



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ALABAMA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Alabama

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

| MCH Director | CSHCN Director |
|---|--|
| Amanda C. Martin Director, Bureau of Family Services amanda.martin@adph.state.al.us (334) 206-9420 | Cathy Caldwell Assistant Commissioner cathy.caldwell@rehab.alabama.gov (334) 293-7049 |

| SSDI Project Director | State Family Leader |
|--|---|
| Tim Feuser MCH Epidemiology Director and SSDI Project Director tim.feuser@adph.state.al.us (334) 206-5398 | Sylvia Bowen CRS State Parent Consultant |

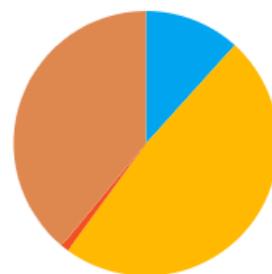
| State Youth Leader |
|---------------------------------|
| No Contact Information Provided |

State Hotline: (800) 654-1385

Funding by Source

| Source | FY 2024 Expenditures |
|--------------------|----------------------|
| Federal Allocation | \$12,021,137 |
| State MCH Funds | \$49,696,932 |
| Local MCH Funds | \$0 |
| Other Funds | \$964,596 |
| Program Income | \$40,089,867 |

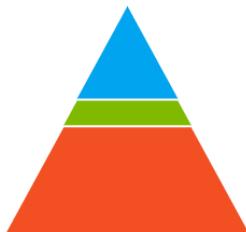
FY 2024 Expenditures



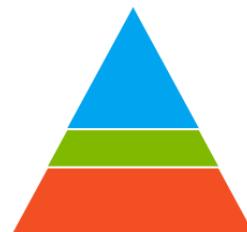
Funding by Service Level

| Service Level | Federal | Non-Federal |
|--------------------------------------|-------------|--------------|
| ■ Direct Services | \$4,992,369 | \$49,375,826 |
| ■ Enabling Services | \$1,328,712 | \$14,709,802 |
| ■ Public Health Services and Systems | \$5,700,056 | \$26,665,767 |

FY 2024 Expenditures Federal



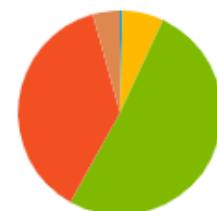
FY 2024 Expenditures Non-Federal



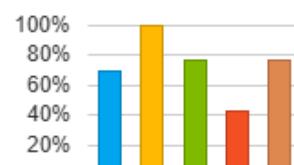
Percentage Served by Title V

| Population Served | Percentage Served | FY 2024 Expenditures |
|--|-------------------|----------------------|
| ■ Pregnant Women | 69.2% | \$398,726 |
| ■ Infants < 1 Year | 99.7% | \$6,706,672 |
| ■ Children 1 through 21 Years | 76.6% | \$52,580,607 |
| ■ CSHCN (Subset of all infants and children) | 42.2% | \$38,666,882 |
| ■ Others * | 76.6% | \$4,419,645 |

FY 2024 Expenditures Total: \$102,772,532



FY 2024 Percentage Served



*Others—Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

| Priority Needs and Associated Measures | Priority Need Type | Reporting Domain(s) |
|--|--------------------|---|
| <p>Insufficient or unequal assistance to help families navigate the system of care.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ESM MH.1: Percent of medical home bookmark survey respondents who find the educational material useful for finding a medical home for their child ESM MH.2: Percent of CSHCN that have a comprehensive Plan of Care. | New | Children with Special Health Care Needs |
| <p>Inadequate supports for transition to all aspects of adulthood.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC <ul style="list-style-type: none"> ESM TAHC.1: Percent of YSHCN enrolled in state CSHCN program who report satisfaction with their transition experience to adulthood. ESM TAHC.2: Percent of YSHCN enrolled in state CSHCN program who report increased preparedness to transition to adulthood. | Revised | Children with Special Health Care Needs |
| <p>Lack of peer support and opportunities to create community for families, caregivers, and youth.</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 2: Percent of children with special health care needs, ages 0-17, whose parent receives emotional support with parenting. <ul style="list-style-type: none"> SPM ESM 2.1: Percent of progress made in achieving strategies to increase peer support for parents and caregivers of CSHCN and YSHCN. | New | Children with Special Health Care Needs |
| Comprehensive Postpartum Care and Education | New | Women/Maternal Health |

| | | |
|--|-----------|-------------------------|
| <p>NPMs</p> <ul style="list-style-type: none"> • A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of postpartum survey respondents who attend their postpartum visit appointment. <p>SPMs</p> <ul style="list-style-type: none"> • SPM 1: Percent of survey respondents ages 15 to 55 eligible to enroll into WW who report having a trusted birth control method and are not planning for a pregnancy within the next 12 months. | | |
| <p>Infant Mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> • A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS <ul style="list-style-type: none"> ○ ESM SS.1: The proportion of mothers enrolled in the Alabama Cribs for Kids® Program who self-reported that their infants are using the cribs (Pack-n-Play) for all periods of sleep at the home setting | Continued | Perinatal/Infant Health |
| <p>Access to Comprehensive Health Care for Children</p> <p>NPMs</p> <ul style="list-style-type: none"> • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of medical home bookmark survey respondents who find the educational material useful for finding a medical home for their child ○ ESM MH.2: Percent of CSHCN that have a comprehensive Plan of Care. | New | Child Health |
| <p>Adolescent Safety and Wellness</p> <p>NPMs</p> <ul style="list-style-type: none"> • Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY <ul style="list-style-type: none"> ○ ESM BLY.1: The percent of youth, ages 10-19 who report an increase in knowledge, intention to change behavior, and/or confidence in abilities | New | Adolescent Health |

| | | |
|--|-----|--------------------------------|
| after receiving positive youth development education that addresses bullying prevention. | | |
| Access to Comprehensive Oral Health Education and Services for all MCH Populations SPMs <ul style="list-style-type: none">● SPM 3: Percent of dental health kit survey respondents who plans to use the dental health kit, which includes age-appropriate toothbrush, educational materials, dental floss, timer, and toothpaste | New | Cross-Cutting/Systems Building |

Executive Summary

Program Overview

The Alabama Department of Public Health (ADPH) is the primary health agency for the state, operating with the mission to promote, protect, and improve Alabama's health. Public health functions are shared by state and local offices. Statewide programs are coordinated through the Central Office; the 8 public health districts have the responsibility for delivering public health services and programs in their designated areas. In the communities, 67 county health departments (CHD) work to preserve, protect, and enhance community health and environments.

The ADPH Bureau of Family Health Services (BFHS), located in the Central Office, administers the Alabama Maternal and Child Health Services (MCH) Title V Block Grant Program. The bureau houses most of the department's MCH programs. Core services include managing clinical services protocol, providing case management, conducting outreach, and educating the public about services. Alabama Title V epidemiology staff support implementing, monitoring, and evaluating Title V strategies.

ADPH contracts with Children's Rehabilitation Service (CRS), a division of the Alabama Department of Rehabilitation Services (ADRS), to administer services to children and youth with special health care needs (CYSHCN). The mission of CRS is to enable CYSHCN and adults with hemophilia to achieve their maximum potential within a community-based, family-centered, comprehensive, coordinated system of services. CRS' mission embodies the principles of comprehensive, community-based, and family-centered care.

CRS continues to operate 7 programs to serve CYSHCN and their families. Services provided in each of these programs are funded in full or in part by Title V funds. The 7 programs are Clinical Medical, Clinical Evaluation, Hemophilia, Care Coordination, Information and Referral, Parent Connection, and Youth Connection. Coordinated health services are delivered via 14 community-based offices across 7 districts. Through statewide partnerships with various entities and agreements with the state's two tertiary-level pediatric hospitals, CRS continues to bridge gaps in the system of care for CYSHCN and their families. These partnerships increase the state's capacity to address the health, social, and educational needs of CYSHCN.

Furthermore, Alabama Title V staff collaborate with other ADPH and ADRS staff and with a variety of local, state, and federal stakeholders to assess the magnitude of factors impacting the state of health of Alabama's MCH population. Program staff rely on these partnerships to prioritize population health needs and create methods of addressing current and emerging needs.

See section III.C.2.b.i.a. Organizational Structure for additional information on the divisions and programs administered by BFHS and ADRS

MCH Needs

A comprehensive Needs Assessment for the Alabama Title V Program is collaboratively conducted by both BFHS and CRS. An analysis of quantitative and qualitative data gathered through paper and web-based surveys, focus groups, key informant interviews, and from select databases and national surveys yielded a variety of issues for the population health domains. After convening advisory committee meetings in March 2020, national priority areas and state needs were identified. Alabama Title V staff implement, evaluate, and update strategies as necessary.

The following information is a summary of the selected 2021-2025 NPMs, ESMs, SPMs, and accomplishments. See section III.E.3. State Action Plan Narrative by Domain for additional information.

ADPH Highlights

NPM – Well-Woman Visit

ESM WWV.2 - Increase the percentage of women receiving both Family Planning services and Well Woman services by 2 percent within active Well Woman counties.

NPM – Risk-Appropriate Perinatal Care

ESM RAC.3 - Number of steps of the CDC's LoMC process completed in order to design and align the Alabama Maternal Regionalization System Guidelines with the national criteria for the maternal levels of care

NPM – Safe Sleep

ESM SS.3 - The proportion of mothers enrolled in the Cribs for Kids Program who self-reported that their infants are using the cribs for all periods of sleep at the home setting

NPM – Developmental Screening

ESM DS.3 - Proportion of children aged 12 and 24 months that have a reported blood lead screening in the past year

ESM DS.4 - Proportion of children birth to age 19 that received a well-child appointment in the past year

SPM 9 - Percent of 2-year-old children who have received two blood lead tests at 12 and 24 months as recommended by the ACLPP Program

NPM – Adolescent Well-Visit

ESM AWV.2 - Proportion of adolescents, aged 12 to 19, that received an adolescent well visit in the past year

NPM – Preventive Dental Visit

ESM PDV-Pregnancy.3 - The number of providers including hygienists, nurses, social workers, physicians, pediatricians, nutritionists, and dentists who were provided oral health education and training tailored specifically to the MCH pregnant population

ESM PDV-Child.3 - The number of providers including hygienists, nurses, social workers, physicians, pediatricians, nutritionists, and dentists who were provided oral health education and training tailored specifically to the MCH child population

Women's Health

- Well Woman (WW): The WW Program provides preconception, inter-conception, and post-conception health care to women as a foundation for wellness. In FY 2024, Alabama WW Program was available in 9 counties and enrolled 532 participants.

Perinatal and Infant Health

- Safe Sleep: In 2023, sudden unexplained infant deaths were the third leading cause of infant deaths. Alabama is a Cribs for Kids Partner. Through this partnership, the Fetal Infant Mortality Review (FIMR) Program distributed 1,389 cribs with safe sleep information to families throughout the state.
- Count the Kicks: Count the Kicks is an evidence-based stillbirth prevention program that provides educational resources to health care providers and expectant parents. In CY 2024, 136 health care professionals and community workers received free Count the Kicks educational resources. A total of 45,401 educational materials were mailed.
- From Day One (FDO): FDO is a comprehensive patient-centered program designed to educate and support expectant mothers from the first trimester of pregnancy through their child's first year of life. Administered by the Jefferson County Department of Health (JCDH), FDO participants receive a baby safety shower to increase client knowledge on infant safety with a goal of reducing infant mortality and childhood injury. In 2024, there were a total of 3 showers and 29 maternity clients participated along with 42 guests.
- Promoting Healthy Birth Outcomes: The Mobile County Health Department (MCHD) provides education to increase awareness of factors that adversely affect the health of mothers and babies; promote and increase available education and resources; and provide services to decrease the rates of infant and maternal mortality. In FY 2024, 134 mothers and over 500 community members received education.

Child and Adolescent Health

- Childhood Lead Poisoning Prevention: In 2024, the number of children less than 6 years of age in Alabama receiving at least one BLL screen was 46,895; 1,288 individuals were referred for case management services which include family education, home visits to assess for lead sources, and referral to the Alabama Early Intervention System for evaluation and additional developmental services.
- Oral Health Screenings: The OHO collaborated with Alabama Pre- K Early Childhood education, Head Start, and Early Head Start to fulfill dental screening enrollment requirements. A total of 3,334 children were screened in FY 2024.
- Access to Oral Health at ADPH: There are two dental clinics operated by the Department. Between the Tuscaloosa CHD and the Greene CHD dental clinics, there were 2,031 (Medicaid and ALL Kids) patients seen in the dental clinics.
- WIC Oral Health Referrals: The Northeastern Public Health District screened 6,557 children in the WIC Program for oral health; 3,432 children were referred to a local dentist for an oral exam; 3,396 follow-up contacts were completed; and 1,142 children received oral exams.
- Schools of Dental Hygiene Partnerships: The Northern Public Health District improved access to dental care for children ages 0-17 and expectant mothers. Alabama Title V purchased dental supplies for 145 children to receive dental cleanings and exams.
- EPSDT Screenings: The Southwestern Public Health District completed 133 EPSDT screenings, resulting in 27 children receiving resources for dental care, 16 children receiving mental/behavioral health referrals, 2 EI referrals, 22 vision referrals, 2 hearing referrals, 6 elevated lead referrals, and 20 referrals for follow-up appointments with the primary medical provider.
- Pre-K Oral Health Screenings: The West Central Public Health District staff completed dental screenings and distributed oral health supplies for 198 Pre-K students at several elementary schools in the Tuscaloosa County School System.
- Suicide awareness: The West Central Public Health District implemented QPR Gatekeeper and Response Training to better identify and refer those who are at risk for suicide. Trainings were facilitated at eight high schools and facilities within 6 counties. In FY 2024, 208 youth and adults participated in the QPR Gatekeeper trainings; 13 youth participated in the Response trainings.
- Oral Health Presentations: In FY 2024, the OHO educated 1,179 health providers on the importance of oral health, community water fluoridation, human papilloma virus (HPV), preventive dental visits for children and expectant moms, and access to dental care.

CRS Highlights

NPM – Transition to Adult Health Care

ESM 12.1 – Percent of YSHCN enrolled in State CSHCN Program who report satisfaction with their transition experience to adulthood.

SPM 2 – Strengthen and enhance family/youth partnerships, involvement, and engagement in advisory groups, program development, policymaking, and system-building activities to support shared decision-making between families and health-related professionals.

SPM 3 – Increase the capacity of families to connect CYSHCN to the health and human services they require for optimal behavioral, developmental, health, and wellness outcomes through our Care Coordination Program.

CRS is committed to creating a culture of continuous quality improvement (QI) to improve service delivery for CYSHCN and their families and has incorporated QI throughout the activities and approaches in the State Action Plan. At the end of FY 2024, the CRS Care Coordination Program Specialist and Maternal and Child Coordinator conducted training on the brand-new Transition Program and Protocol Policy for all CRS staff. The new protocol is the result of the CRS Transition Task Force that was formed in FY 2022 to review the current CRS transition process and determine ways to strengthen service delivery to youth with special health care needs (YSHCN). Training included the newly designed Readiness Assessment. Modeled on the Got Transition® Six Core Elements of Health Care Transition™ tools the new assessment is now applicable for both youth and caregivers of youth with medical complexity. Using the new assessment care coordinators can collect vital information from enrolled youth or their caregiver to individualize the plan of care (PoC) and address the specific needs of YSHCN.

ADRS and CRS continue their long-standing commitment to family and youth engagement and the principles of family-centered care. For over 30 years, this commitment has been an integral part of CRS from direct services to infrastructure building and population health work. CRS' commitment to family engagement and family-centered care is evident through the Parent Connection Program. CRS makes a significant investment in family partnerships by employing parents and caregivers of CYSHCN that serve as Parent Consultants (PCs). The PCs carry out the activities of the Parent Connection Program while supporting families and sharing life experiences. CRS has been utilizing the National Family Voices Family Engagement in Systems Assessment Tool (FESAT) in assessing how well CRS is supporting family engagement in systems-level initiatives. Participants in the FY 2024 consensus scoring discussions all agreed that there are Family Engagement champions present at every level of CRS. It was noted that parent leadership and partnerships are a piece of CRS culture.

The CRS Care Coordination Program continues to ensure CYSHCN and their families connect to wrap-around services they require for optimal behavioral, developmental, health, and wellness outcomes using an interdisciplinary approach to care coordination. CRS care coordinators advocate for CYSHCN and their families within and outside CRS to improve the system of care. Using a holistic approach, families are supported in working collaboratively with their doctors and other service providers to best meet their needs.

CRS Leadership has used survey data from the annual Care Coordination Family Survey administered by the University of Alabama at Birmingham (UAB) Applied Evaluation and Assessment Collaborative (AEAC) to strengthen the Care Coordination Program. Survey respondents indicate an overall satisfaction with CRS Care Coordination services and a high percentage indicate that they received help finding hard to access services. The component with the lowest percentage met within the composite measure pertained to individuals having a PoC. Educating families regarding understanding of the PoC is key to improving survey results. Knowledge regarding the PoC and the purpose of a PoC is part of an ongoing improvement initiative. Staff are also continuing to utilize the Care Coordination Program booklet created as part of the 2021 – 2025 State Action Plan to provide families, community partners, and providers with something tangible they can refer to should they have questions about CRS Care Coordination services. Collaboration and partnerships among CYSHCN, their families, care coordination staff, and community partners ensures a system of community-based services are provided to CYSHCN.

BFHS and CRS in collaboration with the UAB School of Public Health (SOPH), Department of Health Care Organization and Policy, AEAC, have completed the Alabama 2025 Title V Comprehensive Needs Assessment. See section III.C. Needs Assessment for additional information on the process, findings, and state priority needs selected for all MCH population domains for 2026-2030.

How Federal Title V Funds Complement State-Supported MCH Efforts

Alabama Title V MCH Program funds strategically support personnel and the implementation, monitoring, and evaluation of MCH-focused activities, data collection, and program evaluation. Staff establish local, state, and federal partnerships to develop; identify; and recommend quality and reasonable, preventive, educational, and early treatment strategies to prevent illness, injury, disease, and death; and to eliminate disproportionate outcomes. Title V funds support breastfeeding; well visits; community water fluoridation; developmental screenings; transition; fetal, infant, and maternal mortality review committees; PRAMS Program activities; and advocacy to increase impartiality and improve access to quality medical and dental care services. Staff work to ensure that public healthcare laws, rules, and regulations are followed to ensure optimal health of Alabamians through early identification, early diagnosis, and follow-up.

Alabama Title V staff convene task forces, steering committees, and work groups that collaborate to ensure the MCH population has access to care and resources needed to take charge of and improve their health and their families' health. Alabama Title V leverages funding and partnerships to educate, develop legislative rules or bills, and ensure uniform and safe standards of service and care. Title V and other federal, state, and local funds subsidize activities and staffing related to cancer prevention (colorectal, cervical, breast, and oropharyngeal), teen pregnancy prevention, healthy childcare, lead exposure, newborn screening, and other MCH focused activities. In addition, case management and care coordination services are provided to pregnant women, infants, children, and adolescents, including CYSHCN.

Alabama Title V funds are used to fill gaps in health care, providing services not otherwise sustained through non-federal MCH dollars, particularly in CHDs. The Alabama Title V MCH Program works to respond to emerging MCH needs, supporting families and adapting programming as needed. BFHS administration ensures that a continual and comprehensive review of finances and programming is in place so that utilization of Title V funds fully supports state priority needs in alignment with federal guidelines. From the FY 2024 Title V funds, \$6,258,745 were expended on preventive and primary care for children and \$4,473,156 were expended on CSHCN. Additionally, there were \$49,696,932 in state match funds expended on the MCH population.

The Alabama MCH Block Grant funds provide critical infrastructure, training, support, and resources to the state's overall MCH efforts. Alabama Title V is continually exploring options to shift reimbursable direct service expenditures to the appropriate payors and leverage Title V funds to address existing gaps in Alabama's public health investments, partnerships, systems, and services.

MCH Success Story

Perinatal/Infant Health

After a FIMR 2022 case abstract review, per protocol, a mother that suffered an infant death was contacted to offer a note of sympathy along with resources to identify and address her grief. The mom was also asked if she was willing to share her story, confidentially to educate more moms in an effort to prevent similar future deaths. Upon contact, the FIMR coordinator discovered that the mom was pregnant again and in need of a safe place for her baby to sleep. Her previous infant's death was due to unsafe sleeping conditions. The mom loved having the opportunity to tell other mothers about what happened to her and to not let it happen to them. She wants to tell other moms to get a safe place for their baby to sleep, like a crib or pack n play, put them in it, and on their back. She said she was more at ease knowing this baby was safe, unlike her baby that she lost. As she did not have money at the time to buy a safe place for her baby to sleep, she was very appreciative and thanked the FIMR coordinator numerous times.

Children with Special Health Care Needs

Every Friday night in the Fall, Adryan Gaines takes the field with the Oneonta High School marching band. Using an adaptive drum kit, which is placed on a platform, he plays bass, snare, suspended cymbal, bells, and maracas with his feet. The freshman honor student was born with arthrogryposis which causes both arms to be contracted, always finds a way to participate in school activities and takes care of himself independently. It is easy to see his determination.

Adryan began practicing with the band in 2023 and played in his first game during the 2024 season. He said it was the culmination of many hours of hard work and hopes it inspires others to do the same. He said, "Sometimes when I'm playing, I think, 'What if

someone is seeing this and they want to do it?" "It makes me feel happy that somebody might be inspired by me playing the foot drum."

Adryan, who was first enrolled in the Early Intervention Program, reconnected with ADRS through CRS when he started middle school and wanted to increase his independence. His mother, Jessica McCurry, said her son was very involved in establishing his own plan of care with Social Work Administrator Holly Edwards. She said, "He just kind of took charge." "He told us what he needed and what worked best for him - and what he thought might not work as well."

After a seating clinic and evaluation, CRS Occupational Therapist Dana Grady and Cliff McClinton from Physician's Home Health Superstore in Gadsden obtained for him several pieces of long-handled adaptive equipment to assist with dressing, and EazyHold tools to hold small items like toothbrushes, curved utensils for eating, a bath chair, non-slip mats around the shower, and suction brushes for him to bathe himself in the shower. They also recommended motion-detected shampoo and body wash dispensers. Adryan said he is excited to continue challenging himself by trying more activities as he progresses through high school.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Alabama

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.