

III. E. 2. b. v. a. Public and Private Partnerships

New Funding to Support MCH in Tennessee

Tennessee Strong Families

The Governor's FY 2024 budget contained significant maternal and child health investments as part of a multi-pronged approach to health counteract factors contributing to infant and maternal mortality. The budget contains \$2.3 million for perinatal telehealth infrastructure, \$2 million in investments in regional perinatal centers and EMS training, \$1.3 million for expansion of Community Health Access and Navigation in Tennessee (CHANT) to allow for expanded work with care coordinators and increased outreach using community health workers, and \$1 million for a doula pilot program (non-recurring).

The CHANT program in addition to expanding the workforce has also used the funding as a means for continued targeted outreach for families. The focus for year one of the funding was on safe sleep and pregnant and postpartum women. The program has launched an initiative that will provide maternal and newborn supply kits and educational material to CHANT participants. CHANT is also collaborating on the Infant Mortality Strategic Plan and will assist in creating promotional material aimed at recruiting families and increasing maternal and infant health and well being.

Throughout this year work, started on creating and obtaining approval to award perinatal telehealth funding to expand or develop up to four pilot projects in areas of the state with limited access to high-risk maternal health/perinatal care. A request for information was completed and work for a competitive award is ongoing to establish this new system for the new projects. The new director for perinatal telehealth is scheduled to start the end of June 2024.

Doula Services & Pilot Project

In 2023, Tennessee enacted Public Chapter No. 424, establishing the Doula Services Advisory Committee to create core competencies, propose Medicaid reimbursement plans, and explore incentive-based programs for doula services. This marks the state's initial step to integrate doula services into Medicaid, ensuring broader accessibility and sustainable funding. Tennessee allocated \$1 million to six organizations to offer free doula support to Medicaid-eligible women during pregnancy and postpartum across 29 counties, potentially reaching nearly 300 families. This innovative pilot program addresses financial barriers, offering prenatal, labor, and postpartum visits until June 2025, prioritizing high-risk and underserved populations in Tennessee.

Maternal Health Innovation

In 2022, Tennessee received the HRSA Maternal Health Innovation grant, a 5-year \$5 million award, to fund community and clinical programs to improve maternal health

outcomes in the state. Tennessee is one of eighteen states to receive the grant. The Maternal Health Innovation Program (MHI) has continued enhancing the Maternal Health Task Force (MHTF) taskforce. The Tennessee MHTF currently comprises 245 members statewide. This year has shown a 40% increase in membership. MHTF members are from all state regions, showcasing a geographically diverse group with multidisciplinary representation that includes midwives, doulas, substance use disorder professionals, mental health professionals, advocacy groups, hospitals, academic institutions, Tennessee Medicaid (TennCare), and community-based organizations. One of the major tasks of the MHTF is to create the maternal health strategic plan for Tennessee. A draft was completed in September 2023, informed by listening sessions and the strategic planning committee within the MHTF.

At the TIPQC Annual Conference, the MHI team facilitated a breakout session titled “Informing Tennessee’s First Maternal Health Strategic Plan”. During this breakout session, participants were placed into groups and assigned goals, strategies, and objectives from the draft MHSP. Participants discussed whether the goals and objectives reflected the needs of their community and provided feedback on ways to improve alignment. The MHI program is also currently contracting with East Tennessee State University to further develop the strategic plan and is conducting nine focus groups this summer across Tennessee to ensure community involvement. The MHI program awarded funding to three community-based maternal health projects in Tennessee to be implemented from July 1, 2024, through September 30, 2025. The selected organizations are Nurses for Newborns, Servolution Health Services, and Tennessee Initiative for Perinatal Quality Care (TIPQC). These projects collectively aim to provide comprehensive care, education, and resources to improve maternal health outcomes across Tennessee.

The MHI program has reached a significant milestone towards drafting Tennessee’s first Severe Maternal Morbidity (SMM) report. Utilizing the state's linked birth and hospital discharge data, the MHI epidemiologist has completed an extensive data analysis covering leading SMM indicators and complications. This comprehensive report, expected to be released in the fall of 2024, will integrate data from the Maternal Mortality Review (MMR) report, providing information about pregnancy-related and associated deaths and risk factors related to maternal mortality and morbidity.

Evidence-Based Home Visiting

In state fiscal year 2023 Tennessee received an additional \$25 million in recurring state funding for a second evidence-based home visiting (EBHV) expansion. Tennessee now offers EBHV services in all 95 counties in the state. Additionally, Tennessee EBHV programs received an additional \$2.2 million in American Rescue Plan Act (ARPA) funding in 2022. Per HRSA, this ARPA funding was only for MIECHV-funded (Maternal, Infant, and Early Childhood Home Visiting) EBHV funded programs in Tennessee. Also in FY2022, Tennessee was awarded a competitive MIECHV Innovation Grant for \$2 million to develop Tennessee Early Connect (TEC), a collaborative referral mechanism between the Tennessee Department of Human Services, TennCare (Tennessee’s

Medicaid program), and TDH for earlier identification and enrollment of pregnant women into EBHV services.

Tennessee Pediatric Mental Health Care Access Program

TCAPES (Tennessee Child and Adolescent Psychiatry Education and Support) is Tennessee's Pediatric Mental Health Care Access (PMHCA) program. The program is funded through HRSA (Health Resources and Services Administration) and has been awarded over \$2.5 million over a 5-year project period. TCAPES initially launched in the spring of 2024 in West Tennessee and will be expanding to Middle Tennessee in the summer of 2024. TCAPES supports the integration of mental health care into pediatric primary care and offers the following free services for primary care providers who care for pediatric patients (less than 21 years old) in Tennessee:

- Same-day phone consultations provided by a licensed mental health professional and a team of child and adolescent psychiatrists
- Behavioral health training (provided in partnership with the TN Chapter of the American Academy of Pediatrics) to help PCPs increase their knowledge and confidence in managing the behavioral health needs of their patients
- Assistance with finding community behavioral health resources and services

Since launching in the spring of 2023, TCAPES has trained over 150 providers and received over 60 psychiatry consultation calls. Most (over 75%) of the providers who have called have been pediatricians, and among those who have called, over 50% have also participated in the TCAPES training. Most providers (over 60%) sought assistance with medication management, while 35% requested assistance with identifying local mental health resources for their patients. The primary symptoms or diagnosis of their patients included anxiety (41%), depression (40%), disruptive behavior/impulse control (24%), ADHD (17%), autism (16%), and suicidality (16%).

Universal Postpartum Naloxone

The Maternal Health team was awarded a \$1.2 million grant from the Tennessee Opioid Abatement Council to fund a three-year Universal Postpartum Naloxone Project. The project will begin in July 2024. This harm-reduction project aims to increase access to naloxone. The primary goal is to provide all postpartum women with a family first-aid kit upon hospital discharge after delivery. The first-aid kit will contain two doses of intranasal naloxone, fentanyl test strips, and other first-aid items like band-aids and thermometers, as well as local, state, and federal resource information. By incorporating naloxone into the first-aid kit, this project seeks to normalize universal access and reduce the stigma associated with naloxone. The Tennessee Department of Health (TDH) will work directly with several hospitals throughout the project to distribute 20,000 first-aid kits and 40,000 doses of naloxone.

Juul Settlement Funds

In 2021, 40% of Tennessee high school students reported using an electronic vapor

product at least once, with 19% reporting use within the past 30 days. To tackle the youth vaping and emerging tobacco product epidemic in Tennessee, the Department of Health has proposed a comprehensive, multi-pronged approach with funding provided by the Tennessee Attorney General's Office with JUUL Settlement dollars. The Tobacco Control Program will receive \$1.6 million annually for five years to implement and expand current programs to target youth, parents, community partners, teachers, and schools. Recognizing that effective prevention and cessation require a systems-level approach, the proposal includes supporting policy development for both schools and retailers. Funding will expand existing efforts and introduce new training, programs, grants, surveillance, and analysis initiatives.

Count the Kicks

Over half of all fetal and infant deaths that occur in Tennessee annually are fetal deaths. In July 2024, TDH will launch a new partnership with Healthy Birth Day, Inc. to implement *Count the Kicks* (countthekicks.org) statewide, an evidence-based stillbirth prevention campaign that teaches expectant parents the method for and importance of tracking their baby's movement in the third trimester of pregnancy, with the goal of lowering the country's stillbirth rate and saving babies across the nation. OB providers are currently being recruited to promote this initiative.

NBS Long-Term Follow-up

The Department of Health, Newborn Screening Program, was awarded a HRSA grant starting in July 2023 to fund: (1) adding MPS II to the Recommended Uniform Screening Panel (State Laboratory component) and (2) developing a long-term follow-up (LTFU) program. Family Health and Wellness staff in newborn screening have established policies and procedures to implement long-term follow up for all babies diagnosed with a confirmed core disease from NBS. Actions and worklists have been added to the current case management system to manage the cases confirmed with disease. Cases confirmed with disease since January 1, 2024, are scheduled for an initial review 1 month after diagnosis is made and then scheduled for an annual or semi-annual review depending on the disorder until the patient reaches age determined for LTFU up to age 21. Using the grant funding, a Genetic Counselor was hired under contract on January 8, 2024. Training has been completed and work has begun. Currently 54 babies are being followed for LTFU that have been diagnosed with a confirmed core disease since January 1, 2024.

Sexual Risk Avoidance Education (SRAE)

TDH recently received federal funding for the Title V State SRAE program, administered by the Family & Youth Services Bureau. In the past, TDH managed the SRAE grant by funding TDH-selected community organizations. However, a significant shift has been made to include local community leaders in decision-making. Metro Health Departments, trusted entities within counties offering various services, were asked to choose a Positive Youth Development curriculum recommended by FYSB that best fits

their community. This funding supports the infrastructure of our Metro Health Departments, enabling them to hire full-time employees dedicated to teen pregnancy prevention programs and services. Another key change to the SRAE grant is the addition of a Youth Council Coordinator position. This role will help integrate youth perspectives to guide the development and implementation of initiatives focused on positive youth development.

Emergency Medical Services (EMS) Neonatal Resuscitation (NRP)

Members of the Perinatal Advisory Committee have been discussing concerns regarding the lack of access to obstetric services, especially in the rural counties, for Tennessee women. Currently, 27% of women in the state have no birthing hospital within a 30-minute radius, significantly higher than the national average of 9.7%. EMS providers play a critical role for pregnant women in Tennessee, especially in rural areas. Currently, EMS standards do not require EMS providers to be trained in NRP or emergency vehicles to carry appropriately sized equipment necessary to care for the tiniest infants. All five regional perinatal centers currently provide NRP training, but barriers were identified as not being able to provide the training materials for each trainee or to provide the certification exam. To address these issues, the Department purchased a two-year subscription to the American Academy of Pediatrics' eBook for the training materials needed for the NRP. Trainers and trainees from all five regional centers now have ready access to these materials. Workforce development funding was found to purchase 3,471 certification exams for state fiscal year 2025. One of the Advisory Committee members began attending the EMS Board meetings and initiated discussions on the need to revise their training standards for EMS personnel to include NRP and to update the standards for vehicle equipment to include those items necessary to care for a tiny baby. These discussions are ongoing.

Maternal Mental Health and Substance Use Disorder

In 2023, Tennessee Department of Health was awarded a 5-year, \$3.75 million grant from HRSA to address maternal mental health and substance use disorder. The program aims to expand and increase healthcare providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal mental health and substance use disorders through three main goals:

- Increase routine behavioral health screening for pregnant and postpartum women.
- Increase routine detection, assessment, intervention, treatment, and referral of maternal mental health conditions through the use of evidence-based practices.
- Increase access to treatment and recovery support services for pregnant and postpartum women.

These goals will be accomplished by:

- Establishing a regional maternal mental health team to provide support, including information about local mental health resources and assistance with referral to women's healthcare providers

- Creating a teleconsultation service to provide on-demand telephone consultations between the maternal mental health team and women's healthcare providers
- Expanding maternal mental health and substance use resources in FindHelpNowTN.org
- Providing education and training to healthcare providers on maternal mental health and substance use

In the first year, the Maternal Mental Health and Substance Use Disorder (MMHSUD) program has made significant investments in laying the foundation for meeting these goals.

Women's Reproductive Health Services

In March of 2023, the Office of Population Affairs made the decision to no longer grant Title X funds to Tennessee. This removed over \$7 million of federal funds from Tennessee's Family Planning annual budget. With Governor approval and support, an additional \$7.5 million dollars of state funds were allocated for family planning services annually to fill the gap. The Tennessee Family Planning Program plans to continue to expand access to contraception, reproductive health screenings and preventive care for individuals and families in Tennessee.

Reproductive and women's health services have been a part of the core public health services at TDH. For over 50 years, TDH received Title X federal funding to provide direct clinical services in the local health departments. In March 2023, the Office of Population Affairs (OPA) rescinded continued funding for family planning, leaving a \$7.1 million gap in funds for clinical services. With the Governor's approval and support, \$7.5 million of state funds were allocated for family planning services to replace the lost federal funds. With the additional state funds, family planning efforts in FHW will focus on a range of broad objectives aimed at improving reproductive health outcomes. These include promoting preconception health to ensure better maternal and child health, encouraging optimal baby spacing for improved health outcomes, and increasing contraception awareness and access. The initiatives also focus on engaging men in family planning decisions to foster shared responsibility. Addressing menstrual equity and period poverty is another key goal, alongside efforts to decrease teen, mistimed, and unplanned pregnancies. On a larger scale, these efforts involve systems-level reproductive justice work to address structural inequities and advocate for reproductive rights. Finally, there's a strong emphasis on addressing social determinants of health, recognizing that factors like education, income, and environment significantly impact reproductive health outcomes. Together, these objectives form a comprehensive approach to family planning that considers individual, family, and community needs.

III. E. 2. b. v. b. Title V-Medicaid IAA

Title V program's consistent and ongoing partnership with TennCare to address MCH population health priorities

Children's Special Services (CSS)/Community Health Access and Navigation in Tennessee: The CSS/CHANT program is funded in part by TennCare, and they work closely with the MCOs to align service delivery via CHANT. Much of the outreach completed by CSS/CHANT field staff in partnership with the MCOs is geared toward increasing EPSDT rates and increasing medical and dental home access, goals of TennCare. For instance, during the second quarter of FFY 2023, there were over 138 outreach events across the state, reaching nearly 30,000 Tennesseans; and during that same time, CSS/CHANT was able to refer 141 uninsured children to TennCare.

Evidence-Based Home Visiting: A TennCare representative is a member of the Tennessee Young Child Wellness Council (TNYCWC). Additionally, in 2021 TDH was awarded a competitive MIECHV Innovation grant to establish a partnership of referral and interoperability between TDH, the Tennessee Department of Human Services, and TennCare to increase early intake and enrollment of eligible pregnant women into EBHV services. TDH Early Childhood Initiatives also participates in the newly formed Tennessee Prevention Committee of the Tennessee Department of Children's Services.

Family Planning: The Family Planning program has a bi-monthly meeting with TennCare and other programs affecting maternal health. During this meeting, each program shares the status of ongoing projects as well as plans for upcoming projects. This collaborative meeting has been successful in the leveraging of resources, increased collaborations, and reduced duplication of efforts.

Infant Mortality Reduction Initiatives: TennCare partially funds infant mortality reduction initiatives through MCH/Title V programs. Funds received through the TennCare (Infant Mortality) grant support Fetal Infant Mortality Review teams in Davidson, Hamilton, Knox, and Shelby Counties. These funds also assist with statewide infant mortality reduction initiatives, such as the purchase of portable cribs and sheets to provide a safe sleep environment to families and purchase of safe sleep awareness materials such as *Sleep Baby, Safe and Snug* books for distribution at birthing hospitals and other

community partners. In addition, funds support our Safe Sleep Diaper Bag project for CHANT and Evidence Based Home Visiting Programs. This grant has supported the development and broadcasting of new safe sleep [public service announcements](#) aired in areas of the State with highest sleep-related death rates as well.

Childhood Lead Poison Prevention Program (CLPPP): In recent years, the CLPPP has continued to reach out to TennCare to explore data-sharing options. The program is able to obtain data as needed for federal grant reporting, but no progress has been made on a formal agreement. Representatives from the managed care organizations participate on the CLPPP Advisory Committee and may consult on specific cases with elevated lead levels.

Maternal Health Initiatives: TennCare has active representation on the Maternal Mortality Review Committee (MMRC) and the Maternal Health Task Force. Informed in part by TennCare's involvement with the MMRC and ongoing conversations with Title V/MCH Program leadership, recent advancements that have been made to better serve the maternal population include the expansion of continued health coverage from 60 days to 12 months postpartum (regardless of whether or not the delivery resulted in a live birth), as well as dental benefits for its members.

Additional benefits offered to TennCare members include, (1) coverage of all forms of birth control and tubal ligation; (2) access to care management, which may include assessment and evaluation, identification of clinical risk factors, support for lifestyle issues, psychosocial support, services targeting social determinants of health, education and condition support, referral to community resources, and behavioral health support; (3) transportation options, with availability 24 hours a day and 7 days a week, to attend prenatal visits, behavioral health visits, attend to pharmacy needs, along with lactation consultants/services are also covered.

The Maternal Health Innovation (MHI) Program received supplemental funding in October 2023 to assist with Medicaid Redetermination Efforts. The MHI program is working with TennCare to identify and navigate pregnant and postpartum women. TennCare provides a list of individuals slated to lose coverage in the upcoming month. Specialty Health Care Navigators contact each of these individuals to assist them with their TennCare application. Those who are not eligible for continuation of TennCare are navigated to other available resources.

In 2023, Tennessee passed Public Chapter No. 424, requiring the creation of a Doula Services Advisory Committee. The Doula Services Advisory Committee is tasked with creating a core set of competencies and standards for doula services, proposing multiple options for a Medicaid reimbursement plan, proposing incentive-based programs such as fee waivers, and examining outcomes, findings, and reports from the existing doula pilot program. A legislative report to the General Assembly is intended to help establish an educated and prepared doula workforce that serves pregnant women in Tennessee, specifically focusing on communities facing significant birth disparities. TennCare involvement is integral to this process and is represented

on the committee.

Neonatal Abstinence Syndrome (NAS): TennCare and FHW co-authored the 2017 legislatively required report on NAS. In 2020, the agencies collaborated to [develop Education Material for for Medication-Assisted Treatment \(MAT\) Providers](#).

Additionally, there have been multi-agency efforts to address the opioid epidemic and prevent NAS through policy changes aimed at opioid prescribing practices, increased access to drug disposal outlets, regulation of pain management guidelines, increase in availability of naloxone, and increased funding and expanded access for substance use treatment for pregnant women. From 2019-2021, TDH coordinated the state's participation in ASTHO's Opioid Use Disorder, Maternal Outcomes and Neonatal Abstinence Syndrome Initiative (OMNI) Learning Community. TennCare was instrumental in identifying and recruiting licensed MAT providers to enrolled as a treatment provider on [FindHelpNowTN.org](#).

Presumptive Eligibility (PE): The PE program is housed at TDH and managed by staff within the Division of Family Health and Wellness through an inter-agency agreement with TennCare. The program is availability in every county health department throughout the state, and it was created to provide immediate, temporary TennCare coverage based on medical conditions and eligibility criteria. The program's goal is to reduce barriers to care and increase timely access to ensure better health outcomes. The PE program has two components – *Prenatal* for pregnant individuals and *Breast and Cervical Cancer* for individuals who have received a breast or cervical cancer diagnosis.

Regional Perinatal Centers: The regionalization system in Tennessee has been in place since the early 1970s and serves the state by providing the necessary statewide infrastructure for high-risk perinatal care. TennCare oversees all contractual arrangements for this program, and FHW is responsible for the provision of technical assistance, the coordination of programmatic activities, and convening the Perinatal Advisory Committee. The Centers are supported by funds from TennCare and state appropriations.

Tennessee WIC/Supplemental Nutrition: Partnership between TN WIC and TennCare includes collaborating on resources and referrals that each can offer and/or promote to the individuals and families each partner serves. For example, TN WIC promotes TennCare referrals and how to renew on the WIC Shopper mobile application and on the program [website](#).

Title V/Title XIX Joint Policy Making

MCH/Title V Director and direct supervisor meet monthly with Title XIX's Chief Medical Officer to discuss joint efforts and brainstorm solutions to common challenges. Regular meetings also occur for joint workgroups addressing EPSDT, CHANT, and PE. Over the last year these meetings have produced formal contracts between the two agencies to address the health department's role in EPSDT services for children, care coordination

for families including CSHCN (CHANT), immunization outreach, data sharing, and additional support for presumptive eligibility and care coordination for pregnant women. An emerging area for future collaboration involves the TennCare Health Starts initiative, which seeks to enhance the health and well-being of Tennesseans by addressing Social Determinants of Health (SDoH) in their living, working, and learning environments. This initiative utilizes a network of provider partnerships, technology supports, and workforce development to systematically screen members for SDoH needs, connect them with community-based services, and track these interventions' outcomes. The strategy aims to create scalable and sustainable solutions through collective innovation, involving community health workers, healthcare providers, and various care organizations. As a result of these efforts, over 43,000 TennCare members have been screened during the initiative's duration. Further, the MCH/Title V Director and the Title XIX's Chief Medical Officer are actively devising strategies to address SDoH collaboratively. In parallel to the Health Starts initiative, the CHANT program has initiated a pilot in six counties to implement a Closed-Loop Referral System for directing patients with social and medical needs to appropriate services. Women's Health Navigator (WHN) contracts were established in the Metropolitan Health Departments to seamlessly coordinate activities between Family Planning, Presumptive Eligibility, and Breast and Cervical Cancer Screening. The WHN contracts have since expanded to promote holistic navigation efforts among CHANT and Evidence-Based Home Visiting (EBHV). Additionally, health technology will be expanded to track more navigation efforts to evaluate the scope of support to maternal and child health.

TDH has ensured the ongoing training of Public Health Office Assistants and Supervisors on assisting with TennCare Applications. These individuals are in every county health department, both rural and metro. A full TennCare application can take up to 45 days. Programs such as Presumptive Prenatal TennCare and Presumptive Breast and Cervical Cancer TennCare give immediate, temporary Medicaid coverage to qualifying pregnant individuals and individuals who receive breast or cervical cancer diagnoses, including certain precancerous conditions. This partnership has assisted with streamlining the TennCare enrollment process and ensuring some of Tennessee's most vulnerable populations can access more timely care.

III. E. 2. b. iii. c. Other MCH Data Cap Efforts

Advances in Information Technology

Data Modernization

Part of the Epidemiology and Laboratory Capacity Cooperative Agreement supports data modernization. TDH is actively implementing the Data Modernization Initiative (DMI) to transition from isolated public health data systems to an interconnected, robust data ecosystem. This initiative aims to enhance data quality, expedite data processes, and improve coordination among public health systems. Key objectives include:

- Modernize Core Systems: Improve data collection, exchange, and use.
- Develop Data Infrastructure: Establish a Health Data Lake and Data Portal.
- Adopt Data Standards: Enhance data quality and interoperability.

- Strengthen Data Governance: Develop a comprehensive data governance strategy.
- Enhance Workforce Development: Provide comprehensive training and development programs.

WIC Shopper App Notifications

In 2023, the TN WIC program began utilizing push notifications through the WIC Shopper App as an additional method of communicating with participants. Push notifications through the app allow real-time messaging to be sent to WIC participants. Notifications can be sent to all app users or targeted to specific groups like clinic or county-level users. Push notifications have been used to alert participants about food recalls, advertise events, report clinic closures, remind participants to get recertified, and share various programmatic updates.

Electronic Access of Newborn Screening Results

Effective July 1, 2024, the TDH Laboratory will transition from mailing newborn screening results to collectors or providers of record to requiring use of the Secure Remote Viewer (SRV) system to access all their patients' results. NBS Follow-up staff in FHW are working with providers to enroll them into the SRV system so that all will have access.

TN Breast and Cervical Screening Program (TBCSP/BCS)

In January 2024, the TBCSP/BCS implemented Med-IT, a data management system to collect, organize, and report on data relating to TBCSP services, including navigation. Additionally, this system collects information for the Well-Integrated Screening and Evaluation for WOMen Across the Nation (WISEWOMAN) program, which includes cardiovascular disease screening, social service screening and referrals, and lifestyle change program referrals. Beginning in July 2024, this system will be built out to collect navigation information on patients being served by the Women's Health Navigators (WHNs) in the metro health departments. This will allow data collection, organization, and reporting for navigation efforts relating to medical home referrals, family planning services, prenatal services, and Presumptive Eligibility referrals. This will allow comprehensive analysis of services for TN women.

