



(MCH) Block Grant: 5-year Needs Assessment

Vickie Ives, MA
Child, Family, and Community Wellness Bureau Chief

February 27, 2026



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.

SE



ALL IN GOOD HEALTH.

Agenda

- Organization
- Title V Maternal and Child Health Block Grant
- Maternal Child Health Indicators
- Needs Assessment Overview
 - Data Collection
- Priority
- Maternal Mortality Review Committee Recommendations
- Questions





Department of Human Services

Division of Public and Behavioral Health (DPBH)

Bureau of Child, Family and Community Wellness (BCFCW)

Maternal, Child, and Adolescent Health Section (MCAH)



Maternal, Child and Adolescent Health Section

Title V Maternal Child
Health (MCH) Program

Pregnancy Risk
Assessment Monitoring
System (PRAMS)

Teen Pregnancy
Prevention

- Personal Responsibility Education Program (PREP)
- Sexual Risk Avoidance Education (SRAE)

Early Hearing Detection
and Intervention (EHDI)

Nevada Maternal Infant
and Early Childhood
Home Visiting
(MIECHV) Program

Rape Prevention and
Education (RPE)
Program

Enhancing Reviews and
Surveillance to Eliminate
Maternal Mortality
(ERASE MM)

Account for Family
Planning (AFP)

Alliance for Innovation
on Maternal Health
(AIM)



Title V MCH Program

Maternal and
Infant Program
(MIP)

Children with
Special Health
Care Needs
(CSHCN)

Adolescent
Health and
Wellness
Program (AHWP)

Rape Prevention
and Education
(RPE) Program

MCH
Epidemiology

Fiscal Staff

State Systems
Development
Initiative (SSDI)



Women, Infants, Children



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

- Provides nutrition education, breastfeeding support services, supplemental nutritious foods, and referrals to health and social services
- In addition to being categorically eligible for WIC, a person must be a resident of Nevada and be under 185% of the Federal Poverty Level or be enrolled in Medicaid, SNAP, or TANF
- Serves low-income, nutritionally at risk:
 - Pregnant women
 - Breastfeeding women
 - Non-breastfeeding postpartum women
 - Infants
 - Children up to age 5
- Estimated 50% of all those WIC-eligible participate
 - Total participation was 53,231 in December 2025

WIC Total	53,231
Infants	12,331
Children	30,793
Women	10,107



~~Title V MCH Block~~ Grant



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

- Title V MCH funding from the Maternal Child Health Bureau (MCHB), Health Resources and Services Administration improves health outcomes for the following key population *domains*
 - Women and Maternal Health
 - Childbearing age and during pregnancy
 - Perinatal and Infant Health
 - Child Health
 - Adolescent Health
 - Children with Special Health Care Needs (CYSHCN)
- Supports *enabling* and *population health services* in Nevada
- Requires a state match (3:4)

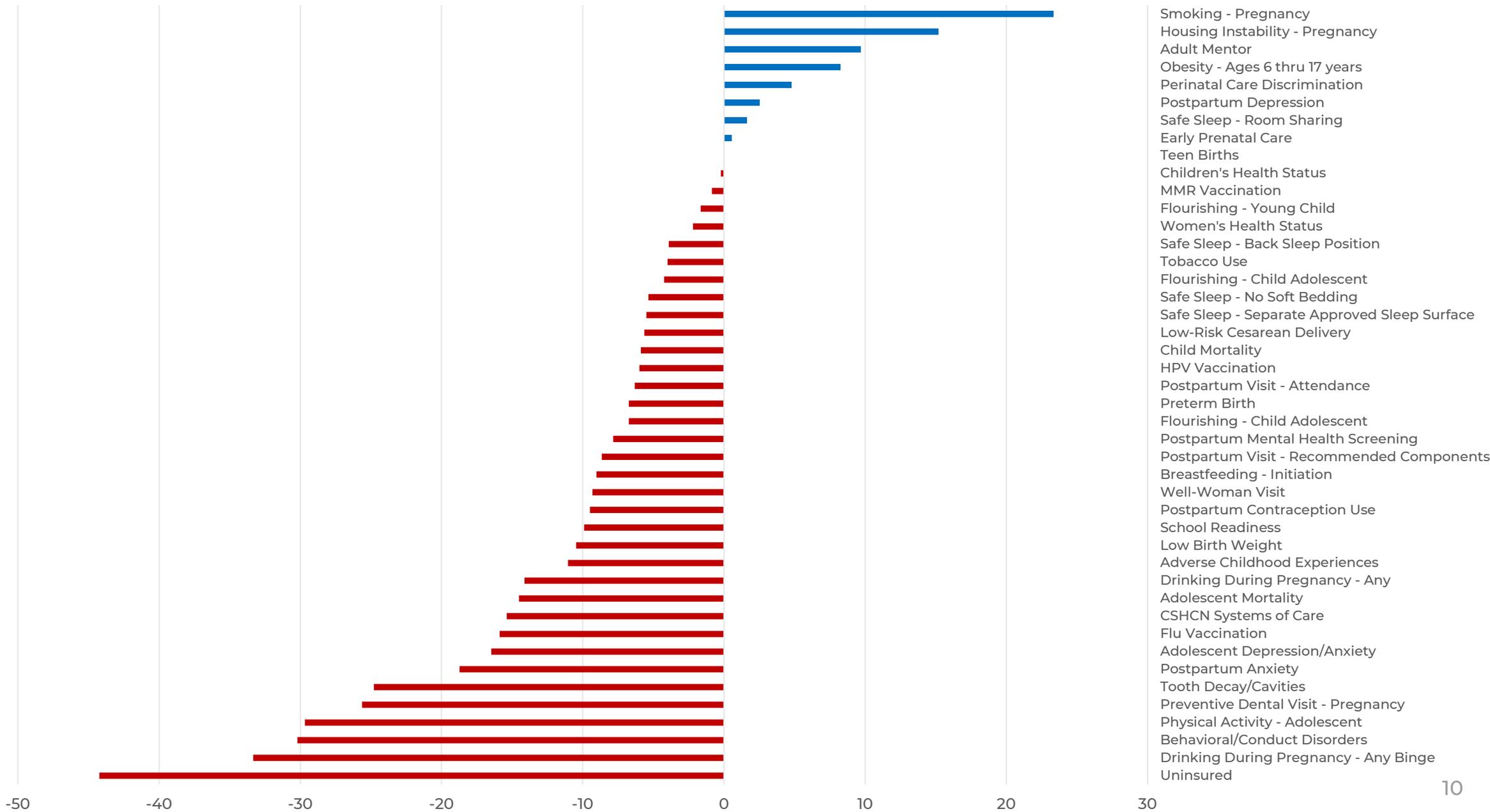
Data Overview



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

- Federally Available Data (FAD) is provided by MCHB to assist states in reporting the Title V MCH National Outcome Measures (NOMs) and National Performance Measures (NPMs)
- FAD allows states to make comparisons to U.S. and other state data, and examine trends over time
- MCH Data Dashboards
- Needs Assessment process utilized many statewide quantitative and qualitative data sources and reports

2023 Nevada Maternal and Child Health Indicators



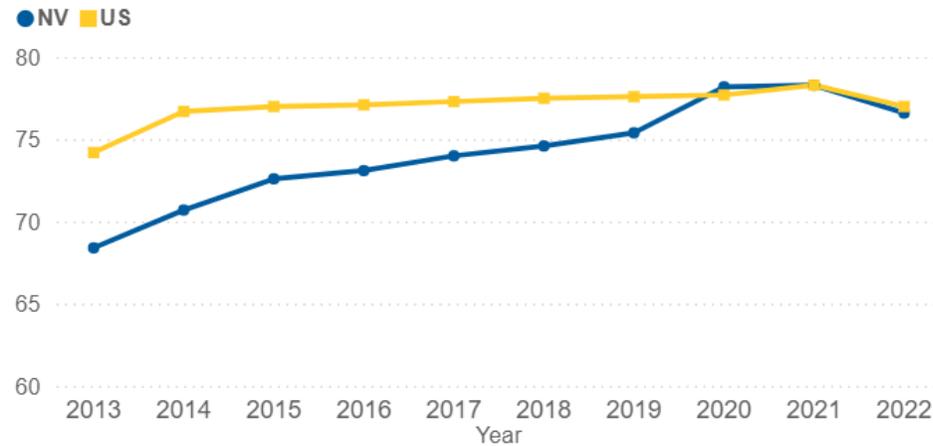
Data Dashboard



[Need Assistance? Click Here](#) ⓘ

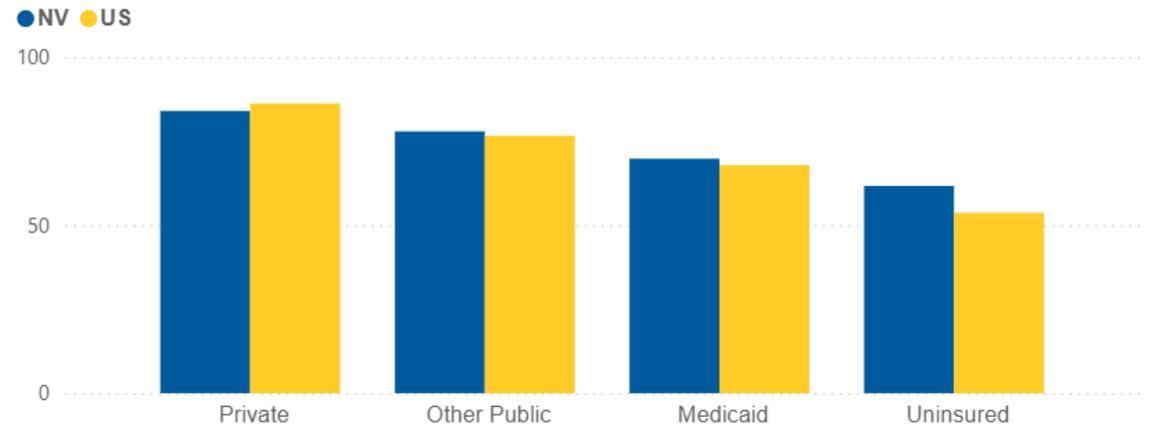
- Maternal Health**
 - Infant/Perinatal Health
 - Child Health
 - Children & Youth with Special Health Care Needs
 - Adolescent Health
 - Cross Cutting Measures
- Maternal Health Overview
 - Prenatal Care**
 - Morbidity and Mortality
 - Teen Birth Rate
 - Smoking During Pregnancy
 - Cesarean Deliveries
 - Preventive Medical Care

Percent of pregnant people who received prenatal care beginning in the first trimester



Nevada Percent Change from 2013 to 2022
3.7%

2022 Percent of pregnant people who received prenatal care beginning in the first trimester by characteristics

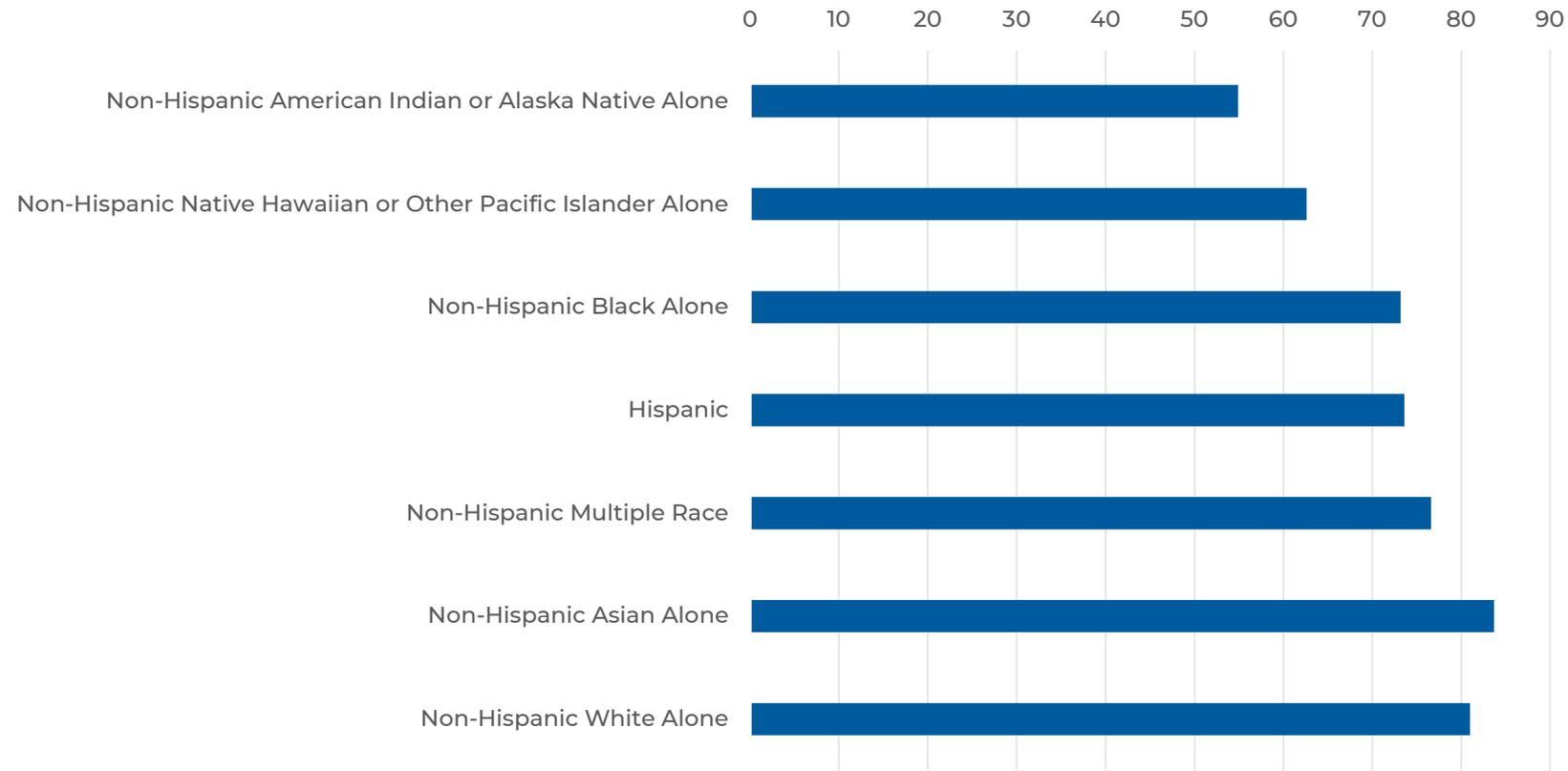


Breakdowns

Educational Attainment	Marital Status	Nativity	Race/Ethnicity
Health Insurance	Maternal Age	Plurality	Urban-Rural Residence

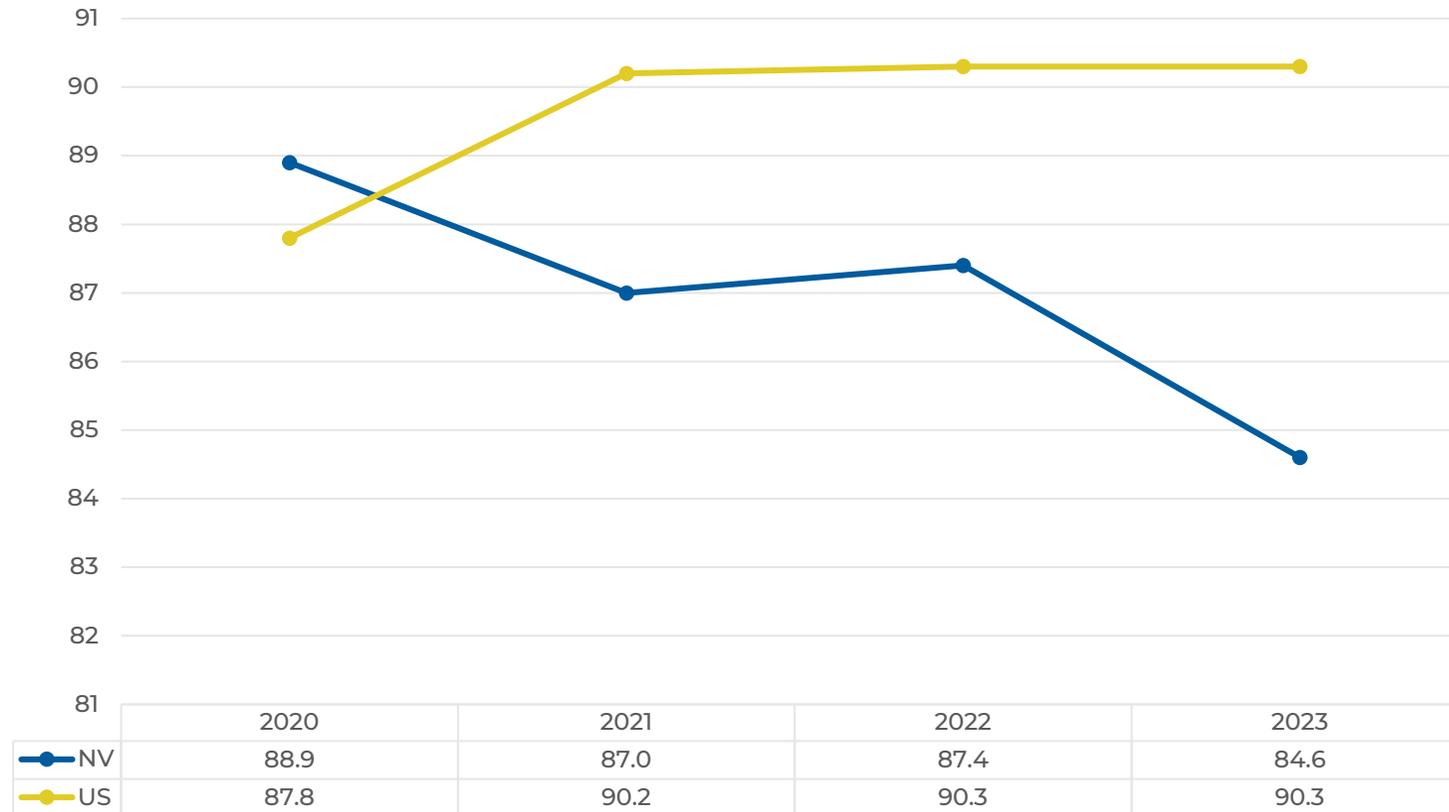


Percent Of Women Who Receive Prenatal Care Beginning In The First Trimester By Race/Ethnicity, Nevada 2023





Percent of Women Who Attended a Postpartum Checkup within 12 Weeks After Giving Birth



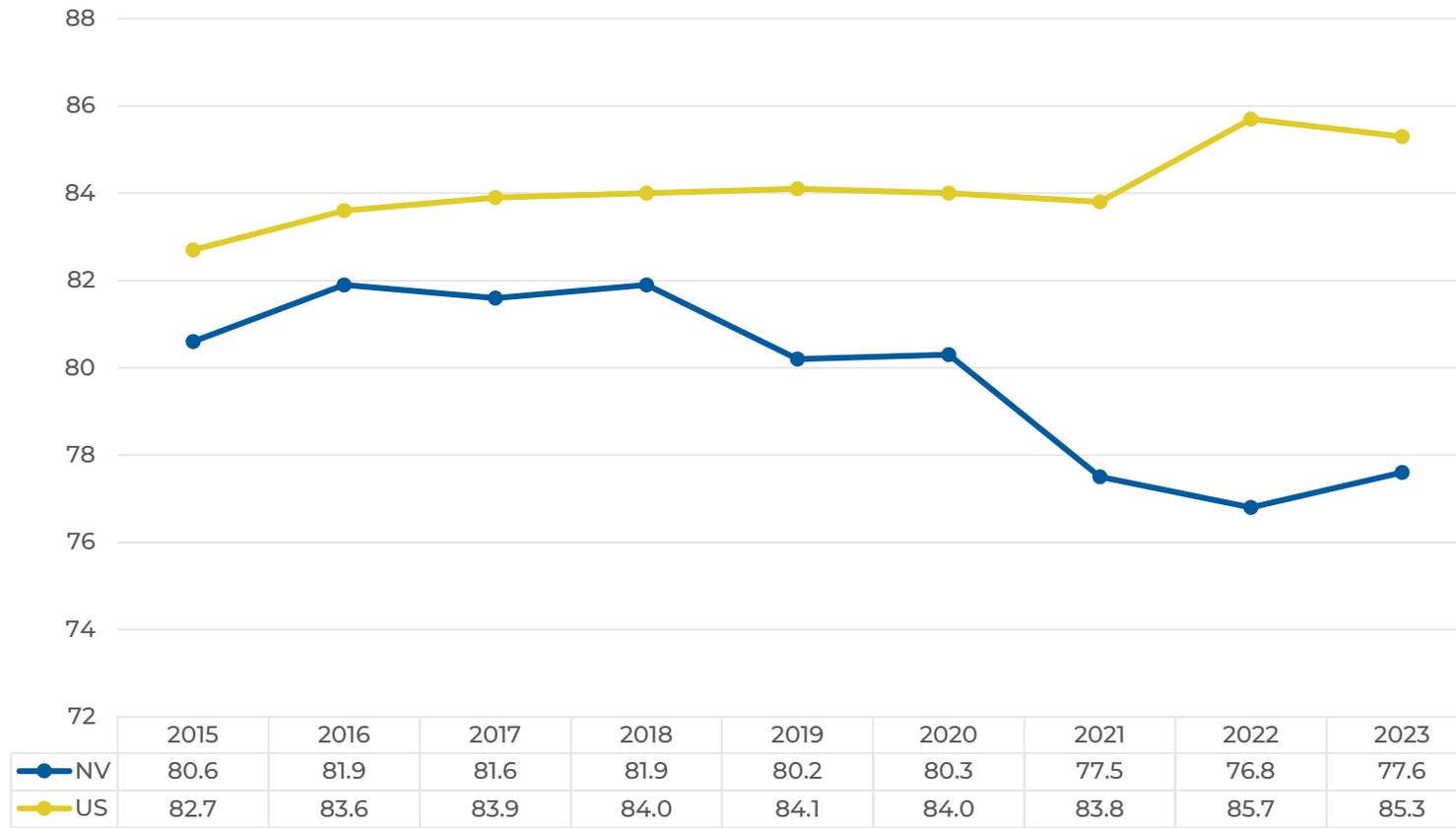
Data Source: Pregnancy Risk Assessment Monitoring System.

** The CDC eliminated the response rate threshold requirement for data release; however, Nevada PRAMS had a weighted response rate of 40.5% for 2023. Data should be interpreted with caution.*

Percent of Infants Who Are Ever Breastfed



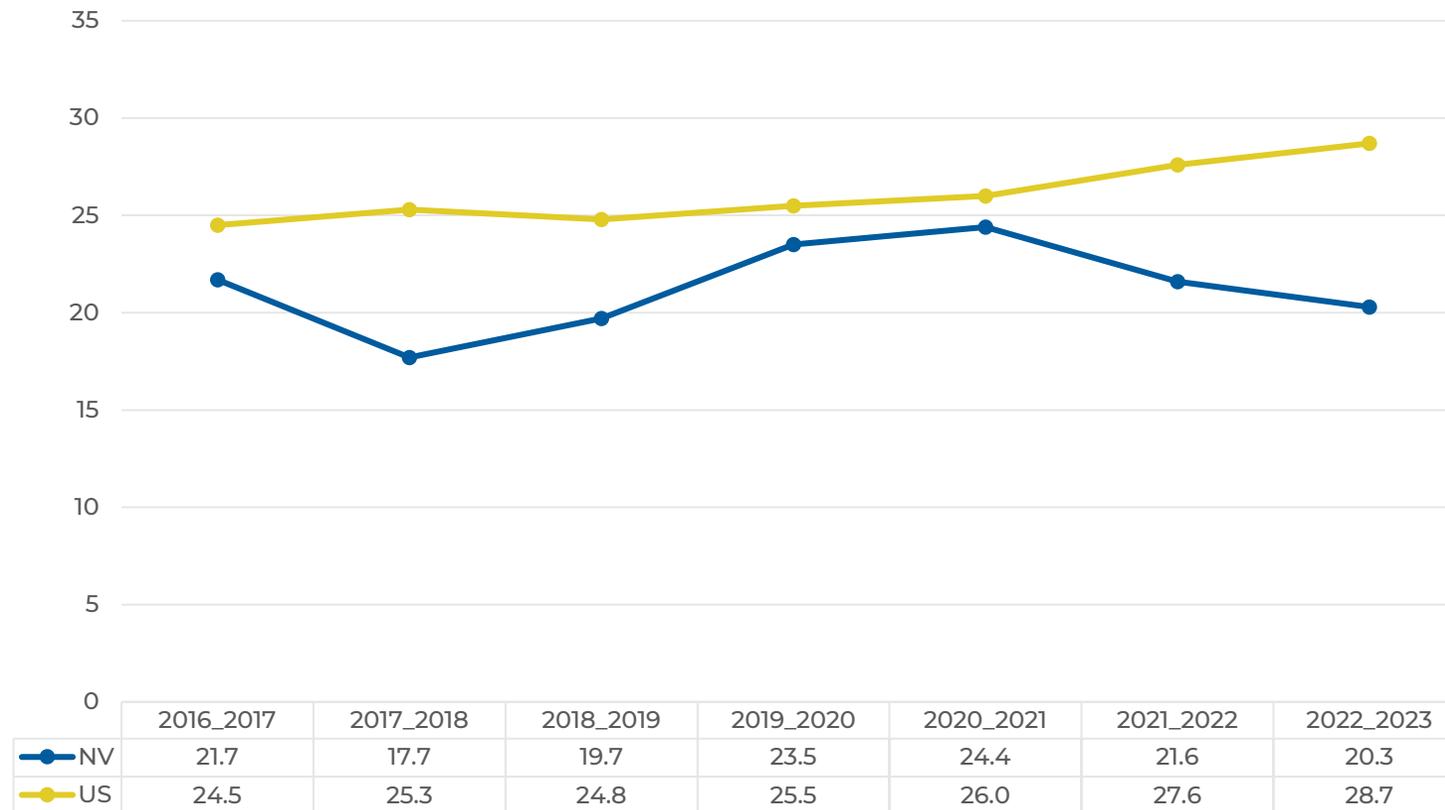
NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Data Source: National Vital Statistics System (NVSS)

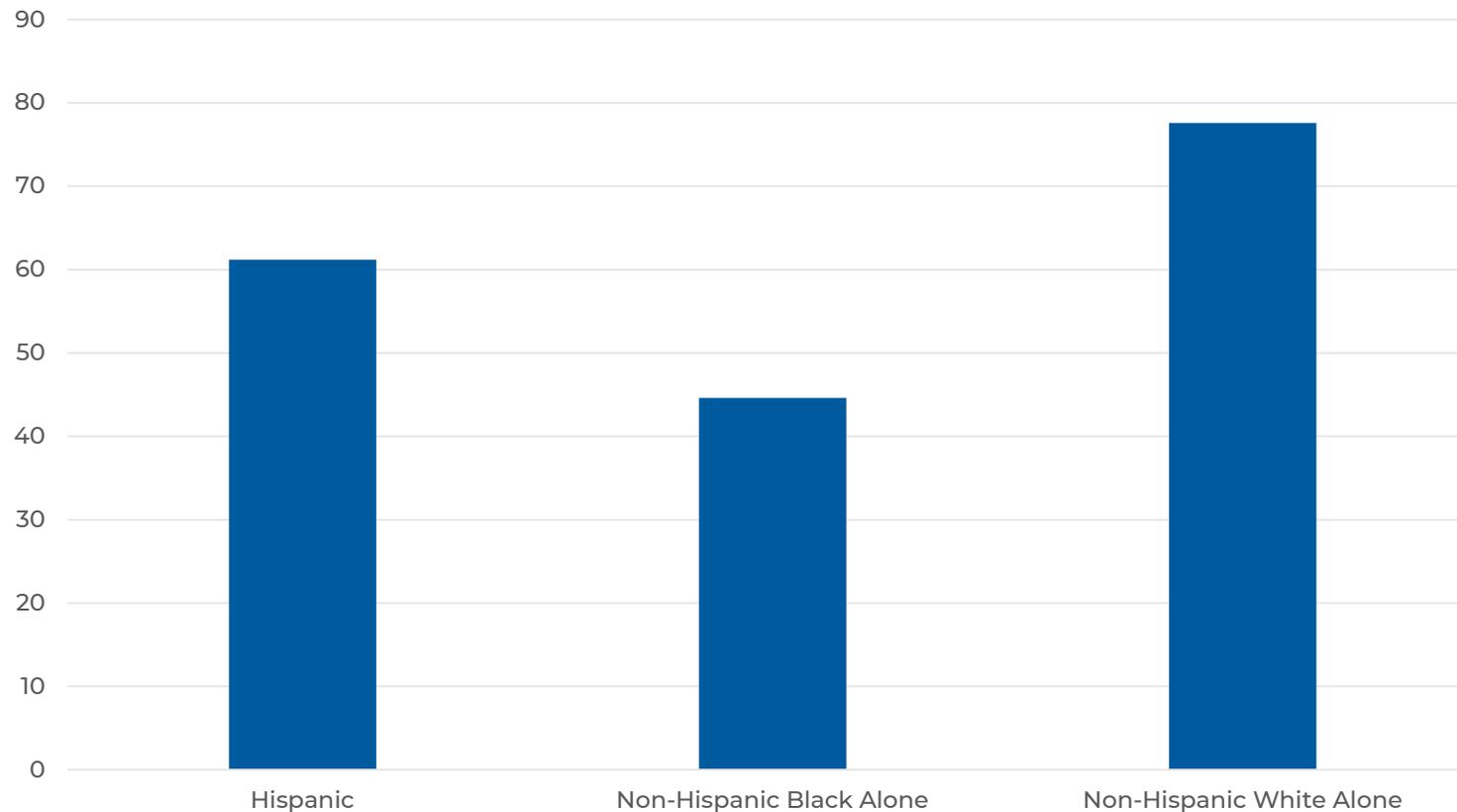


Percent of Children, Ages 6 Months Through 2 Years, Who Were Breastfed Exclusively for 6 Months





Percent of Infants Placed to Sleep on Their Backs By Race/Ethnicity, Nevada 2023

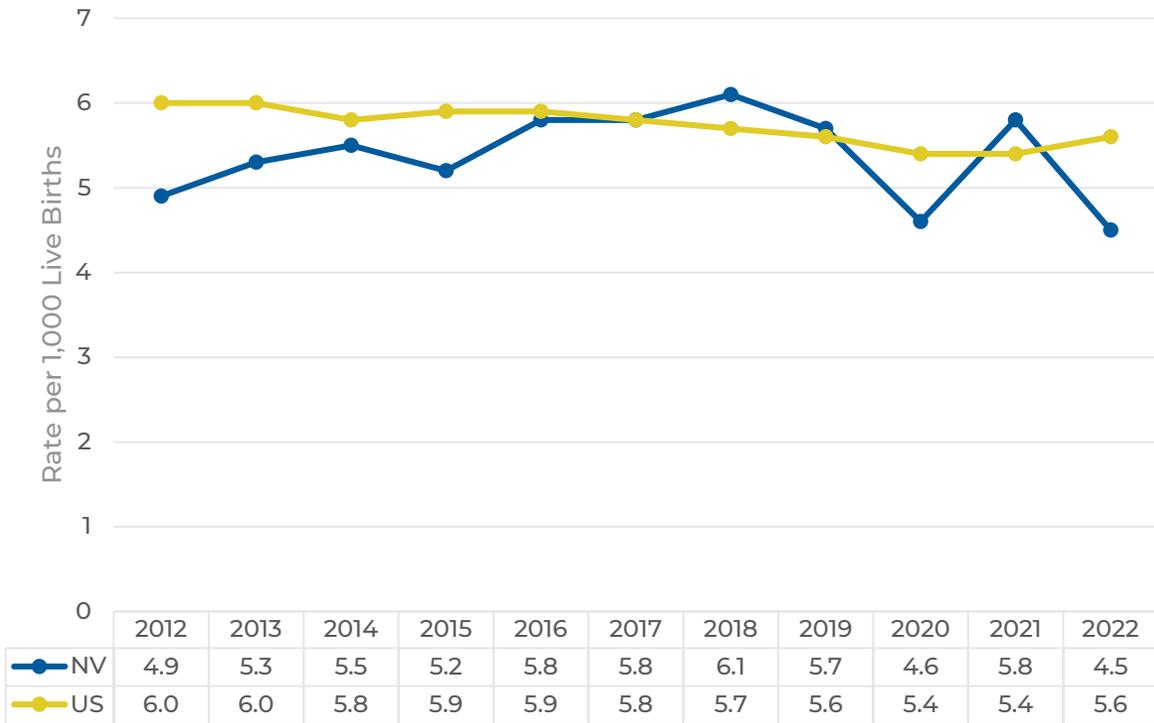


Data Source: Pregnancy Risk Assessment Monitoring System.

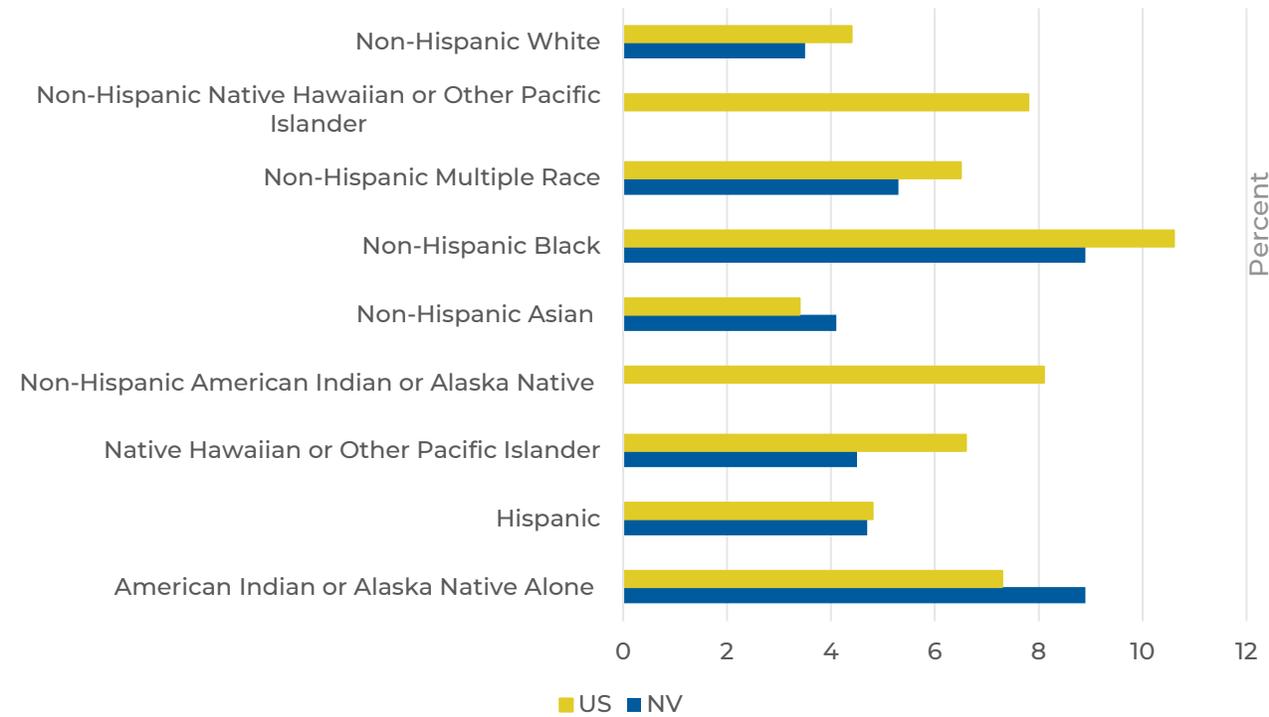
** The CDC eliminated the response rate threshold requirement for data release; however, Nevada PRAMS had a weighted response rate of 40.5% for 2023. Data should be interpreted with caution. Due to suppression, PRAMS data is limited to Hispanic, black, and white race and ethnicity categories.*

Infant Mortality

Infant Mortality Rate per 1,000 Live Births



Infant mortality rate per 1,000 live births, 2020-2023

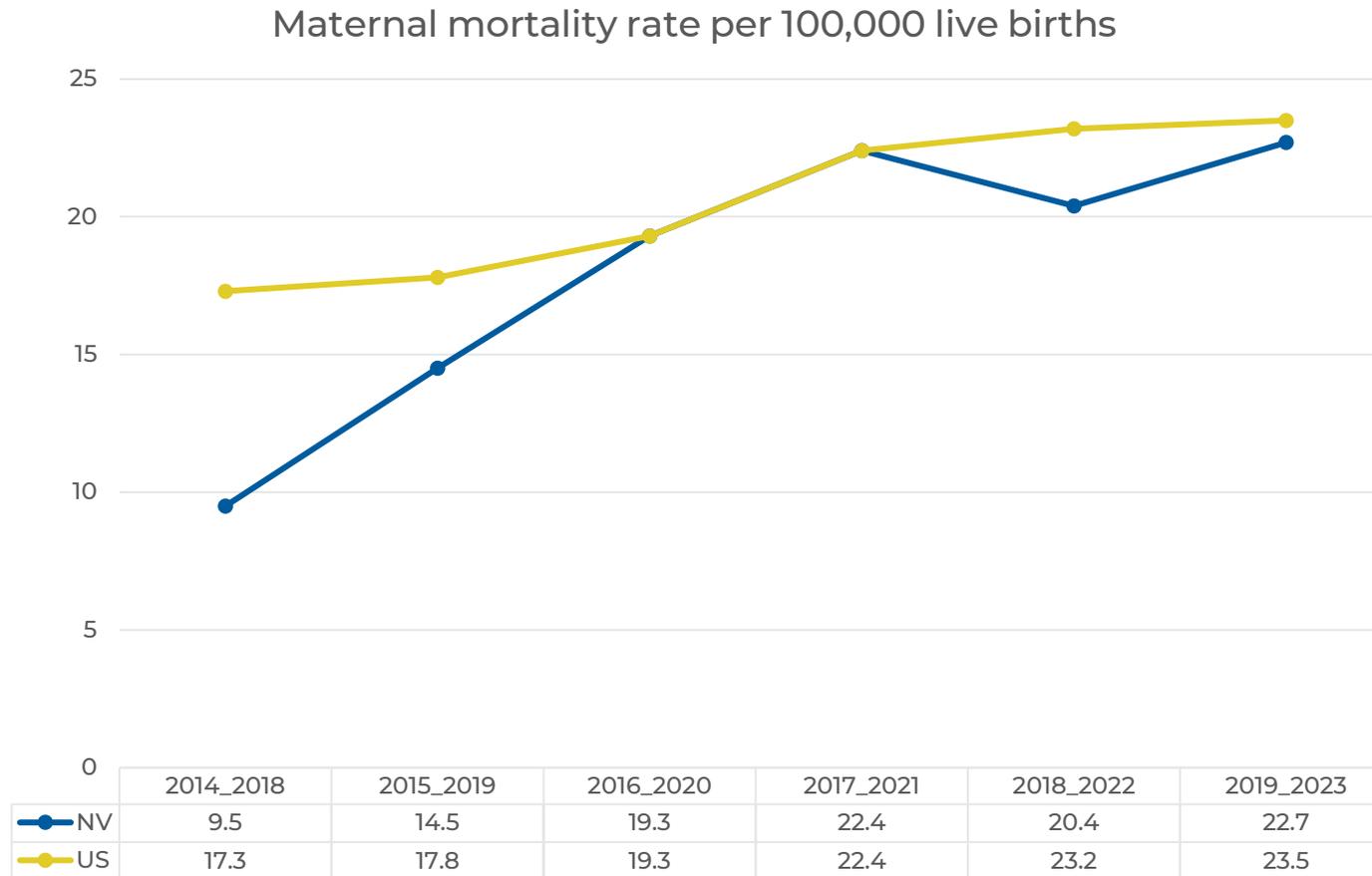


Data Source: National Vital Statistics System (NVSS)

*Data was not available for Non-Hispanic Native American/Other Pacific Islander for Nevada

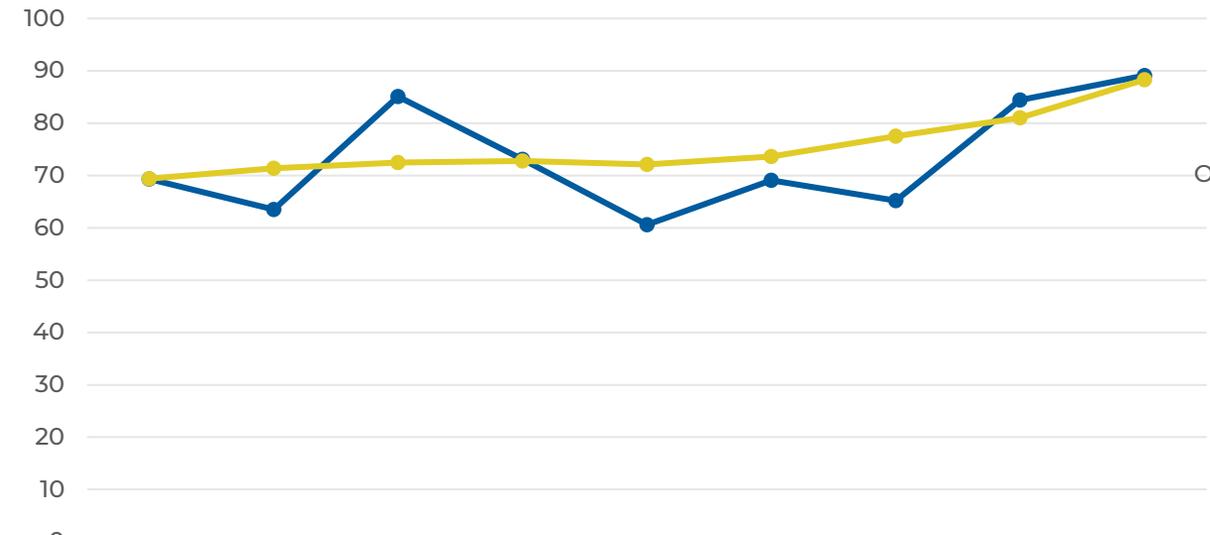


Maternal mortality rate per 100,000 live births



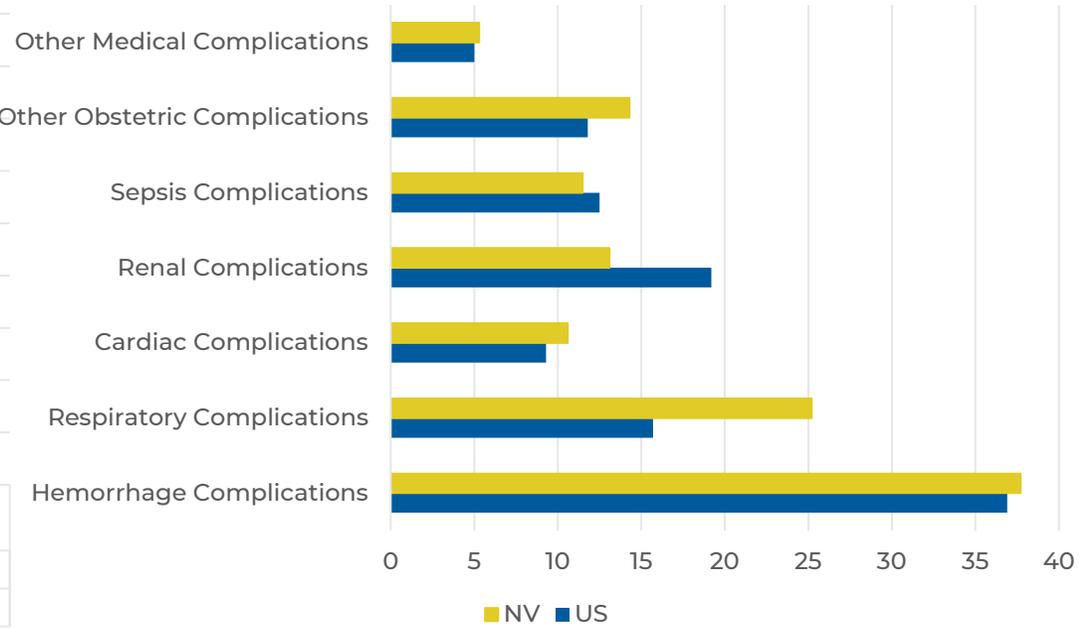
Severe Maternal Morbidity rate per 10,000 delivery complications

Rate of Severe Maternal Morbidity per 10,000 Delivery Hospitalizations



	2012	2013	2014	2015 Q1-Q3	2016	2017	2018	2019	2020
● NV	69.3	63.5	85.1	73.1	60.6	69.1	65.2	84.4	89.1
● US	69.4	71.4	72.5	72.8	72.1	73.6	77.5	81	88.3

Rate of Severe Maternal morbidity per 10,000 Delivery Hospitalizations, By Complications



Data Source: National Vital Statistics System (NVSS)

*Data is not available for years 2021-2023 for NV because their HCUP partnership is paused.



Overview

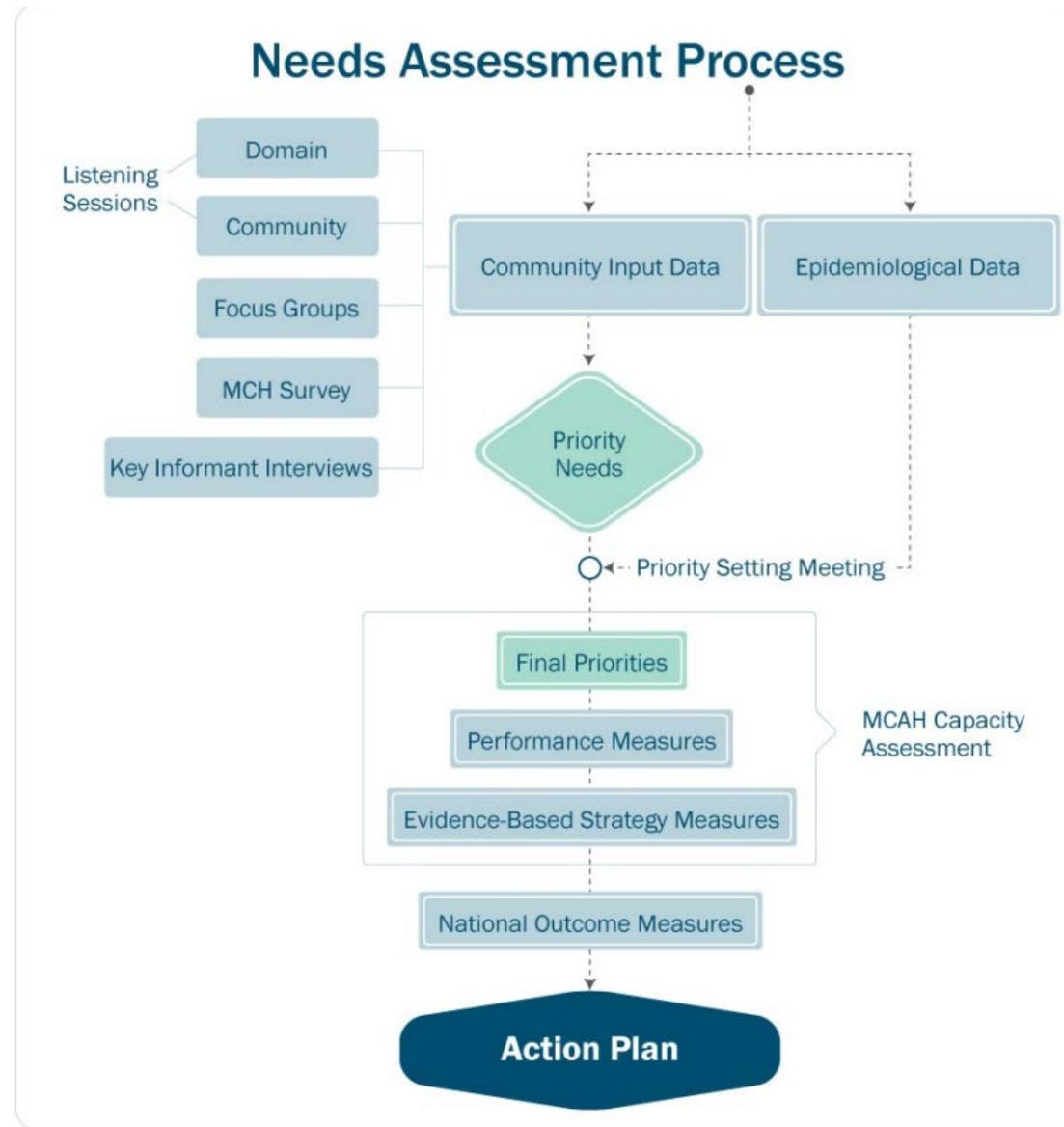
Introduction to the 2026-2030 5-year MCH Needs Assessment

- 1. Goals and Objectives
- 2. Domains Covered

Needs Assessment Process

- 1. Data Collection and Analysis
- 2. Priority Setting
- 3. Action Plan Development

Process





Participation Opportunities



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

- Statewide outreach and presentations to increase awareness
- Domain Listening Sessions: 28 participants
- Community Listening Sessions: 70 participants
- Focus Groups: 24 participants
- Key Informant Interviews: 18 MCH Leaders
- MCH Survey: 226 respondents
- Priority Setting Meeting: Almost 60 participants



Priority Setting

Community Input and Cumulative Top Priorities

Priority Setting Meeting held in-person in Reno and virtually on April 17, 2025.

- Nearly 60 participants, both in-person and virtually, contributed to the priority setting.

Final Top Priorities by Domain Selected

Performance Measures

- National and State Performance Measures (NPM, SPM)
- Universal Performance Measure: all jurisdictions include

Action Plan



Priority Measures

2025-2030 Priority Measures

- Improve access to prenatal care and maternal health services
- Increase the number of women that receive recommended clinical care components at the postpartum visit and appropriate referrals
- Increase breastfeeding rates among mothers
- Increase safe sleep practices
- Reduce substance use during and after pregnancy
- Increase access to affordable nutritious foods among school aged children
- Increase physical activity among school age children
- Promote a Medical Home
- Increase referrals and appropriate care for adolescents
- Improve access to resources and services around sexual health and reproductive health

Blue= New Title V MCH priority



Maternal and Infant Priority Areas Based on Needs Assessment

Improve access to prenatal and
maternal health services – SM
Early Prenatal Care

Increase women that receive
recommended clinical care
components at the postpartum visit
and appropriate referrals –NPM
Postpartum Visit

Reduce substance use during and
after pregnancy –SPM

Breastfeeding promotion –NPM
Breastfeeding

Promote Safe Sleep – NPM Safe
Sleep

Improve access to resources and
services around sexual health and
reproductive health - SPM

Women and Maternal Health



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Priority Needs

- Incorporating mental health and substance use screening and referrals into prenatal care
- Improving access to prenatal and maternal health services

Performance Measures

- **Universal National Performance Measure Postpartum Visit:** Percent of women who attended a postpartum checkup within 12 weeks of giving birth; Percent of women who attended a postpartum checkup and received recommended care components
- **State Performance Measure Early Prenatal Care:** percent of pregnant women who receive prenatal care beginning in the first trimester

Perinatal and Infant Health



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Priority Needs

- Increasing access to breastfeeding support
- Addressing maternal substance use during and after pregnancy
- Reducing infant mortality through safe sleep practices

Performance Measures

- ***National Performance Measure Breastfeeding:*** percent of infants who are ever breastfed; percent of children, aged 6 months–2 years, who were breastfed exclusively for 6 months
- ***State Performance Measure Substance Use:*** percent of women who used substances during pregnancy
- ***National Performance Measure Safe Sleep:*** percent of infants placed to sleep on their backs; percent of infants placed to sleep on a separate approved sleep surface; percent of infants placed to sleep without soft objects or loose bedding; percent of infants room-sharing with an adult



Child Health



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Priority Needs

- Increasing access to safe and healthy food options
- Increasing physical activity

Performance Measures

- ***National Performance Measure: Food Sufficiency:*** *percent of children, aged 0–11, whose households were food sufficient in the past year*
- ***National Performance Measure Physical Activity:*** percent of children, aged 6–11, who are physically active at least 60 minutes per day
- ***State Performance Measure: Teen Pregnancy***

CSHCN Health



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Priority Needs

- Increasing access to care via a Medical Home, including addressing health insurance coverage for CSHCN services

Performance Measures

- **Universal National Performance Measure:** Medical Home Overall: percent of children with special health care needs, aged 0–17, with a medical home

Maternal Mortality Review Committee (MMRC)



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

- Goal to identify, review, and characterize maternal deaths; and identify prevention opportunities for maternal mortality, severe maternal morbidity and disparities.
- MMRC statutes are NRS 442.751 through 442.774, inclusive.
- Nevada's MMRC reviews every death of a woman while pregnant or within 365 days postpartum.
- Committee recommendations are on a provider, community, patient/family, system, facility level and are made to spur data to action.
- Bi-annual reporting of recommendations to the Legislative Counsel Bureau.
- Only 12 members per statutes and appointed by Director's Office, DHS.
- Enhancing Reviews and Surveillance to Eliminate Maternal Mortality CDC funding.

Maternal Mortality in Nevada



Nevada uses **3 measures of maternal mortality** commonly examined in the U.S.

Pregnancy-Associated Death (PAD)

The death of a person while pregnant or within one year of the end of pregnancy, regardless of the cause.

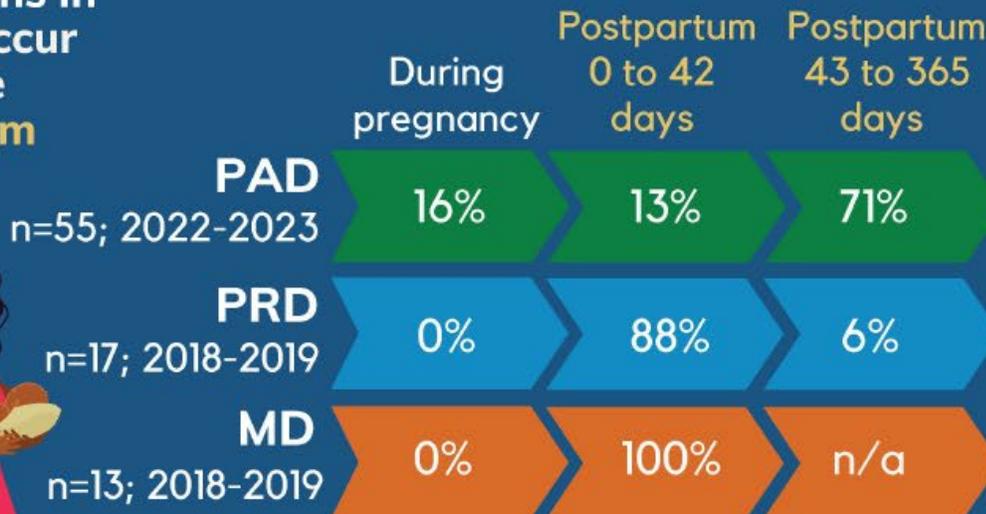
Pregnancy-Related Death (PRD)

The death of a person while pregnant or within one year of the end of pregnancy from any cause related to or aggravated by the pregnancy.

Maternal Death (MD)

The death of a person while pregnant or within 42 days of the end of pregnancy from any cause related to or aggravated by the pregnancy.

Most deaths in Nevada occur during the **postpartum period.**



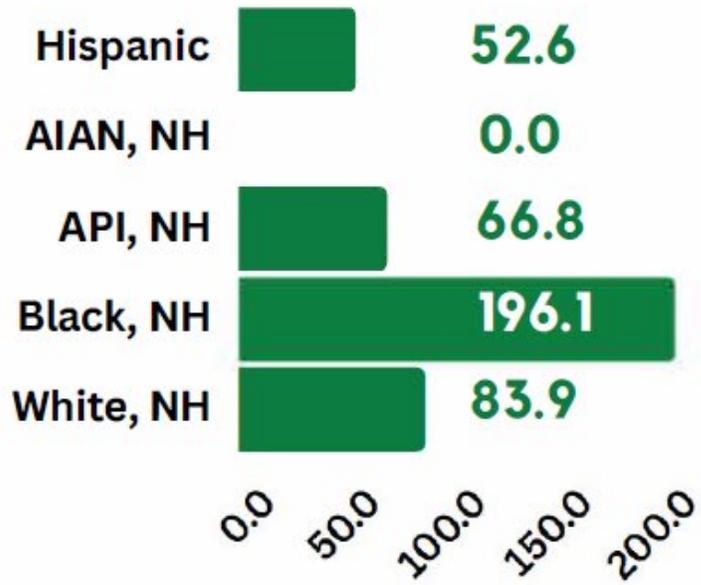
PRD distribution does not total 100% because the period of death could not be determined for one person.

How is Nevada doing?
(MDs per 100,000 live births)



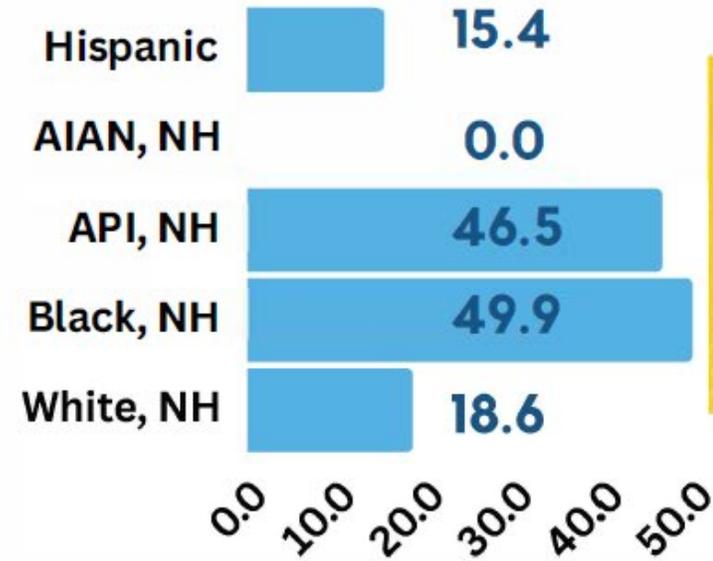
Racial/Ethnic and Geographic Disparities Exist in Nevada

PAD ratios per 100,000 live births by race/ethnicity, Nevada 2022-2023



Black, NH people
3.7x
higher PAD than
Hispanic people

PRD ratios per 100,000 live births by race/ethnicity, Nevada 2018-2019



Black, NH people
3.2x
higher PRD than
Hispanic people

Abbreviations: AIAN=American Indian/Alaska Native; API=Asian Pacific Islander; NH=non-Hispanic

Clark County
1.4x
higher PAD ratio
than Washoe County



Clark County
3.2x
higher PRD ratio than
Washoe County

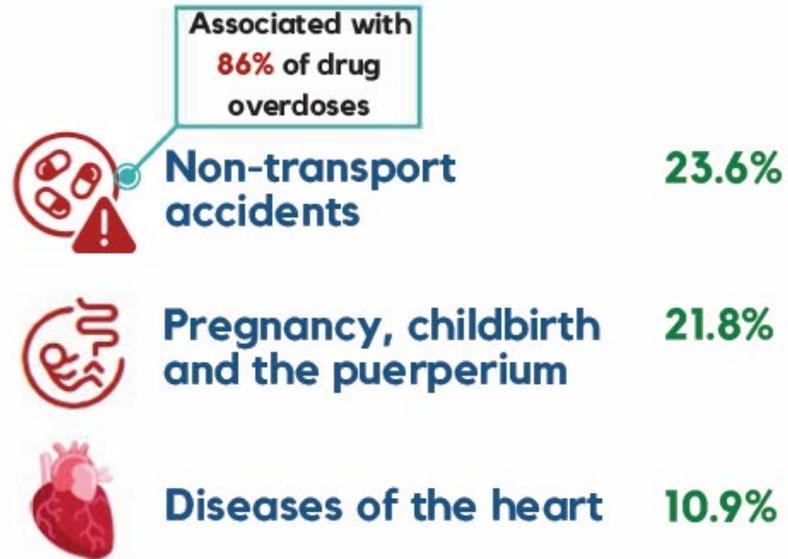


Maternal Mortality in Nevada



Top Three Leading Causes of Death

Pregnancy-Associated Deaths Nevada, 2022-2023



Leading causes for Black, non-Hispanic people were diseases of the heart and non-transport accidents.

The leading cause in Clark County was pregnancy, childbirth, and the puerperium.

Pregnancy-Related Deaths Nevada, 2018-2019



The leading cause for Black, non-Hispanic people was hemorrhage.

Leading causes in Clark County were hemorrhage and other non-cardiovascular conditions.

MMRC Selected Recommendations



NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Systems Level



Provide mental health supports

Screen and address Adverse Childhood Events (ACEs) in schools; develop campaign for substance use reduction in pregnancy; encourage mental health screening in OB offices during pregnancy.



Improve access to resources

Such as trauma-informed therapy, transport to healthcare for Medicaid recipients, and Narcan. Also, coordinate mental health services, increase awareness of in-network providers, and invest in low-income housing supports.

Community Level



Provide mental health supports

Mandate priority access to mental health and substance use treatment for pregnant people; offer free medication-assisted substance use treatment to reduce kratom use for self-treatment of opioid use disorder.



Educate and train

Educate on signs and symptoms of a cardiac event and when to access the healthcare system; develop community campaigns to address the experience of people of color in health care systems.

Provider Level



Improve the quality of services

Counsel obese patients about weight management, risks of morbid obesity, and treatment modalities; use evidence-based methods in pain management; providers take implicit bias and cultural competency training.



Improve access to resources

Communicate with patients in their native language; use language lines unless patient refuses (document if they refuse) as the family may provide an inaccurate translation.



Improve the quality of services

Realign payment models to incentivize value over volume; clinicians engage in direct care coordination & call behavioral health for understanding patient apprehension; start a Perinatal Quality Collaborative.



QUESTIO --- NS?



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

CONTACT INFORMATION

Vickie Ives, MA
CFCW Bureau Chief
vives@health.nv.gov
(775) 220-4109; (775) 684-2201

ACRONYMS

- AHWP Adolescent Health and Wellness Program
- AIM: Alliance for Innovation on Maternal Health
- BCFCW: Bureau of Child, Family and Community Wellness
- CYSHCN Children and Youth with Special Health Care Needs
- DHS: Department Human Services
- DPBH: Division of Public and Behavioral Health
- EHDI: Early Hearing Detection and Intervention
- ERASE MM: Enhancing Reviews and Surveillance to Eliminate Maternal Mortality
- FAD: Federally Available Data
- MCAH: Maternal, Child and Adolescent Health
- MCH: Maternal and Child Health
- MCHB: Maternal and Child Health Bureau
- MIECHV Maternal, Infant, Early Childhood Home Visiting
- MIP Maternal and Infant Health Program
- MMRC Maternal Mortality Review Committee
- NOM- National Outcome Measure
- NPMs- National Performance Measures
- PRAMS: Pregnancy Risk Assessment Monitoring System
- PREP: Personal Responsibility Education Program
- RPE Rape Prevention and Education
- SPMs- State Priority Measures
- SRAE: Sexual Risk Avoidance Education
- SUID: Sudden Unexpected Infant Death



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**