



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEVADA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 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>)

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
Max Moskowitz, MPH SSDI Manager mmoskowitz@health.nv.gov (775) 400-6930	No Contact Information Provided

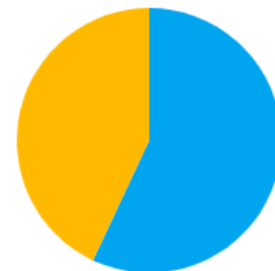
State Youth Leader
No Contact Information Provided

State Hotline: (800) 429-2669

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$2,222,063
State MCH Funds	\$1,677,154
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

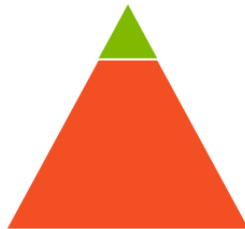
FY 2023 Expenditures



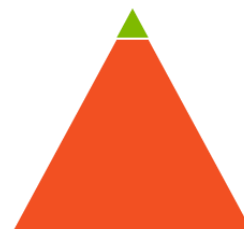
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$538,245	\$217,458
Public Health Services and Systems	\$1,683,818	\$1,443,749

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



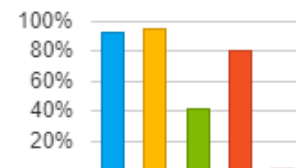
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	92.4%	\$619,254
Infants < 1 Year	95.0%	\$685,421
Children 1 through 21 Years	41.8%	\$1,148,208
CSHCN (Subset of all infants and children)	80.7%	\$1,185,195
Others *	1.8%	\$213,440

FY 2023 Expenditures Total: \$3,851,518



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>Improve preconception and interconception health among women of childbearing age</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: Percent of pregnant women who received prenatal care beginning in the first trimester <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of mothers who reported late or no prenatal care 	Women/Maternal Health
<p>Promote Breastfeeding</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - 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 	Perinatal/Infant Health
<p>Promote 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: 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 	Perinatal/Infant Health
<p>Increase developmental screening</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS 	Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM DS.1: Percent of Medicaid enrolled children, ages 9 through 35 months, who received a developmental screening using a standardized tool. 	
<p>Improve care coordination among 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 (Adolescent Well-Visit, Formerly NPM 10) - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: Percent of Medicaid EPSDT eligible adolescents, ages 12 through 17, who received at least one initial or periodic screen <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Repeat teen birth rate ● SPM 4: Teenage pregnancy rate 	<p>Adolescent Health</p>
<p>Increase transition of care for adolescents and CYSHCN</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percent of participants reporting a change in knowledge who completed the Project ECHO online course using Got Transitions Six-Core Elements of Health Care Transition ○ ESM TR.2: Percent of participants reporting intent to change practices or policies who completed the Project ECHO online course using Got Transitions Six-Core Elements of Health Care Transition ○ ESM TR.3: Percent of families who report the information received by a Family Navigator through Family Navigation Network met their needs for transition from pediatric to adult health care. 	<p>Adolescent Health, Children with Special Health Care Needs</p>
<p>Reduce substance use during pregnancy</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy <ul style="list-style-type: none"> ○ ESM SMK-Pregnancy.1: Percent of PRAMS respondents who report that a doctor, nurse, or other health care worker asked if they were smoking cigarettes during any prenatal care visits <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of women who used substances during pregnancy 	<p>Women/Maternal Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<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 (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Number of Nevada Medical Home Portal website views. ○ ESM MH.2: Percent of Nevada Medical Home Portal users who utilize the Services Directory feature to obtain information on providers and community resources. 	<p>Child Health, Children with Special Health Care Needs</p>

Executive Summary

Program Overview

Program Overview

Nevada's Title V Maternal and Child Health (MCH) Program is dedicated to working with diverse public and private partners statewide to improve the health of families. Funded partners implement activities serving women of childbearing age, pregnant persons, infants, adolescents, and children, including children and youth with special health care needs (CYSHCN). 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 Health and Human Services (DHHS). 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 2022 Behavioral Risk Factor Surveillance System (BRFSS) data, 60.2% of Nevada women ages 18-44 years received a preventive visit in the past year compared to 72.5% of women nationally. Furthermore, according to 2022 National Vital Statistics System (NVSS) data, 76.6% of pregnant women in Nevada received prenatal care beginning in the first trimester, which is slightly below the national average of 77.0%. This percentage is lower for uninsured women in Nevada, with only 61.7% 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 racial and ethnic health disparities. 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, Children's Advocacy Alliance, and the Northern Nevada Public Health Fetal Infant Mortality Review (FIMR) Committee. 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.

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 underserved MCH populations. MCAH staff led 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 the [National Immunization Survey](#), Nevada's rate for breastfeeding has remained stable for a decade at a rate ranging between 78% to 83.8% between 2009-2019. However, in 2020, the most recent data available as of April 26, 2024, shows a sharp decline with the rate of breastfeeding dropping to 75%. As a comparison, the national average in 2020 for breastfeeding rates is 83.1%. Title V MCH partners with the Nevada Women, Infants, and Children (WIC) Program, MCH coalitions, breastfeeding coalitions, community-based programs, LHAs, the public, and private partners and supports NevadaBreastfeeds.org to increase breastfeeding rates by improving access to breastfeeding supports for new parents.

Northern Nevada Public Health FIMR reviewed 38 cases in FFY2023. 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 distributed 968 Safe Sleep Survival Kits with associated education, a 5.4% increase from FFY2022. 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), and Nevada Comprehensive Addiction and Recovery Act (CARA) efforts. The MCH and CYSHCN Director serve on the Core team as well as numerous subcommittees and contributed to educational guides and resources produced by the OMNI group and updated the Sober Moms Healthy Babies MCH-funded website with CARA family and provider information. 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. Pregnancy Risk Assessment Monitoring System (PRAMS) data inform potential evidence-based strategies to improve this domain.

Domain: Child Health

According to the [2022 National Survey of Children's Health](#) (NSCH), Nevada (27%) is significantly below the national average (34.4%) for children ages nine through 35 months who received a developmental screening using a parent-completed screening tool in the past year. This percentage increased for Nevada from 21.6% in 2020-21.

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 an increase 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 a routine medical check-up in the past 12 months increased from 88.4% in 2021-2022 to 90.5% in 2022-2023. The percentage of children entering kindergarten with a primary care provider decreased from 90.6% in 2021-2022 to 91.6% in 2022-2023.

Nevada's Title V MCH CYSHCN Program promotes the Medical Home Portal (MHP), which improves access to healthcare by assisting and supporting professionals and families using the Medical Home model to care and advocate for CYSHCN and non-CYSHCN. In FFY 23, the number of unique users increased from FFY 22 from 33,184 to 47,887. The number of MHP website views increased from 62,865 to 85,397.

Child health is also supported via Bullying and Suicide Prevention efforts in partnership with the Nevada Department of Education (NDE) and the DPBH Office of Suicide Prevention (OSP).

Domain: Adolescent Health

According to [NSCH data](#), the percentage of adolescents in Nevada with a preventive medical visit in the past year (2021-2022) is 75.0%. Comparatively, Nevada is below the national average of 81.4% 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.

One in five births to a teen (15-19 years old) in Nevada is a repeat teen birth. 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 Medicaid coverage of Long Acting Reversible Contraceptives (LARCs) post-partum. The "[Reproductive Engagement Community Action Plan](#)" report outlines the work of the Community Engagement in Reproductive Health Services Stakeholder group to improve access to reproductive health services on behalf of the Director's Office of the Department of Health and Human Services.

Domain: Children and Youth with Special Health Care Needs

CYSHCN should have access to a medical home, but according to the 2021-22 NSCH, only 25.1% of CYSHCN in Nevada do. This is below the national average of 40.7%.

Nevada's CYSHCN Program provides resources and support to community agencies serving children ages birth to 21 years. The CYSHCN 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. CYSHCN Program and staff participate in community and family-led coalitions and committees, including the Nevada Governor's Council on Developmental Disabilities (NGCDD) and Newborn Screening Program Advisory Board, Nevada Mountain States Regional Genetic Network, Pritzker Foundation Nevada Team, and Early Childhood Comprehensive Systems meetings. Staff also attend the Nevada Early Intervention Interagency Coordinating Council and participate in quarterly meetings with DPBH's Aging and Disability Services Division and Nevada Medicaid.

Nevada's CYSHCN Program continues promotion of the MHP, a virtual resource which provides reliable and useful information about medical conditions, care, and knowledge of valuable local and national services and resources, improving care coordination among children with and without special health care needs. The CYSHCN Program partners with the Nevada Center for Excellence in Disabilities (NCED) Family Navigation Network, Nevada's designated Family to Family Health Information and Education Center, which promotes the MHP, access to health care resources, referrals to adequate insurance coverage, care coordination services, and the CYSHCN toll-free hotline.

Nevada's CYSHCN Program also manages the Critical Congenital Heart Disease (CCHD) Registry, ensuring Nevada infants are screened for CCHD. The CYSHCN 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 PRAMS to collect data on women who smoke or use substances during pregnancy and secondhand smoke exposure. Survey questions asked about substance use during the respondent's most recent pregnancy. For 2021 births, when asked about prescription pain medication use during pregnancy, 2.9% said yes. This is a decrease from the 3.9% who said yes in 2020 and an increase from the 2.7% who said yes in 2019. In 2018, 5.4% said yes when asked about prescription pain medication use during pregnancy. Methadone use during pregnancy showed an increase with 0.6% of respondents indicating use in 2021 compared to 2020 where 0.5% of respondents said yes. In 2019, 0.9% said yes, and 1.0% said yes in 2018.

In 2017, Heroin, amphetamines, methamphetamines, cocaine, tranquilizers, hallucinogens, LSD, sniffing gas, and glue or huffing use were all under 1.0% each. However, in 2018, reported amphetamine and cocaine use were both greater than 1.0%, at 1.1% and 1.2% respectively. In 2019 and 2020, this trend reversed, and none of the substances were above 1.0%. The trend continued in 2021 except that sniffing gas, glue or huffing use was reported to be 1.0% in 2021.

*For 2017 and 2018 weighted data, PRAMS had a response rate of 40.6% and 39.4%, respectively, both under the CDC threshold of 55%. 2019 data, 2020 data and 2021 data had response rates of 42% ,43% and 34%, 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 Nevada Title V MCH Program was led by CFCW Bureau Chief Kyle, Devine, MSW, MCH during the reporting period. The position is now held by Vickie Ives, MA, who served as the Title V MCH Director and the CYSHCN Director during the reporting period. The MCH Program and MCAH Section are led by MCAH Section Manager Tami Conn, MPH. Title V MCH Program Units include: AHWP, CYSHCN, Maternal and Infant Health, RPE, and MCH Epidemiology. MCH also supports and complements NHV, Nevada PRAMS, and the MCHAB. The State Systems Development Initiative (SSDI) Manager (Max Moskowitz), was co-funded with Title V MCH funds and participates in all MCH Unit meetings and activities and monitors specific subawards. A CDC MCH Epidemiology Assignee, Ghasi Phillips-Bell, ScD, MS, is supported by Title V MCH.

Title V MCH-funded partners provide interventions and support to reach diverse populations, and include but are not limited to:

- Nevada 211
- 3 Local Health Authorities
- Dignity Health, St. Rose Dominican Hospitals
- The Regional Emergency Medical Services Authority
- Nevada Statewide MCH Coalitions
- Family Navigation Network
- Northern Nevada Public Health Fetal Infant Mortality Review
- Immunize Nevada
- Nevada System of Higher Education
 - University of Nevada, Reno
 - University of Nevada, Las Vegas
- Children's Cabinet Nevada Pyramid Model Implementation
- Nevada Broadcasters Association
- KPS3 Advertisement Agency
- DP Video Productions
- Urban Lotus
- University of Utah Department of Pediatrics Medical Home Portal
- Yoga Haven

Programs funded by the Nevada Title V MCH Program recognize the importance of respecting cultural pluralism. Whether at the state, county, or community level, MCH coalitions and funded MCH partners are expected to provide bilingual resources to meet Culturally and Linguistically Appropriate Services (CLAS) standards and increase cultural humility. Program partners are also encouraged to utilize inclusive language in reports, brochures, social media, and presentations, and ensure outreach and implementation activities are centering health equity.

MCH Success Story

Success Story

Children's Cabinet Success Story

In Southern Nevada, Ana Maria Mitchell is our Nevada Pyramid Model Family Support Specialist. She supported a family that experienced their child being suspended from two preschools. The child was exhibiting challenging behavior in the classroom. She worked closely with the parent and the child. When the mother started taking the Pyramid Model Positive Solutions Trainings, she began to learn new strategies. She applied the strategies at home with her child and started seeing changes. The mother improved her communication skills and learned new ways to bond with her child. The child has been in a new program and is doing very well with the mother's support. Ana has been successful in applying the practices and strategies of Positive Solutions. She has had success with other families and the program continues to grow and thrive.

Nevada 2-1-1 Success Story

"I spoke with a young expectant mother that stated she was homeless, had no income, nowhere to stay and no relatives in town that could help her. She also said that she didn't know what type of help she could get or would be eligible for and hoped Nevada 211 could assist her. I provided her with several resources for Shelter, Housing Intake Assessment, Rapid Rehousing, Transitional Housing, Homelessness prevention as well as information for the Medicaid Provider portal, prenatal care clinics and baby item

programs. I also explained the Text4Baby program as well as the PRAMS program for which she had interest. The caller said she was so grateful for our services and the referrals I provided her and that she felt relieved she finally had a plan she could work with.”
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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 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.