



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **ALABAMA**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

### 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 FY2025 Application / FY2023 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
Tommy Johnson State Dental Director and Interim Title V Director tommy.johnson@adph.state.al.us (334) 206-5398	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 sylvia.bowen@rehab.alabama.gov (334) 293-7215

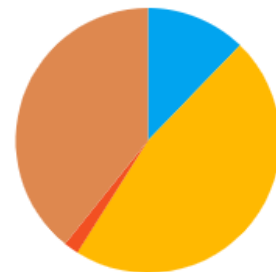
State Youth Leader
No Contact Information Provided

**State Hotline:** (800) 654-1385

### Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$12,060,270
State MCH Funds	\$46,069,628
Local MCH Funds	\$0
Other Funds	\$1,779,852
Program Income	\$38,674,960

FY 2023 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$3,386,651	\$42,238,838
Enabling Services	\$2,162,779	\$13,282,126
Public Health Services and Systems	\$6,510,840	\$31,003,477

FY 2023 Expenditures  
Federal



FY 2023 Expenditures  
Non-Federal



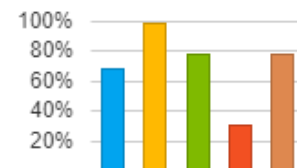
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	68.5%	\$370,551
Infants < 1 Year	99.3%	\$5,282,690
Children 1 through 21 Years	77.7%	\$54,140,315
CSHCN (Subset of all infants and children)	30.0%	\$34,112,822
Others *	77.7%	\$4,678,332

FY 2023 Expenditures  
Total: \$98,584,710



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Lack of or inadequate access to services necessary for CSHCN to transition to all aspects of adult life.</p> <p><b>NPMs</b></p> <ul style="list-style-type: none"> <li>● 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 (Transition, Formerly NPM 12) - TR                             <ul style="list-style-type: none"> <li>○ ESM TR.1: Percent of YSHCN enrolled in state CSHCN Program who report satisfaction with their transition experience to adulthood.</li> </ul> </li> </ul>	Children with Special Health Care Needs
<p>Lack of or inadequate access to health and related services, especially in rural areas and for services identified as difficult to obtain.</p> <p><b>SPMs</b></p> <ul style="list-style-type: none"> <li>● 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.</li> </ul>	Children with Special Health Care Needs
<p>Increase family and youth involvement and participation in advisory groups, program development, policy-making, and system building activities.</p> <p><b>SPMs</b></p> <ul style="list-style-type: none"> <li>● 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.</li> </ul>	Children with Special Health Care Needs
<p>High levels of maternal mortality.</p> <p><b>NPMs</b></p> <ul style="list-style-type: none"> <li>● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV                             <ul style="list-style-type: none"> <li>○ ESM WWV.1: Proportion of women age 15-55 who report receiving a preventive medical visit in the past 12 months by increasing total enrollment percentage in the Well Woman Program by 2 points annually.</li> </ul> </li> </ul>	Women/Maternal Health

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>○ ESM WWV.2: Increase the percentage of women receiving both FP services and WW services by two percent within active WW counties.</li> </ul>	
<p>High levels of infant mortality (and associated factors of preterm birth and low birth weight).</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC                             <ul style="list-style-type: none"> <li>○ ESM RAC.1: Percent of delivering hospitals convened at a meeting to share data and discuss the Alabama Perinatal Regionalization System Guidelines</li> <li>○ ESM RAC.2: Number of steps of the CDC's LOCATe process completed in order to design and align the Alabama Perinatal Regionalization System Guidelines with the national criteria for the maternal levels of care</li> <li>○ 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</li> </ul> </li> </ul>	Perinatal/Infant Health
<p>High levels and worsening trends of sleep-related/SUID deaths.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS                             <ul style="list-style-type: none"> <li>○ ESM SS.1: Number of sleep-related infant deaths</li> <li>○ ESM SS.2: Number of trainings facilitated to assist healthcare professionals and first responders, who interact with expecting and new mothers, with being trained on safe sleep recommendations</li> <li>○ 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</li> </ul> </li> </ul>	Perinatal/Infant Health
<p>Lack of timely, appropriate, and consistent health and developmental screenings.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS                             <ul style="list-style-type: none"> <li>○ ESM DS.1: Proportion of children birth to age 19 that received a well child appointment in the past year</li> <li>○ ESM DS.2: Proportion of children birth to age 19 that received a developmental screening in conjunction with a well-child appointment in the past year</li> <li>○ ESM DS.3: Proportion of children aged 12 &amp; 24 months that have a reported blood lead screening in the past year</li> </ul> </li> </ul>	Child Health, Adolescent Health

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>○ ESM DS.4: Proportion of children birth to age 19 that received a well-child appointment in the past year</li> <li>● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW               <ul style="list-style-type: none"> <li>○ ESM AWW.1: Proportion of adolescents, aged 12 to 19, that received an adolescent well visit in the past year</li> <li>○ ESM AWW.2: Proportion of adolescents, aged 12 to 19, that received an adolescent well-visit in the past year</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● 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</li> </ul>	
<p>Lack of preventive dental visits across all Title V populations, especially for those uninsured.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy               <ul style="list-style-type: none"> <li>○ ESM PDV-Pregnancy.1: Percentage of dental providers receiving information/education regarding importance of preventive dental visits for expectant mothers</li> <li>○ ESM PDV-Pregnancy.2: Percentage of dental providers that received information/education regarding their perinatal patients about the FDA-approved HPV vaccine in order to reduce the risk of oropharyngeal, cervical, and other HPV-related cancers</li> <li>○ 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</li> </ul> </li> <li>● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child               <ul style="list-style-type: none"> <li>○ ESM PDV-Child.1: Percentage of providers receiving information/education regarding importance of preventive dental visits for children ages 1-17 years of age</li> <li>○ ESM PDV-Child.2: Percentage of dental providers that received information/education regarding informing their families of patients at 9 years of age about the FDA-approved HPV vaccine in order to prevent future oropharyngeal, cervical, and other HPV-related cancers</li> <li>○ 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</li> </ul> </li> </ul>	<p>Women/Maternal Health, Child Health, Adolescent Health</p>
<p>Lack of or inadequate or inequitable access to opportunities to make choices that allow people to live a long, healthy life where they live, learn, work, and play.</p> <p>SPMs</p>	<p>Cross-Cutting/Systems Building</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"><li>SPM 5: Increase the proportion of EHS programs participating in the EHSCCP grant program that maintain ten percent of their population with children with special needs.</li></ul>	

## 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 eight public health districts have the responsibility for delivering public health services and programs specific to the needs of their designated areas; and on the local level, the 67 county health departments (CHD) work to preserve, protect, and enhance community health and environments.

ADPH Bureau of Family Health Services (FHS), located in the Central Office, administers the Title V Maternal and Child Health (MCH) Services Block Grant Program. ADPH contracts with Children's Rehabilitation Service (CRS), a division of 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, culturally competent, family-centered, comprehensive, coordinated system of services. CRS' mission embodies the principles of comprehensive, community-based, and family-centered care.

CRS continues to operate seven 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 seven 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.

Other divisions and programs administered by FHS and ADRS include:

- Title X Family Planning (FP) Grant
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- State Perinatal Program (SPP)
- Healthy Child Care Alabama (HCCA) Program
- Cancer Prevention and Control Division
- Pregnancy Risk Assessment Monitoring System (PRAMS) Program
- Oral Health Office (OHO)
- Alabama Childhood Lead Poisoning Prevention Program (ACLPPP)
- Adolescent Pregnancy Prevention Branch (APPB)
- Alabama's Early Intervention (EI) System
- Vocational Rehabilitation Service (VRS)
- State of Alabama Independent Living Service

The MCH Epidemiology Branch, also housed in FHS, pairs analytical staff members with bureau programs to provide data analysis and reporting support. Title V utilizes epidemiology staff to support implementing, monitoring, and evaluating Title V Block Grant Program strategies. 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.

#### **MCH Needs**

Needs assessments for the Alabama Title V Program are collaboratively conducted by FHS 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. Title V staff implement, evaluate, and update strategies as necessary.

#### **ADPH Highlights**

The following information is a summary of the selected 2021-2025 National Performance Measures (NPMs), Evidence-based or –informed Strategy Measures (ESMs), State Performance Measures (SPMs), and accomplishments. See section III.E.2.c. State Action Plan Narrative by Domain for additional information.



#### **NPM 1 – Well-Woman Visit**

ESM 1.2 - Increase the percentage of women receiving both FP services and WW services by 2 percent within active WW counties

#### **NPM 3 – Risk-Appropriate Perinatal Care**

ESM 3.1 - Percent of delivering hospitals convened at a meeting to share data and discuss the Alabama Perinatal Regionalization System Guidelines

ESM 3.2 - Number of steps of the CDC's Level of Care Assessment Tool (LOCATE) process completed in order to design and align the Alabama Perinatal Regionalization System Guidelines with the national criteria for the maternal levels of care

#### **NPM 5 – Safe Sleep**

ESM 5.2 - Number of trainings facilitated to assist healthcare professionals and first responders, who interact with expecting and new mothers, with being trained on safe sleep recommendations

#### **NPM 6 – Developmental Screening**

ESM 6.4 - Proportion of children birth to age 19 that received a well child appointment in the past year

ESM 6.3 - Percent of children aged 12 & 24 months that have a reported blood lead screening in the past year

SPM 9 - 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

SPM 5 - Increase the proportion of Early Head Start (EHS) programs participating in the Early Head Start Child Care Partnership (EHSCCP) grant program that maintain 10% of their population with children with special needs

#### **NPM 10 – Adolescent Well-Visit**

ESM 10.2 - Proportion of adolescents aged 12 to 19 that received an adolescent well visit in the past year

#### **NPM 13 – Preventive Dental Visit**

ESM 13.1.1 - Percentage of dental providers receiving information/education regarding importance of preventive dental visits for expectant mothers

ESM 13.1.2 - Percentage of dental providers that received information/education regarding their perinatal patients about the FDA approved HPV vaccine in order to reduce the risk of oropharyngeal, cervical, and other HPV-related cancers

ESM 13.2.1 - Percentage of providers receiving information/education regarding importance of preventive dental visits for children ages 1-17 years of age

ESM 13.2.2 - Percentage of dental providers that received information/education regarding informing their families of patients at  $\beta$  years of age about the FDA approved HPV vaccine in order to prevent future oropharyngeal, cervical and other HPV-related cancers

In Alabama, very low birth weight infants (<1500 g) represented less than 1.7 percent of all births in 2022 but accounted for 154 deaths out of the total 391, infant deaths. ADPH has renewed its collaboration with the Alabama Hospital Association (AlaHA) to focus on the implementation of regionalized risk-appropriate maternal care. Sudden unexpected infant death (SUID) is defined as the death of an infant less than 1 year of age who suddenly or unexpectedly dies. In 2022, 105 infant deaths were attributed to SUID. ADPH continues to address SUID through safe sleep education, training of medical personnel and community workers, and distribution of cribs to families without a safe sleep environment. Over 700 cribs were distributed in fiscal year (FY) 2023.

The Well Woman (WW) Program provides preconception and/or interconception health care to women through education on healthy living and preventative screenings. The program addresses obesity, hypertension, high cholesterol, and diabetes. In FY 2023, the program enrolled 641 participants. Forty-eight percent of the participants experienced a decrease in body mass index (BMI) and 47 percent experienced a decrease in blood pressure (BP).

#### **CRS**

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. CRS Leadership, the Block Grant State Action Plan Team, and the CRS Management Team continually work to identify gaps in services, ways to improve access to care, and how best to help CYSHCN and their families navigate the complex system of care. These efforts include incorporating the four critical areas, visions, and principles of the Blueprint for Change: A National Framework for a System of Services for CYSHCN in QI activities.

## CRS Highlights

CRS in collaboration with the University of Alabama at Birmingham (UAB) School of Public Health (SOPH), Department of Health Care Organization and Policy, Applied Evaluation and Assessment Collaborative (AEAC) has started the 2025 5-year needs assessment process. A newly formed CRS Needs Assessment Advisory Committee is working to ensure underserved populations and geographical areas of the state are reached throughout the data collection process.

The following information is a summary of 2021-2025 priority needs, strategies, and accomplishments. See section III.E.2.c. State Action Plan Narrative by Domain for additional information. The performance measures to address the CSHCN priority needs are outlined below:

### **NPM 12 – Transition**

**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.**

Improving service delivery to youth with special health care needs (YSHCN) continues to be a priority for CRS. During the past year, the CRS Transition Task Force continued efforts to strengthen the current CRS transition process. These efforts included personalizing the Got Transition® Six Core Elements of Health Care Transition™ tools for use in CRS. Prior to personalizing the Got Transition® tools task force members spent time developing a Challenge and AIM Statement, answering a Miracle Question, and participating in a Reverse Brainstorming exercise. These activities assisted the task force in identifying critical areas of need as well as any potential barriers or challenges. The need for a Readiness Assessment that could be completed from the caregiver perspective emerged as a driving factor to improve service delivery. The task force also created tools and developed protocol that focuses on identifying the best ways to individually equip youth and their families with the skills and information to achieve their maximum potential. The new Transition protocol and revised tools will be implemented later this year.

ADRS and CRS continue their commitment to family engagement and the principles of family-centered care. For over 30 years, this commitment has impacted every 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 individuals with lived experience who serve as Parent Consultants (PCs). The PCs carry out the activities of the Parent Connection Program while supporting families and sharing life experiences in alignment with the Blueprint for Change Critical Area 2: Family and Child Well-Being and Quality of Life Principle 1. 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 2023 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. 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 AEAC to strengthen the Care Coordination Program. At the end of FY 2023, the newly designed Care Coordination Program booklet was made available for use. Care coordinators are utilizing the booklet to provide families, community partners, and providers with something tangible they can refer to should they have questions about CRS Care Coordination services. The booklet is also being used to strengthen relationships with providers that serve as medical homes for CYSHCN. CRS embraces the philosophy of providing family-centered, coordinated, ongoing comprehensive care within a medical home. Collaboration and partnerships among CYSHCN, their families, care coordination staff, and community partners ensures a system of community-based services are provided to CYSHCN.

## How Federal Title V Funds Complement State-Supported MCH Efforts

The 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 equitable, preventive, educational, and early treatment strategies to prevent illness, injury, disease, and death, and to eliminate disparities. Title V funds support breastfeeding; well visits; community water fluoridation; developmental screenings; transition; fetal, infant, and maternal mortality review committees; and advocacy to increase equity and improve access to quality medical and dental care services. Staff work to ensure that public health care 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 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, as well as case management and care coordination services for 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. FHS 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.

### MCH Success Story

"He who has the most options wins" is the mantra Rachel and Tucker Webb of Munford live by. Their son Orin was born almost 7 weeks premature, has limb differences that include partial arms and a left leg. He also has a neurological condition known as Moebius Syndrome, which prevents facial muscles from creating expressions. With help from CRS programs, the Webb's have provided Orin with the tools needed to reach milestones.

Rachel said they first learned about CRS in the neonatal intensive care unit (NICU) of Children's Hospital of Birmingham. "They were clear and adamant the whole time that we had to get involved with CRS," she said. "They were really honest about CRS. They got us involved, and once you get involved, the therapists don't let you get away. They are wonderful. Absolutely incredible."

The family was living in Anniston at the time they went to CRS. Rachel said they were instantly welcomed by Speech Therapist Kym Smart, Physical Therapist Dana Grady, and others when they visited the office. Through relationships with the CRS specialists, Orin gained access to several tools to improve his quality of life. Orin had a gastrostomy tube for feeding and received a feeding robot in the CRS feeding clinic. Working with Nutritionist Holli Griffin, Orin made rapid progress. He received a Tobii Dynavox speech device in July 2022, and a motorized chair through working with the CRS Physical Therapist.

"Having these tools is wonderful because it just gives him so many more options that he's able to take advantage of," she said. "Everything from personal mobility to being able to feed himself and not having to sit there and wait and tell another person when to time your next bite of food. My hope is one day when he is an adult, he can look back at the way we chose to proceed with therapies and think, 'Wow. My parents tried hard to give me every option that they could possibly think of.' That's our goal." Rachel said they feel fortunate to provide what is needed so that Orin is mentally and physically prepared for whatever comes his way.

A large part of Orin's success is aligning themselves with the right people, organizations, and resources. Rachel now does the same for others. She said they recently met a family in Huntsville whose daughter has a similar diagnosis, and they were quick to point out the devices and services that are available through CRS.

"They are absolutely wonderful; we love them," she said. "We are so lucky to know them and to be involved with them."

### 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 2023.

#### [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.