

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					
Prevent Maternal Mortality	By September 30, 2025 continue to partner with Wyoming Cancer Program (WCP) within the WDH to offer funding for cervical screening visits to patients that do not qualify for Medicaid or National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funding.	Promote importance of preventive annual visit and identify and implement evidence-based strategies to address barriers to preventive annual visit.	<p><i>Inactive - ESM</i> <i>WWW.1 - Number of women ages 18-44 enrolled in the My 307 Wellness App</i></p> <p><i>Inactive - ESM</i> <i>WWW.2 - Percent of women ages 18-44 interacting with developed messaging in regard to the well-woman visit and its importance on the My 307 Wellness App</i></p> <p>ESM WWW.3 - Percentage of women, ages 14-44 who were enrolled to receive MCH funds for a cervical screen through the Wyoming Cancer Program and who received the cervical screen with MCH funds.</p> <p><i>Inactive - ESM</i> <i>WWW.4 - Percentage of women, ages 14-44</i></p>	NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWW	<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 (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW</p> <p>NOM - Percent of preterm births (<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 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>

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			<p><i>who were denied coverage from other programs under the Wyoming Cancer Program for a cervical screen, and who received a cervical screen with MCH funds.</i></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 (Teen Births, Formerly NOM 23) - TB</p> <p>NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression,</p>

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					Formerly NOM 24) - PPD
Prevent Maternal Mortality	<p>By September 30, 2025 complete maternal mortality review for all maternal cases from 2023.</p> <p>By September 30, 2025 have our state team release one data dissemination project and fund one sub-award for recommendations.</p>	Uphold cross-state UT-WY Joint Maternal Mortality Review Committee.			
Prevent Maternal Mortality	<p>By September 30, 2025, score, interview, and contract with at least one applicant from the distributed RFA with a Women's/Maternal NPM.</p> <p>By September 30, 2025, assess the process of the awards distributed the previous year.</p>	Offer funding opportunities for county level organizations to implement community level projects to prevent maternal mortality.			
Prevent Maternal Mortality	September 30, 2025, select an evidence-based strategy to address postpartum visits.	Undertake planning and preparation for the transition to this NPM	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					
Prevent Infant Mortality	By September 30, 2025, continue to support County PHN offices, MIECHV, and birthing hospitals with evidence-based materials for safe sleep education. This includes the Charlies Kid board	Promote importance of safe sleep practices and identify and implement evidence-based activities to address barriers to safe sleep practices.	ESM SS.1 - Percent of PRAMS moms who report having a home visit and report their baby sleeps on a separate approved	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	<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</p>

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	book, Sleep Baby, Safe, and Snug.		sleep surface ESM SS.2 - Percent of PRAMS moms who report having a home visit and report their baby sleeps without soft objects or loose bedding	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	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
Prevent Infant Mortality	By September 30, 2025 maintain support of PHN County Tobacco cessation efforts of pregnant/postpartum moms with Quitkits, and pamphlets as counties request. By September 30, 2025 implement at least one recommendation from the Title V MCH Internship Program interns' tobacco cessation project.	Promote importance of smoking cessation among women of reproductive age, pregnant/postpartum women and implement evidence-based activities to address barriers to smoking cessation.		SPM 1: Percent of women who smoke during pregnancy	
Prevent Infant Mortality	By September 30, 2025 score, interview and contract with at least one applicant from the distributed RFA with an Infant/Perinatal NPM. By September 30, 2025 assess the process of the awards distributed the previous year.	Offer funding opportunities for county level organizations to implement community level projects to prevent infant mortality.			
Prevent Infant Mortality	By September 30, 2025 engage 30% more hospitals to be involved and working to implement Quality Improvement Projects.	Expand and Maintain Wyoming Perinatal Quality collaborative.			

Child Health

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Promote Healthy and Safe Children	By September 30, 2025 have 23 childcare providers receiving training and technical assistance on Wyoming Healthy Policies Tool Kit.	Continue to promote the Healthy Policies Toolkit and expand outreach for TA to additional licensed childcare facilities.	<p>ESM PA-Child.1 - Number of childcare providers receiving training and technical assistance on Wyoming Healthy Policies Toolkit</p> <p>ESM PA-Child.2 - Percent of childcare providers receiving TA that implemented at least one physical activity policy</p>	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>
Promote Healthy and Safe Children	By September 30, 2025 have all organizations who received funding with the initial funding award initiate their proposed project and release another round of funding opportunities.	Offer funding opportunities for Wyoming organizations to support programs and/or professional development for physical educators, to continue to improve physical activity among the child population, ages 1-11 years old.	<p>ESM PA-Child.1 - Number of childcare providers receiving training and technical assistance on Wyoming Healthy Policies Toolkit</p> <p>ESM PA-Child.2 - Percent of childcare providers receiving TA that implemented at least one physical activity policy</p>	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>
Promote Healthy and Safe Children	September 30, 2025, select an evidence-based strategy to address medical home.	Undertake planning and preparation for the transition to this NPM	<p>ESM MH.1 - Percent of CSH Advisory Council members with lived experience</p> <p><i>Inactive - ESM MH.2 - Complete assessment of National Standards for Systems of Care</i></p>	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	<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> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who</p>

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			<p><i>for CYSHCN</i></p> <p>ESM MH.3 - Develop an Action Plan based on results of National Standards Assessment</p>		<p>receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <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 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC</p>

Adolescent Health

Promote Adolescent Motor Vehicle Safety	By September 30, 2025, there will be agreements for license drivers under the age of 18 in every county.	Develop and promote a parent-teen driver agreement to parents of new teen drivers.	<p><i>Inactive - ESM IH-Adolescent.1 - Percent of high schools providing Teens in the Driver's Seat (TDS)</i></p> <p>ESM IH-Adolescent.2 - Percent of licensed drivers under the age of 18 with a completed agreement</p>	NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent	<p>NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM</p> <p>NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM</p> <p>NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle</p> <p>NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide</p>
Prevent Adolescent Suicide	By September 30, 2025, 50% of the pediatric primary care providers who received training on common	Improve the ability and capacity of Wyoming clinics to provide mental health screening and care to adolescents in coordination with Pediatric Mental Health Care Access grant activities.			

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	pediatric mental health screening tools and best practices are providing suicide risk screenings.				
Prevent Adolescent Suicide	<p>By September 30, 2025, increase the numbers of schools implementing Sources of Strength by 20%.</p> <p>By September 30, 2025, 10% of Wyoming school districts will receive training on implementing a best-practice/evidence-based suicide postvention policy.</p>	Implement and expand suicide prevention and postvention programs in Wyoming junior high and high schools.		SPM 4: Percent of Wyoming youth reporting increased youth/adult connectedness	

Children with Special Health Care Needs

Improve Systems of Care for Children and Youth with Special Health Care Needs	By September 30, 2025 Identify and implement internal CYSHCN program changes that support the implementation of the Blueprint.	Improve upon the Wyoming CSH program to reach more families to provide gap-filling financial assistance, and better meet the National Standards for Systems of Care of CYSHCN.	<p>ESM MH.1 - Percent of CSH Advisory Council members with lived experience</p> <p><i>Inactive - ESM MH.2 - Complete assessment of National Standards for Systems of Care for CYSHCN</i></p> <p>ESM MH.3 - Develop an Action Plan based on results of National Standards Assessment</p>	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	<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> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <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 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care,</p>
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					Formerly NOM 25) - FHC
Improve Systems of Care for Children and Youth with Special Health Care Needs	By September 30, 2025 have the new CYSHCN strategic plan advisory committee decide on the formation of the CSH Advisory Council.	Convene a CSH Advisory Council with the goal of including members with lived experience to support statewide collaboration, parent education, and provider education around patient/ family centered medical home and other CYSHCN related topics.	<p>ESM MH.1 - Percent of CSH Advisory Council members with lived experience</p> <p><i>Inactive - ESM MH.2 - Complete assessment of National Standards for Systems of Care for CYSHCN</i></p> <p>ESM MH.3 - Develop an Action Plan based on results of National Standards Assessment</p>	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	<p>NOM - Percent of children with special health care needs (CYSHCN), ages 0 through 17, who receive care in a well-functioning system (CYSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <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 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC</p>
Cross-Cutting/Systems Building					
Strengthen MCH Workforce Capacity to Operationalize MCH Core Values	By September 30, 2025, implement at least two additional practices that support a culture of belonging and inclusion.	Develop and maintain a diverse workforce and a culture of belonging and inclusion within WY MCH.			
Strengthen MCH Workforce	By September 30, 2025, complete workforce development plan to guide ongoing professional	Develop, improve, and align professional development opportunities to increase competencies related to MCH core values and/or those that support staff well-being.		SPM 2: Percent of new WY MCH staff completing MCH orientation	

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Capacity to Operationalize MCH Core Values	development.			(including MCH Navigator self-assessment) within first 6 months	
Strengthen MCH Workforce Capacity to Operationalize MCH Core Values	By September 30, 2025, act on at least two activities from the newly developed MCH Health Equity Plan.	Promote and integrate core values across all MCH domains and state priority needs.			
Strengthen MCH Workforce Capacity to Operationalize MCH Core Values	By September 30, 2025, have at least one Clifton Strengths team activity in which 75% of MCH and Epi staff participate.	Continue individual and team strengths development within WY MCH.			