

Crosswalk of MCH National Outcome (NOM) and National Performance Measures (NPM) with the CYSHCN Blueprint for Change Framework Critical Areas

Introduction:

As the field moves forward with the implementation of the [Blueprint for Change](#) framework, the [National Center for a System of Services for Children and Youth with Special Health Care Needs \(CYSHCN\)](#) recognizes that state Title V programs are informed by and respond to many frameworks, guidelines, and standards. In response to technical assistance inquiries at the FY24 Title V MCH Block Grant Federal-State Partnership meeting, this resource was developed to serve as a guide in demonstrating the intersection of the Blueprint for Change framework critical areas and the National Outcome and National Performance Measures of the Title V block grant.

How to Use this Resource:

The tables below may help Title V programs think about how the NOMs and NPMs intersect with the Blueprint for Change critical areas, and in doing so help programs understand how their current work aligns with the Blueprint framework and identify areas of the framework to prioritize for future work. Blueprint critical areas that relate to NOMs and NPMS are marked. Please note that the NOMs and NPMs presented in this resource are from the latest [Title V Block Grant guidance](#) that expires on 12/31/2026.

Approach:

This crosswalk includes NOMs and NPMs that relate to all infants, children, and adolescents since CYSHCN are kids first.

The criteria used for determining which NOMs/NPMs intersect with one or more Blueprint critical areas included:

- Evidence or emerging evidence of an association between the NOM/NPM and the Blueprint critical areas
- Input from subject matter experts at the National Center for a System of Services for CYSHCN including Family Voices
- Input from a state Title V CYSHCN program
- Input from HRSA MCHB
- Input from subject matter experts at AMCHP

The relationships noted in this crosswalk are informed by the above, and we acknowledge that state Title V programs and their partners may see relationships differently. For example, the bullying NPM is not marked as intersecting with financing or access to care here, but you may see them as intersecting. Because the Blueprint for Change framework is broad, there is room for interpretation of these relationships.

Please feel free to contact the National Center for the System of Services for CYSHCN anytime at Blueprint4CYSHCN@aap.org.

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NATIONAL PERFORMANCE MEASURES (NPM)		BLUEPRINT DOMAIN			
		Financing	Quality of Life	Access to Care	Equity
PERINATAL/ INFANT	RISK APPROPRIATE CARE % of very low birth weight infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)	X		X	X
	SAFE SLEEP A) % of infants placed to sleep on their backs B) % of infants placed to sleep on a separate approved sleep surface C) % of infants room-sharing with an adult D) % of infants placed to sleep without soft objects or loose bedding	X			X
CHILD	HOUSING INSTABILITY % of children (age 0-11) who experienced housing instability in the past year	X	X		X
	DEVELOPMENTAL SCREENING % of children (age 9-35 months) who received a developmental screening using a parent-completed screening tool in the past year	X		X	X
	CHILD VACCINATION % of children who completed to combined 7-vaccine series by age 24 months	X		X	X
	PHYSICAL ACTIVITY % of children (age 6-11) who are physically active at least 60 minutes per day	X	X		X
	FOOD SUFFICIENCY % of children (age 0-11) whose households were food sufficient in the past year	X	X		X
ADOLESCENT	ADOLESCENT WELL VISIT % of adolescents (age 12-17) with a preventive medical visit in the past year	X		X	X
	MENTAL HEALTH TREATMENT % of adolescents (age 12-17) who receive needed mental health treatment or counseling	X	X	X	X
	CURRENT TOBACCO USE % of adolescents (grade 9-12) who currently use tobacco products	X	X		X
	ADULT MENTOR % of adolescents (age 12-17) who have one or more adults outside the home who they can rely on for advice or guidance		X		X
CYSHCN	MEDICAL HOME % of children with and without special health care needs (age 0-17) who have a medical home	X		X	X
	MEDICAL HOME % of children with and without special health care needs (age 0-17) who have a personal doctor or nurse	X		X	X
	MEDICAL HOME % of children with and without special health care needs (age 0-17) who have a usual source of sick care	X		X	X
	MEDICAL HOME % of children with and without special health care needs (age 0-17) who have family centered care	X	X	X	X
	MEDICAL HOME % of children with and without special health care needs (age 0-17) who receive needed referrals	X	X	X	X
	MEDICAL HOME % of children with and without special health care needs (age 0-17) who receive needed care coordination	X	X	X	X
	HEALTH CARE TRANSITION % of adolescents with and without special health care needs (age 12-17) who received services to prepare for the transition to adult health care	X	X	X	X
	BULLYING % of adolescents with and without special health care needs (age 12-17) who are bullied or who bully others		X		X

	BLUEPRINT DOMAIN			
	Financing	Quality of Life	Access to Care	Equity
NATIONAL OUTCOME MEASURES (NOM)				
Low Birth Weight		X	X	X
Preterm Birth		X	X	X
Perinatal Mortality		X	X	X
Infant Mortality – stay		X	X	X
Neonatal Mortality		X	X	X
Post neonatal Mortality		X	X	X
Preterm-related Mortality			X	X
Sudden Unexpected Infant Death (SUID)		X		X
Neonatal Abstinence Syndrome			X	X
School Readiness		X	X	X
Decayed Teeth or Cavities (ages 1-17)		X	X	X
Child Mortality (ages 1-9)		X	X	X
Adolescent Mortality (ages 10-19)		X	X	X
Adolescent Motor Vehicle Mortality (ages 15-19)		X		X
Adolescent Suicide (ages 15-19)			X	X
Adolescent Firearm Mortality (ages 15-19)		X		X
Hospitalization for Non-Fatal Injury (age 0-9)			X	X
Hospitalization for Non-Fatal Injury (age 10-19)			X	X
Women in Excellent or Very Good Health (age 18-44)	X	X	X	X
Children in Excellent or Very Good Health (age 0-17)	X	X	X	X
Children (age 2-4) and Adolescents (age 6-17) who are Obese				X
Postpartum Depressive Symptoms	X	X	X	X
Postpartum Anxiety Symptoms	X	X	X	X
Children with Behavioral or Conduct Disorder (age 6-11)		X	X	X
Adolescents who have Depression or Anxiety (age 12-17)		X	X	X
CSHCN who Receive Care in a Well-Functioning System (0-17)	X	X	X	X
Children who are Flourishing (age 6 months through 5)		X		X
Children with and without special health care needs (age 6-17) who are Flourishing		X		X
Children who have experienced 2 or more Adverse Childhood Experiences (age 0-17)		X		X