

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					
Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.	OBJ 1.1: In FFY2030, at least 80% of maternal and infant health constituents report that they are “highly” or “very highly” satisfied with the quality of data products available to inform strategic decision-making.	Strategy 1.1.1: Improve key constituents’ (policymakers, providers, MCH populations) understanding of the drivers and underlying factors contributing to Louisiana’s maternal health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve maternal health policies and services.	SPM ESM 1.1 - In FFY2026, at least 5 maternal health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.	SPM 1: Percent of maternal health constituents reporting “high” or “very high” satisfaction with the quality of data products available.	Linked NOMs: Maternal Mortality Severe Maternal Morbidity
Communities and families have timely access to reliable and accessible information.	OBJ 1.2: In FFY2030, at least 80% of maternal health constituents will report that they “frequently” or “very frequently” share maternal health education messages with their families and other community members.	Strategy 1.2.1: Improve community leaders’ understanding of effective strategies for responding to key risk and protective factors affecting maternal health by convening community action and advisory teams.	SPM ESM 2.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal health education efforts.	SPM 2: Percent of maternal health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.	Linked NOMs: Maternal Mortality Severe Maternal Morbidity
Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.	OBJ 1.3: In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of maternal and infant health policies and services.	Strategy 1.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported maternal and infant health programs and activities.	SPM ESM 3.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant	SPM 3: Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.	Linked NOMs: Severe Maternal Morbidity Maternal Mortality

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			health policies and services.		
MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.	OBJ 1.4: (a) In FFY2030, at least 98% of women will attend a postpartum checkup within 12 weeks after giving birth. (b) In FFY2030, at least 85% of women who attended a postpartum checkup will report that they received the recommended care components.	<p>Strategy 1.4.1: Improve access to quality family planning services by providing funding and technical assistance to the Office of Public Health's Bureau of Regional and Clinical Operation's (BRCO) Parish Health Units and other community-based partners.</p> <p>Strategy 1.4.2: Improve access to doula services by facilitating doula registration with the Louisiana Doula Registry Board.</p> <p>Strategy 1.4.3: Improve access to safe and quality birthing services by providing technical assistance to birthing hospitals, freestanding birthing centers and other clinical and community based providers.</p> <p>Strategy 1.4.4: Improve access to caregiver depression screening & referral by providing technical assistance including training and tele-consultation services to perinatal providers.</p>	<p>ESM PPV.1 - In FFY2026, at least 76% of birthing hospitals in Louisiana will achieve Louisiana Birth Ready and Louisiana Birth Ready Plus designation.</p> <p>ESM PPV.2 - In FFY2026, at least 85% of providers participating in the perinatal mental health ECHO training will have improved knowledge, attitudes, and/or behaviors.</p>	NPM - Postpartum Visit	Linked NOMs: Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.	OBJ 1.5: In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of maternal and infant policies and services".	Strategy 1.5.1: Improve maternal health policies and services by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.	SPM ESM 4.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.	SPM 4: Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's infant health policies and services".	Linked NOMs: Severe Maternal Morbidity Maternal Mortality
State policies relevant to MCH programs and services are modernized to	OBJ 1.6: By FFY2030, at least 2 maternal health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.	Strategy 1.6.1: Contribute to advancing maternal health policy priorities through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.	SPM ESM 5.1 - In FFY2026, at least 1 data / information brief is produced to inform the policy dialogue.	SPM 5: Number of maternal health policy priorities advanced through 2 stages of the policy process towards implementation or other	Linked NOMs: Severe Maternal Morbidity Maternal Mortality

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align with current day public health functions.				resolution.	
Perinatal/Infant Health					
Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.	OBJ 2.1: In FFY2030, at least 80% of maternal and infant health constituents report that they are “highly” or “very highly” satisfied with the quality of data products available to inform strategic decision-making.	Strategy 2.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the drivers and underlying factors contributing to Louisiana's infant health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve infant health policies and services.	SPM ESM 6.1 - In FFY2026, at least 3 infant health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.	SPM 6: Percent of infant health constituents reporting “high” or “very high” satisfaction with the quality of data products available.	Linked NOMs: Preterm-Related Mortality
Communities and families have timely access to reliable and accessible information.	OBJ 2.2: In FFY2030, at least 80% of infant health constituents will report that they “frequently” or “very frequently” share infant health education messages with their families and other community members.	Strategy 2.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting infant health by convening community action and advisory teams.	SPM ESM 7.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal and infant health education efforts.	SPM 7: Percent of infant health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.	Linked NOMs: Preterm-Related Mortality
Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.	OBJ 2.3: In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of maternal and infant health policies and services.	Strategy 2.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported maternal and infant health programs and activities.	SPM ESM 8.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant	SPM 8: Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.	Linked NOMs: Preterm-Related Mortality

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			health policies and services.		
MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.	OBJ 2.4: In FFY2030, at least 95% of very low birth weight (VLBW) infants will be born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).	<p>Strategy 2.4.1: Improve access to quality infant feeding and parent-infant attachment services by providing funding and technical assistance to birthing hospitals, freestanding birthing centers, and other clinical and community based providers.</p> <p>Strategy 2.4.2: Improve access to quality services for dyads affected by substance and opioid use disorder by providing technical assistance to birthing hospital Neonatal Intensive Care Units (NICU).</p>	ESM RAC.1 - In FFY2026, at least 86.9% of birthing hospitals in Louisiana will achieve Gift Designation.	NPM - Risk-Appropriate Perinatal Care	Linked NOMs: Stillbirth Perinatal Mortality Infant Mortality Neonatal Mortality Postneonatal Mortality Preterm-Related Mortality
Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.	OBJ 2.5: In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of maternal and infant policies and services".	Strategy 2.5.1: Improve health policies and services for infants by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.	SPM ESM 9.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.	SPM 9: Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's health policies and services for infants".	Linked NOMs: Preterm-Related Mortality
State policies relevant to MCH programs and services are modernized to align with current day public health functions.	OBJ 2.6: By FFY2030, at least 2 infant health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.	Strategy 2.6.1: Contribute to advancing policy priorities for infant health through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.	SPM ESM 10.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.	SPM 10: Number of infant health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.	Linked NOMs: Preterm-Related Mortality

Child Health					
Reliable data	OBJ 3.1: In FFY2030, at least 80%	Strategy 3.1.1: Improve key constituents' (policymakers, providers, MCH	SPM ESM 11.1 - In	SPM 11: Percent of	Linked NOMs:

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is available to inform the design, monitoring, and evaluation of MCH policies and services.	of child and adolescent health constituents report that they are “highly” or “very highly” satisfied with the quality of data products available to inform strategic decision-making.	populations) understanding of the key drivers and underlying factors contributing to Louisiana's child health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve child health policies and services.	FFY2026, at least 3 children’s health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.	children’s health constituents reporting “high” or “very high” satisfaction with the quality of data products available.	Child Injury Hospitalization
Communities and families have timely access to reliable and accessible information.	OBJ 3.2: In FFY2030, at least 80% of children’s health constituents will report that they “frequently” or “very frequently” share children’s health education messages with their families and other community members.	<p>Strategy 3.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting children's health by convening community action and advisory teams.</p> <p>Strategy 3.2.2: Improve families' access to information, parental education, and referral services through direct implementation of home visiting services.</p> <p>Strategy 3.2.3: Improve public understanding of the impacts of early childhood trauma and the importance of trauma-informed care by providing funding and technical assistance for the implementation of the Whole Health Louisiana Childhood Adversity Resilience Education (CARE) Network Initiative.</p>	SPM ESM 12.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local child and adolescent health education efforts.	SPM 12: Percent of children’s health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.	<u>Linked NOMs:</u> Child Injury Hospitalization
Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.	OBJ 3.3: In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of children’s health policies and services.	Strategy 3.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported children’s health programs and activities.	SPM ESM 13.1 - In FFY2026, at least 12 family, community, and/or CBO leaders will receive training and/or coaching to support their meaningful participation in the design, monitoring, and evaluation of children’s health policies and services.	SPM 13: Percent of family, community and/or community based organization leaders engaged in Title V supported children’s health programs who reported “high” or “very high” satisfaction with the training / coaching received.	<u>Linked NOMs:</u> Child Injury Hospitalization
MCH systems of care have improved	OBJ 3.4: In FFY2030, at least 50% children with and without special health care needs, ages 0 through	Strategy 3.4.1: Improve first responder and emergency department capacities to provide quality emergency medicine services for children.	ESM MH.1 - In FFY2026, at least 1000 families will	NPM - Medical Home	<u>Linked NOMs:</u> Children's Health Status CSHCN Systems of Care

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capacities to ensure access to quality child and adolescent health services.	17, will meet the criteria of having a medical home.	<p>Strategy 3.4.2: Provide technical assistance to improve in-state universities' educational curricula and didactics for pediatric medical students.</p> <p>Strategy 3.4.3: Provide technical assistance to improve key constituent capacities to deliver trauma-informed services.</p> <p>Strategy 3.4.4: Improve access to comprehensive, holistic medical home services by providing technical assistance to hospitals, health centers, and other clinical and community-based providers.</p> <p>Strategy 3.4.5: Improve families' access to information and referral services through direct implementation of a virtual, statewide care-coordination resource center.</p>	<p>receive care coordination services from the Family Resource Center</p> <p>ESM MH.2 - In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care.</p> <p>ESM MH.3 - In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days.</p> <p>ESM MH.4 - In FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease.</p>		<p>Flourishing - Young Child</p> <p>Flourishing - Child Adolescent - CSHCN</p> <p>Flourishing - Child Adolescent - All</p>
MCH systems of care have improved capacities to ensure access to quality child	OBJ 3.5: In FFY2030, at least 50% children with and without special health care needs will meet the criteria of having a medical home.	Strategy 3.5.1: Promote evidence-based developmental screening practices through direct training and coaching of pediatric providers.	<i>Inactive - ESM DS.1 - Number of early care/education and health providers receiving developmental,</i>	NPM - Developmental Screening	Linked NOMs: School Readiness Children's Health Status

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and adolescent health services.			<i>social/emotional, and environmental screening trainings</i> ESM DS.2 - In FFY2026, at least 80% of developmental screening providers who participated in training and/or technical assistance will demonstrate improved knowledge of recommended screening tools and screening guidelines.		
Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.	OBJ 3.6: In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of children's health policies and services".	Strategy 3.6.1: Improve children's health policies and services by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.	SPM ESM 14.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.	SPM 14: Percent of participants who “strongly” or “very strongly” agree that the children’s health steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s children’s health policies and services”.	<u>Linked NOMs:</u> Child Injury Hospitalization
State policies relevant to MCH programs and services are modernized to align with current day public health functions.	OBJ 3.7: In FFY2030, at least 2 child health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.	Strategy 3.7.1: Contribute to advancing children's health policy priorities through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.	SPM ESM 15.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.	SPM 15: Number of children's health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.	<u>Linked NOMs:</u> Child Injury Hospitalization

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Adolescent Health					
Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.	OBJ 4.1: In FFY2030, at least 80% of child and adolescent health constituents report that they are “highly” or “very highly” satisfied with the quality of data products available to inform strategic decision-making.	Strategy 4.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the key drivers and underlying factors contributing to Louisiana's adolescent health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve child health policies and services.	SPM ESM 16.1 - In FFY2026, at least 1 adolescent health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.	SPM 16: Percent of adolescent health constituents reporting “high” or “very high” satisfaction with the quality of data products available.	<u>Linked NOMs:</u> Adolescent Injury Hospitalization
Communities and families have timely access to reliable and accessible information.	OBJ 4.2: In FFY2030, at least 80% of adolescent health constituents will report that they “frequently” or “very frequently” share adolescent health education messages with their families and other community members.	Strategy 4.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting adolescent health by convening community action and advisory teams.	SPM ESM 17.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local adolescent health education efforts.	SPM 17: Percent of adolescent health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.	<u>Linked NOMs:</u> Adolescent Injury Hospitalization
Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.	OBJ 4.3: In FFY2030, at least 80% of youth leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of adolescent health policies and services.	Strategy 4.3.1: Training and coaching for youth leaders participating in Title V supported adolescent health programs and activities.	SPM ESM 18.1 - In FFY2026, 0 youth leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of adolescent health policies and services.	SPM 18: Percent of youth leaders engaged in Title V supported adolescent health programs who reported “high” or “very high” satisfaction with the training / coaching received.	<u>Linked NOMs:</u> Adolescent Injury Hospitalization
MCH systems of care have improved capacities to ensure access	OBJ 4.4: In FFY2030, at least 88% of adolescents ages 12 through 17 will report that they received needed mental health treatment or counseling.	Strategy 4.4.1: Improve access to adolescent risk behavior screening, information and timely referrals by providing funding and technical assistance to school-based health providers and administrators. Strategy 4.4.2: Improve youth's ability to reduce incidences of sexual assault	ESM MHT.1 - In FFY2026, at least 85% of youth participating in suicide prevention	NPM - Mental Health Treatment	<u>Linked NOMs:</u> Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization

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to quality child and adolescent health services.		<p>/ violence by providing technical assistance to relevant community based organizations.</p> <p>Strategy 4.4.3: Improve youth's ability to reduce suicide incidence by providing technical assistance to strengthen the capacities of relevant community based organizations.</p>	training will demonstrate improved knowledge, attitudes, and behaviors. ESM MHT.2 - In FFY2026, at least 70% of unduplicated students seen at an OPH-affiliated school-based health centers will be screened for depression.		Children's Health Status Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.	OBJ 4.5: In FFY2030, at least 18% of children and youth with and without special healthcare needs, ages 12 through 17, will receive services to prepare for the transition to adult health care.	Strategy 4.5.1: Improve access to comprehensive, holistic health transition services for adolescents ages 14 - 21 by providing technical assistance to hospitals, health centers, and other clinical and community-based providers.	ESM TAHC.1 - In FFY2026, at least 60% of community Sickle Cell Foundations define a medical home action plan objective addressing youth health transition.	NPM - Transition To Adult Health Care	Linked NOMs: CSHCN Systems of Care
Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.	OBJ 4.6: In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of child and adolescent health policies and services".	Strategy 4.6.1: Improve adolescent health policies and services by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.	SPM ESM 19.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.	SPM 19: Percent of participants who "strongly" or "very strongly" agree that the adolescent steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's adolescent health policies and services".	Linked NOMs: Adolescent Injury Hospitalization
State policies relevant to	OBJ 4.7: In FFY2030, at least 2 adolescent health policy priorities	Strategy 4.7.1: Contribute to advancing adolescent health policy priorities through the five stages of the policy process (Identification, Analysis,	SPM ESM 20.1 - In FFY2026, at least 1	SPM 20: Number of adolescent health policy	Linked NOMs: Adolescent Injury Hospitalization

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MCH programs and services are modernized to align with current day public health functions.	have been advanced through 2 stages of the policy process towards implementation or other resolution.	Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.	data / information brief is produced to inform policy dialogue.	priorities advanced through 2 stages of the policy process towards implementation or other resolution.	
Children with Special Health Care Needs					
Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.	OBJ 5.1: In FFY2030, at least 80% of constituents report that they are “highly” or “very highly” satisfied with the quality of data products available to inform strategic decision-making related to children and youth with special healthcare needs.	Strategy 5.1.1: Improve key constituents’ (policymakers, providers, MCH populations) understanding of the key drivers and underlying factors contributing to Louisiana’s CYSHCN health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve CYSHCN health policies and services.	SPM ESM 21.1 - In FFY2026, at least 1 CYSHCN health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.	SPM 21: Percent of CYSHCN health constituents reporting “high” or “very high” satisfaction with the quality of data products available.	Linked NOMs: CSHCN Systems of Care
Communities and families have timely access to reliable and accessible information.	OBJ 5.2: In FFY2030, at least 80% of CYSHCN health constituents will report that they “frequently” or “very frequently” share CYSHCN health education messages with their families and other community members.	Strategy 5.2.1: Improve community leaders’ understanding of effective strategies for responding to the health needs of children and youth with special healthcare needs by convening community action and advisory teams. Strategy 5.2.2: Improve families’ access to information and referral services through provision of funding and technical assistance to regional Families Helping Families’ organizations. Strategy 5.2.3: Improve access to information, referrals, and peer support for parents of children with sickle cell disease through provision of funding and technical assistance to regional Sickle Cell Foundations. Strategy 5.2.4: Improve access to information, referrals, and peer support for parents of children who are deaf or hard of hearing through provision of funding and technical assistance to Louisiana Hands & Voices.	SPM ESM 22.1 - In FFY2026, at least 15 community-based organizations receive funding and technical assistance to provide family-to-family support for parents of children and youth with special healthcare needs.	SPM 22: Percent of CYSHCN health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.	Linked NOMs: CSHCN Systems of Care
Community / family leaders	OBJ 5.3: In FFY2030, at least 80% of family, community and/or	Strategy 5.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported programs	SPM ESM 23.1 - In FFY2026, at least 15	SPM 23: Percent of family, community and/or	Linked NOMs: CSHCN Systems of Care

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and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.	community based organization leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of policies and services related to the health of children and youth with special healthcare needs.	and activities related to children and youth with special healthcare needs.	family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of CYSHCN policies and services.	community based organization leaders engaged in Title V supported CYSHCN programs who reported “high” or “very high” satisfaction with the training / coaching received.	
MCH systems of care have improved capacities to ensure access to quality health services for children and youth with special healthcare needs.	OBJ 5.4: In FFY2030, at least 50% of children and youth with special health care needs, ages 0 through 17, will meet the criteria for having a medical home.	<p>Strategy 5.4.1: Ensure universal access to newborn genetic screening, counseling and early intervention services by providing funding and technical assistance to the Office of Public Health’s Bureau of Regional and Clinical Operations.</p> <p>Strategy 5.4.2: Improve timely access to early intervention services for children who are deaf or hard of hearing by providing quality improvement consultation and technical assistance to the state’s early childhood systems of care.</p> <p>Strategy 5.4.3: Improve timely access to early intervention services for children with birth defects by direct provision of information and referral support to families.</p> <p>Strategy 5.4.4: Improve access to specialized health services for children with complex medical needs by providing funding and technical assistance to the Office of Public Health’s Bureau of Regional and Clinical Operations.</p> <p>Strategy 5.4.5: Promote appropriate care for children and youth with Sickle Cell Disease by providing technical assistance for the development of statewide in-service training modules for school nurses</p> <p>Strategy 5.4.6: The Louisiana Commission for the Deaf (LCD) will improve access to quality MCH services for persons who are d/Deaf, and/or hard of hearing by directly delivering core empowerment programs</p>	<p>ESM MH.1 - In FFY2026, at least 1000 families will receive care coordination services from the Family Resource Center</p> <p>ESM MH.2 - In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care.</p> <p>ESM MH.3 - In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days.</p> <p>ESM MH.4 - In</p>	NPM - Medical Home	<p>Linked NOMs:</p> <p>Children’s Health Status</p> <p>CSHCN Systems of Care</p> <p>Flourishing - Young Child</p> <p>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
		<p>Strategy 5.4.7: The Louisiana Commission for the Deaf (LCD) will improve access to quality MCH services for persons who are d/Deaf, DeafBlind, and/or hard of hearing by providing technical assistance to Title V supported MCH Programs.</p> <p>Strategy 5.4.8: Improve access to pediatric depression screening & referral by providing technical assistance including training and tele-consultation services to pediatric providers.</p>	<p>FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease.</p>		
<p>Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.</p>	<p>OBJ 5.5: In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of health policies and services related to the health of children and youth with special healthcare needs".</p>	<p>Strategy 5.5.1: Improve policies and services related to the health of children and youth with special healthcare needs by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.</p>	<p>SPM ESM 24.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve policies and services related to the health of children and youth with special healthcare needs.</p>	<p>SPM 24: Percent of participants who "strongly" or "very strongly" agree that the CYSHCN steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's CYSHCN health policies and services".</p>	<p><u>Linked NOMs:</u> CSHCN Systems of Care</p>
<p>State policies relevant to MCH programs and services are modernized to align with current day public health functions.</p>	<p>OBJ 5.6: In FFY2030, at least 2 CYSHCN health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.</p>	<p>Strategy 5.6.1: Contribute to advancing policy priorities for children and youth with special healthcare needs through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.</p>	<p>SPM ESM 25.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.</p>	<p>SPM 25: Number of CYSHCN policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.</p>	<p><u>Linked NOMs:</u> CSHCN Systems of Care</p>