TITLE V BLOCK GRANT APPLICATION FORMS (2-21) STATE: NE APPLICATION YEAR: 2014

• Form 2 - MCH Budget Details
• FORM 3 - STATE MCH FUNDING PROFILE
• FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS
• Form 5 - State Title V Program Budget and Expenditures by Types of Services
• Form 6 - Number and Percentage of Newborn and Others Screened, Case Confirmed, and Treated
• Form 7 - Number of Individuals Served (Unduplicated) Under Title V
• Form 8 - Deliveries and Infants Served by Title V and Entitled to Benefits under Title XIX
Form 9 - State MCH Toll-Free Telephone Line Data
• FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2013
Form 11 - NATIONAL AND STATE PERFORMANCE MEASURES
Form 12 - NATIONAL AND STATE OUTCOME MEASURES
Form 13 - Characteristics Documenting Family Participation in Children with Special Health Care Needs
Form 14 - List of MCH Priority Needs
Form 15 - Technical Assistance (TA) Request and tracking
Form 16 - State Performance/Outcome Measure Detail Sheets
• FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS (01 THROUGH 04,07,08) - MULTI-YEAR DATA
• Form 18
• Medicaid and Non-Medicaid comparison
• Medicaid Eligibility Level (HSCI 06)
• SCHIP ELIGIBILITY LEVEL (HSCI 06)
• Form 19
• GENERAL MCH DATA CAPACITY (HSCI 09A)
• Adolescent Tobacco Use Data Capacity (HSCI 09B)
• Form 20 - Health Status Indicators 01-05 - Multi-year Data
• Form 21
• POPULATION DEMOGRAPHICS DATA (HSI 06)
• Live Birth Demographics Data (HSI 07)
• INFANT AND CHILDREN MORTALITY DATA (HSI 08)
• Miscellaneous Demographics Data (HSI 09)
• GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA (HSI 10)
• Poverty Level Demographic Data (HSI 11)
 Poverty Level for Children Demographics Data (HSI 12)

MCH Buoder Deratis por FY 2014		Form 2	
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(The skove figure carred be more than 10% [Sec. 504(d)] \$			
3. STATE MCH FUNDS (Item 150 of the SF 424) \$ 3. STATE MCH FUNDS (Item 150 of SF 424) 4. LocaL MCH FUNDS (Item 150 of SF 424) 5. OTHER FUNDS (Item 150 of SF 424) 5. OTHER FUNDS (Item 150 of SF 424) 9 5. OTHER FUNDS (Item 150 of SF 424) 9 9 7. TOTAL STATE MATCH (Lines 3 through 6) 9 4.206;597 4.206;597 4.206;597 4.206;597 8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) 8.0502;274 8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) 8.0502;274 8. FEDERAL FUNDS 9. OTHER FEDERAL FUNDS (SUBTOTAL of al Funds under Item 9)			
4. LOCAL MCH FUNDS (Item 15d of SF 424) \$ 324.282 5. OTHER FUNDS (Item 15d of SF 424) \$ 0 6. PROGRAM INCOME (Item 16f of SF 424) \$ 0 7. TOTAL STATE MATCH Lines 3 through 0 \$ 4206.597 Rebuilts your Statist FY 1080 Mentalence of Effort Amount) \$ 4206.597 8. FFDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ 0.052.274 9. OTHER FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ 0.052.274 9. OTHER FEDERAL-STATE STORE STORE for the administration of the Title V program \$ 0.052.274 9. OTHER FEDERAL FUNDS <	2. UNOBLIGATED BALANCE (Item 15b of SF 424)		\$0
5. OTHER FUNDS (Item 15r of SF 424) \$ 6. PROGRAM INCOME (Item 15r of SF 424) \$ 7. TOTAL STATE MATCH (Lines 3 through 6) (Itel/outs your States FV 1680 Minimence of Effort Anount) \$ 8. FFDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ 8. FFDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ 9. OTHER FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ 9. OTHER FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ 9. OTHER FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ 9. OTHER FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ 9. OTHER FEDERAL-FUNDS \$ \$ FUrus under the order of the parson responsible for the administration of the Tille V program) \$ \$ a. SPRANS: \$ 0 \$ \$ b. SSDI: \$ 0 \$ \$ g. WC: \$ 229,135 \$ \$ \$ g. WC: \$ 32,104,996 \$ \$ \$ \$ h. ADS: \$ 0 \$ 2,543,573 \$ \$ \$ \$ \$ \$ \$ \$	3. STATE MCH FUNDS (Item 15c of the SF 424)		\$3,882,315
6. Program Income (item 15' of 5' 424) \$ 0 7. Total State Match (Lines 3 through 6) \$ 4206,597 10 208,300 \$ 4206,597 11 208,300 \$ 4206,597 12 208,300 \$ 4206,597 12 208,300 \$ 4206,597 12 208,300 \$ 4206,597 12 208,300 \$ 4206,597 12 208,300 \$ 4206,597 12 208,300 \$ 4206,597 12 208,300 \$ 4206,597 12 208,300 \$ 4206,597 12 208,300 \$ 8,062,274 9. Otters Febreaal Funds \$ 0 \$ 12. SPRANS: \$ 0 \$ \$ 12. SPRANS: \$ 0 \$ \$ \$ 12. SPRANS: \$ 0 \$ \$ \$ \$ 12. SPRANS: \$ 0 \$ \$ \$ \$ \$ \$ \$ <	4. LOCAL MCH FUNDS (Item 15d of SF 424)		\$ 324,282
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Image: State SPT 1999 Meintainence of Effort Amount) 8 283333 8 FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) \$ 8.052.274 9. OTHER FEDERAL FUNDS (funds under the control of the person responsible for the administration of the Title V program) a. SPRANS: \$ 0 b. SSDI: \$ 663.392 . . . c. CISS: \$ 0 d. Abstinence Education: \$ 229.135 .	6. PROGRAM INCOME (Item 15f of SF 424)		\$0
(Total lines 1 through 6. Same as line 15g of SF 424) 9. OTHER FEDERAL FUNDS (Funds under the control of the person responsible for the administration of the Title V program) a. SPRANS: \$ 0 b. SSDI: \$ 66.382 c. CISS: \$ 0 d. Abstinence Education: \$ 229.135 e. Healthy Start: \$ 0 g. WIC: \$ 32.104.995 h. ADS: \$ 0 i. CDC: \$ 8.146.575 j. Education: \$ 0 k. Home Visiting: \$ 2.543.573 l. Other: \$ 78.287.432 10. Other Federal Funds (SUBTOTAL of all Funds under item 9) \$ 121.378.102 11. STATE MCH BUDGET TOTAL \$ 129.430.376	(Below is your State's FY 1989 Maintainence of Effort Amount)	\$ 4,206,597
(Funds under the control of the person responsible for the administration of the Title V program) a. SPRANS: \$ b. SSDI: \$ c. CISS: \$ d. Abstinence Education: \$ g. MC: \$ g. WC: \$ a. SPRANS: \$ g. WC: \$ g. Uccation: \$ g. O \$ i. CDC: \$ g. Education: \$ g. O \$ k. Home Visiting: \$ g. Z_543,573 \$ l. Other: \$ see field note \$ 10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9) \$ 11. STATE MCH BUDGET TOTAL \$	8. FEDERAL-STATE TITLE V BLOC (Total lines 1 through 6. Same as line 15g of SF 424)	K GRANT PARTNERSHIP (SUBTOTAL)	\$8,052,274
b. SSDI: \$ 66,392 c. CISS: \$ 0 d. Abstinence Education: \$ 229,135 e. Healthy Start: \$ 0 f. EMSC: \$ 0 g. WIC: \$ 32,104,995 h. AIDS: \$ 0 i. CDC: \$ 8,146,575 j. Education: \$ 0 k. Home Visiting: \$ 2,543,573 l. Other: \$ 78,287,432 10. Other Federal Funds (SUBTOTAL of all Funds under item 9) \$ 121,378,102 11. STATE MCH BUDGET TOTAL \$ 129,430,376	9. OTHER FEDERAL FUNDS (Funds under the control of the person responsible for the adm	inistration of the Title V program)	
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e. Healthy Start: \$ 0 f. EMSC: \$ 0 g. WIC: \$ 32,104,995 h. AIDS: \$ 0 i. CDC: \$ 8,146,575 j. Education: \$ 0 k. Home Visiting: \$ 2,543,573 l. Other: see field note \$ 78,287,432 10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9) \$ 121,378,102 \$ 129,430,376	c. CISS:	\$0	
f. ENSC: \$ 0 g. WIC: \$ 32,104,995 h. AIDS: \$ 0 i. CDC: \$ 8,146,575 j. Education: \$ 0 k. Home Visiting: \$ 2,543,573 l. Other: \$ 78,287,432 10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9) \$ 121,378,102 11. STATE MCH BUDGET TOTAL \$ 129,430,376	d. Abstinence Education:	\$ 229,135	
g. WIC: \$32,104,995 h. AIDS: \$0 i. CDC: \$8,146,575 j. Education: \$0 k. Home Visiting: \$2,543,573 l. Other: <u>see field note</u> \$78,287,432 10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9) 11. STATE MCH BUDGET TOTAL \$129,430,376	e. Healthy Start:	\$0	
h. AIDS: \$ 0 i. CDC: \$ 8,146,575 j. Education: \$ 0 k. Home Visiting: \$ 2,543,573 l. Other: see field note \$ 78,287,432 10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9) \$ 121,378,102 11. STATE MCH BUDGET TOTAL \$ 129,430,376	f. EMSC:	\$0	
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10. Other Federal Funds (SUBTOTAL of all Funds under item 9) \$ 121,378,102 11. STATE MCH BUDGET TOTAL \$ 129,430,376	I. Other:		
11. STATE MCH BUDGET TOTAL \$ 129,430,376	see field note	\$ 78,287,432	
	10. OTHER FEDERAL FUNDS (SUBTOTAL of all F	üunds under item 9)	\$ 121,378,102
			\$ 129,430,376

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES 1. Section Number: Form2_Main Field Name: OtherFedFundsOtherFund Row Name: Other Federal Funds - Other Funds Column Name: Year: 2014 Field Note: TANF - Asst to Women Who Are Pregnant \$ 250,000 HRSA Newborn Hearing Screening \$ 207,782 Title X Family Planning \$ 2,032,246 HRSA State Early Childhood Systems \$ 150,000 Commodity Supplement Food Program (CSFP)\$ 856,614 Early Intervention Medicaid in Schools \$ 3,105,000 Medicaid Schools Outreach \$17,480,000 Medicaid Aged & Disabled Waiver \$44,426,110 Social Services Block Grant (SSBG) \$ 9,487,164 ACF PREP \$ 292,516

Form 3 State MCH Funding Profile [Secs. 505(a) and 506((a)(I-3)] State: NE															
		2009		2010		2011									
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED									
1. Federal Allocation (Line1, Form 2)	\$ 4,012,760	\$3,661,476	\$4,024,746	\$ 4,142,055	\$ 4,024,332	\$ 4,145,181									
2. Unobligated Balance (Line2, Form 2)	\$0	\$0	\$0	\$0	\$	\$0									
3. State Funds (Line3, Form 2)	\$2,761,046	\$3,407,775	\$2,863,000	\$3,012,086	\$2,933,000	\$ 3,134,582									
4. Local MCH Funds (Line4, Form 2)	\$345,000	\$ 539,827	\$389,515	\$ 444,421	\$ 482,266	\$ 470,883									
5. Other Funds (Line5, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0									
6. Program Income (Line6, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0									
7. Subtotal	\$ 7,118,806	\$ 7,609,078	\$ 7,277,261	\$ 7,598,562	\$ 7,439,598	\$ 7,750,646									
		(THE FE	EDERAL-STATE TITLE	BLOCK GRANT PARTN	ERSHIP)	1									
8. Other Federal Funds (Line10, Form 2)	\$	\$	\$ 169,056,259	\$0	\$ 136,673,763	\$0									
9. Total (Line11, Form 2)	\$ 129,294,630	\$7,609,078	\$ 176,333,520	\$7,598,562	\$ 144,113,361	\$7,750,646									
			(STATE MCH E	BUDGET TOTAL)	·	·									
,															

	Form 3 State MCH Funding Profile [Secs. 505(a) and 506((a)(I-3)] State: NE										
		2012		2013		2014					
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED					
1. Federal Allocation (Line1, Form 2)	\$3,989,608	\$ 3,602,604	\$ 4,036,191	\$	\$ 3,845,677	\$					
2. Unobligated Balance (Line2, Form 2)	\$0	\$0	\$0	\$	\$0	\$					
3. State Funds (Line3, Form 2)	\$3,141,759	\$2,886,218	\$3,742,315	\$	\$ 3,882,315	\$					
4. Local MCH Funds (Line4, Form 2)	\$ 409,300	\$ 435,680	\$ 236,525	\$	\$ 324,282	\$					
5. Other Funds (Line5, Form 2)	\$0	\$0	\$0	\$	\$0	\$					
6. Program Income (Line6, Form 2)	\$0	\$0	\$0	\$	\$0	\$					
7. Subtotal	\$ 7,540,667	\$ 6,924,502	\$ 8,015,031	\$0	\$ 8,052,274	\$ 0					
	[(THE FE	EDERAL-STATE TITLE I	BLOCK GRANT PARTN	ERSHIP)	· · · · · · · · · · · · · · · · · · ·					
8. Other Federal Funds (Line10, Form 2)	\$ 134,805,658	\$	\$ 130,293,903	\$	\$ 121,378,102	\$					
9. Total (Line11, Form 2)	\$142,346,325	\$6,924,502	\$138,308,934	\$0	\$129,430,376	\$0					
			(STATE MCH E	UDGET TOTAL)							

F	ORM NOTES FOR FORM 3
	None
E	IELD LEVEL NOTES
1.	Section Number: Form3_Main Field Name: OtherFedFundsExpended Row Name: Other Federal Funds Column Name: Expended Year: 2012 Field Note: This is not reported because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V/MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN.
2.	Section Number: Form3_Main Field Name: OtherFedFundsExpended Row Name: Other Federal Funds Column Name: Expended Year: 2011 Field Note: This is not reported because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V/MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN Director.

FORM 4 BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II) [Secs 506(2)(2)(iv)]

STATE: NE

		FY 2	FY 2009		FY 2010			FY 2011				
I. Federal-State MCH Block Grant Partnership	Buc	GETED	Ехр	ENDED	Βυ	DGETED	Exe	PENDED	Βι	JDGETED	Ехрі	NDED
a. Pregnant Women	\$	313,019	\$	856,974	\$	577,197	\$	774,789	\$	728,964	\$	877,331
b. Infants < 1 year old	\$	668,929	\$	690,498	\$	663,817	\$	911,821	\$	622,881	\$	716,607
c. Children 1 to 22 years old	\$	2,030,365	\$	1,477,034	\$	1,970,630	\$	1,252,655	\$	1,965,238	\$	1,950,064
d. Children with Special Healthcare Needs	\$	3,081,143	\$	3,475,299	\$	3,014,817	\$	3,191,176	\$	3,067,215	\$	3,028,856
e. Others	\$	861,894	\$	945,920	\$	890,998	\$	1,296,622	\$	891,014	\$	1,052,631
f. Administration	\$	163,456	\$	163,353	\$	159,802	\$	171,499	\$	164,286	\$	125,157
g. SUBTOTAL	\$	7,118,806	\$	7,609,078	\$	7,277,261	\$	7,598,562	\$	7,439,598	\$	7,750,646
II. Other Federal Funds (under the control of th	l ne per	son responsi	ble fo	or administrat	ion d	of the Title V pr	ogra	m).				
a. SPRANS	\$	0			\$	0			\$	0		
b. SSDI	\$	99,954			\$	99,954			\$	99,954		
c. CISS	\$	0			\$	0			\$	0		
d. Abstinence Education	\$	0			\$	0			\$	218,740		
e. Healthy Start	\$	0			\$	0			\$	0		
f. EMSC	\$	0			\$	0			\$	0		
g. WIC	\$	29,602,585			\$	32,904,895			\$	34,195,833		
h. AIDS	\$	0			\$	0			\$	0		
i. CDC	\$	6,649,579			\$	9,356,733			\$	8,143,638		
j. Education	\$	0			\$	0			\$	0		
k. Home Visiting	\$	0			\$	0			\$	0		
I. Other												
see note	\$				\$	126,694,677			\$	94,015,598		
see notes	\$	85,823,706			\$				\$			
III. TOTAL	\$	122,175,824			\$	169,056,259			\$	136,673,763		

Form 4 Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds (II) [Secs 506(2)(2)(iv)]

STATE: NE

	FY 2	FY 2012		2013	FY 2	2014
. Federal-State MCH Block Grant Partnership	BUDGETED	Expended	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 560,350	\$ 814,530	\$ 661,489	\$	\$ 870,325	\$
o. Infants < 1 year old	\$ 983,225	\$ 822,730	\$ 936,093	\$	\$ 1,304,099	\$
c. Children 1 to 22 years old	\$ 1,643,228	\$ 1,562,184	\$ 2,501,984	\$	\$ 2,279,635	\$
d. Children with Special Healthcare Needs	\$3,274,671	\$ 2,714,179	\$ 3,136,132	\$	\$ 2,929,163	\$
e. Others	\$ 964,435	\$ 906,235	\$ 652,149	\$	\$ 536,644	\$
Administration	\$ 114,758	\$ 104,644	\$ 127,184	\$	\$ 132,408	\$
g. SUBTOTAL	\$ 7,540,667	\$ 6,924,502	\$ 8,015,031	\$ 0	\$ 8,052,274	\$
		1			1	
II. Other Federal Funds (under the control of th	e person responsi	ble for administrat	ion of the Title V pr	ogram).		
a. SPRANS	\$0		\$0		\$	
b. SSDI	\$ 100,000		\$ 100,000		\$ 66,392	
c. CISS	\$0		\$0		\$0	
d. Abstinence Education	\$ 217,136		\$ 250,930		\$ 229,135	
e. Healthy Start	\$0		\$0		\$0	
f. EMSC	\$0		\$0		\$0	
g. WIC	\$ 33,541,652		\$ 33,535,039		\$32,104,995	
h. AIDS	\$0		\$0		\$0	
i. CDC	\$ 7,910,810		\$ 7,848,707		\$ 8,146,575	
j. Education	\$0		\$0		\$0	
k. Home Visiting	\$0		\$ 1,000,000		\$ 2,543,573	
I. Other						
see field note	\$		\$		\$ 78,287,432	
See note	\$		\$ 87,559,227		\$	
See Note	\$ 93,036,060		\$		\$	
III. TOTAL	\$ 134,805,658		\$ 130,293,903		\$ 121,378,102	

For	m Notes for Form 4
1	None
FIE	ld Level Notes
	Section Number: Form4_1. Federal-State MCH Block Grant Partnership Field Name: PregWomenExpended Row Name: Pregnant Women Column Name: Expended Year: 2012 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance s always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY2012 include the reobligation of unliquidated obligations from the FY2011 grant, which subsequently creates the wide variance between oudget and expenditure.
i i i	Section Number: Form4_I. Federal-State MCH Block Grant Partnership Field Name: PregWomenExpended Row Name: Pregnant Women Column Name: Expended Year: 2011 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance s always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY2011 include the reobligation of unliquidated obligations from the FY2010 grant, which subsequently creates the wide variance between budget and expenditure.
	Section Number: Form4_I. Federal-State MCH Block Grant Partnership Field Name: Children_0_1Expended Row Name: Infants <1 year old Column Name: Expended Year: 2012 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance s always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY 2012 include the reobligation of unliquidated obligations from the FY 2011 grant, which subsequently creates the wide variance between budget and expenditure.
i i	Section Number: Form4_I. Federal-State MCH Block Grant Partnership Field Name: Children_0_1Expended Row Name: Infants <1 year old Column Name: Expended Year: 2011 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance s always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY2011 include the reobligation of unliquidated obligations from the FY2010 grant, which subsequently creates the wide variance between budget and expenditure.
	Section Number: Form4_1. Federal-State MCH Block Grant Partnership Field Name: CSHCNExpended Row Name: CSHCN Column Name: Expended Year: 2012 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance s always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY 2012 include the reobligation of unliquidated obligations from the FY 2011 grant, which subsequently creates the wide variance between oudget and expenditure. Additionally, the variation is due to decisions made after the budget was developed, that necessiate shifting between federal and state resources to meet several requirements. For example, the Medically Handicapped Children's Program has a significant role in DHHS meeting the requirements for match (state expenditures), and the minimum 30% expenditure for CSHCN (federal Title V expenditures).
6. 8	Section Number: Form4_I. Federal-State MCH Block Grant Partnership Field Name: All Others Expended Row Name: All Others Column Name: Expended Year: 2011 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance s always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY2011 include the reobligation of unliquidated obligations from the FY2010 grant, which subsequently creates the wide variance between sudget and expenditure.
7. 8	Section Number: Form4_I. Federal-State MCH Block Grant Partnership Field Name: Administration Column Name: Expended Year: 2011 Field Note: Due to a staffing change in 2011, we re-evaluated critical roles and essential duties associated with the administration of the Title V/MCH Block Grant and determined less staff time was needed for administration.

	Form 5 State Title V Program Budget and Expenditures by Types of Services [Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)] State: NE								
	FY 2	2009	FY 2	2010	FY 2	2011			
TYPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED			
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$2,465,526	\$2,003,571_	\$2,032,153	\$1,405,555	\$1,931,935	\$1,769,526			
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$1,732,862	\$2,099,692	\$1,954,417	\$2,615,999	\$2,019,842]	\$379,334]			
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$1,337,721	\$1,897,798	\$2,024,329	\$1,699,980	\$1,828,530	\$1,648,387			
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$1,582,697	\$1,608,017	\$1,266,362	\$1,877,028	\$1,659,291	\$1,953,399			
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$7,118,806	\$7,609,078]	\$7,277,261	\$7,598,562	\$7,439,598	\$7,750,646]			

	State Ti	TLE V PROGRAM B	Form 5 UDGET AND EXPEN CS. 505(a)(2)(A-B) and 506(a STATE: NE		OF SERVICES	
TYPE OF SERVICE	FY 2	2012	FY 2	2013	FY 2	2014
TYPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$1,402,440	\$1,472,013	\$1,780,526	\$	\$1,618,367_	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$2,576,483	\$2,158,339	\$2,623,080	\$	\$2,895,700]	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,687,469	\$1,920,950	\$1,837,744	\$	\$2,038,944	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,874,275	\$	\$1,773,681	\$	\$1,499,263	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$7,540,667	\$6,924,502	\$8,015,031	\$0	\$8,052,274]	\$

FORM NOTES FOR FORM 5
None
Teld Level Notes
 Section Number: Form5_Main Field Name: EnablingExpended Row Name: Enabling Services Column Name: Expended Year: 2012 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance is always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY2012 include the reobligation of unliquidated obligations from the FY2011 grant, which subsequently creates the wide variance between budget and expenditure.
 Section Number: Form5_Main Field Name: EnablingExpended Row Name: Enabling Services Column Name: Expended Year: 2011 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance is always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY2011 include the reobligation of unliquidated obligations from the FY2010 grant, which subsequently creates the wide variance between budget and expenditure.
 Section Number: Form5_Main Field Name: PopBasedExpended Row Name: Population-Based Services Column Name: Expended Year: 2012 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance is always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY2012 include the reobligation of unliquidated obligations from the FY2011 grant, which subsequently creates the wide variance between budget and expenditure.
 Section Number: Form5_Main Field Name: InfrastrBuildExpended Row Name: InfrastrUcture Building Services Column Name: Expended Year: 2012 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance is always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY2012 include the reobligation of unliquidated obligations from the FY2011 grant, which subsequently creates the wide variance between budget and expenditure.
 Section Number: Form5_Main Field Name: InfrastrBuildExpended Row Name: Infrastructure Building Services Column Name: Expended Year: 2011 Field Note: Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance is always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY 2011 include the reobligation of unliquidated obligations from the FY 2010 grant, which subsequently creates the wide variance between budget and expenditure.

	F огм 6									
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED										
	Sect. 506(a)(2)(B)(iii)									
	State: NE									
Total Births by Occurren	nce: 26,28	33			Reporting Yea	ır: 2012				
Type of Screening Tests	(1	ast one Screen I)	(B) No. of Presumptive Positive	(C) No. Confirmed Cases (2)	Received Tr	eatment that reatment (3)				
	No.	%	Screens		No.	%				
Phenylketonuria	26,221	99.8	12	4	4	100				
Congenital Hypothyroidism	26,221	99.8	95	18	18	100				
Galactosemia	26,221	99.8	0	0	0					
Sickle Cell Disease	26,221	99.8	3	3	3	100				
Other Screening (Speci	fy)									
Congenital Adrenal Hyperplasia	26,221	99.8	9	2	2	100				
Cystic Fibrosis	26,221	99.8	29	7	7	100				
Hyperphenylalaninemia	26,221	99.8	12	1	1	100				
Medium-Chain Acyl- CoADehydrogenase Deficiency	26,221	99.8	17	4	4	100				
Hearing Screening	26,021	99	842	31	24	77.4				
Short Chain Acyl-CoA Dehydrogenase Deficiency	26,221	99.8	7	2	2	100				
Partial Biotinidase Deficiency	26,221	99.8	7	5	5	100				
Hemoglobin C- Disease	26,221	99.8	1	1	1	100				
Hemoglobin E-Disease	26,221	99.8	1	1	1	100				
Cystic Fibrosis Related Metabolic Syndrome (Non classical)	26,221	99.8	2	2	2	100				
SC - Disease	26,221	99.8	1	1	1	100				
Hb D - Punjab/Beta 0 Thalassemia	26,221	99.8	1	1	1	100				
Screening Programs for		& Women (Spec	ify Tests by nam	e)						
 (1) Use occurrent births a (2) Report only those from (3) Use number of confirmed and the second seco	m resident births.									

FORM NOTES FOR FORM 6 None FIELD LEVEL NOTES 1. Section Number: Form6_Main Field Name: Galactosemia_Presumptive Row Name: Galactosemia Column Name: Presumptive positive screens Year: 2014 Field Note: There we no cases of classical glactosemia detected. 2. Section Number: Form6_Main Field Name: SickleCellDisease_Presumptive Row Name: SickleCellDisease Column Name: Presumptive positive screens Year: 2014 Field Note: There were 3 newborns that screened positive with an FS result indicating Sickle Cell Disease. All 3 newborns were confirmed with having Sickle Cell Disease. 3. Section Number: Form6_Main Field Name: Galactosemia_Confirmed Row Name: Galactosemia Column Name: Confirmed Cases Year: 2014 Field Note: There we no cases of classical glactosemia detected 4. Section Number: Form6_Main Field Name: SickleCellDisease_Confirmed Row Name: SickleCellDisease Column Name: Confirmed Cases Year: 2014 Field Note: There were 3 newborns that screened positive with an FS result indicating Sickle Cell Disease. All 3 newborns were confirmed with having Sickle Cell Disease.

FORM 7

NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V (By Class of Individuals and Percent of Health Coverage) [Sec. 506(a)(2)(A)(i-ii)]

STATE: NE

Number of Individuals Served - Historical Data by Annual Report Year										
Types of Individuals Served	2007	2008	2009	2010	2011					
Pregnant Women	1,944	2,395	1,575	1,541	1,288					
Infants < 1 year old	27,107	27,021	27,131	26,176	26,030					
Children 1 to 22 years old	23,532	17,202	12,309	16,728	16,911					
Children with Special Healthcare Needs	2,190	2,168	2,147	2,442	2,322					
Others	17,368	11,831	11,925	15,673	19,554					
Total	72,141	60,617	55,087	62,560	66,105					

Reporting Year: 2012

	TITLEV	PRIMARY SOURCES OF COVERAGE						
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %		
Pregnant Women	1,189	84.7	0.0	2.7	12.6	0.0		
Infants < 1 year old	26,221	31.1	0.0	60.5	5.7	2.7		
Children 1 to 22 years old	16,173	14.9	3.7	22.9	58.6	0.0		
Children with Special Healthcare Needs	2,257	60.2	15.1	13.3	11.5	0.0		
Others	16,417	6.3	0.0	27.4	66.3	0.0		
TOTAL	62,257							

FORM 8 Deliveries and Infants Served By Title V and Entitled to Benefits Under Title XIX (By Race and Ethnicity) [Sec. 506(a)(2)(C-D)] State: NE

Reporting Year: 2012

I. UNDUPLICATED COUNT BY RACE

	(A) Fotal All Races	(B) White	(C) Black or African American	(D American Native A	Indian or	(E) Asian		(F) ive Hawaiian or Dther Pacific Islander	(G) More than one race reported	(H) Other and Unknown
Deliveries										
Total Deliveries in State	26,282	20,903	1,782		300		789			2,50
Title V Served	1,224	659	277		205		16	0	5	6
Eligible for Title XIX	9,513	5,092	1,147		231		197			2,84
INFANTS					· · · · ·					
Total Infants in State	27,534	23,425	2,295		832		890	92		
Title V Served	26,221	20,854	1,779		299		787			2,50
Eligible for Title XIX	12,653	6,604	1,367		295		235	14	2,451	1,68
	(A)							ub estagorias by	country or area o	forigin)
	Total NOT Hisp or Latino	oanic 🛛 Total Ĥi	spanic or Ethr	(C) nicity Not ported	(B.1) Mexica		<u>R LATINO (S</u> (B.2) Cuban	ub-categories by (B.3) Puerto Rican	country or area o (B.4) Central and South American	f origin) (B.5) Other and Unknown
DELIVERIES		oanic 🛛 Total Ĥi	spanic or Ethr	nicity Not	(B.1)		(B.2)	(B.3)	(B.4) Central and	(B.5) Other and
Total Deliveries		banic Total Hi	spanic or Ethr	nicity Not	(B.1)		(B.2)	(B.3)	(B.4) Central and	(B.5) Other and Unknown
Total Deliveries	or Latino	banic Total Hi	spanic or Ethr tino Re	nicity Not ported	(B.1)	ın	(B.2) Cuban	(B3) Puerto Rican	(B.4) Central and South American	(B.5) Other and
Total Deliveries in State Title V Served Eligible for Title	or Latino	26 Contraction Contractico Con	spanic or Ethr tino Re 3,644	icity Not ported	(B.1)	in	(B2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
Total Deliveries in State Title V Served Eligible for Title XIX	or Latino	26 Contraction Contractico Con	spanic or Ethr Re 3,644 226 2	icity Not ported	(B.1)	in	(B2) Cuban 0	(B3) Puerto Rican	(B4) Central and South American	(B.5) Other and Unknown 3,64
Total Deliveries in State Title V Served Eligible for Title XIX INFANTS Total Infants in	or Latino	Danic Total Hi 26 74 48	spanic or Ethr Re 3,644 226 2	icity Not ported	(B.1)	in	(B2) Cuban 0	(B3) Puerto Rican	(B4) Central and South American	(B.5) Other and Unknown 3,64 20 1,86
Total Deliveries in State	or Latino	Danic Total Hi 26 74 48 63	spanic or tino Ethr Re 3,644	12 0	(B.1)	n 0 21	(B.2) Cuban 0 0	(B3) Puerto Rican	(B4) Central and South American	(B.5) Other and Unknown 3,64

Form 9 State MCH Toll-Free Telephone Line Data Form (Optional) [Secs. 505(4)(E) and 509(4)(8)] State: NE									
Y 2014	FY 2013	FY 2012	FY 2011	FY 2010					
0	0	0	0	0					
	Y 2014								

	Form 9 State MCH Toll-Free Telephone Line Data Form [Secs. 505(a)(E) and 509(a)(8)] State: NE										
	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010						
1. State MCH Toll- Free "Hotline" Telephone Number	800-862-1889	800-862-1889	800-862-1889	800-862-1889	(800) 862-1889						
2. State MCH Toll- Free "Hotline" Name	Nebraska Healthy Mothers, Healthy Babies Hotline	Nebraska Healthy Mothers, Healthy Babies Hotline	Nebraska Healthy Mothers, Healthy Babies Hotline	Nebraska Healthy Mothers, Healthy Babies Hotline	Nebraska Healthy Mothers, Health Babies Hotline						
3. Name of Contact Person for State MCH "Hotline"	Tina Goodwin	Tina Goodwin	Tina Goodwin	Sue Spanhake	Sue Huffman						
4. Contact Person's Telephone Number	402-471-0165	402-471-0165	402-471-0165	402-471-1938	(402) 471-1938						
5. Contact Person's Email	tina.goodwin@nebraska.gov	tina.goodwin@nebraska.gov	tina.goodwin@nebraska.gov	sue.spanhake@nebraska.gov	sue.huffman@nebraska.gov						
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0 0		206	353						
		L		1	I]						

Form 10 Title V Maternal & Child Health Services Block Grant State Profile for Fy 2014 [Sec. 506(/1)] State: NE

1. State MCH Administration: (max 2500 characters)

The Title V/MCH Services Block Grant is awarded to Nebraska Department of Health and Human Services (DHHS), and administered by a unit entitled Planning & Support within the Division of Public Health, Lifespan Health Services. Nebraska describes Title V as funding source that supports programs, not a program itself. The block grant supports many of the programs within Lifespan Health Services, as well as other DHHS programs/units. Title V/MCH also supports community-based organizations across Nebraska, e.g. local health departments, community action programs, and programs administered within Native American Tribes and academic institutions. DHHS interprets administration as the costs associated with the day-to-day oversight of the block grant, which is the function of the Planning & Support unit. Given our interpretation and subsequent activities, 3.1% of the 2012 award was expended for administration. The Planning & Support unit does not manage programmatic activities supported by the block grant, although was actively engaged with program managers to provide technical assistance in grants management of the block grant and other resources supporting MCH activities at state and local levels. 1.2 FTEs accomplish the activities of the Planning & Support unit, which positions are classified as 1) Federal Aid Administrator III (1.0 FTE) and 2) Administrative Assistant I (.2 FTE allocable to administration). The unit collaborates with Grants & Cost Management and Accounting units to: 1) reconcile expenditures in the Nebraska Information System (NIS) to that of the reports from internals and externals to complete the annual application and report; 2) respond with information for the OMB A-133 audit; and 3) project funds the available for FY 2014.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 3,845,677
3. Unobligated balance (Line 2, Form 2)	\$0
4. State Funds (Line 3, Form 2)	\$ 3,882,315
5. Local MCH Funds (Line 4, Form 2)	\$ 324,282
6. Other Funds (Line 5, Form 2)	\$0
7. Program Income (Line 6, Form 2)	\$0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 8,052,274

9. Most significant providers receiving MCH funds:

state-level programs and units
Nebraska-based private nonprofits, public entities
Federally-recognized Nebraska-based Tribal Govts

1,189

16,173

2,257

16.417

10. Individuals served by the Title V Program (Col. A, Form 7)

- a. Pregnant Women
- b. Infants < 1 year old
- c. Children 1 to 22 years old
- d. CSHCN
- e. Others

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

Nebraska groups the three categories of population-based, direct care and enabling services into services generally, defining services as activities directed at the needs of a population. Direct, enabling, and population-based services are the primary focus of the MCH funds subgranted to community-based organizations. The state agency encourages community organizations to assess their resources and capacity to address Nebraska priority needs at the local level, and provides technical assistance and financial resources to communities to implement work plans and evaluate if outcomes are reached. Nebraska is obligating less to subgranting in FY2013 than in prior years to address. Nebraska priority needs in local communities, due to the anticipated reductions in the federal appropriation. The three categories comprising services are also addressed at the state agency level, as is infrastructure building. An increased level of state funds is budgeted for match in FY2013. The level of local funds for match is projected to remain relatively static.

b. Population-Based Services: (max 2500 characters)

See subsections 11.a. and 11.c. c. Infrastructure Building Services:

(max 2500 characters)

Nebraska delineates infrastructure building from other services (described in subsection 11.a.) by those activities that focus on overall capacity-building to address the MCH priority needs. Infrastructure is largely supported at the state-level. Contingent on the final appropriation of the FY 2013 block grant, it is the intention to minimize financial reductions at the state-level to prevent eroding the capacity, or the base of the MCH pyramid, to support the three categories comprising services.

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

14. State Family or Youth Leader Contact person:

Name	Paula Eurek	Name	Heather Krieger	Name	Nina Baker
Title	Administrator, Lifespan Health Services	Title	Administrator, State/Grant Funded Programs Unit	Title	Health Information Coordinator, Family Voices, PTI Nebras
Address	3rd Floor, PO Box 95026	Address	PO Box 95026	Address	6805 Grover Street
City	Lincoln	City	Lincoln	City	Omaha
State	Nebraska	State	Nebrasla	State	Nebraska
Zip	68509-5026	Zip	69509-5026	Zip	68106

Phone	402-471-0196	Phone	402-471-9155	Phone	402-346-9233
Fax	402-471-7049	Fax	402-471-6352	Fax	
Email	paula.eurek@nebraska.gov	Email	heather.krieger@nebraska.gov	Email	nbaker@pti-nebraska.org
Web	http://dhhs.ne.gov/publichealth/Pages/lifespanhealth.asp>	Web	http://dhhs.ne.gov/Pages/hcs programs.aspx	Web	http://pti-nebraska.org/family-voices

	Form Notes for Form 10
	None
	Field Level Notes
	 Section Number: Form10_Most significant providers receiving MCH funds Field Name: ProviderFund1 Row Name: Column Name: Year: 2014 Field Note: Within the Nebraska Department of Health and Human Services, 15 internal programs / units are supported in part by an internal allocation of Title V/MCH Block Grant.
:	Section Number: Form10_Most significant providers receiving MCH funds Field Name: ProviderFund2 Row Name: Column Name: Year: 2014 Field Note: Private non-profits or public entities are eligible to apply for the subgranted Title V/MCH Block Grant funds. This includes, but is not limited to: local governments: Tribal governments; institutions of higher education; community-based agencies; and religious organizations.
;	 Section Number: Form10_Most significant providers receiving MCH funds Field Name: ProviderFund3 Row Name: Column Name: Year: 2014 Field Note: The four federally-recognized American Indian Tribes headquartered in Nebraska are awarded subgrants through a non-competitive setaside.

Tra	Form CKING PERFORM [Secs 485 (2)(2)(B)(11) A State:	MANCE MEASURES			
Form Level Notes for Form 11					
None					
PERFORMANCE MEASURE # 01 The percent of screen positive newborns who received timely follo sponsored newborn screening programs.	ow up to definitive o	diagnosis and clinic	al management for	condition(s) manda	ted by their State-
	2009		pjective and Perfor		2012
Annual Performance Objective	2008	2009	2010	2011	2012 100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	545	600	644	838	771
Denominator	545	600	644	838	771
	Program Data	Program Data	Program Data	Program Data	Program Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and	rogiani bata	r logian Data	r rogiani Data	riogram Data	r iogram Data
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Final
		Annual Ok	pjective and Perfor	mance Data	
	2013	2014	2015	2016	2017
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator Denominator					
ield Level Notes Section Number: Form11_Performance Measure #1 Field Name: PMD1 Row Name: Column Name: Year: 2012 Field Note: 166 babies had a presumptive positive and 605 had inconclus does not include the 392 infants with hemoglobinopathy patte positive, abnormal or inconclusive results is 1,163 for 2012.					
Section Number: Form11_Performance Measure #1 Field Name: PM01 Row Name: Column Name: Year: 2011 Field Note: 134 babies had a presumptive positive and 704 had inconclus does not include the 428 hemoglobinopathy patterns that were abnormal or inconclusive results is 1,266 for 2011.					
3. Section Number: Form11_Performance Measure #1 Field Name: PM01 Row Name: Column Name: Year: 2010					

PERFORMANCE MEASURE # 02					
The percent of children with special health care needs age 0 to 1 they receive. (CSHCN survey)	8 years whose fam		-		ed with the services
	2008	Annual Ok 2009	pjective and Perform 2010	nance Data 2011	2012
Annual Performance Objective		68.4	69.7	71.1	77.1
Annual Indicator		65.7	65.7	75.6	75.6
Numerator					
Denominator					
		National Survey of	National Support	National Support	National Suppord
Data Source	CSHCN	CSHCN	CSHCN	CSHCN	CSHCN
Check this box if you cannot report the numerator because					
 There are fewer than 5 events over the last year, and The average number of events over the last 3 years is 					
fewer than 5 and therefore a 3-year moving average cannot					ļ
be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
			jective and Perform		
	2013	2014	2015	2016	2017
Annual Performance Objective		80.2	81.8	83.5	85.2
Annual Indicator Numerator					
Denominator					
Year: 2012 Field Note: For 2011-2014, indicator data come from the National Survey and Services Administration and the U.S. Centers for Disease questions were used to generate this indicator for both the 20 additions to the questions used to generate this indicator. The All estimates from the National Survey of CSHCN are subject errors, and data processing mistakes.	e Control and Preve 001 and the 2005-0 e data for 2009-201	ention in 2009-2010. 6 CSHCN survey. He 0 are NOT compara	This survey was firs owever, in 2009-201 ble to earlier version	at conducted in 2007 0 there were wordir ns of the survey.	I. The same ng changes and
2. Section Number: Form11_Performance Measure #2 Field Name: PVD2 Row Name: Column Name: Year: 2011 Field Note: For 2011-2014, indicator data come from the National Survey and Services Administration and the U.S. Centers for Diseass questions were used to generate this indicator for both the 20 additions to the questions used to generate this indicator. The All estimates from the National Survey of CSHCN are subject errors, and data processing mistakes.	e Control and Preve 001 and the 2005-0 e data for 2009-201	ention in 2009-2010. 6 CSHCN survey. He 0 are NOT compara	This survey was firs owever, in 2009-201 ble to earlier version	at conducted in 2007 0 there were wordin ns of the survey.	I. The same ng changes and
3. Section Number: Form11_Performance Measure #2 Field Name: PM02 Row Name: Column Name: Year: 2010 Field Note: Indicator data comes from the National Survey of CSHCN, con indicator for both the 2001 and the 2005-2006 CSHCN survey		nd CDC, 2005-2006	. The same question	ns were used to ge	nerate the NPM02

Performance Measure # 03					
The percent of children with special health care needs age 0 to 1	8 who receive coor	dinated, ongoing, co	omprehensive care v	within a medical ho	me. (CSHCN Survey)
		Annual Ok	jective and Perform	nance Data	
	2008	2009	2010	2011	2012
Annual Performance Objective	55.2	56.4	57.5	58.6	49.2
Annual Indicator	54.2	54.2	54.2	48.2	48.2
		<u> </u>	J 1 .2	40.2	40.2
Numerator					
Denominator					
Data Source	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is					
fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
		Annual Or	pjective and Perform	nance Data	
	2013	2014	2015	2016	2017
Annual Performance Objective	50.2	51.2	52.2	53.2	54.3
-	50.2	51.2		55.2	54.5
Annual Indicator					
Numerator					
Denominator					
Field Level Notes 1. Section Number: Form11_Performance Measure #3 Field Name: PM03 Row Name:					
Year: 2012 Field Note: For 2011-2014, indicator data come from the National Survey- and Services Administration and the U.S. Centers for Disease changes, skip pattern revisions, and additions to the question 2006 surveys are not comparable for NPM3. However, the sar therefore these two surveys are comparable. All estimates from the National Survey of CSHCN are subject	e Control and Preve is used to generate me questions were	ention in 2009-2010. this indicator for the used to generate the	Compared to the 20 e 2005-06 CSHCN s ne NPM3 indicator fo	001 CSHCN survey, survey. The data for or both the 2005-20	there were wording the 2001 and 2005- 06 and 2009-2010,
errors, and data processing mistakes.		-			
 Section Number: Form11_Performance Measure #3 Field Name: PN03 Row Name: Column Name: Year: 2011 Field Note: For 2011-2014, indicator data come from the National Survey and Services Administration and the U.S. Centers for Disease 					
changes, skip pattern revisions, and additions to the question 2006 surveys are not comparable for NPM3. However, the sau therefore these two surveys are comparable.					
All estimates from the National Survey of CSHCN are subject errors, and data processing mistakes.	to sampling variabi	ility, as well as surve	ey design flaws, resp	oondent classificatio	on and reporting
3. Section Number: Form11_Performance Measure #3 Field Name: PM03 Row Name: Column Name: Year: 2010 Field Note:					
Indicator data comes from the National Survey of CSHCN, cor changes, skip pattern revisions and additions to the questions surveys are not comparable for PM#03.					

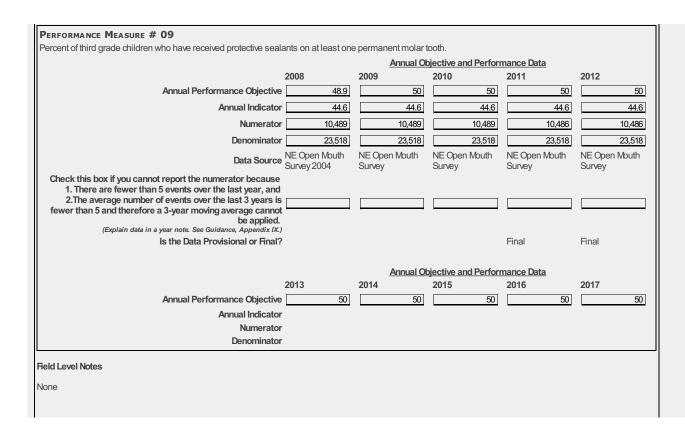
SHCN Survey)			te and/or public insu	itarice to pay for the	services arey need.
		Annual O	bjective and Perform	nance Data	
	2008	2009	2010	2011	2012
Annual Performance Objective	67.2	. 68.6	69.9	71.3	60.9
Annual Indicator	r 65.9	65.9	65.9	59.7	59.7
Numerator	r				
Denominator					
Data Source	National Survey	of National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN	National Survey of CSHCN
Check this box if you cannot report the numerator because					
 There are fewer than 5 events over the last year, and The average number of events over the last 3 years is 			[]		
fewer than 5 and therefore a 3-year moving average cannot		-			
be applied. (Explain data in a year note. See Guidance, Appendix IX.,					
Is the Data Provisional or Final?	?			Final	Final
			bjective and Perform		
Annual Daufarmanna Ohiastiru	2013	2014	2015	2016	2017
Annual Performance Objective Annual Indicator		63.4	64.6	65.9	67.2
Numerato					
Denominato	-				
Field Note: For 2011-2014, indicator data come from the National Survey and Services Administration and the U.S. Centers for Diseas questions were used to generate the NPM4 indicator for the	e Control and Pre 2001, 2005-06, ar	vention in 2009-2010	This survey was first		
All estimates from the National Survey of CSHCN are subject errors, and data processing mistakes.	t to sampling varia	ability, as well as surv	ey design flaws, res	pondent classificatio	
	of Children with Second	Special Health Care N vention in 2009-2010	leeds (CSHCN), cor This survey was firs	iducted by the U.S. F	on and reporting Health Resources
errors, and data processing mistakes. Section Number: Form11_Performance Measure #4 Field Name: PM04 Row Name: Column Name: Year: 2011 Field Note: For 2011-2014, indicator data come from the National Survey and Services Administration and the U.S. Centers for Diseas	rof Children with 8 e Control and Pre 2001, 2005-06, ar	Special Health Care N vention in 2009-2010 nd 2009-2010 CSHCt	leeds (CSHCN), cor This survey was firs I surveys.	nducted by the U.S. H st conducted in 2007	on and reporting Health Resources 1. The same

Performance Measure # 05								
Percent of children with special health care needs age 0 to 18 wheasily. (CSHCN Survey)	nose families repor	t the community-bas	sed service systems	s are organized so th	ney can use them			
			pjective and Perform					
	2008	2009	2010	2011	2012			
Annual Performance Objective		95.6	97.5	99.4	72.1			
Annual Indicator	91.9	91.9	91.9	70.7	70.7			
Numerator								
Denominator								
Data Source	National Survey of CSHCN							
Check this box if you cannot report the numerator because		0011011	0011011	0011011	00.1011			
1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is								
fewer than 5 and therefore a 3-year moving average cannot								
be applied. (Explain data in a year note. See Guidance, Appendix IX.)	1							
Is the Data Provisional or Final?				Final	Final			
			pjective and Perform					
	2013	2014	2015	2016	2017			
Annual Performance Objective Annual Indicator		75	76.5	78.1	79.6			
Numerator								
Denominator								
Row Name: Column Name: Year: 2012 Field Note: For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The questions were also revised extensively for the 2009-2010 CSHCN survey. Therefore, none of the three rounds of the surveys are comparable. All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.								
 Section Number: Form11_Performance Measure #5 Field Name: PND5 Row Name: Column Name: Year: 2011 Field Note: For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The questions were also revised extensively for the 2009-2010 CSHCN survey. Therefore, none of the three rounds of the surveys are comparable. All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. 								
3. Section Number: Form11_Performance Measure #5 Field Name: PM05 Row Name: Column Name: Year: 2010 Field Note: Indicator data comes from the National Survey of CSHCN, cor revisions to the wording, ordering and the number of the ques surveys are not comparable for PM#05.								

he percentage of youth with special health care needs who rece are, work, and independence.	ived the services n	ecessary to make tr	ansitions to all aspe	ects of adult life, incl	uding adult health
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Annual Ok	jective and Perform	nance Data	
	2008	2009	2010	2011	2012
Annual Performance Objective	55.4	56.6	57.7	58.8	48.5
Annual Indicator	54.4	54.4	54.4	47.6	47.6
Numerator					
Denominator	National Suppy of	National Survey of	National Sun ovof	National Support	National Suppus
	CSHCN	CSHCN	CSHCN	CSHCN	CSHCN
Check this box if you cannot report the numerator because					
 There are fewer than 5 events over the last year, and The average number of events over the last 3 years is 					
fewer than 5 and therefore a 3-year moving average cannot					
be applied.					
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Final
				1 mai	1 mai
		Annual Ok	jective and Perforr	nance Data	
	2013	2014	2015	2016	2017
Annual Performance Objective		50.5	51.5	52.5	53.6
Annual Indicator					
Numerator					
Denominator					
 Section Number: Form11_Performance Measure #6 Field Name: PM06 Row Name: Column Name: Year: 2012 Field Note: For 2011-2014, indicator data come from the National Survey of and Services Administration and the U.S. Centers for Disease changes, skip pattern revisions, and additions to the question the reliability of the 2001 data because of the sample size. The be considered baseline data. However, the same questions w 2009-2010 surveys can be compared. All estimates from the National Survey of CSHCN are subject the errors, and data processing mistakes. Section Number: Form11_Performance Measure #6 Field Name: PM06 Row Name: Column Name: Year: 2011 Field Note: For 2011-2014, indicator data come from the National Survey and Services Administration and the U.S. Centers for Disease changes, skip pattern revisions, and additions to the question the reliability of the 2001 data because of the sample size. The 	Control and Preve is used to generate e data for the 2 survere used to gener to sampling variable of Children with Sp Control and Preve is used to generate	ention in 2009-2010. It is indicator for the veys are not compar- ate the NPM6 indica- ility, as well as surver- lity, as well as surver- etial Health Care N ention in 2009-2010. It is indicator for the	Compared to the 20 e 2005-06 CSHCN s vable for NPM6, and ator for the 2009-20 ey design flaws, resp eeds (CSHCN), con Compared to the 20 e 2005-06 CSHCN s	001 CSHCN survey, survey. There were a findings from the 2 10 survey. Therefore pondent classification ducted by the U.S. H 201 CSHCN survey, survey. There were a	there were wordin also issues aroun 005-06 survey ma , the 2005-2006 a on and reporting Health Resources there were wordin also issues aroun
be considered baseline data. However, the same questions w 2009-2010 surveys can be compared. All estimates from the National Survey of CSHCN are subject t errors, and data processing mistakes. Section Number: Form11_Performance Measure #6 Field Name: PM06 Row Name:	5			,	
Column Name:					

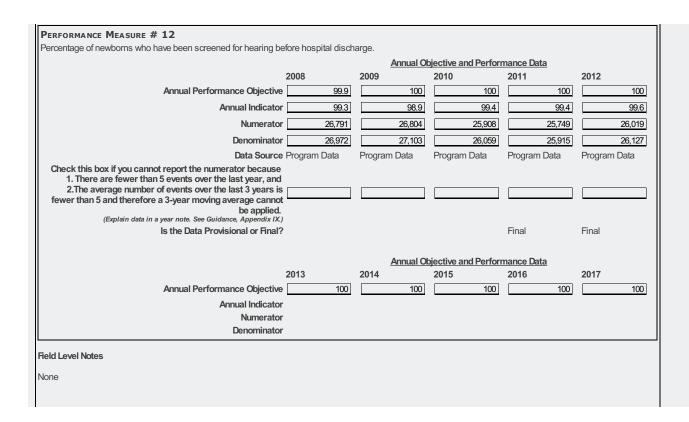
Performance Measure # 07								
Percent of 19 to 35 month olds who have received full schedule o Pertussis, Haemophilus Influenza, and Hepatitis B.	f age appropriate i	mmunizations	agair	nst Measles, Mump	s, Rubella, P	olio, Di	phtheria, Te	tanus,
		Anni	ual Ob	pjective and Perfor	mance Data			
	2008	2009		2010	2011		2012	
Annual Performance Objective	83.5	1	83.6	76.2		73.2		78.2
Annual Indicator	74.8		59.9	78.9		77.8		74.8
Numerator								
Denominator								
Data Source	CDC NIS	CDC NIS		CDC NIS	CDC NIS		CDC NIS	
Check this box if you cannot report the numerator because								
1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is				[]			[
fewer than 5 and therefore a 3-year moving average cannot				ļ			ļ	
be applied. (Explain data in a year note. See Guidance, Appendix IX.)								
Is the Data Provisional or Final?					Final		Provisiona	ıl
	2013	<u>Annı</u> 2014	ual Ok	pjective and Perfor 2015	mance Data 2016		2017	
Annual Performance Objective	79.8		81.4	83	2010	84.7	2017	88.1
Annual Indicator	19.0		01.4	0		04.7		00.1
Numerator								
Denominator								
Field Name: PM07 Row Name: Column Name: Year: 2012 Field Note: Provisional rate represents the first 6 months of 2012. The full +/-6.6.	year will be releas	ed late August	/early	September. This ra	ate is 74.8%			
2. Section Number: Form11_Performance Measure #7 Field Name: PM07 Row Name: Column Name: Year: 2011 Field Note: Provisional rate represents the first 6 months of 2011. The full	year will be releas	ed late August	/early	September. This ra	ate is 76.7%			
+/-6.5. Final rate is 77.8+-6.4								

PERFORMANCE MEASURE # 08									
The rate of birth (per 1,000) for teenagers aged 15 through 17 years.									
		Annual Ol	bjective and Perform	nance Data					
	2008	2009	2010	2011	2012				
Annual Performance Objective	16.6	17.4	17.1	15.2	11.8				
Annual Indicator	18.2	17.4	15.3	12.1	12.2				
Numerator	671	633	562	456	453				
Denominator	36,878	36,349	36,734	37,584	37,206				
Data Source	Birth File, Census Est.	Birth File, Census Est.	Birth File, Census	Birth File, Census	Birth File, Census				
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional				
	2013	<u>Annual Ol</u> 2014	bjective and Perform 2015	<u>nance Data</u> 2016	2017				
Annual Performance Objective		11.7	11.5	11.3	11.1				
Annual renormance objective Annual Indicator Numerator Denominator	11.5	11.7	11.5	11.3					
Field Level Notes									

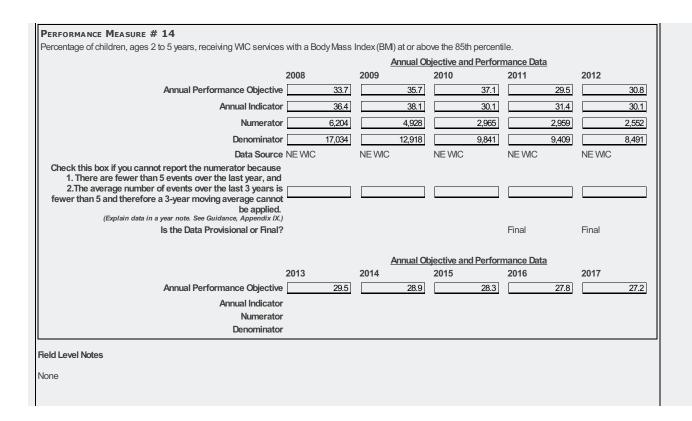


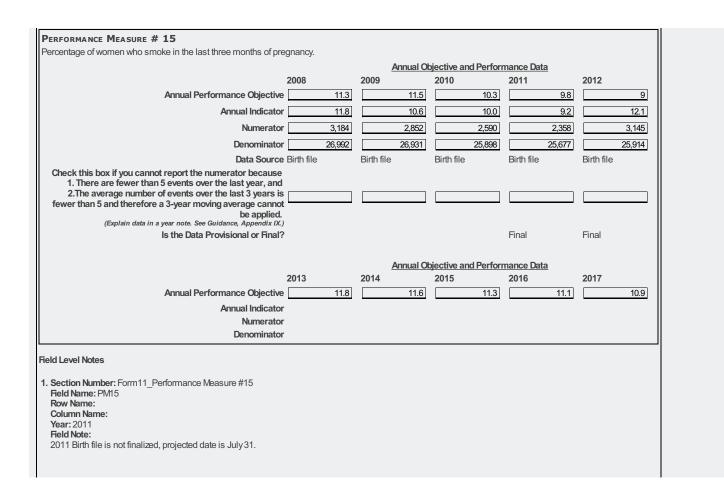
PERFORMANCE MEASURE # 10									
The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.									
		-	jective and Perforn						
	2008	2009	2010	2011	2012				
Annual Performance Objective	3.4	3.3	3.2	2.7	2.7				
Annual Indicator	1.7	3.4	3.6	1.1	5.6				
Numerator	6	12	13	4	20				
Denominator	343,908	349,420	357,420	359,412	356,941				
Data Source	Death file, Census Est.	Death file, Census Est.	Death file, Census	Death file, Census	Death file, Census				
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.									
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional				
		Annual Ob	jective and Perforr	nance Data					
	2013	2014	2015	2016	2017				
Annual Performance Objective	5.5	5.4	5.3	5.2	5.1				
Annual Indicator									
Numerator									
Denominator									
Field Level Notes 1. Section Number: Form11_Performance Measure #10 Field Name: PM10 Row Name: Column Name: Year: 2010 Field Note: The denominator changed from a census estimate in 2009 to the section of the section	he decennial cens	us 2010.							

1							
	ERFORMANCE MEASURE # 11						
Tł	ne percent of mothers who breastfeed their infants at 6 months	of age.					
				Annual Ob	jective and Perform		
		2008	2009		2010	2011	2012
	Annual Performance Objective			66.5	47	67.8	51
	Annual Indicator			46	66.5	49.5	50.7
	Numerator						
	Denominator						
	Data Source	National Immunization Survey	Nationa Immun Survey	ization	National Immunization Survey	National Immunization Survey	National Immunization Survey
	Check this box if you cannot report the numerator because						
	1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is						[]
	fewer than 5 and therefore a 3-year moving average cannot						
	be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
	Is the Data Provisional or Final?					Final	Final
				Annual Ob	jective and Perforr	mance Data	
		2013	2014		2015	2016	2017
	Annual Performance Objective	52		53	54	55	56
	Annual Indicator						
	Numerator						
	Denominator						
	Id Level Notes Section Number: Form11_Performance Measure #11 Field Name: PM11 Row Name: Column Name: Year: 2012 Field Note: 79.8% of woman reported initiating breastfeeding of those 50 over 180 days.	.7% reported breas	tfeeding	longer than	180 days. Howeve	r, only 24% reported	exclusive breasting
2.	Section Number: Form11_Performance Measure #11 Field Name: PM11 Row Name: Column Name: Year: 2011 Field Note: 80.63% of woman reported initiating breastfeeding of those 4 breasting over 180 days.	9.5% reported brea	stfeedin	g longer tha	ın 180 days. Howev	er, only 19.5% repor	ted exclusive
3.	Section Number: Form11_Performance Measure #11 Field Name: PM11 Row Name: Column Name: Year: 2010 Field Note: 72.6% of woman reported initiating breastfeeding of those 66 breasting over 180 days.	.5% reported breas	tfeeding	longer than	i 180 days. Howeve	r, only 38.1% reporte	ed exclusive

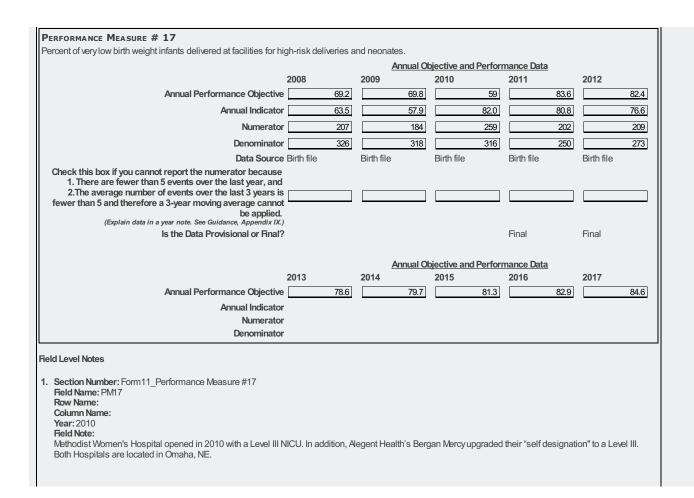


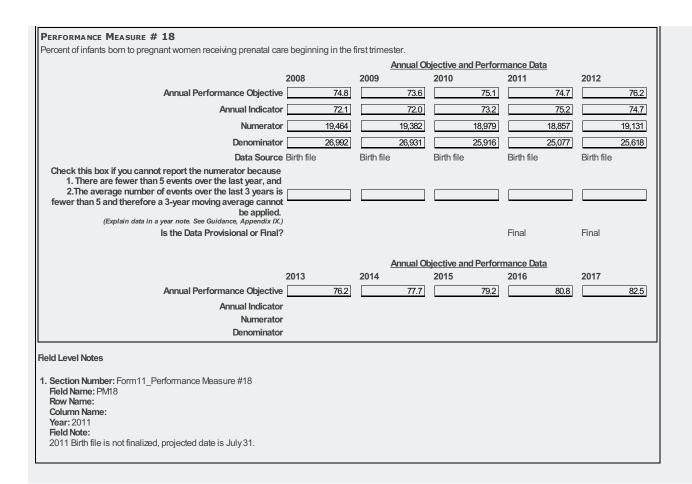
Performance Measure # 13					
Percent of children without health insurance.					
		Annual O	bjective and Perforr	nanco Data	
	2008	2009	2010	2011	2012
Annual Performance Objective		15.9	18.6	16.2	17.6
Annual Indicator	16.2	19.0	16.6	18.0	10.2
Numerator	24,000	30,000	27,000	30,000	16,000
Denominator	148,000	158,000	163,000	167,000	157,000
Data Source	Census	Census	Census, Current Population Survey	Census, Current Population Survey	Census, Current Population Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Final
		Annual O	bjective and Perforr	nance Data	
	2013	2014	2015	2016	2017
Annual Performance Objective	10	9.8	9.6	9.4	9.2
Annual Indicator Numerator Denominator					
Field Level Notes					





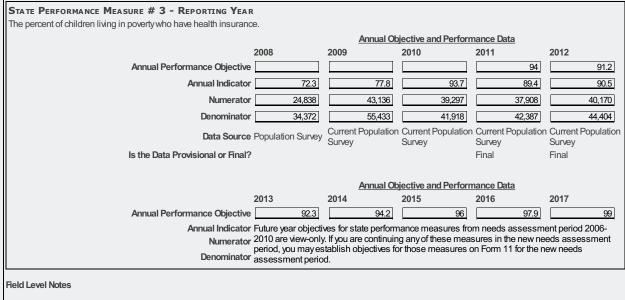
PERFORMANCE MEASURE # 16					
The rate (per 100,000) of suicide deaths among youths aged 15	through 19.				
		Annual Ot	jective and Perform	nance Data	
	2008	2009	2010	2011	2012
Annual Performance Objective	12.8	12.9	12.6	5.3	6.7
Annual Indicator	13.2	4.6	6.2	6.9	10.6
Numerator	17	6	8	9	14
Denominato	128,885	130,498	128,930	130,443	132,294
Data Source	Dooth file. Conque	s Death file, Census Est.		Death file, Census	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional
		Annual Ot	pjective and Perforr	nance Data	
	2013	2014	2015	2016	2017
Annual Performance Objective	10.4	10.2	9.9	9.7	9.5
Annual Indicator	-				
Numerator	r				
Denominator					
Field Level Notes					
Section Number: Form11_Performance Measure #16 Field Name: PM16 Row Name: Column Name: Year: 2010 Field Note: The denominator changed from a census estimate in 2009 to	the decennial cens	us 2010.			



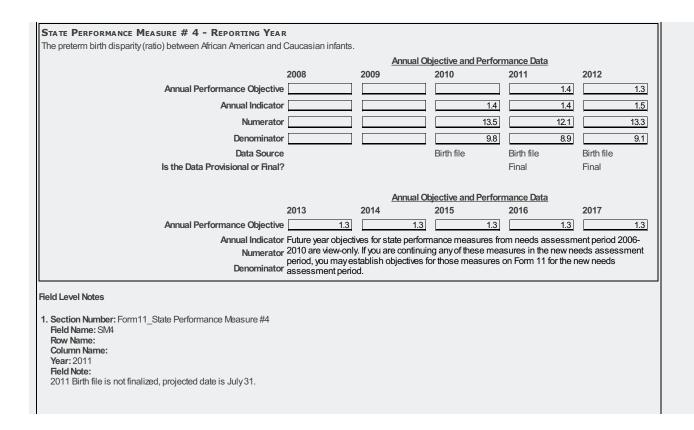


2008 2009 Annual Performance Objective	Annual Objective and P 2015 53.8 ate performance measu	2011 48.5 47.6 50 NE BRFSS Final Performance Data 2016 54.9 55.9 res from needs assess	NE BRFSS Final	47.8 51.7
STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR Percent women (18-44) with healthy weight (BM) 2008 2009 Annual Performance Objective	2010 49.4 55S NE BRFSS Annual Objective and P 2015 53.8 ate performance measu	2011 48.5 47.6 50 NE BRFSS Final Performance Data 2016 54.9 55.9 res from needs assess	5	51.7
Percent women (18-44) with healthy weight (BM) 2008 2009 Annual Performance Objective Annual Indicator 53.5 Numerator Denominator Data Source NE BRFSS NE BRFS Is the Data Provisional or Final? 2013 2014 Annual Performance Objective 52.7 Annual Indicator Future year objectives for sta Numerator 2010 are view-only. If you are period, you may establish of period, you may establish of assessment period.	2010 49.4 55S NE BRFSS Annual Objective and P 2015 53.8 ate performance measu	2011 48.5 47.6 50 NE BRFSS Final Performance Data 2016 54.9 55.9 res from needs assess	5	51.7
2008 2009 Annual Performance Objective	2010 49.4 55S NE BRFSS Annual Objective and P 2015 53.8 ate performance measu	2011 48.5 47.6 50 NE BRFSS Final Performance Data 2016 54.9 55.9 res from needs assess	5	51.7
Annual Performance Objective	49.4 49.4 49.4 49.4 49.4 49.4 49.4 49.4	48.5 47.6 50 NE BRFSS Final Performance Data 2016 54.9 55.9 res from needs assess	5	51.7
Annual Indicator 53.5 Numerator 653.5 Numerator 653.5 Denominator 652.7 Data Source NE BRFSS NE BRFS Is the Data Provisional or Final? 2013 2014 Annual Performance Objective 52.7 Annual Indicator Future year objectives for stat Numerator 2010 are view-only. If you are period, you may establish of Denominator assessment period.	Annual Objective and P 2015 53.8 ate performance measu	47.6 50 NE BRFSS Final Performance Data 2016 54.9 55.9 res from needs assess	NE BRFSS Final	51.7
Denominator Data Source NE BRFSS NE BRFS Is the Data Provisional or Final?	Annual Objective and P 2015 53.8	Final erformance Data 2016 54.9 55.9 res from needs assess	Final 2017	3
Data Source NE BRFSS NE BRFS Is the Data Provisional or Final? 2013 2013 2014 Annual Performance Objective 52.7 Annual Indicator Future year objectives for state Numerator Numerator 2010 are view-only. If you are period, you may establish of Denominator	Annual Objective and P 2015 53.8	Final erformance Data 2016 54.9 55.9 res from needs assess	Final 2017	3
Is the Data Provisional or Final? 2013 2014 Annual Performance Objective 52.7 Annual Indicator Future year objectives for sta Numerator 2010 are view-only. If you are period, you may establish of Denominator assessment period.	Annual Objective and P 2015 53.8	Final erformance Data 2016 54.9 55.9 res from needs assess	Final 2017	6
2013 2014 Annual Performance Objective 52.7 Annual Indicator Future year objectives for sta Numerator 2010 are view-only. If you are period, you may establish ot Denominator assessment period.	2015 53.8 ate performance measure	2016 54.9 55.9 res from needs assess		
Annual Performance Objective 52.7 Annual Indicator Future year objectives for sta Numerator 2010 are view-only. If you are period, you may establish ot Denominator assessment period.	53.8	54.9 55.9 res from needs assess		
Annual Indicator Future year objectives for sta Numerator 2010 are view-only. If you are period, you may establish ot Denominator assessment period.	ate performance measu	res from needs assess		57.1
Numerator 2010 are view-only. If you are period, you may establish ot Denominator assessment period.	re continuing any of these	res from needs assess	mant n - d - d O	57.1
Section Number: Form11_State Performance Measure #1 Field Name: SM1 Row Name: Column Name: Year: 2012 Field Note: Comparsions of 2011 and 2012 to prior data should not be made. The weighting methodo Raking creates the weights in different manner by iterations and it also allows for inclusior just age, gender, race/ethnicity and region. In additon the 2011 ans 2012 BRFSS has 20% not included in the sample prior to 2011.	n of more control variable	es in the weighting sche	eme as oppos	sed to
Section Number: Form11_State Performance Measure #1 Field Name: SM1 Row Name: Column Name: Year: 2011 Field Note: Comparsions of 2011 to prior data should not be made. The weighting methodology for BF creates the weights in different manner by iterations and it also allows for inclusion of mor gender, race/ethnicity and region. In additon the 2011 BRFSS has 20% of the sample from sample prior to 2011.	re control variables in the	e weighting scheme as	opposed to ju	ıst age,
 Section Number: Form11_State Performance Measure #1 Field Name: SM1 Row Name: Column Name: Year: 2010 Field Note: NE BRFSS is a weighted survey. So, only weighted estimates are provided. 				

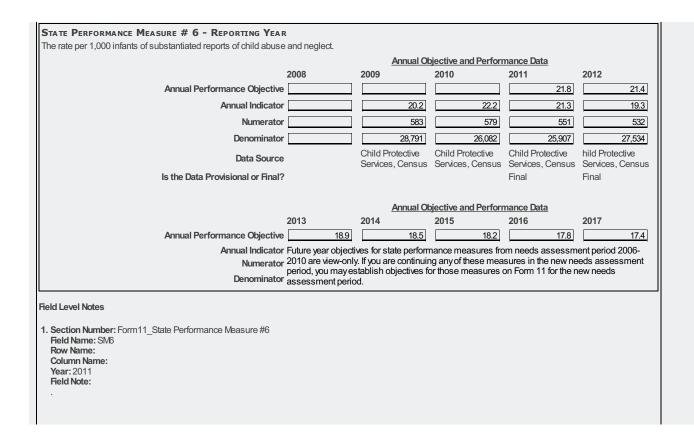
The percentage of live births that were intended at the time of con-					
	ception.				
			pjective and Perform		
	2008	2009	2010	2011	2012
Annual Performance Objective				61.3	65.5
Annual Indicator	60.2	59.1	60.1	64.2	60.8
Numerator					
Denominator					
Data Source	NE PRAMS	NE PRAMS	NE PRAMS	NE PRAMS	NE PRAMS
Is the Data Provisional or Final?				Final	Final
		Annual Ok	pjective and Perform	nance Data	
	2013	2014	2015	2016	2017
Annual Performance Objective	62	63.3	64.5	65.8	67.1
ield Level Notes	assessment perio				
1. Section Number: Form11_State Performance Measure #2 Field Name: SM2 Row Name: Column Name: Year: 2012 Field Note: NE PRAMS is a weighted survey. So, only weighted estimates	are provided. Ther	e is a year lag on Pl	RAMS data. So, 201;	2 will be provided in	2013, etc.
2. Section Number: Form11_State Performance Measure #2 Field Name: SM2					
Row Name: Column Name: Year: 2011 Field Note: NE PRAVS is a weighted survey. So, only weighted estimates data will be provided in 2012 etc.	are provided. Ther	e is a year lag on Pl	RAMS data. So, 2010) will be provided in	2011, and 2011



None



STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR								
The percent of young children (1-5) who have excellent/very good	dental health.							
		<u>Annual Ob</u>	jective and Perforn	nance Data				
	2008	2009	2010	2011	2012			
Annual Performance Objective				82.6	84.3			
Annual Indicator	81	81	81	81	81			
Numerator								
Denominator								
		National Survey of						
Data Source	Children's Health, 2007	Children's Health, 2007	Children's Health, 2007	Children's Health, 2007	Children's Health, 2010/11			
Is the Data Provisional or Final?	2001	2001	2001	Final	Final			
		Annual Ob	jective and Perforn	nance Data				
	2013	2014	2015	2016	2017			
Annual Performance Objective	82.6	84.3	85.9	87.7	89.4			
Numerator 2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs Denominator assessment period.								
1. Section Number: Form11_State Performance Measure #5 Field Name: SN5 Row Name: Column Name: Year: 2012 Field Note: Data is from a weighted survey so, only estimates are provided	I							
2. Section Number: Form11_State Performance Measure #5 Field Name: SM5 Row Name: Column Name: Year: 2011 Field Note: National Survey of Children's Health, 2007								
3. Section Number: Form11_State Performance Measure #5 Field Name: SM5 Row Name: Column Name: Year: 2010 Field Note: National Survey of Children's Health, 2007								



STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR	1				
Percent of teens who report use of alcohol in last 30 days					
		Annual Ot	pjective and Perform	<u>mance Data</u>	
	2008	2009	2010	2011	2012
Annual Performance Objective				30.6	26.5
Annual Indicator			31.3	27	27
Numerator					
Denominator					
Data Source			NE YRBS	NE YRBS	NE YRBS
Is the Data Provisional or Final?				Final	Final
			pjective and Perform		
	2013	2014	2015	2016	2017
Annual Performance Objective	25.9	25.4	24.9	24.4	24
Annual Indicator	Future year object	ives for state perforn y. If you are continuir	nance measures fro	om needs assessm	ent period 2006-
	period you may e	stablish objectives fr	or those measures	on Form 11 for the n	iew needs
Denominator	assessment perio	od.			
Field Level Notes 1. Section Number: Form11_State Performance Measure #7 Field Name: SM7 Row Name: Column Name: Year: 2012 Field Note: NE YRBS is a weighted survey. So, only weighted estimates a	re provided. The Y	RBS is administered	d every other year, ne	ew data will be avail	able in 2013.
2. Section Number: Form11_State Performance Measure #7 Field Name: SM7 Row Name: Column Name: Year: 2011 Field Note: NE YRBS is a weighted survey. So, only weighted estimates a	re provided.				
3. Section Number: Form11_State Performance Measure #7 Field Name: SM7 Row Name: Column Name: Year: 2010 Field Note: NE YRBS is a weighted survey. So, only weighted estimates a	re provided.				

Trac	Form KING HEALTH OU [Secs 505 (a)(2)(B)(11) au State:	JTCOME ND 506 (A)(A		5		
Form Level Notes for Form 12						
None						
OUTCOME MEASURE # 01 The infant mortality rate per 1,000 live births.						
			Annual Ob	jective and Perfor	mance Data	
	2008	2009		2010	2011	2012
Annual Performance Objective	6.4		5.1	5.1	5	5.5
Annual Indicator	5.4		5.4	5.2	5.6	4.6
Numerator	. 146		145	136	143	119
Denominator	26,992		26,931	25,916	25,700	25,939
1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX) Is the Data Provisional or Final?			Armuel Ob		Final	Provisional
	2013	2014	Annuarol	jective and Perfor 2015	2016	2017
Annual Performance Objective		2014	5.3	5.2	5.1	5
Annual Indicator Numerator Denominator	Please fill in onlyt Indicators are not	he Obje required	ctives for the	above years. Num	erator, Denominato	r and Annual
Field Level Notes 1. Section Number: Form12_Outcome Measure 1 Field Name: OM01 Row Name: Column Name: Year: 2011 Field Note: 2011 Birth and Death file are not finalized, projected date is Ju	ly31.					

OUTCOME MEASURE # 02					
he ratio of the black infant mortality rate to the white infant morta	lity rate.			-	
		-	pjective and Perform		
	2008	2009	2010	2011	2012
Annual Performance Objective	2.7	3.4	3	2.9	2.1
Annual Indicator	3.1	2.0	2.9	2.1	2.0
Numerator	16.3	11.2	14.8	11.5	8.8
Denominator	5.2	5.7	5.1	5.4	4.5
Data Source	Death file, Birth file	Death file, Birth file	e Death file, Birth file	e Death file, Birth file	e Death file, Birth file
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX) Is the Data Provisional or Final?				Final	Provisional
		Annual Ok	jective and Perform	nance Data	
	2013	<u>Annual Ot</u> 2014	Djective and Perforr 2015	<u>nance Data</u> 2016	2017
Annual Performance Objective					2017
Annual Indicator	2.1 Please fill in only the Indicators are not the	2014	2015 2 above years. Nume	2016	1.9

DUTCOME MEASURE # 03					
he neonatal mortality rate per 1,000 live births.					
		Annual Ok	jective and Perforr	nance Data	
	2008	2009	2010	2011	2012
Annual Performance Objective	4	3	3	2.9	3.6
Annual Indicator	3.3	3.3	3.7	3.7	3.0
Numerator	90	89	96	95	78
Denominator	26,992	26,931	25,916	25,700	25,939
Data Source	Death file, Birth file	Death file, Birth file	Death file, Birth file	e eath file, Birth file	eath file, Birth file
1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional
		<u>Annual Ok</u>	jective and Perform	nance Data	
	2013	2014	2015	2016	2017
Annual Performance Objective	3	2.9	2.9	2.9	2.9
Annual Indicator Numerator Denominator	Please fill in only the Indicators are not r	ne Objectives for the required for future ye	above years. Nume ear data.	erator, Denominator	and Annual

UTCOME MEASURE # 04					
he postneonatal mortality rate per 1,000 live births.					
··· · · · · · · · · · · · · · · · ·		Annual Ob	ective and Perforr	nance Data	
	2008	2009	2010	2011	2012
Annual Performance Objective	2.3	1.9	1.9	1.5	1.9
Annual Indicator	2.1	2.1	1.5	1.9	1.6
Numerator	56	56	40	48	41
Denominator	26,992	26,931	25,916	25,700	25,939
Data Source	Death file, Birth file	e Death file, Birth file			
1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX) Is the Data Provisional or Final?				Final	Provisional
		Annual Ob	jective and Perform	nance Data	
	2013	2014	2015	2016	2017
Annual Performance Objective					
Annual Indicator	1.8	1.8	1.8	1.7	1.7

OUTCOME MEASURE # 05								
The perinatal mortality rate per 1,000 live births plus fetal deaths.								
The permatar monality rate per 1,000 live births plus letal deaths.		Appual	Objective and Perfor	nanco Data				
	2008	2009	2010	2011	2012			
Annual Performance Objective	4.9	10.3		8	7.9			
			-					
Annual Indicator	9.0	8.7	8.5	8.4	8.1			
Numerator	245	235	222	217	211			
Denominator	27,156	27,084	26,061	25,823	26,085			
Data Source	Death file, Birth file	e Death file, Birth fi	le Death file, Birth file	e Death file, Birth file	e Death file, Birth file			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX)								
Is the Data Provisional or Final?				Final	Provisional			
		Annual (Objective and Perform	nance Data				
	2013	2014	2015	2016	2017			
Annual Performance Objective	7.9	7.7	7.6	7.4	7.3			
Annual Indicator Numerator Denominator Denominator								
Eable and Nation								
Field Level Notes								
None								

OUTCOME MEASURE # 06					
The child death rate per 100,000 children aged 1 through 14.					
		Annual Ob	jective and Perform	nance Data	
	2008	2009	2010	2011	2012
Annual Performance Objective	20	17.9	17.6	18.9	15.5
Annual Indicator		14.9	15.7	15.9	20.7
Numerator		52	56	57	74
Denominator		349,420	357,474	359,412	356,941
Data Source	Death file Canaus	Death file, Census Est.		Death file, Census	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX)					
Is the Data Provisional or Final?				Final	Provisional
		Annual Ob	jective and Perform	nance Data	
	2013	2014	2015	2016	2017
Annual Performance Objective		19.9	19.5	19.1	18.7
Annual Indicator		10.0	10.0	10.1	10.1
	Please fill in only the Indicators are not in	he Objectives for the required for future ye	above years. Nume ar data.	erator, Denominator	and Annual
Field Level Notes					
Section Number: Form12_Outcome Measure 6 Field Name: OM06 Row Name: Column Name: Year: 2010 Field Note: The denominator changed from a census estimate in 2009 to	the decempied cons	up 2010			

FORM 12 TRACKING HEALTH OUTCOME MEASURES [Secs 505 (a)(2)(B)(m) AND 506 (a)(2)(A)(m)] STATE: NE

Form Level Notes for Form 12

None

Form 13 Characteristics Documenting Family Participation in CSHCN Programs State: NE
1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.
2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.
3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.
4. Family members are involved in service training of CSHCN staff and providers.
5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).
6. Family members of diverse cultures are involved in all of the above activities.
Total Score: 15
Rating Key 0 = Not Met 1 = Partially/Met 2 = Mostly/Met 3 = Completely/Met

Form 14 List of MCH Priority Needs [Sec. 505(a)(5)]

STATE: NE FY: 2014

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase ,list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.

- 2. Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.
- 3. Reduce the impact of poverty on infants/children including food insecurity.
- 4. Reduce the health disparities gap in infant health status and outcomes.
- 5. Increase access to oral health care for children and CSHCN.
- 6. Reduce the rates of abuse and neglect of infants and CSHCN.
- 7. Reduce alcohol use and binge drinking among youth.
- 8. Increase quality of and access to perinatal health services, including pre/interconception health care, prenatal care, labor and delivery services, and postpartum care.
- 9. Increase the prevalence of infants who breastfeed exclusively through six months of age.
- 10. Increase access to Medical Homes for CSHCN particularly for those with functional limitations.

	FORM 15 TECHNICAL ASSISTANCE(TA) REQUEST					
STA	ITE: NE	APPLICATION YEAR: 2014				
No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)		
1.	Ceneral Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: NA	Orientation for new Title V/CSHCN Director and staff.	Administration of Title V supported CSHCN programs have been transitioned to another Division within DHHS.	Astate which has had similar organizational shifts and/or AVCHP		
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:					
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:					
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:					
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:					
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:					
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:					
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:					
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:					
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which					

11. If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: Image: Comparison of Compa	this issue pertains by entering the measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the		
	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which		

Form 16 State Performance and Outcome Measure Detail Sheet State: NE					
SP() #1					
PERFORMANCE MEASURE:	Percent women (18-44) with healthy weight (BM)				
Status:	Active				
GOAL	Reduce overweight and obesity for Nebraska's women, youth, and children				
DEFINITION	=				
	Numerator: The estimated percent (weighted data set)of women 18-44 in the state who reported a BM less than 25 during the reporting period.				
	Denominator: The estimated number (weighted data set)of women in the state who are age 18-44 in the reporting period. Units: 100 Text: Percent				
HEALTHY PEOPLE 2020 OBJECTIVE	Objective NWS-8: Increase the number of adults who are at a healthy weight				
DATA SOURCES AND DATA ISSUES	The Nebraska Behavior Risk Factor Surveillance System (BRFSS) will provide state level data annually. BRFSS surveys adults 18 and older. Due to data limitations women age 18-44 are a proxy for women of childbearing age				
SIGNIFICANCE	Nebraska women, youth, and children are heavier than the nation and HP2010 objectives. Overweight and obesity lead to unhealthy quality of life. Consequences include poor birth outcomes, mental health problems, diabetes, hypertension, and cardiovascular disease.				

e=0 //				
SP() # 2				
PERFORMANCE MEASURE:	The percentage of live births that were intended at the time of conception.			
STATUS:	Active			
GOAL	Reduce the rate of unitended pregnancies.			
DEFINITION	=			
	Numerator: The estimated number of women who reported wanting to become pregnant sooner or then just before they became pregnant. Denominator: The number of live births in the calander year.			
	Units: 100 Text: Percent			
HEALTHY PEOPLE 2020 OBJECTIVE	FP-1: Increase the proportion of pregnancies that are intended to 56%			
DATA SOURCES AND DATA ISSUES	Nebraska Pregnancy Risk Assessment Monnitoring System (NE PRAVS) will provide state level data annually. PRAMS is a self-report stratified survey of 10% of all live births. The data lags by 2 years (reporting 2008 in 2010) this is not expected to change.			
SIGNIFICANCE	An intended pregnancy is a indicator of healthy reporducitve life. An unintended pregnancy can have a negative impact on the mother's physical, emotional or economic well-being. Since an unintended pregnancy can impact a woman's choice to adopt healthy prenatal behaviors, the risk of experiencing a poor birth outcome such as prematurity may be greater. These in turn affect the baby and the family.			

SP() #3				
PERFORMANCE MEASURE:	The percent of children living in poverty who have health insurance.			
STATUS:	Active			
GOAL	To reduce the impact of poverty on infant and childhood health.			
DEFINITION	=			
	Numerator: The number of children age 0-9 who live in households with income below 100% of the Federal Poverty Level who are uninsured.			
	Denominator: The number of children age 0-9 who live in households with income below 100% of the Federal Poverty Level. Units: 100 Text: Percent			
HEALTHY PEOPLE 2020 OBJECTIVE	AHS-1: Increase the proportion of persons with health insurance to 100%			
DATA SOURCES AND DATA ISSUES	The Current Population Survey Annual Social and Economic Supplement, Census Bureau			
SIGNIFICANCE	Infants and children living in poverty do not reach development milestones, have higher rates of emotional and behavior problems, increased incidence of learning disabilities, decreased ability to problem solve, higher disease rates due to less healthy lifestyles, asthma, and obesity that affect them later in life. Poverty impedes an infant's ability to learn and contribute to social, emotional, and behavioral problems. 3 Poverty can also contribute to poor health and mental health. Risks are greatest for children who experience poverty when they are young and/or generational poverty.			

SP() #4	
PERFORMANCE MEASURE:	The preterm birth disparity (ratio) between African American and Caucasian infants.
STATUS:	Active
GOAL	To reduce the disparity in infant health status and outcomes.
DEFINITION	=
	Numerator: The preterm birth rate among African American births.
	Denominator: The preterm birth rate among Caucasian births.
	Units: 1 Text: Ratio
HEALTHY PEOPLE 2020 OBJECTIVE	MCH-9 Reduce preterm births to 11.4%
DATA SOURCES AND DATA ISSUES	Nebraska Vital Statistics
SIGNIFICANCE	Unequal health status is evident at birth and is documented in nearly every indicator of infant health determinants, health status, and health outcomes. Starting life at a disadvantage compounds the challenges to achieve equal results throughout life and may result in intractable, lifelong disparity. The disparity indicated in birth outcomes and during the first year of life are compelling enough to not limit the look at disparities to just the infant population, but to prioritize it within a life course approach.

SP() # 5					
PERFORMANCE MEASURE:	The percent of young children (1-5) who have excellent/very good dental health.				
STATUS:	Active				
GOAL	Increase access to preventative dental health care for children and children with special health care needs.				
DEFINITION	=				
	Numerator: The number of young children (0-5) whose parents report excellent/very good dental health. Denominator: The number of young children (0-5). Units: 100 Text: Percent				
HEALTHY PEOPLE 2020 OBJECTIVE	OH-2 Reduce the proportion of children with untreated dental decay				
DATA SOURCES AND DATA ISSUES	National Survey of Children's Health.				
SIGNIFICANCE	Poor oral health for children relates to a number of problems including chronic pain, inadequate nutrition, impaired speech development, decreased school performance, poor social relationships, and even rare, but severe infectious diseases. According to the Maternal and Child Oral Health Resource Center, an estimated 51 million school hours are lost nationwide per year because of dental-related illness.				

SP() # 6				
PERFORMANCE MEASURE:	The rate per 1,000 infants of substantiated reports of child abuse and neglect.			
STATUS:	Active			
GOAL	Reduce the incidence of child abuse and neglect among infants and children with special health care needs.			
DEFINITION	=			
	Numerator: The number of substantiated reports of child abuse and neglect among infants in a calendar year. Denominator: The estimated number of infants. Units: 1000 Text: Rate			
HEALTHY PEOPLE 2020 OBJECTIVE	IVP-38 IVP-38 Reduce nonfatal child maltreatment Reduce nonfatal child maltreatment to 8.5/1,000			
DATA SOURCES AND DATA ISSUES	Child Abuse and Neglect (CAN) data is information that is entered in Nebraksa's Statewide Automated Child Welfare Information System (SACWIS) also known as N-FOCUS (Nebraska Family Online Client User System). The data is extracted annually and is dependent upon the accuracy of the data entered in NFOCUS at the time the data is extracted.			
SIGNIFICANCE	Adverse childhood experiences such as child maltreatment have significant life long consequences. Impacts include disruption to growth and development, depression, higher incidence of illness and chronic diseases as well as a shortened lifespan. Infants and CSHCN are more vulnerable to child abuse and neglect.			

SP() # 7				
Performance Measure:	Percent of teens who report use of alcohol in last 30 days			
STATUS:	Active			
GOAL	To promote healthy lifestyles among youth			
DEFINITION	a			
	Numerator: The estimated number of high school students in the state who reported consuming alcohol in the last 30 days during the reporting period.			
	Denominator: The estimated number (weighted data of high school students in the state.			
	Units: 100 Text: Percent			
HEALTHY PEOPLE 2020 OBJECTIVE	SA-3 Increase the proportion of adolescents who disapprove of alochol use			
	Objective 26-10a Adolescents not using alcohol or illicit drugs in past 30 days(aged 12 to 17 years.			
DATA SOURCES AND DATA ISSUES	The Youth Risk Behavior Survey is the source for this data and is administered bi-annually. Anumber of large, urban schools with students in grades 9-12 chose not to participate in the YRBS. In those large schools that did not participate, a larger than expected number of students did not complete the survey. This means that these survey results for grades 9-12 provide an important description of the priority health risk behaviors of the survey participants. The total sample, however, is not truly representative of the state's grade 9-12 students because it under-represents Nebraska's urban adolescents.			
SIGNIFICANCE	Acohol is the most commonly used drug in Nebraska among teens. Acohol increases the likelihood of sexual activity, exposing youth to STDs and HIV. Acohol is responsible for a high percentage of teen motor vehicle accidents, and has a strong influence on morbidity and mortality.			

FORM 17						
HEALTH SYSTEMS CAPACITY INDICATORS						
Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data State: NE						
Form Level Notes for Form 17						
None						
HEALTH SYSTEMS CAPACITY #01						
The rate of children hospitalized for asthma (ICD-9 Codes: 493.0	-493.9) per 10,000) children less than	five years of age.			
			Annual Indicator Da	<u>ta</u>		
	2008	2009	2010	2011	2012	
Annual Indicator	12.2	10.2	9.6	8.2		
Numerator	164	135	127	108		
Denominator	134,717	131,908	131,938	131,472	139,990	
Check this box if you cannot report the numerator because						
 There are fewer than 5 events over the last year, and The average number of events over the last 3 years is 			[]			
fewer than 5 and therefore a 3-year moving average cannot						
be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	
Field Level Notes						
 Section Number: Form17_Health Systems Capacity Indicator Field Name: HSC01 	#01					
Row Name:						
Column Name: Year: 2012						
Field Note:						
Hospital Discharge Data will be available in October 2013.						
2. Section Number: Form17_Health Systems Capacity Indicator	#01					
Field Name: HSC01 Row Name:						
Column Name:						
Year: 2011 Field Note:						
Hospital Discharge Data will be available in October 2012.						
3. Section Number: Form17 Health Systems Capacity Indicator	#01					
Field Name: HSC01						
Row Name: Column Name:						
Year: 2010						
Field Note: Hospital Discharge Data will be available in October 2011.						

HEALTH SYSTEMS CAPACITY #02					
The percent Medicaid enrollees whose age is less than one year	during the reportin	ig year who received	d at least one initial p	periodic screen.	
			Annual Indicator Da	<u>ta</u>	
	2008	2009	2010	2011	2012
Annual Indicator	98.4	97.4	100.0	91.5	90.7
Numerator	13,402	13,284	12,077	8,537	8,471
Denominator	13,625	13,641	12,077	9,333	9,343
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Final
is the Data Provisional of Philais				i ii idi	Tinai
Field Level Notes					
1. Section Number: Form17_Health Systems Capacity Indicator : Field Name: HSC02 Row Name: Column Name: Year: 2010 Field Note: Actual denominator is 11,381 with a rate of 106.12%. Reporting		o CMS has change	d. They have provide	d the following foot	note:
Nebraska has changed its data-gathering process for this repr state-funded enrollees from our data. This caused our overall					

HEALTH SYSTEMS CAPACITY #03					
The percent State Childrens Health Insurance Program (SCHIP) periodic screen.	enrollees whose a	ge is less than one	year during the repo	orting year who rece	ived at least one
		4	Annual Indicator Da	<u>ta</u>	
	2008	2009	2010	2011	2012
Annual Indicator	85.9	64.0	59.9	57.5	57.5
Numerator	972	438	431	416	443
Denominator	1,131	684	719	724	770
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannol be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Final
Field Level Notes					
1. Section Number: Form17_Health Systems Capacity Indicator Field Name: HSC03 Row Name: Column Name: Year: 2010 Field Note: NE Medicaid has exclude LPR (Legal Permanent Residents) Amendment to CMS and project the data to improve next year	<5 and all state fun	ided enrollees from	their 2010 data. The	ey have submitted a	State Plan

			Annual Indicator Da	<u>ita</u>	
	2008	2009	2010	2011	2012
Annual Indicator	72.5	74.5	73.5	74.6	74.5
Numerator	19,027	19,403	19,040	18,598	18,966
Denominator	26,244	26,052	25,917	24,915	25,444
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Final
Id Level Notes Section Number: Form17 Health Systems Capacity Indicator #	#04				
Field Name: HSC04 Row Name: Column Name: Year: 2011 Field Note: 2011 Birth file is not finalized, projected date is July 31.					

HEALTH SYSTEMS CAPACITY #07A Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.							
		4	Annual Indicator Da	<u>ita</u>			
	2008	2009	2010	2011	2012		
Annual Indicator	97.0	97.1	97.2	97.4	97.4		
Numerator	159,496	166,459	174,118	186,428	188,930		
Denominator	164,496	171,459	179,118	191,428	193,930		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX)							
Is the Data Provisional or Final?				Final	Final		
Field Level Notes							
None							

HEALTH SYSTEMS CAPACITY #07B The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.							
·····		-	Annual Indicator Da	ata			
	2008	2009	2010	2011	2012		
Annual Indicator	64.2	65.6	60.5	61.1	61.7		
Numerator	20,948	22,709	20,684	22,282	23,258		
Denominator	32,633	34,629	34,216	36,480	37,687		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX)							
Is the Data Provisional or Final?				Final	Final		
Field Level Notes							

HEALTH SYSTEMS CAPACITY #08	- 1: 1:: -:- 1: 1114-11: -:-				
The percent of State SSI beneficiaries less than 16 years old rec Program.	eiving renabilitative	services from the S	tate Children with S	pecial Health Care	Needs (CSHCN)
			Annual Indicator Da	ata	
	2008	2009	2010	2011	2012
Annual Indicator	35.1	35.4	36.5	34.6	34.8
Numerator	1,149	1,234	1,297	1,267	1,309
Denominator	3,278	3,482	3,551	3,662	3,765
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannol be applied. (Explain data in a year note. See Guidance, Appendix K2,					
Is the Data Provisional or Final?				Final	Final
Field Level Notes 1. Section Number: Form17_Health Systems Capacity Indicator Field Name: HSC08 Row Name: Column Name: Year: 2012 Field Note: Data not yet available	#08				

Form 18 Health Systems Capacity Indicator #05 (Medicaid and Non-Medicaid Comparison) State: NE							
NDICATOR #05				POPULATION	1		
Comparison of health system apacity indicators for Medicaid, non- ledicaid, and all MCH populations in he State		DATA SOURCE	MEDICAID	NON-MEDICAID	ALL		
) Percent of low birth weight (< 2,500 rams)	2011	Matching data files	8.1	5.1	6.5		
) Infant deaths per 1,000 live births	2011	Matching data files	5.2	4.1	4.6		
) Percent of infants born to pregnant omen receiving prenatal care eginning in the first trimester	2011	Matching data files	63.9	84.7	75.2		
) Percent of pregnant women with dequate prenatal care(observed to xpected prenatal visits is greater than r equal to 80% [Kotelchuck Index])	2011	Matching data files	67	81.1	74.6		

Form 18 Health Systems Capacity Indicator #06(Medicaid eligibility level) State: NE					
INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)			
a) Infants (0 to 1)	2012	150			
b) Medicaid Children (Age range 1 to 5) (Age range 6 to 18) (Age range) to)	2012				
c) Pregnant Women	2012	185			

	FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL) STATE: NE					
EAR	PERCENT OF POVERTY LEVEL SCHIP					
012	200					
012						
012	200					
0 [,]	12					

Form 19 Health Systems Capacity Indicator - Reporting and Tracking Form State: NE							
	STEMS CAPACITY INDICATOR #09A (General MCH Date o Assure MCH Program Access to Policy and Program						
DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)					
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	Yes					
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes					
Annual linkage of birth certificates and WIC eligibility files	2	Yes					
Annual linkage of birth certificates and newborn screening files	3	Yes					
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in- State discharges	3	Yes					
Annual birth defects surveillance system	2	Yes					
Survey of recent mothers at least every two years (like PRAMS)	3	Yes					
*Where: 1 = No, the MCH agency does not have this ability. 2 = Yes, the MCH agency sometimes has this ability, t 3 = Yes, the MCH agency always has this ability.	but not on a consistent basis.						

Form 19 Health Systems Capacity Indicator - Reporting And Tracking Form State: NE							
DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)					
Youth Risk Behavior Survey (YRBS)	3	Yes					
Other: Youth Tobacco Survey	3	Yes					
Nebraska Risk and Protective Factor Survey	3	Yes					
	not large enough for valid statewide estimates for this a slarge enough for valid statewide estimates for this age						
Notes:							
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B	was formerly reported as Developmental Health Status	Indicator #05.					

	Form 20							
Health Status Indicators #01-#05								
<u>M</u>	ULTI-YEA STATE:							
Form Level Notes for Form 20	STATE:							
Form Level Notes for Form 20								
None								
HEALTH STATUS INDICATOR #01A								
The percent of live births weighing less than 2,500 grams.								
			Annual Indicator Da	ata				
2008		2009	2010	2011	2012			
Annual Indicator	7.1	7.1	7.0	6.5		6.7		
Numerator	1,909	1,923	1,813	1,672		1,736		
Denominator	26,989	26,930	25,887	25,664		25,939		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)								
Is the Data Provisional or Final?				Final	Final			
Field Level Notes 1. Section Number: Form20_Health Status Indicator #01A Field Name: HSI01A Row Name: Column Name: Year: 2011 Field Note: 2011 Birth file is not finalized, projected date is July31.								

HEALTH STATUS INDICATOR #01B					
The percent of live singleton births weighing less than 2,500 gran	ns.				
		1	Annual Indicator Da	<u>ita</u>	
	2008	2009	2010	2011	2012
Annual Indicator	5.3	5.4	5.4	5.0	5.0
Numerator	1,391	1,394	1,355	1,244	1,263
Denominator	26,050	25,929	25,019	24,832	25,017
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Final
				1 mai	1 mai
Field Level Notes 1. Section Number: Form20_Health Status Indicator #01B Field Name: HSI01B Row Name: Column Name: Year: 2011 Field Note: 2011 Birth file is not finalized, projected date is July 31.					

HEALTH STATUS INDICATOR #02A					
The percent of live births weighing less than 1,500 grams.					
			Annual Indicator Da	ata	
	2008	2009	2010	2011	2012
Annual Indicator	1.2	1.2	1.3	1.0	1.1
Numerator	326	318	316	250	296
Denominator	26,989	26,930	24,848	25,664	25,939
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX) Is the Data Provisional or Final?				Final	Final
ield Level Notes					
1. Section Number: Form20_Health Status Indicator #02A Field Name: HSI02A Row Name: Column Name: Year: 2011 Field Note: 2011 Birth file is not finalized, projected date is July 31.					

HEALTH STATUS INDICATOR #02B					
The percent of live singleton births weighing less than 1,500 grar	ns				
	115.		Annual Indicator Da	**	
	2008	-	2010	2011	2042
		2009			2012
Annual Indicator	0.9	0.9	0.9	0.7	0.8
Numerator	236	226	227	171	209
Denominator	26,050	25,929	25,019	24,832	25,017
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX)					
Is the Data Provisional or Final?				Final	Final
Field Level Notes 1. Section Number: Form20_Health Status Indicator #02B Field Name: HSI02B Row Name: Column Name: Year: 2011 Field Note: 2011 Birth file is not finalized, projected date is July 31.					

e death rate per 100,000 due to unintentional injuries among o	children aged 14 ye	, ,			
	2008	2009	Annual Indicator Da 2010	<u>ta</u> 2011	2012
Annual Indicator	7.9	5.4	7.8	3.9	8.7
Numerator	27	19	28	14	31
Denominator	343,908	349,420	357,420	359,412	356,941
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Provisional	Provisional
Section Number: Form20_Health Status Indicator #03A Field Name: HSI03A Row Name: Column Name: Year: 2011 Field Note: 2011 Death file is not finalized, projected date is July 31. Section Number: Form20 Health Status Indicator #03A					

			Annual Indicator Da		
	2008	2009	2010	2011	2012
Annual Indicator	r <u>1.7</u>	3.4	3.6	1.1	5.6
Numerator	r <u>6</u>	12	13	4	20
Denominator	r 343,908	349,420	357,420	359,412	356,941
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannol be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?	, ,			Final	Provisional
I. Section Number: Form20_Health Status Indicator #03B Field Name: HSI03B Row Name: Column Name: Year: 2011 Field Note: 2011 Death file is not finalized, projected date is July 31.					
Section Number: Form20_Health Status Indicator #03B Field Name: HSI03B Row Name: Column Name: Year: 2010 Field Note: The denominator changed from a census estimate in 2009 to					

			Annual Indicator Da	ata	
	2008	2009	2010	2011	2012
Annual Indicator	24.8	23.2	14.7	13.1	20.2
Numerator	65	63	38	34	54
Denominator	262,190	271,201	258,206	259,775	267,156
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional
Section Number: Form20_Health Status Indicator #03C Field Name: HSI03C Row Name: Year: 2011 Field Note: 2011 Death file is not finalized, projected date is July 31. Section Number: Form20_Health Status Indicator #03C Field Name: HSI03C Row Name:					

HEALTH STATUS INDICATOR #04A					
The rate per 100,000 of all nonfatal injuries among children aged	14 years and your	nger.			
			Annual Indicator Da	<u>ta</u>	
	2008	2009	2010	2011	2012
Annual Indicator	270.1	273.6	260.9	246.5	
Numerator	929	956	932	886	
Denominator	343,908	349,420	357,206	359,412	356,941
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot					
be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional
IS the Data Provisional or Final?				FILIAI	FIUVISIONAL
Row Name: Column Name: Year: 2012 Field Note: Hospital Discharge Data will be available in October 2013. 2. Section Number: Form20_Health Status Indicator #04A Field Name: HSI04A Row Name: Column Name: Year: 2011 Field Note: Hospital Discharge Data will be available in October 2012. 3. Section Number: Form20_Health Status Indicator #04A					
Field Name: HSI04A Row Name: Column Name: Year: 2010 Field Note: HDD will be available in October 2011.					

HEALTH STATUS INDICATOR #04B The rate per 100,000 of nonfatal injuries due to motor vehicle cras	bes among childr	en areau 11 hane ne	nd vounger		
		• •	Annual Indicator Da	ta	
	2008	2009	2010	2011	2012
Annual Indicator	9.9	23.8	26.6	11.7	
Numerator	34	83	95	42	
Denominator	343,908	349,420	357,420	359,412	346,941
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional
Section Number: Form20_Health Status Indicator #04B Field Name: HSI04B Row Name: Column Name: Year: 2012 Field Note: Hospital Discharge Data will be available in October 2013. Section Number: Form20_Health Status Indicator #04B Field Name: HSI04B Row Name: Column Name: Year: 2011 Field Note: Hospital Discharge Data will be available in October 2012. Section Number: Form20_Health Status Indicator #04B Field Note: Hospital Discharge Data will be available in October 2012. Section Number: Form20_Health Status Indicator #04B Field Name: HSI04B Row Name: Column Name: Year: 2014					

HEALTH STATUS INDICATOR #04C					
The rate per 100,000 of nonfatal injuries due to motor vehicle cras	shes among youth	• •			
			Annual Indicator Da		
	2008	2009	2010	2011	2012
Annual Indicator	69.7	98.4	99.5	83.5	
Numerator	189	272	257	217	
Denominator	271,201	276,306	258,206	259,775	267,156
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX) Is the Data Provisional or Final?				Final	Provisional
Section Number: Form20_Health Status Indicator #04C Field Name: HSI04C Row Name: Column Name: Year: 2012 Field Note: Hospital Discharge Data will be available in October 2013. Section Number: Form20_Health Status Indicator #04C Field Name: Year: 2011 Field Note: Hospital Discharge Data will be available in October 2012. Section Number: Form20_Health Status Indicator #04C Field Name: Year: 2011 Field Note: Hospital Discharge Data will be available in October 2012. Section Number: Form20_Health Status Indicator #04C Field Name: Year: 2011 Field Note: Hospital Discharge Data will be available in October 2012. Section Number: Form20_Health Status Indicator #04C Field Name: HSI04C					

HEALTH STATUS INDICATOR #05A					
The rate per 1,000 women aged 15 through 19 years with a report	ted case of chlamy	/dia.			
			Annual Indicator Da	<u>ita</u>	
	2008	2009	2010	2011	2012
Annual Indicator	24.7	21.5	20.4	23.1	23.1
Numerator	1,548	1,374	1,281	1,469	1,487
Denominator	62,618	63,873	62,897	63,539	64,499
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX) Is the Data Provisional or Final?				Final	Final
Field Level Notes 1. Section Number: Form20_Health Status Indicator #05A Field Name: HSI05A Row Name: Column Name: Year: 2010 Field Note: The denominator changed from a census estimate in 2009 to the section of the denominator changed from the deno	he decennial cens	us 2010.			

HEALTH STATUS INDICATOR #05B					
The rate per 1,000 women aged 20 through 44 years with a report	ted case of chlamy	dia.			
			Annual Indicator Da	ata	
	2008	2009	2010	2011	2012
Annual Indicator	8.6	8.5	7.6	9.9	10.1
Numerator	2,465	2,441	2,221	2,919	3,038
Denominator	285,519	288,835	293,698	293,844	301,614
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX) Is the Data Provisional or Final?				Final	Final
Field Level Notes 1. Section Number: Form20_Health Status Indicator #05B Field Name: HSI05B Row Name: Column Name: Year: 2010 Field Note: The denominator changed from a census estimate in 2009 to	the decennial cens	us 2010.			1 III (CII

OATEOOD\/)[]		provisional? Provision	1		
CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	
Infants 0 to 1	119	93	16	6	4	0	0	0	
Children 1 through 4	27	22	5	0	0	0	0	C	
Children 5 through 9	15	11	4	0	0	0	0	C	
Children 10 through 14	32	27	5	0	0	0	0	0	
Children 15 through 19	68	53	10	2	2	0	0	1	
Children 20 through 24	109	95	10	3	1	0	0		
Children 0 through 24	370	301	50	11	7	0	0		
HSI #06B - Demogr (Demographics)	• •	pulation) Infants a	and children age	ed 0 through 24 years	enumerated by	sub-populations of ag	e group and ethn	icity.	
TOTAL POF	CATEGORY PULATION BY HIS	PANIC ETHNICITY	Tota	I NOT Hispanic or La	tino Tot	al Hispanic or Latino	Ethnicity I	lot Penorted	
							0		
	Infants 0 to 1			96		23			
	Infants 0 to 1 Children 1 throu			96		23			
		gh 4				23 7 1		0	
	Children 1 throu	gh 4 gh 9		20		23 7 1 4		0	
	Children 1 throu Children 5 throu	gh 4 gh 9 gh 14		20 14				0	
	Children 1 throu Children 5 throu Children 10 throu	gh 4 gh 9 gh 14 gh 19		20 14 28				0 0 0	

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asiar	n	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	
Women < 15	17	9	2	0		1	0	0		
Women 15 through 17	453	230	62	24		5	0	0	13	
Women 18 through 19	1,218	796	169	45		13	0	0	19	
Women 20 through 34	21,125	16,752	1,416	323		631	0	0	2,00	
Women 35 or older	3,126	2,455	166	32		134	0	0	33	
Women of all ages	25,939	20,242	1,815	424		784	0	0	2,67	
-	raphics (Total liv <u>CATEGORY</u> E BIRTHS BY HISF	,	Tot	all ages) enumerated			and ethnicity. (Demo		Not Reported	
Women < 15				11			6		0	
Women 15 throug	h 17			270			182	1		
Women 18 throug	h 19			924			292	2		
Women 20 throug	h 34			18,225		2,893			7	
Women 35 or olde	er			2,664		459			3	
Women of all age	e			22,094			3,832		13	

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics) For both parts A and B: Reporting Year: 2012 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	27,534	23,425	2,295	832	890	92	0	0
Children 1 through 4	112,071	94,291	10,228	3,573	3,560	419	0	0
Children 5 through 9	137,957	117,486	11,701	4,200	4,192	378	0	0
Children 10 through 14	130,497	112,382	10,149	3,813	3,774	379	0	0
Children 15 through 19	132,294	115,138	9,831	3,443	3,546	336	0	0
Children 20 through 24	134,862	117,726	9,294	3,127	4,337	378	0	0
Children 0 through 24	675,215	580,448	53,498	18,988	20,299	1,982	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	22,663	4,871	0
Children 1 through 4	92,321	19,750	0
Children 5 through 9	115,308	22,649	0
Children 10 through 14	110,946	19,551	0
Children 15 through 19	115,192	17,102	0
Children 20 through 24	118,737	16,125	0
Children 0 through 24	575,167	100,048	0

HSI #09A - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics) Is this data final or provisional? Final

Is this data final	or provisional? Fi	inal							
CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	540,353	462,722	44,204	15,861	15,962	1,604	0	0	2012
Percent in household headed by single parent	9.5	8.0	31.6	25.9	6.9	15.5	16.6	24.3	2010
Percent in TANF (Grant) families	100.0	36.3	22.9	5.2	2.2	0.2	2.2	31.0	2012
Number enrolled in Medicaid	187,651	100,310	23,280	5,934	3,431	230	2,395	52,071	2012
Number enrolled in SCHIP	55,621	31,761	4,493	1,027	1,168	62	443	16,667	2012
Number living in foster home care	3,640	2,231	739	246	20	11	209	184	2012
Number enrolled in food stamp program	91,387	48,390	15,780	3,402	1,880	140	1,632	20,163	2012
Number enrolled in WIC	55,519	34,432	6,646	8,507	1,314	326	0	4,294	2012
Rate (per 100,000) of juvenile crime arrests	2,713.5	2,482.6	6,083.8	2,112.5	574.7	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	1.5	1.0	3.7	5.0	1.3	0.6	1.9	0.0	2011

HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	456,430	83,923	0	2012
Percent in household headed by single parent	0.0	0.0	0.0	2010
Percent in TANF (Grant) families	22.0	26.9	51.1	2012
Number enrolled in Medicaid	135,580	37,909	14,162	2012
Number enrolled in SCHIP	38,954	12,774	3,893	2012
Number living in foster home care	2,617	721	396	2012
Number enrolled in food stamp program	23,098	17,710	50,579	2012
Number enrolled in WIC	19,172	36,345	2	2012
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2011

HSI #10 - Demographics (Geographic Living Area) Geographic living area for all resident children aged 0 through 19 years old. (Demographics) Reporting Year: 2012 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	282,647
Living in urban areas	390,934
Living in rural areas	109,095
Living in frontier areas	15,178
Total - all children 0 through 19	515,207
Note: The Total will be determined by adding report	ed numbers for urban, rural and frontier areas.

POVERTY LEVELS	TOTAL			
Total Population	1,822,605			
Percent Below: 50% of poverty	4.4			
100% of poverty	5.8			
200% of poverty	16.4			

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	507,594
Percent Below: 50% of poverty	6.9
00% of poverty	8.2
100% of poverty	17.5

FORM NOTES FOR FORM 21

None

- FIELD LEVEL NOTES
 Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_SingleParentPercent Row Name: Percent in household headed by single parent Column Name: Year: 2014 Field Note: Ethnicity is unavailable
 Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_JuvenileCrimeRate Row Name: Rate (per 100,000) of juvenile crime arrests Column Name: Year: 2014 Field Note: Ethnicity is unavailable
 Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_DropOutPercent Row Name: Percentage of high school drop-outs (grade 9 through 12)
 - Column Name: Year: 2014 Field Note:

Ethnicity is unavailable