



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEBRASKA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

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 FY 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

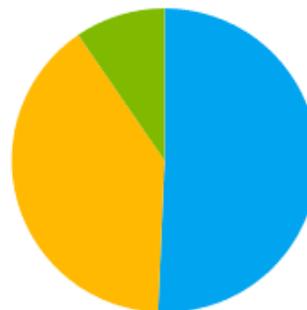
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Sara Morgan Administrator, DHHS Lifespan Health Services sara.morgan@nebraska.gov (402) 471-0196	Teri Chasten DHHS Economic Assistance Policy Chief teri.chasten@nebraska.gov (402) 471-2738	No Contact Information Provided

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$4,010,626
State MCH Funds	\$3,146,505
Local MCH Funds	\$755,941
Other Funds	\$0
Program Income	\$0

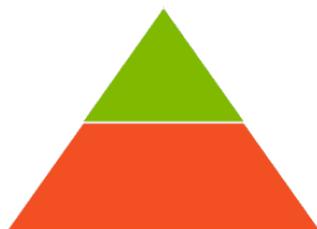
FY 2015 Expenditures



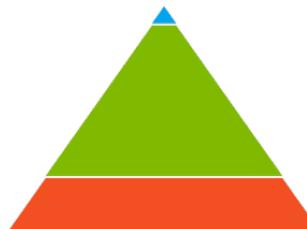
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$9,576	\$298,062
Enabling Services	\$2,047,213	\$2,672,382
Public Health Services and Systems	\$1,953,837	\$932,002

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



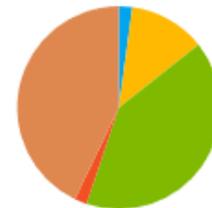
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	8,560	\$1,602,563	20.6%
Infants < 1 Year	49,332	\$914,863	11.8%
Children 1-22 Years	164,950	\$2,751,726	35.4%
CSHCN	7,981	\$1,937,272	24.9%
Others *	173,192	\$571,610	7.3%
Total	404,015	\$7,778,034	100%

FY 2015 Expenditures



FY 2015 Individuals Served



*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	7,496
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	130
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	The percent of Title X Family Planning female clients under age 25 who were screened for chlamydia and gonorrhea infections as a component of comprehensive visit.
NPM 4	Breastfeeding	ESM 4.1	The percentage of health providers participating in certified lactation consultant training who are minority women.
NPM 5	Safe Sleep	ESM 5.1	The percentage of infants whose sleep environments are assessed, at least once, by 6 months of age.
NPM 7	Injury Hospitalization	ESM 7.1	The percentage of schools participating in the statewide safe driving campaign.
NPM 8	Physical Activity	ESM 8.1	Five or more communities are identified by a state-level assessment as potential sites to implement the safe play environment community tool kit.
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of adolescent healthcare utilization "Plan Do Study Act" cycles completed by adolescent healthcare providers.
NPM 11	Medical Home	ESM 11.1	Percentage of families who respond to MCHP Clinic Family Survey
NPM 15	Adequate Insurance	ESM 15.1	NDHHS Steering Committee to integrate CLAS Standards, Health Literacy, and Trauma-Informed Care is chartered and meeting monthly.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percentage of women who initiated prenatal care in the first trimester.	Women/Maternal Health
SPM 2	The rate per 1,000 infants of substantiated reports of child abuse and neglect.	Perinatal/Infant Health
SPM 3	The percentage of children age 4 months-5 years, who have low or no risk for developmental, behavioral, or social delays.	Child Health, Children with Special Health Care Needs

Executive Summary

I.E. APPLICATION/ANNUAL REPORT EXECUTIVE SUMMARY

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The Title V Maternal and Child Health (MCH) Services Block Grant to the State of Nebraska is administered by the Department of Health and Human Services (NE DHHS), Division of Public Health. The Title V Director role is designated to the Unit Administrator for Lifespan Health Services Unit. In July 2016 Sara Morgan became Nebraska's Title V Director. The CYSHCN Director role is assigned within the NE DHHS Division of Children and Family Services to the Economic Assistance Policy Chief, Teri Chasten, who oversees programs including the Medically Handicapped Children's Program (MHCP), coordinated by Staci Zuerlein. The Nebraska Family Voices role is designated to Nina Baker of PTI Nebraska, serving children and families with special health care needs. Additional DHHS Title V staff include members of the Maternal Child Adolescent Health (MCAH) program, a federal grants administrator, and MCH Epidemiology.

The Nebraska Title V Statewide Needs Assessment was conducted in 2015. The Needs Assessment informed the State Priorities and activities of the 2015-2016 grant year, and will continue to do so until 2020, with periodic input from stakeholders and partners. The Nebraska 2016-2017 action plan is leaner, with fewer objectives, more specific, and measurable as compared to 2015-2016. Significant Accomplishments in relation to the state's priorities, emergent needs, and change climate include (though are not limited to):

- In the domains of Women/Maternal, and Perinatal/Infant Health
 - With partners, Title V delivered the first ever statewide Maternal Behavioral Health Conference for health professionals;
 - Convened a Preconception Health Networking and Collaboration session, followed by a innovation mindset activity, resulting in improved collaboration and clarity on advancing preconception health;
 - Significant progress on safe sleep policy and practice quality improvement among Nebraska birthing hospitals;
 - Development of working relationships between Title V and the Nebraska Perinatal Quality Improvement Collaborative, and between Title V and Medicaid and the Managed Care Organizations;
 - Reinvigoration of the Nebraska Women's Health Initiative;
 - Quality Improvement gains through participation in the Infant Mortality CoIIN, particularly as led by the Title V Maternal Infant Health nurse consultant, Jackie Moline, in the learning communities of Preconception-Interconception Health, and Safe Sleep.
 - Conducted LEARN, Lactation Education Across Rural Nebraska, to increase the availability of Certified Lactation Counselors.
- In the domains of Child and Adolescent Health
 - Relationship building and collaboration between the Title V School Health Program and the Injury Prevention Program;
 - Title V participation in the launching of a new Child Safety CoIIN, with non-MCH Title V leadership.
 - Continued advancement of the Nebraska Adolescent Health Program in the directions of positive youth development and evidence-based practice; tackling emerging issues such as human trafficking; continued growth and development of the Nebraska Adolescent Health Advisory Council;
 - Title V- Early Childhood Comprehensive Systems collaboration to increase social and emotional screening of the young child in the pediatric medical home;
 - Convened the interdisciplinary Place Matters Learning Community, for the purpose of better understanding how Title V can participate in approaches to influence the social determinants of health to improve population health Title V priorities such as obesity;
- In the domain of Children and Youth with Special Health Care Needs:
 - Title V participated in the DHHS Behavioral Health System of Care planning leadership team for children with severe emotional disorders;
 - Initiated conversations with early childhood systems partners on disparities (racial/ethnic, geographic, economic) in screening and referral rates, as well as treatment utilization, for early behavioral and mental health needs.
 - Expanded conversation on toxic stress mitigation to include support for improved approaches to maternal depression screening, and screening for alcohol and other drugs during pregnancy, and motivational interviewing for primary health professionals.
- In the Cross-cutting Domain:
 - Title V is leading with other partners a collective impact approach to improving implementation of culturally and linguistically appropriate services, trauma-informed care, and health literacy in health and human services, as a means to address determinants of unequal consequences of ill-health.
 - Convened the interdisciplinary Place Matters Learning Community, for the purpose of better understanding how Title V can participate in approaches to influence the social determinants of health to improve population health Title V priorities such as obesity.

Changes and developments in the state priorities, objectives, strategies, and measurements, as found in this 2016-2017 Application reflect not only progression in a work plan but other significant influences as well:

- New executive leadership for DHHS involves new business and accountability practices, including a Business Plan and Results Based Accountability;

- Public Health Accreditation for NE DHHS, effective spring 2016, involves a State Health Improvement Plan, and Strategic Plan;
- Greater alignment with population health and the social determinants of health and health disparities, as informed by
 - the World Health Organization’s framework for addressing the social determinants of health, health disparities, and the mental health of populations;
 - The Robert Wood Johnson Foundation (RWJF) framework for building a Culture of Health, with Action Areas, Drivers, and Measures;
 - A small project conducted in 2015 with the MCH Workforce Development Center on mapping concentrated disadvantage as a vehicle for engaging community conversation about disparities; and
- A transforming health care system in Nebraska:
 - Accountable Care Organizations and Managed Care Organizations are transforming Nebraska’s landscape of small, independent, community-level hospitals and health care providers;
 - Electronic medical records and meaningful use requirements are driving even more consolidation and business relationships between provider systems;
 - Payment systems are changing to favor more primary and preventive care, and share the burden of high-cost care and complications with hospitals and providers;
 - Small critical access hospitals, considered integral to public safety in some rural areas, are facing continuing economic uncertainty; and
 - The Nebraska health care workforce is changing, with introduction of home visitors, paramedics who perform home-based post-discharge care, the emergence of a community health worker movement, and severe healthcare professional shortages in some areas.

Working in a dynamic change environment offers challenges, but also certain opportunities to Title V:

- The opportunity to contribute change management practices in order to support transitions that are productive and progressive;
- The opportunity to advocate for quality improvement methodologies that are iterative and innovative;
- The chance to engage new partners, families, and consumers in the work of transformation;
- Contributing data-driven and evidence-based resources and information;
- Assuring equity-driven, population health perspectives are part of every conversation.

Also of note in a transformative context is the retirement of Nebraska’s long time Title V Director, Paula Eurek. Ms. Eurek’s contributions to the history of effectiveness, integrity, and credibility of the Maternal Child Health Block Grant are too numerous and significant to account. The new Title V Director for Nebraska, Sara Morgan, assumed her post in July of 2016. Nebraska looks forward to a strong and impactful future for Title V work in the state, standing on the foundation created under Paula Eurek’s leadership.

Nebraska’s Title V State Priorities are shown in the table below, listed by population domain. Two state priorities, Sexually Transmitted Diseases and Unintentional Injury, are each found in two population domains, reflecting a life course perspective and age- and developmentally-nuanced activities. The State Priority on Overweight and Obesity has moved to the Adolescent Health Domain and now focuses on community engagement for improving built environments for physical activity for children and youth, particularly in areas of concentrated disadvantage. The Cross-Cutting Priority on Access and Utilization of Preventive Health Care Services has expanded to encompass a cross-sector collective impact initiative to address some of the structural determinants of unequal access and unequal consequences of ill-health, by coordinating mutually-reinforcing activities to implement CLAS (culturally and linguistically appropriate services) standards, trauma-informed care, and health literacy practices geared to the needs of priority groups, as informed by World Health Organization strategies to address determinants of health and health disparities.

NEBRASKA MCH TITLE V STATE PRIORITIES, 2015 – 2020
<p>WOMEN/MATERNAL HEALTH DOMAIN</p> <ul style="list-style-type: none"> • Sexually Transmitted Diseases (STD) among (youth and) women of child bearing age. • Access to and Adequacy of Prenatal Care
<p>PERINATAL/INFANT HEALTH DOMAIN</p> <ul style="list-style-type: none"> • Infant Mortality • Breastfeeding of Infants • Infant Abuse and Neglect
<p>CHILD HEALTH DOMAIN</p> <ul style="list-style-type: none"> • Unintentional Injury among children (and youth), including motor vehicle crashes • Access to Preventive and Early Intervention Mental Health Services for Children
<p>CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) DOMAIN</p> <ul style="list-style-type: none"> • Mental and Behavioral Health Needs of Children/Youth with Special Health Care Needs (CYSHCN) • Medical Home for CYSHCN, including empowerment of families to partner in decision making and access to additional family supports

ADOLESCENT HEALTH DOMAIN

- *Unintentional Injury among children and youth, including motor vehicle crashes.*
- *Sexually Transmitted Disease (STD) among women of childbearing age and youth*
- *Obesity/overweight among women, youth, and children, including food insecurity and physical inactivity*

CROSS-CUTTING DOMAIN

- *Access to and utilization of health care by priority groups to reduce differential consequences of ill health. Nov. 2015; rev. July 2016*

In the parlance of the Robert Wood Johnson Foundation Culture of Health framework, Nebraska's Title V application represents six State Priorities where objectives and strategies relate to community engagement and *Making Health a Shared Value*; eight State Priorities include objectives and strategies that emphasize *Cross-Sector Collaboration*; five State Priorities speak powerfully of activities to *Create Healthier and More Equitable Communities*, and seven State Priorities address *Strengthening Integration of Health Services and Systems*. Looking at the 2016-2017 Title V action plan through this particular lens of the RWJF Culture of Health model has benefitted Nebraska by prompting identification of more innovative partnerships, greater diversity and meaning in consumer and family involvement, a stronger equity orientation, suggesting areas as well as tools for measurement, as well as sharpening communication approaches for engagement and collaboration.

In support of these thirteen population priorities, and the intent to make measurable gains of progress and performance, Nebraska's application describes a total of 33 Objectives and 34 evidence-based strategies to be deployed by MCH Title V staff, stakeholders, partners, collectives and coalitions, and specific new alliances proposed in order to scale up impact, during the 2016-2017 period. For the convenience of reviewers, and to assure the Action Plan Narrative includes all information points required by the federal funder, each Domain Narrative is organized with the following headings and sequence:

- **Analysis of Progress and Challenges; Analysis of Current Effectiveness; New Efforts**
- **Challenges**
- **Objectives and Strategies (each State Priority discussed separately):**
- **Discussion**
- **Responsible Parties**
- **Performance Measurement**
- **How have/will ESMs contribute to progress in achieving performance targets set for the NPM?**
- **Partnerships in the Domain: MCHB-supported programs and others**

Title V looks forward to continuing the work of infusing population-level, evidence-based, life course perspectives into the many challenges and opportunities we face in creating the conditions for women, children, and families to be healthier and live better lives, aligned with our stakeholders and partners in addressing population health priorities.