Nebraska

Maternal and Child Health Block Grant 2019

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. In FY2017, 86% of all pregnant women, 99% of infants, and 55% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit [www.amchp.org](http://www.amchp.org).

<table>
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<tr>
<th>MCH Block Grant Funds to Nebraska</th>
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<td>FY 2016</td>
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<td>$3,999,035</td>
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**Title V Administrative Agency:**
Nebraska Department of Health and Human Services

*States must provide a three dollar match for every four Federal dollars allocated.

**Protecting and Improving the Health of Nebraska’s Families**

**Partnerships with NE Tribes: Tribal Set-aside** – Since 2003, Nebraska DHHS has had a unique MCH Block Grant subaward process with Nebraska Tribes. In recognition of Tribal sovereignty and respect for our special government-to-government relationship, two important features of the MCH Tribal set-aside are: 1) non-competition, i.e. the four federally-recognized Tribes headquarterer in Nebraska are the only eligible applicants of the set-aside; and 2) Tribal leaders are invited to identify the method of their choosing to fairly split the set-aside between the four Tribes. The Omaha, Ponca, Santee Sioux Nation, and Winnebago Tribes identify their MCH needs, which are often among Nebraska’s state priorities, and the strategies that fit their community and cultural practices.

**The Nebraska MCH Program** – The MCH Block Grant significantly supports state-level public health infrastructure and population-based services, often in conjunction with other funds (federal and state), collectively referred to as the Nebraska MCH Program.

Nebraska DHHS convenes stakeholders to conduct the statewide MCH needs assessment and planning, leads initiatives, and administers MCH population-based services. The MCH Block Grant supports, in part, a variety of initiatives and services under the direction of the Title V MCH Director:

- Child and Maternal Death Review Team
- Maternal Child Adolescent School Health
- Nebraska Immunization Advisory Committee
- Newborn Screening & Genetics
- Pregnancy, Risk, Assessment & Monitoring System (PRAMS)
- Reproductive Health
- Title V MCH Special Projects
- Women’s Health Initiative

The MCH Director also oversees MCH work funded by other federal grants and/or state funds, including:

- Commodity Supplemental Food Program (CSFP)
- Early Hearing Detection & Intervention (EHDI)
- Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

**Children and Youth with Special Healthcare Needs** –

- Medically Handicapped Children’s Program (MHCP) serves children and youth with special health care needs (CYSHCN) through direct case management. Under the direction of the CYSHCN Director, and MHCP Program Coordinator, the program also includes the Disabled Children’s Program and the Genetically Handicapped Person Program. In addition to direct case management, MHCP also supports statewide activities for all children and youth with special health care needs through medical clinics and outreach activities. For more information, visit [http://dhhs.ne.gov/Pages/hcs_programs.aspx](http://dhhs.ne.gov/Pages/hcs_programs.aspx).
- The Nebraska Birth Defects Registry
- Newborn Screening & Genetics provides metabolic foods and formula for Nebraskans with metabolic disease.

To learn more about Nebraska DHHS, visit [http://dhhs.ne.gov](http://dhhs.ne.gov).
Health Needs in Nebraska

- Reduce infant mortality
- Reduce obesity/overweight among women, youth, and children, and reduce food insecurity and physical inactivity
- Reduce infant abuse and neglect
- Address mental and behavioral health needs of children and youth with special health care needs
- Reduce unintentional injury among children and youth, including motor vehicle crashes
- Improve access to and adequacy of prenatal care
- Increase breastfeeding of infants
- Decrease sexually transmitted disease among youth and women of childbearing age
- Increase access to preventive and early intervention mental health services for children
- Increase access to medical homes for CSHCN, including empowerment for families to partner in decision making and access to additional family supports