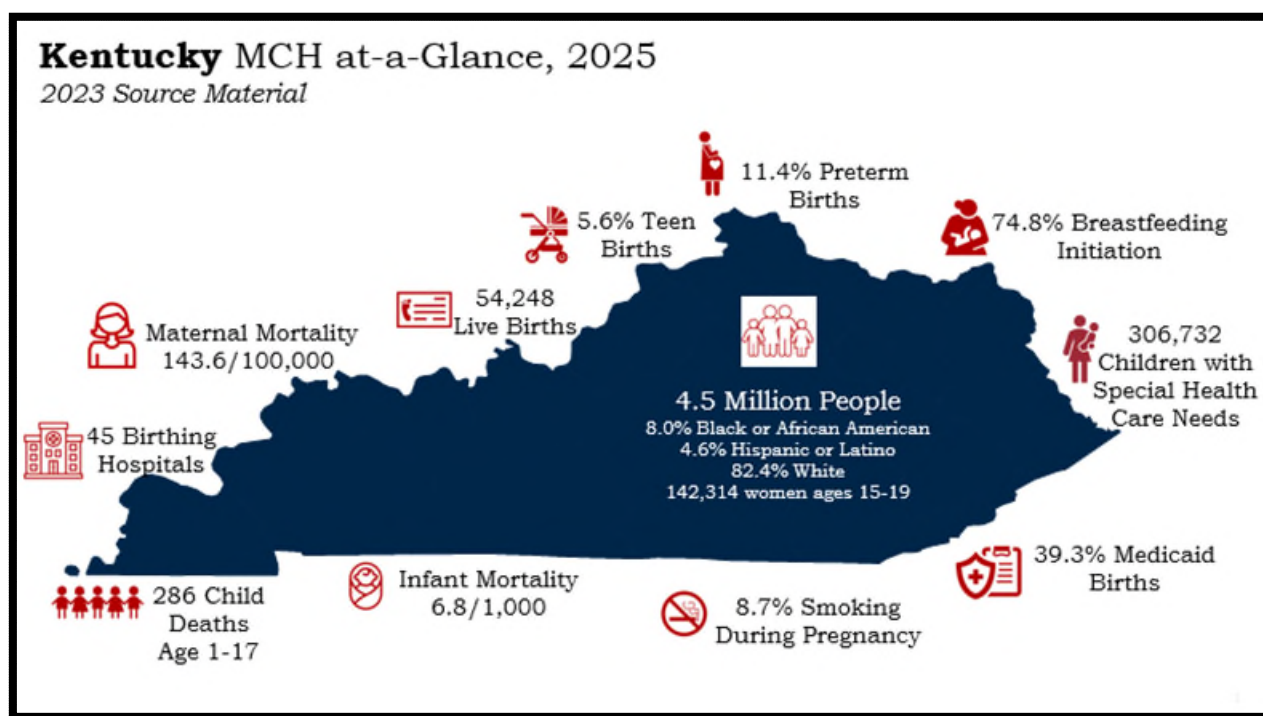


The Kentucky Department for Public Health (KDPH), the Division of Maternal and Child Health (MCH) and the Office for Children with Special Health Care Needs (OCSHCN) are the state agencies designated as the administrator for the Kentucky Title V program(s). Both MCH and OCSHCN are committed to ensuring the health and well-being of Kentucky's MCH populations. The Kentucky Title V Program develops and supports the public health infrastructure and enabling services to meet these objectives. In addition to meeting the legislative intent of the funding, the Title V programmatic priorities are revised every five years based on a federally required comprehensive needs assessment. The annual report and application sections reflect the first-year update of the 2025-2030 Needs Assessment cycle.

The following graphic representation gives a snapshot of the MCH conditions in Kentucky for FY24.



### Women/Maternal Health Domain

The 2025-2030 needs assessment indicated this domain's priority is to reduce morbidity in pregnancy by focusing on improving the health of women across the life course. In 2024, MCH continued to focus on building a best practice package (evidence-informed strategies) for use by local health departments (LHDs). The Well Woman package was developed to promote preventive screenings, review morbidities in pregnancy, data dissemination to raise awareness, and support the utilization of social media platforms to promote well woman visits. In FY24, Kentucky was also committed to building teams in local communities and addressing statewide disparities to ensure all Kentuckians had the needed resources to thrive.

MCH continued the work of the Health Access Nurturing Development Services (HANDS) home visitation program to: improve maternal and child health outcomes through screenings and referrals; meet the needs of pregnant women and/or new parents; provide guidance regarding growth, development, and the needs of the new baby; and address the safety of the home environment for the child, mother, and families.

With an alarming rise in maternal deaths, half of which have substance use as a risk factor, the Kentucky Maternal Mortality Review Committee (MMRC) recommended that KDPH focus on prevention efforts for this population. In the prior needs assessment, Kentucky added a State Performance Measure (SPM) around addressing maternal deaths associated with substance use disorder (SUD). Work has been done in partnership with the Kentucky Perinatal Quality Collaborative (KyPQC) to reduce the number of women who are addicted or who have a SUD. The KyPQC, a statewide collaboration of leaders from birthing hospitals and other stakeholders, works to address the different maternal morbidities to reduce the state's maternal mortality rate. In addition, Kentucky has been designated as a member of the Alliance for Innovation on Maternal Health (AIM), which supports best practices to make birth safer and improve maternal health outcomes.

In Kentucky, smoking during pregnancy has been decreasing in recent years, however, smoking among pregnant women in Kentucky remains almost double the national rate. MCH promotes activities aimed at smoking cessation among pregnant women, the adherence of, *and* the development of additional smoke-free policies where needed. The MCH packages focusing on prenatal care and well woman visits have specific criteria, which include resources and referrals to assist women with tobacco cessation programs.

### **Perinatal/Infant Health Domain**

Infant mortality is considered the single leading indicator of the overall health and well-being of a population. The Kentucky 2024 infant mortality rate was 6.8 per 1,000 live births, slightly higher than the national rate of 5.5 per 1,000 live births according to the CDC. In the 2025-2030 needs assessment, stakeholders identified neonatal abstinence syndrome, prematurity, and unsafe sleep practices as significant high-risk factors for infant mortality. Therefore, the chosen state priority need continues to be infant mortality. Evidence-based strategies recommended nationally for addressing infant mortality are regionalized perinatal care, safe sleep initiatives, and breastfeeding. Kentucky targets both the breastfeeding and safe sleep National Performance Measures (NPMs) for this domain.

In this reporting period, the Sudden Unexpected Infant Death (SUID) registry identified 64 SUID cases, which was a welcomed decline. SUID is the one of the leading causes of death for Kentucky's infants, with 85% having at least one unsafe sleep risk factor. The number of SUID cases have been trending downward for the past several years. However, there was a spike in cases in 2020 & 2021, where over 80 cases were

reported. MCH has developed and promoted educational campaigns and rigorous training on safe sleep best practices, including social and traditional media and other types of promotion, such as regional conferences and community promotion through the evidence-informed strategies carried out at the local health departments.

Kentucky rates of neonatal abstinence syndrome (NAS) have increased more than 20-fold in the last decade. NAS surveillance continues to be a top priority since the legislative mandates over a decade ago. Kentucky's NAS rate remains far above the national average. Therefore, Kentucky established an NAS State Performance Measure (SPM) that attempts to address this persistent and oftentimes significant risk for infant deaths in our state. There are also additional consequences related to NAS such as infant deaths related to unsafe sleep and deaths from abusive head trauma are reported in homes and families affected by drug use. The KyPQC neonatal workgroup is focusing on hospital and provider outreach to determine efforts for NAS identification, diagnosis, reporting, and plan of safe care.

### **Child Health Domain**

The School Health Program within MCH provided ongoing support to local school health nurses, teachers, as well as other K-12 educators and professionals. The MCH school health program continues to develop and support health education, expand partnerships and resources, and coordinate dissemination of accurate information related to public health. A mental health component was incorporated into the school health program to address students who continue to struggle with mental health exacerbated by the pandemic.

Injury is the leading cause of death among Kentucky children over the age of one year. Child passenger and teen driving safety were raised as high priorities. For this domain, MCH developed web-based trainings on child maltreatment/referral and injury prevention. This work continued throughout 2024.

The Child Fatality Review and Injury Prevention Program (CFR) has 104 review teams. In FY24, the Child Fatality and Near Fatality External Review Panel collaboration increased with subcommittee evaluation to address prevention recommendations based on findings by the panel. Their work included mapping child protective services cases, policy review, potential legislative recommendations for toxicology screening, and active membership in the plan of safe care sub-committee. Kentucky MCH is an active The Child Safety Learning Collaborative (CSLC) member. They continued their work addressing education and evaluation of child suicide and fully implemented the 988 mental health crisis line in FY24.

### **Adolescent Health Domain**

The Adolescent Health Program focuses on reducing risky behaviors, including use of tobacco products and other substances. Work has been accomplished by the Chronic

Disease Prevention Branch of KDPH to educate and inform adolescent populations about the dangers of tobacco and vaping products.

In addition, Kentucky included an NPM to determine the percentage of households where someone smokes. Addressing environmental factors is vital to women's health, as well as both the child and adolescent health populations who are vulnerable and susceptible to ongoing negative health effects of smoking.

The number of Kentucky child/teen deaths from suicide continues to rise with some dying as young as 10 years of age. A concerted effort to address child suicide is ongoing and is the primary focus for the Kentucky CSLC.

In FY24, MCH continued the scope of work as it relates to the Pediatric Mental Health Care Access (PMHCA) grant. Utilizing existing and well-established infrastructure of childhood mental health within MCH, the community mental health centers in the Department for Behavioral Health, Developmental and Intellectual Disabilities, and programs currently administered by OCSHCN will expand access to mental health services for children statewide. The administration of this program is made possible with the collaborative effort of the universities, a private sector evaluation team, and other agencies. The program also has the endorsement of the Kentucky Primary Care Association. The need to expand access to mental healthcare services can have dramatically positive outcomes on child and adolescent behavior because of adverse childhood experiences.

In addition to safety, smoking, mental health, and other external factors, MCH continues to work with leadership, education officials, providers, and policymakers to curb child and adolescent obesity rates, which have many long-term health impacts.

### **Children and Youth with Special Health Care Needs (CYSHCN) Domain**

In the previous needs assessment cycle, the Office for Special Health Care Needs (OCSHCN) identified greater access to care as a top priority. As a result, OCSHCN created plans to help achieve greater access to care for children and families. Scorecards were developed as tools to track response and measure success. The Access to Care Plan and Data Action Plan scorecards provided an opportunity for OCSHCN clinics and staff to examine opportunities to expand services and support programs to patients and families.

Expanding transition services to adulthood continues to be a priority for OCSHCN. The OCSHCN Transition Team evaluates the best practices to educate patients transitioning into adulthood by providing information and resources, including navigating healthcare, independent living, career preparation, educational opportunities, and life skills.

OCSHCN has incorporated the Six Core Elements of Health Care Transitions into a clinical survey to collect information on the preparation of young adults who are now navigating adult health care. The increased use of data collection to serve families and patients resulted in the need to examine data collection practices. According to the 2022

National Survey of Children's Health (NSCH), Kentucky's rate of CYSHCN is the fifth highest in the country at 25.8% compared to 20.8% nationwide. While the National Survey of Children's Health (NSCH) provides a wealth of information, OCSHCN conducts in-state data collection to obtain more Kentucky specific data. In addition to national data sources such as NSCH, US Census, and others, OCSHCN collects information on its patients and their families via Qualtrics survey software.

The Data Action Plan outlines goals to reach the CYSHCN population outside of OCSHCN clinics. This is achieved through a data sharing agreements with other Cabinet for Health and Family Services agencies; working with KIDS Count data, integrating new data into the Kentucky Health Information Exchange, and increasing survey measures with external stakeholders such as, physicians, schools, and medical facilities. Further developing the expertise to properly collect, measure, and evaluate data will ensure that meaningful progress is made.

Collaboration and partnerships with patients, families, staff, and community partners increase engagement for CYSHCN families to access care close to home. Kentucky's Access to Care Plan SPM outlines the opportunities for OCSHCN to bridge the gap of services and supports to families. The Access to Care Plan guides OCSHCN staff to expand services outside of the clinic and into the larger community, connecting families with first responders in order to best understand how to assist CYSHCN in the event of an emergency, expanding partnerships with local hospitals and university medical centers to provide resources and staffing to clinics in Eastern Kentucky, and posting accessible information on the OCSHCN website and Facebook page with tools, educational materials, and links to outside agencies that serve the CYSHCN population. The Extension for Community Healthcare Outcomes (ECHO) Autism Program educates medical providers through the sharing of knowledge and expertise so they can increase their capacity to serve children in their local community.

Access to Care for CYSHCN families, including access to adequate insurance coverage, continues to be a top priority for Kentucky and OCSHCN. Staff assist in referring uninsured families to the Kentucky Health Benefits Exchange (KHBE) kynect portal in cases when they may be eligible for Medicaid/MCO coverage. OCSHCN staff assist with the Medicaid application process, offering advice on types of earned and unearned income that may determine Medicaid eligibility. OCSHCN's Intake and Eligibility Branch's social worker is trained as a 'kynector' and assists families during open enrollment to navigate the kynect portal. In addition, social workers in OCSHCN regional locations and parent consultants serve as 'kynectors' for families.

### **Cross-Cutting/Systems Building Domain**

Kentucky needs span across multiple domains. Kentucky recognizes that substance use disorder, tobacco use/exposure, oral health, teen pregnancy, and insurance inadequacy affect multiple domains. These topics are addressed in subsequent various population domain narratives.

### **State Title V Program Purpose & Design**

The Kentucky Legislature designates the Kentucky Department for Public Health, Division of Maternal and Child Health, (KDPH-MCH), within the Cabinet for Health and Family Services (CHFS), as the entity to apply for federal Title V Block Grant funding and administer Kentucky's Maternal and Child Health programs. The Children and Youth with Special Healthcare Needs (CYSHCN) program is administered by the Office for Children with Special Healthcare Needs (OCSHCN), which is also within CHFS, and provides infrastructure and clinical services, care coordination, and family support for Kentucky's CYSHCN population.

Kentucky is primarily a rural state with various cultural, geographic, and economic barriers. To promote success and reduce barriers for MCH population, Kentucky has strong alliances with LHDs, universities, community organizations, and stakeholders to guide policy development and program efforts to support the needs of women, children, and families in Kentucky. In a decentralized public health system, Kentucky MCH Title V serves as the linchpin for all parts of MCH strategic planning and responses to public health demands across all domains.

Partnerships and collaborations among various groups are essential to working towards the goals and mission of the MCH Title V Block Grant. Kentucky also recognizes the importance of having local contract agencies to help meet these goals. This is achieved through the administration of the various MCH "packages" with our local county, and regional health departments throughout the state. Local communities oftentimes have varying needs at the local level, local health departments (LHDs) are able to assess the need of their particular area and apply funding accordingly. The funding packages are tailored to correspond with Kentucky's designated National Performance Measures (NPMs) and State Performance Measures (SPMs), thereby addressing the prevalent need(s) at the local level.

### **Goals & Mission**

Title V funds are divided with 65.1% used to address all MCH populations and 34.9% for children with special health care needs as priorities. MCH allocates the bulk of funding allowing for discretionary use by the LHD for provision of enabling population health services and system building activities.

Kentucky's CYSHCN population are served by Kentucky's Office for Children with Special Health Care Needs (OCSHCN). OCSHCN uses Data Action Plan and Access to Care Plan scorecards that address critical problems and needs identified in the previous needs assessment. All OCSHCN funding goes toward providing, facilitating, and supporting Kentucky's children and youth with special health care needs through service, advocacy, education, coordination, and collaborations.

The factors that contribute to Kentucky's overall health challenges are influenced by various conditions; where we live, learn, work and play; being the social determinants of health (SDoH). These include education, physical environment, neighborhood, socioeconomic status, social support, and access to health care.

To address the many factors that influence healthcare outcomes, Kentucky MCH strives to promote the health and wellness of women and children. MCH has developed and recommended evidence-informed strategies or “Packages,” for the LHD to adapt to address challenges in their area; this has become a model program that establishes a multi-disciplinary funding strategy for LHDs. For FY24, the Packages are directed to address the following: Safe Sleep for Community Partners; Child Fatality Review Team and Injury Prevention; Prevention of Pediatric Abusive Head Trauma; Cribs for Kids for Community Partners; Prenatal Referrals; Well Woman, Youth Thrive, Nurturing the Thriving Mind; Whole School, Whole Community, Whole Child; Fluoride Varnish for Children, and Health People Active Communities.

MCH Packages serve as the principal budgeting guide for LHDs and assist them in the planning of projects that address MCH priority population needs at the local level. Specific activities, goals, or objectives with measurable outcomes, and timelines are tied to Package implementation. The Packages are built around Kentucky’s priority domains—women of childbearing age and maternal health, perinatal and infant health/infant mortality, as well as child and adolescent health. LHDs have some discretion in the Packages they choose. They are required to participate in at least one Infant Mortality Package, the Child Fatality Review (CFR)/Injury Prevention Package and may also choose an additional package from Child and Adolescent Health for a minimum of three packages in order to receive funding. LHDs may choose to participate in up to five Packages. An additional package is generally developed and designated for special projects and emerging needs as directed by the MCH program. LHDs collaborate with community stakeholders for matching funds for projects related to the MCH population in addition to outreach and support for the community.

As a leader in public health, the MCH Title V Program encourages and promotes LHDs to be the convener and collaborator with hospitals and community partners to use evidence-informed strategies to address the needs identified in the five-year needs assessment. This requires the LHD to annually develop a work plan of activities, ongoing program evaluation, and surveillance. The goal is to assure continuity of improved health indicators across the life course and reduce chronic health outcomes, disparity, and mortality. These strategies support Kentucky’s chosen performance measures, while allowing LHD autonomy and innovation in approaches to best serve the individual community. LHDs select 3-5 funding Packages. They are required to incorporate at least one infant mortality, as well as the Child Fatality Review and Injury Prevention package, into their approved work plans. Through utilization of Package funds, LHDs leverage both Title V grant funds and local funds for activities related to:

- Pediatric abusive head trauma
- Safe sleep education for families, childcare staffs, and community partners
- Child and adolescent mental health programs
- Obesity prevention programs in the community and schools, with areas of focus to include physical activity, nutrition, staff wellness, tobacco prevention and cessation, and 100% tobacco free schools and policies

- Access to oral health assessments, and dental fluoride varnish application for any child from their first tooth eruption through the fifth grade.
- Resources and referrals for women in need of prenatal services
- Screenings, referrals, and resources for women of childbearing age through promotion of annual well woman assessments and education
- Child fatality reviews including prevention strategizing at local and state levels.
- Promotion of building healthy communities through nutrition and physical activity
- Family centered care and strengthening family programs.
- Adolescent sexual risk reduction and personal responsibility education

LHDs are encouraged to mold the strategies to fit their community needs. The Title V program reaches families deep into the community through school-based programs, local clinics, community partners, faith-based organizations, and service providers.

Since the inception of the Packages, MCH has received many reports from localities of innovative projects and approaches to address single population needs or those that are crosscutting for the entire MCH population. These models have included ways to engage with partners such as:

- Local courts and corrections departments to promote a Nurturing Parent course to reduce the incidence of child abuse, focusing on pediatric abusive head trauma (PAHT)
- Educating high school students who may be alternate caregivers on the prevention of PAHT, safe sleep best-practices, and what a safe sleep environment looks like
- Local garage to restore/repurpose bicycles for distribution to children who are encouraged to be more active to reduce obesity
- Youth led initiatives to fundraise in order to meet the 50/50 match to purchase cribs for infants in need in their community with a goal to reduce Sudden Unexpected Infant Deaths (SUIDs)
- Variety of farm to table initiatives using fresh produce with education on planting, harvesting, and storing produce for the winter and community and school gardens with a wide variety of community partnerships
- Local schools and student groups collaborate on art installations for the community to convey messages of kindness, positive affirmations, health and wellbeing

LHDs are required to maintain fiscal accountability for use of funds per federal grant guidelines and Kentucky standards. Reporting on best practice initiatives, or packages, is required monthly. Reports are shared with program subject matter experts who perform ongoing assessments of emerging priority population needs. This is important to guide LHDs' continuing efforts to improve outcomes on identified needs in their service area; and to provide the most current, best practice guidance through technical assistance and training opportunities currently available.

MCH contracts with the University of Kentucky (UK) and University of Louisville (UL) for assessment, screening, and treatment of:

- Premature infants and post discharge health and development follow-up
- Genetic, congenital, and metabolic disorders
- Early childhood growth and development programs
- Referrals for more evaluation and mental health screenings

These universities, as the level IV referral centers, provide outreach education to providers in other birthing hospitals in the stabilization of infants prior to transport to higher level of care and in other aspects of care of any high-risk newborn.

At the state level, MCH and OCSHCN workforce actively participate in multiple partner collaborations within:

- Kentucky Department of Education
- Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
- Workforce Development and Education
- Council for Developmental Disabilities
- Medicaid
- Kentucky Advisory Council on Autism
- Prevent Child Abuse of Kentucky
- Child Fatality and Near Fatality External Review Panel (Kentucky Justice and Public Safety Cabinet)
- Kentucky Perinatal Association
- March of Dimes
- Dental Health
- Multiple other state agencies

Kentucky has focused on implementing core public health functions to inform policy development when addressing critical issues affecting MCH populations across the full life course. MCH recognizes there are critical periods, from preconception throughout the lifespan, that influence the health and wellbeing of the individual. Kentucky must continue this focus as the needs of generations of alternate caregivers of children are increasingly affected by substance use, complex medically fragile conditions, and behavioral health issues. Many children are in out-of-home placements through foster care. Kinship care now extends to older generations of great and great-great grandparents. The Department of Community Based Services (DCBS) have strong relationships with the pediatric staff in MCH to communicate ongoing areas of concerns, share educational opportunities, and be a shared voice with state legislators to advocate for legislative changes necessary to keep children safe.

MCH and OCSHCN leadership collaborate and participate together on state initiatives by sharing resources and workforce capacity for data analysis, assessment, referral for care, and utilization of care coordination. OCSHCN participates in the State Interagency

Council for Services and Supports to Children and Transition-Aged Youth (SIAC), which strives to implement systems of care that is youth and family driven, community based, culturally and linguistically responsive, trauma informed, and recovery oriented. SIAC collaboration strengthens and expands Kentucky's system of care. OCSHCN's participation ensures collaboration with state agencies that impact the CYSHCN population and their families.

OCSHCN functions as a point of entry for the largest Kentucky Early Intervention Services (KEIS) region in Kentucky. OCSHCN strives to address the needs of Kentucky's children with special health care needs in all its rural communities by providing access to care through 11 regional offices and 6 satellite clinics. These services include care coordination, referral for services, partnerships in service delivery, and offering providers the use of space and telehealth equipment at OCSHCN locations.

OCSHCN leadership and staff have begun to research and discuss the implementation of the Blueprint for Change in the OCSHCN Needs Assessment and clinical and non-clinical services provided through OCSHCN. Leadership and staff have participated in webinars hosted by the Blueprint National Center to gain insight on implementation in FY25.

OCSHCN supports comprehensive and family-centered care for children and youth with special health care needs from identification of children, enrollment in services, screening for well child needs, referrals as needed, and meeting with the child and family in their home community for specialized health care. This model aligns with the Association of Maternal and Child Health Programs (AMCHP's) National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs.