PRIORITY 3

Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.

CHILD

OBJECTIVE 3.1

Increase the proportion of children age 1 month to kindergarten entry who receive a parent-completed developmental screening by 5% annually through 2025.

OBJECTIVE 3.2

Increase the proportion of children, 6 through 11 years, with access to activities and programs that support their interests, healthy development, and learning by 10% by 2025.

OBJECTIVE 3.3

Increase the proportion of MCH program participants, 1 through 11 years, receiving quality, comprehensive annual preventive services by 10% annually through 2025.

NPM 6: *Developmental screening (Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening toolin the past year)*

PRIORITY 5

Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

OBJECTIVE 5.1

Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5% by 2025.

OBJECTIVE 5.2

Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5% by 2025.

OBJECTIVE 5.3

Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2025.

NPM 12: *Transition: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care*

PRIORITY 6

Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.

CROSS-CUTTING AND SYSTEMS BUILDING

OBJECTIVE 6.1

Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5% by 2025.

OBJECTIVE 6.2

Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5% annually through 2025.

OBJECTIVE 6.3

Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15% annually through 2025.

SPM 3: *Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event.*

PRIORITY 7

Strengths-based supports and services are available to promote healthy families and relationships.

CROSS-CUTTING AND SYSTEMS BUILDING

OBJECTIVE 7.1
Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75% by 2025.

OBJECTIVE 7.2
Increase the number of individuals receiving peer supports through Title V-sponsored programs by 5% annually through 2025.

OBJECTIVE 7.3
Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5% annually through 2025.

OBJECTIVE 7.4
Increase the number of MCH-affiliated programs providing holistic care coordination through cross-system collaboration by three through 2025.

SPM 4: *Percent of children whose family members know all/most of the time they have strengths to draw on when the family faces problems*