



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NORTH DAKOTA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - North Dakota

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director
Kimberly Hruby Special Health Services Director/Title V Director krhruby@nd.gov (701) 328-4854	Danielle Hoff Special Health Services Assistant Director/CSHCN Director dwhoff@nd.gov (701) 328-4669

SSDI Project Director	State Family Leader
Anastasia Stepanov State System Development Initiative (SSDI) Coordinator astepanov@nd.gov (701) 328-1292	Melissa (Moe) Swanson AMCHP Family Delegate/Family Voices of ND Representative

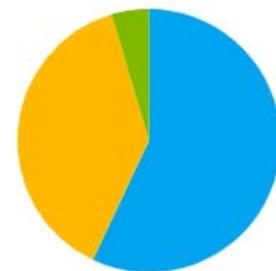
State Youth Leader
No Contact Information Provided

State Hotline: (800) 755-2714

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$1,790,674
State MCH Funds	\$1,206,398
Local MCH Funds	\$143,527
Other Funds	\$0
Program Income	\$0

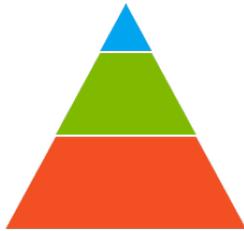
FY 2024 Expenditures



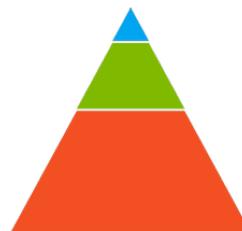
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$381,891	\$186,823
Enabling Services	\$662,549	\$372,662
Public Health Services and Systems	\$746,234	\$689,399

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



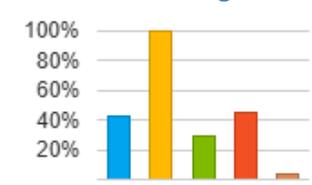
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	42.8%	\$254,107
Infants < 1 Year	100.0%	\$324,983
Children 1 through 21 Years	28.5%	\$1,008,654
CSHCN (Subset of all infants and children)	44.3%	\$1,288,218
Others *	3.8%	\$39,416

FY 2024 Expenditures Total: \$2,915,378



FY 2024 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Postpartum Visit: A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth, and B) Percent of women who attended a postpartum checkup and received recommended care comp</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Percentage of women with live births who attend postpartum visits within 12 weeks (90 days) of giving birth and receive recommended care components (Depression Screening & Contraceptive Counseling) for Medicaid-enrolled women 	New	Women/Maternal Health
<p>Safe Sleep: Infants placed to sleep: A) on their backs B) on a separate sleep surface C) without soft objects D) in the same room as an adult</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS <ul style="list-style-type: none"> ○ ESM SS.1: Safe Sleep A: Percent of infants placed to sleep on their backs ○ ESM SS.2: Safe Sleep B: Percent of infants placed to sleep on a separate approved sleep surface ○ ESM SS.3: Safe Sleep C: Percent of infants placed to sleep without soft objects or loose bedding ○ ESM SS.4: Safe Sleep D: Percent of infants room-sharing with an adult during sleep 	New	Perinatal/Infant Health
<p>Food Sufficiency: Percent of children, ages 0 through 11, whose households were food sufficient in the past year</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS 	New	Child Health

<ul style="list-style-type: none"> ○ ESM FS.1: Food Sufficiency: Percent of children, ages 0 through 11, whose households were food sufficient in the past year 		
<p>Medical Home-Care Coordination: Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percentage of all children that receive care coordination if needed through their medical home. Medical Home (overall). ○ ESM MH.2: Percentage of families served by family support contracts who received education and/or training regarding medical home care coordination. 	<p>New</p>	<p>Child Health</p>
<p>Mental Health Treatment: Percent of adolescents, ages 12 through 17, who receive needed mental health treatment and counseling</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> ○ ESM MHT.1: Number of adolescents, ages 12 through 17, with a reported visit to an emergency department (ED) involving depression within the last year. 	<p>New</p>	<p>Adolescent Health</p>
<p>Medical Home-Overall: Increase the number of children with special health care needs engaged in medical home</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percentage of all children that receive care coordination if needed through their medical home. Medical Home (overall). ○ ESM MH.2: Percentage of families served by family support contracts who received education and/or training regarding medical home care coordination. 	<p>New</p>	<p>Children with Special Health Care Needs</p>
<p>State Mandates: Implement North Dakota State Mandates for the Maternal and Child Health Population</p> <p>SPMs</p>	<p>Continued</p>	<p>Cross-Cutting/Systems Building</p>

<ul style="list-style-type: none"> ● SPM 2: North Dakota State Mandates--Implement North Dakota state mandates delegated to North Dakota Department of Health and Human Services' Title V / Maternal and Child Health Program. <ul style="list-style-type: none"> ○ SPM ESM 2.1: To Implement North Dakota state mandates delegated to North Dakota Department of Health and Human Services Title V / Maternal and Child Health Program. 		
<p>Vision Zero: Eliminate fatalities and serious injuries caused by motor vehicle crashes</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Vision Zero--Eliminate fatalities and serious injuries caused by motor vehicle crashes <ul style="list-style-type: none"> ○ SPM ESM 1.1: Reduce the number of serious injuries and fatalities among teens in motor vehicle crashes by 10%. 	Revised	Cross-Cutting/Systems Building
<p>Access to Services: Improve access to health-related services to improve the health and well-being of the MCH population</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Access to Services--Improve access to health-related services to improve the health and well-being of the MCH population <ul style="list-style-type: none"> ○ SPM ESM 3.1: Percentage of Medicaid-enrolled babies with at least one well-baby visit prior to 15 months of age. 	New	Cross-Cutting/Systems Building

Executive Summary

Program Overview

Section III.A.1. Program Overview

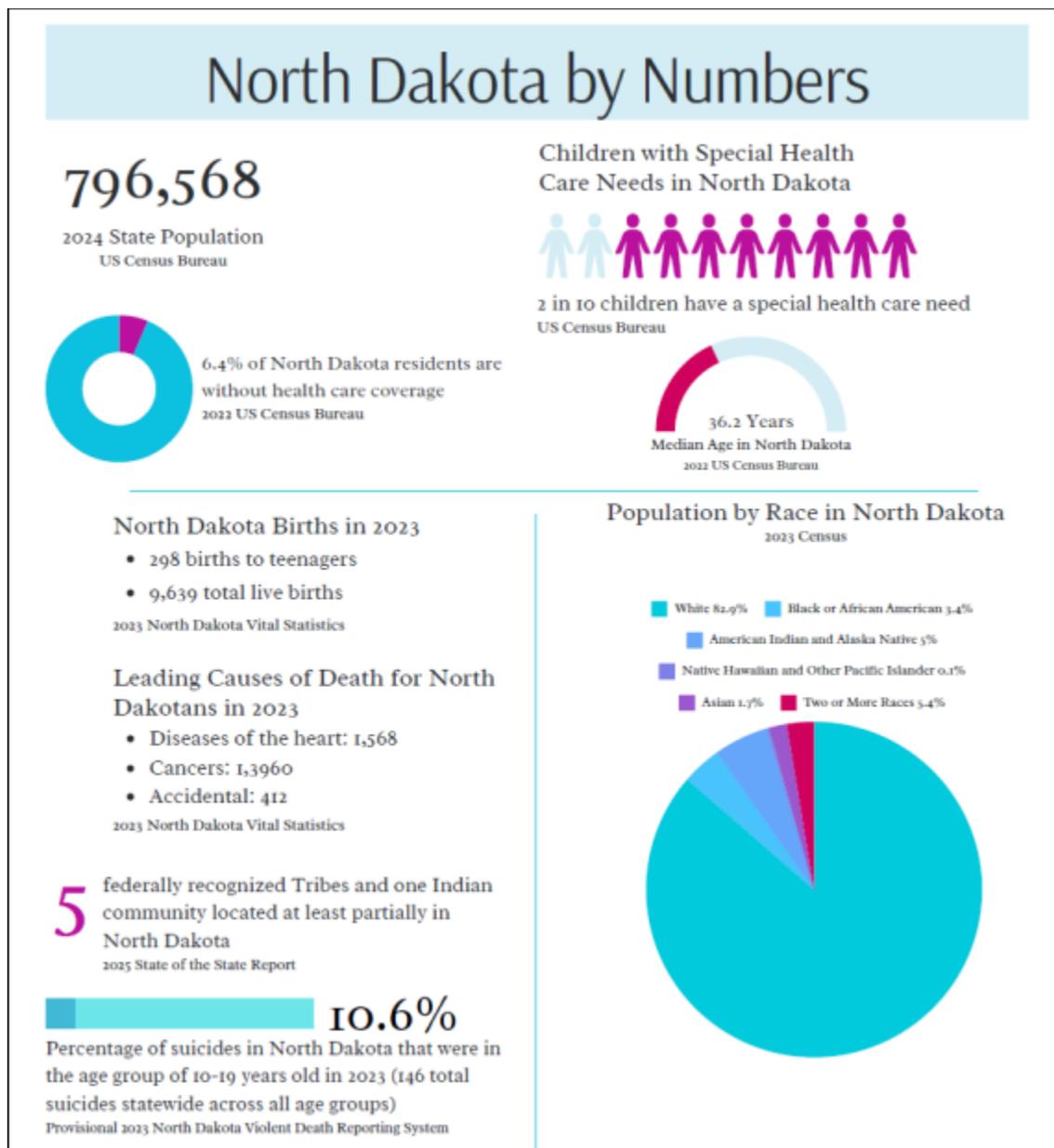
North Dakota's Framework:

The vision of the North Dakota Department of Health and Human Services (NDDHHS) is to make North Dakota the healthiest state in the nation. The NDDHHS fosters positive, comprehensive outcomes by prompting economic, behavioral, and physical health, ensuring a holistic approach to individual and community well-being. This mission statement underscores the incredible work that is already underway across NDDHHS today. It also reflects the NDDHHS's commitment to keep the well-being of individuals and communities at the forefront of their efforts. To learn more about the NDDHHS strategic priorities and guiding principles, please visit <https://www.hhs.nd.gov/2024-2025-business-plan>.

The Public Health Division within NDDHHS comprises five sections: 1) Healthy and Safe Communities, 2) Health Response and Licensure, 3) Health Statistics and Performance, 4) Disease Control and Forensic Pathology, and 5) Laboratory Services. Employees in these sections provide public health services that benefit North Dakota citizens and ultimately make the state a healthier place to live. The four core goals of the Public Health Division are to create healthy and vibrant communities; enhance and improve systems of care; strengthen population-based health interventions; and promote public health readiness and response.

The Healthy and Safe Communities section, within the Public Health Division, is responsible for administering the state's Title V program and has a mission to support individuals, families, and communities by providing quality preventive programs and services that protect and enhance the health and safety of all North Dakotans. There are four units in the section which all have programs and/or funding that link to and promote Maternal and Child Health (MCH) priority areas: 1) Community Engagement, 2) Family Health and Wellness, 3) Health Promotion and Chronic Disease Prevention, and 4) Special Health Services (SHS). Title V also provides a portion of funding to the vital services of information technology, contract and grant management, and epidemiological support that assist MCH staff with critical job functions. The Title V Director also serves as the Unit Director for the Special Health Services Unit and is a member of the HSC leadership team, which helps foster collaboration and to promote and enhance visibility for MCH across the department.

The figure below details relevant indicators of the health and well-being of the North Dakota population, including the MCH population. This data is from the US Census Bureau, North Dakota Violent Death Reporting System, the 2025 State of the State Report, and the 2023 North Dakota Vital Statistics Report.



Five-Year MCH Needs Assessment

Overarching Title V priorities have been established following the 2025-2030 comprehensive Five-Year Needs Assessment. The Title V Leadership Team (Title V Director, Children with Special Health Care Needs (CSHCN) Director, Family Health and Wellness Unit’s MCH Lead, MCH Epidemiologist, and the State Systems Development Initiative Grant Coordinator) meet regularly to ensure staff have the resources they need to implement these new priorities successfully. In addition to the Five-Year Needs Assessment, the 10-step conceptual framework will continue to be followed for the ongoing needs assessment process.

In the summer of 2023, planning began for the 2025 needs assessment and prioritization process. Acknowledging the critical need for a comprehensive data collection initiative to gather public input, the North Dakota Title V leadership team opted to utilize North Dakota State University (NDSU) for assistance in this effort. In the fall of 2024, NDSU, in collaboration with Title V staff, developed a comprehensive online stakeholder survey encompassing a range of select-all-that-apply and short-answer questions pertaining to women, infants, and children across all MCH population domains. This survey was disseminated to over 200 stakeholders statewide, including an array of providers, families, family support organizations, state personnel, community organizations, and other key leaders working closely with the women, infant, and child population. It is important to note that Prevent Child Abuse North Dakota (PCAND) administers the state’s Maternal, Infant, and Early Child Home Visiting (MIECHV) program, and therefore, PCAND staff were also identified as stakeholders.

The survey remained open for just over two weeks, during which approximately 200 responses were collected, yielding a substantial amount of valuable public input. NDSU subsequently compiled a detailed report outlining the results of the online survey, which can be accessed in Section V Supporting Documents section. Next, in February 2025, the Title V Leadership Team convened to analyze the survey results alongside other relevant state and national data to facilitate the prioritization process. This process involved an independent review of the data, ranking priorities, and determining the top priority for each domain. Once this independent work was complete, the team convened again and collaboratively compared insights. Following thorough discussion and prioritization, draft priorities and strategies were established.

In addition to the survey, other state and federal data sources were incorporated into the needs assessment to assist with completing the picture of the health and well-being of the North Dakota MCH population. These sources include the State Health Improvement Plan and State Health Assessment, The Pregnancy Risk Assessment Monitoring System Survey, the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, and the National Survey of Children's Health. Input from Title V staff and partners was obtained regarding the draft priorities, which helped the Title V Leadership Team confirm the North Dakota Title V MCH priorities that are in place today.

Lastly, it is recognized that the needs assessment process requires ongoing analysis of sources of information about MCH status, risk factors, access, capacity, and outcomes. Assessment of the MCH population is an ongoing collaborative process, one that is critical to program planning and development and enables the state to target services and monitor the effectiveness of interventions that support improvements in the health, safety, and well-being of the MCH population. Additionally, it is recognized that it is critical to continually evaluate Title V program staff capacity. Currently, each population domain has an assigned lead and co-lead. However, it is recognized that Title V staff wear multiple hats within their roles, which is an ongoing challenge.

Identified MCH Goals and Priorities:

The following National Performance Measures in each of the population health domains were selected by the North Dakota Title V team. Priorities were created within each priority to further delineate and communicate the most pressing needs for the populations identified in the 2025 comprehensive needs assessment.

Women Domain NPM: *Postpartum Visit - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended care components*

- North Dakota Priority: Identify, reduce, or eliminate barriers preventing women from receiving recommended postpartum care components, including but not limited to mental health screening, breastfeeding support, care coordination, etc.

Perinatal/Infant Domain NPM: *Safe Sleep: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult*

- North Dakota Priority: Utilize statewide resources to educate about/implement safe sleep best practices.

Child Domain NPM: *Percent of children, ages 0 through 11, whose households were food sufficient in the past year*

- North Dakota Priority: Expand partnerships with existing community resources (schools, food banks, health units, etc.) to improve accessibility to healthy food options.

Child Domain NPM: *Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination.*

- North Dakota Priority: Improve care coordination to link the MCH population to essential services and resources.

Adolescent Domain NPM: *Percent of adolescents, ages 12 through 17, who receive needed mental health treatment and counseling*

- North Dakota Priority: Identify, reduce, or eliminate barriers preventing adolescents from receiving mental health treatment and counseling.

Children with Special Health Care Needs (CSHCN) Domain NPM: *Medical Home*

- North Dakota Priority: Improve the system of care for children with special health care needs.

Crosscutting Domain (SPM): *"Vision Zero" state initiative to eliminate fatalities and serious injuries caused by motor vehicle crashes*

- North Dakota Priority: Reduce serious motor vehicle injuries and fatalities to North Dakotans younger than 21 years of age.

Crosscutting Domain (SPM): *Implement North Dakota State Mandates for the Maternal Child Health Population*

- North Dakota Priority: To implement all North Dakota state mandates delegated to the NDDHHS Title V/Maternal and Child Health Programs.

Crosscutting Domain (SPM): *Improve access to health-related services to improve health and well-being*

- North Dakota Priority: Increase awareness and the utilization of statewide services or resources.

Five-year action plans containing evidence-based, evidence-informed and/or promising practice strategies were developed with collaborative partnerships for all priorities. <https://www.NDDHHS.nd.gov/north-dakota-mch-work-plans>.

Assuring Comprehensive, Coordinated, Family-Centered Services

North Dakota places a high value on family-centered partnerships, family feedback, and collaboration to mitigate health challenges. An example includes the SHS Unit partnership and contracted services with Family Voices of North Dakota. Family Voices of North Dakota supports statewide family-centered care for all children and youth with special health care needs and are routinely involved in Title V work efforts. SHS also utilizes a Family Advisory Council composed of family members of individuals with special health care needs. This council advises SHS on the family/parent perspective regarding issues, needs, and services, influences the direction of policies, contributes to program improvement, and ensures a voice for families and individuals with special health care needs to improve the system of care. CSHCN programs use meetings with this council to gather feedback from families with experience to identify specific needs and future directions for meaningful services. Lastly, Title V staff provide care coordination to families to ensure access to education and resources is available, such as the Newborn Screening Long-Term Follow-Up program and routine care coordination/insurance navigation to families on the SHS Financial Coverage program.

Efforts to Improve Outcomes

The strength of North Dakota Title V is rooted in both established and emerging partnerships that enhance efforts to reach women, infants, children, CSHCN, and families. By leveraging federal and non-federal funding, the program is able to deliver comprehensive services and foster a statewide system of collaboration. However, it is important to acknowledge that the relatively small size of the state presents challenges in forming new partnerships within certain MCH domains. Each population domain has identified opportunities for integrating and optimizing funds and resources to improve outcomes for the population. These opportunities are detailed in the annual reports and plans, which highlight various collaborative initiatives and quality improvement strategies. Such efforts are essential to ensure that activities and strategies effectively address the needs of the MCH population. Title V program evaluation efforts will be continuously implemented based on evidence-based data and strategies, facilitating the identification of health issues and challenges in communities. This proactive approach ensures that Title V services and programs are both efficient and effective for the citizens of North Dakota.

How Federal Title V Funds Complement State-Supported MCH Efforts

Section III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

The Maternal and Child Health (MCH) Block Grant program is vital in supporting the health and well-being of North Dakota's MCH population. By strategically combining federal and state funds, the program effectively addresses identified priorities in a complementary and coordinated way. Funding designated for federal priorities is distributed across multiple divisions within the Healthy and Safe Communities Section of the Public Health Division at the North Dakota Department of Health and Human Services (NDDHHS). Additionally, resources are directed to the Health Statistics and Performance Section to strengthen data collection and analysis efforts. Collaboration and integration occur not only within NDDHHS but also with other state agencies and local partners. Many grants to local partners require matching funds, highlighting how local investments further enhance and sustain MCH services across the state.

MCH Block Grant funding is also used to address state mandates. Funding to support these efforts epitomizes the successful federal/state partnership by honoring the state's priorities. North Dakota has several mandates addressing the health of the MCH population that direct Title V work. Effective and efficient use of available funding is needed at all levels of the MCH pyramid (infrastructure building, population-based services, enabling services, and direct health care services) to achieve desired health outcomes for the MCH population. One of North Dakota's strengths as a less-populated, rural state is its ability to collaborate for collective impact, extending the "reach" of the MCH program.

North Dakota thoroughly reviews how federal and state funds are used to support key Maternal and Child Health (MCH) populations, such as pregnant women, infants, children, and children with special health care needs. These comparisons help identify where federal funding can be used to address service gaps, enhance specialized care, and support targeted programs. The 2025–2030 MCH Needs Assessment is a strong example of how Title V funding has been utilized to conduct a state-led effort to improve services, promote health, and strengthen the public health infrastructure.

For the first time, North Dakota utilized a contractor to assist with the MCH Needs Assessment. The North Dakota Title V team partnered with North Dakota State University (NDSU), leveraging their expertise in conducting statewide assessments. This new collaboration, along with the involvement of the state Title V team, led to improved data analysis, stronger partnerships, which included involving families throughout the process, and more informed decision-making.

Work with NDSU is ongoing to continue the MCH Certificate Program. Additionally, the MCH Director and other Title V staff have been playing an integral role in updating the Public Health Division's workforce development plan and identifying ongoing training needs or opportunities for team members. Finally, through the strategic use of Title V funds, North Dakota is able to expand MCH services at both the state and local levels. This is achieved through strong collaborations, targeted programs, and partnerships.

MCH Success Story

Section III.A.3. MCH Success Story

In Fall 2024, the Central Regional Education Association (CREA) partnered with Integrity Public Affairs, LLC to conduct an in-depth assessment and develop long-term recommendations to enhance the sustainability and effectiveness of school nurse services across North Dakota's public schools. The goal of this project was to understand the barriers faced by school nursing staff and propose actionable strategies that decision-makers could use to strengthen and support these essential services.

A multidisciplinary task force was assembled to guide the work, bringing together professionals from the fields of education, healthcare, Medicaid, Title V public health, special education, and government. Through stakeholder input, research, and policy analysis, the task force focused on three priority areas:

1. **School Nurse Capacity Building** – Recommendations were developed to improve staffing approaches, expand access to training and professional development, and increase day-to-day operational support for school nurses. Addressing staffing shortages and burnout was identified as a critical need to ensure school health services are reliable and effective.
2. **Medicaid Eligible Services** – A central focus of the work was identifying school nursing services that are already being delivered and could qualify for Medicaid reimbursement. Services such as medication administration, telehealth nursing visits, and care coordination were highlighted as key opportunities to secure long-term funding. By leveraging Medicaid, schools could access new revenue streams to support health services without relying solely on local resources.
3. **Communication and Consistency Across School Districts** – The task force recommended improved alignment and consistency in how school nurse roles are defined, implemented, and supported across school systems. Standardizing expectations and protocols would help reduce confusion, strengthen coordination, and improve the quality and continuity of care students receive, regardless of their school district.

After the task force concluded its work in December 2024, a smaller workgroup continued efforts related to Medicaid reimbursement. This team compiled data, clarified service definitions, and worked on a formal request to Medicaid for reimbursement of specific school-based nursing services. This request will help secure a sustainable funding mechanism to support school nursing and enhance health services for students.

This project serves as an example of the power of collaboration, strategic planning, and proactive policy development. It lays the foundation for a more consistent, efficient, and sustainable school nursing infrastructure that is better equipped to meet students' health needs and support their success in the classroom.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - North Dakota

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.