

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
<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>By September 30, 2030, identify and address challenges to postpartum follow-up in Medicaid-enrolled women</p> <p>By September 30, 2030, Title V will increase partner participation in postpartum visits through the implementation of a family-centered postpartum care program.</p> <p>By September 30th, 2030 Title X clinics will be involved and partnering to expand access and care for postpartum clients by implementing core relationships and staff development.</p>	<p>Identify and address challenges for Medicaid-enrolled women to attend the postpartum visit within 90 days.</p> <p>Identify and address challenges for Medicaid-enrolled women who attend the postpartum visit within 90 days to receiving the postpartum depression screening at their postpartum visit.</p> <p>Develop a family-centered postpartum care program that incorporates father involvement during the postpartum period.</p> <p>Leverage relationships with partners to find new ways to reach postpartum women through Title X (Family Planning).</p>	<p>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</p>	<p>NPM - Postpartum Visit</p>	<p>Linked NOMs: Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety</p>
Perinatal/Infant 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>By September 30, 2030, Decrease the Sudden Unexplained Infant Death (SUID) rate in North Dakota from 86.6 to 77.9 (10% reduction) per 100,000 live births by promoting safe sleep practices to increase: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep</p>	<p>Fund and/or collaborate with Local Public Health Units across the state to educate birthing families/infant caregivers on evidence-based safe sleep practices.</p> <p>Promote the NDDHHS Infant Safe Sleep Data Dashboard as a technical assistance resource to support stakeholders in tracking and examining trends related to: sleep-related infant mortality, safe sleep behaviors, and safe sleep education.</p> <p>Continue partnerships with Cribs for Kids Distribution locations to increase</p>	<p>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</p>	<p>NPM - Safe Sleep</p>	<p>Linked NOMs: Infant Mortality Postneonatal Mortality SUID Mortality</p>

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	<p>surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult; and encouraging protective factors such as breastfeeding.</p> <p>By September 30, 2030, increase the percentage of North Dakota infants who are breastfed exclusively at 6 months from 31% to 35% to support safe sleep practices and reduce sleep-related infant deaths, according to the CDC National Immunization Survey (2021).</p>	<p>and promote safe sleep statewide.</p> <p>Provide high-risk communities with SIDS/SUIDS prevention that builds on community strengths and values.</p> <p>Utilize the SUID cohort to share educational resources (e.g., Digital Storytelling, media campaigns, etc.).</p> <p>Increase access to professional lactation support during the postpartum period or up to one year after childbirth.</p> <p>By September 30, 2030, increase the number of businesses designated as Infant Friendly Workplaces from 220 to 270.</p>	<p>ESM SS.3 - Safe Sleep C: Percent of infants placed to sleep without soft objects or loose bedding</p> <p>ESM SS.4 - Safe Sleep D: Percent of infants room-sharing with an adult during sleep</p>		

Child Health

<p>Food Sufficiency: Percent of children, ages 0 through 11, whose households were food sufficient in the past year</p>	<p>By 2030, increase the percentage of children ages 0-11 from 68.7% to 73.5% whose homes were food sufficient, according to the National Survey of Children's Health (NSCH).</p>	<p>By September 30, 2025, increase the number of Local Public Health Units (LPHUs) implementing Farm to School, Farm to Table, and Community Garden initiatives.</p> <p>Participate in the Full-Service Community School (FSCS) advisory committee to identify opportunities to promote food sufficiency in the schools and communities.</p>	<p>ESM FS.1 - Food Sufficiency: Percent of children, ages 0 through 11, whose households were food sufficient in the past year</p>	<p>NPM - Food Sufficiency</p>	<p>Linked NOMs: School Readiness Children's Health Status Behavioral/Conduct Disorders Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All Adverse Childhood Experiences</p>
<p>Medical Home-Care Coordination: Percent of children with and without special health care needs, ages 0 through 17,</p>	<p>By 2030, the percentage of all children, ages 0-17 with medical home care coordination services will increase from 75% to 80% according to the NSCH.</p>	<p>The Title V Child Health Domain will work with the Adolescent and CSHCN Domain to incorporate mental health into medical home/care coordination activities.</p> <p>Title V staff will work with the NDDHHS Behavioral Health Division and North Dakota Department of Public Instruction (DPI) on various projects and initiatives around care coordination and adolescent mental health.</p> <p>Title V Staff will work with Full-Service Community Schools to improve access to care coordination.</p>	<p>ESM MH.1 - Percentage of all children that receive care coordination if needed through their medical home. Medical Home (overall).</p> <p>ESM MH.2 - Percentage of</p>	<p>NPM - Medical Home; Medical Home_Care Coordination</p>	<p>Linked NOMs: Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All</p>

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who receive needed care coordination		Title V Child Health Domain will work with the Title V Adolescent Domain to identify where the needs are for Check and Connect programs.	families served by family support contracts who received education and/or training regarding medical home care coordination.		

Adolescent Health

Mental Health Treatment: Percent of adolescents, ages 12 through 17, who receive needed mental health treatment and counseling	<p>By September 30, 2030, Title V will increase and expand partnerships with other programs that work on adolescent mental and behavioral health projects.</p> <p>By September 30, 2030, Title V will aim to increase the number of schools implementing data-driven programs for promoting student involvement for students at risk (poor attendance, behavioral/mental health issues, low grades, etc.).</p>	<p>Title V staff will work with the NDDHHS Behavioral Health Division on various projects and initiatives around adolescent mental health.</p> <p>Title V staff will partner with other organizations regarding mental health and suicide prevention efforts for adolescents.</p> <p>The Title V Adolescent Domain will work with the Child and CSHCN Domain to incorporate mental health into medical home/care coordination activities.</p> <p>Title V Staff will work with school-based entities to improve access to adolescent mental health resources.</p>	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.	NPM - Mental Health Treatment	<p>Linked NOMs:</p> <ul style="list-style-type: none"> Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
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Children with Special Health Care Needs

Medical Home-Overall: Increase the number of children with special health care needs engaged in medical home	By September 30, 2030, the percentage of all children with a medical home will increase from 55.2% to 60.2% according to the National Survey of Children's Health (NSCH).	<p>Provide education and outreach to families to increase awareness and improve utilization of available services.</p> <p>Provide education and outreach to providers to implement and/or enhance medical home activities within their practice.</p>	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	NPM - Medical Home	<p>Linked NOMs:</p> <ul style="list-style-type: none"> Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
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			family support contracts who received education and/or training regarding medical home care coordination.		
Cross-Cutting/Systems Building					
Vision Zero: Eliminate fatalities and serious injuries caused by motor vehicle crashes	<p>By September 30, 2030, Title V staff will increase partnerships with other programs to develop and implement a plan focused on teen drivers and vehicle occupant safety to support Vision Zero in achieving its goal of reducing fatalities to 75 or less by 2030.</p> <p>By September 30, 2030, Title V staff, in collaboration with partners, will implement at least 80% of the recommendations identified from the North Dakota Occupant Protection Program Assessment created in 2025.</p>	<p>Staff will partner with the North Dakota Department of Transportation (ND DOT) and Vision Zero Coordinators on various projects and initiatives focused on young drivers/occupants.</p> <p>Title V Staff will identify a project to supplement through committee member networking.</p> <p>Title V staff will work to develop and implement strategies to enhance child passenger safety programming focusing on: childcare providers, foster care providers, and grandparents.</p> <p>Adopt statewide use of the National Digital Car Seat Check Form (NDCF) for all certified Child Passenger Safety Technicians to improve data collection and analysis to be used to drive outreach and messaging.</p> <p>Increase law enforcement officer's confidence and better prepare them for the identification of proper use of child restraints during enforcement stops.</p> <p>Implement the use of standardized child passenger safety materials to train all new and current law enforcement officers.</p> <p>Enhance the child passenger safety website.</p>	SPM ESM 1.1 - Reduce the number of serious injuries and fatalities among teens in motor vehicle crashes by 10%.	SPM 1: Vision Zero-- Eliminate fatalities and serious injuries caused by motor vehicle crashes	
State Mandates: Implement North Dakota State Mandates for the Maternal	Implementation of state mandates relating to Title V/Maternal and Child Health.	<p>Implement North Dakota State Mandate regarding Title 23 Health and Safety – Chapter 23-01 Health Division.</p> <p>Implement North Dakota State Mandate N.D.C.C. Chapter 50-25.1-15 Abandoned Infant.</p> <p>Implement North Dakota State Mandates regarding Abortion: 1. Abortion</p>	SPM ESM 2.1 - To Implement North Dakota state mandates delegated to North Dakota Department of Health and Human Services	SPM 2: North Dakota State Mandates--Implement North Dakota state mandates delegated to North Dakota Department of Health and Human Services' Title V /	

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and Child Health Population		<p>Control Act: N.D.C.C. Chapter 14-02.1-02.1 and Chapter 14-01-03.4 2. Limitation of Abortion: N.D.C.C. Chapter 14-02.3-01 and N.D.C.C. Chapter 14-02.3-02 3. Abortion Referrals: N.D.C.C. Chapter 15.1-19-06 – Students and Safety</p> <p>Implement North Dakota State Mandate regarding Umbilical Cord Blood: 1. N.D.C.C Chapter 23-45 Umbilical Cord Blood Disposition 2. N.D.C.C Chapter 23-16-15 Umbilical Cord Blood Donation</p> <p>Implement North Dakota State Mandates relating to Children with Special Health Care Needs: 1. N.D.C.C Chapter 23-01-34 Children with Special Health Care Needs 2. N.D.C.C Chapter 23-41-01 through 23-41-07 – Children with Special Health Care Needs</p> <p>Implement North Dakota State Mandates relating to Newborn Screening: 1. N.D.C.C Chapter 23-01-03.1 – Newborn metabolic and genetic disease screening tests 2. N.D.C.C Chapter 25-17 Testing and Treatment of Newborns 3. N.D.C.C Chapter 33-06-16 Newborn Screening program</p>	Title V / Maternal and Child Health Program.	Maternal and Child Health Program.	
Access to Services: Improve access to health-related services to improve the health and well-being of the MCH population	<p>By September 30, 2030, Title V will improve collaboration with North Dakota Medicaid to increase access to services for high-risk populations.</p> <p>By September 30, 2030, Title V will expand access to essential healthcare services through partnerships.</p>	<p>Identify ways to increase access to Medicaid-eligible health services for infants in the first 15 months of life.</p> <p>Title V staff will participate on various collaboratives, coalitions, and boards that work towards addressing priorities within the State Health Implementation Plan (SHIP).</p> <p>Work with Tribal populations to address healthcare access issues.</p>	SPM ESM 3.1 - Percentage of Medicaid-enrolled babies with at least one well-baby visit prior to 15 months of age.	SPM 3: Access to Services--Improve access to health-related services to improve the health and well-being of the MCH population	