

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
<b>Women/Maternal Health</b>					
Prevent Maternal Mortality	Promote importance of well-woman visit and postpartum visit and identify and implement evidence-based strategies to address barriers to well-woman visit and postpartum visits.	By September 30, 2022 develop messaging and content around the well women visit based on the results from the focus groups and develop a plan to promote the use of the My 307 Wellness App among women of reproductive age.	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: 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	<p>NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>NOM 3: Maternal mortality rate per 100,000 live births</p> <p>NOM 4: Percent of low birth weight deliveries (&lt;2,500 grams)</p> <p>NOM 5: Percent of preterm births (&lt;37 weeks)</p> <p>NOM 6: Percent of early term births (37, 38 weeks)</p> <p>NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths</p> <p>NOM 9.1: Infant mortality rate per 1,000 live births</p> <p>NOM 9.2: Neonatal mortality rate per 1,000 live births</p> <p>NOM 9.3: Post neonatal mortality rate per 1,000 live births</p> <p>NOM 9.4: Preterm-related mortality rate per 100,000 live births</p>

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					<p>NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy</p> <p>NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations</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	Partner with Medicaid to increase access to postpartum visits and postpartum contraception.	By September 30, 2022 implement plan developed with Medicaid to increase access to postpartum visits and postpartum contraception.			
Prevent Maternal Mortality	Implement evidence-based strategies to improve maternal health outcomes to include implementation of cross-state UT-WY maternal mortality review committee.	By September 30, 2022 implement plans to address high priority recommendations.			

## Perinatal/Infant Health

Prevent Infant Mortality	Promote importance of safe sleep practices and identify and implement evidence-based activities to address barriers to safe sleep practices.	By September 30, 2022, identify initial barriers to providing safe sleeping environment from focus groups to be addressed with interventions and start training for professionals, including Home visiting programs to recognize, identify and model safe sleep environments using the Health Equity lens.	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: Percent 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: Percent of PRAMS moms who report having a home visit and report their baby sleeps without</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: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p>
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				soft objects or loose bedding	
Prevent Infant Mortality	Promote importance of smoking cessation among women of reproductive age and pregnant women and implement evidence-based activities to address barriers to smoking cessation.	By September 30, 2022 increase the number of Quit Kits given to pregnant and postpartum women and increases the number of pregnant/postpartum women referred to the QuitLine by PHN.	SPM 1: Percent of women who smoke during pregnancy		
<b>Child Health</b>					
Promote Healthy and Safe Children	Continue to promote the Healthy Policies Toolkit and expand outreach for TA to additional licensed childcare facilities.	By September 30, 2022 increase the # Childcare Providers receiving orientation training and TA on Wy Health Policies by 25%.	NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day	ESM 8.1.1: Number 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)
	Promote Bright Futures (4th Ed.) Guidelines for 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. to health care providers and community partners and ensuring providers and community partners are aware that Bright Futures is Wyoming's EPSDT periodicity schedule.	By September 30, 2022 implement promotion plan of childhood specific topics developed with the Bright Futures Task force.	SPM 3: Percent 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		
<b>Adolescent Health</b>					
Promote Adolescent Motor Vehicle Safety	Implement and expand Teens in the Driver Seat in high schools through collaboration with statewide partners.  Develop MVTS guidelines and materials to promote teen driver safety in adolescent well visits.	By September 30, 2022 100% of pilot schools will be implementing Teens in the Driver Seat and a plan with partners will be developed to fund additional schools to implement Teens in the Driver Seat.	NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19	ESM 7.2.1: Percent of high schools providing Teens in the Driver's Seat	NOM 15: Child Mortality rate, ages 1 through 9, per 100,000  NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000  NOM 16.2: Adolescent motor vehicle mortality rate, ages 15

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					through 19, per 100,000  NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000
Prevent Adolescent Suicide	Promote the Adolescent well-visit to youth (ages 10-20) through partnership with Medicaid, providers, and the Youth Council.	By September 30, 2022 implemented developed plan new Reminder protocols and develop a plan to implement recommendations based on youth council assessment.	NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.	ESM 10.1: Percent of Medicaid pediatric providers sending text reminders for annual well visits for 10-19-year-olds linking patients to web-based well visit information  ESM 10.2: Wyoming EPSDT rate for 10-20 year olds	NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000  NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000  NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000  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 20: Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)  NOM 22.2: Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza  NOM 22.3: Percent of adolescents, ages 13 through 17, who have

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					<p>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> <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> <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</p>
Prevent Adolescent Suicide	Improve the ability and capacity of Wyoming clinics to provide mental health screening and care to adolescents in continued partnership with the University of Michigan Health Initiative to implement Adolescent-Centered Environment-Assessment Process (ACE-AP).	By September 30, 2022 100% of clinics participating in the University of Michigan Adolescent Health Initiative to implement Adolescent-Centered Environment-Assessment Process (ACE-AP) focus efforts on Behavioral Health Clinical Practices.			
Prevent Adolescent Suicide	Implement and expand Sources of Strength in Wyoming junior high and high schools.	By September 30, 2022 Source of Strength is implemented in all school identified as pilot schools.	SPM 4: Percent of Wyoming youth reporting increased youth/adult connectedness		

**Children with Special Health Care Needs**

Improve Systems of	Improve upon the Wyoming CSH program to reach more families to provide gap-filling financial assistance, and better meet the National Standards for	By September 30, 2022 implement plan to address gaps identified by	NPM 11: Percent of children with and without	ESM 11.1: Percent of CSH Advisory	NOM 17.2: Percent of children with special health care needs
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Care for Children and Youth with Special Health Care Needs	Systems of Care of CYSHCN.	the National Standards for Systems of Care Assessment.	special health care needs, ages 0 through 17, who have a medical home	<p>Council members with lived experience</p> <p>ESM 11.2: Complete assessment of National Standards for Systems of Care for CYSHCN</p> <p>ESM 11.3: Develop an Action Plan based on results of National Standards Assessment</p>	<p>(CSHCN), ages 0 through 17, who receive care in a well-functioning system</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 25: Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year</p>
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 around patient/ family centered medical home and other CYSHCN related topics.	By September 30, 2022 have at least 50% of the CSH Advisory Council members with lived experience.			
<b>Cross-Cutting/Systems Building</b>					
Strengthen MCH Workforce Capacity to Operationalize MCH Core Values	<p>Develop and improve professional development opportunities to increase competencies related to MCH core values.</p> <p>Promote and integrate core values across all MCH domains and state priority needs.</p> <p>Develop understanding of individual and team strengths.</p>	By September 30, 2022, develop a MCH orientation.	SPM 2: Percent of new WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within first 6 months		