



## PRIORITY 2

*All infants and families have support from strong community systems to optimize infant health and well-being.*



### PERINATAL & INFANT

#### OBJECTIVE 2.1

Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months by 2.5% annually through 2025.

#### OBJECTIVE 2.2

Promote and support safe sleep practices and cross-sector initiatives to reduce the SUID rate by 10% by 2025.

#### OBJECTIVE 2.3

Implement at least two quality cross-sector initiatives focused on improving maternal, perinatal, and infant health in partnership with the Kansas Perinatal Quality Collaborative (KPQC) by 2025.

#### OBJECTIVE 2.4

Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15% by 2025.

**NPM 5:** Safe Sleep (Percent of infants placed to sleep (A) on their backs; (B) on separate sleep surface; and (C) without soft objects and loose bedding)

**SPM 2:** Breastfeeding (Percent of infants breastfed exclusively through 6 months)



## PRIORITY 3

*Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.*



**CHILD**

### **OBJECTIVE 3.1**

Increase the proportion of children age 1 month to kindergarten entry who receive a parent-completed developmental screening by 5% annually through 2025.

### **OBJECTIVE 3.2**

Increase the proportion of children, 6 through 11 years, with access to activities and programs that support their interests, healthy development, and learning by 10% by 2025.

### **OBJECTIVE 3.3**

Increase the proportion of MCH program participants, 1 through 11 years, receiving quality, comprehensive annual preventive services by 10% annually through 2025.

**NPM 6:** *Developmental screening (Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year)*



## PRIORITY 5

*Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.*



### CHILDREN WITH SPECIAL HEALTH CARE NEEDS

#### OBJECTIVE 5.1

Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5% by 2025.

#### OBJECTIVE 5.2

Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5% by 2025.

#### OBJECTIVE 5.3

Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2025.

**NPM 12:** *Transition: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care*



## PRIORITY 6

*Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.*



### CROSS-CUTTING AND SYSTEMS BUILDING

#### OBJECTIVE 6.1

Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5% by 2025.

#### OBJECTIVE 6.2

Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5% annually through 2025.

#### OBJECTIVE 6.3

Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15% annually through 2025.

**SPM 3:** *Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored work-force development event.*





## PRIORITY 7

*Strengths-based supports and services are available to promote healthy families and relationships.*



### CROSS-CUTTING AND SYSTEMS BUILDING

#### **OBJECTIVE 7.1**

Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75% by 2025.

#### **OBJECTIVE 7.2**

Increase the number of individuals receiving peer supports through Title V-sponsored programs by 5% annually through 2025.

#### **OBJECTIVE 7.3**

Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5% annually through 2025.

#### **OBJECTIVE 7.4**

Increase the number of MCH-affiliated programs providing holistic care coordination through cross-system collaboration by three through 2025.

**SPM 4:** *Percent of children whose family members know all/most of the time they have strengths to draw on when the family faces problems*