Virginia 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					
Improve access to care through system coordination and navigation	By FY2030, increase the percentage of women attending a postpartum checkup within 12 weeks from 92.2% (FY26) to 96.0%, and the percentage receiving recommended care components during that visit from 62.4% to 65.0%.	Partner with LHD & community programs to strengthen postpartum care and increase postpartum visits. Increase workforce capacity to provide PPV through provider training and certification to ensure access to care.	***Inactive -*** *ESM PPV.1 - Creation of formalized and structured process to implement MMRT recommendations* ***Inactive -*** *ESM PPV.2 - Percent of LHD Title V programs that meet the outcome(s) stated within their Title V logic model related to the postpartum focus-area* ESM PPV.3 - Percent of MMRT recommendations being implemented that are making progress toward their 2030 objective	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Utilize comprehensive upstream systems approach to impact MCH outcomes	By FY2030, increase the percentage of women, ages 18 through 44, with a preventive medical visit in the past year from 77.2% (FY26) to 80.2%.	Promote preventive care that improves overall health through programmatic synthesization.	SPM ESM 2.1 - Percent of CAI patients reporting feeling supported in their contraceptive care ***Inactive -*** *SPM ESM 2.2 - Maintain services provided that support individuals*	SPM 2: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	**Linked NOMs:** Severe Maternal Morbidity Postpartum Anxiety Postpartum Depression Teen Births Maternal Mortality Women's Health Status

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			and communities around pregnancy loss		
Perinatal/Infant Health					
Strengthen preventive behaviors to improve MCH outcomes	By FY2030, increase the percentage of infants who are ever breastfed from 90.3% (FY26) to 94.0%, and the percentage of children ages 6 months through 2 years who were breastfed exclusively for 6 months from 30.4% to 42.4%.	Increase targeted programs & hospital policies that support families in breastfeeding.	ESM BF.1 - Percent of birthing hospitals participating in the Virginia Maternity Center Breastfeeding-Friendly Designation Program ***Inactive -*** *ESM BF.2 - Development of a coordinated action plan of gap-filling activities for breastfeeding programming across VDH divisions*	NPM - Breastfeeding	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality
Strengthen preventive behaviors to improve MCH outcomes	By FY2030, increase the percentage of infants aged 15 months with at least 6 well-child visits from 63.1% (FY26) to 75% with an annual increase of 4.4%, and increase the percentage of children aged 30 months who have had at least two well-child visits between 16–30 months from 72.4% to 82.6% with an annual increase of 2.5%.	Promote optimal health for perinatal populations by advancing opportunities across multiple programs. Collaborate with programs to lift up several populations, including perinatal and infant health, to increase Infant Well Being.	***Inactive -*** *SPM ESM 3.1 - Percent of Title V programs integrating Bright Futures guidelines*	SPM 3: A) Percent of infants aged 15 months who have had at least 6 well-child visits; B) Percent of infants aged 30 months who have had at least 2 well-child visits between 15-30 months.	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality Children's Health Status Neonatal Abstinence Syndrome Neonatal Mortality
Child Health					
Utilize comprehensive upstream	By FY2030, increase the percentage of children, ages 1 through 17, who had a preventive	Improve access to oral health services through school-based settings & referrals.	ESM PDV-Child.1 - Percent of children receiving preventive	NPM - Preventive Dental Visit - Child	**Linked NOMs:** Tooth decay or cavities Children's Health Status

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systems approach to impact MCH outcomes	dental visit from 79.1% (FY26) to 82.7%		services from oral health professionals in school-based programs in last 12 months ***Inactive -*** *ESM PDV-Child.2 - Number of trained partners conducting oral health risk assessments and providing children with education and referrals to oral health professionals in last 12 months* ***Inactive -*** *ESM PDV-Child.3 - Number of Regional Oral Health Collaborative Projects that implemented work plans to increase dental visits among children (ages 0-11 years) and adolescents (ages 12-17 years)*		CSHCN Systems of Care
Maintain a capable MCH workforce	By FY2030, increase the percentage of children with and without special health care needs, ages 0 through 17, who have a medical home from 48.2% (FY26) to 53.6%.	Provide accessible, up-to-date training for professionals, caregivers, and other audiences about the medical home to increase well-child visit attendance.	ESM MH.1 - Percent of schools/school divisions that receive leadership and training from Title V that integrate School Based Health Centers into their core educational mission and operation. ***Inactive -*** *ESM MH.2*	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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			- Percentage of children served by the VA CYSHCN Program who report having a medical home ***Inactive -*** *ESM MH.3 - Number of Title V funded programs who are promoting medical home and/or are including a question about medical home in their reporting* ***Inactive -*** *ESM MH.4 - Number of providers in Virginia who have completed the medical home training module*		
Improve access to care through system coordination and navigation	By FY2030, increase the percentage of children ages 9 through 35 months who received a developmental screening using a parent-completed tool from 30.4% (FY26) to 35.8%.	Build and strengthen community-based infrastructure through messaging, outreach, and referrals that support families.	ESM DS.1 - Number of community collaborators implementing consistent developmental screening information and resource messaging across multiple sectors and points of entry for parents. ***Inactive -*** *ESM DS.2 - Number of LHDs, community partners, and providers receiving developmental screening resources, training, or TA*	NPM - Developmental Screening	**Linked NOMs:** School Readiness Children's Health Status

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Adolescent Health					
Promote mental health across MCH populations	By FY2030, increase the percentage of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling from 91.2% (FY26) to 95.0%.	Transform adolescent mental health treatment through a myriad of programs to increase mental health services.	ESM MHT.1 - Percent of health regions with at least one elementary school participating in Sources of Strength programming ***Inactive -*** *ESM MHT.2 - Number of total elementary schools participating in Sources of Strength programming*	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
Improve access to care through system coordination and navigation	By FY2030, increase the percentage of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine from 86.3% (FY26) to 90.0%.	Deliver evidence-based programs and education that meet the needs of adolescents through upstream practice changes.	SPM ESM 1.1 - 80 percent of HPV "opt-out" students enrolled in 7th grade have been verified by the school nurse with targeted outreach	SPM 1: Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	**Linked NOMs:** Children's Health Status
Children with Special Health Care Needs					
Improve access to care through system coordination and navigation	By FY2030, increase the percentage of children with special health care needs, ages 0 through 17, who have a medical home from 38.1% (FY26) to 41.8%.	Coordinate efforts across partnerships to improve care coordination and assure medical homes for all CYSHCN across the state through community messaging.	ESM MH.1 - Percent of schools/school divisions that receive leadership and training from Title V that integrate School Based Health Centers into their core educational mission and operation. ***Inactive -*** *ESM MH.2 - Percentage of children served by the*	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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			VA CYSHCN Program who report having a medical home ***Inactive -*** *ESM MH.3 - Number of Title V funded programs who are promoting medical home and/or are including a question about medical home in their reporting* ***Inactive -*** *ESM MH.4 - Number of providers in Virginia who have completed the medical home training module*		
Cross-Cutting/Systems Building					
Maintain a capable MCH workforce	By FY2030, increase the percentage of Title V staff reporting increased knowledge after attending trainings from 20% to 100% by 20 percentage points annually.	Build and strengthen MCH workforce infrastructure that expands continuous education & elevates workforce capacity.	***Inactive -*** *SPM ESM 4.1 - Percent of Title V staff who complete the annual workforce capacity assessment*	SPM 4: Percentage of Title V staff who reported increased knowledge after attending training(s) on areas identified on annual workforce capacity assessment.	
Enhance state MCH data capacity	By FY2030, increase the percent of LHD and Central Office staff that report MCH data products are used to support timely data-informed decision making from 16% to 80%.	Drive coordinated, cross sector efforts to improve MCH data quality.	***Inactive -*** *SPM ESM 6.1 - Percent of MCH data requests completed within 2 weeks that were received within the past 12 months* ***Inactive -*** *SPM ESM 6.2 - Percent of LHDs with access to birth data from the most recent quarter available in the last 12*	SPM 6: Percent of MCH epidemiology data products resulting in documented programmatic or policy action	

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			months		
Advance collaboration, partnership, and community engagement to build trust	By FY2030, increase the percentage of Title V staff demonstrating improved competence, confidence, and capacity in building relationships from 20% to 100% by 20 percentage points annually.	Deepen community engagement to strengthen relationships, surface opportunities, and integrate consistent messaging across domains. Strengthen coordinated, family-centered systems of care by expanding medical home and transition-to-adulthood practices for all Title V populations through strong partnerships and community engagement.	***Inactive -*** *SPM ESM 5.1 - Percent of LHD Title V programs that meet the outcome(s) stated within their Title V logic model related to community engagement*	SPM 5: Percentage of Title V funded staff who demonstrate increase in competence, confidence, and capacity in building relationships as measured on the annual workforce capacity assessment	