources. | Continued | Child Health, Children with Special Health Care Needs |
| <p>Increase physical activity among school aged children</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child <ul style="list-style-type: none"> ESM PA-Child.1: Percent of respondents from the Kindergarten Health Survey (KHS) who report their child exercises for at least 60 minutes per day at least 4-5 times a week | New | Child Health |
| <p>Increase safe sleep practices</p> | Continued | Perinatal/Infant Health |

NPMs

- A) Percent of infants placed to sleep on their backs
B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS
- ESM SS.1: Percent of PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and /or environment
- ESM SS.2: Percent of Nevada PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and/or environment

Executive Summary

Program Overview

Program Overview

Nevada's Title V Maternal and Child Health (MCH) Program is dedicated to working with public and private partners statewide to improve the health of families. Funded partners implement activities serving women of childbearing age, pregnant women, infants, adolescents, and children, including children with special health care needs (CSHCN). Nevada utilizes Title V MCH funding to collaborate with partners and strengthen community engagement and activities ensuring all MCH populations can access quality health education and preventive services.

Nevada's Title V MCH Program is housed in the Maternal, Child and Adolescent Health (MCAH) Section; Bureau of Child, Family and Community Wellness (CFCW); Division of Public and Behavioral Health (DPBH); Nevada Department of Human Services (DHS). The Nevada Title V MCH Program website can be accessed at: <http://dpbh.nv.gov/Programs/TitleV/TitleV-Home/>. The Title V MCH Program is committed to funding evidence-based or informed activities and programming to improve the health and wellbeing of the MCH population in Nevada.

Accomplishments and Priorities by Population Domain

Domain: Women/Maternal Health

According to 2023 Behavioral Risk Factor Surveillance System (BRFSS) data, 66.2% of Nevada women ages 18-44 years received a preventive visit in the past year compared to 73.0% of women nationally. Furthermore, according to 2023 National Vital Statistics System (NVSS) data, 76.5% of pregnant women in Nevada received prenatal care beginning in the first trimester, which is just above the national average. This percentage is lower for uninsured women in Nevada, with only 62.2% receiving early prenatal care. The Title V MCH Program partners with statewide and regional MCH coalitions, community-based programs, and public and private partners to increase insurance coverage rates and receipt of timely prenatal care among this population.

Nevada's Title V MCH Program collaborates with partners to identify and reduce modifiable risk factors for improving birth outcomes, including a focus on populations with the highest rates. Partners include Local Health Authorities (LHAs), Division of Health Care Financing and Policy (DHCFP or NV Medicaid), DPBH Office of State Epidemiology (OSE), DPBH Office of Analytics (OoA), Children's Advocacy Alliance, and the Northern Nevada Public Health Fetal Infant Mortality Review (FIMR) Program. In addition, Title V works closely with MCAH programs including the Nevada Maternal Mortality Review Committee (MMRC), Alliance for Innovation on Maternal Health (AIM), and the Nevada Home Visiting (NHV) Program, as well as others.

Twelve partner organizations in eight counties provide critical screenings to women of childbearing age, especially women living in rural and frontier areas and people who live with increased risk. Screenings include those for postpartum depression; Screening, Brief Intervention, and Referral to Treatment (SBIRT); One Key Question campaign; and others. Collaboration with NHV promotes relevant maternal and infant screenings to MCH populations with higher risk. MCAH staff led state-funded statewide reproductive health efforts through the state-funded Account for Family Planning (AFP) Program and share MCH resources with AFP partners. AFP provides family planning, STI, and immunization services to those who would not otherwise be able to access these services.

Domain: Perinatal/Infant Health

According to NVSS, Nevada's percentages for breastfeeding has remained stable, ranging between 77.5% to 81.9% between 2015-2021. In 2023, the most recent data available shows a slight increase, with the percentage of breastfeeding initiation rising slightly to 77.6%. As a comparison, the national average in 2023 for breastfeeding rates is 85.3%. Title V MCH partners with the Nevada Women, Infants, and Children (WIC) Program, MCH coalitions, breastfeeding coalitions, community-based programs, SNAP-Ed, LHAs, the public, and private partners and supports NevadaBreastfeeds.org to increase breastfeeding rates by improving access to breastfeeding supports for new parents, including but not limited to signing up businesses to take the pledge to become breastfeeding friendly.

Northern Nevada Public Health FIMR reviewed 42 cases in FFY2024. Nevada Title V MCH Safe Sleep efforts include funding a statewide Cribs for Kids Program, statewide English and Spanish radio and television media campaigns, and statewide distribution of children's books with safe sleep messages. Cribs for Kids (C4K) distributed 483 Safe Sleep Survival Kits with associated education. The Nevada Title V MCH Program continues Safe Sleep and Injury Prevention education with Indian Health Service clinics. Trainings provided include Infant Safe Sleep and car seat installation. The NHV Program also promotes breastfeeding and safe sleep to participants.

Nevada Title V MCH activities related to decreasing substance use in pregnancy include participation in the AMCHP Promoting Innovation in State MCH Policymaking (PRISM) Learning Community, Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI), Perinatal Health Initiative (PHI) and Nevada Comprehensive Addiction and Recovery Act (CARA) efforts. The MCH Director and CSHCN Director serve on the Core team as well as numerous subcommittees and contributed to educational guides and resources produced by the PHI group and updated the Sober Moms Healthy Babies MCH-funded website with CARA family and provider information.

Domain: Child Health

According to the [2022-2023 National Survey of Children's Health](#) (NSCH), Nevada (23.8%) is significantly below the national average (35.6%) for children ages nine through 35 months who received a developmental screening using a parent-completed screening tool in the past year. This percentage decreased for Nevada from 24.5% in 2021-2022.

Nevada's Title V MCH Program collaborates with public and private partners to improve the rate of children receiving timely developmental screening and increase the number of applicable entities trained in developmental screening.

The Title V MCH-funded [Kindergarten Health Survey](#) conducted annually by the Nevada Institute for Children's Research and Policy shows a decrease in the percentage of children receiving a routine medical check-up and a decrease in the percentage of children with a primary care provider. The percentage of children entering kindergarten who had routine medical check-up in the past 12 months decreased from 90.5% in 2022-2023 to 89.3% in 2023-2024. The percentage of children entering kindergarten with a primary care provider decreased from 91.6% in 2022-2023 to 89.6% in 2023-2024.

Domain: Adolescent Health

According to [NSCH data](#), the percentage of adolescents ages 12 to 17 years old in Nevada with a preventive medical visit in the past year (2022-2023) is 62.1%. Comparatively, Nevada is below the national average of 71.4% of adolescents with a preventive medical visit in the past year. To address this, Title V MCH funds social media campaigns through DP Video to promote adolescent well-visits and disseminates educational materials through community partners.

Approximately, one in nine births to a teen (15-19 years old) in Nevada is a repeat teen birth, according to data from the DHS Office of Analytics. To improve teen birth measures, the Nevada Title V MCH Program partners with state and local teen pregnancy prevention programs, NHV, AFP, MCH Coalitions, LHAs, community programs, and private partners to increase access to educational materials, including funding LHAs and rural/frontier Community Health Nurses (CHNs) to provide education and promote awareness of Medicaid coverage of Long Acting Reversible Contraceptives (LARCs) post-partum.

Domain: Children with Special Health Care Needs

All CSHCN should have access to a medical home, but according to the [2022-2023 NSCH](#), only 25.8% of CSHCN in Nevada do. This is below the national average of 39.7%.

Nevada's CSHCN Program provides resources and support to community agencies serving children ages birth to 21 years. The CSHCN Program funds a variety of community programs to better serve children and families through a network of federal, state, University, and local community and family-based partners. MCH Director and CSHCN Director and staff participate in community and family-led coalitions and committees, including MCH Director being an appointee to the Nevada Governor's Council on Developmental Disabilities (NGCDD) and Newborn Screening Program Advisory Board, co-lead on the Nevada Mountain States Regional Genetic Network, Pritzker Foundation Nevada Team, and CSHCN Director on Early Childhood Comprehensive Systems. Staff also attend the Nevada Early Intervention Interagency Coordinating Council and participate in quarterly meetings with DPBH's Aging and Disability Services Division.

Nevada's CSHCN Program continued promotion of the Medical Home Portal (MHP) during the reporting period; however, the owner of the MPH ceased operations July 2024 after a cyber-attack. During the time Nevada had the MPH, it was a key resource for CSHCN and their families. It was a virtual resource which provided reliable and useful information about medical conditions, care resources, provider look up, and knowledge of valuable local and national services and resources, improving care coordination among children with and without special health care needs. In FFY24, the number of unique users for a partial year was 39,911. The number of MHP website views was 70,517.

The CSHCN Program partners with the Nevada Center for Excellence in Disabilities (NCED) Family Navigation Network (FNN), Nevada's designated Family to Family (F2F) Health Information and Education Center, which promoted the MHP, access to health care resources, referrals to adequate insurance coverage, care coordination services, and the CSHCN toll-free hotline. MCAH also funded vaccine sensory friendly kits for CSHCN.

Nevada's CSHCN Program also manages the Critical Congenital Heart Disease (CCHD) Registry, ensuring Nevada infants are screened for CCHD. The CSHCN and Adolescent Health and Wellness Program (AHWP) are collaborating with NCED to expand resources on health care transition and health literacy.

Domain: Cross-Cutting

Nevada's Title V MCH Program collaborates across systems with the Pregnancy Risk Assessment Monitoring System (PRAMS) to collect data on women who smoke or use substances during pregnancy and secondhand smoke exposure. The survey questions asked about substance use during the respondent's most recent pregnancy. For 2023 births, when asked about prescription pain medication use during pregnancy, 2.6% of respondents said yes. This is a continuous decrease from the 3.9% respondents who reported yes in 2020.

The reported use of substances such as heroin, amphetamines, methamphetamines, cocaine, tranquilizers, hallucinogens, LSD, sniffing gas, and glue or huffing among PRAMS respondents have all remained under 1.0% since 2019. Marijuana and cannabis use during pregnancy has remained steady though concerning given that 8.8% of respondents reported using it in 2023. This is a 43.3% increase from the percentage responding yes in 2017. This percent, however, is down from years 2019 and 2020 with 9.0% and 9.9% of respondents reported use respectively.

*For 2017 and 2018 weighted data, PRAMS had a response rate of 40.6% and 39.4%, respectively, both under the CDC threshold of 50%. Data from years 2019, 2020, 2021, 2022, and 2023 had response rates of 42%, 43%, 34%, 30%, 40% respectively, which were below the CDC threshold of 50% for those years. Therefore, all data should be interpreted with caution.

How Federal Title V Funds Complement State-Supported MCH Efforts

How Title V Funds Support State MCH Efforts

The federal Title V Maternal and Child Health (MCH) Block Grant plays a vital role in complementing Nevada's state-led efforts to improve the health and wellbeing of mothers, women of childbearing age (15-44), infants, children, including children with special health care needs (CSHCN), and their families. This longstanding federal-state partnership allows Nevada to flexibly respond to emerging health needs while reinforcing a stable public health infrastructure across the state's vast and often rural geography.

Federal Title V funds significantly augment Nevada's limited state and other non-federal resources to assure the continued delivery of core MCH services, especially for underserved or at-risk populations. Federal dollars have supported gap-filling programs in areas such as Pregnancy Risk Assessment Monitoring System Promotion, MCH Coalition work, Cribs for Kids, Biostatistician data support, CSHCN care coordination, youth transition education, and adolescent well-visit education—where state funding alone is insufficient.

By comparing expenditures across federal Title V funding in Nevada shows a targeted investment in enabling services (e.g., care coordination for CSHCN), population-based services (e.g., immunization outreach and home visiting promotion), and infrastructure-building services (e.g., health assessments, strategic planning, and workforce development). These investments have complemented state-supported efforts, complementing these funding streams ensure a continuum of care from programs like health promotion to broader systems level initiatives.

Further, Nevada uses federal Title V resources to build and sustain MCH program infrastructures, supporting staffing, cross-sector partnerships, and data modernization. Title V funds enable staff to engage in comprehensive needs assessments, lead community engagement, and promote family partnerships that are foundational to program design. The grant also supports data surveillance and evaluation tools that inform evidence-based programming across the state.

In the reporting period, federal Title V funds have been instrumental in expanding the reach of MCH services. Without this flexible federal investment, Nevada would be unable to maintain the breadth and impact of its MCH service network. The partnership not only amplifies state capacity, but it also ensures all Nevada families, regardless of zip code, have access to MCH services that protect and promote lifelong health.

MCH Success Story

Adolescent Wellness – Yoga Haven Success Story

One participant, who was a female high school student, participated in a year-long yoga and mindfulness pilot program at her local middle school. During this pilot program more than 80 percent of students were exposed to trauma-informed yoga and meditation monthly throughout the school year and in addition, a select cohort was exposed to weekly group meditations during lunch. The student shared that during this time she was experiencing alternate family placements due to violence and mental illness in her home. Yoga Haven programming provided a safe place for her to practice introspective reflections, increased her ability to self-advocate and helped her feel more comfortable with her emotions. She described the cohort she was part of weekly as a family and was grateful for how protected the space felt to share and connect deeply with others through meditation and movement.

Maternal and Infant Health – Dignity Health Success Story

During a support group for mothers, the facilitator met a new mom with a baby boy around 10 months old. The parent, new to the area and with limited friends, was very forthright in sharing her feelings of anger and not feeling like herself. She faced several stressors, including her relationship with her co-parent and having another child in a different area under shared custody. During her third session in the group, she expressed interest in emotional self-care after the facilitator inquired about it. The parent was open to the idea of therapy, and recently, she informed the facilitator that she has made an appointment and is scheduled to see a therapist. After the last support group meeting, the parent expressed gratitude and a feeling of hope.

Perinatal Success Story

MCH Director participated in a multiagency team that designed a conference on substance use in pregnancy with key decision-makers in the statewide health community led by DHS. Novel data was shared from the DHS Office of Analytics showing cross agency impacts, gaps, and opportunities for intervention to crucial medical, insurance, community-based organizations, and policy makers to ensure programming and efforts focus on the most important levers to improve health outcomes.

CSHCN Success Story

Partnership between the Title V MCH Program, Nevada State Immunization Program, and the University of Nevada, Reno, Family Navigation Network ensured ongoing supports in the form of Sensory Friendly Vaccination Kit funding support for continued distribution to providers to better serve families of CSHCN and people of childbearing age living with I/DD in immunization contexts when COVID-related funds were unexpectedly federally rescinded, threatening access to these supports in the state.

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

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.