Iowa State Action Plan Table 2025 Application/2023 Annual Report

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					
Dental Delivery Structure of the MCAH Population	By 2025, increase the percent of women who had a preventive dental visit during pregnancy to 65.3%	Build and enhance partnerships with community organizations and health care providers Oral health promotion for expectant parent and baby Outreach to dental and medical providers including birthing centers Care coordination and referrals Partner with community organizations to promote health equity Gap-filling preventive services Collect race and ethnicity data to help identify gaps in services	ESM PDV-Pregnancy.1 - Number of medical practices receiving an outreach visit from an I-Smile Coordinator	NPM - Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy	NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC 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 NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
MCAH Systems Coordination	By 2025, decrease the percent of women who smoke during pregnancy to 10.6%	Local Title V agencies utilize standardized screening tool for tobacco use (Ask Advise Refer) and motivational interviewing techniques with trained staff Local Title V agencies collaborate with their local tobacco coalitions to provide community education and outreach specific to tobacco use in pregnant women Collaborate with Iowa HHS Tobacco Division to implement an incentive program for pregnant women accessing the Iowa Quitline pregnancy program Provide opportunities for local Title V agencies to receive training and technical assistance on tobacco cessation	ESM SMK-Pregnancy.1 - Percent of pregnant women served by MH agencies who are screened for tobacco use with Ask, Advise, Refer	NPM - Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
		Local Title V agencies provide individualized health education to all maternal health clients on the importance of tobacco cessation and provide referrals to resources to support cessation Local Title V agency staff providing health education will do so in a way that recognizes cultural beliefs and experiences			NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
					NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
MCAH Systems Coordination	By 2025, decrease the number of pregnancy-related deaths for every 100,000 live births to 8.6	Title V MH agencies will be provided training and communication related to the most recent MMRC findings and recommendations Title V MH agencies provide screenings and education on topics specific to preventing maternal mortality MH agency staff providing health education will do so in a culturally and linguistically appropriate way. Specific maternal mortality topics will be tailored to reflect cultural beliefs and experiences, particularly related to minority women impacted by maternal mortality at a higher rate. Title V MH agencies provide postpartum home visits to clients. Clients who decline receive a follow up phone call. Conduct annual Maternal Mortality Reviews with a multi-disciplinary review committee and distribute findings and recommendations widely Title V MH staff, in collaboration with the University of Iowa Department of Obstetrics and Gynecology, will develop the Iowa Maternal Quality Care Collaborative (IMQCC) Title V MH staff will assist the IMQCC in joining the Alliance on Innovation in Maternal Health (AIM) and implementing hospital safety bundles Maternal Mortality Committee will recruit multidisciplinary members to participate in the review process All Maternal Mortality Case Summaries will be entered into MMRIA and the de-identified data shared with the CDC The Maternal Mortality Review Committee will be trained on and begin using the Committee Decision form designed by the CDC in MMRIA.		SPM 1: Number of pregnancy-related deaths for every 100,000 live births	
Access to	By 2025, will increase the rate of	Educate on the importance of postpartum visits and offer at least one	No ESMs were	NPM - A) Percent of	This NPM was newly added in the

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
care for the MCAH Population	attendance at postpartum visits to 93%	postpartum visit to all maternal health clients Black and African American Maternal Health Clients who receive Doula services will receive up to three postpartum visits Title V agencies will ensure staff are appropriately trained on postpartum visits and warning signs Title V agencies will refer clients to a lactation counselor when appropriate	created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	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	2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Perinatal/Infant Health					
Access to care for the MCAH Population	By 2025, increase the percent of infants breastfed exclusively for 6 months to 33%	Title V agency will collaborate with the hospital lactation consultant in their service area to ensure mutual referrals Title V agency staff will join their local breastfeeding coalition Title V agencies will work with a minimum of 1 local employer with a minimum of 50 employees per year to educate on breast pumping policy, laws and best practice Title V agencies will ensure their staff are appropriately trained on current breastfeeding best practice through continued education Title V agencies will link their clients to a WIC peer counselor when one is available Title V agencies will maintain a list or directory of local breastfeeding resources to share with clients and the community Title V agencies will refer clients to a lactation counselor when appropriate TItle V agencies will provide breastfeeding educational materials to all clients Title V agencies will provide health education on breastfeeding when providing direct care services, including postpartum home visit. Education will be culturally and linguistically appropriate.	***Inactive -*** *ESM BF.1 - Number of businesses or organizations who were provided education by Title V agencies in the past year about the importance of strong policies to support breastfeeding through or beyond 6 months of age* ESM BF.2 - Percent of women who receive education about breastfeeding through 6 months and pumping at work	NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal 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

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
		Title V agencies with develop individualized breastfeeding education that is tailored to each client's needs, and will take into account cultural beliefs and experiences that may impact breastfeeding Local Title V agencies will provide breastfeeding classes for women in their service area if other classes are not available			
Safe and Healthy Environments	By 2025, increase the percent of infants placed to sleep on their backs to 89% By 2025, increase the percent of infants placed to sleep on a separate approved sleep surface to 47% By 2025, increase the percent of infants placed to sleep without soft objects or loose bedding to 59.5%	Title V agencies will provide education about safe sleep environments to at least one community organization or retailer in their service area per year Title V agencies will develop, and then provide each woman they serve with, a safe sleep resources directory Women who need a free or low cost crib will be referred to that community service if one is available in the Title V service area Women who receive direct care health education services will be provided safe sleep education based on the assessed needs of the mother Minority women, who are clients of a Title V agency, will receive individualized education on safe sleep best practices that emphasizes the recommendations in a culturally appropriate way to meet the client where she is A flyer on safe sleep will be distributed with each birth certificate on an annual basis Iowa HHS will work with Iowa birthing hospitals to encourage them to conduct safe sleep audits. Iowa HHS will share an audit tool with all of Iowa's birthing hospitals and encourage them to use the tool to increase staff awareness of the sleep environment of newborns in the hospital post delivery	ESM SS.1 - Number of community education opportunities Title V agencies provide education about safe sleep environments each year	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 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	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal 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
Child Health					
Access to care for the MCAH Population	By 2025, increase the percent of children, ages 9 through 35 months, who received a developmental screening using a	Provide System Coordination of development screens with local providers. This includes child care providers, home visiting programs, primary care providers, CCNC, Head Start to assess for gaps, assure access and avoid duplication	ESM DS.1 - Percentage of Medicaid enrolled children ages 0-6	NPM - Percent of children, ages 9 through 35 months, who received a developmental screening	NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	parent-completed screening tool in the past year to 24.5%	Community Partnerships with Children's Mental Health System Regions throughout the state Promotion of screening to Early Childhood Education Programs (ECE) Priority Population Partnerships. Partner with specific organizations, programs or groups that address priority populations to increase culturally appropriate access, outreach and education on developmental screening and emotional behavioral assessments Educate parents on developmental milestones in their children's lives and promote the Iowa Family Support Network and Early Access Developmental Monitoring for required Early ACCESS Activity - infants and toddlers ages 0-3 found not be eligible for Early ACCESS services Monitor and assess the rates of ASQ or ASQ: SE Referrals for both Title V local agencies and 1st Five Healthy Mental Development contractors. Utilize the evaluation of 1st Five Healthy Mental Development program to identify gaps and avenues for continued collaboration.	receiving a brief emotional behavioral assessment using a standardized tool according to Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines.	using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS	NOM 13) - SR NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Dental Delivery Structure of the MCAH Population	By 2025, increase the percent of children, ages 1 through 17, who had a preventive dental visit in the past year to 90%	Local Title V agencies build partnerships with organizations and health care providers Local Title V agencies conduct outreach to dental and medical providers Local Title V agencies partner with community organizations to promote health equity through oral health promotion Local Title V agencies provide oral health care coordination and referrals for all clients Local Title V agencies collect race and ethnicity data to help identify gaps in services Local Title V agencies provide gap-filling preventive services	ESM PDV-Child.1 - Number of medical practices receiving an outreach visit from an I-Smile Coordinator.	NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child	NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC 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 NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
					Status, Formerly NOM 19) - CHS
Safe and Healthy Environments	By 2025, increase the percent of children ages 1 and 2 with a blood lead test in the past year to 75%	Title V Agencies must assure children in their service area receive age and interval appropriate blood lead testing through the provision of testing, referral to another agency, or referral to the child's primary care provider Coordinate the provision of blood lead tests in the service area to assess for gaps, assure access and avoid duplication Educate families on the importance of blood lead testing at recommended age intervals (e.g. informing scripts, initial inform mailing, social media platforms) Partner with specific organizations, programs or groups that address priority populations to increase culturally appropriate access, outreach and education on lead poisoning prevention and lead testing Iowa HHS will provide training to Title V agencies on blood lead testing guidelines, CLPPP and strategies for engaging health care providers and families State Title V and Childhood Lead Poisoning Prevention Program collaboration and coordination of programming Collaborate with different state agencies to obtain increased access to data sources and strengthen partnerships to increase data sharing Prioritize sustainable funding sources for lead screening. Work collaboratively with Iowa Medicaid Enterprise and private insurers to promote appropriate reimbursement for blood lead screening for Child Health Screening Centers Collaborate with the Iowa HHS Childhood Lead Poisoning Prevention Program to provide access to the HHLPSS system for Title V contractors to allow timely review of blood lead testing results		SPM 2: Percent of children ages 1 and 2, with a blood lead test in the past year	
Safe and Healthy Environments	By 2025, increase the percent of early care and education programs that receive child care nurse consultant services to 48%	Development of partnerships between Title V Child Health agencies and CCNC programs Provide annual updates on CCNC services, performance measure data,		SPM 3: Percent of early care and education programs that receive Child Care Nurse	

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
		and information on child care health/nurse consultation nationally and impact on quality child care to state Early Childhood Iowa (ECI) and DHS Collaborate with state ECI Professional Development and DHS for support of CCNC services State HCCI staff will evaluate local CCNC agencies for program fidelity including annual inter-rater reliability visits with local CCNCs utilizing the Health and Safety Checklist assessment tool. Fidelity with the tool will be at 90% or higher CCNC agencies will be evaluated by State HCCI staff for program fidelity including a review of child care provider outreach activities, performance measure data collection methods, comparison of local data with statewide averages, and local partnerships/collaboration Annual CCNC performance measure data is published, posted on the HCCI website and shared with partners and stakeholders HCCI CCNC program will center around equity incorporating health equity language into the CCNC Role Guidance, contracts and promote (champion) equity into our state child care system. HCCI will incorporate the 10 Essential Public Health Services into program model and structure		Consultant services.	
Dental Delivery Structure of the MCAH Population	By 2025, increase the number of children 0-35 Months who have had fluoride varnish during a well visit with Physician/health care provider to 1,049	State Title V staff will maintain and develop state and local partnerships Local Title V agencies provide outreach and training for medical providers to promote fluoride varnish application during well visits Local Title V agencies provide outreach to dentists to educate on fluoride varnish application during well visits State Title V staff will work towards integration of dental hygienists in medical clinics		SPM 5: Number of children 0-35 Months who have had fluoride varnish during a well visit with Physician/health care provider	
Access to care for the MCAH Population	By 2025 will increase the percent of children without special health care needs who have a medical home to 54%.	Local Title V agencies will assess medical home status of all clients at every interaction Development of referral sources for clients without medical home	ESM MH.1 - Number of telehealth visits through Child Health Specialty Clinics	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical	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,

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
		Provide care coordination for clients without a medical home Provide culturally and linguistically appropriate well child visit reminders for children who are Title V clients and children enrolled in Medicaid Fee For Service Local Title V agencies may provide gap-filling direct care services for children based upon an assessment of need within the service area		Home, Formerly NPM 11) - MH	Formerly NOM 17.2) - SOC 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 NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS 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
Adolescent Health					
Access to care for the MCAH Population	By 2025, increase the percent of adolescents ages 12 through 17 with a preventive medical visit in the past year to 85%	Local Title V agencies will educate parents of adolescents on the importance of annual well visits during the Informing process Provide culturally and linguistically appropriate annual well visit reminders for adolescents who are Title V clients and for adolescents enrolled in Medicaid Fee For Service Bureau of Family Health staff will explore possible collaborations with Iowa Medicaid Enterprise, Department of Human Services, Department of Education, Managed Care Organizations, the University of Iowa EPSDT physician group, and provider associations, to assure adolescents receive annual well visits Peer to Peer PCP education and outreach on the importance of adolescent well visit this will include: Incorporating pre-participation physicals into the well visit; Maximizing pre-participation physicals, med checks, acute visits into well visits; Coding and billing the well visit appropriately; Adolescent	***Inactive -*** *ESM AWV.1 - Partner with at least two other organizations or agencies, including but not limited to family planning, substance abuse, youth serving organizations, parent and family organizations, universities, and/or community colleges to promote adolescent well* ESM AWV.2 - Percent	NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV	NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide NOM - Percent of children with

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
		friendly care; Elements of the well visit Health Equity Advisory Committee input on increasing adolescent well visits Agencies may provide gap-filling direct care services for adolescents based upon an assessment of need within the service area Family Engagement group involvement in increasing adolescent well visits	of children 10 through 20 years of age enrolled in Medicaid with a well visit in the past year		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 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 NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS 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 NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine (HPV Vaccination, Formerly NOM 22.3) - VAX-HPV NOM - Percent of adolescents,

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
					ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB
MCAH Systems Coordination	By 2025, decrease the percent of adolescents who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities to 23.5%	Explore the use of psychosocial assessments for Adolescents in primary care settings and billing options for local Title V agencies to provide gap filling services Provide adolescent mental health training for local Title V agencies Collaborate with the Iowa Department of Education and local school districts in assessing gaps or barriers to adolescent mental health services in local communities Assist in the advancement of the efforts ordered by the Governor of Iowa in the establishment and implementation of Iowa's Children's Behavioral Health System State Board (Children's Board) and promote state and local Title V agency level participation Continue to maintain partnerships with organizations that support LGBTQI youth and collaborate in the development of evidence based strategies improving the mental well being of adolescents Participate in the AYAH CoIIN with a long term focus on system-level policies and practices to support integration of behavioral health in primary care		SPM 4: Percent of adolescents who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities	

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
		Re-engage the state Adolescent Health Collaborative			
Children with Special Health Care Needs					
Access to community-based services and supports, pediatric specialty providers, and coordination of care	By 2025, increase the percent of children with and without special health care needs, ages 0 through 17, who have a medical home to 53.4%	Provide access to specialty care through Child Health Specialty Clinics (CHSC), including attention to culturally and linguistically appropriate care Strengthen infrastructure and increase opportunities for pediatric specialty care through Telehealth Increase Primary Care capacity to treat children with complex and/or mental health needs, and developmental and intellectual disabilities	ESM MH.1 - Number of telehealth visits through Child Health Specialty Clinics	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	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 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 NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS 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
Access to support for making necessary transitions to adulthood	By 2025, increase the percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care to 24.6%	Work with youth and families in the transition to adult health care Ensure appropriate transition resources for families accessing CHSC Regional Center services Ensure appropriate resources for youth and families from underrepresented backgrounds who are transitioning from pediatric to adult health care	ESM TR.1 - Percent of youth ages 12--21 served by Child Health Specialty Clinics who have completed a transition checklist	NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR	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
Support for	By 2025, increase the percent of	Provide family support services to Iowa families of CYSHCN, including		SPM 7: Percent of	

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
parenting Children and Youth with Special Health Care Needs	caregivers of CYSHCN who report overall satisfaction with support services received through Title V to 90%	recruiting and supporting ethnically diverse staff including cultural liaisons Increase appreciation of strengths and understanding of barriers to family participation and care for direct services staff statewide Ensure caregiver confidence and capacity to advocate for CYSHCN on all levels (personal/family, community, and policy), including family training to underserved/underrepresented populations		caregivers of CYSHCN who report overall satisfaction with support services received through Title V	
Cross-Cutting/Systems Building					
Infusing Health Equity with in the Title V System	By 2025, 99% of all Title V contractors will have developed a plan to identify and address health equity in the populations they serve	Inclusion of health equity plan requirement language in BFH grant agreements Increase the percent of contractors that demonstrate application of health equity strategies Utilize Health Equity Advisory Committee (HEAC) to provide input into the health equity strategies for each NPM and SPM and local contractors Inclusion of health equity activities in all Title V funded BFH Staff positions Increase the percentage of Title V Contractors that engage diverse participant voices in program planning, decision making and implementation Build internal capacity within the Bureau of Family Health/Title V Program Health Equity Team; completion of an organizational assessment of equity practices, and facilitation of staff professional development and technical assistance Develop and implement a data analysis plan to assess distribution of Title V resources and services through a health equity lens Conduct an environmental scan of current contractors engagement in health equity and presence of health equity plans		SPM 6: Percent of Title V contractors with a plan to identify and address health equity in the populations they serve	