

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>					
Improve care for women’s mental health	By 2026, 75% of prenatal and postnatal health care providers will have incorporated screening for depression into the standard of care protocols.	<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>		SPM 1: Percent of women who report that their health care provider asked them about depression in the 12 months prior to pregnancy	
Increase women’s access to high quality healthcare	Increase by 5% the percentage of Maine women receiving a well woman visit.	<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>	ESM WWV.1 - Number of women referred to well-woman visits by social service providers (WIC and home visiting)	NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV	<p>NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM</p> <p>NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM</p> <p>NOM - Percent of low birth weight deliveries (&lt;2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW</p> <p>NOM - Percent of preterm births (&lt;37 weeks) (Preterm Birth, Formerly NOM 5) - PTB</p> <p>NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB</p> <p>NOM - Perinatal mortality rate per</p>

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					<p>1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM</p> <p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p> <p>NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related</p> <p>NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP</p> <p>NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS</p> <p>NOM - Teen birth rate, ages 15 through 19, per 1,000 females</p>

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					(Teen Births, Formerly NOM 23) - TB  NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD
Increase women's access to high quality healthcare	Increase by 5% the percentage of Maine women attending a postpartum checkup within 12 weeks after giving birth and receive recommended care.	Promote the importance of postpartum visits with partners	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

**Perinatal/Infant Health**

Reduce infant mortality	To increase the percent of infants placed to sleep on their backs, on a separate approved sleep surface, without soft objects or loose bedding.	Expand the distribution of the Cribs for Kids Program in Maine with fidelity.  Expand social awareness campaigns promoting safe sleep.  Partner with WIC, Maine Families Home Visiting, Public Health Nursing or other programs to provide safe sleep education and counseling.  Utilize the recommendations from MFIMR to guide policy/protocols/training needed for MCH Providers.	ESM SS.1 - Percent of WIC participants who report always placing their baby on his/her back to sleep	NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM  NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal  NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
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Increase breastfeeding initiation and duration	By 2025, increase breastfeeding initiation to 91% and six months of breastfeeding duration to 44%.	<p>Increase breastfeeding promotion and access to breastfeeding information and support.</p> <p>Ensure families have access to inpatient breastfeeding support after birth.</p> <p>Increase community breastfeeding support across the state of Maine.</p> <p>Increase breastfeeding support and education for families affected by substance use.</p>	ESM BF.1 - Percent of Public Health Nurses, WIC and Maine Families Home Visitors trained as Certified Lactation Counselors	NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF	<p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID</p>

## Child Health

Optimize children's physical and oral health	Increase by 5% the proportion of children who are physically active at least 60 minutes per day.	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.	ESM PA-Child.1 - Number of SAUs, ECEs and Afterschool/Out of School Programs that meet best practices and highest standards for physical activity.	NPM - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child	<p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS</p>
Optimize children's physical and oral health	Increase by 5% the percent of children who had a preventive dental visit in the past year.	<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>	ESM PDV-Child.1 - Number of schools receiving oral health educational resources	NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child	<p>NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC</p> <p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p>

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					NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Optimize children's physical and oral health	All children will receive their immunizations according to schedule.	Ensure children have access to the required immunizations according to the 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	To increase the percent of children who receive a developmental screening by 5%	Work with community partners to collaborate and increase referrals for developmental screenings.	ESM DS.1 - Percent of children aged 0-3 enrolled in MaineCare who had a claim for a developmental screening in the previous year.	NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS	NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR  NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Optimize children's physical and oral health	Increase by 5% the number of children who have a medical home	Identify effective and implementable strategies to linking children with medical homes  Expand reach to children needing a medical home	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

## Adolescent Health

Address adolescent unmet mental health needs	Promote access to evidence-based interventions and behavioral health services for youth with unmet mental health needs	Maintain support for SBHC integrated medical and behavioral health care model  Increase evidence-based primary prevention strategies to increase resiliency, promote social and emotional learning skills and reduce risk of unmet mental health needs  Increase the number of educators and youth-serving professionals who receive training in strategies to identify, intervene, and assist youth at		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).	
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		increased risk of suicide			
Prevent bullying and its consequences	Promote access to evidence-based interventions for schools and school professionals that decrease bullying.	<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>	<p>ESM BLY.1 - Number of administrators, educators, support staff taking a new Social-Emotional Learning (SEL) training.</p> <p>ESM BLY.2 - Percent of individuals trained in social-emotional learning who report an increase in knowledge after the training.</p>	NPM - Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY	<p>NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM</p> <p>NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide</p>

### Children with Special Health Care Needs

Improve care coordination for children and families with special health care needs	Increase the percentage of children with special health care needs who receive effective care coordination, among those who need it, to 71% by 2025.	<p>Increase provider awareness of available care coordination resources.</p> <p>Increase access to care coordination for families.</p>		SPM 4: Percent of children with special health care needs who receive effective care coordination, among those who need it.	
Support adolescents with SHN's transition to adult care	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.	<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>	ESM TR.1 - Number of families of 12-21 year olds with special health care needs who attend the Supported Decision-Making class	NPM - 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 (Transition, Formerly NPM 12) - TR	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC
Improve care coordination	Increase the percentage of children with and without special	Understand how Medical Home is currently working in Maine and in other States.	No ESMs were created by the State.	NPM - Percent of children with and without special	This NPM was newly added in the 2025 application/2023 annual

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for children and families with special health care needs	health care needs who have a medical home		ESMs were optional for this measure in the 2025 application/2023 annual report.	health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.