

Crosscutting Annual Plan

North Dakota Maternal and Child Health Priority Goal: Reduce serious motor vehicle injuries and fatalities to North Dakotans younger than 21 years of age. (October 1, 2026-September 30, 2027).

The North Dakota Department of Health and Human Services (NDDHHS) and the North Dakota Department of Transportation (NDDOT) recognize the significant impact of motor vehicle crashes on children in North Dakota, making the reduction of serious motor vehicle injuries and fatalities to North Dakotans younger than 21 years of age an emphasis area. Both agencies are dedicated to implementing *Vision Zero* strategies aimed at preventing these incidents. North Dakota is committed to fostering a strong safety culture to reduce traffic fatalities and serious injuries. To meet the goal of this priority, Title V staff developed two overarching objectives: (1) 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; and (2) 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. These objectives are discussed in more detail below. For further information about Vision Zero, view the [North Dakota Vision Zero](#) website.

Motor vehicle crashes remain one of the leading causes of injury and death among children in North Dakota. According to the NDDOT from 2021 to 2025, the state recorded a death rate of 3 per 100,000 children under 18 years of age (compared to 3.2 for 2020-2024), with 239.7 injuries per 100,000 (compared to 234 for 2020-2024) attributed to vehicle crashes during the same period. The severity of these injuries, as categorized by law enforcement crash reports, is as follows:

- Suspected serious injury: 18.6 per 100,000 population (compared to 17.6 for 2020-2024)
- Suspected minor injury: 135 per 100,000 population (compared to 132.1 for 2020-2024)
- Possible injury: 86 per 100,000 population (compared to 85.2 for 2020-2024)

The following is analyzed data for two age groups for the years 2021-2025 (potential drivers and non-drivers):

- Children aged 0-13 experienced a death rate of 1.8 per 100,000 and an injury rate of 121 per 100,000. (compared to 1.7 and 114 for 2020-2024)
- Children aged 14-17 had a fatality rate of 7.5 per 100,000 and an injury rate of 667.4 per 100,000. (compared to 8.2 and 682.6 for 2020-2024)

For those individuals included in the crash data above, the following shows their restraint use rates. The rate of unrestrained individuals shows a downward trend, while the rate of restrained individuals fluctuates slightly.

The Governors Highway Safety Administration emphasizes that young drivers frequently participate in risky behaviors due to a lack of experience and maturity. This increases their likelihood of speeding, consuming alcohol, and neglecting to wear seat belts, factors that significantly contribute to a higher fatality rate. In North Dakota, in 2024, a crash involving a teen driver occurred every four hours, and a teen lost their life in a crash every 61 days. Although teens represent only 6% of licensed drivers, they are involved in nearly 21% of all crashes. Furthermore, drivers aged 14-19 were responsible for 7% of fatal crashes, with 44 teens having lost their lives in vehicle accidents over the past five years.

Recognizing the significant impact of motor vehicle crashes on North Dakota's youth, Title V staff will continue to support existing initiatives aimed at enhancing the safety of young drivers and vehicle occupants. To achieve objective one, efforts will continue to focus on active participation on committees that work towards improving young driver safety. Title V staff will meet with committee members to discuss further collaboration and strategies to braid and layer resources. The goal will be to identify and explore additional strategies to reduce motor vehicle fatalities and serious injuries among young people. This will involve continuation collaborating with partners to gather insights, provide financial support as needed, and implement solutions to address existing gaps in prevention efforts. An Evidence-Based Strategy Measure (ESM) has been established with the goal of achieving a 10% reduction in serious injuries and fatalities among teens involved in motor vehicle crashes.

Additionally, Title V staff will continue to seek to identify a project that can be supplemented through networking with committee members. Potential partners for initiating this strategy include the Young Drivers Sub-Committee, which staff will attend all meetings; Vision Zero Coordinators, where Title V staff will continue collaboration and discussion regarding future opportunities to supplement programming; and Driver Education Teachers. Partnerships and collaboration are essential, as various

stakeholders across the state collaborate with youth to achieve shared outcomes in promoting safety.

Next, the second objective is for Title V staff, in collaboration with partners, to implement at least 80% of the recommendations identified from the North Dakota Occupant Protection program (OP) Assessment. In 2025, the NDDOT partnered with the National Highway Traffic Safety Administration (NHTSA) to conduct an OP Assessment within the state. The objective of this assessment was to provide a comprehensive review of North Dakota's statewide OP program, by identifying programmatic strengths, accomplishments, challenges, and recommendations for improvement. This assessment serves as a vital tool for planning, developing, and implementing OP programs and for making informed decisions regarding the prioritization of initiatives and the best use of available resources. The assessment is conducted by a team of five individuals with demonstrated subject matter expertise in occupant protection.

Recommendations for enhancing occupant protection for children have been proposed and will be integrated into this plan over the next five-year cycle to strengthen child passenger safety (CPS) programming. The specific recommendations that will be implemented are outlined below.

One recommendation for Title V staff, in collaboration with partners, will be to develop and implement strategies to enhance CPS programming, specifically targeting agencies who transport children while on the job. Staff will work closely with agency employees to introduce the CPS Learning Portal website to utilize the training video "Car Seat Basics" and the completion certificate process with all staff transporting children. Potential partners that will be involved in this initiative include the Behavioral Health Clinics, Human Service Zones, the NDDOT, CPS Advisory Committee, and agencies that work closely with grandparents.

The second recommendation will involve the statewide use of the National Digital Car Seat Check Form (NDCF) by all certified CPS Technicians. This initiative aims to enhance data collection and analysis, which will be instrumental in driving outreach and messaging efforts. By improving the quality of data collection, staff will provide reliable evidence to support future initiatives. Title V staff will provide additional training about the NDCF car seat check forms and data for ND CPS Technicians. Furthermore, staff will analyze and share the findings with stakeholders and the public to ensure transparency and foster collaboration.

The third and fourth recommendations are to enhance law enforcement officers' confidence and better prepare them for identifying the proper use of child restraints during enforcement stops. Staff will develop a reference guide outlining the most

common errors associated with child restraint usage. Additionally, staff will work directly with law enforcement personnel and CPS technicians to create a guide to ensure it meets the needs of law enforcement conducting traffic stops. Furthermore, it is crucial to utilize standardized CPS materials to train both new and current law enforcement officers. These materials will emphasize the correct use of child restraints and seat belts for children, equipping officers with the necessary knowledge for effective traffic stops accurate completion of crash reports. The dissemination of these materials will be facilitated by coordinating CPS presentations with law enforcement academies, ensuring that officers receive comprehensive training on child safety. Staff will encourage the use of the “Car Seat Basics for Law Enforcement Training” curriculum throughout the state when training at the law enforcement academies.

Lastly, the fifth recommendation focuses on enhancing the CPS website by creating a dynamic, interactive experience for the public is a key recommendation that will be initiated. In addition to the existing educational resources, updates will include the incorporation of active links to current state and local resources, as well as opportunities

Because children are at an increased risk of injury or death from motor vehicle crashes, it is important to implement effective prevention strategies aimed at reducing or preventing injury and death to child passengers.

North Dakota Maternal and Child Health Priority Goal: Implement all state mandates delegated to the North Dakota Department of Health Title V/Maternal and Child Health Programs (October 1, 2026-September 30, 2027).

Priorities are often influenced by state mandates, which in turn, are generally reflective of expressed need within the state over time. Inclusion of these mandates represents the successful federal/state partnership by honoring a state’s unique priorities. North Dakota has several mandates addressing the health of the maternal and child health (MCH) population that direct Title V work efforts and require use of significant resources for successful implementation. A list of mandates can be found in Section V., Supporting Documents, Title V-MCH State Mandates and are discussed below.

Responsibilities of the North Dakota Department of Health and Human Services (NDDHHS) are addressed in North Dakota Century Code (N.D.C.C.), Chapter 23-01. The State Health Officer (SHO) of the NDDHHS is responsible for the administration of programs carried out with allotments made to the state by Title V. The NDDHHS functions in compliance with Chapter 28-32, Administrative Agencies Practice Act, N.D.C.C. Programs funded by the federal-state Title V MCH Block Grant include: Children with Special Health Care Needs (CSHCN), child/teen passenger safety, injury/violence prevention, newborn screening, MCH epidemiology, obesity prevention,

nutrition, breastfeeding, school health/nursing and infant and child death services (sudden infant death syndrome).

Several mandates in N.D.C.C. address Title V CSHCN-related responsibilities within the NDDHHS. Chapter 23-01-34 includes program administration for CSHCN, including the provision of services and assistance to CSHCN and their families and the development and operation of clinics for the identification, screening, referral, and treatment of CSHCN. Chapter 23-01-41 requires the establishment and administration of an autism spectrum disorder database. Chapter 23-41 mandates administrative duties of state and county agencies, confidential birth reports for newborns with visible congenital deformities, and services for individuals with Russell Silver Syndrome. Chapter 25-17-03 mandates treatment for individuals with phenylketonuria or maple syrup urine disease through the provision of medical food and low-protein modified food products.

To meet the requirements of N.D.C.C. Chapter 14-02.1, Abortion Control Act, Section 14-02.1-02.1, Printed Information – Referral Service, the NDDHHS developed and published an [Information About Pregnancy and Abortion](#) booklet. This publication consists of objective information on specific topics to include: information and resources on various agencies and services available to assist a pregnant woman through pregnancy (provided through an on-line directory of services); anatomical information along with colored photos of development of the unborn child at two-week gestational increments; information regarding the obligations of the father; and materials that describe various surgical and drug-induced methods of abortion as well as any risk factors associated with those methods. In addition to the required information, content was also added on the harmful efforts of tobacco use during and after pregnancy. The booklet will continue to be updated on an as needed basis to ensure that information is accurate, up-to-date, and evidence based. The booklet, most recently updated in March 2024, is available online. Hard copy booklets will continue to be available upon request. During the 2023 legislative session, a bill was introduced, SB 2185, which was a bill for an act to provide for an appropriation to the Department of Health and Human Services for the development of a pregnancy and parenting resource website. Title V staff launched life.nd.gov on August 1, 2023 which provides information and links to social services, financial assistance, adoption services, pregnancy and parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. Title V staff will continue to maintain and update the website with new resources.

N.D.C.C. Chapter 50-25.1-15 allows a parent or a parent's agent (another person acting with the parent's consent) who feels they are unable to take care of their infant to surrender the infant without facing prosecution for abandonment. To be protected by the Baby Safe Haven Law, the child must be unharmed, under one year of age, and

surrendered to an on-duty staff person or, if an infant is less than sixty days old, left in a newborn safety device, at an approved location in an unharmed condition, working for a Baby Safe Haven approved location. There is currently no Baby Safe Haven Baby Boxes installed in North Dakota. An MCH Public Health Specialist at NDDHHS will continue public awareness campaigns to provide information, public service announcements, and educational materials regarding this section to the public, including medical providers, law enforcement, and social service agencies.

Visit the [Baby Safe Haven resource page](#) and [Baby Safe Haven training](#).

N.D.C.C. Chapter 23-45, Umbilical Cord Blood Disposition, Section 23-45-02. Umbilical cord blood - Information pamphlet – Distribution, requires the NDDHHS to prepare a pamphlet that includes information on medical processes involved in the collection of umbilical cord blood; any risks of cord blood collection for both mother and baby; the current and potential future uses for the collected cord blood; the cost of cord blood donation; and options for ownership and future use of the donated material. The pamphlet must be available on the NDDHHS website and be distributed upon request at no charge. The NDDHHS elected to use and disseminate the pamphlet from the Cord Blood Registry titled [Parent's Guide to Cord Blood Banking](#). This pamphlet is free to patients, hospitals and other entities that choose to utilize the information. The Title V grant supports the costs associated with this unfunded, state mandate and an MCH staff member has been assigned responsibility for this activity.

N.D.C.C. Chapters 23-01-03.1 and 25-17 mandate that North Dakota has a newborn screening program. The North Dakota Newborn Screening and Follow-up Program (NDNSFP) is currently housed within Special Health Services (SHS) in the Public Health Division of NDDHHS. Newborn screening (NBS) is performed shortly after birth to identify newborns who may have a potentially life-altering and/or life-threatening disorder that could cause serious illness, disability, or death if not identified and treated early.

Newborn screening has three parts: blood spot, hearing, and heart screening. Blood spot and heart screening are included within this mandated section. Hearing screening is not mandated in North Dakota. The Recommended Uniform Screening Panel (RUSP) was previously supported by the Advisory Committee on Heritable Disorders in Newborn and Children (ACHDNC) and still exists, although the ACHDNC was terminated in March 2025. The Health and Human Services Secretary has approved two additional disorders since the termination of the ACHDNC.

North Dakota currently screens for 37 of the 40 core conditions that are included on the RUSP (blood spot, hearing and heart screening are included as core conditions). As new conditions are added to the RUSP, the North Dakota Newborn Screening Advisory

Committee reviews them and determines the feasibility of adding them to the state screening panel. The feasibility of screening is dependent on several factors that may include the program's readiness to: 1) approve the screening; 2) conduct laboratory screening; 3) conduct short and long-term follow-up; 4) provide information technology support; 5) access a medical specialist specific to the disorder; 6) educate providers and community; and 7) fully implement statewide newborn screening. The approving authority for the NDNSFP to add a new disorder in North Dakota is the SHO. In the next fiscal year, the NDNSFP will collaborate with the NBS Advisory Committee to review the two core conditions North Dakota is currently not screening for to address program readiness and feasibility. The NDNSFP received approval to screen for Guanidinoacetate methyltransferase (GAMT) and are currently waiting for the University of Iowa State Hygienic Laboratory to finalize the screening methods.

The NDNSFP is mandated to provide education and plans to continue annual in-person trainings to midwives, birthing facilities, various clinics and medical residency programs throughout North Dakota. The NDNSFP has developed new educational materials including a prenatal and newborn screening brochure, four newborn screening educational videos, eight family testimonial videos, and an Ottawa Shared Decision-making Guide for use by Midwives. The following resources were recently updated: the newborn screening brochure, newborn screening welcome card for families who have a child diagnosed with a condition, and the newborn screening website was completely redesigned to be more user-friendly. The new and updated resources will continue to be disseminated to various partners including health care professionals, the general public, and expectant parents and will also be available on the new website. The NDNSFP will be working with a marketing company to conduct a media campaign that will run during specific times from June 1, 2026 through September 27, 2026. Beginning October 1, 2026, the NDNSFP will collaborate with partners to evaluate the media campaign, more specifically, the targeted geographical regions that have increased newborn screening refusals. The NDNSFP will continue to seek innovative ways to engage partners and the families served via virtual platforms.

The screening and follow-up of newborns is performed in collaboration with the University of Iowa State Hygienic Laboratory and the University of Iowa Hospitals and Clinics, as well as SHS. Intermediate and long-term follow-up after NBS continues to be addressed in SHS by:

- Providing follow-up contacts, resource information and care coordination for children with abnormal newborn screening results.
- Providing financial support for metabolic disorder clinics that result in coordinated disease management.

- Providing no-cost or at-cost medical food and care coordination for newborns and individuals with phenylketonuria (PKU) and maple syrup urine disease (MSUD).
- Providing diagnostic and treatment services for children birth to age 21 who meet medical and financial eligibility criteria.

Along with the follow-up calls for babies with abnormal newborn screening results, SHS assists families with referrals for services, care coordination, and support. Information is provided regarding the SHS Financial Coverage Program as well as other state-wide resources (e.g., WIC, North Dakota Medicaid, Early Intervention) to assist the family in meeting their needs, and to provide them support and direction during a time that can be very stressful and overwhelming. After a child is diagnosed with a condition through newborn screening, the baby enters the long-term follow-up program until the age of six and the family is contacted on a quarterly basis for the first year of their child's life and annually thereafter. This ongoing communication with the family helps to ensure the child remains healthy and the family has access to all the resources that they find valuable such as insurance, medication, transportation, and community supports. Collaboration with specialty care providers who see patients with a critical congenital heart disease or conditions identified through blood spot screening will continue through the Newborn Screening Advisory Committee and ongoing communication with the program.

The NDNSFP works closely with the North Dakota Early Hearing, Detection and Intervention (EHDI) program which is based out of the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University. The NDCPD is the NDDHHS bona fide agent that applies for funding opportunities relating to EHDI. The NDNSFP Manager is the State EHDI Coordinator and is the liaison between the state and EHDI program. The NDNSFP and EHDI programs provide education and trainings to birthing facilities and various clinics throughout the state. This collaboration benefits both programs, the families that are served and the healthcare professionals providing the services directly to families. This partnership will continue and the NDNSFP will include EHDI and hearing screening on the development of any educational resources geared to the public or providers.

Financial eligibility for the SHS Financial Coverage Program is legislatively mandated at 185% of the federal poverty level. All current NBS conditions are approved medical conditions for SHS coverage. Title V supports staff in managing the NBSFP, including a program director, long-term follow-up coordinator, and administrative support. In addition, Title V funds support contracts for a Medical Director and metabolic disorder clinic. A portion of Title V funds and state funds will continue to support medical consultation and genetic counseling services for children with abnormal newborn screening results.

Federally, the MCH Block Grant enables the state to address the following on behalf of CSHCN and their families: 1) to provide and promote family-centered, community-based, coordinated care (including care coordination services) for children with special health care needs and to facilitate the development of community-based systems of services for such children and their families, and 2) to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI, to the extent medical assistance for such services is not provided under title XIX. Specifics regarding the SHS role in providing rehabilitation services is described below.

North Dakota is a 209(b) state, which means Supplemental Security Income (SSI) beneficiaries under 16 years of age are not automatically eligible for North Dakota Medicaid. If assets are an issue affecting North Dakota Medicaid eligibility, children eligible for SSI can be covered under the children and family coverage groups where asset testing is not required. The state CSHCN program pays for or provides rehabilitative services for eligible children that are served by Title V to the extent services are not provided by North Dakota Medicaid. State CSHCN program staff conduct outreach, information and referral activities targeted to the SSI population. On a monthly basis, Disability Determination Services provides referrals electronically to the state CSHCN program. In response, state CSHCN staff provide a direct mailing to families notifying them about potential programs that could be of assistance. This ensures that children are consistently being referred to the Title V program and that families receive information about program benefits and needed services.

The Title V and CSHCN Directors assure compliance for these state mandates and oversee staff assigned to carry out the roles and responsibilities related to the mandates. Title V staff share program accomplishments and challenges at bi-monthly Title V meetings. These meetings serve as an avenue for program updates, sharing and collaboration.

North Dakota Maternal and Child Health Priority Goal: Increase awareness and the utilization of statewide services or resources (October 1, 2026-September 30, 2027).

Raising awareness of available services and resources across the state is crucial for ensuring their effective utilization. For this reason, North Dakota selected this as a cross-cutting priority for the 2025–2030 grant cycle. Two overarching objectives were established to initiate this priority: (1) By September 30, 2030, Title V will improve collaboration with North Dakota Medicaid to increase access to services for high-risk populations; and (2) By September 30, 2030, Title V will expand access to essential healthcare services through partnerships. Each objective is outlined below.

To advance the first objective, improving Medicaid collaboration, the team will focus on increasing access to Medicaid-eligible health services for infants in the first 15 months of life. The Evidence-based Strategy Measure (ESM) that was established will track the percentage of Medicaid-enrolled babies receiving at least one well-child visit during this period.

During year one, the team undertook several activities to improve collaboration with Medicaid. Home visiting programs were identified as a reasonable starting point, as they reach a substantial number of families statewide and offer multiple opportunities to improve access to Title V services, including well-child visits.

Initially, Title V staff began developing a home visiting task force to engage programs across the state and identify priority training areas for home visitors. The team analyzed available data to better understand patterns in preventive and well-child visits among young children and identify intervention points. Data sources included pooled National Survey of Children's Health (NSCH) data (2020–2024) and program data from Maternal, Infant, and Early Childhood Home Visiting (MIECHV). Overall, preventive care visit rates among North Dakota children ages 0-3 years (88.0%) were similar to the national average (87.6%), suggesting that most children receive at least one annual preventive visit.

Stratified analyses showed slight but notable socioeconomic differences. Children in lower-income households and those with parents of lower educational attainment had somewhat lower preventative visit rates. For example, children in households below 200% of the federal poverty level had fewer preventative visits than those in higher-income families.

MIECHV data for FY2024 showed that 66% of North Dakota families enrolled had a recent AAP-recommended well-child visit, compared to 72% nationally. This indicates that gaps persist even among families already participating in home visiting, suggesting opportunities to strengthen support for well-child visits.

Therefore, these findings suggest that although some differences exist across income, education, and insurance groups, they are neither substantial nor consistent enough to justify a targeted, population-specific intervention. Instead, barriers to well-child visits appear to span demographic groups. As a result, the Title V team determined that a system-level approach would be the most effective strategy for year two. This approach focuses on improving family engagement across the care continuum rather than targeting specific subgroups.

To advance this system-level strategy, the team will expand data review efforts to include additional moderating, mediating, and outcome variables – such as

breastfeeding rates and participation in services like WIC and SNAP among Medicaid-enrolled infants – to identify potential intervention points. Staff will also collaborate with Title V colleagues overseeing the Birth Review program to support quality improvement initiatives. The goal is to ensure more families receive timely, relevant information on well-baby visits and factors that influence early intervention enrollment.

The team will partner with at least one health facility to review post-delivery discharge materials and identify opportunities for improvement. In addition, staff will continue refining data methods to more accurately capture meaningful patterns in preventative care use, particularly for infants aged 0-15 months. This includes examining how participation in early intervention and home visiting programs influences well-child visit attendance and access to other services, such as WIC.

Finally, the team will identify additional data sources to compare well-child participation across home visiting programs and will collaborate with Medicaid to explore potential quality improvement measures, including strategies to increase the number of infants receiving care and evaluating metrics such as fluoride application, which may also align with the work of the Oral Health Coalition.

Next, the team's second objective is to expand access to essential healthcare services through strategic partnerships. Title V staff will continue to engage in collaboratives, coalitions, and boards that support priorities outlined in the State Health Implementation Plan (SHIP).

In year two, the team will maintain participation in three work groups within the North Dakota Multi-Partner Health Collaborative (MPHC). The MPHC Goal Groups focus on enhancing overall well-being by expanding access to essential health services, including primary care, cardiac care, oral health, cancer screening, and chronic disease prevention and management. These groups also advance strategies that actively connect individuals to services and programs that support their holistic health, ensuring equitable access to care and resources. The Title V team is engaged in the following three MPHC Goal Groups: Expanding Access and Connection; Cultivating Wellness; and Healthy Relationships.

The Expanding Access and Connection Goal Group will continue advancing policies, systems, and sustainable funding strategies that support statewide Community Health Worker (CHW) integration, reimbursement, and workforce development. This work includes strengthening partnerships, promoting cross-sector collaboration, embedding CHWs within clinical and community care teams, and laying the groundwork for establishing a North Dakota CHW Alliance.

The Cultivating Wellness Goal Group will focus on advocating for increased access to locally produced, minimally processed foods in schools. The group is developing one-to-two-page resources for early care and education (ECE) providers, farmers, and food producers. Additionally, a survey is being created for ECE providers to assess their interests and needs related to implementing farm-to-ECE initiatives.

Finally, the Healthy Relationships Goal Group will assess education and training needs to support child sexual abuse prevention efforts in two North Dakota counties.

Title V staff will continue participating in the Oral Health Coalition and seek opportunities to improve access to oral health services. Topical fluoride remains part of the Medicaid Value-Based Purchasing measure set and is monitored through core set measures. Although recent quality improvement or educational efforts have not been conducted by Medicaid, topical fluoride will be explored as a potential focus area for the team in 2026–2027.

Staff will also maintain close collaboration with the NSDPQC to support statewide birthing facilities in efforts related to perinatal mental health, increased home visiting, and enhanced involvement of doulas and midwives. This work includes strengthening bi-directional communication between birthing facilities and care teams to improve patient safety and confidence in the services they receive.

Finally, the team, in collaboration with the Tribal Health Liaisons, will continue partnering with one Tribal Nation to address healthcare access challenges. Building on progress made during year one, Title V staff will convene staff from the Tribal health facility and the partnering birthing facility (Sanford) to advance collaborative solutions. A second healthcare access concern within Tribal Nations will also be identified and addressed in year two.

Through continued collaboration, participation in coalitions, and cross-sector engagement, the cross-cutting team will enhance connections to Title V services and strengthen support for families across multiple areas.