

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
<b>Women/Maternal Health</b>					
<p>Improve care for women’s mental health</p>	<p>Conduct situation analysis to understand current screening rates and readiness assessment.</p> <p>Implement training’s and quality improvement initiatives on screening for depression.</p> <p>Promote comprehensive education on screening for depression.</p>	<p>By 2026, 75% of prenatal and postnatal health care providers will have incorporated screening for depression into the standard of care protocols.</p>	<p>SPM 1: Percent of women who report that their health care provider asked them about depression in the 12 months prior to pregnancy</p>		
<p>Increase women’s access to high quality healthcare</p>	<p>Statewide affordable health care services by promoting access to both clinical and at home health care services.</p> <p>Maintain a training infrastructure for health care and community providers to promote high quality supportive services for women’s health.</p> <p>Maintain an education infrastructure for community partners to promote well-women visits with their program participants.</p> <p>Increase annual well visit referrals among women through perinatal programs (WIC, Public Health Nursing, Family Planning and MIECHV).</p>	<p>Increase by 5% the percentage of Maine women receiving a well woman visit.</p>	<p>NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year</p>	<p>ESM 1.1: Number of women referred to well-woman visits by social service providers (WIC and home visiting)</p>	<p>NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>NOM 3: Maternal mortality rate per 100,000 live births</p> <p>NOM 4: Percent of low birth weight deliveries (&lt;2,500 grams)</p> <p>NOM 5: Percent of preterm births (&lt;37 weeks)</p> <p>NOM 6: Percent of early term births (37, 38 weeks)</p> <p>NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths</p> <p>NOM 9.1: Infant mortality rate per 1,000 live births</p> <p>NOM 9.2: Neonatal mortality rate per 1,000 live births</p>

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					<p>NOM 9.3: Post neonatal mortality rate per 1,000 live births</p> <p>NOM 9.4: Preterm-related mortality rate per 100,000 live births</p> <p>NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy</p> <p>NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations</p> <p>NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females</p> <p>NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth</p>
<b>Perinatal/Infant Health</b>					
Reduce infant mortality	<p>Expand the distribution of the Cribs for Kids Program in Maine with fidelity.</p> <p>Expand social awareness campaigns promoting safe sleep.</p> <p>Partner with WIC, Maine Families Home Visiting, Public Health Nursing or other programs to provide safe sleep education and counseling.</p> <p>Utilize the recommendations from MFIMR to guide policy/protocols/training needed for MCH Providers.</p>	To increase the percent of infants placed to sleep on their backs, on a separate approved sleep surface, without soft objects or loose bedding.	NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding	ESM 5.1: Percent of WIC participants who report always placing their baby on his/her back to sleep	<p>NOM 9.1: Infant mortality rate per 1,000 live births</p> <p>NOM 9.3: Post neonatal mortality rate per 1,000 live births</p> <p>NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p>
Increase breastfeeding initiation and duration	<p>Increase breastfeeding promotion and access to breastfeeding information and support.</p> <p>Ensure families have access to inpatient breastfeeding support after birth.</p>	By 2025, increase breastfeeding initiation to 91% and six months of breastfeeding duration to 44%.	NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6	ESM 4.1: Percent of Public Health Nurses, WIC and Maine Families Home Visitors trained as	<p>NOM 9.1: Infant mortality rate per 1,000 live births</p> <p>NOM 9.3: Post neonatal mortality rate per 1,000 live births</p>

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	<p>Increase community breastfeeding support across the state of Maine.</p> <p>Increase breastfeeding support and education for families affected by substance use.</p>		months	Certified Lactation Counselors	NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
<b>Child Health</b>					
Optimize children's physical and oral health	Increase the number of schools and early care and education sites that receive support and targeted outreach to improve policies and meet best practices for increasing physical activity opportunities for youth they serve.	Increase by 5% the proportion of children who are physically active at least 60 minutes per day.	NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day	ESM 8.1.1: Number of SAUs, ECEs and Afterschool/Out of School Programs that meet best practices and highest standards for physical activity.	<p>NOM 19: Percent of children, ages 0 through 17, in excellent or very good health</p> <p>NOM 20: Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)</p>
Optimize children's physical and oral health	<p>Maintain support for the School Oral Health Program consultants and administrators.</p> <p>Provide support and supplies for updated PPE requirements post COVID-19.</p>	Increase by 5% the percent of children who had a preventive dental visit in the past year.	NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	ESM 13.2.1: Number of schools receiving oral health educational resources	<p>NOM 14: Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year</p> <p>NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system</p> <p>NOM 19: Percent of children, ages 0 through 17, in excellent or very good health</p>
Optimize children's physical and oral health	Ensure children have access to the required immunizations according to the schedule.	All children will receive their immunizations according to schedule.	SPM 2: Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series 4:3:1:3*:3:1:4		
Ensure early detection and intervention for developmental delay	Work with community partners to collaborate and increase referrals for developmental screenings.	To increase the percent of children who receive a developmental screening by 5%	NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed	ESM 6.1: Percent of children aged 0-3 enrolled in MaineCare who had a claim for a	NOM 13: Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

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			screening tool in the past year	developmental screening in the previous year.	NOM 19: Percent of children, ages 0 through 17, in excellent or very good health
<b>Adolescent Health</b>					
Address adolescent unmet mental health needs	<p>Maintain support for SBHC integrated medical and behavioral health care model</p> <p>Increase evidence-based primary prevention strategies to increase resiliency, promote social and emotional learning skills and reduce risk of unmet mental health needs</p> <p>Increase the number of educators and youth-serving professionals who receive training in strategies to identify, intervene, and assist youth at increased risk of suicide</p>	Promote access to evidence-based interventions and behavioral health services for youth with unmet mental health needs	SPM 3: Percent of Maine high school students who report feeling so sad or hopeless (for 2 or more weeks) that they stopped doing regular activities (past 12 months).		
Prevent bullying and its consequences	<p>Obtain data on the current bullying prevention efforts being implemented in Maine schools.</p> <p>Active engagement of health care professionals in bullying prevention to reduce the adverse health outcomes (physical and psychosocial) associated with bullying.</p> <p>Increase the number of schools providing students with instruction and practice in Trauma Informed strategies.</p> <p>Provide professional learning (PL) to school personnel on inclusivity and systemic bullying prevention practices and program.</p> <p>Make available resources and technical assistance to support implementation of effective school-based strategies to reduce bullying behaviors and promote positive behaviors among youth ages 12-17.</p>	Promote access to evidence-based interventions for schools and school professionals that decrease bullying.	NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others	<p>ESM 9.1: Number of administrators, educators, support staff taking a new Social-Emotional Learning (SEL) training.</p> <p>ESM 9.2: Percent of individuals trained in social-emotional learning who report an increase in knowledge after the training.</p>	<p>NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000</p> <p>NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000</p>
<b>Children with Special Health Care Needs</b>					
Improve care coordination for children and families	<p>Increase provider awareness of available care coordination resources.</p> <p>Increase access to care coordination for families.</p>	Increase the percentage of children with special health care needs who receive effective care coordination, among those who	SPM 4: Percent of children with special health care needs who receive effective care coordination, among		

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with special health care needs		need it, to 71% by 2025.	those who need it.		
Support adolescents with SHN's transition to adult care	<p>Build provider awareness on importance of purposefully transitioning CSHN adolescent medical care to adult care.</p> <p>Increase collaboration between Medicaid and Title V.</p>	Increase the percentage of Maine adolescents, ages 12-17, with special health care needs who receive the services needed to transition to adult health care to 39% by 2025.	NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care	ESM 12.1: Number of families of 12-21 year olds with special health care needs who attend the Supported Decision-Making class	NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system