

# Tennessee

# 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
<b>Women/Maternal Health</b>					
Increase family planning	Increase the percentage of mothers whose pregnancy was intended from 62% on October 1, 2020 to 65% on September 30, 2025.	<p>Establish connections with diverse community leaders to build partner relationships and strengthen long-standing collaborations.</p> <p>Increase rural access to family planning services through telehealth</p> <p>Increase access to women’s health services by addressing and eliminating barriers to care through client navigation</p>		SPM 1: Percent of new mothers whose pregnancy was intended	
Decrease pregnancy-associated mortality	Increase the percent of women, ages 18-44, with a preventive medical visit in the past year from 70% on October 1, 2020 to 82% on September 30, 2025.	Increase surveillance of maternal deaths	<p><i>Inactive - ESM WWV.1 - Create pre/posttests to assesses provider knowledge of and confidence using PATH (Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention).</i></p> <p>ESM WWV.2 - Percent of family planning encounters that occur via telehealth</p> <p>ESM WWV.3 - Number of women receiving patient navigation for women’s health services</p> <p>ESM WWV.4 - Percent of births covered by</p>	NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV	<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 (&lt;2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW</p> <p>NOM - Percent of preterm births (&lt;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</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
			<p>hospitals implementing data-driven, clinical recommendations</p> <p><i>Inactive - ESM WWV.5 - Percent of birthing hospital providers trained reporting a change in knowledge</i></p> <p><i>Inactive - ESM WWV.6 - Percent of non-clinical members participating in the action group</i></p> <p><i>Inactive - ESM WWV.7 - Percent of postpartum women with positive screenings for depression (using a validated screening tool) who will receive resources/education or referrals for professional services</i></p> <p>ESM WWV.8 - Percent of recommendations with who/what/when components</p>		<p>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> <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</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
					(Teen Births, Formerly NOM 23) - TB  NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD
Decrease pregnancy-associated mortality	Increase the percent of facilities implementing patient safety recommendations from 24% on October 1, 2020 to 94% on September 30, 2025.	Increase evidence-based education at hospitals on topics identified by the Maternal Mortality Review Committee (MMRC)		SPM 2: Percent of facilities implementing patient safety recommendations	
Decrease pregnancy-associated mortality	Decrease the rate of pregnancy-related mortality to live births from 25.6 per 100,000 live births on October 1, 2020 to 20.5 per 100,000 live births on September 30, 2025.	Increase evidence-based education at hospitals on topics identified by the Maternal Mortality Review Committee (MMRC)			SOM 2: Rate of pregnancy-related mortality to live births
Decrease pregnancy-associated mortality	Decrease pregnancy-associated mortality from 98.0 on October 1, 2020 to 88.2 on September 30, 2025.	Increase access to services through community agency involvement to improve maternal health outcomes			SOM 1: Rate of pregnancy-associated mortality to live birth
Decrease pregnancy-associated mortality	Increase the number of community level recommendations implemented from 2 on October 1, 2020 to 16 on September 30, 2025.	Increase surveillance of maternal deaths.		SPM 23: Number community level recommendations implemented	
	Tennessee is currently strategizing how to integrate the Postpartum Visit Performance Measure	TN plans to engage family and community partners, and efforts to address health equity within the Women/Maternal Health Domain.	ESM PPV.1 - Percent of postpartum women with positive screenings for depression (using a validated screening tool) who will receive resources/education or referrals for professional services	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.

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
<b>Perinatal/Infant Health</b>					
Increase breastfeeding	Increase the percent of Tennessee newborns who initiate breastfeeding from 80.6% on October 1, 2020 to 84.3% on September 30, 2025.	<p>Re-enforce lactation policies that positively influence breastfeeding practices in the workplace</p> <p>Cultivate a diverse community of professional lactation support through education and training opportunities across health care disciplines</p>		SPM 4: Percent of Tennessee newborns who initiated breastfeeding	
Decrease infant mortality	<p>Increase the percent of infants placed to sleep on their backs from 82% on October 1, 2020 to 87% on September 30, 2025.</p> <p>Increase the percent of infants placed to sleep on a separate approved sleep surface from 90.0% on October 1, 2020 to 90.8% on September 30, 2025.</p> <p>Increase the percent of infants placed to sleep without soft objects or loose bedding from 76.0% on October 1, 2020 to 77.3% on September 30, 2025.</p>	Reduce infant sleep-related deaths, with outreach focused on regions with the highest sleep-related death rates and the widest racial disparity among sleep-related deaths (West TN Region, Upper Cumberland, East Region, and Northeast Region).	<p>ESM SS.1 - Percent of hospitals receiving national recognition or implementing approved safe sleep policy</p> <p>ESM SS.2 - Number of diaper bags with safe sleep educational materials distributed</p>	<p>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</p>	<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 Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID</p>
Decrease infant mortality	Increase the percent of VLBW infants born in a hospital with a Level III+ NICU from 84.5% on October 1, 2020 to 87% on September 30, 2025.	<p>Improve perinatal health outcomes through quality improvement and regionalization efforts</p> <p>Reduce infant deaths due to prematurity and low birthweight by reducing infant exposure to tobacco.</p>	ESM RAC.1 - Percent of Tennessee birthing hospitals participating in perinatal quality collaborative projects	NPM - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC	<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> <p>NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
					NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related
Decrease infant mortality	Increase the percent of safe sleep diaper bag recipients who reported making a behavioral change in their infant sleep practices because of the items included in the bag from 43% on October 1, 2020 to 55% on September 30, 2025.	Reduce infant deaths due to prematurity and low birthweight by reducing infant exposure to tobacco		SPM 5: Percent of safe sleep diaper bag recipients who reported making a behavioral change in their infant sleep practices because of the items included in the bag	
	Increase the percent of Tennessee newborns who initiate breastfeeding from 80.6% on October 1, 2020 to 84.3% on September 30, 2025.	Cultivate a diverse community of professional lactation support through education and training opportunities across health care disciplines.	ESM BF.1 - Number of credentialed lactation professionals within WIC  ESM BF.2 - Percent of Breastfeeding Welcomed Here (BFWH)-designated businesses with ideal workplace lactation policies  ESM BF.3 - Recognition process implemented for Breastfeeding Welcomed Here (BFWH)-designated businesses	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

**Child Health**

Decrease overweight	Increase the percentage of children ages 6-11 years who are	Support school-based efforts to promote physical activity and good nutrition	<i>Inactive - ESM PA-Child.1 - Percent of</i>	NPM - Percent of children, ages 6 through 11, who are	NOM - Percent of children, ages 0 through 17, in excellent or very
---------------------	-------------------------------------------------------------	------------------------------------------------------------------------------	-----------------------------------------------	-------------------------------------------------------	--------------------------------------------------------------------

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
and obesity among children	physically active at least 60 minutes per day from 31.5% on October 1, 2020 to 28.0% on September 30, 2022.		<p><i>physical education teachers receiving professional development related to 50% of PE class time spent in moderate to vigorous physical activity</i></p> <p>ESM PA-Child.2 - Percentage of TN counties in which trainings related to mental health and physical health have occurred</p> <p><i>Inactive - ESM PA-Child.3 - Number of Gold Sneaker certified childcare facilities</i></p> <p>ESM PA-Child.4 - Percent of LHD primary care clinics writing HPHP prescriptions annually</p> <p>ESM PA-Child.5 - Number of Healthy Parks Healthy Person prescriptions written</p> <p>ESM PA-Child.6 - Percentage of TN counties with completed built environment projects</p>	physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child	<p>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>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
			<p>ESM PA-Child.7 - Percent of eligible venues offering the Double Up Food Bucks Program</p> <p><i>Inactive - ESM PA-Child.8 - Percent of staff with an increase in ACEs and TIC knowledge as evidenced by post training evaluation</i></p> <p>ESM PA-Child.9 - Percent of families with improved protective factors score</p> <p>ESM PA-Child.10 - Percent of families enrolled in CHANT care coordination who partially or fully complete pathways identified</p> <p>ESM PA-Child.11 - Proportion of local education agencies (LEA) offered professional development on improving/maintaining moderate to vigorous physical activity in PE</p>		
Decrease overweight	Increase the percentage of public schools with at least 50% physical	Partner with healthcare providers to promote physical activity counseling during well-child visits		SPM 6: Percent of schools with at least 50% physical	

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
and obesity among children	education class time spent in moderate to vigorous physical activity from 20% on October 1, 2020 to 91.5% on September 30, 2025.	Promote nutrition and physical activity professional development opportunities for Early Childhood Education (ECE) and licensed childcare centers		education class time spent in moderate to vigorous physical activity	
Decrease overweight and obesity among children	Decrease the percent of public school 6th graders who are overweight or obese from 43.3% on October 1, 2020 to 46% on September 30, 2025.	Partner with healthcare providers to promote physical activity counseling during well-child visits			SOM 3: Percent of public school 6th graders who are overweight or obese
Increase prevention and mitigation of Adverse Childhood Experiences (ACEs)	Decrease the percent of children with two or more ACEs from 23% on October 1, 2020 to 21% on September 30, 2025.	Increase knowledge and practice of ACE and Trauma Informed Care (TIC)		SPM 8: Percent of children with two or more ACEs	
Increase prevention and mitigation of Adverse Childhood Experiences (ACEs)	Decrease the percent of investigated child maltreatment cases among families served by home visiting programs from 3.3% on October 1, 2020 to 2.0% on September 30, 2025.	Ensure a strong start for children by promoting a healthy parent-child attachment through implementation of home visiting programs throughout the 95 counties of Tennessee		SPM 9: Percent of substantiated child maltreatment cases among families served by home visiting programs	
Decrease overweight and obesity among children	Decrease the percent of WIC recipients ages 2-4 years who are overweight or obese from 31.20% on October 1, 2020 to 25.00% on September 30, 2025.	Partner with healthcare providers to promote physical activity counseling during well-child visits			SOM 4: Percent of WIC recipients aged 2-4 years who are overweight or obese
Decrease overweight and obesity among children	Increase the rate of Double Up Food Bucks purchases per 1000 SNAP recipients in the targeted counties from 18.03 on October 1, 2021 to 38.58 on September 30, 2025.	Promote policy, systems, and environmental change (PSE) strategies to increase physical activity and promote access to healthy food and beverages.		SPM 24: Rate of Double Up Food Bucks purchases per SNAP recipient	
	TN plans to engage family and community partners, and efforts to address health equity within the	Tennessee is currently strategizing how to integrate the Medical Home Performance Measure	ESM MH.1 - Number of CYSHCN who receive CHANT/CSS	NPM - Percent of children with and without special health care needs, ages 0	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17,



Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	Child Health Domain.		<p>care coordination</p> <p>ESM MH.2 - Percent of providers adopting medical home approach</p> <p>ESM MH.3 - Percent of providers reporting increased knowledge on systems of care</p> <p>ESM MH.4 - Number of families provided education and resources on importance of medical home access and utilization</p> <p>ESM MH.5 - Number of families receiving referrals to their child's primary care provider</p> <p>ESM MH.6 - Percent of providers who report an increase in their knowledge of available resources</p> <p>ESM MH.7 - Percent of families who report an increase in access and utilization of resources</p> <p>ESM MH.8 - Percent of CHANT families who schedule an annual visit</p>	<p>through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH</p>	<p>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, Formerly NOM 25) - FHC</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
			<p>with their child's primary care provider</p> <p>ESM MH.9 - Percent of CYSHCN receiving CHANT care coordination who receive medical home education</p> <p>ESM MH.10 - Number of teachers/school personnel trained on QPR</p>		
<b>Adolescent Health</b>					
Decrease tobacco and e-cigarette use among adolescents	Decrease the percentage of high school students currently using cigarettes, from 7.0% in 2019 to 4.3% in 2025.	Promote anti-tobacco youth led initiatives		SPM 11: Percent of high school students currently using cigarettes	
Decrease tobacco and e-cigarette use among adolescents	Decrease the percentage of high school students currently using e-cigarettes from 18.1% in 2019 to 17.7% in 2025.	Build partnerships with coalitions across the state		SPM 12: Percent of high school students currently using e-cigarettes	
Decrease tobacco and e-cigarette use among adolescents	Increase the number of adolescents enrolled in cessation programs, from 0 in 2019 to 125 in 2025.	Promote youth tobacco cessation services		SPM 13: Number of adolescents enrolled in cessation program	
Decrease tobacco and e-cigarette use among adolescents	Decrease percent of adults reporting Chronic Obstructive Pulmonary Disease (COPD) from 9.7% in 2020 to 9.5% in 2025.	Promote anti-tobacco youth led initiatives			SOM 5: Percent of adults reporting Chronic obstructive pulmonary disease (COPD)
Decrease	Decrease percent of adults	Promote youth tobacco cessation services			SOM 6: Percent of adults

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
tobacco and e-cigarette use among adolescents	reporting cardiovascular disease from 5.3% in 2019 to 5.2% in 2025.				reporting cardiovascular disease
Decrease tobacco and e-cigarette use among adolescents	Decrease the age-adjusted mortality rate from tobacco-attributable cancers among Tennesseans ages 35+ from 181.5 in 2019 to 156.3 in 2025.	Build partnerships with coalitions across the state			SOM 7: Age-adjusted mortality rate from tobacco-attributable cancers among Tennesseans aged 35+
Decrease tobacco and e-cigarette use among adolescents	Decrease the percent of children, ages 0 through 17, who live in households where someone smokes from 19.5% in 2019 to 18.8% in 2025.	Promote anti-tobacco youth led initiatives	<p>ESM SMK-Household.1 - Number of tobacco-free sports teams</p> <p>ESM SMK-Household.2 - Number of social media posts promoting text-based cessation services</p> <p>ESM SMK-Household.3 - Number of anti-tobacco social media posts</p> <p>ESM SMK-Household.4 - Number of youth who attend the state anti-tobacco conference trainings</p> <p>ESM SMK-Household.5 - Number of ambassadors recruited</p> <p>ESM SMK-Household.6 - Percent</p>	NPM - Percent of children, ages 0 through 17, who live in households where someone smokes (Smoking - Household, Formerly NPM 14.2) - SMK-Household	<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 (&lt;2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW</p> <p>NOM - Percent of preterm births (&lt;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</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
			of eligible women who enroll in Baby and Me Tobacco Free		<p>1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</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 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID</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>

**Children with Special Health Care Needs**

Increase medical homes among children with special healthcare needs	Increase the percent of children with special health care needs 0-17 who have a medical home from 53.3% on October 1, 2020 to 60% on September 30, 2025.	Create a shared vision for integrating and improving CYSHCN system of care	<p>ESM MH.1 - Number of CYSHCN who receive CHANT/CSS care coordination</p> <p>ESM MH.2 - Percent of providers adopting medical home approach</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	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
---------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
			<p>ESM MH.3 - Percent of providers reporting increased knowledge on systems of care</p> <p>ESM MH.4 - Number of families provided education and resources on importance of medical home access and utilization</p> <p>ESM MH.5 - Number of families receiving referrals to their child's primary care provider</p> <p>ESM MH.6 - Percent of providers who report an increase in their knowledge of available resources</p> <p>ESM MH.7 - Percent of families who report an increase in access and utilization of resources</p> <p>ESM MH.8 - Percent of CHANT families who schedule an annual visit with their child's primary care provider</p> <p>ESM MH.9 - Percent of CYSHCN receiving</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>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
			<p>CHANT care coordination who receive medical home education</p> <p>ESM MH.10 - Number of teachers/school personnel trained on QPR</p>		
Increase medical homes among children with special healthcare needs	Increase the number of CYSHCN receiving care in a medical home from 750 on October 1, 2020 to 2500 on September 30, 2025.	Create a shared vision for integrating and improving CYSHCN system of care		SPM 14: Number of CYSHCN receiving care in a medical home	
Increase medical homes among children with special healthcare needs	Increase the percent of providers with increased knowledge on medical home and care coordination from 25% on October 1, 2020 to 85% on September 30, 2025.	Inform and educate families and providers to promote systems change		SPM 15: Percent of providers with increased knowledge on medical home and care coordination	
Increase medical homes among children with special healthcare needs	Increase the percent of providers reporting improved system of care for CYSHCN from 35% on October 1, 2020 to 75% on September 30, 2025.	Identify and disseminate resources on medical home best practices in Tennessee to inform and educate families and providers on care-coordination benefits		SPM 16: Percent of providers reporting improved system of care for CYSCHN	
Increase medical homes among children with special healthcare needs	Increase the percent of families who complete an annual visit with their primary care provider from 10% on October 1, 2020 to 17.5% on September 30, 2025.	Inform and provide coordination for CHANT families on medical home and care coordination benefits		SPM 17: Percent of families who complete an annual visit with their primary care provider	
Improve	Increase the percent of	Inform, educate and link YSHCN, families and providers to available	ESM TR.1 - Number of	NPM - Percent of	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
transition from pediatric to adult care among children with special health care needs	adolescents with special health care needs 12-17 who received services necessary to make transitions to adult health care from 34.2% on October 1, 2020 to 30% on September 30, 2025.	transition resources and services, and how to access those services	<p>transition resource kits disseminated</p> <p>ESM TR.2 - Number of youth with special health care needs trained as mentors</p> <p>ESM TR.3 - Number of parents and youth with special health care needs who receive leadership and self-advocacy training</p>	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	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
Improve transition from pediatric to adult care among children with special health care needs	Maintain the percent of youth reporting with increased knowledge on transition resources and services at 100% from October 1, 2021, to September 30, 2025.	Promote successful transition through educational opportunities and self-advocacy training		SPM 18: Percent of youth reporting with increased knowledge on transition resources and services	
Improve transition from pediatric to adult care among children with special health care needs	Increase the percent of YSHCN served by CHANT and YAC who complete an annual transition plan from 72% on October 1, 2020 to 90% on September 30, 2025.	Inform, educate and link YSHCN, families and providers to available transition resources and services, and how to access those services		SPM 19: Percent of YSHCN served by CHANT who complete an annual transition plan	
Improve transition from pediatric to adult care among children with special health care needs	Increase the percent of youth leaders participating in advisory councils providing resources to other youth from 26.3% on October 1, 2020 to 30% on September 30, 2025.	Promote successful transition through educational opportunities and self-advocacy training		SPM 20: Percent of youth leaders participating in advisory councils providing resources to other youth	

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or – Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
<b>Cross-Cutting/Systems Building</b>					
Improve mental health	Decrease the percent of women who reported 14+ days of poor mental health in the past month from 18.6% on October 1, 2020 to 17% on September 30, 2025.	Screen and refer women to mental health treatment and resources		SPM 21: Percent of women who reported 14+ days of poor mental health in the past month	
Improve mental health	Decrease the percent of pregnancy-associated deaths in which mental health conditions was a contributing factor from 20% on October 1, 2020 to 14% on September 30, 2025.	Provide training and resources to support positive mental health			SOM 8: Percent of pregnancy-associated deaths in which mental health conditions was a contributing factor