

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					
To improve maternal health by optimizing the health and well-being of women of reproductive age (15-44 yrs.)	To increase post partum visits to at least 80%	MCH plans to continue to utilize Title V and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, aka 'Project Bisita', which is a community-based program that provides home visiting services to support women receiving postpartum follow-up health care.	ESM PPV.1 - Postpartum Visit	NPM - Postpartum Visit	Linked NOMs: Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Perinatal/Infant Health					
To improve infant health by optimizing the health and well-being of infants and mothers.	To increase breastfeeding rates by 10%	To work with the Guam WIC Program to increase breastfeeding messaging	ESM BF.1 - Percentage of home visitors trained in breastfeeding best practices <i>Inactive - ESM BF.2 - Support and encourage local public health organizations who have identified increasing the rate of breastfeeding as a priority need in their communities, i.e. WIC, NCD Breastfeeding Work Group</i> ESM BF.3 - Percent	NPM - Breastfeeding	Linked NOMs: Infant Mortality Postneonatal Mortality SUID Mortality

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			of women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed.		
Decrease the rate of infant mortality within the perinatal period	To decrease infant deaths during the perinatal period by 5%	Perinatal health is the health and well-being of mothers and babies before, during, and after childbirth. During the prenatal period, early initiation of care, ideally during the first trimester, is imperative. Guam Title V will work with the MCH clinics to ensure early initiation of care, ideally during the first trimester is available	ESM BF.1 - Percentage of home visitors trained in breastfeeding best practices <i>Inactive - ESM BF.2 - Support and encourage local public health organizations who have identified increasing the rate of breastfeeding as a priority need in their communities, i.e. WIC, NCD Breastfeeding Work Group</i> ESM BF.3 - Percent of women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed.	NPM - Breastfeeding	<u>Linked NOMs:</u> Infant Mortality Postneonatal Mortality SUID Mortality
To improve infant health by optimizing the health and well-being of infants and mothers.	To decrease infant deaths by 5%	Perinatal health is the health and well-being of mothers and babies before, during, and after childbirth. During the prenatal period, early initiation of care, ideally during the first trimester, is imperative. MCH will work with the Community Health Centers to facilitate prenatal care availability	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: The rate of infant deaths between birth and 1 year of life	<u>Linked NOMs:</u> Infant Mortality

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Child Health					
Increase well-child checkups	To increase childhood developmental screening by 10%	Title V will continue to work with Project Bisita on developmental screening. According to program guidance, children in home visiting programs should undergo a developmental screening if they are between 9 and 30 months of age. This strategy supports early identification to promote optimal development for children.	ESM DS.1 - Number of home visitors trained to provide ASQ over the next 5 years. ESM DS.2 - Developmental Screening Education ESM DS.3 - Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening,	NPM - Developmental Screening	Linked NOMs: School Readiness Children's Health Status
Increase screenings (behavioral, ASQ, ASQ-SE) and usage of universal referrals	To increase developmental screenings by 5%	Guam Title V will continue to play an active role within the Guam Early Learning Council (GELC), the Preschool Development Grant (PDG), and the CDC's Learn the Signs Act Early (LTSAE) Guam Ambassador. Our involvement in these initiatives is crucial as they have prioritized system connections for children and families with community services, early education settings to support overall child development and well-being.	ESM DS.1 - Number of home visitors trained to provide ASQ over the next 5 years. ESM DS.2 - Developmental Screening Education ESM DS.3 - Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening,	NPM - Developmental Screening	Linked NOMs: School Readiness Children's Health Status
Increase screenings	To increase medical home usage by 5%	The goal is to increase the percentage of children, who have a medical home. . Title V staff will specifically monitor the percentage of children, who	ESM MH.1 - Conduct outreach to families	NPM - Medical Home	Linked NOMs: Children's Health Status

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(behavioral, ASQ, ASQ-SE) and usage of universal referrals		receive necessary care coordination through their medical home,	on availability and benefits of the medical home		CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Increase well-child checkups	To increase immunization rates by 5%	To work with the Guam Immunization Program to deliver messaging regarding immunizations	No ESMs were created by the State. ESMs are optional for this measure.	SPM 3: Percent of Guam children, ages 19 through 35 months, who have completed the recommended 7-vaccine series (4:3:1:3*:3:1:4)	

Adolescent Health

Increase adolescent well-checkups and behavioral health screenings	To increase adolescent well visit by 10%	Staff plan to identify obstacles and challenges that adolescents face when accessing mental and behavioral health services.	ESM AWW.1 - Adolescent preventive medical visit	NPM - Adolescent Well-Visit	Linked NOMs: Teen Births Adolescent Mortality Adolescent Motor Vehicle Death Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Child Obesity Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Increase adolescent well-checkups and behavioral health screenings	To decrease youth suicide rates by 5%	Staff plan to identify obstacles and challenges that adolescents face when accessing mental and behavioral health services	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Guam youth suicide rate ages 10-24	

Children with Special Health Care Needs

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Increase and standardize early developmental and behavioral screenings	To increase CSHCN who have a medical home by 5%	Staff are committed to identifying obstacles and challenges that adolescents face when accessing mental and behavioral health services. Title V staff will partner with the Guam Behavioral Health and Wellness Center (GBHWC) on various projects and initiatives related to adolescent mental health.	ESM MH.1 - Conduct outreach to families on availability and benefits of the medical home	NPM - Medical Home	<u>Linked NOMs:</u> Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Increase and standardize early developmental and behavioral screenings	To increase transition to adult health care by 5%	Title V staff will specifically monitor the percentage of children, including CSHCN, who receive necessary care coordination into adult health care services	<i>Inactive - ESM TAHC.1 - Number of families/providers who obtain needed support from Neni 311 for a support service. ESM TAHC.2 - Transition to Adult Health Care</i>	NPM - Transition To Adult Health Care	<u>Linked NOMs:</u> CSHCN Systems of Care