Kentucky State Action Plan Table 2027 Application/2025 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Reduce maternal morbidity and mortality rates in Kentucky	Reduce by 5% by 2030, the number of maternal deaths of KY residents associated with substance abuse disorder by 2030	Identify maternal deaths of any KY female resident between the ages of 15-55 years who was pregnant within one year prior to death regardless of the cause of death with drug overdose defined by ICD 10 code of X40-X49. Ensure review of Maternal Mortality Review Committee (MMRC) within one year of death. With guidance of MMRC, develop recommendations from case findings for inclusion in the annual Maternal Mortality Review and Prevention report and provide information to the KY Perinatal Quality Collaborative (KyPQC). Develop presentations of MMRC findings for stakeholders. With AIM status, continue to develop educational strategies for promotion and use of Maternal Safety Bundles.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Reduce the percentage (by 5%) of maternal deaths of Kentucky residents associated with substance use disorder by 2030.	
	Increase the number of women who receive a postpartum checkup within 12 weeks after giving birth by 1% by 2030. Increase the percent of women who attend a postpartum checkup and receive recommended care components by 1% by 2030.	Monitor from PRAMS, the number/percent of women who have contacted their healthcare provider within 3 weeks of giving birth. Work through our MCH Title V Packages (Well Woman and Prenatal Referrals, others) regarding the importance of receiving ongoing medical visits/checkups and routine care throughout the postpartum period. Continue to work with healthcare providers/community, LHDs, and other external partners on education, TRAIN courses, etc. on importance of comprehensive medical checkup and follow up with who had had a complete medical checkup no later than 12 weeks after giving birth.	ESM PPV.1 - Percent of new mothers who received a postpartum checkup	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Reduce maternal morbidity and mortality rates in Kentucky	Increase by 5% the number of who are screened for well-women preventive health visits, immunizations, and referral to primary care provider by 2030.	Work with LHDs through our Well Woman package to utilize media outlets, additional education and marketing efforts to promote preventative medical visits. Work with School Health on education in schools about the importance of			

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		wellness checkups and immunizations. Continue to work with the KY DPH Immunization Branch on education and outreach about the importance of immunizations. Develop educational modules focused on well-woman visits. Integrate well-woman visit messaging in prenatal program evidence-informed strategies. Provide education to women and track use of the well-woman visit and referrals into evidence-based programs such as WIC, HANDS, and MIECHV, and other home visiting programs. Increase the number of educational presentations and materials regarding prevention and factors that significantly impact women's health (e.g., smoking, SUD, domestic violence, anxiety and depression) to healthcare providers.			
Reduce maternal morbidity and mortality rates in Kentucky	Increase the percentage, by 1%, the entrance of women into prenatal care to enhance pregnancy outcomes.	Work with staff and providers to ensure a comprehensive prenatal care plan. Prioritize regular prenatal checkups with the provider. Maintain a healthy lifestyle, including a balanced diet, exercise, and avoiding harmful substances like alcohol and tobacco. Provide education to ensure mother is up to date on all recommended vaccinations. Plan to include vitamin and folic acid intake.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Percent of pregnant women who receive prenatal care beginning in the first trimester	
Reduce rate of substance use disorder, Neonatal Abstinence Syndrome (NAS) cases among infants, and improve	To reduce the number of accidental resident maternal deaths associated with maternal substance use.	Continue to work with LHDs and external partners through our Prenatal Referral and Well Woman best practice packages on training and education of expectant mothers about the risks of opioid and other substance use during pregnancy and promoting medication-assisted treatment for opioid use disorder. Continue to work with LHDs through MCH WIC and Nutritional Support Branch with breastfeeding support services and ensure mother is in a stable recovery environment in order to breastfeed.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Reduce the percentage (by 5%) of maternal deaths of Kentucky residents associated with substance use disorder by 2030.	

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outcomes related to substance use (including tobacco) among pregnant women in Kentucky		Continue to work with and through our MCH home visiting (HANDS) and early intervention team(s) to assist, educate and support mothers who they may have substance use/abuse problems. Offer referrals and support services where possible. Work with partners on preconception education and prenatal care support.			
Perinatal/Infant Health					
Reduce infant mortality rate in Kentucky	Decrease by 5% the number of new cases of neonatal abstinence syndrome (NAS) by 2030	Provide technical support to reporting facilities. Complete at least one report on the findings annually. Continue collaborations with other state agencies to address the opioid epidemic. Coordinate with KY Perinatal Quality Collaborative to develop ongoing educational opportunities to address early identification of substance use during pregnancy with referral and care coordination for pregnant woman. Develop educational offerings for providers and birthing hospitals regarding NAS	No ESMs were created by the State. ESMs are optional for this measure.	SPM 3: Reduce the rate (by 5%) of neonatal abstinence syndrome among Kentucky resident live births.	
Reduce infant mortality rate in Kentucky	Increase by 5% (current 89% 2022 PRAMS data) the percent of PRAMS reporting mothers who place their infants in a back-to-sleep positioning by 2030.	• Distribute parent education materials (in other languages) to birthing hospitals and providers • Development of online modules for home visitation programs, CPS or other targeted providers. • Maintain 100% of infant deaths that are reviewed by a multi-disciplinary review team. • Development of educational materials at statewide literacy rate. • Implement targeted interventions at both the state and local level identified populations/areas at greatest risk of non-back sleep.	ESM SS.1 - Percent of PRAMS mothers who report placing their infants in a back-to-sleep positioning	NPM - Safe Sleep	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality

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		• Include culturally sensitive education opportunities for addressing risk factors, smoking during pregnancies, environmental exposure, how to have conversation with parents on assessment of safe sleep environment, substance use, teen births. • MCH remains committed to ongoing successful strategies/initiatives.			
Reduce rate of substance use disorder, Neonatal Abstinence Syndrome (NAS) cases among infants, and improve outcomes related to substance use (including tobacco) among pregnant women in Kentucky	To reduce the percentage (by 5%) of accidental resident maternal deaths associated with maternal substance use.	Continue to work with healthcare providers and hospitals, through early intervention services about the importance of non-pharmacological interventions like skin-to-skin care, swaddling, rocking, pacifiers, and dim lighting can help soothe infants experiencing withdrawal symptom. Continue to work educating healthcare professionals and families about NAS, its prevention, and management is essential for improving outcomes. Continue to work with outside stakeholders, DPH and other State agencies, as well as policymakers regarding the creation of policies and resources that support mothers and families affected by substance use disorders, without resorting to criminalization, are crucial for promoting positive outcomes for both mothers and infants. In cases of severe withdrawal, continue to work with healthcare providers and hospitals on best practices for pharmacological treatment.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Percent of pregnant women who receive prenatal care beginning in the first trimester	
Child Health					
Reduce overweight and obesity among children and adolescents in Kentucky	Reduce by 5% the percentage of children, ages 6 through 17, reported in the National Survey of Children's Health (NSCH) who are obese by 2030.	• Develop support package and materials for technical assistance providers to increase capacity and consistency of TA provided. • Increase the number of collaborative partners for physical activity training within the school system. • Increase the number of schools with personnel trained in physical activity programs, such as Comprehensive School Physical Program (CSPAP), Integrating Classroom Physical Activity and recess trainings. • Infrastructure and Environmental Supports for Physical Activity: Promote the development and use of infrastructure that facilitates physical activity	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	NPM - Physical Activity - Child	**Linked NOMs:** Children's Health Status Child Obesity

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		(e.g., walking trails, sidewalks, playgrounds, parks). • Maintain and develop additional online training modules that support ECE professionals in health best practices. • Promotion of nutrition and physical activity with Women, Infant and Children (WIC) recipients. • MCH remains committed to ongoing successful strategies/initiatives.			
Improve child safety rate(s) in Kentucky	Decrease the rate of hospitalizations (<100) per 100,000 children, ages 0-9 years by 2030	Adopt community educational opportunities, such as smoke alarm installations, water safety, etc. Provide injury prevention education for families participating in home visiting programs. Increase the number of car seats that are installed and used appropriately and increase the number of CPS technicians in rural areas. Provide oversight and regulation of innovative programs such as comprehensive home safety assessments. Conduct outreach, education campaigns, and trainings in school-based settings. Work within existing CFR/Injury Prevention KY MCH Title V Package(s) to purchase car seats. Work with corporate sponsors or other stakeholders on an expanded car seat program.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 4: Rate of hospitalization for non-fatal injury (<100) per 100,000 children, ages 0 through 9	
	Increase the percentage (by 5%) of children, both with and without Special Health Care Needs, who have a medical home.	Modify existing KY MCH Title V best practices packages on expanding referral services for wraparound services within the medical home model of care. Develop a specific Medical Home KY MCH Title V best practices package to educate and inform on the importance of the medical home (patient-centered) model. Offer additional training opportunities in KY TRAIN, etc. regarding the medical home model.	No ESMs were created by the State.	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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		Work with HANDS and other early intervention program(s) as well as our existing family engagement team on education of the medical home model, making connections, linking resources and ways to achieve a medical home. Assist with making connections to local providers, etc.			
Adolescent Health					
Reduce overweight and obesity among children and adolescents in Kentucky	Increase by 5% the proportion of Kentucky schools that have implemented a school wellness policy and a comprehensive school physical activity program by 2030.	Continue Healthy People, Active Communities MCH Package activities; School Health wellness activities, promotional materials, technical assistance providers to increase capacity and consistency of TA provided. Increase the number of collaborative partners for physical activity training within the school system. (long term) Increase the number of schools with personnel trained in physical activity programs, such as Comprehensive School Physical Program (CSPAP), Integrating Classroom Physical Activity and recess trainings. Infrastructure and Environmental Supports for Physical Activity: Promote the development and use of infrastructure that facilitates physical activity (e.g., walking trails, sidewalks, playgrounds, parks). Maintain and develop additional online training modules that support ECE professionals in health best practices.			
	Continue to reduce by 2% the proportion of children and adolescents who live in a household with someone who smokes.	Promote Healthy People, Active Communities MCH Package. Continue to promote city and county smoke-free policies. Continue to promote tobacco free schools; education, training, and support to other State agencies, LHDs, and community partners.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 5: Reduce the percent (by 2%) of children, ages 0 through 17, who live in households where someone smokes	
Improve behavior risk among adolescents in Kentucky with focus on positive youth development, lifestyle	Increase the amount of positive youth engagement / development programs or curriculum in schools, leadership opportunities, and youth activities in communities.	Continue to work with schools, LHDs to advance and promote positive youth engagement core principles in local communities. Continue to work with LHDs and KY MCH Title V Packages to expand Youth Thrive and other positive youth engagement programs. Continue to work with LHDs and KY MCH Title V Nurturing the Thriving Mind best practices Package.	ESM MHT.1 - Number of adolescents, ages 12 through 17, receiving sexual health education, teen pregnancy prevention, or engaged in positive youth development	NPM - Mental Health Treatment	**Linked NOMs:** Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent -

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choices to prevent substance use, obesity, injury and teen pregnancy		Develop a new Title V best practices package for positive youth engagement / development with specific focus on adolescent mental health: focus on building positive connections, fostering healthy habits, physical activity, open communication with parents, caregivers, teachers and other adults, and providing access to support. Continue to work with both LHDs and Federal Partners on both SRAE and PREP activities to support adolescent health in schools and local communities. Work with the MCH WIC/Nutrition Services Branch on educational and promotional materials regarding healthy eating, managing stress through relaxation techniques, and ensuring access to mental health resources. "Healthy body, healthy mind" Continue to work with the KY MCH adolescent health team regarding sexual health and education curriculum in schools as well as comprehensive teen pregnancy prevention program.	curriculum		CSHCN Flourishing - Child Adolescent - All
Improve mental / behavioral health outcomes among adolescents and pregnant women in Kentucky	Reduce the percentage (by 2%) of child and adolescent deaths categorized as suicide by 2030.	Develop data surveillance for emergency department visits including self-harm Research process for implementation of Zero Suicide program Identify clinical systems already implementing Zero Suicide Align Zero Suicide implementation to health care quality standards Modify current evidence informed strategy (MCH Package) for inclusion of Zero Suicide Program guidelines Develop TRAIN Modules for mental/behavioral health of adolescents for distribution to school, social work, hospital, PCPs, nurses and others	No ESMs were created by the State. ESMs are optional for this measure.	SPM 6: Reduce the percentage (by 2%) of child and adolescent deaths categorized as suicide by 2030.	
Improve mental / behavioral health outcomes among	Increase the percentage (by 2%) the number of adolescents, ages 12-17 years of age, that receive mental health treatment or counseling services in KY.	Work with healthcare providers, hospitals, LHDs to increase the amount emergency mental health resources, access to mental health counseling or other forms mental/behavior health treatment. Work with healthcare providers, LHDs, State agencies, and additional stakeholders to improve the number of mental health screenings during	ESM MHT.1 - Number of adolescents, ages 12 through 17, receiving sexual health education, teen	NPM - Mental Health Treatment	**Linked NOMs:** Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status

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adolescents and pregnant women in Kentucky		adolescent well visits. Work with KY Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), hospitals, or LHDs on the tracking of adolescent mental health visits. Work with LHDs, family and youth engagement on wraparound mental health services that are comprehensive, team-based approach and that provides individualized support to individuals and families facing mental/behavioral challenges.	pregnancy prevention, or engaged in positive youth development curriculum		Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Children with Special Health Care Needs					
Improve access to community resources and quality of life for the CYSHCN population in Kentucky	By 2030, increase by 30% the percentage of families of children and youth with special health care needs (CYSHCN) who report consistent and sufficient access to community resources, as measured annually by the Access to Community Resources Scorecard.	Increase collaboration with community partners to gain information on available resources. Incorporate resource assessment in clinical appointments to support families. Increase Outreach events by 5 events a year to expand network of community partners. Engage with International Centers to identify and provide culturally appropriate resources. Develop a centralize database to provide families with access to available community resources. Create a survey to gather data on families perceived access to community support. Train clinic staff to compassionately discuss families resource needs to normalize seeking support. Engage with the Parent Advisory Council (PAC), Youth Advisory Council (YAC), and the Family-to-Family Health Information Center to gather insights on resource and service awareness, focusing on those utilized by patients and families with lived experience.	No ESMs were created by the State. ESMs are optional for this measure.	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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		Form an OCSHCN workgroup that gathers input from staff representing both rural and urban OCSHCN clinics, Early Hearing Detection and Intervention (EHDI) and Kentucky Early Intervention System (KEIS), to ensure a comprehensive understanding of diverse needs.			
	Increase the percentage of CYSHCN families reporting that they have received comprehensive care coordination through a medical team by 1% annually through 2030.	Evaluate and promote the growth of care coordination across the state. Launch a Case Management Care Coordination Community of Practice for CYSHCN Collaborate with community partners, healthcare providers, managed care organizations (MCOs), hospitals, and families to promote consistent high-quality care coordination services statewide. Develop a targeted survey to distribute to providers and community partners to gather insights on how care coordination is defined and implemented across the state. Increase participation in outreach events in local communities to network with providers/community partners to increase recognition of OCSHCN services. Assess existing care coordination practices in OCSHCN clinics to identify opportunities for improvement and expansion	ESM MH_CC.1 - Percent of Children with Special Health Care Needs (CYSHCN), ages 0 through 17, who receive patient or family-centered care coordination services	NPM - Medical Home; Medical Home_Care Coordination	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All