Virginia 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 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%.	Local Health District (LHD): Enhance, expand, assess, plan, and implement screenings, education, and referrals that support attending the postpartum visit and address maternal morbidity and mortality Enhance Virginia's MCH maternal health infrastructure to address the importance of the postpartum visit by highlighting three topics of postpartum care: Increasing awareness of urgent maternal warning signs, discussing reproductive health in the postpartum period, and the importance of postpartum mental health Provide education and training for Virginia's doulas with a focus on, but not exclusive to, state-certified doulas In partnership with Virginia Hospital and Healthcare Association (VHHA) Foundation, develop CHW programs at partner hospitals to improve access to care by providing care coordination and system navigation services Implement Virginia's state plan for Substance-Exposed Infants (Code of Virginia §32.1-73.12) Implement postpartum depression awareness campaign per Virginia House Bill 2446 (2025) Utilize recommendations from state Maternal Mortality Review Team reports to improve and strengthen already existing programs and align maternal health work with contributing factors to maternal morbidity and mortality	ESM PPV.1 - Creation of formalized and structured process to implement MMRT recommendations 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	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Utilize comprehensive upstream	By FY2030, increase the percentage of women, ages 18 through 44, with a preventive	Coordinate and expand patient centered contraceptive services at participating healthcare organizations to under and uninsured patients with incomes up to 250% of the Federal Poverty Level (FPL), per the Virginia	SPM ESM 2.1 - Percent of CAI patients reporting	SPM 2: Percent of women, ages 18 through 44, with a preventive medical visit in	**Linked NOMs:** Severe Maternal Morbidity Postpartum Anxiety

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systems approach to impact MCH outcomes	medical visit in the past year from 77.2% (FY26) to 80.2%.	Appropriations Explore opportunities to measure experience of patients receiving contraceptive care at participating healthcare organizations, utilizing evaluation results for program quality improvement and provider education Implement menstrual health program per Virginia House Bill 1918 (2025) Ensure comprehensive support for people impacted by pregnancy loss through expansion of health system responsiveness training for healthcare providers, and partnership with community organizations offering pregnancy loss support services Implement evidence-based blood pressure self-monitoring programs (i.e., Healthy Heart Ambassador, Moms Under Pressure) through community learning collaboratives and LHD maternal health CHWs Implement Community Class Curriculum on Mental Health and IPV Risks During and After Pregnancy among health systems and other community-based organizations Coordinate education and outreach activities to promote proper seat belt use as an evidence-based approach to minimize injury among pregnant women	feeling supported in their contraceptive care SPM ESM 2.2 - Maintain services provided that support individuals and communities around pregnancy loss	the past year	Postpartum Depression Teen Births Maternal Mortality Women's Health Status
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%.	Strengthen and sustain Virginia's Breastfeeding Friendly Hospital Designation Program Maintain and disseminate updated, accessible, and comprehensive breastfeeding information and resources Collaborate with VDH Office of Emergency Preparedness to incorporate protective measures for infant and young child feeding during natural disasters or emergencies	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*	NPM - Breastfeeding	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality

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			activities for breastfeeding programming across VDH divisions		
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%.	Conduct Bright Futures trainings for staff of Title V-funded and partnered programs Increase prenatal outreach and education that incorporates stronger messaging around well-child visits Implement Perinatal Health Hubs Bill as per Virginia HB 1600 (2025) In partnership with Virginia Hospital and Healthcare Association (VHHA) Foundation, advance opportunities with hospital partners that promote optimal health for the perinatal population Coordinate efforts with local health districts to support safe transportation of children by eliminating financial barriers to safety devices and promoting other child passenger safety best practices through the Low-Income Safety Seat Distribution and Education Program Coordinate efforts with local health districts that support safe sleep best practices for infants including training LHD maternal health CHWs Maintain annual reporting for Virginia's BabyCare program	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
Advance collaboration, partnership, and community engagement to build trust	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%.	Identify, develop, and sustain integrated and comprehensive early childhood systems of services and supports across LHDs that enhance healthy development and child wellbeing Increase systems coordination and LHD partnership with MIECHV Programs Partner with Department of Social Services to create and implement statewide messaging campaign and education initiatives around safe sleep practices	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

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Child Health					
Utilize comprehensive upstream systems approach to impact MCH outcomes	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%.	Establish cross-sector infrastructure to coordinate and monitor developmental screening and referral systems Develop and implement a centralized, parent- and provider-friendly platform for accessing developmental screening resources and information Promote parent and caregiver engagement through evidence-based communication tools and community-level touchpoints Strengthen workforce capacity by identifying, sharing, and coordinating training opportunities	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
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%.	Transform Medical Home learning modules located at www.promotinghealthycommunities.org to reach and impact a broader audience of caregivers and professionals	ESM MH.1 - Percentage of children served by the VA CYSHCN Program who report having a medical home ESM MH.2 - 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.3*	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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			- 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 1 through 17, who had a preventive dental visit from 79.1% (FY26) to 82.7%	Improve access to oral health services, including school-based settings, and LHD settings (WIC, BabyCare) Strengthen medical-dental integration by increasing provider education and referral systems that promote preventive oral health services Continue to foster partnership with Virginia Health Catalyst and develop initiatives that focus on oral health of children and adolescents Analyze annual data regarding school-based health centers (SBHCs) that provide oral health services	ESM PDV-Child.1 - Percent of children receiving preventive services from oral health professionals in school-based programs in last 12 months 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)*	NPM - Preventive Dental Visit - Child	**Linked NOMs:** Tooth decay or cavities Children's Health Status CSHCN Systems of Care
Adolescent Health					
Promote mental health	By FY2030, increase the percentage of adolescents, ages	Support comprehensive youth suicide prevention through the integration of Sources of Strength in K-12 schools	ESM MHT.1 - Percent of health	NPM - Mental Health Treatment	**Linked NOMs:** Adolescent Mortality

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across MCH populations	12 through 17, who receive needed mental health treatment or counseling from 91.2% (FY26) to 95.0%.	Implement school-based mental health teletherapy services per Virginia House Bill 1945 (2025 Expand the implementation of student concussion Return-to-Learn and Return-to-Play best practices across homes, schools, and communities through the Virginia Concussion initiative as a means to support mental health wellbeing Expand Social-Emotional Learning advancement activities within public schools and after-school programs as a foundational protective factor for optimal mental health and wellbeing Strengthen the capacity of partner agencies to implement evidence-based, comprehensive age-appropriate reproductive health education to adolescents Integrate VA Youth Advisors as subject matter experts on adolescent health initiatives Sustain Youth Advisory Council (YAC) to provide youth voice on topics of public health significance Expand implementation of Virginia's Resource Mothers Program across local health districts and partner agencies	regions with at least one elementary school participating in Sources of Strength programming ESM MHT.2 - Number of total elementary schools participating in Sources of Strength programming		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
Utilize comprehensive upstream systems approach to impact MCH outcomes	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%.	Pilot "HPV Opt Out" Verification Program, and adopt across school divisions Increase HPV vaccination rates by encouraging oral health professionals to provide education and referrals	SPM ESM 1.1 - Percent of HPV "opt-out" students enrolled in 7th-12th grade that have been verified by 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	By FY2030, increase the percentage of children with special health care needs, ages 0 through 17, who have a medical home from	Identify opportunities for TA for Child Development Centers that promote and assure Medical Home Develop new and update existing educational materials that emphasize the	ESM MH.1 - Percentage of children served by the VA CYSHCN	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child

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coordination and navigation	38.1% (FY26) to 41.8%.	importance of establishing a Medical Home Collaborate with other VDEH programs and state partners to promote Medical Home Maintain the VaCARES Registry and expand capacity to document and track referrals of infants from the Newborn Screening Program to CSHCN and home visiting programs Increase the percentage of infants diagnosed with a newborn screening disorder who are documented as having a primary care physician (PCP)	Program who report having a medical home ESM MH.2 - 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.3 - Number of providers in Virginia who have completed the medical home training module*		Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
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.	Design, implement, and maintain an annual MCH Workforce Capacity Survey, and utilize findings to facilitate structured workforce development opportunities Foster a network of 5 regional LHD learning communities to enhance, expand, assess, plan, and implement efforts supporting interdepartmental programs, services, and funding, as well as strong multisector partnerships to optimize the MCH service system Design, create, and sustain Virginia Title V MCH Training Academy	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%.	Maintain and enhance data products to inform and support all MCH data-to-action initiatives Partner with the Office of Information Management to build and deploy data views for accessing timely birth data Establish a workgroup with MCH, IVP, and Chronic Disease epidemiology teams to strengthen the MCH data infrastructure and utilization of available data sources and program evaluation to support the overall impact of MCH efforts	SPM ESM 6.1 - Percent of MCH data requests completed within 2 weeks that were received within the past 12 months SPM ESM 6.2 - Percent of LHDs with access to birth data from the most recent	SPM 6: Percent of LHD and Central Office staff that report MCH data products are used to support timely data-informed decision making	

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		Reconvene the Maternal Health Data & Quality Measures Task Force per HB2109 (2025) to evaluate maternal health data collection processes Maintain meetings between Title V & DMAS to identify common areas of focus and metrics related to maternal and child health	quarter available in the last 12 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.	Local Health District (LHD): Enhance, expand, assess, plan, and implement impactful community engagement that supports the cultivation of relationships, identification of opportunities, and integration of improved efforts within the LHD Advance Virginia's partnerships around transition to adulthood for youth with and without special healthcare needs In partnership with Virginia Hospital and Healthcare Association (VHHA) Foundation, develop, sustain, and leverage alignment of CHNA/CHA/CHIP efforts with Title V's performance and outcome measures Develop strong FQHC partnerships to strengthen health service network for shared populations	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	