

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
<b>Women/Maternal Health</b>					
Increase access to comprehensive health care for women including preventive services.	By 2030, increase the percent of women with a preventative medical visit in the past year to 75%.	<p>Collaborate with community-based partners and public and private providers statewide to improve and expand access to preventive health services.</p> <p>Collect, analyze, and disseminate data on women’s preventive healthcare visits and other health issues among women of childbearing age (e.g. PRAMS and BRFSS).</p> <p>Support the development of a workforce that is responsive to the needs of our communities.</p> <p>Promote access to sexual and reproductive health services for all Alaskans in their communities.</p>	<p><i>Inactive - SPM ESM 1.1 - Number of dissemination products created (e.g. Epi bulletins, data briefs, reports, PSAs, etc.) based on analyses of survey data on women's preventive health care visits (and description).</i></p> <p>SPM ESM 1.2 - Among women who had Medicaid during their pregnancy and recently delivered a live birth, percentage who had a postpartum checkup for themselves.</p>	SPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	
Increase partnerships and connections with community agencies to support access to basic needs.	By 2030, increase the percent of Alaskan women who attend a postpartum checkup within 12 weeks after giving birth to over 90%.	<p>Engage hospitals and birthing facilities in data-driven, collaborative quality improvement focused on reducing severe maternal morbidity in partnership with the Alaska Perinatal Quality Collaborative (AKPQC).</p> <p>Continue to partner with Medicaid and department leadership on promoting the availability of extended postpartum coverage and supporting ongoing evaluation.</p>	ESM PPV.1 - Availability and use of provider training and education on postpartum warning signs.	NPM - Postpartum Visit	<p><b>Linked NOMs:</b></p> <p>Maternal Mortality</p> <p>Neonatal Abstinence Syndrome</p> <p>Women's Health Status</p> <p>Postpartum Depression</p> <p>Postpartum Anxiety</p>
Increase	Annually increase the percent of	Collaborate with community-based partners and public and private	ESM PPV.1 -	NPM - Postpartum Visit	<p><b>Linked NOMs:</b></p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
<p>connection to behavioral and mental health information, training, resources, and supports for families and providers.</p>	<p>women who attended a postpartum checkup and received recommended care components (a healthcare provider talked to them about birth control methods and what to do if they felt depressed or anxious) to 83% over the next five years.</p>	<p>providers statewide to improve and expand access to preventive health services.</p> <p>Engage hospitals and birthing facilities in data-driven, collaborative quality improvement focused on reducing severe maternal morbidity in partnership with the Alaska Perinatal Quality Collaborative (AKPQC).</p> <p>Continue to partner with Medicaid and department leadership on promoting the availability of extended postpartum coverage and supporting ongoing evaluation.</p>	<p>Availability and use of provider training and education on postpartum warning signs.</p>		<p>Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety</p>
Perinatal/Infant Health					
<p>Reduce harmful substance use among women of childbearing age and among caregivers of infants.</p>	<p>By 2030, decrease the percent of Alaskan women delivering live births who report prenatal use of tobacco and/or marijuana in any form to 13%.</p>	<p>Identify opportunities to meaningfully engage lived experience perspectives</p> <p>Promote provider and birthing facility staff use of Screening, Brief Intervention and Referral to Treatment (SBIRT) for all harmful substances, interpersonal violence, and maternal mental health among women of childbearing age, especially those who are pregnant to identify infants with risk factors for SUID</p> <p>Enhance on-going surveillance, data analysis, and data dissemination regarding substance-affected pregnancies and substance use among women of childbearing age.</p>	<p>No ESMs were created by the State. ESMs are optional for this measure.</p>	<p>SPM 2: Percentage of women who delivered a live birth and reported use of the following: tobacco and/or marijuana in any form during pregnancy.</p>	
<p>Increase connection to behavioral and mental health information, training, resources, and supports for families and providers.</p>	<p>By 2030, increase the percent of women reporting safe sleep environments for their baby, especially those at higher risk of experiencing SUID.</p>	<p>In partnership with the Alaska Perinatal Quality Collaborative, engage hospitals and birthing facilities in data-driven, collaborative quality improvement focused on improving care and outcomes for newborns and families affected by substance use.</p> <p>Promote provider and birthing facility staff use of Screening, Brief Intervention and Referral to Treatment (SBIRT) for all harmful substances, interpersonal violence, and maternal mental health among women of childbearing age, especially those who are pregnant to identify infants with risk factors for SUID.</p> <p>Leverage multi-sector partnerships to provide evidence-based and culturally appropriate safe sleep materials and education for families who experience high-risk factors for SUID, including caregiver tobacco use.</p>	<p>ESM SS.1 - Percent of women who delivered a live birth and reported being asked by a health care provider during any prenatal care visits about the use of the following: alcohol, tobacco, marijuana, and/or illegal drugs. <i>Inactive - ESM SS.2 - The percentage of women who recently</i></p>	<p>NPM - Safe Sleep</p>	<p><b><u>Linked NOMs:</u></b> Infant Mortality Postneonatal Mortality SUID Mortality</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
			<i>delivered a live birth who were screened for depression during a postpartum checkup.</i>		
Increase partnerships and connections with community agencies to support access to basic needs.	Decrease prenatal use of tobacco and marijuana among women delivering live births and increase access to behavioral and mental health services during and after pregnancy by 2030.	<p>In partnership with the Alaska Perinatal Quality Collaborative, engage hospitals and birthing facilities in data-driven, collaborative quality improvement focused on improving care and outcomes for newborns and families affected by substance use.</p> <p>Leverage multi-sector partnerships to provide evidence-based and culturally appropriate safe sleep materials and education for families who experience high-risk factors for SUID, including caregiver tobacco use.</p> <p>Enhance on-going surveillance, data analysis, and data dissemination regarding substance-affected pregnancies and substance use among women of childbearing age.</p>	<p>ESM SS.1 - Percent of women who delivered a live birth and reported being asked by a health care provider during any prenatal care visits about the use of the following: alcohol, tobacco, marijuana, and/or illegal drugs.</p> <p><i>Inactive - ESM SS.2 - The percentage of women who recently delivered a live birth who were screened for depression during a postpartum checkup.</i></p>	NPM - Safe Sleep	<b>Linked NOMs:</b> Infant Mortality Postneonatal Mortality SUID Mortality

## Child Health

Foster safe, stable, and nurturing environments for Alaskan children.	By 2030, increase the percent of children (ages 9-35 months) who have received a parent-completed developmental screening tool to 46%.	<p>Support and expand statewide systems (e.g., Help Me Grow, Learn and Grow, ILP, and home visiting programs) and resources for parents/caregivers, providers, educators, and community-based service agencies in use of standardized screening tools.</p> <p>Offer continuing education, professional development, and increased coordination of health service supports between providers serving children and youth.</p> <p>Support school nurses and counselors in their work to build safe, stable, and nurturing environments for children.</p>	ESM DS.1 - ASQ training and administration among home visiting professionals.	NPM - Developmental Screening	<b>Linked NOMs:</b> School Readiness Children's Health Status
Increase partnerships and	By 2030, decrease the percent of parents of 3-year-olds that are not using their preferred form or type	Increase early childhood systems support for families through community partnership.	No ESMs were created by the State. ESMs are optional for	SPM 3: Use of preferred child care among parents of 3-year-olds	

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
connections with community agencies to support access to basic needs.	of childcare.	<p>Support efforts to improve access to basic needs for Alaska families with children, including access to high quality and affordable childcare.</p> <p>Collect, analyze, and disseminate data to better understand child wellbeing in Alaska (e.g., ALCANLink, PRAMS, CUBS, education data sources, etc.).</p> <p>Provide analytical and programmatic support for partners and systems serving families and communities.</p>	this measure.		
Increase connection to behavioral and mental health information, training, resources, and supports for families and providers.	By 2030, increase the percent of Alaskan children without special health care needs (ages 0-17) who have a medical home to 50%.	<p>Offer continuing education, professional development, and increased coordination of health service supports between providers serving children and youth.</p> <p>Increase early childhood systems support for families through community partnership.</p> <p>Collect, analyze, and disseminate data to better understand child wellbeing in Alaska (e.g., ALCANLink, PRAMS, CUBS, education data sources, etc.).</p>	<p>ESM MH.1 - Utilization of PAL consultation line from providers in the Mat-Su and Interior regions</p> <p><i>Inactive - ESM MH.2 - Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report increased knowledge after the training.</i></p>	NPM - Medical Home	<p><b>Linked NOMs:</b></p> <p>Children's Health Status</p> <p>CSHCN Systems of Care Flourishing - Young Child</p> <p>Flourishing - Child Adolescent - CSHCN</p> <p>Flourishing - Child Adolescent - All</p>

## Adolescent Health

Increase connection to behavioral and mental health information, training, resources, and supports for families and providers.	By 2030, increase the percent of adolescents with adult mentors/supportive adults to 95%.	<p>Support and collaborate with the Division of Behavioral Health and other agencies working on suicide prevention and mental health.</p> <p>Address multiple forms of violence and injury prevention.</p> <p>Offer continuing education, professional development, and increased coordination of health service supports between providers serving children and youth.</p> <p>Support efforts that improve youth access to healthcare including youth</p>	ESM ADM.1 - Number of Alaska Department of Education & Early Development (DEED) online eLearning course completions	NPM - Adult Mentor	<p><b>Linked NOMs:</b></p> <p>Adolescent Depression/Anxiety Flourishing - Child Adolescent - CSHCN</p> <p>Flourishing - Child Adolescent - All</p>
--	---	--	---	--------------------	--

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
		centered clinics, health literacy including education, and well visits.			
Promote safe, supportive connections for adolescent well-being.	By 2030, increase the percent of adolescents with adult mentors/supportive adults to 95%.	Increase meaningful connection between youth and supportive adults through Youth Alliance for a Healthier Alaska (YAHA) by collaborating on the programs and projects that target youth.	ESM ADM.1 - Number of Alaska Department of Education & Early Development (DEED) online eLearning course completions	NPM - Adult Mentor	<b>Linked NOMs:</b> Adolescent Depression/Anxiety Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Increase partnerships and connections with community agencies to support access to basic needs.	By 2030, increase the percent of adolescents with adult mentors/supportive adults to 95%.	Offer continuing education, professional development, and increased coordination of health service supports between providers serving children and youth.  Support efforts that improve youth access to healthcare including youth centered clinics, health literacy including education, and well visits.  Support and collaborate with the Division of Behavioral Health and other agencies working on suicide prevention and mental health.	ESM ADM.1 - Number of Alaska Department of Education & Early Development (DEED) online eLearning course completions	NPM - Adult Mentor	<b>Linked NOMs:</b> Adolescent Depression/Anxiety Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

## Children with Special Health Care Needs

Increase education and supports for families and caregivers around accessing coordinated care and pediatric specialty care.	Annually increase the percent of children with special health care needs (ages 0-17) who have a medical home by increasing the use of the Partnership Access Line-Pediatric Alaska (PAL_PAK) consultation line in underutilized areas of Alaska by increasing calls by 10-15% over the next five years.	Promote statewide coordinated intake and referral services (CIRS) for families and primary care providers of CYSHCN.  Develop resources for adolescent healthcare transition to adult care and increase education for adolescents, their caregivers, educators, and medical providers on this topic.  Promote workforce capacity, systems integration, and healthcare infrastructure for primary and specialty care.  Continue to provide limited gap-filling pediatric specialty clinics and family navigation services as needed and as resources allow.  Collect, analyze, and share data and information describing the CYSHCN population in Alaska and their experiences to increase awareness and promote service delivery and system improvement.	ESM MH.1 - Utilization of PAL consultation line from providers in the Mat-Su and Interior regions  <i>Inactive - ESM MH.2 - Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report increased knowledge after the training.</i>	NPM - Medical Home	<b>Linked NOMs:</b> Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Increase	Annually increase the percent of	Partner with the University of Alaska Anchorage Center for Human	ESM MH.1 -	NPM - Medical Home	<b>Linked NOMs:</b>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
partnerships and connections with community agencies to support access to basic needs.	children with special health care needs (ages 0-17) who have a medical home by increasing the use of the Partnership Access Line-Pediatric Alaska (PAL_PAK) consultation line in underutilized areas of Alaska by increasing calls by 10-15% over the next five years.	<p>Development (UAA CHD) to implement Project ECHOs to increase caregiver and provider knowledge and skills.</p> <p>Provide sustainable implementation of Family Engagement training through community partnerships.</p> <p>Partner with parents, audiologists, and Early Intervention to increase referrals and enrollment by 6 months of age for children diagnosed with a hearing loss.</p>	<p>Utilization of PAL consultation line from providers in the Mat-Su and Interior regions</p> <p><i>Inactive - ESM MH.2 - Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report increased knowledge after the training.</i></p>		<p>Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All</p>
Increase connection to behavioral and mental health information, training, resources, and supports for families and providers.	Annually increase the percent of children with special health care needs (ages 0-17) who have a medical home by increasing the use of the Partnership Access Line-Pediatric Alaska (PAL_PAK) consultation line in underutilized areas of Alaska by increasing calls by 10-15% over the next five years.	<p>Partner with the University of Alaska Anchorage Center for Human Development (UAA CHD) to implement Project ECHOs to increase caregiver and provider knowledge and skills.</p> <p>Collect, analyze, and share data and information describing the CYSHCN population in Alaska and their experiences to increase awareness and promote service delivery and system improvement.</p> <p>Promote statewide coordinated intake and referral services (CIRS) for families and primary care providers of CYSHCN.</p>	<p>ESM MH.1 - Utilization of PAL consultation line from providers in the Mat-Su and Interior regions</p> <p><i>Inactive - ESM MH.2 - Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report increased knowledge after the training.</i></p>	NPM - Medical Home	<p><b>Linked NOMs:</b></p> <p>Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All</p>

**Cross-Cutting/Systems Building**

Increase connection to behavioral and	By 2030, Alaskan families and providers will have increased connections to behavioral and	Engage with communities to increase awareness about maternal and child mortality and promote implementation of prevention recommendations.			
---------------------------------------	---	--	--	--	--

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
<p>mental health information, training, resources, and supports for families and providers.</p>	<p>mental health information, training, resources and supports.</p>	<p>Support development of MCH public health and healthcare workforce across the life course in Alaska.</p> <p>Collaborate with Medicaid to improve reimbursement and/or increase access to services.</p> <p>Support data modernization efforts to increase use in evaluating programs to better understand MCH health and development outcomes and identify specific populations in need of intervention.</p>			
<p>Increase partnerships and connections with community agencies to support access to basic needs.</p>	<p>By 2030, Alaskans will have increased access to basic needs that will reduce preventable morbidity and mortality.</p>	<p>Conduct multidisciplinary reviews to identify factors in maternal and child mortality and make Alaska-appropriate, actionable recommendations to reduce preventable mortality.</p> <p>Partner with state agencies to promote and disseminate information about emergency preparedness for MCH populations and to support emergency response efforts to ensure MCH considerations are included.</p> <p>Support/Develop oral health safety net services to improve access to care for all Alaskans.</p>			