

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
<b>Women/Maternal Health</b>					
Increase dental care specifically during pregnancy	The Oral Health Program and the Division of Women's Health will increase the percentage of women who had a dental visit during pregnancy from 37.4% in 2023 to 50% by 2030.	<ul style="list-style-type: none"> <li>i. Continue oral health surveillance of perinatal population through the Basic Screening Survey (BSS) to inform program and policy development</li> <li>ii. Increase awareness of dental benefits and preventive dental visits during prenatal period through provider education</li> <li>iii. Provide education to prenatal and recently postpartum mothers on the importance of dental care</li> </ul>	<i>Inactive - ESM PDV- Pregnancy.1 - Expectant and recently postpartum mothers who receive oral health education. ESM PDV- Pregnancy.2 - Expectant and recently postpartum mothers who receive Oral Health Education</i>	NPM - Preventive Dental Visit - Pregnancy	<b>Linked NOMs:</b> Women's Health Status Children's Health Status
Increase attendance and strengthen care components of the well-woman visit and postpartum visit	The Division of Women's and Family Health and the Division of Infant, Child, Adolescent and Young Adult Health will increase the percentage of women who had a postpartum visit from 90% in 2023 to 96% by 2030.	<ul style="list-style-type: none"> <li>i. Develop and implement a service care plan for postpartum clients in home visiting programs</li> <li>ii. Coordinate with the Perinatal Quality Collaborative to identify key partners, assess training needs and evaluation components, and develop messaging to promote completion of the postpartum visit.</li> </ul>	ESM PPV.1 - Percent of women enrolled in an evidence-based home visiting program who attended a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	NPM - Postpartum Visit	<b>Linked NOMs:</b> Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Increase attendance and strengthen care components of the well-woman visit and postpartum	The Division of Women's and Family Health and Division of Infant, Child, Adolescent and Young Adult Health will increase the percentage of women, ages 18 through 44, with a preventive medical visit in the past year from 78.1% in 2023 to 90% by 2030.	<ul style="list-style-type: none"> <li>i. Engage MCH programs to align strategies for provider and community education about Well-Woman Visits</li> <li>ii. Establish protocols for MCH programs for assessing status, disseminating information and making referrals for Well-Woman Visits</li> <li>iii. Increase awareness of and referral to Breast and Cervical Cancer Screening Program and WISEWOMAN for clinical preventive services, including screening</li> </ul>	SPM ESM 4.1 - Percent of women (30 years or older) who have never been screened or not screened within the last 10 years, who received an initial program cervical	SPM 4: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	

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visit		iv. Enhance the partnership with Bureau for Medical Services to promote incentives and value-added care for Well-Woman Visits	screening test		
Decrease smoking and vaping specifically among pregnant women and adolescents and decrease smoke exposure among children and adolescents in the household.	The Division of Women's and Family Health (DWFH) will work to decrease the percentage of women who smoke during pregnancy from 15.3% in 2022 to 10% by 2030.	<p>i. Offer evidence-based cessation curriculums to pregnant women via home visitation services</p> <p>ii. Promote the use of CO monitors to assess reductions in tobacco use with all home visitation programs</p> <p>iii. Coordinate with the Perinatal Quality Collaborative to identify key partners, assess training needs and evaluation components, and develop messaging to promote tobacco cessation among pregnant women.</p> <p>iv. Revise Prenatal Risk Screening Instrument to more accurately capture risks for pregnant women, including tobacco use and vaping.</p>	<p><i>Inactive - SPM ESM 1.1 - Number of health care workers who have had Help2Quit maternity care provider training</i></p> <p>SPM ESM 1.2 - Percent of women enrolled in HV who reported using any tobacco products at enrollment and were referred to tobacco cessation within 3 months of enrollment.</p>	SPM 1: Percent of women who smoke during pregnancy	

**Perinatal/Infant Health**

Increase breastfeeding, both initiation and continuation	The Division of Women's and Family Health will work with partners to increase the percentage of infants ever breastfed from 71.3% in 2023 to 80% by 2030. The Division of Women's and Family Health will work with partners to increase the percentage of infants exclusively breastfed through six months from 24.7% in 2023 to 30% by 2030.	<p>i. Use evidence-based curriculums to promote breastfeeding, especially during home visits.</p> <p>ii. Offer evidence-based provider training to home visitors to promote best practices.</p> <p>iii. Coordinate with the Perinatal Quality Collaborative to identify key partners, assess training needs and evaluation components, and develop messaging to promote breastfeeding initiation and continuation.</p>	<p><i>Inactive - ESM BF.1 - Number of birthing facilities designated Baby-Friendly under the EMPOWER initiative</i></p> <p>ESM BF.2 - Percent of infants who are breastfeeding at time of discharge from a birthing facility</p> <p>ESM BF.3 - Percent of infants enrolled in an evidence-based home visitation program who were exclusively breastfed through six months of</p>	NPM - Breastfeeding	<p><b>Linked NOMs:</b></p> <p>Infant Mortality</p> <p>Postneonatal Mortality</p> <p>SUID Mortality</p>
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Decrease infant mortality with an emphasis on Sleep-related infant death	The Office of Maternal, Child and Family Health will work with partners to increase the percentage of infants placed to sleep on their backs from 66.2% in 2023 to 80% by 2030.	<ul style="list-style-type: none"> <li>i. Mail Back to Sleep materials to all families with a birth record</li> <li>ii. Provide motivational interviewing training for providers to use with safe sleep discussions</li> <li>iii. Utilize evidence-based curriculums to educate families on safe sleep environments</li> <li>iv. Develop prenatal assessment to identify unsafe sleep environments and obtain resources to address unsafe sleep conditions.</li> <li>v. Coordinate with the Perinatal Quality Collaborative to identify key partners, assess training needs and evaluation components, and develop messaging to promote infant safe sleep</li> </ul>	<p>age</p> <p><i>Inactive - ESM SS.1 - Percent of birthing hospitals that are trained using the evidence-based curriculum for safe sleep education</i></p> <p>ESM SS.2 - Percent of families enrolled in a home visitation program who received safe sleep education from a trained home visitation provider on the first visit after child's birth</p> <p>ESM SS.3 - Percent of infants enrolled in a home visitation program that are always placed to sleep on their backs, without bed-sharing or soft bedding</p>	NPM - Safe Sleep	<b>Linked NOMs:</b> Infant Mortality Postneonatal Mortality SUID Mortality
<b>Child Health</b>					
Decrease smoking and vaping specifically among pregnant women and adolescents and decrease smoke	The Division of Infant, Child, Adolescent and Young Adult Health will decrease the percentage of children, ages 0-17, who live in a household where someone smokes from 24.9% in 2023 to 15% by 2030.	i. Expand use of SCRIPT program for postpartum and parenting populations	SPM ESM 2.1 - Percent of children in households where someone smokes.	SPM 2: Percent of children, ages 0 through 17, who live in households where someone smokes	

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exposure among children and adolescents in the household.					
Increase the number of children with and without special healthcare needs who have a medical home	The Division of Infant, Child, Adolescent and Young Adult Health (ICAYAH) will increase the percentage of children who have a medical home from 50.1% in 2023 to 75% by 2030. The Children with Special Health Care Needs program will increase the percentage of CSHCN who have a medical home from 41.5% in 2023 to 60% by 2030.	<ul style="list-style-type: none"> <li>i. Develop coordinated effort between HealthCheck Specialists and Home Visitation providers to build awareness at the community level for the importance of the Medical Home</li> <li>ii. Establish quality improvement initiatives and data-driven interventions within Home Visitation Programs to address barriers to Medical Home access and utilization</li> </ul>	<p><i>Inactive - ESM MH.1 - Number of children who receive Title V funded medically necessary medical foods.</i></p> <p>ESM MH.2 - Percent of CSHCN who are receiving care coordination services from the West Virginia CSHCN Program and who have a shared plan of care completed or updated within the last 180 days.</p>	NPM - Medical Home	<p><b>Linked NOMs:</b></p> <p>Children's Health Status            CSHCN Systems of Care            Flourishing - Young Child            Flourishing - Child Adolescent - CSHCN            Flourishing - Child Adolescent - All</p>
Decrease obesity among children	The Division of Infant, Child, Adolescent and Young Adult Health (ICAYAH) will increase the percentage of children whose households were food sufficient from 57.6% in 2023 to 75% by 2030.	<ul style="list-style-type: none"> <li>i. Develop and implement a nutrition education program that highlights healthy food choices on a budget</li> <li>ii. Collaborate with local partners to provide nutrition education initiatives</li> <li>iii. Analyze statewide height, weight and BMI data for WV HealthCheck/EPSTDT population</li> </ul>	ESM FS.1 - Number of families who report increased confidence related to healthy eating, food preparation, and resource management as a result of nutrition education participation.	NPM - Food Sufficiency	<p><b>Linked NOMs:</b></p> <p>School Readiness            Children's Health Status            Behavioral/Conduct Disorders            Flourishing - Young Child            Flourishing - Child Adolescent - CSHCN            Flourishing - Child Adolescent - All            Adverse Childhood Experiences</p>

## Adolescent Health

Decrease smoking and vaping	The Division of Infant, Child, Adolescent and Young Adult Health will decrease the	i. Provide evidence-based tobacco and vaping prevention programming to youth, parents, schools and communities	SPM ESM 2.1 - Percent of children in households where	SPM 2: Percent of children, ages 0 through 17, who live in households	
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<p>specifically among pregnant women and adolescents and decrease smoke exposure among children and adolescents in the household.</p>	<p>percentage of children, ages 0-17, who live in a household where someone smokes from 24.9% in 2023 to 15% by 2030. The DICAYAH will also aim to decrease the percentage of adolescents who smoke from 27.7% in 2023 to 15% by 2030.</p> <p>DICAYAH will work with partners to reduce the percentage of youth who currently use electronic vapor products (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods on at least 1 day during the 30 days before the survey)</p> <p>DICAYAH will work with partners to reduce the percentage of youths who currently smoke cigarettes ( on at least 1 day during the 30 days before the survey)</p>	<p>ii. Disseminate prevention information, resources and materials to youth, parents, schools and the communities.</p>	<p>someone smokes.</p>	<p>where someone smokes</p>	
<p>Decrease injuries among youth and teens specifically related to teen suicide</p>	<p>Reduce the percentage of adolescents, ages 12-17, who report being bullied from 29.0% in 2023 to 20% by 2030</p>	<p>i. Provide training on evidence-based positive youth development programs and frameworks to youth, parents, schools and communities</p> <p>ii. Administer and review the Youth Risk Behavior Survey (YRBS) to monitor progress on bullying, suicide and correlating measures</p> <p>iii. Provide evidence-based prevention training on suicide prevention, mental health, Adverse Childhood Experiences (ACEs), and trauma-informed care to youth, schools, and communities</p> <p>iv. Disseminate prevention information, resources and materials to youth, parents, schools and communities</p> <p>v. Provide evidence-based professional development and "train the trainer" opportunities to encourage broader program implementation in schools</p>	<p>ESM BLY.1 - Number of positive youth development (PYD) focused trainings provided to youth, parents, professionals and community members</p> <p><i>Inactive - ESM BLY.2 - Number of schools and/or youth serving organizations in target communities that have implemented a comprehensive</i></p>	<p>NPM - Bullying</p>	<p><b>Linked NOMs:</b>  Adolescent Mortality  Adolescent Suicide  Adolescent Firearm Death  Adolescent Injury Hospitalization  Adolescent Depression/Anxiety  Adverse Childhood Experiences</p>

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		and communities	<i>bullying and/or violence prevention program</i> ESM BLY.3 - Number of messages disseminated via social media ESM BLY.4 - Number of trainings provided to youth, parents, professionals and community members ESM BLY.5 - Number of professional development trainings and implementation activities for comprehensive bullying and/or violence prevention programs		
Increase Positive Youth Experiences through youth engagement and connectedness in their community	Increase the percentage of youth who report that they have at least one adult mentor from 92% in 2023 to 96% by 2030.	i. Provide evidence-based training on adult-child connectedness, mentoring, youth leadership, youth advocacy, and youth-community engagement  ii. Identify, develop and/or coordinate youth engagement opportunities such as leadership teams, advisory groups, community service activities, peer support groups, life-skill activities, peer and/or adult mentoring, clubs, leagues and societies	ESM ADM.1 - Number of evidence-based trainings provided to promote adult-child connectedness, mentoring, youth leadership, youth advocacy, and youth community engagement to youth, parents, schools and communities ESM ADM.2 - Number of youth engagement opportunities	NPM - Adult Mentor	<b><u>Linked NOMs:</u></b> Adolescent Depression/Anxiety Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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			identified and/or developed		
<b>Children with Special Health Care Needs</b>					
Increase the number of children with and without special healthcare needs who have a medical home	The West Virginia CSHCN Program will provide services to increase the percentage of CSHCN who receive all necessary referrals and care coordination from 72.1% and 57.3% in 2022/2023 to 75.0% and 60.0% by 2027/2028, respectively.	<ul style="list-style-type: none"> <li>i. Provide care coordination and facilitate referrals to ensure coverage of medically necessary medical foods for eligible CYSHCN.</li> <li>ii. Ensure all enrolled CYSHCN receive all necessary care coordination and referrals through a comprehensive care planning process.</li> <li>iii. Modernize data systems to facilitate programmatic activities, tracking, and reporting.</li> </ul>	<p><i>Inactive - ESM MH.1 - Number of children who receive Title V funded medically necessary medical foods.</i></p> <p>ESM MH.2 - Percent of CSHCN who are receiving care coordination services from the West Virginia CSHCN Program and who have a shared plan of care completed or updated within the last 180 days.</p>	NPM - Medical Home; Medical Home_Referrals; Medical Home_Care Coordination	<p><b>Linked NOMs:</b></p> <p>Children's Health Status            CSHCN Systems of Care            Flourishing - Young Child            Flourishing - Child Adolescent - CSHCN            Flourishing - Child Adolescent - All</p>
<b>Cross-Cutting/Systems Building</b>					
Increase in adolescents with and without special health care needs who receive services necessary to make transitions to adult health care	The West Virginia CSHCN Program will work to improve the percentage of youth with special health care needs (ages 12-17) who receive the services necessary to make transitions to adult health care from 30.5% in 2022/2023 to 33% in 2027/2028.	<ul style="list-style-type: none"> <li>i. Complete a transition readiness assessment with all enrolled YSHCN starting at age 12.</li> <li>ii. Complete age-appropriate transition tools at ages 14, 16, 18 and prior to discharge at age 21 with all enrolled YSHCN.</li> <li>iii. Track enrolled YSHCN's progress across a transition timeline.</li> <li>iv. Incorporate transition into all enrolled YSHCN's comprehensive care planning process.</li> <li>v. Provide resources and referrals to facilitate coverage of medically necessary medical foods after the young adult transition out of the CSHCN Program at age 21.</li> </ul>	No ESMs were created by the State. ESMs are optional for this measure.	SPM 3: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care	