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					
Increase comprehensive social and health-related support to expecting and postpartum families.	Objective 1: Raise awareness about and accessibility to midwives, doulas and community-based birth workers. Objective 2: Increase community birth worker hubs to support retention, supervision, and sustainable practice. Objective 3: Help families navigate resources and opportunities which can address a variety of social determinants of health	Provide scholarships, stipends, and paid practices to encourage students from underserved communities to pursue careers in midwifery and doula services. Support community-based mentorship networks that links experienced providers with trainees and prioritizes peer-to-peer learning and cultural knowledge sharing. Increase the access to "birth worker hubs" that provide shared resources, such as training spaces, administrative support, continuing education, and networking opportunities, for doulas, midwives, and community health workers. Provide business development support for independent birth workers through seed grants. Participate in the Early Childhood Comprehensive Systems (ECCS) Advisory Council Enhance referrals and data sharing between perinatal programs in other state agencies and NMDOH	ESM PPV.1 - Percent of NM women with live birth having a postpartum visit, reported for Medicaid and non-Medicaid populations. ESM PPV.2 - Number of services received between 6 weeks and 12 months, postpartum.	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Expand access to perinatal mental health care	Objective 1: Use evidence-based tools and methods to integrate universal perinatal mental health screening into routine care Objective 2: Expand peer-led and culturally grounded postpartum support programs in underserved communities.	Collaborate with local perinatal mental health associations to train public health staff, doulas, perinatal community health workers, home visitors, OBs, midwives, and primary care providers to use validated tools, such as the Edinburg Postpartum Depression Scale- EPDS and PHQ-9. Utilize depression and anxiety tools that have been linguistically and culturally adapted for Spanish-speaking, Indigenous, and immigrant populations. Partner with the NM Health Care Authority Medicaid program to direct managed care organizations (MCOs) on postpartum checkup screening and follow up requirements.	ESM MHS.1 - Number of health providers attending the IPH-ECHO for at least 10 out of 12 sessions	NPM - Postpartum Mental Health Screening	**Linked NOMs:** Maternal Mortality Infant Mortality SUID Mortality Neonatal Abstinence Syndrome Child Injury Hospitalization Women's Health Status Postpartum Depression Postpartum Anxiety

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	Objective 3: Evaluate impact of the Postpartum Medicaid benefit and its effect on mental health screening, referrals and outcomes in the first year after pregnancy	Fund and support the development of postpartum support groups co-led by peers with lived experience, doulas, perinatal community health workers, home visitors, OBs, midwives and promotoras de salud.			

Perinatal/Infant Health

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Promote and expand breastfeeding support services during the first six months of infancy	Objective 1: Expand statewide capacity for breastfeeding support in clinical and non-clinical support systems. Objective 2: Strengthen the continuum of care support for breastfeeding families Objective 3: Expand family-friendly and lactation professional supportive policies which are known or show promise to support breastfeeding outcomes.	Partner with the NM Breastfeeding Task Force to offer hospital and birth center lactation trainings Seek incentives through Medicaid for Baby-Friendly Hospital Initiative designation Coordinate with the NM Hospital Association and professional provider associations to promote Baby-Friendly and lactation support Partner with policy and advocacy organizations to evaluate and promote evidence-based workplace policies Partner with HCA Medicaid to optimize billing and reimbursement rates for lactation specialists practicing in NM	ESM BF.1 - Number of hospitals who are practicing the Baby Friendly Hospital steps	NPM - Breastfeeding	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality
Implement and monitor respectful perinatal care in clinical and non-clinical settings.	Objective 1: Continue the work of defining and promoting guidelines for respectful maternity and perinatal care in NM. Objective 2: Continue to monitor and promote birthing-friendly hospital and birth center designation in NM. Objective 3: Continue the work to promote informed consent and support to families whose infant is identified with substance exposure at delivery.	Partner with birth justice and quality improvement organizations to draft and review the guidelines. Collaborate with academic, clinical and community-based advocates to carry out training and monitoring of respectful maternity and perinatal care in NM. Collaborate with the statewide maternal health task force and research consortia to define and operationalize criteria for birthing-friendly hospital status in New Mexico. Work with HCA Medicaid and managed care organizations (MCOs) to ensure that birthing-friendly hospital and birth center designation is meaningful and impactful. Implement standardized protocols to ensure non-stigmatizing, trauma-informed care during the identification and disclosure process.	ESM DSR.1 - Number of population measures which address perinatal care discrimination.	NPM - Perinatal Care Discrimination	**Linked NOMs:** Severe Maternal Morbidity Maternal Mortality Low Birth Weight Preterm Birth Stillbirth Perinatal Mortality Infant Mortality Neonatal Mortality Preterm-Related Mortality Postpartum Depression Postpartum Anxiety

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
		Conduct training sessions for health care professionals on optimal practices to discuss substance exposure with families.			

Child Health

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Support parents of children with services and care which addresses social determinants of health.	Objective 1. Increase the capacity of health systems to deliver and effectively connect families to a continuum of services that promote early developmental health and family well-being, beginning prenatally. Objective 2. Increase awareness and self-advocacy among parents of children to get support from programs and age-appropriate services, including access to childcare, food security and nutrition, housing and medical home. Objective 3. Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventive services and systems for the prenatal to 3 years (PN–3) population. Objective 4. Improve surveillance to reduce unintentional and intentional injuries among children ages 0-17 years	Expand reach of the Early Education and Care Department's Families FIRST program which serves expecting and postpartum families with kids, ages 0-3 years Coordinate with networks for primary care, including the NM Primary Care Association, the NM Pediatric Society and federally qualified health center systems to promote referrals to early intervention, housing, food and nutrition programs, and mental health services Advertise the NMDOH help line and share information through social media, coalitions and community partnerships Contract with Family Voices and Family leader organizations to expand their reach Promote workplace and statewide policies for paid family sick and care leave Promote statewide policies which increase access and eligibility for affordable childcare	ESM HI-Child.1 - Number of families with Families FIRST care coordination in the first three years of child's life	NPM - Housing Instability - Child	**Linked NOMs:** School Readiness Child Mortality Child Injury Hospitalization Children's Health Status Behavioral/Conduct Disorders Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All Adverse Childhood Experiences
Support parents of children with services and	Increase awareness and self-advocacy among parents of children to get support from programs and age-appropriate	Advertise the NMDOH help line and share information through social media, coalitions and community partnerships. Contract with Family Voices and Family leader organizations to expand	ESM MH.1 - Number of family trainings completed by partnering	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
care which addresses social determinants of health.	services, including access to childcare, food security and nutrition, housing and medical home. Improve cross- agency efforts to improve medical home and consistent access to primary care for children.	their reach. Work with the NM Primary Care Association to assess medical home barriers. Establish goals with the NM Pediatric Society to improve primary care access, especially in rural and under-served areas. Expand resource navigation through NMDOH Public Health Offices and ECECD programs in each region of the state.	organizations that promote parent/professional partnerships which includes medical and school-based settings ESM MH.2 - Number or percent of families at the CYSHCN Program who are connected to a care coordinator or another professional to help them find the services they need		Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Support parents of children with services and care which addresses social determinants of health.	Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventive services and systems for the prenatal to 3 years (PN–3) population.	Promote statewide policies which increase access and eligibility for affordable childcare.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Percent of children, ages 0 through 5, whose parents had access to childcare in the past year	
Adolescent Health					
Increase Youth Health Literacy, Resiliency Factors, Prevention and Access	Increase adolescent health literacy (i.e., youth suicide, teen dating violence, substance use), prevention & awareness within 10-20 NM schools	Provide training and education retreats on adolescent health topic areas to 50-150 youth each year.	ESM ADM.1 - Number of students trained in resilience topics ESM ADM.2 - Number of students who are trained in health literacy topics.	NPM - Adult Mentor	**Linked NOMs:** Adolescent Depression/Anxiety Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Promote access to adolescent	● Improve access to primary care and behavioral services through School-Based Health Centers	Improve advertising and awareness of available services in school based health centers.	ESM ADM.1 - Number of students trained in resilience	NPM - Adult Mentor	**Linked NOMs:** Adolescent Depression/Anxiety Flourishing - Child Adolescent -

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
health care, including telehealth options.	(SBHC)		topics ESM ADM.2 - Number of students who are trained in health literacy topics.		CSHCN Flourishing - Child Adolescent - All
	Increase youth resiliency factors within 10-20 NM schools	Plan and implement one health promotion, one service-learning, and one statewide project Update, refine and develop curriculum and evaluation tools for the NM YPHP program.	SPM ESM 1.1 - Percent of adolescents, ages 12 through 17, who report one or both of these resiliency factors: • "I have a sense of direction and purpose in my life." • "I am good at coping with the stress in my life."	SPM 1: Percent of adolescents, ages 12 through 17, who report one or both of these resiliency factors: • "I have a sense of direction and purpose in my life." • "I am good at coping with the stress in my life."	Linked NOMs: Adolescent Suicide Adolescent Depression/Anxiety Flourishing - Child Adolescent - All

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
Strengthen school-based services and educational support for children with learning and behavioral needs to support a medical home.	Align school-based services with medical home principles to support children with learning and behavioral needs. Improve care coordination and referral systems for CYSHCN to promote consistent medical homes.	Conduct an environmental scan with education partners to identify current gaps and strengths in the system around school-based services for CYSHCN. Develop a training module for CMS coordinators to strengthen their capacity in care coordination with a focus on school-based services and support. Strengthen the interagency agreement between Medicaid and Title V to support coordinated efforts around care coordination emphasizing an evidence-based approach Engage Primary Health Care providers in improving referral pathways and ensuring continuity of care.	ESM MH.1 - Number of family trainings completed by partnering organizations that promote parent/professional partnerships which includes medical and school-based settings ESM MH.2 - Number or percent of families at the CYSHCN Program who are connected to a care coordinator or another professional to help them find the services they need	NPM - Medical Home	Linked NOMs: Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All