

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					
Comprehensive perinatal systems of care	By 2030, increase the percentage of women who receive postpartum checkups within 12 weeks of giving birth by 5% and receive the recommended care components by 25% (98% and 82.5%, respectively).	<p>Enhance resources, services, and supports that are responsive to community and individual needs and experiences to improve birth experiences for populations who are medically underserved and at greater risk for poor health outcomes.</p> <p>Broaden virtual and in-person services for perinatal women.</p> <p>Strengthen health literacy and system navigation by providing community-responsive resources, services, and supports.</p> <p>Improve quality and availability of family-centered mental health and substance use disorder services and resources for perinatal women.</p>	ESM PPV.1 - Percentage of families who could benefit from family home visiting services that are currently served.	NPM - Postpartum Visit	Linked NOMs: Maternal Mortality Neonatal Abstinence Syndrome Women’s Health Status Postpartum Depression Postpartum Anxiety
Perinatal/Infant Health					
Healthy infants, families, and communities	By 2030, increase the percentage of infants - placed to sleep on their backs by 10%; - placed to sleep on a separate sleep surface by 30%; - placed to sleep without soft objects or bedding by 10%; and - room-sharing with an adult during sleep by 10%.	<p>Amplify resources, services, and supports that are responsive to community needs and foster the health and wellbeing of families with pregnant women and infants.</p> <p>Collaborate with trusted community organizations and partners to maximize resources that promote the health and wellbeing of pregnant women and infants.</p> <p>Promote and strengthen development and broad representation in the workforce supporting infant and perinatal health.</p> <p>Enhance and integrate knowledge of the impact of parental mental health and intergenerational experiences on perinatal and infant health.</p>	<i>Inactive - ESM SS.1 - Proportion of mothers who were told by a healthcare provider to place their baby on his or her back to sleep</i> ESM SS.2 - Proportion of organizations that distribute cribs and/or provide safe sleep education within communities across Minnesota.	NPM - Safe Sleep	Linked NOMs: Infant Mortality Postneonatal Mortality SUID Mortality

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Child Health					
Child mental health and wellbeing	By 2030, increase the percentage of children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool by 10%.	<p>Amplify resources, screening, training, services, and supports that are responsive to and address the needs of children and their communities.</p> <p>Provide resources and support for school-based health centers and school nurses to address mental health and wellbeing for children in schools.</p> <p>Increase capacity of the child health workforce to provide wellbeing and mental health support across the state.</p>	<p><i>Inactive - ESM DS.1 - Percent of developmental/social-emotional screens that were completed electronically through the Follow Along Program (FAP) in the past year.</i></p> <p>ESM DS.2 - Percent of developmental/social-emotional screens that were completed through the Follow Along Program (FAP) in the past year.</p>	NPM - Developmental Screening	<p>Linked NOMs:</p> <p>School Readiness</p> <p>Children's Health Status</p>
Child mental health and wellbeing	By 2030, increase the percentage of children who have a medical home by 15%.	Ensure children from all populations and geographic areas have access to mental health and wellbeing promotion, screening, and resources.	ESM MH.1 - Percent of care coordinators reporting increased knowledge in serving CSHCN and their families after participating in Community of Practice (CoP) webinars.	NPM - Medical Home	<p>Linked NOMs:</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					
Adolescent mental health and wellbeing	By 2030, increase the percentage of adolescents who received a preventative medical visit in the past year by 13% to 78.6%.	<p>Amplify resources, services, and supports for adolescents who are medically underserved and at greater risk for poor health outcomes.</p> <p>Build community capacity to support and increase access to adolescent-centered physical and mental health resources and supports.</p>	<p><i>Inactive - ESM AWW.1 - Percentage of Child and Teen Checkups (C&TC) where depression screenings are</i></p>	NPM - Adolescent Well-Visit	<p>Linked NOMs:</p> <p>Teen Births</p> <p>Adolescent Mortality</p> <p>Adolescent Motor Vehicle Death</p> <p>Adolescent Suicide</p> <p>Adolescent Firearm Death</p>

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		<p>Nourish transformation of systems, environments, and norms that support adolescents in self and community care.</p> <p>Promote change in societal attitudes by challenging stigma and harmful beliefs toward adolescent mental health and illness.</p>	<p><i>occurring for adolescents enrolled in Minnesota Health Care Programs (MHCP)</i></p> <p>ESM AWW.2 - Percent of adolescent students who report that they would have done “nothing” and/or “I’m not sure” to take care of your health problems/needs if their school did not have a School Based Health Clinic (SBHC).</p>		<p>Adolescent Injury Hospitalization Children's Health Status Child Obesity Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All</p>
Children with Special Health Care Needs					
Coordinated support and access for CSHCN	By 2030, increase the percentage of CSHCN who have a medical home by 15%.	<p>Strengthen family-centered, evidence-informed supports, services, and resources.</p> <p>Involve families and caregivers in shaping, implementing, and improving programs and services.</p> <p>Collaborate across systems to remove and reduce barriers to simplify family navigation and improve access to resources and supports.</p> <p>Support local efforts to provide services and resources in ways that meet family needs and preferences.</p>	ESM MH.1 - Percent of care coordinators reporting increased knowledge in serving CSHCN and their families after participating in Community of Practice (CoP) webinars.	NPM - Medical Home	<p><u>Linked NOMs:</u> Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All</p>
Cross-Cutting/Systems Building					
Optimal systems and policies	By 2030, Minnesota aims to have 50 resources provided to Title V grantees and state staff through the Minnesota Title V Resources and Support Hub.	Amplify community responsive resources, services, and supports to address systems and policies to support the health and wellbeing of MCH populations who are medically underserved and at greater risk for poor health outcomes.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Number of resources provided to Title V grantees and state staff through the Minnesota Title V Resources and	

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		<p>Develop and mobilize strong interagency, multisector, and community partnerships to respond to uneven trends in maternal and infant deaths through targeted interventions.</p> <p>Build workforce and partner capacity to promote systems and policies that optimally serve all MCH populations in Minnesota.</p> <p>Engage partners and interest holders to promote family engagement and partnership across all sectors.</p>		Support Hub.	
Community health drivers	By 2030, decrease the proportion of Minnesota counties that have a high Area Deprivation Index (ADI) by 10%.	<p>Amplify resources, services, and supports that are responsive to community needs and support the health and wellbeing for all.</p> <p>Strengthen the capacity of public health professionals and community leaders to effectively address community health drivers, such as housing and early childhood systems of care, using a public health lens.</p> <p>Vitalize Title V activities to address community health factors to improve MCH outcomes and access to care across the life course.</p> <p>Ensure data produced and reported through Title V highlight meaningful differences in maternal and child health outcomes, explore root causes, discuss their impact, and provide recommendations for improving health across MCH populations.</p>	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Percent of Minnesotan communities that have a high Area Deprivation Index (ADI)	