

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or – Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
Prevent Maternal Mortality	Stand up a joint state Maternal Mortality Review Committee with the Utah Department of Health and develop Wyoming specific protocols.	Increase understanding of maternal deaths in Wyoming and develop recommendations for implementation by WY MCH and/or the WYPQC.			
Prevent Maternal Mortality	Develop culturally appropriate communication campaign(s) on the importance of a well woman visit	Increase awareness of the importance of an annual well woman visit	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	ESM 1.1: Number of women ages 18-44 enrolled in the My 307 Wellness App ESM 1.2: % of enrolled women (ages 18-44) who interact with developed messaging related to the well-woman visit and its importance on the My 307 Wellness App	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births

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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: The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy</p> <p>NOM 11: The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births</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>
Prevent Maternal Mortality	Work with Medicaid, the Behavioral Health Division and other partners to conduct a gap analysis and map of the current mental health infrastructure for women of reproductive age in Wyoming.	Improve the mental health infrastructure for women of reproductive age			
Perinatal/Infant Health					
Prevent Infant Mortality	Utilize PRAMS data to identify disparities in safe sleep practices for Wyoming families that use the home visitation program. Offer provider training on safe sleep using a health equity lens.	Understand data related to safe sleep in order to target training	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	<p>ESM 5.1: % of PRAMS moms who report having a home visit and report their baby sleeps on a separate approved sleep surface</p> <p>ESM 5.2: % of PRAMS moms who report having a home visit and report their baby sleeps without soft</p>	<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: Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p>

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				objects or loose bedding	
Prevent Infant Mortality	Survey providers and Public Health Nurses to learn about screening/referral efforts for women of reproductive age, partners and families who use tobacco products. Use survey results to inform education/training.	Increase referrals to all smoking cessation programs in WY Increase the number of women who enroll in the Wyoming Quitline	SPM 1: Percent of women who smoke during pregnancy		
Prevent Infant Mortality	Hold several meetings with county and state level partners to determine if FIMR should be conducted at the state or county level. Begin implementation during five-year cycle.	Evaluate capacity to implement FIMR at the state or county level			

Child Health

Promote Healthy and Safe Children	Convene Bright Futures Implementation Task Force to Bright Futures (4th Ed.) Guidelines with health care providers and community partners. Promotion may range from general awareness related activities such as ensuring providers and community partners are aware that Bright Futures is Wyoming's EPSDT periodicity schedule, to topic specific initiatives such as child lead screening, childhood obesity and physical activity promotion, promotion of comprehensive annual well child visits, or universal developmental screening as recommended by Bright Futures. Promotion may include verbal communications, distributing specific written resources, describing initiatives, website updates, support for regional community meetings, etc.	Increase the number of providers reporting implementation of BF guidelines within their practice	SPM 3: % of children (ages 1-9 years old) who should receive at least one visit based on the "periodicity schedule", receiving at least 1 EPSDT visit as noted within CMS 416 report		
Promote Healthy and Safe Children	Provide technical assistance and networking promoting expansion of child physical activity and nutrition education in early care and education settings	Increase the % childcare providers receiving orientation training and technical assistance on WY Healthy Policies Toolkit Increase the number of childcare providers providing teacher-led physical activity as part of daily curriculum	NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day	ESM 8.1.1: # of childcare providers receiving training and technical assistance on Wyoming Healthy Policies Toolkit	NOM 19: Percent of children, ages 0 through 17, in excellent or very good health 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)

Adolescent Health

Prevent Adolescent Suicide	Continue partnership with University of Michigan Adolescent Health Initiative to implement Adolescent-Centered Environment-Assessment Process (ACE-AP) in Wyoming clinics.	To promote and increase annual clinic participation in the ACE-AP	NPM 10: Percent of adolescents, ages 12 through 17, with a	ESM 10.2: Percentage of clinics receiving Adolescent Centered Environment	NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000
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	Develop, sustain, and support a youth and young adult council.	To develop youth and young adult council goals related to adolescent well visit, adolescent suicide prevention, and to increase youth voice in agency programs	preventive medical visit in the past year.	<p>certification</p> <p>ESM 10.3: Percent of clinics showing improvement in at least 50% of selected topics through the ACE-AP</p> <p>ESM 10.4: % of participating ACE-AP clinics who focus efforts on Behavioral Health Clinical Practices</p>	<p>NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000</p> <p>NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000</p> <p>NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling</p> <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> <p>NOM 22.2: Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza</p> <p>NOM 22.3: Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine</p> <p>NOM 22.4: Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine</p>

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					<p>NOM 22.5: Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine</p> <p>NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females</p>
Promote Adolescent Motor Vehicle Safety	<p>Utilize Bright Futures Implementation Task Force to develop MVTS provider guidelines to promote teen driver safety</p> <p>Facilitate collaborative effort to strengthen partnerships across entities and increase participation in the Child Safety Learning Collaborative with a focus on implementing evidence-based strategies (e.g. Teens in the Driver Seat) to reduce adolescent MVT mortality.</p>	<p>To increase implementation of Wyoming specific MVTS provider guidelines during adolescent well visits to promote teen driver safety.</p> <p>To improve collaboration with SADD and other existing MVTS groups, increase statewide participation in CSLC, and promote teen driver safety programs.</p>	NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19	ESM 7.2.1: # of schools/organizations/SADD chapters providing teen driver safety programs (e.g. Teen in the Driver Seat) with teens	<p>NOM 15: Child Mortality rate, ages 1 through 9, per 100,000</p> <p>NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000</p> <p>NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000</p> <p>NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000</p>
Prevent Adolescent Suicide	Convene statewide partners to coordinate adolescent suicide prevention efforts, increase participation in the Child Safety Learning Collaborative, and promote the implementation of Sources of Strength.	To increase/strengthen partnerships, create materials and resources to disseminate statewide, and promote Sources of Strength implementation to increase youth-adult connectedness	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	<p>Identify and implement internal systems changes that support implementation of the National Standards for Systems of Care for CYSHCN within Wyoming CSHCN Program.</p> <p>Complete National Standards for Systems of Care Assessment</p>	<p>Increase reach of current CSH program and implement the National Standards for Systems of Care of CYSHCN.</p> <p>Increase collaboration between</p>	NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	<p>ESM 11.1: Percent of CSH Advisory Council members with lived experience</p> <p>ESM 11.2: Complete assessment of National</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

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Care Needs	Develop an Action Plan based on results of completed National Standards assessment	PHN, WIC, Part C, University of Wyoming, PIC, etc. and other partners providing support to CYSHCN children and families.		Standards for Systems of Care for CYSHCN ESM 11.3: Develop an Action Plan based on results of National Standards Assessment	NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling NOM 19: Percent of children, ages 0 through 17, in excellent or very good health NOM 25: Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year
Improve Systems of Care for Children and Youth with Special Health Care Needs	Convene a CSH Advisory Council with the goal of including members with lived experience to support statewide collaboration, parent education, and provider education through the development of a CSH family resource guide and distribution plan (including National Standards content and information on available services) and the creation of shared definitions.	To convene a CSH advisory council, develop a CSH family resource guide and increase family involvement in programming. Increase collaboration and coordination between State agencies, community-based organizations, families, service providers and the University of Wyoming.			
Cross-Cutting/Systems Building					
Strengthen MCH Workforce Capacity to Operationalize MCH Core Values	Develop and improve professional development opportunities to increase competencies related to MCH core values Promote and integrate core values across all MCH domains and state priority needs Develop understanding of individual and team strengths	Increase understanding of WY MCH workforce needs related to MCH core values	SPM 2: % of new WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within first 6 months		