



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**KENTUCKY**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

### Title V Federal-State Partnership - Kentucky

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

### State Contacts

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SSDI Project Director	State Family Leader
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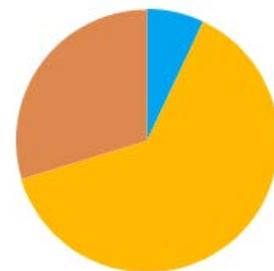
State Youth Leader
No Contact Information Provided

**State Hotline:** (800) 462-6100

### Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$10,080,158
State MCH Funds	\$90,874,801
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$42,729,328

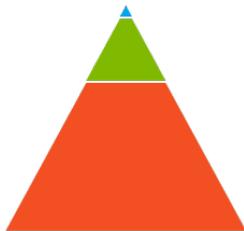
FY 2024 Expenditures



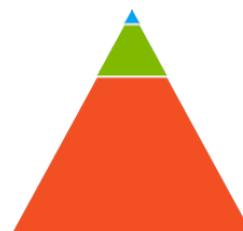
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$496,671	\$5,548,904
Enabling Services	\$2,825,581	\$20,770,020
Public Health Services and Systems	\$6,757,906	\$64,855,721

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



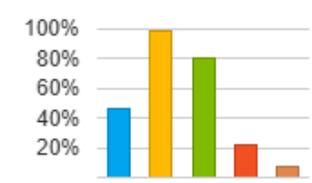
### Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	46.6%	\$4,278,776
Infants < 1 Year	98.5%	\$16,555,829
Children 1 through 21 Years	79.9%	\$58,503,740
CSHCN (Subset of all infants and children)	21.4%	\$21,803,224
Others *	7.5%	\$0

FY 2024 Expenditures Total: \$101,141,569



FY 2024 Percentage Served



\*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

### State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Reduce maternal morbidity and mortality rates in Kentucky</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Reduce the percentage (by 5%) of maternal deaths of Kentucky residents associated with substance use disorder by 2030.</li> <li>● SPM 2: Percent of pregnant women who receive prenatal care beginning in the first trimester</li> </ul>	Continued	Women/Maternal Health
<p>Reduce infant mortality rate in Kentucky</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS</li> <li>○ ESM SS.1: Percent of PRAMS mothers who report placing their infants in a back-to-sleep positioning</li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: Reduce the rate (by 5%) of neonatal abstinence syndrome among Kentucky resident live births.</li> </ul>	Continued	Perinatal/Infant Health
<p>Improve child safety rate(s) in Kentucky</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 4: Rate of hospitalization for non-fatal injury (&lt;100) per 100,000 children, ages 0 through 9</li> </ul>	Revised	Child Health
<p>Reduce overweight and obesity among children and adolescents in Kentucky</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child</li> </ul>	Continued	Child Health, Adolescent Health

<ul style="list-style-type: none"> <li>○ ESM PA-Child.1: Number of early care and education professionals or providers completing training modules on nutrition, physical activity, or other obesity related opportunities</li> </ul>		
<p>Improve mental / behavioral health outcomes among adolescents in Kentucky</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT             <ul style="list-style-type: none"> <li>○ ESM MHT.1: Number of adolescents, ages 12 through 17, receiving sexual health education, teen pregnancy prevention, or engaged in positive youth development curriculum</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 6: Reduce the percentage (by 2%) of child and adolescent deaths categorized as suicide by 2030.</li> </ul>	Continued	Adolescent Health
<p>Reduce rate of substance use disorder, Neonatal Abstinence Syndrome (NAS) cases among pregnant women, and improve outcomes related to substance use (including tobacco) among infants in Kentucky</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Reduce the percentage (by 5%) of maternal deaths of Kentucky residents associated with substance use disorder by 2030.</li> <li>● SPM 2: Percent of pregnant women who receive prenatal care beginning in the first trimester</li> </ul>	Continued	Women/Maternal Health, Perinatal/Infant Health
<p>Improve behavior risk among adolescents in Kentucky with focus on positive youth development, lifestyle choices to prevent substance use, obesity, injury and teen pregnancy</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT             <ul style="list-style-type: none"> <li>○ ESM MHT.1: Number of adolescents, ages 12 through 17, receiving sexual health education, teen pregnancy prevention, or engaged in positive youth development curriculum</li> </ul> </li> </ul>	New	Adolescent Health
<p>Improve access to community resources and quality of life for the CYSHCN population in Kentucky</p> <p>SPMs</p>	New	Children with Special Health Care Needs

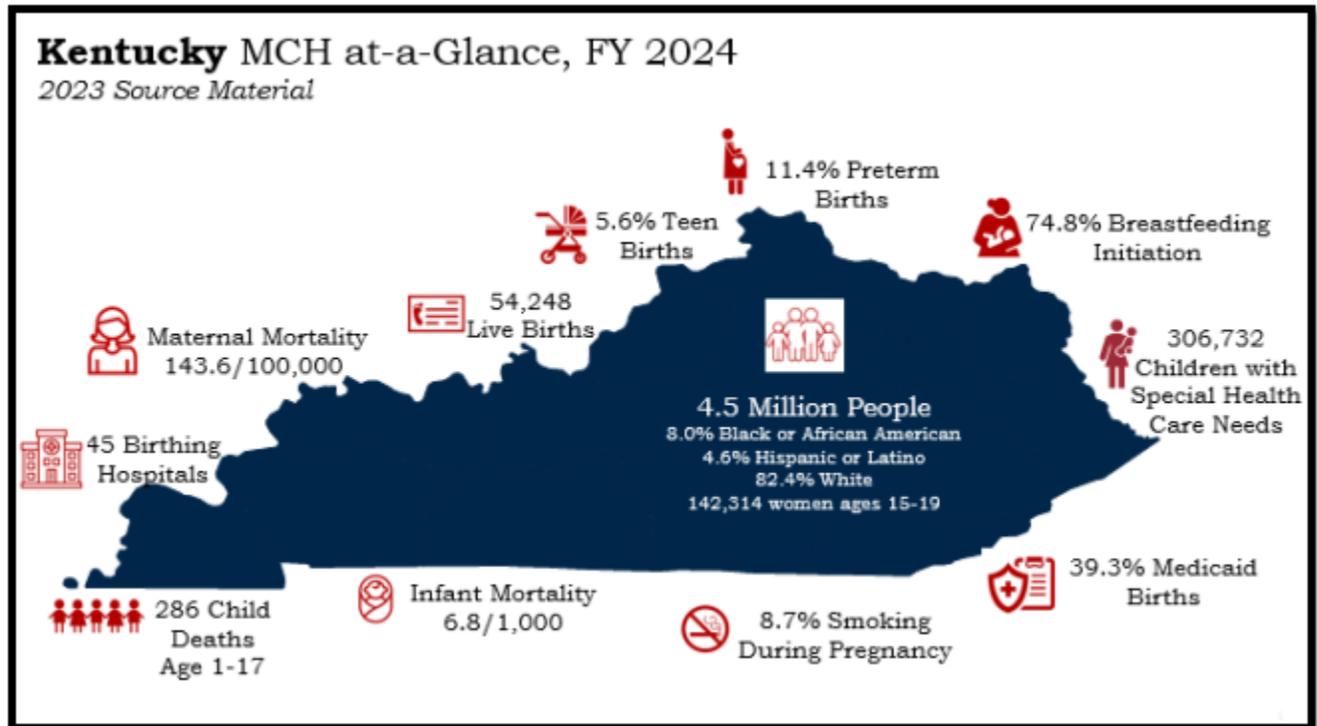
- SPM 7: Increase the percentage by 30% by 2030, of Kentucky CYSHCN families who report having consistent and sufficient access to community resources.

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## Executive Summary

### Program Overview

The Division of Maternal and Child Health (MCH) and Office for Children with Special Health Care Needs (OCSHCN), which are within the Kentucky Department of Public Health, serve as the administrator of KY Title V programs. Both MCH and OCSHCN are committed to ensuring the health and well-being of KY's MCH populations. KY Title V develops and supports the public health infrastructure and enables services to meet these objectives. In addition to meeting the legislative intent of the funding, the Title V programmatic priorities are revised every five years based on a federally required comprehensive needs assessment. The FY24 annual report and FY26 application sections to follow reflect findings from the 2025-2030 needs assessment, which was conducted this program year. The following graphic representation gives a snapshot of the MCH conditions in KY for FY24.



### Women/Maternal Health Domain

The 2025-2030 needs assessment indicated the need to continue to address the priority to reduce morbidity in pregnancy and focus on improving the health of women across the life course. In 2024, MCH continued to focus on improving the best practice packages (evidence-informed strategies) for use by Local Health Departments (LHDs). The Well Woman package continued to promote preventive screenings, review morbidities in pregnancy, disseminate data to raise awareness, and support the utilization of social media platforms to promote well-woman visits.

MCH continued the work of the Health Access Nurturing Development Services (HANDS) home visitation program to: improve maternal and child health outcomes through screenings and referrals; meet the needs of pregnant women and/or new parents; provide guidance regarding growth, development, and the needs of the new baby; and address the safety of the home environment for the child, mother, and families. KY continued two State Performance Measures (SPMs) aimed at addressing maternal mortality and morbidity.

In addition, KY chose postpartum checkups, a universal National Performance Measure (NPM), which tracks the percentage of women with a postpartum checkup within 12 weeks after giving birth, and who received the recommended care components.

With an alarming rise in maternal deaths, half of which have substance use as a risk factor, the KY Maternal Mortality Review Committee (MMRC) recommended that DPH focus on prevention efforts for this population. In the prior needs assessment, KY added an SPM around addressing maternal deaths associated with substance use disorder (SUD). That SPM will continue to be addressed based on the 2025-2030 needs assessment. Much work has been done through the KY Perinatal Quality Collaborative (KyPQC) to reduce the number of women who are addicted or who have a SUD. The KyPQC, a statewide collaboration of leaders from birthing hospitals and other stakeholders, works to address the different maternal morbidities to reduce the state's maternal

mortality rate. In addition, KY has been designated as a member of the Alliance for Innovation on Maternal Health (AIM), which supports best practices to make birth safer and improve maternal health outcomes.

In KY, smoking during pregnancy has been decreasing in recent years. However, smoking among pregnant women in KY remains almost double the national rate. MCH promotes activities aimed at smoking cessation among pregnant women, the adherence to, *and* the development of additional smoke-free policies where needed. The MCH packages focusing on prenatal care and well-woman visits have specific criteria, which include resources and referrals to assist women with tobacco cessation programs.

### **Perinatal/Infant Health Domain**

Infant mortality is considered the single leading indicator of a population's overall health and well-being. Kentucky's 2024 infant mortality rate was 6.8 per 1,000 live births, which is higher than the national rate of 5.5 per 1,000 live births, according to the CDC. The 2025-2030 needs assessment continued to identify neonatal abstinence syndrome (NAS), prematurity, and unsafe sleep practices as significant high-risk factors for infant mortality. Therefore, the chosen state priority need continues to be NAS and infant mortality. Evidence-based strategies recommended nationally for addressing infant mortality are regionalized perinatal care, safe sleep initiatives, and breastfeeding. KY continues to target safe sleep, to support the regionalized perinatal care, and promote breast feeding through the WIC program.

SUID is one of the leading causes of death for KY's infants, with 88.2% having at least one unsafe sleep risk factor. The number of SUID cases has been trending downward in KY for the past several years. However, there was a spike in cases in 2020 & 2021, where over 80 cases were reported. MCH has developed and promoted educational campaigns around safe sleep and promotes safe sleep at the local level through the evidence-informed strategies (packages) carried out by the LHDs.

Rates of neonatal abstinence syndrome (NAS) have increased more than 20-fold in the last decade in KY. NAS surveillance continues to be a top priority since legislative mandates over a decade ago. KY's NAS rate remains far above the national average. Therefore, KY established an NAS State Performance Measure (SPM) that attempts to address this continuing significant risk for infant deaths in our state. There are also additional consequences related to NAS. Infant deaths related to unsafe sleep and deaths from abusive head trauma are reported in homes and families affected by drug use. The KyPQC neonatal workgroup is also focusing on hospital and provider outreach to determine efforts for NAS identification, diagnosis, reporting, and a plan of safe care.

### **Child Health Domain**

In FY24 the school health program provided ongoing support to local school health nurses, teachers, as well as other K-12 educators and professionals. The MCH school health program continues to develop and support health education, expand partnerships and resources, *and* coordinate the dissemination of accurate information related to public health. Through providing online continuing education courses, school nurses and other school staff can easily access course material related to current school issues. A mental health component continues to be incorporated into the school health program to address students who face challenges that contribute to mental health struggles.

Childhood obesity continued to be identified as a top priority in the 2025-2030 needs assessment. For this reason, KY MCH continued NPM around physical activity for children. In addition, training and education components were continued as key strategies to support this performance measure. Accidental injury continues to be the leading cause of death among Kentucky's children over the age of one year and was identified as a top priority. Child passenger and teen driving safety were raised as high priorities as well. MCH developed web-based training on child maltreatment/referral and injury prevention and has continued this work throughout FY24. KY MCH continues to work with leadership, education officials, providers, and policymakers to curb child and adolescent obesity rates, which have many long-term health impacts across the life course.

In FY24, the Child Fatality and Near Fatality External Review Panel continued with the legislated reviews of child fatalities and near fatalities that had or were perceived to need the Division of Community Based Services (DCBS) involvement to ensure child safety. Findings of the panel form the basis of recommendations submitted to legislators, addressing prevention measures for various departments of the cabinet. Their work includes mapping child protective services cases, policy review, potential legislative recommendations for toxicology screening, and active membership in the plan of safe care sub-committee.

KY MCH is an active member of the Child Safety Learning Collaborative (CSLC). They continued their work addressing education and evaluation of child suicide, expanding the implementation of Zero Suicide in health care settings and all Community Mental Health Centers, and fully implemented the 988 mental health crisis line in FY24. In addition to the work Kentucky does with the CSLC regarding suicide prevention, MCH also began working with the CSLC on tracking and expanding bullying prevention efforts through the local health departments in FY24.

### **Adolescent Health Domain**

Behavioral/mental health support continued to be a top priority of the 2025-2030 needs assessment. For this reason, KY MCH selected mental health treatment or counseling National Priority Measure (NPM). The number of KY child/teen deaths from suicide continues to rise, with some dying as young as eight years of age. The KY CSLC has continued its efforts to address suicide and has added a secondary focus on Bullying Prevention for FY24. This work, and more, is specifically aimed at stemming the number of child and adolescent suicides. Additionally, MCH continued the scope of work as it relates to the Pediatric Mental Health Care Access Grant (PMHCA) in FY24. Utilizing existing and well-established infrastructure of childhood mental health within MCH, the community mental health centers in the Department for Behavioral Health, Developmental and Intellectual Disabilities, the local school systems, as well as programs currently being administered by OCSHCN, will expand access to mental health services for

children statewide. The program has also recruited training programs in Pediatrics and Family Medicine to access training in mental health and specifically the consultation line to facilitate pediatric mental health care access. The need to expand access to mental healthcare services can have dramatically positive outcomes on both mental and physical health.

As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors is a critical health issue during adolescence, as adolescents take on adult roles and behaviors. Risky behaviors often initiated in adolescence include unsafe sexual activity, unsafe driving, and use of substances, including tobacco, alcohol, and illegal drugs, oftentimes resulting in inadequate health care services, including adolescent preventive well visits. For this reason, KY MCH selected an evidence-informed strategy measure (ESM) specific to improving behavior risk among adolescents with a focus on positive youth development, which include youth development curriculum, sexual education and teen pregnancy prevention, physical activity, smoking/vaping, and peer support.

### **Children and Youth with Special Health Care Needs (CYSHCN) Domain**

The 2025–2030 needs assessment identified the critical issues affecting the CYSHCN population as the lack of a coordinated medical team, including insufficient care coordination, and limited support networks for CYSHCN, parents, and caregivers. In response, OCSHCN will retire its 2020–2025 priorities and implement two new priorities for the next five years. The National Performance Measure (NPM) will directly address concerns raised by providers, patients, and stakeholders regarding the limited availability of effective care coordination for CYSHCN.

As a trusted provider of direct healthcare services, OCSHCN is well-positioned to help close this gap. To support this effort, the agency will establish a Case Management Care Coordination Community of Practice for CYSHCN. This initiative will engage healthcare providers, community-based organizations, and advisory councils to define and standardize care coordination for CYSHCN throughout Kentucky.

According to the National Survey of Children's Health, 62.3% of Kentucky CYSHCN currently receive needed care coordination, exceeding the national average of 54.1%. However, OCSHCN acknowledges that further improvement is necessary to ensure that all CYSHCN receive consistent, high-quality care coordination. Over the next five years, OCSHCN will collaborate with providers and families to embed care coordination into standard medical team practices, helping families navigate often complex healthcare systems.

The needs assessment also revealed significant barriers in accessing community resources and support networks for CYSHCN and their families. To address this, OCSHCN will introduce a new State Performance Measure (SPM) focused on improving access to essential community-based services and supports. A key component of this effort will be the development of a centralized, user-friendly, and accessible resource platform. This tool will serve as a comprehensive guide to help families more easily locate services and programs available in their communities.

By reducing the burden and stress families often face when navigating multiple systems, OCSHCN aims to provide greater ease and efficiency in connecting to needed resources. The priorities for 2025–2030 reflect the most pressing challenges identified through statewide surveys and focus groups and will guide efforts to equip families with the knowledge, tools, and consistent support needed to access healthcare services across Kentucky.

### **Cross-Cutting/Systems Building Domain**

KY needs span across multiple domains. KY recognizes that substance use disorder, tobacco use/exposure, oral health, teen pregnancy, and insurance inadequacy affect multiple domains. These topics are addressed in subsequent population domain narratives.

## How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funds are divided with 65.1% used to address all MCH populations and 34.9% for children with special health care needs as priorities. MCH allocates the bulk of funding allowing for discretionary use by the LHD for provision of enabling population health services and system building activities.

KY's CYSHCN population is served by KY's Office for Children with Special Health Care Needs (OCSHCN). OCSHCN utilizes the Data Action Plan and Access to Care Plan scorecards that address critical needs identified in the prior needs assessment. All OCSHCN funding goes toward providing gap-filling specialized health care services while facilitating access to equipment, education, and resources. OCSHCN supports KY's children and youth with special health care needs through high-quality direct healthcare services that execute the vision to be a visible leader in providing the highest quality of life for KY's CYSHCN population.

To address the many factors that influence healthcare outcomes, KY MCH strives to promote the health and wellness of women and children. MCH has developed and recommended evidence-informed strategies or "Packages" for the LHD to adapt to address challenges in their area; this has become a model program that establishes a multi-disciplinary funding strategy for LHDs. For FY24, the Packages were directed to address the following: Safe Sleep for Community Partners; Child Fatality Review and Injury Prevention; Prevention of Pediatric Abusive Head Trauma; Cribs for Kids for Community Partners; Prenatal Referrals; Well Woman; Youth Thrive; Nurturing the Thriving Mind; Whole School, Whole Child, Whole Community; Fluoride Varnish for Children; and Healthy People Active Communities.

These MCH Packages, or evidence-informed strategies, are designed to address specific priorities identified in the needs assessment. MCH Packages serve as the principal budgeting guide for LHDs and assist them in the planning of projects that address MCH priority population needs at the local level. Participation in the MCH Packages is aligned with, and as a part of, established community priorities and outreach efforts. Specific activities, SMART goals, objectives with measurable outcomes, and timelines are tied to Package implementation. The Packages are built around KY's priority domains—women of childbearing age and maternal health, perinatal and infant health/infant mortality, as well as child and adolescent health. LHDs have some discretion in the Packages they choose. They are required to participate in a minimum of three packages, which include at least one Infant Mortality Package, the Child Fatality Review (CFR) and Injury Prevention Package and may also choose an additional package from Child and Adolescent Health for a minimum of three packages to receive funding. LHDs may choose to participate in up to five Packages. An additional package can be developed and designated for special projects and emerging needs in their specific community based on LHD's needs assessment and as directed by the State's MCH program. LHDs collaborate with community stakeholders for matching funds for all projects and efforts related to the MCH population as a part of outreach and support for the community.

## MCH Success Story

Staff training and workforce development continued to be key priorities for MCH in FY24. Data analytics and surveillance continued to inform various programs of measures, the MCH and OCSHCN leadership and, policymakers. MCH and OCSHCN have continued defining and building strong community support through collaboration across departments, cabinets, other state agencies, and with LHDs. Mental health access for both child and adolescent populations continues to be a top priority; there was a great deal of work to further this effort during this program year.

Employee recruitment, training, and retention continue to be a critical need within MCH and across state government. The MCH School Health Program continues to support three full-time staff (a program manager, a registered nurse, and a mental health professional). Additional hiring occurred in the Program Support, Child & Family Health Improvement Clinical and Population Health Branches, and in the MCH Division Office, which have been needed for some time and thus increasing the MCH workforce capacity.

MCH has been very successful in maintaining its current core staff, with very little turnover in FY24. In addition to the 6% salary increase for state workers in 2021, a first in DPH in fifteen years, staff received an additional 3% cost-of-living adjustment (COLA) in FY23 and FY24. A great deal of effort was made to ensure that supervisors were being compensated adequately relative to their staff and that pay grade levels reflected job descriptions. Salary increases and other forms of compensation have been a positive tool for employee recruitment and retention.

In FY24, OCSHCN celebrated 100 years of service to the children and youth with special health care needs in KY. In the first year, OCSHCN provided services to 704 children with the support of physicians who volunteered their time, of free or discounted treatments at hospitals, and the railroad that provided free transportation. In the last 100 years, OCSHCN has adapted services to meet the growing needs of KY's children and currently has provided services to nearly 50,000 children and youth. The celebration of 100 years of service is an unwavering commitment to excellence in care and a lasting impact on children in the Commonwealth.

Other collaborative work that occurred in MCH during this program year included:

- CFR documented many local review teams, improved the quality of review information and reporting to the state program.
- MCH Nutrition Services staff have implemented additional vendor monitoring and more collaboration with local vendors.
- OCSHCN completed development of the CYSHCN data dashboard.
- Additional work and collaboration among MCH's Family Partnerships section and expanded role of the Family Advisory Council.
- The School Health Program collaborated with BHDID on three projects and trainings, all with great success: Kentucky Community Crisis School Response Team – PREPaRE Train the Trainers, CODE RED (Safety Planning) Implementation –Train the Trainer, and Anniversary Comprehensive Tool-kit: Trauma Trigger Support for Communities

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Kentucky

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.