



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ALABAMA

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 FY 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

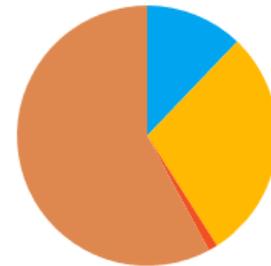
State Contacts

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Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$11,411,388
State MCH Funds	\$27,113,028
Local MCH Funds	\$0
Other Funds	\$1,060,312
Program Income	\$54,375,230

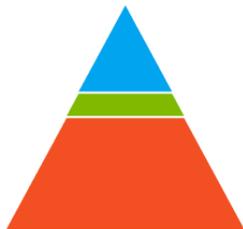
FY 2018 Expenditures



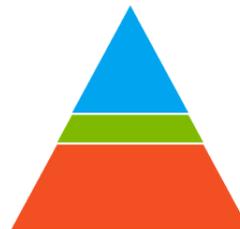
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$4,450,413	\$40,138,716
Enabling Services	\$1,148,540	\$10,257,457
Public Health Services and Systems	\$5,812,435	\$32,152,397

FY 2018 Expenditures
Federal



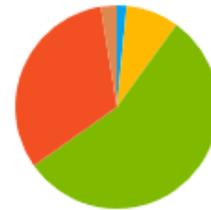
FY 2018 Expenditures
Non-Federal



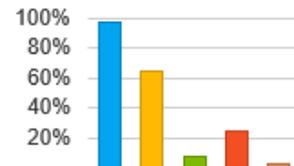
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	98.0%	\$1,445,821
■ Infants < 1 Year	65.0%	\$7,939,701
■ Children 1 through 21 Years	7.0%	\$51,891,309
■ CSHCN (Subset of all Children)	24.0%	\$30,284,511
■ Others *	3.0%	\$2,398,616

FY 2018 Expenditures
Total: \$93,959,958



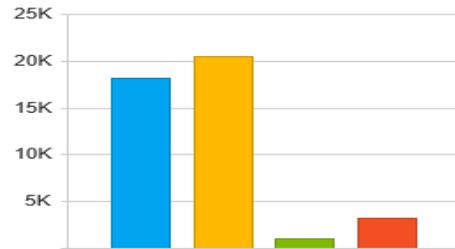
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	18,166
■ State Title V Social Media Hits:	20,524
■ State MCH Toll-Free Calls:	987
■ Other Toll-Free Calls:	3,281



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Women/Maternal Health, Child Health, Adolescent Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Increase the proportion of women age 12-55 who report receiving a preventive medical visit in the past 12 months by piloting Well Woman in two county health departments by December 2017.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.2	To improve the system of perinatal regionalization statewide in order to increase the number of very low birthweight (VLBW) deliveries at an appropriate level of care facility.
NPM 5	Safe Sleep	ESM 5.1	To conduct the Direct on Scene Education (DOSE) Train-the-Trainer Program to first responders in order to reduce Alabama's high rate of unsafe sleep-related deaths in infants less than one year of age.
NPM 6	Developmental Screening	ESM 6.2	To establish an agreement with the Alabama Partnership for Children's Help Me Grow Program to utilize their online ASQ-3 assessment tool so that parents can complete developmental screens prior to child health visits at county health departments.
NPM 10	Adolescent Well-Visit	ESM 10.1	Partner with the University of Alabama at Birmingham (UAB) LEAH Project to provide training and clinical practice quality improvement on youth-centered care to clinicians and other clinic staff using the Bright Futures model.
NPM 11	Medical Home	ESM 11.1	Percent of enrollees in the State CSHCN program with a comprehensive plan of care.
NPM 11	Medical Home	ESM 11.2	Percent of providers receiving education/training about family-centered care.
NPM 12	Transition	ESM 12.1	Percent of YSHCN enrolled in the State CSHCN program with a transition plan in place.
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.1	Increase the proportion of at-risk pregnant women who report receiving a preventive dental visit during pregnancy by piloting the First Steps Program.
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.2	Increase the proportion of at-risk pregnant women who are educated about the importance of receiving preventive dental care during pregnancy and assist with linking Medicaid insured to needed dental services by piloting the First Steps Program.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Increase the proportion of infants and children, ages 1 through 17 years, who report receiving a preventive dental visit in the past 12 months by piloting the Home by One Program.

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of CYSHCN and their families who report that they share in decision-making and partnerships with their health care providers.	Children with Special Health Care Needs
SPM 2	Percent of Alabama Medicaid-eligible children who receive a blood lead screening test at 12 and 24 months of age	Child Health
SPM 3	Develop a comprehensive Adolescent Health Program Strategic Plan.	Adolescent Health
SPM 4	Number of school districts assessed regarding current mental health services	Child Health, Adolescent Health

Executive Summary

Program Overview

The Alabama Department of Public Health (ADPH) is the primary health agency for the state of Alabama, operating with the mission to promote, protect, and improve health via a three-pronged system. 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 most local level, the 66 county health departments (CHD) work to preserve, protect, and enhance the general health and environment of their local communities.

ADPH's Bureau of Family Health Services (FHS) administers the Maternal and Child Health Services Title V Block Grant. 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). Other programs administered by FHS include the Title X Family Planning Grant; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); the State Perinatal Program (SPP); the Healthy Childcare Alabama Program; ADPH's Cancer Prevention and Control Program; the Pregnancy Risk Assessment Monitoring System (PRAMS) Program; and the State Dental Program.

Accomplishments: Alabama's 2017 infant mortality rate was 7.4 infant deaths per 1,000 live births; the lowest rate in our history. Alabama Maternal Mortality Review Program implemented to better identify and address the rising maternal death rate nationally and statewide. It is anticipated that initial data will be available in FY20.

New Initiatives: In November 2017, the State Health Officer requested funding to reduce infant mortality because of the 2016 infant mortality rate of 9.4 infants deaths per 1,000 live births. The Alabama Legislature appropriated \$1 million annually for five years beginning in October 2018. The Governor's Plan to Reduce Infant Mortality is an effort in which multiple state agencies collaborate to improve birth outcomes. The agencies include Medicaid, Mental Health, Early Childhood Education, Human Resources, Minority Affairs, and ADPH. The plan was piloted in Macon, Montgomery, and Russell counties.

Challenges: The Alabama Medicaid Agency's (Medicaid) transition to Regional Care Organizations (RCOs) was delayed from FY 2017-FY 2019 and eventually cancelled and replaced with the Alabama Coordinated Health Network(ACHN). ADPH's role remains uncertain.

Priority Needs: Please see below for a listing of the state's selected MCH Priority Needs, National Performance Measures (NPMs), and Evidence-Based Strategy Measures (ESMs).

MCH Needs

Between 2014-2015 a needs assessment for Alabama's Title V program was collaboratively conducted by ADPH and ADRS, through FHS and CRS, respectively. FHS' tasks pertained to assessing needs of infants, children and youth, women of childbearing age, and their families. CRS' activities focused on assessing needs of CYSHCN and their families. The goals of the assessment and related key tasks comprised the framework for the 2015 Statewide Needs Assessment. An analysis of quantitative and qualitative data gathered through 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 several advisory committee meetings, national priority areas and state needs were identified. See section III.C for a detailed overview of the 2015 needs assessment. The following information is a summary of annual activities.

NPM 1-Percent of women with a past year preventive medical visit

ESM 1.1 – Increase the proportion of women age 15-55, who report receiving a preventive medical visit in the past 12 months by piloting Well Woman in two county health departments by December 2017.

Accomplishments: Continuation in three counties as a program - no longer a pilot project; data collection system has been established; community outreach established through Facebook participation and the development of a newsletter; Electronic Health Record (EHR) interface for the program accomplished in all three counties – Wilcox, Dallas, and Butler.

Challenges: Lack of dedicated staffing resources at state and local levels.

Plans: Continue to solicit assistance from MCH epidemiology staff to evaluate and refine data collection system; offer program to other ADPH CHDs for implementation in their counties; hire a full time nurse coordinator for program oversight and an administrative assistant.

Changes: Protocols updated to emphasize reproductive/healthy life plans for participants, and to update blood pressure guidelines for treatment options; implementation of quarterly conference calls for county staff engagement, and program review that includes continual updates.

NPM 3-Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

ESM 3.2 - To improve the system of perinatal regionalization statewide in order to increase the number of very low birthweight (VLBW) deliveries at an appropriate level of care facility.

Accomplishments: Development, adoption, and endorsement as evidence-based, best practice the Alabama Perinatal Regionalization System Guidelines.

Challenges: There is no maternal transport system within the state; no legislation or funding to support a regionalized system of care statewide.

Plans: Collaborate with the Alabama Hospital Association to change current practices. Review the creation and implementation of the Alabama Stroke and Trauma System

Changes: None

NPM 5-Percent of infants placed to sleep on their backs

ESM 5.1 –To conduct the Direct on Scene Education (DOSE) Train-the-Trainer Program to first responders in order to reduce Alabama’s high rate of unsafe sleep-related deaths in infants less than 1 year of age.

Accomplishments: A total of 829 EMS/EMTs trained on DOSE since 2016.

Challenges: Collaborating partners experiencing funding cuts that affect their ability to provide outreach training.

Plans: Continue partnerships that help provide education, training, and portable play-yards.

Changes: Collaborate with delivering hospital’s to distribute the Charlie’s Kids Foundation, “Sleep Baby Safe and Snug” educational board book to all new parents prior to discharge.

NPM 6-Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent completed screening tool

ESM 6.2 - Establish an agreement with the Alabama Partnership for Children's Help Me Grow (HMG) Program to utilize their online Ages & Stages Questionnaires, Third Edition (ASQ-3) assessment tool so that parents can complete developmental screens prior to child health visits at county health departments.

Accomplishments: HMG reported 22,636 ASQ-3 screens were completed.

Challenges: Unable to interface HMG database with ADPH’s new EHR system.

Plans: Expand HMG partnership to cover underserved parts of the state.

Changes: Focus on families in underserved areas of the state instead of CHD clients.

SPM 2-Increase the percentage of Alabama Medicaid-eligible children who receive a blood lead screening test.

Accomplishments: In 2018 the Alabama Childhood Lead Poisoning Prevention Program (ACLPPPP) charted a 16% increase in reported lead screenings. Awarded CDC funding for ACLPP in September 2018. ACLPPPP is also participating in the MCEH Childhood Lead Poisoning Prevention CollN.

Plans: Referrals will be made to early intervention for children identified with elevated lead levels.

Changes: No changes on this SPM

NPM 10: Percent of adolescents, ages 12 to 17, with a preventive medical visit in the past year

ESM 10.1- Partner with the University of Alabama at Birmingham (UAB) Leadership Education in Adolescent Health (LEAH) Project to provide training and clinical practice quality improvement on youth-centered care to clinicians and other clinic staff using the Bright Futures model.

Accomplishments: UAB LEAH Youth Advisory Board developed a social media campaign to reinforce the importance of the adolescent well-child visit.

Challenges: Lack of dedicated staffing resources.

Plans: Continue implementation, seek additional resources.

Changes: Partner with the Alabama Child Health Improvement Alliance (ACHIA) to expand training related to adolescent well visits.

SPM 3-Develop a comprehensive Adolescent Health Program Strategic plan

Accomplishments: Draft has been completed.

Challenges: Convening a group of stakeholders to review, update, and finalize the state Adolescent Health Program Strategic Plan

Plans: Identify new partners in youth serving agencies to assist in implementing the strategic plan.

Changes: None.

SPM 4-Number of school districts assessed regarding current mental health services

Accomplishments: None

Challenges: Identifying students that may need mental health services and access to qualified mental health services.

Changes: No changes on this SPM

Plans: Identify partners in youth serving agencies to increase awareness of adolescent mental health issues. Seek models of how mental health services are made available in school districts.

NPM #13: Preventive Dental Visit

ESM 13.1 - Increase the proportion of at-risk pregnant women who report receiving a preventive dental visit during pregnancy by piloting the First Steps Program.

ESM 13.2 - Increase the proportion of infants and children, ages 1-17 years, who report receiving a preventive dental visit in the past 12 months by piloting the Home by One Program.

Accomplishments: Partnership with ADPH Social Work Program's Maternity Care Coordinators. Social workers were trained to provide oral health education during home visits. Partnership with Alabama WIC to promote dental visits for pregnant moms and children under the age of 5.

Statewide Oral Health marketing campaigns developed to target the MCH population. The Oral Health Office (OHO) hired a new registered dental hygienist (RDH) in the role of Oral Health Coordinator in August 2018 following an 8-month vacancy.

Challenges: Lack of dedicated staff and financial resources within OHO and partner agencies.

Plans: Further develop the partnership with social work. Continue to partner with ADPH programs and external partners that serve or connect with pregnant women to increase oral health awareness and to promote routine dental visits during pregnancy.

Changes: OHO will offer grants to partnering organization to further ESM activities. Explore new marketing campaigns. Identify new partners to promote Home by One.

Children and Youth with Special Health Care Needs (CYSHCN)

The State of Alabama CSHCN Program is administered by CRS, a division of ADRS. The CRS program provides medical services, care coordination, family engagement in partnership with Family Voices of Alabama and the Family to Family Health Information Center (FVA/F2FHIC), youth connection, and public health services and systems.

Accomplishments: Over the past year, the CSHCN program has increased its capacity to provide transition services and continues to implement a statewide transition policy, using the Got Transition/Health Care Transition Readiness Assessment Tool at clinic sites, implementing teen transition clinics, educating program staff, clients, and families on the importance of having a comprehensive plan of care, and presenting on transition topics at the Partners in Care Summit. Implementation continues on the certified EHR to improve the quality of the program and to meet any new requirements of the Medicaid program. CRS has coordinated with ADPH to provide telemedicine services to clients in rural areas of Alabama. Expanding telehealth services will help reduce disparities and improve health equity among children with seizure/neurological disorders in medically underserved areas of Alabama.

The CRS Parent Consultant program partnered with Family Voices of Alabama to provide training for families of CYSHCN on how to improve communication with their health care providers and share in decision making.

New Initiatives: New efforts include work on the Children with Medical Complexity (CMC) Collaborative for Improvement and Innovation (CoIIN) which will guide additional improvements to Plans of Care and Transition planning. As a part of the CoIIN quality improvement (QI) efforts we have hired a care coordinator dedicated to serving CMC in the University of South Alabama pediatric clinic. We are currently seeking additional physicians who are interested in providing services via telemedicine. As a part of the statewide effort to increase and improve services to children who are deaf or hard of hearing, CRS is partnering with the Alabama Early Hearing Detection and Intervention EHDI Program and the newly formed Hands and Voices chapter.

Challenges: Challenges are lack of adequate workforce to provide specialized clinic services to CSHCN served by the program and expansion of telemedicine clinic. The shortage is more common in the rural areas, especially the Black Belt. Additional challenges have been turnover in key leadership including the Medical Director, CRS Director, MCH Coordinator and the CoIIN lead.

Changes to Plan: None

NPM 11: Medical Home

ESM 11.1 - Percent of enrollees in the state CSHCN program with a comprehensive plan of care.

Currently, 7,103 or 65.9 percent, of CYSHCN enrolled in the state CSHCN program have a current comprehensive plan of care.

ESM 11.2 - Percent of providers receiving education/training about family-centered care.

In partnership with FVA and the F2FHIC, CRS provided 274 youth, families, and professionals, education on family centered care and family/professional partnerships at the annual Partners in Care Summit and Medical Aspects conference.

NPM 12: Transition

ESM 12.1 - Percent of enrollees in the state CSHCN program with a transition plan in place.

There were 3,532 youth ages 14-21 enrolled in the state CSHCN program. Of those, 2,753 (77.9 percent) had a comprehensive Plan of Care which included a Transition plan. Transition readiness assessment was completed on 332 youth with special health care needs (YSHCN).

Sixty-six YSHCN were seen in teen transition clinics. Staff continue to identify providers who can staff the transition clinics, as well as those who are willing to accept transitioning YSHCN.

SPM: Medical Home

ESM 12.2 - Percent of CYSHCN and their families who report that they share in decision-making and partnerships with health care providers

In partnership with FVA and the F2FHIC, CRS provided 150 youth, families, and professionals education on family centered care and family/professional partnerships at the annual Partners in Care Summit.

CRS Local Parent Consultants (LPC), along with F2FHIC staff, assisted and trained 6983 families and 1429 professionals on topics such as medical home, transition, financing, community services, partnering, and screening (FVA and the F2FHIC data).

How Federal Title V Funds Support State MCH Efforts

MCH Title V funds are utilized to create and implement strategies to meet needs that have been identified through the 5-year needs assessment process. Funds are used to support staff, programs, and partnerships. ADPH and ADRS staff work to develop, identify, and recommend quality, preventive, educational, and early treatment strategies to prevent illness, injury, disease, and death and to eliminate disparities.

Alabama Title V funds support a range of strategies such as breastfeeding, well visits, developmental screenings, transition, mortality review, and advocacy to increase access to medical and dental care services for women and children, including CYSHCN. Staff work to ensure that state laws, rules, and regulations mandating public health care are followed and create programs that establish protocols to ensure optimal health through early identification, early diagnosis, and follow-up to reduce morbidity, premature death, and disabilities.

Title V staff convene task forces, steering committees, and work groups to ensure Alabamians have access to care and resources to take charge of their individual health. With partners, we set guidelines and develop legislative rules or bills to ensure uniform and safe standards of service and care are available to all from preconception to adulthood.

Additionally, Title V funds allow staff to participate in national initiatives, trainings, collaborative groups, and technical assistance opportunities to enhance the services provided.

MCH Success Story

When Madyson Chisenall was born, her family was told that her brain would never develop beyond the mind of a 3 year old. Madyson, now a 17 year old junior at Pisgah High School, continues to defy the odds and amaze everyone. Her favorite subject is math. She is known for her wonderful sense of humor (she once tried to sell some family property online) and exceptional memory. She has the ability to easily remember passwords and has discovered ways to use her tablet that were thought to be impossible. Madyson's journey began with CRS Speech-Language Pathologist Jenna Dees at 3 years old and has continued to this point. Their association began with an Augmented Communication Technology Clinic and continued with Dees and CRS helping her secure a power wheelchair and a tablet with programs that help Madyson communicate, organize her schoolwork, and improve her overall quality of life. Grandmother Margaret Hawkins said in the past they used a system of signals to communicate with Madyson. "Before the computer, we would have to guess what was wrong, what she wanted to eat, or if she was hurting," she said. "The computer has been a life-changer. We don't have to guess anything anymore. She can tell us anything we want to know." Madyson has exceeded expectations by remaining on track in regular classes with the help of her aide, Darla Watkins. The young woman expressed her gratitude to programs that helped her reach her full potential. "Thank you, ADRS, for helping me," she said.

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.