

NEBRASKA Title V/Maternal & Child Health Block Grant Five-Year State Action Plan Table

Note: State Priorities are numbered for reference, not ranking. The six domains are prescribed by the federal funder.

WOMEN/MATERNAL HEALTH DOMAIN

I. Access to and Adequacy of Prenatal Care - State Priority Need #6:

Objectives	Strategies (Year One unless otherwise indicated)
<p>Ia. By 2020, increase by 10% the percent of American Indian women starting prenatal care in the first trimester, and</p> <p>Ib. By 2020, increase by 10% the percent of pregnant women under age 20 starting prenatal care in the first trimester.</p>	<p>Ia1. Study presumptive eligibility and relation with starting prenatal care in the first trimester, including communication and implementation barriers related to presumptive eligibility</p> <p>Ia2. Collaborate in the development and implementation of the Medicaid Managed Care quality improvement project.</p> <p>Ia3. Partner with Office of Health Disparities and Health Equity to address barriers and facilitators among American Indian women in accessing prenatal care in the first trimester.</p> <p>Ia4. Continue Collaborative Improvement & Innovation Network (CoIIN) Preconception/Inter-conception focus on the postpartum visit as an outcome indicator of optimal prenatal care.</p> <p>Ia5. Promote use of preventive health care services by at-risk adolescents and women of childbearing age, utilizing tools/strategies developed through the Young Adults in Health Transformation project.</p> <p>Ia6. Promote and augment access to prenatal care through NE Maternal, Infant, Early Childhood Home Visiting (N-MIECHV) home visiting.</p> <p>Ia7. In reproductive health settings, assess and screen clients for future plans to become pregnant. Provide pregnancy testing at all clinics. Educate about preconception and prenatal care.</p>
<p>Ic. By 2020, Nebraska will implement a strategic plan for preconception health, with data</p>	<p>Ic1. Launch a Lifespan Health Services collaboration (adolescent health, maternal-infant health, women’s health, reproductive health) to develop a programmatic and coordinated strategic plan for promoting</p>

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Objectives	Strategies (Year One unless otherwise indicated)
collection, evaluation and quality improvement practices in place.	<p>preconception health of both young women and young men in Nebraska. Plan to include breastfeeding, prenatal care, STDs, use of preventive health care services, obesity and physical activity, patient satisfaction with quality, motor vehicle safety, etc. Assure meaningful consumer/community involvement.</p> <p>Year 1: Complete strategic programmatic plan Year 2: PDSA cycles to develop implementation steps Year 3-5: Implementation of rapid cycle quality improvement collaborations to increase access to prenatal care in the first trimester of pregnancy, particularly among Native American and women under 20.</p>

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WOMEN/MATERNAL HEALTH DOMAIN

II. Sexually Transmitted Diseases (STD) among youth and women of child bearing age - State Priority #8:

Objectives	Strategies (Year One unless otherwise indicated)
<p>Iia. By 2020, increase by 10% use of preventive health care services by young adult women.</p>	<p>Iia1. Implement tools and strategies developed through MCH Workforce Development Center Project -- Young Adults in Health Transformation.</p> <p>Iia2. Develop preconception health strategic plan as previously described.</p> <p>Iia3. Promote HPV vaccination through collaborations with the Immunization Program, Comprehensive Cancer Program, Reproductive Health Program, and Every Woman Matters Program.</p> <p>Iia4. Promote improved access to health insurance coverage for young adult women through health insurance exchange and the private insurance market.</p>
<p>Iib. By 2020, decrease by 10% rates of chlamydia among African American women ages 20 – 44 years, and</p> <p>Iic. By 2020, decrease by 10% rates of chlamydia among Nebraska women ages 20 – 44 years.</p>	<p>Iib1. Continue support of and collaboration with Reproductive Health Program to increase STD screening and follow-up services.</p> <ul style="list-style-type: none"> • Funding for STD testing, counseling, education, and treatment, including expedited partner therapy. • Provide access to, and education regarding, protection against STDs.

See also: Adolescent Health Domain, page 14.

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PERINATAL/INFANT HEALTH DOMAIN

III. Infant Mortality - State Priority #1:

Objectives	Strategies (Year One unless otherwise indicated)
<p>IIIa. By 2020, decrease by 10% infant death rate due to SUID among African American and American Indian infants, and</p> <p>IIIb. By 2020, decrease infant death rate by 10% due to SUID among Nebraska infants.</p>	<p>IIIa1. Utilize strategies being developed through the Infant Mortality CoIIN Safe Sleep Learning Network to promote high quality safe sleep practices in hospitals.</p> <p>IIIa2. Revise, develop, and/or adapt targeted safe sleep messages for African American and American Indian parents and caregivers, in collaboration with community stakeholders and consumers; launch messages in selected communities.</p> <p>IIIa3. Collaboratively formulate and disseminate consistent messages and education regarding co-sleeping with infants and associated risks.</p> <p>IIIb1. Educate regarding safe sleep in N-MIECHV and Together for Kids and Families workgroups, stakeholders, and audiences.</p>
<p>IIIc. By 2020, Nebraska Title V will develop and implement a strategic plan for place-based initiatives to improve maternal and infant outcomes, with an emphasis on reducing/eliminating disparities in infant mortality rates.</p>	<p>IIIc1. Continue participation in Infant Mortality CoIIN Social Determinants of Health Learning Network to identify promising practices.</p> <p>IIIc2. Launch a Learning Community of internal/external stakeholders to identify public health role and priorities in place-based initiatives.</p> <p>IIIc3. Incorporate life course metrics into on-going MCH needs assessment updates and strategy development.</p>
<p>IIId. By 2020, the Nebraska Perinatal Quality Improvement Collaborative (NPQIC) will collect, analyze, and utilize data to address disparities and improve treatment and outcomes in birthing facilities.</p>	<p>IIId1. Assure data collection by the NPQIC includes racial, geographic, and economic disparities.</p> <p>IIId2. Implement a contractual relationship with University of Nebraska Medical Center and the NPQIC in accordance with LB657 (2015)</p> <p>IIId3. Utilize data in quality improvement activities to address disparities in care and outcomes.</p>

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PERINATAL/INFANT HEALTH DOMAIN

IV. Infant Abuse and Neglect - State Priority # 3:

Objectives	Strategies (Year One unless otherwise indicated)
<p>IVa. By 2020, increase by 10% the percentage of young children routinely screened for social/emotional/developmental status in the Medicaid pediatric medical home.</p>	<p>IVa1. Operationalize Strategic Plan for the Mitigation of Toxic Stress in Infancy and Early Childhood as developed through the Early Childhood Comprehensive Systems (ECCS) Program.</p> <p>IVa2. Deliver parenting education and support regarding early child development and safety, screening and referral, through N-MIECHV evidence-based home visiting.</p> <p>IVa3. Collaborate with Medicaid Managed Care Program in increasing screening through the plans.</p>
<p>IVb. By 2020, Nebraska will develop and implement a plan for using multiple platforms and modes of delivery for evidence-based parenting education to reduce child abuse and neglect.</p>	<p>IVb1. Complete study of barriers being conducted through ECCS, and develop actions steps to promote uptake of evidence-based parenting education and support.</p> <p>IVb2. Enhance and expand role of N-MIECHV evidence-based home visiting in delivering evidence-based parenting education to reduce risk of child abuse and neglect.</p> <p>IVb3. Investigate evidentiary base for effective parenting education and support via virtual media.</p>
<p>IVc. By 2020, reduce by 10% the estimated prevalence of maternal depression.</p>	<p>IVc1. Launch Maternal Infant Health program initiative on mental well-being in pregnancy, including early identification of risks for postpartum depression, promoting help-seeking behaviors, improving awareness and screening activities of health care providers, education about effective treatment and support, and outreach to child care providers regarding awareness and communication with parents regarding postpartum depression.</p>

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PERINATAL/INFANT HEALTH DOMAIN

V. Breastfeeding of Infants - State Priority #7:

Objectives	Strategies (Year One unless otherwise indicated)
<p>Va. By 2020, increase by 10% the percentage of African American women who are breastfeeding their infants exclusively at 6 months of age, and</p> <p>Vb. By 2020, increase by 10% the percentage of American Indian women who are breastfeeding their infants exclusively at 6 months of age, and</p> <p>Vc. By 2020, increase by 10% the percentage of all Nebraska women who are breastfeeding their infants exclusively at 6 months of age.</p>	<p>Va1. Collaborate in the State Health Improvement Action Plan steps to increase breastfeeding in Nebraska.</p> <p>Va2. Conduct the Project LEARN (Lactation Education Across Rural Nebraska), with objectives to increase the Certified Lactation Consultant workforce statewide and measure adoption of baby friendly criteria in Nebraska hospitals and clinic settings.</p> <p>Va3. Collaboratively formulate and disseminate consistent messages and education regarding co-sleeping with infants and associated risks.</p> <p>Vb1. Promote recruitment and training of African American and American Indian community-based lactation consultants.</p> <p>Vc1. Enhance skill set in promoting breastfeeding initiation and longevity among home visitors in N-MIECHV.</p> <p>Vc2. Incorporate breastfeeding promotion/education into preconception health strategic planning.</p>
<p>Vd. By 2020, increase from baseline the percentage of Nebraska birthing hospitals adopting 6 or more standards of Baby Friendly Hospitals</p>	<p>Vd1. Develop and implement educational outreach to birthing facilities on baby-friendly hospital standards.</p> <p>Vd2. Through Project LEARN, introduce a cohort of 50 qualified certified lactation consultants into practice settings in rural Nebraska to positively influence organization cultures toward adoption of baby-friendly practices.</p>

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CHILD HEALTH DOMAIN

VI. Unintentional Injury among children and youth, including motor vehicle crashes - State Priority #5:

Objectives	Strategies
<p>VIa. By 2020, decrease child (age 0-9 years) injury due to motor vehicle crashes by 10% through increased proper use of appropriate-for-size child safety seats.</p>	<p>VIa1. Collaborate with workforce development activities for the state’s cadre of Child Safety Passenger safety technicians to enhance and expand geographic availability of training, technical assistance, and outreach to target populations. (Car seats ages 0-6; booster seats age 4-10)</p> <p>VIa2. Develop and or adapt educational messages to promote use of seat belts, decrease distracted driving, and increase correct seat restraints for all ages, delivered through maternal-infant health, school health program, N-MIECHV, and ECCS.</p> <p>VIa3. Participate in the Drive Smart Nebraska Coalition’s implementation road safety policies and activities.</p>
<p>VIb. By 2020, increase the number and percentage of women (18-44) from baseline who always wear a seatbelt.</p>	<p>VIb1. a. Include motor vehicle safety in parenting education provided through ECCS and N-MIECHV, and incorporate into preconception health plan.</p>

See Also: Adolescent Health Domain, page 13

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CHILD HEALTH DOMAIN

VII. Access to Preventive and Early Intervention Mental Health Services for Children - State Priority #9:

Objectives	Strategies
<p>VIIa. By 2020, increase by 10% the percentage of young children aged 0-3 years receiving age-appropriate social and emotional development screening through EPSDT/Medicaid.</p>	<p>VIIa1. Collaborate with Division of Behavioral Health in the development and implementation of System of Care, with attention to geographic availability of services.</p> <p>VIIa2. Collaborate with Medicaid Managed Care Program in increasing screening through the plans.</p> <p>VIIa3. Deliver screening services through N-MIECHV evidence-based home visiting.</p> <p>VIIa4. Launch Maternal Infant Health program initiative on mental well-being in pregnancy, including early identification of risks for postpartum depression, promoting help-seeking behaviors, raising awareness about significance of postpartum depression as obstructing successful attachment and bonding necessary for healthy infant development</p> <p>VIIa5. Promote universal, periodic social emotional/developmental screening for all young children by qualified providers using accurate tools for age. Promote cultural and linguistic appropriateness among early childhood providers serving families.</p>
<p>VIIb. By 2020, increase delivery of professional development to health care professionals by 10% on topics related to maternal and child mental/behavioral health.</p>	<p>VIIb1. Through Department contract with the Behavioral Health Education Center of Nebraska, develop and implement educational offerings for health care professionals.</p> <p>VIIb2. Plan and hold a Maternal Infant health program statewide conference on Maternal Behavioral Health in April 2016.</p>

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Objectives	Strategies
<p>VIIc. By 2020, the behavioral health system of care approach will increase access to integrated behavioral health/primary health services by 10%.</p>	<p>VIIc1. Participate in the development and implementation of the Division of Behavioral Health’s System of Care plan.</p> <p>VIIc2. As part of State Health Improvement Plan, carry out activities to further the integration of behavioral health services into primary care.</p>
<p>VIIId. By 2020, increase by 10% the number of children served in a medical home.</p>	<p>VIIId1. a. Participate in public and private efforts to promote Patient-Centered Medical Home (Medicaid pilot, BC/BS initiatives, legislative interim studies, etc.).</p>

See Also: CYSHCN Domain, page 10.

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CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) DOMAIN

VIII. Mental and Behavioral Health Needs of Children/Youth with Special Health Care Needs (CYSHCN) - State Priority #4:

Objectives	Strategies (Year One unless otherwise indicated)
VIIIa. By 2020, increase CYSHCN family and consumer involvement in communication with Medicaid Behavioral Health Managed Care/System of Care	VIIIa. Promote family and consumer involvement in developing effective systemic approaches to meet CYSHCN and family needs.
VIIIb. By 2020, address workforce needs in primary care, behavioral health, and early care and education, on serving CYSHCN and their families to promote optimal inclusion in early identification/early intervention services for mental/developmental/behavioral health needs.	<p>VIIIb1. Collect data on mental health and behavioral health issues experienced by children birth to age 5.</p> <p>VIIIb2. Carry out workforce development activities on identification of mental health/behavioral health comorbidities in CYSHCN, and accessing early interventions and therapies needed as early as possible. Emphasize delivery of resource information and education for families. Involve Medicaid Managed Care Plans staff to identify trends/stats of areas/communities underserved in well-child checkups. Include Tracking Infant Progress Statewide (TIPS) staff statewide to assist in promoting health care for children who were born premature or with low-birth weight.</p> <p>VIIIb3. Collaborate with Division of Behavioral Health and University of Nebraska Medical Center-Munroe Meyer Institute (UNMC-MMI) for training and mentoring.</p>
VIIIc. By 2020, increase by 10% the percentage of CYSHCN receiving age-appropriate social and emotional development screening by a qualified providers.	<p>VIIIc1. Support early detection efforts through local family physicians, evidence-based home visiting, community support groups, and schools; offer education opportunities for parents. Identify provider resource information</p> <p>VIIIc2. Promote developmental screening in the pediatric medical home. (ECCS/Medicaid collaboration).</p>

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Objectives	Strategies (Year One unless otherwise indicated)
<p>VIIIId. By 2020, increase the number and percentage of CYSCHN (2-17) who received all the mental health care or counseling they needed.</p>	<p>VIIIId1. Collaborate with the Division of Behavioral Health System of Care and Magellan to identify mental health providers statewide who are skilled in the diagnosis and treatment of young children/youth and their support systems.</p> <p>VIIIId2. Collaborate with UNMC-MMI to identify and expand innovative technological solutions to increasing availability of and access to qualified mental/behavioral health providers for children.</p>

See Also: Child Health Domain, page 8.

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CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) DOMAIN

IX. Medical Home for CYSHCN, including empowerment of families to partner in decision making and access to additional family supports - State Priority #10:

Objectives	Strategies (Year One unless otherwise indicated)
<p>IXa. By 2020, increase by 10% care coordination services in medical clinics statewide for families of children with special health care needs, and</p> <p>IXb. By 2020, increase by 10% the number and percentage of CYSHCN whose families are partners in decision making at all levels, and who are satisfied with the services they receive.</p>	<p>IXa1. Expand availability of training for families to empower them to partner with medical professionals in decision-making for the care of their CYSHCN.</p> <p>IXa2. Identify/disseminate target provider competencies for family-centered care coordination for families and CYSHCN.</p> <p>IXb1. Advocate for and facilitate inclusion and involvement of families and consumers in systems development, to engage family inputs on statewide gaps and barriers to accessing quality care.</p>
<p>IXc. By 2020, increase by 10% the number and percentage of CYSHCN who receive coordinated, ongoing, comprehensive care within a medical home.</p>	<p>IXc1. Develop marketing and dissemination approach for revised medical/dental home brochure in Together for Kids and Families workgroup to promote medical home approach.</p> <p>IXc2. Promote medical home approach in N-MIECHV.</p> <p>IXc3. Utilize information gathered by Munroe Meyer Institute from their statewide genetic clinics to identify areas needing additional promotional and educational efforts for families to support them in establishing/accessing medical homes for their children/youth.</p>
<p>IXd. By 2020, increase by 10% the number and percentage of CYSHCN covered by health insurance.</p>	<p>IXd1. Continue to promote health insurance exchange statewide as well as options to pursue Medicaid and Medically Handicapped Children’s Program for special health care needs.</p>

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ADOLESCENT HEALTH DOMAIN

Unintentional Injury among children and youth, including motor vehicle crashes - State Priority #5:

Objectives	Strategies
<p>IXe. By 2020, decrease youth (age 10 – 16 years) injury due to motor vehicle crashes by 20% through increased seat belt use and decreased distracted driving, and recognizing risks of night/drowsy driving, speed, and alcohol use.</p>	<p>IXd1. Develop and or adapt educational messages to increase use of seat belts, decrease distracted driving, and increase correct seat restraints for all ages, delivered through maternal-infant health, school health program, N-MIECHV, and ECCS.</p> <p>XXVI. b. Participate in the Drive Smart Nebraska Coalition’s implementation road safety policies and activities.</p> <p>XXVI. c. Implement evidence-based teen driver safety education, targeting teens and/or parents of pre-teens and teen drivers.</p>

See Also: Child Health Domain, page 7.

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ADOLESCENT HEALTH DOMAIN

X. Sexually Transmitted Disease (STD) among youth and women of child bearing age - State Priority #8:

Objectives	Strategies (Year One unless otherwise indicated)
<p>Xa. By 2020, decrease by 20% rates of chlamydia among Nebraska youth.</p>	<p>Xa1. Continue support of and collaboration with Reproductive Health Program to increase STD screening and follow-up services.</p> <p>Xa2. Continue Wyman’s Teen Outreach Program® (TOP) as an evidence based practice for engagement with and support of adolescents.</p> <p>Xa3. Monitor local implementation projects to identify effective strategies replicable statewide to reduce STD.</p>
<p>Xb. By 2020, increase by 10% adolescent use of preventive health care services.</p>	<p>Xb1. Implement tools and strategies developed through MCH Workforce Development Center Project - Young Adults in Health Transformation</p> <p>Xb2. Continue TOP as an evidence based practice for engagement with and support of adolescents. Provide positively framed education about sexual health, values, communication and life skills.</p> <p>Xb3. Develop preconception health strategic plan as previously described.</p> <p>Xb4. Promote HPV vaccination through collaborations with the Immunization Program, Comprehensive Cancer Program, Reproductive Health Program, and Every Woman Matters Program.</p>
<p>Xc. By 2020, Nebraska will implement a strategic plan for preconception health, with data collection, evaluation and quality improvement practices in place.</p>	<p>Xc1. Launch a Lifespan Health Services collaboration (adolescent health, maternal-infant health, women’s health, reproductive health) to develop a programmatic and coordinated strategic plan for promoting preconception health of both young women and young men in Nebraska. Plan to include breastfeeding, prenatal care, STDs, use of preventive health care services, obesity and physical activity, patient satisfaction with quality, motor vehicle safety, etc. Assure meaningful consumer/community involvement.</p>

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Objectives	Strategies (Year One unless otherwise indicated)
	Year 1: Complete strategic programmatic plan Year 2: PDSA cycles to develop implementation steps Year 3-5: Implementation of rapid cycle quality improvement collaborations to increase access to prenatal care in the first trimester of pregnancy, particularly among Native American and women under 20.

See Also: Women/Maternal Health Domain, page 3

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CROSS-CUTTING OR LIFE COURSE DOMAIN

XI. State Priority #2: Obesity/overweight among women, youth, and children, including food insecurity and physical inactivity

Objectives	Strategies (Year One unless otherwise indicated)
<p>XIa By 2020, increase by 10% the number of schools participating in BMI data collection and contributing healthy weight data in the Nebraska DHHS school health data project.</p>	<p>XIa1. Through School Health Program, continue educational outreach to Nebraska school administrators.</p> <p>Xia2. Collaborate with public/private partnerships to develop state-wide data collections methodologies.</p>
<p>XIb. By 2020, increase by 10% the place-based initiatives to increase physical activity of children in local neighborhoods.</p>	<p>XIb1. Utilize geo-mapping to identify communities/neighborhoods at greatest risk for overweight, food insecurity, and physical inactivity.</p> <p>XIb2. Through School Health Program, increase school-community collaborations to promote health in children in identified communities.</p> <p>XIc3. Research promising practices in place-based initiatives to promote healthy weight and address food insecurity and work with identified communities in exploring these practices for potential implementation</p>
<p>XIc. By 2020, increase by 10% the percent of women in active or highly active levels of recommendation for physical activity.</p>	<p>XIc1. Include evidence-based practices for promoting physical activity for women as feasible in preconception health strategic planning, evidence based positive youth development activities, home visiting, and parenting education.</p>

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XII. State Priorities #1, 4, 6, 8, 9, and 10 as they relate to access to and utilization of health care

Objectives	Strategies (Year One unless otherwise indicated)
<p>XIIa. By 2020, increase by 10% the percentage of Nebraska children and youth who are adequately insured.</p>	<p>XIIa1. Research state and national best practices, and brief new leadership on issues and options. Create blue print for further development of the plan.</p> <p>XIIa2. Develop and implement incremental approaches and methods in collaboration with Medicaid, local health departments, federally qualified health centers, and others.</p>