South Carolina State Action Plan Table 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
Women/Maternal Health					
Improve utilization of healthcare visits to promote health before, during, and after pregnancy.	Increase the percentage of women who received a post-partum check up to 90% by 2030.	Implement a mobile maternal health initiative to provide prenatal and postpartum care in areas of greatest need across the state. Collaborate with partners to increase awareness and knowledge of urgent maternal warning signs. Support initiatives that address access to mental health services for women.	ESM PPV.1 - Percent of women, 18-44 years, who report having a personal doctor or healthcare provider. ESM PPV.2 - Percent of women, 18-44 years, who report having a routine healthcare visit within the past 2 years.	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Perinatal/Infant Health					
Strengthen implementation of evidence-based practices that keep infants safe, healthy, and prevent mortality.	Increase the percent of VLBW infants born in a hospital with a Level III+ NICU to 80% by 2030.	Maintain a high level of collaboration between Regional Systems Developers and DPH staff to strengthen the Perinatal Regionalization System through perinatal activities and initiatives.	ESM RAC.1 - Percent of Level I and Level II hospitals that complete the VLBW Self-Monitoring Tool ***Inactive -*** *ESM RAC.2 - Generate a report to examine data trends with regard to racial/ethnic disparities in VLBW births at Level I and Level II facilities.* ***Inactive -*** *ESM RAC.3 - Percent of Medicaid prenatal*	NPM - Risk-Appropriate Perinatal Care	**Linked NOMs:** Stillbirth Perinatal Mortality Infant Mortality Neonatal Mortality Postneonatal Mortality Preterm-Related Mortality

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			care providers screening pregnant women for smoking, alcohol and drug use, domestic violence and depression using the SBIRT tool		
Strengthen implementation of evidence-based practices that keep infants safe, healthy, and prevent mortality.	Increase the percent of infants placed to sleep on their backs to 80% by 2030.	Promote safe sleep education and activities through the implementation of a Safe Sleep Coalition.	ESM SS.1 - Percent of infant deaths due to unsafe sleep accidents ***Inactive -*** *ESM SS.2 - Number of culturally appropriate translations of material created for populations at risk of infant mortality.*	NPM - Safe Sleep	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality
Child Health					
Increase access to coordinated and comprehensive health promotion efforts for children.	Increase the percent of all SC children who have a medical home to 60% by 2030.	Collaborate with partners to increase developmental screenings and referral to early intervention services for children through utilization of a new statewide registry. Establish interagency partnerships to improve coordination between oral health services and well child visits. Increase physical activity among children, working with internal partners and school districts.	ESM MH.1 - Percent of children, 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year ESM MH.2 - Percent of children, ages 1-17, who had a preventive dental visit in the past year ESM MH.3 - Percent of school districts participating in professional development	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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			opportunities that include methods to provide at least 30 minutes daily physical activity opportunities for all students before, during, and after the school day ESM MH.4 - Percent of CYSHCN who receive needed care coordination ***Inactive -*** *ESM MH.5 - Conduct a point in time survey of DHEC's CYSHCN to assess barriers and identify any racial/ethnic disparities in establishing a medical home*		
Adolescent Health					
Increase access to coordinated and comprehensive health promotion efforts for adolescents.	Increase the percent of adolescents who receive needed mental health treatment or counseling to 85% by 2030.	Collaborate with partners to support and promote initiatives that provide health education and prevention services to youth across SC.	ESM MHT.1 - Number of Youth Access to Psychiatry Program (YAP-P) consults	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 - CSHCN Flourishing - Child Adolescent - All

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Children with Special Health Care Needs					
Improve care coordination for children and youth with special health care needs.	Increase percent of children and youth with special healthcare needs who have a medical home to 60% by 2030.	Assure children with special health care needs receive coordinated, ongoing, comprehensive care within a medical home.	ESM MH.1 - Percent of children, 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year ESM MH.2 - Percent of children, ages 1-17, who had a preventive dental visit in the past year ESM MH.3 - Percent of school districts participating in professional development opportunities that include methods to provide at least 30 minutes daily physical activity opportunities for all students before, during, and after the school day ESM MH.4 - Percent of CYSHCN who receive needed care coordination ***Inactive -*** *ESM MH.5 - Conduct a point in time survey of DHEC's CYSHCN to assess barriers and identify any*	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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			racial/ethnic disparities in establishing a medical home		
Promote the advancement of transition in health care services for CYSHCN clients from adolescent to adult providers.	Increase the percent of children and youth with special healthcare needs who received services to prepare for transition to adult care to 35%.	Ensure all DPH CYSHCN clients 16-21 have a valid transition care plan.	ESM TAHC.1 - Percentage of DPH CYSHCN clients ages 16-21 who have a valid transition care plan in place	NPM - Transition To Adult Health Care	**Linked NOMs:** CSHCN Systems of Care
Cross-Cutting/Systems Building					
Enhance partnerships that address community health factors across Title V population health domains.	Increase the number of Title V-funded partnerships or MOUs that align with the 2026-2030 State Action Plan for SC.	Develop new and strengthen current partnerships with external organizations to improve systems of care and social supports within communities across Title V population health domains.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Number of formal partnerships that address community health factors across Title V population health domains	