



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **NEBRASKA**

State Snapshot

FY 2021 Application / FY 2019 Annual Report

November 2020

### 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 2021 Application / FY 2019 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

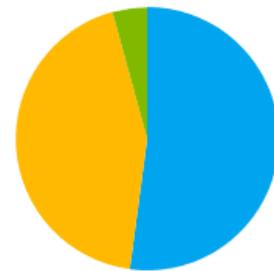
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Sara Morgan Administrator, DHHS Lifespan Health Services Sara.Morgan@nebraska.gov (402) 471-0196	Shannon Grotrian Economic Assistance Programs Administrator Shannon.Grotrian@nebraska.gov (402) 471-2738	No Contact Information Provided

### Funding by Source

Source	FY 2019 Expenditures
Federal Allocation	\$3,427,223
State MCH Funds	\$2,869,302
Local MCH Funds	\$279,964
Other Funds	\$0
Program Income	\$0

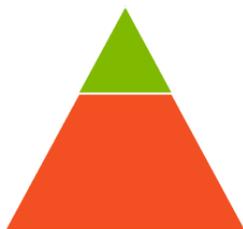
FY 2019 Expenditures



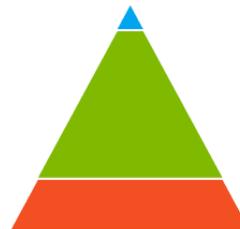
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$12,335	\$336,753
Enabling Services	\$1,305,670	\$2,089,367
Public Health Services and Systems	\$2,109,218	\$723,147

FY 2019 Expenditures Federal



FY 2019 Expenditures Non-Federal



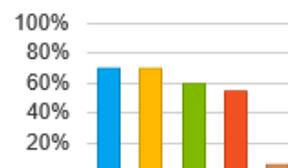
### Percentage Served by Title V

Population Served	Percentage Served	FY 2019 Expenditures
Pregnant Women	100.0%	\$819,892
Infants < 1 Year	100.0%	\$1,132,553
Children 1 through 21 Years	85.0%	\$1,843,107
CSHCN (Subset of all Children)	78.0%	\$1,788,256
Others *	7.0%	\$896,071

**FY 2019 Expenditures**  
Total: \$6,479,879



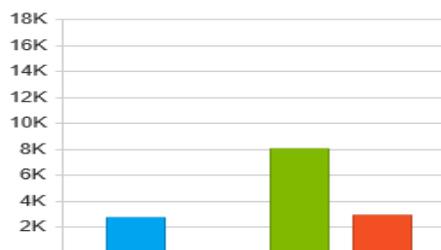
**FY 2019 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	5,299
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	15,496
Other Toll-Free Calls:	5,651



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.

### State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Cardiovascular Disease including Diabetes, Obesity, and Hypertension  NPMs <ul style="list-style-type: none"> <li>NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year</li> </ul>	New	Women/Maternal Health

<ul style="list-style-type: none"> <li>○ ESM 1.1: Participation in the Women's Community Health Initiative for Preventing Cardio Vascular Disease.</li> </ul>		
<p>Premature Birth</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: The percent of preterm births.</li> </ul>	<p>New</p>	<p>Perinatal/Infant Health</p>
<p>Infant Safe Sleep</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 5: 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                             <ul style="list-style-type: none"> <li>○ ESM 5.1: The number of birthing hospitals and pediatric clinics that become Champions of the "Nebraska Safe Babies Campaign".</li> </ul> </li> </ul>	<p>New</p>	<p>Perinatal/Infant Health</p>
<p>Access to Preventive Oral Health Care Services</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year                             <ul style="list-style-type: none"> <li>○ ESM 13.2.1: The number of sites participating in the Nebraska Early Dental Health Starter Kits Educational program.</li> </ul> </li> </ul>	<p>New</p>	<p>Child Health</p>
<p>Child Abuse Prevention</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: The rate of substantiated reports of child abuse and neglect per 1,000 children (1-9).</li> </ul>	<p>New</p>	<p>Child Health</p>
<p>Motor Vehicle Crashes among Youth</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19                             <ul style="list-style-type: none"> <li>○ ESM 7.2.1: The number of schools participating in the "Teens in the Driver Seat" program.</li> </ul> </li> </ul>	<p>New</p>	<p>Adolescent Health</p>
<p>Sexually Transmitted Diseases among Youth</p>	<p>New</p>	<p>Adolescent Health</p>

<p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: The rate of chlamydia infections reported per 100,000 youth (age 15-19).</li> </ul>		
<p>Suicide among Youth</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 4: The death rate due to suicide per 100,000 youth (age 10-19).</li> </ul>	New	Adolescent Health
<p>Behavioral and Mental Health in School</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home             <ul style="list-style-type: none"> <li>○ ESM 11.1: The number of CYSCHN families who have contact with a Parent Resource Coordinator.</li> </ul> </li> </ul>	New	Children with Special Health Care Needs
<p>Improved Access to and Utilization of Mental Health Care Service</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 5: Percent of children, ages 0 through 17, who are continuously and adequately insured</li> </ul>	New	Cross-Cutting/Systems Building

## Executive Summary

### Program Overview

#### 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 Children and Family Services (DCFS), an operational approach that 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.

The mission of NDHHS is “Helping people live better lives”, and Title V seeks to operationalize this mission by working with partners to improve overall health outcomes of women, infants, and children, as well as to address health disparities, in a comprehensive, family-centered way.

##### **Assessing Needs of the Maternal-Child Population in Nebraska**

Title V is founded 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, inclusive process applies a deliberate methodology to determine the 10 priorities which govern activities for the next five years. The 2020 Needs Assessment determined the following priorities:

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

##### Women/Maternal Health

###### **Cardiovascular Disease**

Similar to 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, 3,346 Nebraska children experienced substantiated abuse and/or neglect during 2018. Poverty is often associated with a greater risk of child maltreatment, and data indicates that neglect is the primary reason the majority of 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) reports in 2015-2016 that 63.9% of 3<sup>rd</sup> grade children had decay experience, 32% of 3<sup>rd</sup> grade children had untreated caries, and 15% of children age 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 considered a state designated general dentist shortage area and a significant percentage of Nebraska's population lives in rural locations, including approximately 125,000 children age 1-9. 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 age 10-19. In 2017, teen drivers age 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 age 15 to 24 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 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 (age 10-19) 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.

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, but partnering with other NDHHS programs is necessary to address Nebraska's priorities. In addition to those mentioned above, 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 the partnerships with external stakeholders. These partners bring not only expertise, but their own networks of participants, partners, and contacts who are vital to informing Title V work. External partners include the NE 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.

These partnerships are vital for planning, evaluation, and implementation strategies, including participating in the five year Needs Assessment, serving on the Title V Steering Committee, and providing feedback on initiatives such as sub awards, public input, and family engagement strategies.

Nebraska Title V also works to develop approaches promoting comprehensive and family-centered services across the state. The NDHHS Medically Handicapped Children's Program (MHCP), provides services for CYSHCN such as diagnostic, consultative, and treatment services as well as payment of medical treatment in accordance with an individual treatment plan. The program also offers Social Service Workers to provide ongoing family centered case management, and Parent Resource Coordinators (PRC) throughout the state.

To ensure maximum effectiveness, Title V leverages existing funds with federal funds. Many examples exist where federal funds have extended the reach of state support and increase the range and diversity of programming to enhance the health of NE families. In some cases the state provides general funds for a purpose that addresses MCH services, and Title V provides technical assistance, such as with Home Visiting, Immunizations, the NPQIC, and the Elemental Formula program. In other cases Title V funds play a more significant role in supporting the MCH services along with the state funds, such as with the Newborn Metabolic Screening and the Medically Handicapped Children's programs. Some of the most effective work from Title V occurs when federal dollars complement existing state efforts.

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 Support State MCH Efforts

### Federal Support of Overall Nebraska MCH Efforts

Title V is adept at partnering to accomplish goals and to leverage existing funds. Nebraska often uses federal funds in conjunction with state funds to enhance MCH efforts in Nebraska, perhaps most tangibly found in the state general fund appropriations, including:

- Education and public health services for Native Americans
- Elemental Formula Program
- Home Visiting
- Hepatitis B birth dose for infants
- Medically Handicapped Children's Program
- Minority Health Initiatives
- Perinatal Quality Improvement Collaborative
- Public Health Screening funds
- Special foods and formula for individuals with inborn metabolic disease

A specific example of how Nebraska extends the reach of state support and increases the range of programming lies in current efforts to expand home visiting (Healthy Families America). This program is funded through a mix of state general funds and a federal grant specific to home visiting. Title V funds have been used to help implement the Child Welfare Adaptation, serving families referred by the child welfare system. This effort has also yielded additional funding from other sources not previously available to the home visiting program, including TANF (Temporary Assistance to Needy Families) and FFPSA (Families First Prevention Services Act). The outcome of this work will not only be additional families receiving home visiting services, but a targeted focus on some of the most vulnerable families in the state.

## MCH Success Story

### MCH Success Story

The COVID-19 pandemic has impacted families significantly. Nebraska's system of family supports ensures families have trusted resources when they are most needed. The Family Care Enhancement Project, places Parent Resource Coordinators (PRC) in medical clinics across the state to help other families that have CYSHCN. Monthly surveys from families and PRC meaningful testimonials below highlight the value of the program:

During a family check-in, a PRC learned Letty's husband left her. Letty was alone and fearful she would not be able to provide food, housing, or utilities any longer. The PRC assisted her with applying for the Pandemic fund with Autism Action Partnership (AAP), and contacted AAP leadership to advocate for emergency funds on behalf of Letty, which were dispersed immediately. The mother expressed her gratitude, and was able to buy her 5-year old a birthday cake!

For the past three years, a PRC worked with a Spanish-speaking family with twin boys diagnosed with Autism who were referred for various therapy services. Over time, the PRC communicated with the family and gained their trust after explaining programs offered at MMI and being a partner with the family in their journey. Today, the family is involved in Spanish-speaking Family Support Groups, and has sought assistance from rental assistance, respite services, SSI, and state Development Disability services. Most importantly, the family reports an improvement in the children's behaviors.

## 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 2019.

[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.