



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ARKANSAS

State Snapshot

FY 2021 Application / FY 2019 Annual Report

November 2020

Title V Federal-State Partnership - Arkansas

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 2021 Application / FY 2019 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

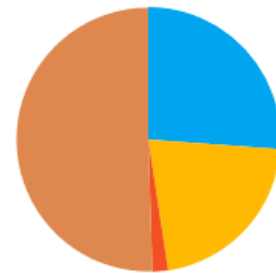
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Angela Littrell Family Health Branch Chief angela.littrell@arkansas.gov (501) 661-2531	Tracy Turner Arkanss Department of Human Services - Program Administrator tracy.turner@dhs.arkansas.gov (501) 682-8703	Rodney Farley Parent Consultant rodney.farley@dhs.arkansas.gov (501) 682-1461

Funding by Source

Source	FY 2019 Expenditures
Federal Allocation	\$7,188,931
State MCH Funds	\$5,893,307
Local MCH Funds	\$0
Other Funds	\$526,852
Program Income	\$13,879,063

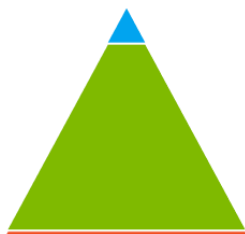
FY 2019 Expenditures



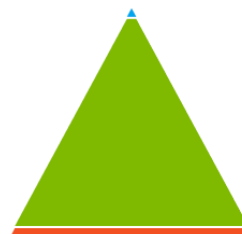
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,104,756	\$752,954
Enabling Services	\$5,989,845	\$18,622,352
Public Health Services and Systems	\$94,330	\$583,771

FY 2019 Expenditures
Federal



FY 2019 Expenditures
Non-Federal



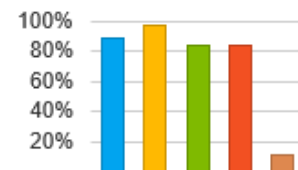
Percentage Served by Title V

Population Served	Percentage Served	FY 2019 Expenditures
■ Pregnant Women	89.0%	\$1,963,841
■ Infants < 1 Year	98.0%	\$5,017,721
■ Children 1 through 21 Years	84.0%	\$6,265,316
■ CSHCN (Subset of all Children)	84.0%	\$4,080,605
■ Others *	11.0%	\$9,167,451

FY 2019 Expenditures
Total: \$26,494,934



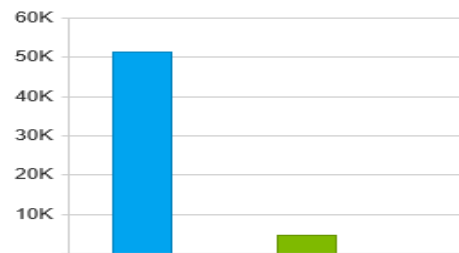
FY 2019 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	51,400
■ State Title V Social Media Hits:	0
■ State MCH Toll-Free Calls:	4,590
■ Other Toll-Free Calls:	0



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.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Obesity NPMs <ul style="list-style-type: none"> ● NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day <ul style="list-style-type: none"> ○ ESM 8.1.1: Percent of children at Coordinated School Health priority schools, grades K through 	Continued	Child Health, Adolescent Health

<p>5, who are in the normal or healthy weight zone for Body Mass Index</p> <ul style="list-style-type: none"> ○ ESM 8.1.2: Percent of school personnel who participated in Coordinated School Health training with increased knowledge of evidenced-based physical activity practices and curriculum and physical activity services provided by School Health Services ● NPM 8.2: Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day <ul style="list-style-type: none"> ○ ESM 8.2.1: Percent of school personnel who participated in Coordinated School Health trainings with increased knowledge of evidenced-based physical activity practices and curriculum and physical activity services provided by School Health Services 		
<p>Access to Care</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system ● SPM 1: Percent of newborns with timely follow-up of a failed hearing screening ● SPM 2: Percent of youth, grades 9 through 12, who report using nicotine products ● SPM 4: Percent of Family Health Branch and Arkansas Home Visiting Program staff who complete the National Center for Cultural Competence's Unconscious & Conscious Bias in Healthcare course 	<p>Continued</p>	<p>Perinatal/Infant Health, Adolescent Health, Children with Special Health Care Needs, Cross-Cutting/Systems Building</p>
<p>Oral Health</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 13.1: Percent of women who had a preventive dental visit during pregnancy <ul style="list-style-type: none"> ○ ESM 13.1.1: Number of presentation or education events on the importance of oral health during pregnancy 	<p>Continued</p>	<p>Women/Maternal Health</p>
<p>Developmental, Behavioral and Mental Health of Children</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year <ul style="list-style-type: none"> ○ ESM 6.1: Percent of WIC-enrolled children ages 2-59 months at Learn the Signs Act Early (LTSAE) sites who received developmental monitoring 	<p>Continued</p>	<p>Child Health</p>

<ul style="list-style-type: none"> ○ ESM 6.2: Percent of children, ages 2-59 months, in home visiting programs who were referred for therapy due to the results of a developmental screening using a validated parent-completed tool 		
<p>Child Safety Due to Intentional Injury</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 <ul style="list-style-type: none"> ○ ESM 7.1.1: Percent of families served in home visiting programs who have reports of child maltreatment ● NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others <ul style="list-style-type: none"> ○ ESM 9.1: Percent of school personnel participating in Youth Mental Health First Aid (MHFA) training with increased knowledge of best practices to respond to youth 	Continued	Child Health, Adolescent Health
<p>Transition to Adulthood</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care <ul style="list-style-type: none"> ○ ESM 12.1: Percent of PCP practices of transition age children (12 through 17) receiving Title V CSHCN services that participate in the Six Core Elements of Health Care Transition self-assessment ○ ESM 12.2: Percent of key stakeholders and referral sources who participated in the Title V CSHCN Health Care Transition training with increased knowledge of Health Care Transition and Health Care Transition services provided by Title V CSHCN ○ ESM 12.3: Percent of transition age CSHCN (ages 12 through 17) served by Title V CSHCN who received transition services and supports in the past 12 months from Title V CSHCN ○ ESM 12.4: Percent of public school personnel who participated in the Title V CSHCN Health Care Transition training with increased knowledge of Health Care Transition and Health Care Transition services provided by Title V CSHCN 	Revised	Adolescent Health, Children with Special Health Care Needs
<p>Persistently High Infant Mortality Rate</p> <p>NPMs</p>	Continued	Perinatal/Infant Health

<ul style="list-style-type: none"> ● NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) <ul style="list-style-type: none"> ○ ESM 3.1: Percent of Arkansas birthing hospitals that complete the CDC Levels of Care Assessment Tool (CDC LOCATe) annually ● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months <ul style="list-style-type: none"> ○ ESM 4.1: Percent of infants enrolled in the WIC program who have ever been breastfed ● NPM 5: 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 <ul style="list-style-type: none"> ○ ESM 5.4: Percent of women enrolled in the WIC Plus Baby and Me Program who place their infant to sleep on their back 		
<p>Well Woman Care</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ ESM 1.1: Number of women, ages 18 through 44, with a past year preventive medical visit in an Arkansas Department of Health local health unit 	<p>Continued</p>	<p>Women/Maternal Health</p>

Executive Summary

Program Overview

**Arkansas's Title V Maternal and Child Health Services Block Grant
Program Overview
2019 Report /2021 Application**

The Arkansas Department of Health (ADH) protects and improves the health and well-being of all Arkansans. We use funds from the federal Title V Maternal and Child Health Block Grant (MCHBG) to improve the health and well-being of our state's mothers, infants, children, and youth, including children with special health care needs, and their families. The ADH is committed to recognizing, understanding, and eliminating health disparities in Arkansas, so everyone has equal opportunity to enjoy lifelong good health.

The ADH is one of 15 state agencies comprising the executive branch under the direction of Governor Asa Hutchinson. Arkansas's Maternal and Child Health (MCH) programs are housed in the ADH's Family Health Branch (FHB), which is part of the agency's Center for Health Advancement (CHA). Arkansas's Children with Special Health Care Needs (CSHCN) program is housed in the Arkansas Department of Human Services (ADHS) within the Division of Developmental Disabilities Services (DDS).

The U.S. Census Bureau estimates there were close to three million residents living in the state. Children under the age of 18 make up 23.2% of the population and 6.24% are children under age five. Fifty-four of the 75 counties are considered rural. There are large health disparities between different populations. Overall, minority racial and ethnic populations, people with lower household income, people with less education, and people living outside of urban areas are less likely to report good to excellent health. African-Americans appear to have the poorest measures of health, highest death rates, and shortest life expectancy. Unfortunately, this continues in infant mortality, low birth weight, teen pregnancy, and several other issues pertaining to mothers and children in the state. Arkansas's Title V Program is committed to recognizing, understanding, and eliminating health disparities, so everyone has equal opportunity to enjoy lifelong good health.

MCH Population - Total Individuals Served by Title V* (2019 Annual Report)

Pregnant Women	2,401
Infants < 1 Year	34,525
Children 1 through 21 Years	227,034
(Children with Special Health Care Needs)	1,351
Other (women 22+ Years)	150,897
Total**	414,857

*Details available on Block Grant Form 5a

**Total Accounts for individuals who received Direct (preventative, primary, or specialty clinical) & Enabling (non-clinical) Services

ADH continuously assesses the needs of MCH populations through an ongoing needs assessment (NA) and the state action plan is reviewed annually. With a goal to maximize the input of internal and external partners, the Title V Five-Year NA process utilizes a mixed methods approach relying on input from a diverse network of key informants, partners, and community members including families and consumers. The State Systems Development Initiative (SSDI) staff provide data capacity for informed-decision making. This comprehensive process and broad approach assist with identifying key priorities used to develop an action plan that addresses and improves MCH in Arkansas while leveraging resources and partnerships across the state.

Arkansas's MCH program completed a statewide MCH NA in June 2020. Stakeholders identified priority needs for each MCH domain and linked them to national performance measures (NPM) and/or state performance measures (SPM). The priority needs acted as a compass for developing Arkansas's State Action Plan. The Action Plan provides a framework of objectives, strategies, and performance measures to address priority areas under the MCH population domains: Women/Maternal, Perinatal/Infant, Child, Adolescent, and CSHCN Health.

Title V program activities are in alignment with key state priorities outlined in the [Arkansas Department of Health Strategic Plan](#) and guides our work to promote health at every stage of life through policies, systems, and environmental changes, with emphasis on health equity, life course theory, social determinants of health, and community-clinical linkages. Arkansas's Title V MCH priorities are:

- Improve preterm, low-birth weight, and pregnancy outcomes.
- Promote breastfeeding to ensure better health for infants and children.
- Promote safe and healthy infant sleep behaviors and environments, including improving support systems and the daily living conditions that make safe sleep practices and family functioning challenging.
- Increase the percent of infants and children receiving a developmental screening.
- Reduce the burden of injury among children.
- Decrease the prevalence of childhood and adolescent obesity.
- Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.
- Increase the number of adolescents who successfully transition to adult health care.

These priorities have guided our choices of which of the grant's NPMs to focus on, which are:

- NPM 1: Well-woman visit - (women 18 through 44 years)
- NPM 3: Low Birth Weight - (risk-appropriate care)
- NPM 4: Breastfeeding
- NPM 5: Safe sleep
- NPM 6: Developmental screening
- NPM 7: Child injury - (non-fatal/rate of hospitalization)
- NPM 8: Physical Activity - (ages 6 through 11 and ages 12 through 17)
- NPM 9: Bullying - (ages 13 through 17)
- NPM 12: Transition to Adulthood (adolescents with and without special health care needs)
- NPM 13: Oral Health - (pregnant women)

The state also has opted to track progress on the following SPMs not addressed by selected NPMs:

- SPM 1: Hearing Screening – (newborn)
- SPM 2: Nicotine Use – (ages 12 through 17)
- SPM 3: Well-Functioning Health System - (CSHCN)
- SPM 4: Cultural Competency – (unconscious and conscious bias)

Our overall MCH program is supported by a variety of state and federal funding sources. The Federal-State Title V partnership budget totals \$26,168,461 for FY2021 (federal funds \$6,966,533; state funds \$19,201,928).

We use MCHBG funds to contribute toward portions of program management positions responsible for planning and oversight and strategic work to improve public health systems. They do work to ensure women and children receive the health benefits they are entitled to, including preventive health services and screening, promote the importance of coordinated care, and address issues of health equity. As a quality improvement initiative, we are currently analyzing the effort, effectiveness, and impact of the work we do to improve public health-related policies and processes.

A few examples of how we use MCHBG funding to improve the health and well-being of mothers and children are described below:

- The ADH supports MCH efforts by funding salaries and supplies for the provision of MCH services in the agency's Local Health Units (LHUs) and in the community. In addition, the funds support infrastructure-building for more population-based services. For example, ADH expanded the well-woman visits to the 92 LHUs that provide family planning services.
- To address the unmet need for colposcopy services, the ADH implemented a colposcopy pilot clinic in the LHU in Hempstead County (Southwest Region) in May 2018. An additional site was added in Crittenden County (Northeast Region) in February 2019.
- Arkansas is addressing prevention of maternal deaths with both state and federal funding. The state accesses records related to maternal deaths and convenes a state Maternal Mortality Review Committee (MMRC) to review the cases to determine contributing factors and develop recommendations for prevention of future occurrences.
- The Newborn Screening (NBS) Program implemented the Centers for Disease Control (CDC) and Prevention's Learn the Signs, Act Early Program. The Program is focused on increasing developmental screening by enabling parents to identify possible signs that require professional evaluation.
- Child and Adolescent Health (CAH) partners with Arkansas Children's Hospital's (ACH) Injury Prevention Center to educate school counselors on bullying and suicide. Efforts include distributing "Stop Bullying Now" manuals to community teams, classroom teachers, and school bus drivers.
- Arkansas participates in National Institute for Children's Health Quality's (NICHQ) Safe Sleep Collaborative Improvement and Innovation Network (CoIIN). Arkansas's Collaborative Network team has developed and is disseminating a safe sleep toolkit to all of Arkansas birthing hospitals. The team also worked with those hospitals to become safe sleep certified through the national organization, Cribs for Kids.
- Working with Sisters United (train-the-trainer program in which African American sorority members conduct community outreach) and Say Yes to the Best campaigns, to promote statewide education around breastfeeding, safe sleep, immunizations, and folic acid intake prior to pregnancy.
- MCHBG funding is used to support family partnership to continue building community support networks for families of children with Children with Special Health Care Needs (CSHCN) and others who can benefit. The Children with Chronic Health Conditions Program (CCHCP) uses grant funds to support sub-grants and contracts aimed at building health care infrastructure in the state and supporting parents of CSHCN. Examples include: Providing funding for CoBALT (Community-Based Autism Liaison and Treatment Project), a contract to train community based primary care physicians how to screen and diagnose developmental delays and disabilities, including autism. The contract also supports CoBALT Outreach Clinics, which help build capacity and infrastructure across the state.
- In 2018, Arkansas was selected as one of six states to participate in the Promoting Innovation in State MCH Policymaking (PRISM) Project on substance misuse in pregnancy and Neonatal Abstinence Syndrome (NAS). As outlined in Arkansas's PRISM state action plan, the PRISM Learning Committee will survey stakeholders to assess statewide supportive services and align strategies to prevent NAS and other effects of opioid misuse, and standardization of care for infants born withdrawing. These activities will be funded by the MCHBG.

Arkansas continues to hone the focus of our objectives and strategies in order to have organized, logical, evidence-based/informed approaches that will achieve realistic and important outcomes. Progress on each priority is outlined in the annual update section of the MCHBG application by MCH population domain for the reporting year.

How Federal Title V Funds Support State MCH Efforts

Arkansas's Title V Maternal and Child Health Services Block Grant 2019 Report/2021 Application

The Arkansas Department of Health (ADH) supports Maternal and Child Health (MCH) efforts by funding nursing salaries and supplies for the provision of MCH services in the agency's local health units and in the community. In addition, the funds support infrastructure-building for more population-based services.

The Children with Chronic Health Conditions Program (CCHCP) uses grant funds to support sub-grants and contracts aimed at building health care infrastructure in the state and supporting parents of Children with Special Health Care Needs (CSHCN). Examples include:

- The Leadership Education in Neurodevelopmental Disabilities Program increases knowledge among Title V staff working with CSHCN.
- The CoBALT (Community-Based Autism Liaison and Treatment) Project trains teams how to screen for and diagnose developmental delays and disabilities.
- Project DOCC (Delivery of Chronic Care) trains medical residents how to interact with CSHCN and their families. The Arkansas Disabilities Coalition's Family2-Family program provides peer support and training for families of CSHCN.
- The Arkansas Parent Advisory Council is a non-profit that receives funds from the CCHCP to support parents of CSHCN and elicit advice and feedback on CSHCN program offerings across the state.

Our MCH personnel are funded by a blend of federal formula and competitive grants, state funds and other program funding.

MCH Success Story

Arkansas's Title V Maternal and Child Health Services Block Grant 2019 Report/2021 Application

The ADH's Newborn Screening (NBS) Program oversees follow-up on 29 disorders using the blood spot card in addition to two point of care tests, hearing screen and critical congenital heart disease, for a total of 31 core disorders. The NBS program is tasked with assuring prompt evaluation for infants with abnormal or borderline screens. NBS nurses make regular contact with the baby's Primary Care Physician (PCP) and/or family until the baby is diagnosed. The amount and frequency of contact depends upon the presumed disorder and clinical status. The NBS staff received an abnormal screening result of a very high thyroid-stimulating hormone level. The NBS nurse made contact with the PCP, who in turn, did not show the infant registered. Several outreach attempts (phone calls, text messages, and a certified letter) were made to the mother. Upon contact, it was discovered the mother was not from Arkansas, lived in a rural area, and lacked a family support system. The NBS nurse explained the urgency to have the baby seen by a PCP and provided information to a nearby pediatric clinic. On the day of the appointment, the clinic nurse provided the mother and baby transportation to the clinic, pharmacy, and back home. A care plan and follow-up appointment were established the same day.

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

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 2019.

[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.