

Hawaii					
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 postpartum care by promoting timely, comprehensive follow-ups that address physical, mental, and social needs, with a focus on expanding access to responsive services.	By July 2030, increase the percent of women who attended a postpartum checkup within 12 weeks after giving birth, to 96%. By July 2030, increase the percent of women who attended a postpartum checkup and received recommended care components, to 84%.	Conduct an environmental scan to identify existing postpartum care services, unmet needs, and partnership opportunities to inform future strategies and clarify Title V’s role. Provide postpartum care through MCH Branch reproductive health service contracts.	ESM PPV.1 - Completion of environmental scan of organizations and partners to facilitate determination of Title V’s role in improving postpartum care across the state.	NPM - Postpartum Visit	<u>Linked NOMs:</u> Maternal Mortality Neonatal Abstinence Syndrome Women’s Health Status Postpartum Depression Postpartum Anxiety
Perinatal/Infant Health					
Increase safe infant sleep practices by partnering with varied communities to provide education, resources, and outreach that reduce the risk of sleep-	By July 2030, increase the percentage of infants placed to sleep on their backs to 73% By July 2030, increase the percentage of infants placed to sleep on a separate approved sleep surface to 33% By July 2030, increase the percentage of infants placed to sleep without soft objects or loose bedding to 67% By July 2030, increase the percent of infants room-sharing with an adult during	Build the broad reach of the Safe Sleep Hawaii coalition, through increased community partnerships Increase awareness of the importance of Safe Sleep and provide safe sleep education, including public service announcements and digital media	ESM SS.1 - The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request.	NPM - Safe Sleep	<u>Linked NOMs:</u> Infant Mortality Postneonatal Mortality SUID Mortality

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related infant deaths.	sleep but not bed-sharing to 84%				
Child Health					
Increase the percentage of children ages 0–5 who receive timely and continuous developmental screening by enhancing outreach, provider training, and coordination across early childhood systems	By July 2030, the state seeks to increase the percentage of children ages 9 through 35 months to 50.0% for those receiving a developmental screening 50%	Develop and improve services infrastructure to better coordinate developmental screening efforts Build the capacity of the Hi'ilei program to increase developmental screening and referral efforts for young children	ESM DS.1 - The number of children screened through the Hi'ilei Developmental Screening Program using a standardized screening tool.	NPM - Developmental Screening	<u>Linked NOMs:</u> School Readiness Children's Health Status
Support food sufficiency for infants and young children by improving access to WIC services, including outreach, enrollment, and nutrition education.	By 2030, increase the percent of children, ages 0 through 11, whose households were food sufficient in the past year to 66%. (Baseline: 63.1% NSCH 2022-23)	Partner with agency and community programs to improve WIC enrollment and utilization Improve food sufficiency-related data collection and analysis to identify key barriers to WIC benefit utilization and enrollments	ESM FS.1 - The number of infants and children birth to 5 years of age enrolled in the WIC program.	NPM - Food Sufficiency	<u>Linked NOMs:</u> School Readiness Children's Health Status Behavioral/Conduct Disorders Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All Adverse Childhood Experiences
Increase the number of children with and without special health care needs	By 2030, increase the percent of children with special health care needs, ages 0-17, who have a medical home to 45.0% (Baseline: 37.6% 2022-23, NSCH)	Conduct an environmental scan and comprehensive review of existing programs and services where coordination is conducted and analyze data and research on best practice models. Conduct focus groups or review existing material and provide opportunity for engagement with staff and families to define CSHNB care coordination.	ESM MH.1 - Completion of formative research on the status of care coordination efforts in Hawaii to inform the	NPM - Medical Home	<u>Linked NOMs:</u> Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN

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who have a Medical Home by focusing on improving care coordination			design of the Family Health Services Division/Children with Special Health Needs Branch Care Coordination strategy.		Flourishing - Child Adolescent - All
Adolescent Health					
Reduce adolescent bullying by promoting prevention programs, creating safe and inclusive school environments, and supporting youth, families, and other adults.	By 2030, reduce the percentage of adolescents with and without special health care needs, ages 12 through 17, who are bullied to 22%. (Baseline: 25.5% NSCH 2022-23)	Conduct an environmental scan of efforts and programs to identify current gaps, opportunities for collaboration, and best practices, ultimately helping to determine Title V's most effective role and contribution in supporting and strengthening bullying prevention initiatives Establish a youth advisory board to give students a meaningful voice in anti-bullying initiatives, empowering them to share their experiences, propose solutions, and lead peer-driven activities that foster a safer environment	ESM BLY.1 - Completion of formative research on status of bullying prevention efforts in Hawaii to inform design of Title V's bullying prevention role and strategy.	NPM - Bullying	Linked NOMs: Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Adolescent Depression/Anxiety Adverse Childhood Experiences
Children with Special Health Care Needs					
Increase the number of children with and without special health care needs who have a Medical Home by focusing on improving care coordination	By 2030, increase the percent of children with special health care needs, ages 0-17, who have a medical home to 45.0% (Baseline: 37.6% 2022-23, NSCH)	Conduct an environmental scan and comprehensive review of existing programs and services where coordination is conducted and analyze data and research on best practice models. Conduct focus groups or review existing material and provide opportunity for engagement with staff and families to define CSHNB care coordination.	ESM MH.1 - Completion of formative research on the status of care coordination efforts in Hawaii to inform the design of the Family Health Services Division/Children with Special Health Needs Branch Care Coordination strategy.	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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Cross-Cutting/Systems Building					
Increase access to culturally responsive, trauma-informed mental health services and supports for women, children, and families	The number of direct and enabling health providers receiving training and support services on maternal and child mental health care in underserved communities/counties statewide across all five population domains. By July 2030, provide training and support services on maternal and child mental health care to 230 providers servicing women, children, and families in underserved communities/counties statewide.	Promote workforce development and training on maternal and child mental health care Completion of environmental scan of FHSD programs and conduct gap analysis to determine the role of Title V in behavioral health Develop and implement an Action Plan informed by the results of environmental scan and gap analysis	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: The number of direct and enabling health providers receiving training and support services on maternal and child mental health care in underserved communities/counties statewide across all five population domains.	