

**NORTH DAKOTA TITLE V / MATERNAL & CHILD HEALTH (MCH)
STATE-DETERMINED PRIORITY NEEDS/PERFORMANCE MEASURES
FISCAL YEARS 2011-2015 – SUMMARY SHEET**

Priority Need Statement	State Performance Measure
Form and strengthen partnerships with families, American Indians and underrepresented populations.	→ The degree to which families and American Indians participate in Title V program and policy activities.
Form and strengthen a comprehensive system of age- appropriate screening, assessment and treatment for the MCH population.	→ The percent of Medicaid enrollees receiving Early Periodic Screening, Diagnosis and Treatment (EPSDT) screening services.
Support quality health care through medical homes.	→ The percent of children age 0 through 17 receiving health care that meets the American Academy of Pediatrics (AAP) definition of medical home.
Increase participation in and utilization of family support services and parent education programs.	→ The percent of parents who reported that they usually or always got the specific information they needed from their child’s doctor and other health care providers during the past 12 months.
Increase access to available, appropriate and quality health care for the MCH population.	→ Increase the number of children ages 0 to 2 served by an evidenced-based home visiting program.
Promote optimal mental health and social-emotional development of the MCH population.	→ Decrease the percent of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.
Increase the number of child care health consultants and school nurses who provide nursing health services to licensed child care providers and schools.	→ The ratio of students per school nursing FTE.
Reduce violent behavior committed by or against children, youth, and women.	→ Reduce the number of students who were bullied on school property during the past 12 months.
Reduce the rate of deaths resulting from intentional and unintentional injuries among children and adolescents.	→ The rate of deaths to individuals ages 1 through 24 caused by intentional and unintentional injuries per 100,000 individuals.
Promote healthy eating and physical activity within the MCH population.	→ The percent of healthy weight among adults age 18-44.

MANDATED-FEDERAL CORE PERFORMANCE MEASURES SUMMARY SHEET

Mandated-Federal Core Performance Measures	
1.	The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.
2.	The percent of Children with Special Health Care Needs age 0 to 18 whose families partner in decision-making at all levels and are satisfied with the services they receive.
3.	The percent of Children with Special Health Care Needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.
4.	The percent of Children with Special Health Care Needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.
5.	The percent of Children with Special Health Care Needs age 0 to 18 whose families report the community-based service system are organized so they can use them easily.
6.	The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.
7.	Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
8.	The rate of birth (per 1,000) for teenagers aged 15 through 17 years.
9.	Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
10.	The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.
11.	The percent of mothers who breastfeed their infants at 6 months of age.
12.	Percentage of newborns that have been screened for hearing before hospital discharge.
13.	Percent of children without health insurance.
14.	Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85 th percentile.
15.	Percentage of women who smoke in the last three months of pregnancy.
16.	The rate (per 100,000) of suicide deaths among youths aged 15 through 19.
17.	Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
18.	Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**NORTH DAKOTA TITLE V / MATERNAL & CHILD HEALTH (MCH)
 FEDERAL-STATE OUTCOME MEASURES
 FISCAL YEARS 2011-2015 – SUMMARY SHEET**

Federal Outcome Measures	State Outcome Measures
1. The infant mortality rate per 1,000 live births.	1. The ratio of the American Indian infant mortality rate to the white infant mortality rate. (Rate /1,000)
2. The ratio of the black infant mortality rate to the white infant mortality rate.	2. The ratio of the American Indian mortality rate to the white mortality rate for from birth through 44 years of age of MCH population.(Rate/100,000)
3. The neonatal mortality rate per 1,000 live births.	
4. The post neonatal mortality rate per 1,000 live births.	
5. The perinatal mortality rate per 1,000 live births plus fetal deaths.	
6. The child death rate per 100,000 children aged 1 through 14.	