Maternal and Child Health Services Title V Block Grant

Alabama

FY 2023 Application/ FY 2021 Annual Report

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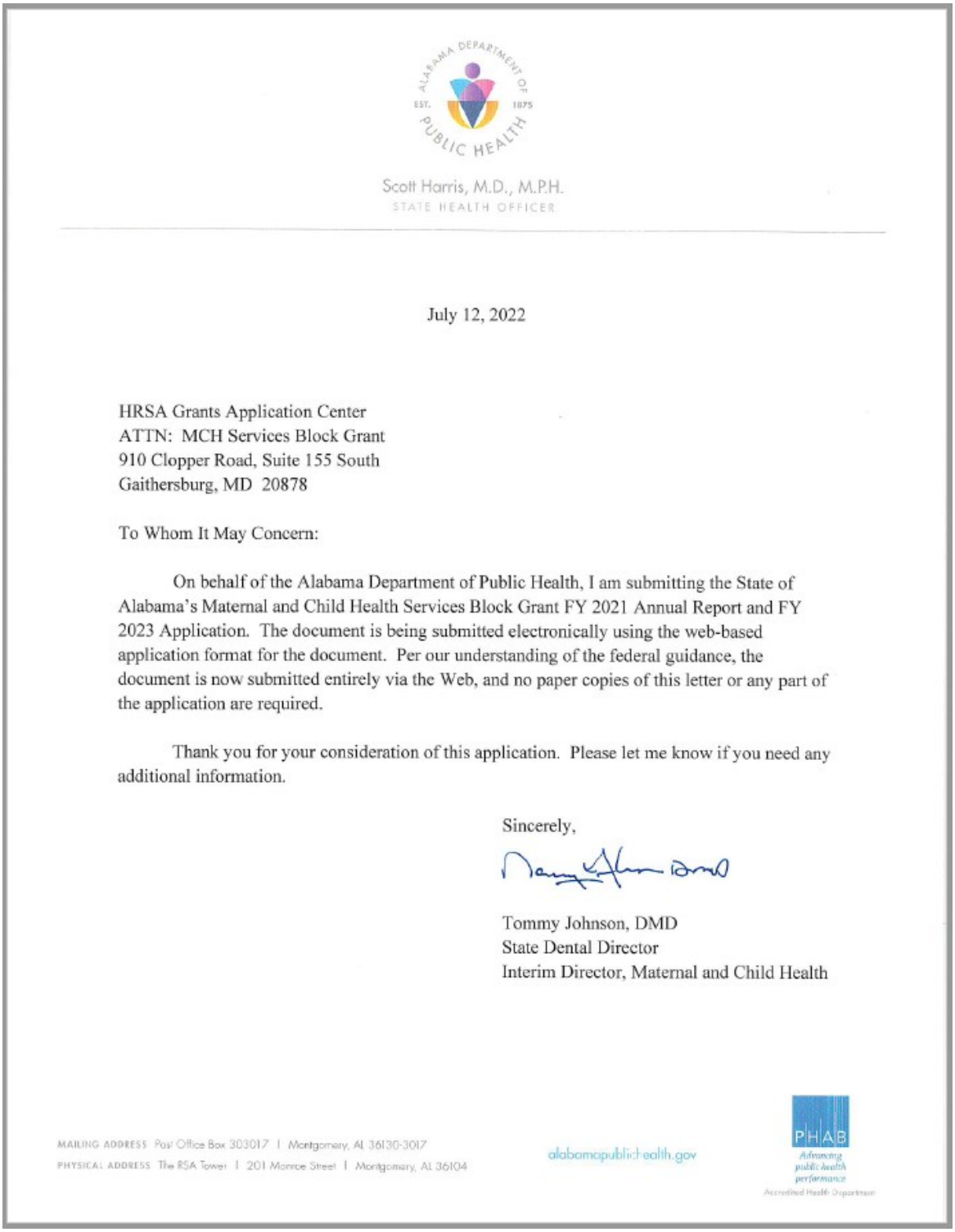
Table of Contents

I. General Requirements

I.A. Letter of Transmittal



Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

July 12, 2022

HRSA Grants Application Center
ATTN: MCH Services Block Grant
910 Clopper Road, Suite 155 South
Gaithersburg, MD 20878

To Whom It May Concern:

On behalf of the Alabama Department of Public Health, I am submitting the State of Alabama's Maternal and Child Health Services Block Grant FY 2021 Annual Report and FY 2023 Application. The document is being submitted electronically using the web-based application format for the document. Per our understanding of the federal guidance, the document is now submitted entirely via the Web, and no paper copies of this letter or any part of the application are required.

Thank you for your consideration of this application. Please let me know if you need any additional information.

Sincerely,

Tommy Johnson, DMD
State Dental Director
Interim Director, Maternal and Child Health

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I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2021 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

The Alabama Department of Public Health (ADPH) is the primary state health agency for the state of Alabama, operating with the mission to promote, protect, and improve Alabama's health. Public health functions are shared by state and local offices using 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 local level, the 66 county health departments (CHD) work to preserve, protect, and enhance the general health and environment of their individual communities.

ADPH's Bureau of Family Health Services (FHS), located in the central office, administers the Title V Maternal and Child Health Services Block Grant Program. 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 divisions and programs administered by FHS and ADRS include:

- Title X Family Planning Grant
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- State Perinatal Program (SPP)
- Healthy Childcare Alabama 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
- Alabama's Early Intervention System
- Vocational Rehabilitation Service (VRS)
- State of Alabama Independent Living Service

FHS is also home to the MCH Epidemiology Branch which pairs an analytical staff member with programs within the bureau to provide data tracking and reporting support. Title V utilizes several epi staff to support the implementation, monitoring, and evaluation of Title V strategies. Furthermore, Alabama Title V program staff collaborate with other ADPH and ADRS staff and with a variety of local, state, and federal stakeholders in order 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 Alabama's Title V program are collaboratively conducted by ADPH and ADRS, through FHS and CRS, respectively. The goals of the assessment and related key tasks comprised the framework for the statewide needs assessment. 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, national priority areas and state needs were identified. The operations and services of ADPH, ADRS, and their partners continued to be impacted by Coronavirus Disease 2019 (COVID-19) throughout 2021.

ADPH Highlights

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.

NPM 1 – Well-Woman Visit

ESM 1.1 - Proportion of women aged 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

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 sleep-related infant deaths

ESM 5.3 - 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 6.1 - Proportion of children birth to age 19 that received a well child appointment in the past year

ESM 6.2 - Proportion of children birth to age 19 that received a developmental screening in conjunction with a well child appointment in the past year

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

NPM 10 – Adolescent Well-Visit

ESM 10.1 - 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 9 years of age about the FDA approved HPV vaccine in order to prevent future oropharyngeal, cervical and other HPV-related cancers

The Well Woman Program enrolled 268 new participants. Thirteen percent enrolled with a BMI >25 (overweight); 78% enrolled with a BMI >30 (obese); and 42% showed a decrease in BMI from enrollment to their second appointment.

ADPH's Oral Health Coordinator acquired her certification as a Community Dental Health Coordinator (CDHC), becoming one of eight in the state. As a registered dental hygienist and CDHC, she is poised to hold a unique position where she will be allowed to perform certain teledentistry procedures according to protocol and guidelines currently being developed by the Board of Dental Examiners.

OHO conducted screenings for 7,478 children in Pre-K, Head Start, kindergarten, and third grade.

SPP continued to provide cribs. SPP staff and partners continued to review maternal, fetal, and infant mortality cases.

The number of children less than 18 years of age receiving at least one blood lead level (BLL) screening was 37,857 in 2020. Preliminary data from the year 2021 shows an upward trend (40,816) toward pre-COVID-19 numbers.

ADPH staff participated in Alabama's first Remote Area Medical Clinic (RAM) event in April of 2022. The RAM event was originally scheduled for 2021 but had to be postponed due to COVID-19. A total of 612 unique patients were served, with many of those receiving two services during their visit, totaling $337,324 in free health care such as medical, vision, and dental services.

Public Health District Initiative

In November of 2019, Alabama Title V leadership initiated a plan to transform our population health efforts. Title V staff worked with the ADPH district administrators to identify and train district MCH coordinators, whose roles would be to manage the replication of evidence-based central office programs in their CHDs and local communities. ADPH also worked with program coordinators in the Jefferson County Department of Health (JCDH) and Mobile County Health Department (MCHD) to expand their community evidence-based programs. The projects were designed to focus on counties with adverse health outcomes in an effort to reduce the health disparities in our state. For FY21, the ADPH, MCHD, and JCDH coordinators designed projects that focused on access to oral health care, preconception and interconception care, safe sleep outreach and education, infant injury prevention, increasing EPSDT visits, and suicide prevention. In spite of numerous disruptions and delays due to COVID-19 and hiring difficulties, the coordinators found success.

- A total of 245 youth and adults participated in suicide prevention trainings.
- A total of 7,467 WIC participants were screened for oral health needs. Of those screened, 3,852 were referred for dental services and a total of 760 children received dental exams.
- Between October 2020 and September 2021, From Day One enrolled 46 new pregnant women and hosted four baby safety showers providing 54 maternity clients with injury prevention education and infant supplies and safety items.
- Under the guidance of the Office of Performance Management within ADPH's Bureau of Prevention, Promotion, and Support (BPPS), district MCH coordinators began Quality Improvement (QI) training and initiated QI projects to improve the implementation of their district MCH projects.

CRS

CRS' mission embodies the principles of comprehensive, community-based, and family-centered care. 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 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. Family engagement is supported in partnership with Family Voices of Alabama (FVA) and the Family to Family Health Information Center (F2F HIC). Coordinated health services are delivered via 14 community-based offices across eight service 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.

CRS Highlights

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.

CRS is committed to creating a culture of continuous quality improvement to improve service delivery for CYSHCN and their families and has incorporated quality improvement throughout the activities and approaches in the Children with Special Health Care Needs (CSHCN) State Action Plan.

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), designed a Transition Survey and a Care Coordination Family Survey. AEAC will provide CRS with detailed reports from the survey data and CRS will utilize the data to identify areas for improving service delivery.

CRS continued to strengthen its partnership with the UAB Staging Transition for Every Patient (STEP) Medical Clinic. STEP clinic facilitates transition of care for patients with chronic/complex diseases of childhood as they are preparing to exit the Children's of Alabama system for the adult model of care at UAB. CRS staff participate in the STEP clinic providing a link between UAB physicians and ADRS programs across the state, supporting a continuation of care for transitioning young adults with complex medical needs previously unavailable for this population.

Utilizing the National Family Voices Family Engagement in Systems Assessment Tool (FESAT), all CRS district offices implemented a Family Engagement Quality Improvement Initiative to strengthen family engagement. In addition, the CRS State Parent Consultant (SPC) and local parent consultants collaborated with Family Voices of Alabama (FVA) to offer Family Connections webinars designed for families to learn about topics related to caring for CYSHCN.

Coronavirus Disease 2019

Due to COVID-19, many public and private offices and businesses transitioned to providing services through virtual applications, the state experienced staff shortages, meeting, training and program cancellations, closures of healthcare clinics, and postponed medical, mental, behavioral, and dental services. Alabama Title V continued to seek guidance from our funders and partners, discover new best practices implemented by our fellow HRSA grantees, and implement new policies and protocols as the pandemic and the response evolved.

CRS staff members continued to ensure CYSHCN, and their families receive high quality services in their local communities while identifying resources for families to address the ongoing impacts of COVID-19. These impacts included compromised learning as a result of virtual school and challenges related to returning to in person learning, disruption to health care due to hesitancy to seek in person care, along with social and economic impacts. CRS care coordinators continue to link CYSHCN and their families to resources that may mitigate some of the long-term effects of the pandemic. CRS staff continue safety practices including wearing Personal Protective Equipment (PPE), utilizing screening procedures, managing waiting areas, and limiting the number of individuals that could accompany the child to clinic. Parents and caregivers provided feedback that these continued measures increase

their confidence in bringing their CYSHCN to CRS offices.

III.A.2. 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 forge 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 is able to leverage 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 cover activities and staffing related to cancer prevention (colorectal, cervical, breast, and oropharyngeal), teen pregnancy prevention, healthy child care, 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, providing services not otherwise supported through non-federal MCH dollars, particularly in county health departments. 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.

III.A.3. MCH Success Story

When ADRS staff members come into the lives of consumers, they often establish a special bond with the family. This has been the case for CRS Senior Physical Therapist Kristi Renneker and the Hagan family of Birmingham. Kristi first met the Hagans through the Early Intervention program while working with United Cerebral Palsy of Greater Birmingham (now United Ability) and was reunited with them when their daughter Libby transitioned to CRS in 2016.

Libby sustained trauma seven years ago during birth and was intubated bedside. She spent 38 days in the NICU, and during that time received a massive overdose of insulin that led to a list of complications. These complications meant that Libby would never walk, talk, hold her head up, or regulate her body temperature very well. Libby's mother, Kathryn, had to take on a great deal of caregiver duties by herself as Libby's father, Lane, supported the family and tried to meet the high costs of copays. Gaps in coverage left the family owing 20 percent on a wheelchair that might have cost $5,000 out-of-pocket and hundreds of dollars more on braces and bath equipment.

As parents of a child with significant special needs, Lane thought a lot about some of the most difficult experiences they had, the many questions they had, especially in the first 18 months, and the strain it put on the family financially. He began putting some of his thoughts on paper and then, two years ago, he and Kristi got together to discuss ways they could help other families with similar struggles. Their goals were to assist families by providing guidance on how to find available resources for medical equipment and supplies and how to find financial resources to pay for them. From those conversations, Libby's Friends was born.

"Every child has different needs," Lane said, and they want to help families raising children with disabilities across the spectrum. Libby's Friends provides a financial resource and serves as a hub of information and it has already proven to be a valuable partner for CRS statewide.

Social Worker Emma Hereford worked with Lane recently to aid a 7-year-old consumer in the Gadsden area whose disabilities are similar to Libby's, and through Libby's' Friends, Lane was able to connect them with help and resources. "Emma said it was the first time this little girl has ever stood," Lane said. "She sent me pictures, and I had tears in my eyes because I remember that personally. I can remember the emotion and just how awesome that was, and I'm so thrilled to be a part of that for the parents, the little girl and everyone involved. It gave me so much joy."

III.B. Overview of the State

Background

Alabama is the thirtieth largest state and is sometimes called the Yellowhammer State, after the state bird. It is bordered by Tennessee to the north, Georgia to the east, Mississippi to the west, and Florida and the Gulf of Mexico to the south. Montgomery is the state capital and the location of the Central Office of ADPH. The largest urban areas in Alabama are the cities of Birmingham, Mobile, Montgomery, and Huntsville. Birmingham is the largest city in the state and the location of UAB Hospital which has one of the state's level one trauma hospitals. Mobile is the state's port city and the third largest metropolitan area. It considers itself the cultural center of the Gulf Coast and the birthplace of America's original Mardi Gras. Huntsville, the fourth largest city, has experienced exponential growth in the last 10 years because of its national defense installations and high-technology industries. Huntsville considers itself the star of Alabama. As such, it has become a star in the fight for better community health through the creation of Healthy Huntsville. This effort focuses on the core concepts of nutrition and exercise to encourage our residents to embrace healthy lifestyles.

The state of Alabama is divided into eight Public Health Districts and each Public Health District Office is overseen by a District Health Officer or District Administrator. District Offices manage CHDs in 66 of Alabama's 67 counties. CHD staff work to preserve, protect, and enhance the general health and environment of the community by:

- Providing health assessment information to the community.
- Providing leadership in public health policy.
- Assuring access to quality health services and information, preventing disease, and enforcing health regulations.

ADPH operates on a mission to promote, protect, and improve Alabama's health with a focus on heathy people and healthy communities. In 2019, ADPH leadership released a 5-year strategic plan. The plan focuses on five main areas and goals which are outlined below:

Health Outcome Improvement

Goal: Improve specific health outcomes or health disparities so that Alabama is a healthier place to live and work

Financial Sustainability

Goal: Increase available funds in order to continue to promote, protect, and improve the health of Alabamaians

Workforce Development
Goal: Strengthen the performance and capacity of the ADPH workforce so that the ability to serve our customers increases

Organizational Adaptability
Goal: Adapt to changes in the health care environment so that programs and processes are increasingly effective and efficient
Data Driven Decision Making
Goal: Become data-driven in analysis and decision making so that leaders and programs make informed decisions

An additional part of this plan was to assemble teams to concentrate on five special projects. For 2019, those projects were as follows:
1. Improve Pregnancy Outcomes
2. Increase Participation Rates in Obesity and Chronic Disease Prevention Programs
3. Increase Reimbursement for Services Provided in 2018 and 2019
4. Establish a More Unified Workforce
5. Increase the Number of Initiatives Reporting in InsightVision (ADPH's performance management dashboard)

In 2021, the ADPH Office of Health Equity and Minority Health was established. Its mission is to bring vision and imagination through a multisector frame to achieve equity in health, an established priority area for the department. The Office of Minority Health has developed a 2-year blueprint for elevating health equity as a priority. Utilizing reliable data to identify communities at highest risk of health disparities and inequities, the new office and its partners seek to deliver intentional strategies that will build health equity into daily practices. Strategies as reported in the ADPH 2021 Annual Report are as follows:

- Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19.
- Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations at higher risk and underserved.
- Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and underserved.

The State of Alabama CSHCN Program is administered by CRS, a division of ADRS. CRS' mission embodies the principles of comprehensive, community-based, and family-centered care. The mission of CRS is to enable children and youth with special health care needs and adults with hemophilia to achieve their maximum potential within a community-based, culturally competent, family-centered, comprehensive, coordinated system of services. Coordinated health services are delivered via 14 community-based clinics across 8 service districts.

SELECTED CHANGES IN ALABAMA'S POPULATION /ECONOMIC ENVIRONMENT AND POVERTY LEVELS/TRENDS IN NUMBERS OF ALABAMA TITLE V-SERVED PERSONS

Total Population

Based upon the Annual Estimates of the Resident Population produced by the U.S. Census Bureau, the estimated population for the state, as of July 1, 2019, was 4,903,185 according to data retrieved on March 25, 2022. This figure exceeds the 2018 estimate, of 4,887,681, by 15,504 persons.

0-24 Year-Old Residents

Of data available from the year 2019, there were 1,538,530 (or 31.4 percent) of the Alabama population, from the age of 0-24 according to the U.S. Census Bureau. The age group breakdown for this calculation was as follows: Under 5 years was approximately 6.0 percent (294,357); 5-9 years was approximately 6.1 percent (297,968); 10-14 years was approximately 6.3 percent (310,498); 15-19 years was approximately 6.4 percent (313,615), and 20-24 years was approximately 6.6 percent (322,092). Of the total population, approximately 4.6 percent of Alabama's population was of Hispanic Origin and approximately 95.4 percent was Not of Hispanic Origin.

Live Births

According to numbers retrieved March 25, 2022, from the National Center for Health Statistics website, in 2020, there were a total of 57,647 live births to Alabama residents-a slight decrease (approximately 1.7 percent) from the 58,615 live births in 2019 for the state. There were 5,233 (approximately 9.1 percent) live births to mothers of Hispanic origin in the same year. Of the mothers who were non-Hispanic, approximately 56.7 percent were white; 30.8 percent were black; 1.5 percent were Asian; 0.2 percent were American Indian or Alaska Native and approximately 0.07 percent were Native Hawaiian or Other Pacific Islander.

Below are charts of additional vital statistics data.

Vital Statistics, 2020

	Number	Rate/Percent	
Births	57,643	11.7	(Per 1,000 Population)
Births to Teenagers	3,837	12.6	(Per 1,000 Females Aged 10-19 Years)
Low Weight Births	6,228	10.8	(Percent of All Live Births)
Births to Unmarried Women	27,877	48.4	(Percent of All Live Births)
Deaths	64,779	13.2	(Per 1,000 Population)
Marriages	35,826	7.3	(Per 1,000 Population)
Divorces	18,022	3.7	(Per 1,000 Population)
Induced Terminations of Pregnancy	7,467	7.8	(Per 1,000 Females Aged 15-44 Years)
Infant Deaths (Neonatal + Postneonatal)	404	7.0	(Per 1,000 Live Births)
Neonatal Deaths (0-27 days of life)	224	3.9	(Per 1,000 Live Births)
Postneonatal Deaths (28-364 days of life)	180	3.1	(Per 1,000 Live Births)

Total estimated state population is 4,921,532.

Source: ADPH 2021 Annual Report

Alabama's Leading Causes of Death, 2020

Cause of Death	Rank	Number	Rate[1]	Population
Total		64,779		4,921,532
Heart Diseases	1	14,739	299.5	
Malignant Neoplasms	2	10,458	212.5	
Coronavirus Disease 2019	3	6,549	133.1	
Chronic Lower Respiratory Diseases	4	3,430	69.7	
Cerebrovascular Diseases	5	3,390	68.9	
Alzheimer's Disease	6	3,094	62.9	
Accidents	7	3,005	61.1	
Diabetes Mellitus	8	1,450	29.5	
Influenza and Pneumonia	9	1,114	22.6	
Nephritis, Nephrotic Syndrome, and Nephrosis	10	1,083	22.0	
Septicemia	11	1,035	21.0	
Chronic Liver Disease and Cirrhosis	12	966	19.6	
Suicide	13	793	16.1	
Parkinson's Disease	14	715	14.5	
Essential (Primary) Hypertension and Hypertensive Renal Disease	15	706	14.3	
All Other Causes, Residual		12,252		

[1]Rate is per 100,000 population.

Source ADPH 2021 Annual Report

ECONOMIC ENVIRONMENT AND POVERTY LEVELS

Per the U.S. Census Bureau, 2019 American Community Survey Poverty Status In The Past 12 Months, for the year 2019, an estimated 739,108 or 15 percent of Alabamians were below the poverty level.

TRENDS IN NUMBERS OF ALABAMA TITLE V-SERVED PERSONS

Per guidance on the completion of Forms 5a and 5b, the methods used for calculating the entries have changed; thus, data reported in this application/annual report will not be directly comparable to previous years. From our annual report year 2020, there were 1,014 pregnant women; 31,385 infants less than one year of age; 12,092 CSHCN; and 50,969 “Others” served under Title V.

CRS continually participates in community awareness and outreach activities in order to educate individuals about services for CYSHCN and their families. The following figures represent CYSHCN and families who received services directly from CRS. Specifically, in FY 2018, CRS served 10,784 CYSHCN, an increase of 4.8 percent over FY 2017. In FY 2019, CRS served 11,772 CYSHCN, an increase of 9.15 percent over FY 2018. In FY 2020, CRS served 12,091 a slight increase of 2.7 percent over FY 2019. The 2019 increase is attributed to expansion of Augmentative Communication Clinics to serve children with severe expressive language disorder, opening the Craniofacial Orthodontia Clinic to all payor sources, and additional hearing clinics.

In FY 2021, CRS served 12,833 CYSHCN, an increase of 6.13 percent over FY 2020. The 2021 increase is attributed to clinics resuming operations after the brief shutdown in FY 2020 due to COVID-19 and is in line with normal growth. CRS staff reached approximately 52,149 CYSHCN and their families via incoming toll-free calls, information and referrals, Parent and Youth Connection Facebook pages, ADRS/CRS website, outreach activities, health fairs, transition expositions, local hearing screenings, and FVA activities.

Issues important to understanding the health needs of the state's population include the health care environment, selected changes in the state’s population, the number of state Title V-served individuals, strategic and funding issues, and special challenges in delivery of services to CYSHCN. Also key to understanding the health needs of the state's Title V populations are salient findings from the current 5-Year Statewide Needs Assessment and priority MCH needs based on these findings which are discussed further in this MCH report/application.

The Health Care Environment

Changes that have occurred in Alabama's health care environment have caused a shift in the provision of direct medical services from CHDs to private providers. This shift has been especially evident with respect to the provision of services to pregnant women, children, and youth. Because the shift continues to affect ADPH's role in providing services, salient history concerning the health care environment is summarized here.

Medicaid Maternity Care

The FY23 General Fund budget includes $8.5 million dedicated to Alabama Medicaid Agency (Medicaid) funded postpartum care to assist in reducing maternal mortality rates. The extension of Medicaid coverage for new mothers provides them access to life-saving health care for 12 months post-delivery. This represents a significant change from the current coverage access period, which is only 60 days after childbirth. Public data shows that Alabama holds the nation’s third worst maternal death rate, with nearly 40 mothers dying within a year after delivery.

Patient 1st and Case Management/Care Coordination

Through an agreement with Medicaid, ADPH continues to provide case management services to those infants who do not pass the newborn screenings in the hospital and those children with an elevated lead level. In FY 2021, ADPH provided case management services to 1,727 infants who did not pass the Newborn Screening or Newborn Hearing Screening at birth and 494 children with an elevated lead level. FY 2021 ended with 7 full-time equivalents (FTEs) providing services to the identified infants and children.

Collaboration between CRS and Medicaid

The Medicaid Commissioner has emphasized children's issues as an Agency priority and specific Medicaid staff members are assigned to work with CRS. Meetings between Medicaid and CRS are held quarterly to discuss any issues or concerns regarding services provided to Medicaid recipients with special health care needs. If issues arise outside the quarterly meetings, the CRS Medicaid liaison will contact Medicaid to discuss. In addition, CRS staff, including SPC, participate on advisory committees and work groups associated with various Medicaid initiatives.

In order to ensure consistent quality, statewide standards of care, and access to community-based clinical services, Medicaid and CRS have negotiated a list of approved multidisciplinary clinics. CRS operates these clinics within Medicaid’s Children's Specialty Clinic Services program requirements, which includes the required practitioners credentialed in accordance with Medicaid Administrative Code. CRS clinics employ physicians, nurses, social workers, physical therapists, audiologists, nutritionists, occupational therapists, and speech language pathologists. CRS works with Medicaid to add new specialty clinics or modify existing clinics as needed.

Throughout the COVID pandemic, CRS has continued to work closely with Alabama Medicaid to discuss the needs of therapists and Medicaid recipients, both in and out of ADRS, to maintain a continuum of service delivery for all recipients in the state. Medicaid communicated with CRS program specialists regarding therapeutic codes and service delivery options to ensure all Medicaid recipients could be served appropriately. Medicaid has continued to recognize the need for covering speech, occupational, and physical therapy services via telemedicine visits which allows CRS to continue providing services during the pandemic to families that would have otherwise been unable to receive needed services.

CRS is a direct provider with Medicaid for audiological services, hearing aids, and related supplies, thereby providing better coordination of these services for Medicaid-eligible CRS clients. CRS reviews all statewide requests to Medicaid for augmentative communication devices (ACDs) and houses all Medicaid prior authorization requests for ACDs.

CRS is the only provider of medically necessary orthodontia for Medicaid recipients. CRS works closely with Medicaid's Dental Director regarding coverage for medically necessary orthodontia services. During the pandemic CRS worked with orthodontists at UAB School of Dentistry to approve teledentistry codes to ensure clients in active orthodontia were still followed by their orthodontist for their plan of care to prevent patient abandonment.

CRS has an ongoing collaboration with Medicaid to meet Health Insurance Portability and Accountability Act (HIPAA) standards for privacy and billing. CRS staff have access to Medicaid eligibility data for confirming coverage as outlined in the Provider Agreement between Medicaid and ADRS.

Medicaid Family Planning Waiver and Related Issues

The 1115(a) Family Planning Waiver Proposal, submitted by ADPH and Medicaid to the Health Care Financing Administration (HCFA) in FY 1999, was implemented in October 2000 (HCFA became CMS). This waiver, called Plan First, expanded Medicaid eligibility for family planning services to 133 percent of Federal Poverty Level (FPL) for women ages 19-55 years of age. The Plan First Family Planning Program includes coverage for women ages 19 to 55 up to 141 percent of FPL and coverage for men age 21 and older with incomes up to 141 percent of FPL for vasectomies only. A standard income disregard of 5 percent of the FPL is applied if the individual is not eligible for coverage due to excess income. In November 2016, Medicaid submitted a waiver amendment to add care coordination for males enrolled in Plan First to receive vasectomies and vasectomy-related services.

UAB evaluates the implementation of Plan First. The evaluation determines progress on six goals: enrolling 80 percent of eligible women under age 40, maintaining a high level of awareness of the Plan First program among enrollees, increasing utilization of Plan First services by enrollees to 70 percent, increasing the portion of Plan First enrollees who receive smoking cessation services to 85 percent, maintaining birth rates among Plan First participants, and making sterilization services available to income-eligible men over age 21. According to the Plan First Market Analysis report, the Alabama Family Planning Program provides services to approximately 33 percent of all Plan First enrollees statewide. The evaluation determined the program paid for itself by reducing costs associated with births and noted participants with the lowest birth rates are those who received risk assessments or care coordination and those who use Title X Family Planning services. The waiver has been extended through September 2022. Medicaid has consistently expanded services with each renewal, most recently adding care coordination services for males seeking sterilization services.

The State Children's Health Insurance Program

CHIP was added to the Social Security Act by the Balanced Budget Act of 1997. Alabama was the first state in the nation to have a federally approved CHIP. Alabama's CHIP program is the result of a partnership between ADPH, Medicaid, and the former Alabama Child Caring Foundation. Alabama's CHIP is administered through ADPH's Bureau of Children's Health Insurance. CHIP provides comprehensive health coverage to eligible children through a separate program known as ALL Kids. As a result of provisions in the Affordable Care Act, in addition to the ALL Kids program, CHIP also funds two groups of Medicaid eligible children (MCHIP). Persons eligible for Medicaid are not eligible for ALL Kids. Medicaid and ALL Kids continue to collaborate on the application process.

The bureau continues to work collaboratively with Medicaid to make enhancements to the dual eligibility enrollment system. This collaboration will ensure a streamlined application process that is easy for applicants to navigate. At the end of FY 2021, there were 186,344 children enrolled in CHIP with 74,173 enrolled in ALL Kids and 112,171 enrolled in MCHIP.

CHIP also developed the ALL Babies Program. ALL Babies is a collaborative effort pilot program between CHIP and FHS, with a focus on pregnant women in Montgomery, Macon, and Russell counties. Medical insurance coverage is provided to women who are not eligible for insurance allowing for access to prenatal care. FHS provides case management services to the women and their infants to ensure prenatal appointments are kept, a family planning method is selected, and the post-partum appointment is kept. Education is also provided on a variety of topics including but not limited to: early elective deliveries, safe-sleep, and breast feeding. Case management services are also provided for the infant until the first birthday. The purpose is to provide continued support to the mom and encourage all well-child appointments and immunizations are up to date. Once the infant is close to the first birthday, education is provided on the importance of a dental home and making the first dental appointment. FY 2021 ended with two FTEs providing case management services to the eligible population.

CRS Services to Certain Medicare Enrollees

In FY 2021, CRS served 47 clients with Medicare benefits. All clients were adults with bleeding disorders. CRS assisted clients with Medicare coverage to select the health plan option that best addressed their needs and helped them locate Medicare pharmacies for factor treatment of bleeding disorders. In FY 2021, CRS paid insurance premiums for 16 clients with bleeding disorders.

Special Challenges in Delivery of Services to CYSHCN

Addressing the service delivery needs of Alabama's CYSHCN presents special challenges due to CYSHCN often needing services from multiple systems. Service delivery can be further compounded by barriers to accessing care such as a family’s financial circumstances, geographic location, and low health literacy. These barriers became even more apparent during the pandemic.

CRS staff members continue to ensure CYSHCN and their families receive high quality services in their local communities while identifying resources for families to address the ongoing impacts of COVID-19. These impacts include compromised learning as a result of virtual school, challenges related to returning to in person learning, disruption to health care due to hesitancy to seek in person care, along with social and economic impacts. CRS care coordinators continue to link CYSHCN and their families to resources that may mitigate some of the long-term effects of the pandemic.

CRS staff maintained safety practices, including wearing PPE, utilizing screening procedures, managing waiting areas, and limiting the number of individuals that could accompany the child to clinic. Parents and caregivers have provided feedback that these measures increased their confidence in bringing their CYSHCN to CRS offices. Our mission has always been to provide quality clinical services to CYSHCN and their families, and we are continuing to meet their needs.

CRS has continued utilizing CMS/Medicaid's lessened restrictions on telemedicine visits to ensure CYSHCN receive quality care. Evaluation and medical telemedicine clinics developed at the start of the pandemic continue to deliver multidisciplinary clinical services to families when applicable. These clinics include Adult Hemophilia,

Pediatric Hemophilia, Augmentative Communication & Technology, Cystic Fibrosis, Feeding, Neurology, Seizure, and Seating/Positioning/Mobility Clinic. CRS audiologists have the capability to perform remote hearing aid programming as needed.

In addition to the ongoing COVID-19 crisis, CRS faced continued challenges in rural areas. The state is largely rural, with greater population concentrations surrounding three larger urban areas (Mobile, Birmingham, and Huntsville). In rural areas, more risk factors exist that could potentially increase the percentage of CYSHCN in the general child population, such as higher poverty levels and lower education levels. According to the U.S. Department of Agriculture Economic Research Service the poverty rate in rural Alabama is 18.5 percent,compared with 14.8 percent in urban areas of the state, and 18.8 percent of the rural population has not completed high school. In 2019, 21.9 percent of Alabama's children ages 0-17 lived in poverty.

Comprehensively meeting the needs of CYSHCN in rural areas is even more difficult due to transportation barriers and limited access to providers with specialized experience in treating complicated health issues. Specialists and allied health professionals with pediatric experience are mainly located in the larger urban areas, necessitating travel to access them. In general, the state has poor public transportation systems. Though private programs exist in some areas and reimbursement for transportation is provided through various sources (including Medicaid and CRS), the state lacks the infrastructure to meet transportation needs in all locations. Thus, CRS continues to have an integral direct service role in the state's system of care for CYSHCN through its 14 community-based offices. Via the provision of multidisciplinary medical specialty and evaluation clinics, care coordination, and family support throughout the state, more CYSHCN have access to care in their home communities. Public/private partnerships, including agreements with the state's two tertiary-level pediatric hospitals, enable CRS to bridge gaps in the system of care, thereby increasing the state's capacity to address the health, social, and educational needs of Alabama's CYSHCN.

Health Care Coverage and Healthcare Provider Access

Oral Health

Alabama is on the verge of a dental provider crisis. From the early 1970s until the early 1980s, federal dollars provided a means to enlarge the UAB School of Dentistry and accept more students – about 169 during those 10 years. When funding stopped, and larger numbers of dentists were graduating, the accepted class size was reduced back to the original size of 57 per year. Those excess graduates from the 70s and 80s began to reach retirement age around 2015, leading to a decrease in the number of dentists in the state that Alabama is still experiencing today. Additionally, an increase in the number of out of state students has resulted in less retention of graduates in the state. The following is a summary of the demographics of Alabama dentists:

- Alabama has the worst dentist to population ratio in the country
- Greene and Clay counties have no dentist
- Coosa county has one dentist who provides dental services only 2 days per week
- Lowndes county has a Federally Qualified Health Center that has rotating dental staff from neighboring Montgomery County. The clinic is open 4 days per week
- There are 2,095 practicing dentists in Alabama and 26 percent (557) are over age 60+

Age and number of dentists available are part of the contributing factors which lead to access to care issues Alabama presently faces. In an effort to increase the number of dentists in Alabama, the UAB School of Dentistry—the only dental school in the state—increased its enrollment to 84 students in 2021. Of the more than 1,500 applicants in 2022, 84 entered the freshman class. Of those admitted, 17 percent were the first in their family to attend college; 70 percent were from Alabama; 56 percent were female; 24 percent were minorities; and 21 percent were from a rural zip code.

ADPH Office of Telehealth

Telehealth is a statewide program with 65 county health departments equipped with telehealth carts. Collaborating with 15 healthcare agencies, ADPH staff facilitate services such as nephrology, neurology, cardiology, behavioral health, and HIV follow-up. Telehealth staff work with special partners, such as the Alabama Lions Sight Association, Jacksonville State University's Nurse Practitioner Program, and UAB's Living Donor Program in order to reach patients in rural communities. The telehealth equipment is also utilized by ADPH staff for meetings and training events.

The telehealth office manages several grants that provide for the deployment of carts, specialty equipment, and funding for CHD staff to operate the equipment during the telehealth appointments. ADPH continues to improve and increase the opportunities to use the telehealth carts by expanding the network of partners and upgrading equipment.

In response to the COVID-19 pandemic, Telehealth program staff worked with ADPH administration and a local vendor to establish the alcovidvaccine.gov website for vaccine appointment scheduling. During the pandemic, the telehealth equipment was utilized for staff training and meetings to accommodate social distancing and reduce travel costs for the department.

Primary Care and Rural Health

The Office of Primary Care and Rural Health (OPCRH) administers programs to improve healthcare access and quality in rural and medically underserved communities. As reported in ADPH's 2021 Annual Report, 63 of Alabama's 67 counties have areas designated as being medically underserved. These underserved areas have a high prevalence of healthcare issues, including chronic diseases such as diabetes, hypertension, heart disease, and other challenges such as a high rate of substance abuse. OPCRH employs several programs and works closely with partners such as the Alabama Rural Health Association, Alabama Hospital Association, Alabama Primary Health Care Association, and departmental bureaus to address these health issues. Some of the major initiatives in OPCRH are recruitment and retention of healthcare professionals and technical assistance to support 42 small, rural hospitals and health providers in transitioning to a new value-based healthcare system.

OPCRH utilizes a national, web-based recruitment system called National Rural Recruitment and Retention Network to recruit into medically underserved areas. During FY 2021, approximately 1,543 primary care practitioners were referred to rural hospitals and clinics in Alabama. Another recruitment program is the National Health Service Corps (NHSC), which has both scholarship and loan repayment components.

NHSC covers a wide array of health professionals such as physicians, dentists, nurses, and behavioral health professionals. Currently, there are 131 Alabama participants in NHSC. These programs are supplemented by a J-1 visa waiver program, which enables placement of foreign trained physicians in return for 3 years of service in medically underserved areas. Currently, there are 72 healthcare providers delivering medical care to rural and medically underserved Alabamians under the J-1 visa waiver program. OPCRH assists communities in establishing Centers for Medicare and Medicaid services-certified rural health clinics. Over the past year, 15 new rural health clinics were established, for a current total of 147.

OPCRH collaborates with various entities to address workforce issues essential to improving the health of Alabama residents. One such initiative is the partnership with the UAB Heersink School of Medicine - Huntsville Regional Medical Campus to develop a rational service area plan designed to identify workforce shortage areas more accurately for federal designation. These areas determine eligibility for certain federal grants as well as eligibility for NHSC and the J-1 visa waiver program. Alabama's 42 small, rural hospitals are also assisted under federal grants administered by OCPRH which target improvement of operational efficiency, quality, and hospital sustainability.

COVID-19 presented many financial and operational challenges to Alabama's rural hospitals, including heavy reductions in patient appointments and elective surgeries, as well as an unprecedented level of hospital staff turnover. To build on efforts that HRSA began in 2020, to provide funding to hospitals through the Coronavirus Aid, Relief, and Economic Security Act, HRSA provided a second wave of funding through the American Rescue Plan. These funds target COVID-19 testing and mitigation efforts. OPCRH continues to work closely with the Alabama Hospital Association to provide relief and support to Alabama's small rural hospitals.

III.C. Needs Assessment
FY 2023 Application/FY 2021 Annual Report Update

Please see the MCH Title V Block Grant to States FY 2021 Application/FY 2019 Annual Report for more details regarding the process, goals, framework, methodology, level and extent of stakeholder involvement, quantitative and qualitative methods, data sources used, data collection, finalization of priority needs, and development of the state action plan for the 5-year comprehensive Needs Assessment, as originally submitted.

Ongoing Needs Assessment Activities

In an effort to address the ongoing needs of the state's maternal and child population, the Alabama Title V MCH Program staff members continue to engage stakeholders and to assess necessary changes and emerging issues. Staff and stakeholders continue to develop and implement ESMs and SPMs, along with the activities outlined in the five-year State Action Plan during the FY 2021-FY 2025 reporting cycle.

ADPH

In FY 2021, FHS entered into an agreement with the UAB AEAC to provide technical assistance within two broad categories: Direct Performance Activities and Capacity/Infrastructure Building Activities.

Direct Performance Activities
The first activities included collaborating on the 2020 Maternal Mortality Review report and the 2021 Governor's Initiative Report on Infant Mortality. AEAC staff supported the development of the Maternal Mortality Review report through the writing, editing, and design phases. AEAC worked closely with FHS staff to complete these activities, collaborating with program and epidemiology staff to describe relevant activities and select measures of interest to report. Support for the Report on Infant Mortality included combining and synthesizing four quarterly reports into one cohesive document, editing, and designing the report for public dissemination.

Capacity/Infrastructure Building Activities
These activities focused on supporting BFHS staff as they prepared for the annual Alabama Title V MCH Block Grant Program Review. AEAC staff met with all FHS staff who would be participating in the review to determine how to approach preparation and determined an effective strategy would be to conduct mock reviews with FHS staff by population domain and/or topic area and provide feedback. Mock reviews were completed with ADPH's Office of Women's Health, Perinatal Health Division, Child & Adolescent Health Division, and OHO.

CRS

CRS engages in ongoing needs assessment activities to assess for emerging needs, changing conditions, and system capacity. As part of the 2021-2025 Five-Year State Action Plan, CRS is soliciting feedback and seeking input regarding our Transition and Care Coordination services. The UAB AEAC administers the surveys and analyzes the survey data. CRS values public input from individuals with lived experience and seeks input from families and youth on an ongoing basis through the State Parent Advisory Committee (SPAC), Local Parent Advisory Committees (LPAC), and Youth Advisory Committee (YAC). CRS also holds an annual Hemophilia Advisory Committee meeting to seek input into programmatic and policy issues related to the Alabama Hemophilia Program administered by CRS. Information collected during the various advisory committee meetings allows CRS leadership to continually assess health needs of CYSHCN and the system capacity to address these needs. An additional effort to solicit ongoing feedback is a series of Staff and Community Partner surveys around access to

services. These surveys are also being administered and analyzed by UAB.

Health Status and Needs of the MCH Population

General Overview of Health Status

Based on Census population estimates, the population in Alabama in 2019 was 4,903,185. According to the Center for Health Statistics, for Alabama residents in 2019, there were: 58,615 live births; 54,109 deaths; 449 infant deaths; and 525 fetal deaths

The following is an update of the overview of the health status of the population per domain.

Women/Maternal Health

In 2019, there were 58,615 residential live births in Alabama with the rate of black and other births being slightly higher than white births at 13.6 and 11.2 per 1,000 population, respectively. When comparing Alabama residential live births from 2019 to those from 2018, there was a decrease of 861 births overall.

Perinatal/Infant Health

In 2020, 404 infants expired before their first birthday yielding an infant mortality rate of 7.0 infant deaths per 1,000 live births. The infant mortality rate in Alabama still continued to exceed the national rate. The black to white disparity continued with a larger number of black infants dying than their white counterparts

Child Health

In 2020, 30 children, 1-4 years of age, and 37 children, 5-14 years of age expired with “accidents (unintentional injuries)” as the leading cause of death. For decedents less than one year of age, “disorders related to short gestation and low birth weight, not elsewhere classified” was the leading cause of death.

Children with Special Health Care Needs

Per the 2019-2020 National Survey of Children’s Health (NSCH) data, Alabama is trending better in the Transition indicator than in 2018-2019. The 2019-2020 NSCH data indicated 27.9 percent of youth with special health care needs (YSHCN) in Alabama receive the services necessary for transition to adult health care compared to 22.5 percent nationwide. The same indicator for 2018-2019 NSCH data indicated 23.8 percent of YSHCN in Alabama received the services necessary for transition to adult health care compared to 22.9 percent nationwide.

Per 2019-2020 NSCH data, Alabama is trending better in the Medical Home indicator than in 2018-2019. The 2019-2020 NSCH data indicated 42.9 percent of CSHCN have a medical home compared to 42.2 percent nationwide. The same indicator for 2018-2019 NSCH data indicated 37.4 percent of Alabama CSHCN had a medical home compared to 42.3 percent nationwide. Despite NPM 11 not being selected for the 2021-2025 Five-Year State Action Plan, CRS continues educating CYSHCN and their families on the benefits of a medical home through activities outlined in our SPMs.

Per 2019-2020 NSCH data, Alabama is trending slightly better than the nationwide percentage in CSHCN receiving care in a well-functioning system at 15.8 percent compared to 14.4 percent nationwide.

Adolescent Health

In 2020, 92 adolescents aged 15-19 years expired with “accidents (unintentional injuries)” as the leading cause of death followed by “assault (homicide)”. Births to teens, ages 10-19 years, continued to decline to 6.7 percent in Alabama in 2020.

Title V Program Capacity Organizational Structure

Please see the **MCH Title V Block Grant to States FY 2021 Application/FY 2019 Annual Report** for more details regarding "ADPH's Organizational Structure" and "ADRS's Organizational Structure" for the comprehensive Needs Assessment, as originally submitted. Current organizational charts for ADPH, FHS, ADRS, and CRS are attachments to this document. The following are updates reflecting changes that have occurred since the original submission.

Agency Capacity

Please see the **MCH Title V Block Grant to States FY 2021 Application/FY 2019 Annual Report** for more details regarding "ADPH's Program Capacity" and "CRS Program Capacity" for the Five-Year Needs Assessment, as originally submitted. The following are updates reflecting changes that have occurred since the original submission.

ADPH Program Capacity

As part of Title V MCH Block Grant Program transformation, ADPH has moved to a more collaborative model for delivering Title V services. Title V staff have developed structures and processes to facilitate collaboration between state and county offices. These processes necessitate that state and CHD staff work together to design strategies and plans to improve community health. Resources have always been allocated to the CHDs where services were delivered to those in great need. This new effort is to ensure the appropriate partners are involved as we assess the communities' needs and develop programs to improve the health of the population.

CRS Program Capacity

The Alabama Title V CSHCN Program ensures the capacity to promote and protect the health of CSHCN in our state. CRS's mission embodies the principles of comprehensive, community-based, and family-centered care. The mission of CRS is to enable children and youth with special health care needs and adults with hemophilia to achieve their maximum potential within a community-based, culturally competent, family-centered, comprehensive, coordinated system of services. Coordinated health services are delivered via 14 community-based clinics across eight service districts. CRS staff are not restricted by district boundaries in the delivery of services and families are similarly unrestricted and may access services in any CRS office. Any state resident, from birth to 21 years of age, who has a special healthcare need is eligible for CRS services. CRS offices are co-located with EI and VRS in most locations, which facilitates service coordination and smoother transitions for CYSHCN.

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.

MCH Workforce Capacity

Please see the **MCH Title V Block Grant to States FY 2022 Application/FY 2020 Annual Report** for more details regarding "ADPH's MCH Workforce Development and Capacity" and "CRS Workforce Development and Capacity" for the Five-Year Needs Assessment, as originally submitted. The following are updates reflecting changes that have occurred since the original submission.

ADPH

There continued to be major deficits in FHS' program capacity with several positions remaining vacant. FHS remained without vital epidemiology staff. There have been new hires in the district MCH initiative, allowing for each public health district to continue to have a social worker in the role of district MCH coordinator. The coordinators' responsibilities include: 1) coordinating district MCH activities in conjunction with ADPH program managers to plan and implement innovative MCH strategies; 2) facilitating district MCH advisory committees, and fostering collaborations with community agencies to identify the local MCH needs; and 3) developing and implementing communication and outreach plans to promote health equity and the elimination of disparities.

ADPH cost center data provided by ADPH's Bureau of Financial Services was used to estimate the number of ADPH FTEs devoted to serving Title V populations. FTEs reported here are not limited to those paid for by Title V, because funds from other sources also assist in paying for services to Title V populations. Excluding WIC cost centers, 272.56 FTEs served Title V populations in FY 2021, down 14.4 percent (or 78.11 FTEs) since FY 2020. The positions accounting for 5 percent or more of the total non-WIC FTEs serving Title V populations were aides (6.3 percent), social workers (6.6 percent), nurses (37.3 percent), administrative support assistants (ASAs) (22.1 percent), and nurse practitioners/midwife (11.0 percent). In FY 2021, 155.93 FTEs were devoted to WIC, a decrease by 25.8 percent (or 54.12 FTEs) since FY 2020. In FY 2021, 0.98 FTE were devoted to SSDI.

CRS

CRS had a staffing change at the state office due to the retirement of the Care Coordination Specialist in January 2022. The Care Coordination Specialist oversees the CRS Care Coordination and Social Work programs. In the interim, her duties were reassigned to other state office specialists to ensure continuation of services. As of April 1, 2022, the position has been filled by Gina Hornsby, MSW, LICSW, PIP. Ms. Hornsby has ten years' experience with CRS and recently served as a CRS Social Work Administrator.

Data provided by the ADRS Personnel and Human Resources Division was used to provide the number of CRS FTEs devoted to serving CYSHCN. FTEs reported here are not limited to those paid for by Title V, because funds from other sources also assist in paying for services to CYSHCN.

As of March 2022, 199.1 FTEs are in the field: eight district supervisors, 0.6 custodian, 50 ASAs, 52 social workers, 30 nurses, 17 rehabilitation assistants, 6 nutritionists, 11 audiologists, 8 physical therapists (PT), 9 speech language pathologists (SLP), 5 occupational therapists (OT), and 2.5 rehabilitation counselors.

As of March 2022, 15 FTEs are at the state office: 11 administrative and 4 clerical staff. Administrative staff include 1 assistant commissioner, 1 assistant director, 1 health services administrator, 1 SLP, 1 audiologist, 1 nurse, 1 PT, 1 SPC, 1 social worker, and 2 patient account managers.

CRS currently has 16 budgeted vacancies: 6 ASAs, 4 social workers, 1 nutritionist, 1 PT, 2 nurses, 1 epidemiologist, and 1 rehabilitation specialist.

Through a contract with Easter Seals of Central Alabama, CRS has on staff seven parents of CYSHCN. Easter Seals employs these individuals and provides benefits. The SPC is based in CRS' state office and advises in collaborative interagency efforts, recruits additional parent participation, facilitates the SPAC, coordinates the parent-to-parent network, and publishes the Parent Connection newsletter. There are also six Local Parent Consultants (LPC) in the field under the Easter Seals contract. LPCs provide support to families, coordinate the

LPACs, and participate on local and state committees. There are four vacant LPC positions.

CRS also employs two part-time Youth Consultants (YCs) at the state office under the Easter Seals contract. One of the YC positions is currently vacant.

Click on the links below to view the previous years' needs assessment narrative content:

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2019		2020	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$11,264,929	$11,401,820	$11,411,388	$11,482,727
State Funds	$32,943,966	$25,173,350	$27,113,028	$32,350,502
Local Funds	$0	$0	$0	$0
Other Funds	$1,536,572	$1,223,021	$1,536,572	$1,116,526
Program Funds	$48,718,812	$54,401,167	$32,697,532	$26,818,653
SubTotal	$94,464,279	$92,199,358	$72,758,520	$71,768,408
Other Federal Funds	$135,224,143	$131,593,753	$136,326,832	$124,110,692
Total	$229,688,422	$223,793,111	$209,085,352	$195,879,100

	2021		2022	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$11,401,820	$11,482,727	$11,482,727	
State Funds	$24,722,324	$29,057,206	$31,724,878	
Local Funds	$0	$0	$0	
Other Funds	$1,571,751	$889,343	$1,566,690	
Program Funds	$32,132,060	$29,643,264	$26,066,122	
SubTotal	$69,827,955	$71,072,540	$70,840,417	
Other Federal Funds	$131,634,427	$113,668,064	$123,892,360	
Total	$201,462,382	$184,740,604	$194,732,777	

	2023	
	Budgeted	Expended
Federal Allocation	$11,523,951	
State Funds	$28,435,542	
Local Funds	$0	
Other Funds	$1,566,177	
Program Funds	$34,032,841	
SubTotal	$75,558,511	
Other Federal Funds	$113,526,397	
Total	$189,084,908	

III.D.1. Expenditures

ADPH

As per Block Grant requirements, the budget for each reporting year was set two years prior in the application (i.e. FY 2021 budget was set in the FY 2019 Annual Report). The level funding methodology for budgeting has been used in the application. Over time, actual expenditures appear to give a more accurate reflection of funds expected instead of making estimates for a future budget environment two years out.

/2023/ Effective October 1, 2019, as reported in the previous applications, ADPH lost substantial care coordination revenue with the implementation of Medicaid's new Alabama Coordinated Health Networks (ACHN). Programs affected were Family Planning Care Coordination, EPSDT Care Coordination, and Patient 1st Care Coordination. The loss of revenue has been reflected in the narrative. Additionally, the COVID-19 pandemic has drastically altered service delivery models across the country. In Alabama, COVID-19 has caused temporary clinic closures and staff reassignments, which will certainly affect Family Planning numbers.

The state should document and explain how the reported expenditures comply with the 30%-30%-10% requirements, as specified in Section 504(d) and Section 505(a)(3).

Alabama Maternal and Child Health Services Title V Block Grant has met the 30%-30%-10% requirement as specified in Section 504(d) and Section 505(a)(3). As indicated in Form 2, all MCH cost centers spending on Preventive and Primary Care for Children was 50.45 percent; transfer to Children's Rehabilitation Service met the federally required minimum of 30 percent of the Block Grant; and the administrative cost capped at 10 percent.

In addition, states should reflect on the number/percent of the MCH population who are served by Title V, as reported on Form 5, and provide a description of the state's efforts to expand its reach. Challenges faced by the state should be noted and addressed.

ADPH is currently attempting to provide a more complete report of persons served by Title V entities to better capture the full "reach" of the MCH population. As an example, ADPH has sought to include estimates which now include consideration of educational programs and training in this effort. To better link the provision of services with the funding, ADPH is working to institute a cost accounting system which will allow for the tracking of funds by both, population domain and level of the MCH service pyramid. See Form 5 for additional details on how the Alabama Title V program has sought to provide a more complete reporting of individuals served.

The state should describe how service supported by the MCH Block Grant reflect services that were not covered or reimbursed through the Medicaid program or another provider.

ADPH has only one program that is jointly funded by MCH and Medicaid through a Memorandum of Agreement (MOU). Medicaid agrees to reimburse ADPH for their proportionate share of the Fetal Infant Mortality Review (FIMR) Program services. Medicaid is billed on a quarterly basis for FIMR services based upon an agreed cost-basis capitated rate.

For a description of the FIMR project, refer to the Perinatal/Infant Health Annual narrative.

Form 2: MCH Budget/Expenditures Details

Line 1. (Federal Allocation) – FY 2021 Annual Report Expended amount of $11,482,727 was more than the FY

2019-2021 Application Budgeted Grant Award. The final federal allocation of $11,401,802 (6 B04MC32523-01-03) dated July 11, 2019 is a difference of $80,907 from the prior year. The MCH grant (6 B04MC33819-01-05 dated July 8, 2020) was increased $80,907 to $11,482,727 during the budget period October 1, 2019 -September 30, 2021.

Line 3. (State MCH Funds) - FY 2021 Annual Report Expended increased to $29.06m from the FY 2021 Application Budgeted amount of $24.72m, a difference of $4.34m or 17.53 percent. When the FY 2021 budgeted amount was developed in FY 2019, the other support income was $62.3m compared to the 2021 actuals of $39.1m, a decrease of $23.2m. Actual cost has continued downward due to the loss of care coordination services in FY 2019. Revenue from these lost services was annually projected to be $21m. The combination of reduced income and cost reflects a need for more state support. ADPH's share of the net increase was $3.61m and as expected over the two-year period the loss of Family Planning programs amounted to $18.7m in revenue. The elimination of care coordination services and the effects of the COVID-19 pandemic were the major factors in FY 2019-2021 which impacted the generation of revenue, activity, costs, and the need for additional state support. The remaining increase in State Funds of $722k is related to CRS and is a 5.9 percent variance for the program.

Line 5. (Other Funds) – CRS FY 2021 Annual Report Expended was $889k which is a decrease from the FY 2021 Application Budget reported at $1.57m, a decrease of $682k or -43.42 percent. See CRS explanation for Form 2.

Form 2 (+/- 10% Variance)				
MCH	Budget	Expended		+/-10%
Bud/Expenditure Details	FY 2021	FY 2021	Difference	Variance
Preventive/Primary Care for Children	$5,854,378	5,793,036	-$61,342	-1.05%
State MCH Funds	24,722,326	29,057,206	4,334,880	17.53%
Other Funds (CRS)	1,571,751	889,343	-682,408	-43.42%
Program Income	32,132,060	29,643,264	-2,488,796	-7.75%
Totals	**$64,280,515**	**$65,382,848**	**$1,102,333**	**1.71%**

Line 9. (Other Federal Funds) – Programs with significant dollar differences comparing FY 2021 Budget versus FY 2021 actual expended.

Early Head Start Program - FY 2021 Annual Report Expended of $687k increased from the FY 2019-2021 Application Budget amount of $433k, a difference of $254k or 58.87 percent. Changes were made to protocol designed to increase the services provided to the enrolled children. With the additional services to be provided, there was an increase in the amount of time spent with each child which caused the increase in expenditures.

Abstinence Education Program – FY 2021 Annual Report Expended of $568k decreased from the FY 2019-2021 Application Budget amount of $794k, a difference of $226k or -28.42 percent. Three factors contributing to the decrease in expenditures: (1) One time program advertising expenditures approximately $200k; (2) In 2019, there were four sub-grantees providing programming and in FY 2021, only two sub-grantees were providing services; and (3) COVID-19 pandemic limited sub-grantees in providing services.

Personal Responsibility Education Program (PREP) – FY 2021 Annual Report Expended of $442k decreased from the FY 2019-2021 Application Budget amount of $651k, a difference of $209k or -32.12 percent. The same factors that affected Abstinence contributed to PREP's decrease in expenditures: (1) One time program advertising expenditures approximately $102k and (2) COVID-19 pandemic limited sub-grantees in providing services.

Alabama Pregnancy Risk Assessment Monitoring System (PRAMS) – FY 2021 Annual Report Expended of

$128.9k decreased from the FY 2019-2021 Application Budget amount of $160.3k, a difference of $31.4k or -19.59 percent. The decrease is due to changes in personnel with FTEs reduced from 3.0 in FY 2019 to 1.0 in FY 2021.

Women, Infants & Children (WIC) – FY 2021 Annual Report Expended of $109.5m decreased from the FY 2019-2021 Application Budget amount of $127.9m, a difference of $18.4m or -14.43 percent. The decrease in WIC expenditures was caused by a decline in caseload from a FY 2019 average of 115,448 to 111,74,1 a decline of 3,707. The drop-in activity affected food issuance over the period by approximately $17m.

Well Women Program – FY 2021 Annual Report Expended amount of $1.31m increased from the FY 2019-2021 Application Budget amount of $536k, a difference of $778k or 145.04 percent. Well Woman program was implemented in January 2017 in 3 counties: Butler, Dallas, and Wilcox. The program has been expanded and Well Woman is currently offered in 12 counties in Alabama (Barbour, Butler, Dallas, Greene, Hale, Henry, Macon, Marengo, Montgomery, Perry, Russell, and Wilcox). Between implementation and fiscal year 2022, program support and staffing increased to cover staffing at the state office and program support in the new counties. Plans are under discussion to add an additional three counties (Autauga, Covington, and Crenshaw) beginning in FY 2023.

Form 3a: Budget and Expenditure Details by Types of Individuals Served (IA. Federal and IB. Non-Federal MCH Block Grant)

Line 1. (Pregnant Women) – FY 2021 Annual Report Expended amount of $775k decreased from the FY 2019-2021 Application Budget amount of $1.44m, a difference of $666k or -46.21 percent. As reported in the previous applications, Medicaid's new ACHN eliminated ADPH care coordination including maternity services. Mobile County has the remaining maternity program in FY 2021 with costs totaling $600k.

Line 5. (All Others) – FY 2021 Annual Report Expended amount of $3.65m increased from the FY 2019-2021 Application Budget amount of $2.34m, a difference of $1.31m or 56.06 percent. Two programs account for $1.13m of the difference: (1) Well-Women Program started in FY 2019 providing services to 3 counties expanding to 9 counties by FY 2021 with expenditures increasing $778k and (2) Maternal Mortality Review Program which also started in FY 2019 increased $355k. The balance is comprised of 2 annual 2 percent cost of living raises plus routine increases associated with the administration of the MCH program, i.e., merit raises, healthcare and retirement costs.

Form 3a (+/- 10% Variance)				
	Budget	Expended		+/-10%
Individuals Served	FY 2021	FY 2021	Difference	Variance
Pregnant Women	$1,441,214	$775,165	-$666,049	-46.21%
Infants< 1 Year	5,360,227	4,927,383	-432,843	-8.08%
Children 1-22 Years	28,694,580	30,234,118	1,539,538	5.37%
CSHCN	31,987,805	31,477,738	-510,067	-1.59%
All Others	2,344,131	3,658,136	1,314,005	56.06%
Totals	**$69,827,957**	**$71,072,540**	**$1,244,583**	**1.782%**

Form 3b: Budget and Expenditure Details by Types of Services (II A. Federal and II B. Non-Federal MCH Block Grant)

Line 1. (Direct Services) - FY 2021 Annual Report Expended amount of $41.91m increased from the FY 2019-2021 Application Budgeted amount of $30.73m, a difference of $11.18m or 36.36 percent. During this reporting period factors that affected costs: (1) Enabling/Population Based services for Family Planning Care Coordination, Case Management, and EPSDT Care Coordination were eliminated and these costs moved to direct services which accounts for $6.3m of the difference. (2) COVID-19 pandemic occurring during the same time required the Department to meet the demand for increasing direct care services. CRS direct services increased $4.8m. See

CRS explanation for Form 3b.

Line 2. (Enabling Services) - FY 2021 Annual Report Expended amount of $7.45m decreased from the FY 2019-2021 Application Budgeted amount of $8.94m, a difference of $1.49m or -16.63 percent. As reported earlier, ADPH lost substantial care coordination services with the implementation of Medicaid's ACHN. As a result, enabling services for the reporting period decreased $5.1m or -76.69 percent Programs impacted were Family Planning Care Coordination, EPSDT Care Coordination, and Patient 1st Care Coordination. FY 2021 CRS enabling services annual amount expended increased to $5.90m from the FY 2021 budgeted amount of $2.29m, a difference of $3.61m or 157.6 percent. See CRS explanation for Form 3b.

Line 3. (Public Health Services) - FY 2021 Annual Report Expended amount of $21.70m decreased from the FY 2019-2021 Application Budgeted amount of $30.15m, a difference of $8.45m or -28.00 percent. CRS accounted for most of the change in cost with a $8.9m decrease. See CRS explanation for Form 3b. //2023//

Form 3b (+/- 10% Variance)				
	Budget	Expended		+/-10%
Individuals Served	FY 2021	FY 2021	Difference	Variance
Direct Services	$30,731,973	$41,906,597	$11,174,624	36.36%
Enabling Services	8,944,419	7,456,781	-1,487,639	-16.63%
Public Health Services	30,151,565	21,709,162	-8,442,402	-28.00%
Totals	**$69,827,957**	**$71,072,540**	**$1,244,583**	**1.78%**

CRS

/2023/ As per Block Grant requirements, the budget for each reporting year is set two years' prior in the application (i.e., FY 2021 budget was set in the FY 2019 Annual Report). CRS bases the budget on expenditures for the preceding FY and the CRS legislative budget request at that time. This methodology does not allow for modification later based upon third party reimbursement trends or for comparison to the actual operations plan for that FY. The agency's operations plan is built after final funding levels are set. It is a more accurate reflection of the agency's budget since it is the actual budget as opposed to a budget request. Therefore, the expenditures presented in the forms are more accurate than the estimates represented by the budgeted amounts.

Form 2: MCH Budget/Expenditures Details

Line 5. (Other Funds) – CRS FY 2021 Annual Report Expended amount of $889k decreased from the FY 2021 Application Budgeted amount of 1.5m, a difference of $682k or 43.42 percent. This decrease is a result of CRS expending less from the Hemophilia State Allocation due to an increase in the number of hemophilia clients with insurance coverage.

Form 2 (+/- 10 percent Variance)

Form 2 (+/- 10% Variance)				
MCH	Budget	Expended		+/-10%
Bud/Expenditure Details	FY 2021	FY 2021	Difference	Variance
State MCH Funds	$12,265,887	$12,987,545	$721,658	5.88%
Other Funds	1,571,751	889,343	-682,408	-43.42%
Program Income	14,568,421	13,438,163	-1,130,258	-7.76%
Totals	**$28,406,059**	**$27,315,051**	**-$1,091,008**	**-3.84%**

Form 3b: Budget and Expenditure Details by Types of Services (II A. Federal and II B. Non-Federal MCH

Block Grant)
To ensure accurate reporting of expenditures CRS staff met with ADRS accounting staff to review the Title V Maternal and Child Health Services Block Grant to States Program Guidance and Forms and the Appendix of Supporting Documents. Upon review and discussion, it was determined that the previously used methodology was outdated.

Using new methodology and a greater understanding of the three levels of service it was determined that non-federal funds previously reported in Public Health Services and Systems on Form 3b should be allotted to direct services. CRS, as the Alabama CSHCN program, provides clinical medical and evaluation services to children and youth with special health care needs in the state and as such allots funds to provide these services. It was also determined that CRS care coordination activities should be reported in Enabling Services. These activities had previously been reported between Direct and Public Health Services and Systems. //2023//

III.D.2. Budget

ADPH

/2023/ Alabama remains one of the nation's only states that separates general government and education funding into two separate budgets. Both the general fund budget and the education trust fund (ETF) budget saw record investments totaling a combined $10.96 billion in spending for FY 2023. The $2.7 billion State General Fund passed is $50.1 million more than FY 2022. The $2.7 billion General Fund paid off all funds borrowed from the Alabama Trust Fund, increased funding for mental health services, allocated dollars for two new crisis diversion centers, provided a cost-of-living adjustment for state employees, and sends money back to the taxpayers. The budget includes $8.5 million dedicated to postpartum care to assist in reducing maternal mortality rates. The extension of Medicaid coverage for new mothers provides access to life-saving health care for 12 months post-delivery. This represents a significant change from the current coverage access period which is only 60 days after childbirth. Public data shows that Alabama holds the nation's third worst maternal death rate, with nearly 40 mothers dying within a year after delivery.

Most agencies would receive about the same amount as the current year. The three agencies which would receive budget increases are: Alabama Pardons and Paroles, Alabama Department of Corrections, and Alabama Department of Mental Health. Public Health received departmental funding of $49.6 million, a $3.0 million increase over FY 2022.

COVID-19 pandemic relief: In January, $772 million of Federal American Rescue Plan Act (ARPA) funds were allocated in a special legislative session. Among the items addressed in the ARPA appropriations were health care, broadband access, infrastructure, the unemployment insurance trust fund, telemedicine, rural hospitals, county reimbursements, and volunteer fire departments/EMS.

In FY 2022, Alabama's Title V MCH Program received $11,523,951 and will be budgeted at this level for the FY 2023 application. The Title X Family Planning Program was awarded a total of $5,549,220 for FY 2023. Previous funding for FY 2022 was $7,768,080, a reduction of $2,218,860.

Medicaid implemented a Medicaid delivery system which provides for a flexible and more cost-efficient case management program structure. The ACHN, previously known as "Pivot Entities," is an innovative plan to transform health care provided to Medicaid recipients in Alabama. The program is designed to create a single care coordination delivery system that effectively links patients, providers, and community resources in each of the seven newly defined regions. Delivery of medical services is not part of this program. The ACHNs were implemented on October 1, 2019, but did not begin providing services until November 1, 2019.

The Patient 1st and Plan First case management programs ended on September 30, 2019. The ADPH continues to provide care coordination services to children identified with an abnormal Newborn Screening, Newborn Hearing Screening, and an elevated lead level.

As a safety net provider for the citizens of Alabama, ADPH facilitated a centralized statewide referral system for all providers including Children's of Alabama Hospital. The electronic referral system saved taxpayer money by identifying children that were non-compliant with prescribed treatment plans. ADPH's seamless referral process was discontinued with the ACHN implementation.

The Title X Family Planning Program provides access to quality family planning and related health services, giving

priority to Alabama's low-income population in eighty-one service sites statewide. Services are provided to both females and males in a confidential manner. Examples of services provided through family planning are providing physical exams including a medical history, pap smear, clinical breast exam, and height, weight, and blood pressure check; counseling and education on all contraceptive methods; testing for pregnancy, HIV, and STIs; issuing birth control supplies; counseling on pre-conception (planning your pregnancy); substance abuse and domestic violence screenings; and providing care coordination and referral services. During the 2022 grant year, a total of 93,619 family planning visits were completed.

Although the COVID-19 pandemic drastically altered Family Planning service delivery models across the country, the pandemic also presented ADPH an opportunity that not only allowed uninterrupted statewide patient access to essential family planning services, but also demonstrated the program's capacity for expansion into a new service delivery model. Alabama Medicaid's approval of telehealth Family Planning visits for Medicaid recipients, on a month-to-month basis since March 2020, facilitated ADPH's implementation of family planning visits by telephone. Through telephone visits and subsequent curbside pick-up of contraceptive supplies, ADPH nurse practitioners provided continuity of care and met essential family planning needs of low-income patients across the state. During the 2022 grant year, a total of 6,268 telehealth visits were completed.

Finally, the ADPH Family Planning Program continued to collaborate with the University of Alabama at Birmingham's (UAB) Comprehensive Cancer Center to create and conduct a 6-module training series for ADPH Public Health Educators (PHEs) and social workers (SWs) working with the Community Health Advisors (CHA) initiative. Due to COVID-19 and contract execution delays, the UAB O'Neal Comprehensive Cancer Center was only able to deliver the first two modules entitled, "Community Engagement 101" and "Developing Community Outreach Education Strategies." These trainings were recorded and will be archived for staff to access. To help with the expansion of the CHA initiative, four ADPH PHEs were hired bringing the total to six; however, three resigned. Due to the reduction in staff, one of the regions was without dedicated staff. To remedy, staff in other areas have stepped in, providing coverage at various events, as much as possible. Despite event cancellations caused by COVID-19, PHEs reported many successful outreach encounters, which included public speaking opportunities and disseminating Family Planning messaging in the context of the CHA initiative by developing comprehensive educational campaigns, collaborating with community-based organizations for events in which they served as both event organizer and/or speaker, and tabling participation at numerous community events within their respective multi-county areas. In addition, one SW was hired bringing the total to three SWs during this time. Family Planning SWs provided case management for almost 1,900 ADPH patients in 7,817 separate encounters.

A state should present a plan that describes how federal and non-federal Title V funds will be used to address the state's priority needs, improve performance related to the targeted MCH outcomes and expand its systems of care for both the MCH and CSHCN populations.
For more information on the domains, refer to Section III, where the State Action Plan Narrative by Domain can be found.

The budget narrative should highlight the State's MCH/CSHCN program and align with the identified MCH/CSHCN priorities. This discussion should clearly articulate how federal and non-federal MCH Block Grant funds will support the activities that are described in the State Action Plan for the upcoming budget period.

For more information on the domains, refer to Section III, where the State Action Plan Narrative by Domain can be found.

This discussion should include how MCH Block Grant funds support essential services, as defined by the Title V MCH Services Block Grant Pyramid (Figure 1), for the three legislatively defined populations. The narrative discussion should provide an explanation of how the planned funding will support the budget estimates for individuals served and types of services provided, as reported on Form 3a and Form 3b.

The Title V MCH Block Grant is a critical financial piece of support, along with other federal programs and state support for ADPH Programs that appear in the three defined populations: Direct, Enabling, and Populations based services. Without these funding sources, services would be severely limited for individuals served and types of service provided in Form 3a and Form 3b. In planning, sources of funding are adjusted for known or anticipated changes in the healthcare environment (i.e., Medicaid changes to ACHN provider services).

The cost accounting system of the ADPH is a very critical operation. It is the process by which we track the amount of money spent for the services we provide to the public. From that information, reports are generated and made available to our funding sources, such as the federal government. These reports, in turn, are used to help us maintain funding to provide services to the public and to help us obtain additional dollars to improve or begin new services. The MCH cost centers are part of this system which captures the personnel costs and services provided through the Block Grant Program. The current cost system was designed to capture cost but does not provide the type of persons served by Title V.

ADPH is currently attempting to provide a more complete report of persons served by Title V entities to better capture the full “reach” of the MCH Population. As an example, the ADPH has sought to include estimates which now include consideration of educational programs and training in this effort. To better link the provision of services with the funding, the ADPH is working to institute a cost accounting system which will allow for the tracking of funds by both population domain and level of the MCH service pyramid. See Form 5 for additional details on how the Alabama Title V program has sought to provide a more complete reporting of individuals served.

Refer to Section III for more information on the purpose and design of Title V and how funds support state MCH efforts.

The state should describe how it plans to meet and monitor the required match requirements, which includes a $3 match in non-federal funds for every $4 of federal MCH Block Grant funds expended [Section 503(a)] and the maintenance of effort from 1989 [Section 505(a)(4)].

The budget period for MCH funding is two years. The match is captured and calculated on the first fiscal year of the budget period. When the final September fiscal year cost report is received, all applicable costs are gathered for the various cost centers associated with the MCH two-year grant budget period that have been provided to ADPH Finance by the ADPH MCH program administrator. Applicable costs for the grant are calculated. Total expenditures for the MCH grant funds are calculated for the time frame of October 1 thru September 30 of the fiscal year. Total expenditures are subtracted from the total applicable costs to derive the available costs for match. The match requirement is 75 percent of the total MCH expenditures**;** the required match is compared to the amount of the applicable costs available for match to determine if there are excess costs above the required, calculated match amount. If there are excess costs, it is determined that we have met the required match needed for that MCH grant. The match is usually met in the first year's spending of the MCH grant. ADPH historically has excess match available making the calculation of match for the second year unnecessary.

CRS

The State of Alabama CSHCN Program is administered by CRS, a division of ADRS. ADPH contracts with CRS, to provide services for CSHCN and allocates Title V dollars to CRS for this effort. The ADPH allocated the required 30 percent, approximately $3.9 million to the CSHCN Program in FY 2021. In FY 2021, CRS received a state allocation of $12.9 million, a state allocation for the Alabama Hemophilia Program of $1.2 million and program income from third party reimbursements of $13.4 million. CRS received approximately $26,200 from MCHB as sub-grantee to Hemophilia of Georgia to provide comprehensive care to persons with hemophilia. CRS received $135,000 from Boston University (BU) as a sub-awardee for the Children with Medical Complexity (CMC) Collaborative Improvement and Innovation Network to Advance Care (CoIIN). All these funds are utilized to serve CYSHCN.

During FY 2021, CRS expended $568,104 of the $1.2 million state allocation for the Alabama Hemophilia Program. The difference in the budgeted versus expended amount is due to changes in healthcare policy that have resulted in an increase in the number of hemophilia clients with insurance coverage. CRS expenditures for the CMC CoIIN project exceeded the allocated $135,000 due to receiving approval from Boston University to spend carryover funds.

For more information on how federal and non-federal Title V funds will be used to address priority needs and support activities for CSHCN described in the State Action Plan for the upcoming budget period refer to Section III.E.2.c., where the State Action Plan Narrative by Domain can be found.

The state should describe how it plans to meet and monitor the required match requirements, which includes a $3 match in non-federal funds for every $4 of federal MCH Block Grant funds expended [Section 503(a)] and the maintenance of effort from 1989 [Section 505(a)(4)].

CRS overmatches its federal dollars through its state allocation. In FY 2021 and FY 2022, CRS received level funding from the State ETF and General Fund budgets. CRS anticipates receiving level funding from the state for FY 2023 which ensures CRS can continue to meet the match. In FY 2021, in addition to the state allocation to fund services for CYSHCN, the CRS budget included a separate state allocation for the Alabama Hemophilia Program (approximately $1.2 million). //2023//

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Alabama

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

The Alabama Title V MCH Block Grant Program is administered by the ADPH through FHS. Funds provided by the Title V Block Grant allow Alabama the opportunity to assure continued improvement in the health, safety, and well-being of pregnant women, infants, children, adolescents, and their families, to include fathers and CYSHCN. ADPH provides a subgrant to ADRS to direct programs, services, and activities for the CSHCN population. ADPH Title V funds support staff resources and programming across the Perinatal Health Division, OHO, the Office of Women's Health, the Child and Adolescent Health Division, Consultants-Pediatric Division, 66 CHDs in eight Public Health Districts, and other sub-grantees and partner projects.

Like many Title V funded states, Alabama supports the life course approach to maternal and child health and further operates by providing the 10 essential services under the 3 tiers of the MCH Pyramid of Services.

FHS maintains partnerships with local and state agencies including, but not limited to, Medicaid, Department of Human Resources, Department of Mental Health, and local agencies participating in the Healthy Start Initiative. Staff participate on and lead state committees and initiatives, such as the Alabama Opioid Misuse in Women/Neonatal Abstinence Syndrome (OMW/NAS) Taskforce, State Perinatal Advisory Councils, the Oral Health Coalition of Alabama (OHCA), and the State of Alabama Infant Mortality Reduction Plan**,** to ensure consistent collaboration with stakeholders that can help strategically align MCH goals and activities. The ADPH convenes partners and funds projects to enact public health policies, plans, laws, and implement quality improvement projects. These efforts are exemplified through the establishment of MMRP and the continued involvement with the Alabama Perinatal Quality Collaborative (ALPQC). In addition to state and community relationships, the ADPH maintains partnerships with federal agencies and receives technical assistance in the MCH transformation from agencies such as the Association of Maternal & Child Health Programs (AMCHP), the Centers for Disease Control and Prevention (CDC), the National MCH Workforce Development Center, and the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). These national partnerships provide ADPH with evidence-based resources, an opportunity for creative thinking and constructive critique, as well as training that supports staff's work to improve the health status of the MCH population. FHS continues to identify new stakeholders and works toward collective impact that support the goals of Title V.

Staff supported by the Title V grant include public health professionals, data analysts, nurses, social workers, medical and dental providers, and financial and administrative personnel. The FHS bureau director and supporting program directors continually assess and monitor MCH population health status and the implementation of evidence-based strategies to ensure FHS staffing is at an adequate level to meet those needs. Staff are also encouraged to pursue workforce development opportunities. While not funded by Title V funds, the WIC Division, the Cancer Division, the Alabama Pregnancy Prevention Branch, and the Newborn Screening Program are located within the same bureau as the Alabama Title V MCH Program. Furthermore, Title V staff collaborate with other ADPH bureaus and programs such as the Bureau of Clinical Laboratories, Office of HIV Prevention and Care, Bureau of Children's Health Insurance, BPPS, Center for Health Statistics, and others.

FHS collaborates with stakeholders to leverage program capacity to identify priority needs of mothers, children, and families across the state and to develop strategies to meet those needs. Title V MCH programs develop and implement activities and initiatives that address the core functions of assessment, assurance, and policy development. Program strategies are designed to increase awareness of health status, provide services, and promote behavior change to improve health outcomes among the MCH population. Coordinating strategies are developed for providers working with women, children, including CYSHCN, and families.

ADPH ensures local access to care and investigates emerging health problems by providing direct services through the CHDs. The six public health districts under the umbrella of ADPH receive Title V funding for core staff and infrastructure, which allows them to serve the immediate needs of the MCH population within the 66 CHDs. MCHD and JCDH are independent; however, both departments receive sub-awards to support MCH activities.

Through the MCH Transformation and the emphasis on performance and accountability, work continues within the public health districts to address local health needs, NPMs, NOMs, and the seven ESMs. These MCH services and programs are coordinated by district MCH coordinators and monitored and assessed by the ADPH MCH coordinator. FHS district staff mobilize community leaders and facilitate partnerships between those leaders, policy makers, health care providers, and the community members.

CRS

The State of Alabama CSHCN Program is administered by CRS, a division of ADRS. CRS provides services to CYSHCN and their families through the following programs: Clinical Medical, Clinical Evaluation, Care Coordination, Information and Referral, Parent Connection, and Youth Connection. The mission of CRS is to enable children and youth with special health care needs and adults with hemophilia to achieve their maximum potential within a community-based, culturally competent, family-centered, comprehensive, and coordinated system of services. Coordinated health services are delivered via 14 community-based clinics across eight service districts. Family engagement is supported in partnership with FVA and the Family to Family Health Information Center (F2F HIC).

Alabama, like many other states, has too few pediatric specialty providers and the problem is much worse in rural areas. To address this issue CRS works with multiple partners through a variety of routes to ensure CYSHCN have access to quality care. In FY 21, there was an urgent need and CRS collaborated with the Pediatric Rehabilitation Medicine Division at Children's Hospital of Alabama (COA) to fill the gap. CRS was able to quickly negotiate an agreement with COA physicians to work CRS clients into their very full schedules and assist in CRS clinics where possible. Through this partnership, an additional physician has been recruited ensuring a more comprehensive system of care for CYSHCN and their families. The goal is to improve systems of care and build bridges to connect specialty providers with the families who need these services.

CRS maintains partnerships with local and state agencies to promote family-centered, community-based, well-coordinated care for CYSHCN. Some key partnerships include Medicaid, FVA, UAB SOPH, Department of Early Childhood Education (DECE), Alabama's Early Intervention Program, and Vocational Rehabilitation Services. In addition, CRS staff lead and participate in state committees and initiatives, such as the Alabama Child Health Improvement Alliance (ACHIA), Alabama Project LAUNCH Young Child Wellness Council, Alabama Conference of Social Work, State Interagency Transition Team, Oral Health Coalition of Alabama, Alabama Interagency Autism Coordinating Council, and local Children's Policy Councils (CPC). These committees and initiatives promote collaboration among key stakeholders to ensure all Alabama CYSHCN and their families receive quality care.

To further improve care for mothers, infants, and children, Alabama has an MCH Partnership Meeting that occurs three times a year and consists of representatives of all of Alabama's Title V funded programs as well as other MCH-related programs. CRS coordinates the Partnership Spring Meeting which includes scheduling the meeting, securing a speaker, and hosting. CRS State Office Specialists represent CRS at all partnership meetings and share updates on services for CYSHCN and their families. Other MCH stakeholders include ADPH, FVA, UAB Pediatric Pulmonary Center, Medicaid, Gift of Life, Department of Children's Affairs, and Alabama Early Intervention.

As previously mentioned, a key partnership for CRS is CPC. Alabama's CPC is under the coordination of DECE. Each local CPC is chaired by the county's juvenile judge and has members from a diverse cross-section of public and private individuals interested in the general needs of all children and families in the state. The ADRS Commissioner serves as a member of the State CPC, and ADRS staff members participate in local meetings in all 67 counties within the state. Participation in the CPC allows CRS staff to share insight into the unique needs of CYSHCN and raise awareness of the implications that these needs have for resources in a local community.

In addition, ADRS CRS entered into an agreement with UAB SOPH, Department of Health Care Organization and Policy, AEAC to consult and assist with administering the activities outlined in the Block Grant State Action Plan. These activities include survey design, administration, and analysis. CRS and AEAC hold monthly evaluation meetings to work collaboratively on the evaluation components and outcomes. AEAC supports evaluation efforts for multiple state agencies which allows them to assist CRS from a holistic and systems level perspective.

CRS maintains a national partnership with AMCHP and SPC currently serves on the AMCHP Legislative and Healthcare Finance Committee. The ADRS Assistant Commissioner is a member of the CYSHCN Summit/Blueprint for Change Steering Committee. CRS also receives technical assistance from the MCH Evidence Center, AMCHP, National Family Voices, and the National MCH Workforce Development Center. These national partnerships provide CRS with evidence-based resources and technical assistance opportunities to strengthen the administration of the State Action Plan for the CSHCN domain. They also provide an array of training opportunities to ensure staff are equipped to provide quality services to CYSHCN and their families. CRS actively works to identify new stakeholders and partnerships to further improve services for CYSHCN and their families.

Recognizing the importance of delivering quality health care services for CYSHCN the Assistant Commissioner made the decision to apply for the National MCH Workforce Development Center 2020 Cohort. CRS completed the 2020 cohort and applied for a Single State Intensive Project to continue working on the Health Transformation Project with National MCH Workforce Development Center experts and receive focused support. The Single State Intensive project completed September 2021 and since that time a team of CRS staff and outside partners have been analyzing the current service delivery model to identify opportunities to improve access to services and improve the quality of services provided. It is imperative to include health equity as part of the analysis and incorporate a goal of building an internal capacity to act on the social determinants that impact the health of Alabama's CYSHCN. This includes identifying barriers CYSHCN and their families face that impact their ability to receive services and recognizing barriers vary from community to community by culture, geography, financial status, and educational factors. CRS is committed to continuing these efforts and was selected to participate in the Population Health Learning Journey offered through the Center.

CRS has incorporated the AMCHP Standards for Systems of Care for Children and Youth with Special Health Care Needs in development of the activities in the State Action Plan for the CSHCN domain. Specifically, the standards are being used to strengthen the existing Care Coordination Program and address the transition process. The standards are the foundation for the CRS Care Coordination Family Survey and ensuring care coordination is patient-and-family centered, assessment-driven, and a team-based activity designed to meet the needs of children and youth while enhancing the caregiving capabilities of families. CRS is working to ensure plans of care are jointly developed, shared, and implemented among CYSHCN and their family, primary care provider and/or the specialist serving as the principal coordinating physician, and members of the health care team. CRS has built its transition program around Got Transition's Six Core Elements of Health Care Transition™ framework. In accordance with the standards, CRS is implementing a system to elicit feedback on the transition process.

CRS is an active participant in policy development related to CYSHCN. This activity involves many of the partners previously discussed. In addition, the ADRS Assistant Commissioner serves as a member of the National Academy

for State Health Policy (NASHP) Executive Advisory Committee. In this role, she co-chairs the Child and Family Health Committee. This committee's focus is on positively impacting health policy on a national and state level. Serving as a member of the NASHP allows input into topics for the NASHP Annual Conference. Topics currently being considered include, children's mental health, perinatal health, systems of care of children with medical complexity, and prevention services in child welfare.

All the previously described partnerships and efforts assist CRS in administering the strategies outlined in the 2021-2025 Block Grant State Action Plan. Coordination, collaboration, and partnerships are key to ensuring CYSHCN and their families have access to care that improves their overall quality of life. CRS staff at all levels continue to collaborate with current partners and seek to identify new partners.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

ADPH

ADPH workforce development is primarily coordinated by BPPS. This bureau houses the Workforce Development Program (WDP) and Performance Management and Quality Improvement (PMQI) Department. WDP offers training programs and initiatives designed to help departmental employees develop personally and professionally. These opportunities result in employees that are capable of delivering high quality public health services. WDP's goal is to use strategic planning to assure a competent public health workforce and to anticipate and prepare the workforce for changes in public health practice through development of appropriate training programs and opportunities. PMQI Department leadership and staff worked together to develop a 5-year Strategic Plan and a 2019 Annual Plan. QI training continues to be provided to departmental staff, utilizing new training methods to meet departmental needs. The PMQI Department encourages ADPH bureaus and districts to complete at least one QI project annually that focuses on analyzing and improving processes, programs, or interventions directly related to a strategic priority. To enhance the ability to provide culturally competent services, the Office of Minority Health facilitates local and state level partnerships to address health disparities in Alabama. Grant funds through the Federal Office of Minority Health provide support to the state efforts to improve the health of racial and ethnic minorities.

Outside of state sponsored development, employees seek opportunities available through national partnerships, such as AMCHP's MCH Epi Peer-to-Peer Cohort and the Council of State and Territorial Epidemiologists Mentorship Program. Regarding recruitment and retention, ADPH partners with various colleges and universities within the state to allow for interns who are currently students in nursing, public heath, epidemiology, and other disciplines. These interns are encouraged to apply to the state personnel employment register so that they may be hired permanently upon graduation.

Alabama Tile V leadership continues to seek guidance and assistance from the National MCH Workforce Development Center and apply for training opportunities presented by the Center, AMCHP, HRSA, and other state and federal partners to ensure our workforce has the knowledge and tools necessary for effective program planning and implementation. Addressing equity was identified as a need during the 2020 Needs Assessment cycle, thus in March 2021, FHS Title V staff participated in the National MCH Workforce Development Center's Strengthening Skills for Health Equity Virtual Skills Institute. Tile V leadership continues to pursue and coordinate equity focused training for all staff supported by the Title V MCH Block Grant. Other staff training is accessed as needed.

CRS

CRS is committed to ensuring a highly qualified diverse workforce that is equipped with the knowledge and skills to provide quality services to CYSHCN and their families. CRS collaborates with the ADRS Staff Development and Training Division which coordinates education, training, and professional development activities for all ADRS programs. Division staff have worked with CRS to identify training needs, develop training resources, and provide training opportunities that strengthen our MCH workforce. CRS utilizes the expertise available through the Staff Development and Training Division to ensure that staff are equipped with the resources and knowledge base to implement the 2021-2025 State Action Plan.

As a result of working with the National Workforce Development Center, CRS identified Workforce Development as a key area of focus and developed a Workforce Development subcommittee. The subcommittee continues to analyze current practices and identify areas for improvement. CRS leadership staff continue to use data from the

Spring 2021 staff survey that assessed training needs. Survey data is also being used to improve the orientation process and strengthen employee skills. Identifying the most beneficial ways to support staff and provide them with the tools and resources needed to succeed in their positions is key to staff retention.

CRS management at all levels encourages staff participation in a variety of learning opportunities. Collaborations with ADPH, FVA, DHR, UAB, University of Alabama, COA, Alabama Department of Mental Health, and other partners allows for the identification of professional development and learning opportunities that ensure highly skilled and qualified staff. CRS State Office Program Specialists also assist multi-disciplinary staff in identifying relevant learning opportunities to specifically address the needs of CYSHCN and their families. These include the following annual events: Speech and Hearing Association of Alabama Convention; Alabama Conference of Social Work; Jacksonville State University Social Work Conference; Alabama Transition Conference; Partners in Care Summit; Autism Matters Conference; Alabama Traumatic Brain Injury Conference; Alabama Autism Conference; Assistive Technology Industry Association Conference; and the Early Intervention Preschool Conference. In addition to state sponsored trainings opportunities, CRS State Office staff participate in opportunities provided by national partners such as AMCHP, the MCH Federal/State Title V Partnership, Skills Institutes offered by the National MCH Workforce Development Center, the North American Cystic Fibrosis Conference, and the Academy of Nutrition and Dietetics Food and Nutrition Conference.

CRS is committed to recruiting qualified staff to ensure continued provision of quality services to CYSHCN and their families. CRS has developed strong partnerships with colleges and universities within the state to recruit perspective employees. Staff either exhibit or present at the following annual events: University of Alabama Health Sciences Job Fair; University of Alabama Career Fair; Tuskegee University Career Fair; Auburn University Audiology Doctoral Students; Troy University Rehabilitation Counselor Program; University of South Alabama OT students; Samford Speech Language Pathology School; and Jacksonville State Social Work Day. CRS SLPs present to university speech programs statewide and teach some SLP courses. To broaden the reach for potential recruitment opportunities the ADRS Human Resources Development Division implemented the Learning Experience and Placement Program (LEaP). This program can be accessed by individuals searching for internships across the United States and provides an electronic and streamlined approach to those individuals interested in interning at CRS. The wider reach of the LEaP in turn increases recruitment opportunities for CRS.

To further ensure CRS has a workforce that is adequate in size, effectively trained, and properly supported, CRS state leadership and district supervisors gather approximately every 6 weeks for a Management Team meeting where they discuss issues relevant to service delivery, staffing concerns, and program challenges. This forum is also used to discuss ways to address the lack of specialists that serve CYSHCN in rural communities. These same staff also participate in the quarterly Field Leadership Team meeting where the ADRS Commissioner and Program Directors provide updates which impact the individual divisions as well as the agency as a whole. The ADRS Commissioner is committed to ensuring a quality workforce and meets quarterly with the Assistant ADRS Commissioner and CRS state leadership to hear updates and discuss issues surrounding service delivery including workforce development.

III.E.2.b.ii. Family Partnership

ADPH

ADPH continues exploring opportunities to involve families, youth, and fathers in more MCH activities. For the 2020 comprehensive Needs Assessment, an adolescent survey was developed, and a focus group was conducted exclusive to adolescents and young adults to ensure their voices were heard on what they saw as problems and needs in their communities. A focus group exclusive to fathers was conducted also. Furthermore, due to the success of a key connection established during the Needs Assessment that assisted with hosting focus groups, we have begun discussions with UAB SOPH for plans to continue our partnership with the Alabama Network of Family Resource Centers. The aim is for the centers to connect ADPH directly with patients and families, especially those who are vulnerable and medically underserved, as well as their representatives, so that they may be involved in program design and policy making to improve health and health care. ADPH has sought guidance from state and national partners on strategies to collaborate with community leaders and groups as well as families of every background in every step of program implementation, including needs and assets assessments, program planning, service delivery, program monitoring and quality improvement activities. Title V leadership is currently in discussions with UAB to expand annual needs assessment efforts. The aim is to have more frequent assessments and consistently seek public input during program planning and implementation.

CRS

ADRS and CRS continue to have a 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 makes a significant investment in family partnerships by employing those with lived experience. CRS staff includes a full time SPC and part time LPCs in the local offices. These positions are filled by parents who are full time caregivers of CYSHCN.

In the first few weeks of the pandemic, it was clear that families were facing significant challenges. Working with the Family Resource Specialists from the F2F HIC, a private Facebook group was created entitled “AL Special Needs Parent Support Group”. The group immediately took off and began growing. To date, there are over 1,000 members in the group and it has become a wonderful community where people ask questions and share information freely with each other. There are also opportunities for families to share supplies or equipment with each other, all facilitated by the connections in the group. In addition, the LPCs have worked closely with the F2F HIC staff to share information about vaccine availability, both the regularly scheduled childhood vaccines and the COVID-19 vaccines available for children.

In December 2020, LPCs began coordinating and hosting monthly “Family Connections” webinars designed for families to learn about topics related to COVID-19 and issues related to CYSHCN. The webinars have continued with LPCs rotating the planning and hosting duties. To date a wide range of topics have been covered including the AL Health Insurance Premium Payment Program, the new Medicaid Community Waiver coordinated by the Department of Mental Health, AL’s ABLE Savings Plan, the RAN-Regional Autism Network, and COVID-19 and CYSHCN, presented by the CRS Medical Director, Dr. A.Z. Holloway.

To ensure that Youth with Special Health Care Needs (YSHCN) have a voice, CRS employs two part-time YCs. The individuals in these positions have lived experience and coordinate outreach efforts to share their lived experience with YSHCN across the state. YCs utilize social media to increase connections with YSHCN in Alabama through the Youth Connection Facebook page. The YCs also interact and share their experience transitioning from pediatric to adult healthcare. YCs present at the annual Alabama Governor's Youth Leadership Forum (YLF). The YLF is an

innovative, intensive, five-day career leadership training program, sponsored by ADRS and hosted by Troy University. The forum helps shape high school students with disabilities through sessions on self-esteem, self-advocacy, career choice, independent living options, and leadership. The 2021 YLF was cancelled due to COVID-19, but resumed in 2022.

Advisory Committees

The SPC coordinates the SPAC, which brings together representatives from LPACs to meet with CRS state office staff, as well as leadership from ADRS, and offers an opportunity for information to be shared by all attendees. The SPAC allows ADRS and CRS leadership to hear directly from those with lived experience as they share their stories and those of families with CYSHCN statewide.

The LPCs each coordinate an LPAC. These groups offer families the opportunity to provide input regarding CRS policy and program changes and to interact with local staff members. LPACs are opportunities for community partners to share information and for families to find mutual support by coming together with other families in their area. Some topics addressed in LPAC meetings included Supplemental Security Income, alternatives to guardianship, and local recreation opportunities for families.

The YCs reach out to YSHCN and have a growing network across the state known as YAC. The YCs hold YAC meetings to provide YSHCN a platform to inform CRS and its partners of concerns faced by YSHCN and to assist in developing programs to meet these needs. The YAC also provides a platform for youth to share and mutually support each other. In FY 2021, the frequency of YAC meetings was impacted due to COVID-19 and a vacant YC position. YAC meetings were held via Zoom and addressed the impacts of COVID-19 as well as independency and living alone.

Strategic and Program Planning

The SPC and YC are involved in planning and developing initiatives for CRS as members of the CRS Management Team. The LPCs are included in program planning in the local offices. As part of the 2021-2025 Block Grant State Action Plan, each CRS District developed a Family Engagement Quality Improvement Initiative based on the FESAT results. The SPC and LPCs played an integral part in the FESAT scoring process and the development of the initiatives. See section III.E.2.c. State Action Plan Narrative by Domain CSHCN Annual Report for additional information.

Quality Improvement/Workforce Development and Training

CRS includes families in all training for staff to strengthen the partnership between families and professionals and to reinforce the concepts of family-centered care. New staff in local CRS offices spend time in orientation with the LPC to learn more about their roles and the principles of family-centered care.

The SPC and LPCs have provided training to groups including UAB SOPH students and the UAB Pediatric Pulmonary Center (PPC) trainees. In addition, LPCs have been interviewed on Alabama Cares Facebook Live broadcasts and have presented to the University of Alabama students majoring in Special Education, as well as various other community organizations. The SPC and three LPCs serve on the statewide steering committee for the Community of Practice for Supporting Families of Individuals with Intellectual and Developmental Disabilities. The SPC presented on national webinars sponsored by AMCHP and the Collaborative Improvement and Innovation Network to Advance Care for Children with Medical Complexity (CMC CoIIN).

The SPC and CRS Assistant Commissioner are members of the ACHIA steering committee, which is the state

improvement partnership program working with the Alabama Chapter of the American Academy of Pediatrics (AAP) and pediatric practices across the state. The SPC is serving on the Continuous Quality Improvement Committee, which is charged with reviewing possible topics for future learning collaboratives coordinated by ACHIA.

The SPC and some LPCs are members of the team participating in the CRS National MCH Workforce Development Center project and are members of the Alabama CMC CoIIN team. The SPC was the co-lead for the CMC CoIIN sponsored affinity group for Title V family leaders.

Block Grant Development and Review

The SPC, LPCs, and YCs were all involved in the Five-year Needs Assessment process, including serving as members of the CRS Needs Assessment Leadership Team. The SPC and a LPC are part of the Block Grant State Action Plan team that meets monthly to discuss progress on Block Grant State Action Plan activities.

Materials Development/Program Outreach and Awareness

The SPC, LPCs, and YCs are involved in the development and updating of any printed and web-based materials pertaining to CRS.

LPCs serve on many state and local committees and task forces, including Medicaid's ACHN Consumer Advisory group, Early Hearing Detection and Intervention Learning Community, Community of Practice for Supporting Families State Team, Alabama Council on Developmental Disabilities (ACDD), Lifespan Respite Network, Early Intervention District Coordinating Council, Children's Policy Councils, Alabama Institute for Deaf and Blind Advisory Board (Mobile), Individual and Family Support Councils, the local Governor's Committees on Employment, Parents as Teachers Advisory Board, and the local planning groups for various events targeted at families who have CYSHCN. The LPCs also represent CRS at many community events across the state, such as health fairs and expos. LPCs coordinated the submission of nominees from each office for the "Hero of the Month" Award, presented by the Kids Wish Network.

The SPC is a member of several statewide committees and task forces including the ADPH Newborn Screening Advisory Committee, the UAB Pediatric Pulmonary Center Advisory Committee, the Project Launch Young Child Wellness Council, and Project Launch steering committee, the Functional and Access Needs in Disaster Task Force, and One Strong Voice Disability Leadership Coalition. She is also a member of the AMCHP Legislative and Finance Committee. In June 2017, the SPC was appointed to serve as a Public Health Practitioner Affiliate with the UAB SOPH, and this appointment was renewed in 2020. In 2019, she was appointed to the SouthSeq Community Advisory Board. She works with Hudson Alpha Institute of Biotechnology addressing ways to share news of genetic test results with families of young children in Alabama, Louisiana, and Mississippi.

Family Voices Partnership

CRS has maintained a strong partnership with FVA, home of Alabama's F2F HIC. The CRS LPCs also collaborate with FVA to collect data about the needs expressed by families in the state and about the types of information shared with them. FVA uses a data collection system in the F2F HIC project which strengthens the Parent to Parent program. CRS is partnering with FVA to maintain licenses and training needs for the data system. Information and assistance were provided in the areas of the six core outcomes, with the highest number of requests coming in the area of community services, followed by partnering with professionals, and medical home.

A significant collaboration between CRS and FVA has been the Partners in Care Summit, a project of the F2F HIC. CRS's support has helped the conference to grow and allowed for national speakers to present on topics related to medical home, transition to adulthood, and family/professional partnerships. This conference has been attended by families, CRS staff from across the state, and other community partners. Unfortunately, the 2020 and 2021 Partners in Care Summits had to be cancelled due to the COVID-19 crisis; however, the 2022 Summit was held virtually and over 120 people registered from all over Alabama, as well as several other states.

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

MCH Epidemiology Workforce

The MCH Epidemiology Branch is organizationally located with the FHS Perinatal Health Division. MCH Epi staff perform ongoing data collection and analysis for the following FHS programs: Title V MCH Block Grant, FIMR, Alabama Newborn Screening, Early Hearing Detection and Intervention, Family Planning, Well Woman, ACLPP, PRAMS, and Infant and Maternal Mortality. There have been major changes in the epidemiology program capacity within the last two years resulting in several vacancies needing to be filled. In an effort to continue to adequately serve programs until vacancies are filled, FHS has initiated a partnership with UAB to support epidemiology and data analysis needs. Alabama Title V Program staff continue to seek guidance and assistance from the National MCH Workforce Development Center and apply for training opportunities presented by the Center, AMCHP, and HRSA to ensure its epidemiology workforce has the tools necessary for effective program monitoring and evaluation. Epi staff continually seek training from agencies with a higher level of analytical expertise and experience directly related to MCH needs, specifically in the areas of statistical analysis. In March 2020, there were nine FTEs working in the MCH Epidemiology Branch. In April 2021, there were four. Brief biographies of Title V MCH Epi personnel in 2021 follow.

Tammie R. Yeldell, BS, MPH, joined ADPH in October 1993 as a Statistician with the Center for Health Statistics. Ms. Yeldell joined FHS in December 1999 and was later promoted to Epi Supervisor and served as the Director of the MCH Epidemiology Branch. She supported all MCH epidemiology and evaluation needs including serving as the coordinator for the Title V MCH Block Grant and Title V Five-year Needs Assessment and supporting epi staff and MCH program managers as needs arose. Academic credentials included an undergraduate degree in Applied Mathematics and a graduate degree in maternal and child health.

Ms. Yeldell retired in April of 2021. Dr. Danita Crear was hired in August 2021 to serve in the capacity of Director of the MCH Epidemiology Branch. She separated from ADPH in January 2022.

Julie Nightengale, MPH, is a Research Analyst and has worked with public health for 11 years. She joined FHS' MCH Epidemiology Branch in 2017. Ms. Nightengale supported the FIMR, Alabama Newborn Screening, EHDI Programs. She also participated in the State Perinatal Advisory Committee, and supported other programs funded by CDC. Academic credentials include an MPH in Epidemiology. Ms. Nightengale departed from FHS in September 2021.

William V. Duncan, BS, has 21 years of experience with ADPH. He works as a Public Health Research Analyst in the MCH Epidemiology Branch supporting the Family Planning, Well Woman, and Childhood Lead Poisoning Prevention programs. Academic credentials include an undergraduate degree in Commerce and Business Administration.

Alice Irby, MPH, MS, joined FHS in 2016 and serves as the State Systems Development Initiative (SSDI) Coordinator. She is an MCH Epidemiologist, and currently, her major work involves federal grant management efforts related to MCH issues. Subjects of her work at ADPH have included Vital Records, the Zika Pregnancy Registry, and COVID-19 pandemic efforts. Alice has also served as the interim maternal mortality epidemiologist. Academic credentials include graduate degrees in biology and public health.

III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

The purpose of the SSDI Grant Program is to develop, enhance, and expand Alabama Title V MCH Program data capacity. Evidence-based strategy measures were selected by program staff and are submitted in the block grant application. Implementation plans are underway and program staff are either implementing or piloting selected ESMs per domain. Currently, the SSDI coordinator submits the MCH Block Grant Annual Report/Application information by the HRSA deadline.

ADPH's broad capacity to provide data-based information about MCH is critical to FHS' access to policy and program relevant information. The collaborative relationships that SSDI program staff have with other ADPH entities strengthen the data capacity of FHS in general and of the SSDI program in particular. By linking data from multiple sources, the state's MCH data systems can be utilized to readily address longitudinal research questions as well as track and follow MCH populations across multiple programs. This arrangement allows the resultant program data to be used to address important questions in a comprehensive manner.

FHS partners with many and varied organizations, such as Medicaid and the Alabama Chapter of March of Dimes, to assure achievement of the overall purpose of the federal SSDI program. FHS staff and CRS staff collaborate to submit the annual Title V MCH Block Grant Report. ADPH's Center for Health Statistics provides access to the state's birth and death vital statistics data, which are utilized by staff members to contribute to the Title V MCH Block Grant through statistical analysis. SSDI staff are working in collaboration with other FHS staff members to identify barriers to timely annual access to data. With each Title V MCH Block Grant application/reporting year, there are lags with data reporting on specific performance measures and indicators where an external data source is relied upon. Although we recognize this barrier to reporting, there are still apparent needs that are beyond FHS' scope where assistance with data reporting is needed.

ADPH has taken steps to gain access to hospital discharge data. The Office of Informatics and Data Analytics (OIDA) plans to have hospital discharge data available after April 2023.

In the absence of a long-term MCH Epidemiology Director/ SSDI consultant, the SSDI coordinator has been tasked with a more active role in the MCH Block Grant process to include taking on responsibilities previously assigned to the SSDI consultant. Bureau leadership is in the process of filling staff shortages within the MCH Epidemiology Branch. When the staff shortages are filled, more time can be dedicated towards skill building tasks. In the interim, the SSDI coordinator continues to collaborate with the MCH coordinator to complete tasks related to the MCH Block Grant. The SSDI coordinator is also involved in on-going needs assessment meetings and collaborative efforts with the UAB evaluation team. A strength of the program is the good working relationship that the Alabama SSDI Coordinator has with the SSDI Project Officer and HRSA representative.

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III.E.2.b.iii.c. Other MCH Data Capacity Efforts

ADPH

FHS MCH Epidemiology Branch staff support several programs funded by Title V. Those programs include ACLPPP, Well Woman, and SPP. Staff create data reports, complete data requests submitted by individuals within and outside ADPH, and participate in evaluation projects. FHS MCH epidemiology staff access data from sources such as the Electronic Health Record system, the Healthy Housing and Lead Poisoning Surveillance System, FIMR, and the Center for Health Statistics. The work of the epidemiology branch supports program managers as they develop local, state, and federal reports; leading contributing factors to mortality; and recommendations for community and state programs. Their support is necessary in order to implement effective and evidence-based maternal and child health strategies in an effort to prevent or reduce disease, injury, disability, and mortality. Staff also supported activities of the 2020 Title V Needs Assessment.

CRS

The ADRS Computer Services Division, in partnership with CRS, maintains and enhances the CRS EMR, CHARMS, and its Business Information System platform to ensure accurate data collection and reports. Within these systems, data is collected regarding clinic visits, community wrap-around services, care coordination case numbers, and expenditures on client services. Informational reports can be generated in these areas based on both demographic and diagnostic criteria. The system also has the capability to generate reports containing required Title V MCH Block Grant data.

The EMR task force holds regularly scheduled meetings regarding the EMR components that are unique to the CSHCN program. Members of the task force include CRS state office staff and computer services developers and programmers. The task force identifies and prioritizes needed improvements to ensure an efficient system and accurate data collection. Priority in FY 2021 was given to the completion of an on-going e-prescribing project through NewCrop, implementation of an electronic growth chart, and expansion of data collection reports.

Working with the National MCH Workforce Development Center, CRS leadership identified trackable efficiency measures. These measures include data elements from CHARMS that allow CRS to conduct quarterly reviews of overall clinic attendance, clinic attendance rates, and clinic revenue utilizing enhanced EMR reporting. Information is compiled in a dashboard and trends are discussed and shared at management team meetings. The information is also utilized in determining staffing ratios.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

There is a State of Alabama Emergency Operations Plan (EOP) and an ADPH developed EOP. The ADPH EOP is reviewed every two years, or as needed, by the Center for Emergency Preparedness (CEP), the State Health Officer, and all ADPH bureaus staff with emergency assignments within the EOP. ADPH's EOP does not specifically include language to address the needs of the MCH population. It does, however, provide the opportunity for special assistance requests from the CEP Social Work Coordinator to access resources for people who are considered vulnerable, underserved, disabled, or having special needs. CEP does recognize pregnant women and children as fitting into one of the above groups.

The State of Alabama EOP is written and managed by the Alabama Emergency Management Agency (AEMA). This publicly available document includes a letter of agreement in which it is described as an all-discipline, all-hazards plan that establishes a single, comprehensive framework for incident management. The letter also states that the Alabama EOP provides the structure and mechanisms for the coordination of state support to state, local, and tribal incident managers and for exercising direct state authorities and responsibilities. Furthermore, the EOP assists in reducing the vulnerability to all natural and man-made hazards; minimizing the damage and suffering caused by any disaster; and assisting in the response to and recovery from all-hazard incidents. The EOP was last updated in 2017 and changes must be submitted in writing, using an official EOP change request form.

The state's EOP does not specifically include language that addresses the needs of the MCH population. However, in the past when an emergency occurred that impacted women of childbearing age (i.e. Zika), the EOP leaders consulted with Title V MCH staff to create an appropriate response. Title V MCH staff provided a state action plan for ZIKA, leading activities, participating in calls with CDC, and directing actions to assist and monitor the health of pregnant women and infants, including the development of the Zika registry.

State agencies develop supporting EOPs in their Emergency Support Functions (ESFs). The ESFs are described by AEMA as providing the structure for coordinating state/federal interagency support for catastrophic and non-catastrophic events, disasters or emergencies. The ESF structure includes mechanisms used to provide State support to counties and county-to-county support, both for declared disasters and emergencies under the Stafford Act and for nonStafford Act incidents. An outline of the state agencies designated as ESFs in the Alabama EOP is as follows:

- ESF # 1 Transportation, AEMA
- ESF # 2 Communications, AEMA
- ESF # 3 Public Works and Engineering, Alabama Department of Transportation
- ESF # 4 Fire Fighting, Forestry Commission
- ESF # 5 Emergency Management, AEMA
- ESF # 6 Mass Care, Emergency Assistance, Housing and Human Services, DHR
- ESF # 7 Logistics Management and Resource Support, Alabama Department of Finance
- ESF # 8 Public Health and Medical Services, ADPH
- ESF # 9 Search and Rescue, AEMA
- ESF # 10 Oil and Hazardous Materials Response, Alabama Department of Emergency Management
- ESF # 11 Agriculture and Natural Resources, Alabama Department of Agriculture and Industries and Alabama Department of Conservation and Natural Resources
- ESF # 12 Energy, Alabama Department of Economic and Community Affairs
- ESF # 13 Public Safety and Security, Alabama Department of Public Safety
- ESF # 14 Long-Term Community Recovery, Office of the Governor

- ESF # 15 External Affairs, Office of the Governor

No Title V program staff were involved or consulted in the planning and development of the Alabama EOP. Title V leadership is not included in the state's emergency preparedness planning before a disaster; however, Title V staff are consulted in the response when pregnant women and children are impacted. Title V leadership is not currently a part of the Incident Management Structure (IMS); however, the Title V director was included in the past.

There were no gaps in emergency preparedness and/or surveillance data identified during the 2020 Title V MCH needs assessment. An exploration of those needs is a consideration for future annual MCH assessments. Following the last assessment, staff was immediately thrown into disaster response due to COVID-19. There has been no formal assessment of gaps in emergency preparedness and/or surveillance data to determine the state's ability to adequately assess and respond to MCH population and program needs, but the lessons learned during the COVID-19 responses have changed certain protocols in the event of a future disaster or public health emergency.

FHS division directors submit Continuity of Operations Plans (COOP) annually to allow services to continue to be provided in the event of emergencies and disasters in accordance with the ADPH EOP. In addition to providing personal contact information and technology needs for staff, ADPH COOPs serve to do the following:

- Identify core functions of each division, including populations served
- Keep lines of communication open with BFHS Director and other ADPH Administrators
- Provide operational guidance and supervision to FHS directors and managers
- Fulfill Incident Command System position functions and assists with pandemic response
- Coordinate communications with FHS directors and managers and other outside entities
- Identify emergency preparedness team assignments
- Establish protocols for the processing of critical procurements and payments (e.g. emergency PKU formula orders)

CRS

CRS plays a role in the state's emergency structure through serving as a member of Alabama's Functional and Access Needs in Disasters (FAND) Taskforce whose mission is to ensure equal access throughout all phases of emergency management. Through this partnership, CRS is able to provide a voice for CYSHCN and their families in the development of emergency preparedness and response training. Graham Sisson, ADRS Deputy Attorney General and Director of the Governor's Office on Disability, serves as the co-chair of FAND and was appointed to be the liaison between the Governor's Mass Care Task Force (MCTF), which oversees the coordination of state level planning and preparedness activities and FAND.

Members of FAND include agencies who serve individuals with functional and/or access needs during preparedness, response, and recovery phases of a disaster. Examples of member constituencies are those who interact directly with people with disabilities including, but not limited to, health needs, mental health, sheltering, casework, and communications. Members include the Alabama Council for Developmental Disabilities and individuals with developmental disabilities. Task force members facilitate inclusive planning, preparedness, response, and recovery activities related to providing services to people with disabilities following a disaster. Activities include identifying resources, advocating to ensure effective communication for those with communicative barriers, ensuring persons with functional and accessible needs are involved in the planning process, and disaster affected areas understand appropriate actions to accommodate persons with functional accessible needs.

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

The Alabama Title V MCH Program fosters relationships with programs both internal to FHS and CRS, and across ADPH and ADRS which are not funded by the state Title V program, but which serve the legislatively-defined MCH populations. These partnerships help expand the state Title V program's capacity and reach in meeting the needs of Alabama's MCH population. Similarly, the Title V program partners with public and private organizations in the state and across the nation, leveraging federal and state program resources to improve and expand the service delivery capacity of the program. Alabama's ongoing commitment and efforts to build, sustain, and expand partnerships; to work collaboratively; and to coordinate with other MCH-serving organizations occurs in the context of FHS and CRS seeking to accomplish their respective missions and identify priority MCH needs. The following are highlights of selected Title V MCH Program collaborations.

ADPH

Current collaborations with state public health and social service agencies, health services entities and practitioners, private organizations, and community partners must be maintained and strengthened, and new opportunities explored in order to support population-based health services delivery. The public and private partnerships allow ADPH to leverage federal and state program resources, benefiting the expansion and implementation of evidence-based strategies which contribute to the service delivery capacity of the Title V program. Furthermore, these partnerships impact the manner in which Alabama Title V is able to address health inequities in an effort to improve the health outcomes of the MCH population, supporting families and communities.

FHS aims to partner with Medicaid, Alabama Hospital Association (AHA), state advocacy agencies, and others at every available opportunity. FHS routinely attends meetings with its partners and stakeholders, sits on committees with common goals, and invites them to participate in all statewide MCH programs. The Alabama Title V MCH Program continues to use its Title V funds to operate CHDs, which helps to support and improve the health of local communities. FHS also continues to look for opportunities to use Title V funds to coordinate with other community health service providers and with community-based systems in order to ensure continuity of care for all mothers and children.

OHO program partners with local governments, ADEM, and advocacy groups to support Community Water Fluoridation regulation and infrastructure.

SPP, AHA, SHPDA, and other partners continue to work to implement a fully coordinated system of perinatal regionalized care in Alabama.

Title V staff lead the State of Alabama Infant Mortality Reduction Plan, a collaboration between staff from DECE, DHR, DMH, ADPH, Medicaid, and OMA. The staff have developed and implemented evidence-based strategies and data support to address a number of needs. The partnership is a special project funded by the Office of the Governor.

Title V leadership and staff have been active partners in the ALPQC since its inception. ALPQC began the Birth Certificate Accuracy Initiative (BCAI) project in 2018. ALPQC then introduced the Maternal Hypertension (HTN) Initiative in 2020 with the purpose of helping hospitals establish protocols, processes, and education to ensure patients with hypertension/preeclampsia are quickly identified and managed. The most recent project is optimizing the care of infants with Neonatal Opioid Withdrawal Syndrome.

FHS partners with colleges, universities, and the National Maternal Child Health Workforce Development Center to recruit and host interns, providing them with invaluable direct training and hands-on skills, and preparing them for future work as MCH professionals. Accordingly, the interns provide vital support to Title V programs.

ADPH leads, facilitates, and supports various taskforces, steering committees, coalitions, and work groups to provide education, outreach, training, and resources during legislative meetings, annual summits, health-fairs, and other exhibiting opportunities. In addition to being educational, these occasions provide the opportunity for Title V staff and partners to make recommendations for MCH strategies to improve health, prevent injuries, and reduce mortality for women, infants, children, and their families.

CRS

CRS is involved in several collaborative efforts with federal, state, and non-governmental partners to ensure access to quality health care and services for CYSHCN. Below are ways that CRS utilized partners to develop innovative ways to ensure a system of community-based services are provided to CYSHCN and their families.

NICU
CRS in partnership with Huntsville Hospital launched a Pediatric Evaluation/NICU Follow-Up clinic to provide ongoing evaluation and guidance related to the development of high-risk children during the first three years of life. The clinic is an evidence-based multidisciplinary, family-centered, evaluation/assessment clinic to identify needed services for clients with multiple medical complaints, developmental delays, and/or complex needs. The clinic serves as a "hub" directing families to the most appropriate resources. Children experiencing developmental difficulties may be referred to Early Intervention (EI), CRS, Mental Health, home visiting programs (Healthy Families, Healthy Start, Parents as Teachers, etc.), or other resources (Help Me Grow, WIC, etc.). Parents and caregivers are active participants and have the opportunity to ask questions of the clinic team. The pediatrician and family receive a clinic report. One local pediatrician expressed appreciation for the report and indicated that it made it easier to follow up on the parents' concerns.

STEP
The Staging Transition for Every Patient (STEP) Medical Clinic is designed to facilitate transition of care for patients with chronic/complex diseases of childhood as they are preparing to exit the Children's of Alabama system for the adult model of care at UAB. In FY 2021, transition specialists and traumatic brain injury specialists from CRS continued to provide social work support in the STEP Clinic. In partnership with the UAB staff social worker, CRS staff facilitate patient referrals between programs, assist with access to needed resources, and provide community-based follow-up. CRS staff also provide a link between UAB physicians and ADRS programs across the state, supporting a continuation of care for transitioning young adults with complex medical needs previously unavailable for this population.

Autism Diagnostic Clinic
CRS, in partnership with EI, the University of Alabama, and the UAB Civitan-Sparks Clinic, developed a pilot Pediatric Evaluation – Autism Diagnostic Clinic in the Tuscaloosa office for children currently enrolled in EI. Children will be identified by EI to participate, screened for enrollment into CRS, and subsequently scheduled for the diagnostic clinic.

Staff from the Department of Communicative Disorders at the University of Alabama and the UAB Civitan-Sparks Clinic have been vital partners in preparing for the pilot, providing staff training, consultation, and mentorship through case reviews. EI was able to provide funding for all CRS SLPs to receive intensive training in administration of the

Autism Diagnostic Observation Assessment (ADOS).

Alabama CHIP (known as ALL Kids)

CRS continued to participate as an ALL Kids provider utilizing the ALL Kids Plus component to provide an enhanced array of services for the unique needs of CYSHCN. CRS continued meeting on an as-needed basis with ALL Kids staff to discuss program and policy issues likely to affect CYSHCN.

ACHIA

CRS is an active member of ACHIA which is the state improvement partnership program working with the Alabama Chapter of the AAP and pediatric practices across the state. The CRS Assistant Commissioner and SPC are members of the ACHIA steering committee. Other members of ACHIA include Medicaid, CHIP, Title V, and COA.

Hudson Alpha Institute for Biotechnology

CRS continued to partner with Hudson Alpha Institute for Biotechnology to provide genetic services to enrolled CYSHCN. This partnership provides unique and cutting-edge medical care for CYSHCN and their families in the state by expanding access to genomic medicine.

CRS Genetics Clinic - Smith Family Clinic

CRS Huntsville partnered with The Smith Family Clinic for Genomic Medicine, LLC a wholly owned subsidiary of Hudson Alpha Institute for Biotechnology to host a genetics clinic for CYSHCN. The clinic mission is to diagnose patients who have been undiagnosed or misdiagnosed. The clinic geneticist has the unique opportunity to offer whole genome sequencing, provided by Hudson Alpha, which reads a patient's entire DNA. The data is analyzed to find genetic changes that may indicate the cause of a patient's disease. In some cases, these results yield information critical to directing the efficacy of a patient's treatment.

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

FHS

Within the state of Alabama, the Title V program and Title XIX Medicaid program share a common goal in working to improve the overall health of the MCH population. The agreement that FHS has in place with Medicaid outlines an agreement between the two agencies that allows FHS to provide clinical services, care coordination, and seek reimbursement from Medicaid for services rendered related to lead, EPSDT, and immunizations. There is no agreement between FHS and Medicaid that defines coordination to impact program outreach and enrollment, health care financing, waivers, or to dictate policy level decision making on issues related to MCH services, delivery, and coverage.

CRS

CRS partners with Medicaid in various ways. Although EPSDT services are the responsibility of the primary care provider for all children under Medicaid managed care arrangements, CRS coordinates services with the medical home to ensure access to specialty care and related services through Medicaid funding for all CYSHCN served by the program. CRS continues its inter-agency agreement with Medicaid to provide Children's Specialty Clinic Services throughout the state, which enhances access to services for Medicaid recipients. In order to ensure consistent quality, statewide standards of care, and access to community-based clinical services, Medicaid and CRS have negotiated a list of approved multidisciplinary clinics. CRS and Medicaid have negotiated a clinic encounter rate that Medicaid pays per specialty medical clinic visit of a Medicaid enrolled child. In addition to covering the cost of the clinic visit it helps fund wrap around services to the client.

Medicaid implemented a consolidated Care Coordination system through a Section 1915 (b) Waiver effective October 1, 2019. This consolidated system resulted in the formation of ACHN. CRS care coordinators have developed a close partnership and collaboration with the care coordination staff at the ACHN regional offices.

Medicaid has a wide variety of Home and Community-Based Waiver programs for which CYSHCN may be eligible. CRS care coordinators and LPCs educate families about the various waiver programs and assist families with the referral and application processes.

CRS serves as the reviewer of all requests for Medicaid funding for augmentative communication devices (ACD) and houses all Medicaid PA requests for ACDs. CRS is the only provider of medically necessary orthodontia for Medicaid recipients. CRS works closely with Medicaid's Dental Director regarding coverage for orthodontia services.

CRS serves in an advisory role to Medicaid for program and policy decisions likely to affect CYSHCN and its sub-group, children with medical complexity, and serves as a voice for this population. Medicaid staff members are assigned to work with CRS. Meetings between Medicaid and CRS are held quarterly to discuss any issues or concerns regarding providing services to Medicaid recipients with CSHCN. If issues arise outside the quarterly meetings, the CRS Medicaid liaison will contact Medicaid to discuss. In addition, CRS staff, including the SPC, participate on advisory committees and work groups associated with various Medicaid initiatives.

CRS staff are trained on Medicaid and CHIP program eligibility and diligently work to ensure that all coverage options have been explored for any uninsured child. If a client is found to be uninsured the CRS care coordinator will assist the parent/guardian in submitting a joint application for Medicaid, CHIP, and the Federally Facilitated Marketplace. The joint eligibility system determines which of the programs the child is eligible to receive coverage.

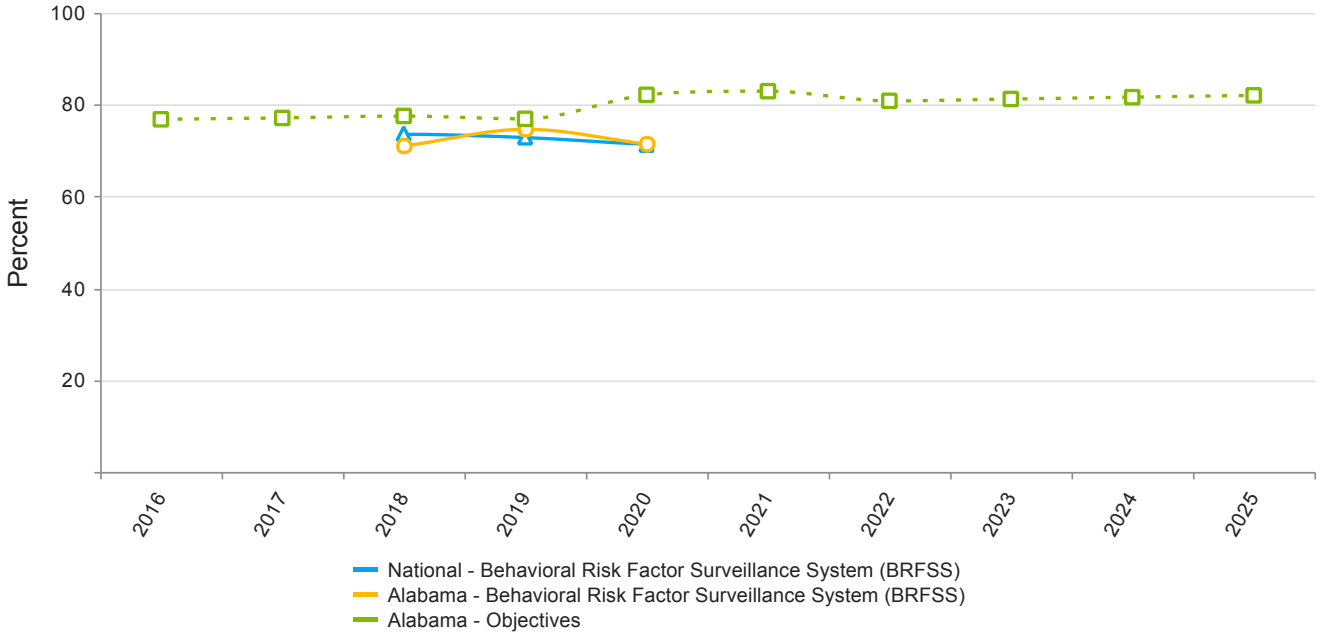
Alabama has a low incidence of uninsured children, which is due to a focus on education and outreach regarding insurance coverage for children. CRS also works with private insurers to ensure coverage for services for CYSHCN.

III.E.2.c State Action Plan Narrative by Domain

Women/Maternal Health

National Performance Measures

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives



Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective				82	82.8
Annual Indicator			70.8	74.4	71.4
Numerator			599,429	629,176	607,073
Denominator			846,286	846,056	850,307
Data Source			BRFSS	BRFSS	BRFSS
Data Source Year			2018	2019	2020

Previous NPM-1 BRFSS data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	80.7	81.1	81.5	81.9

Evidence-Based or –Informed Strategy Measures

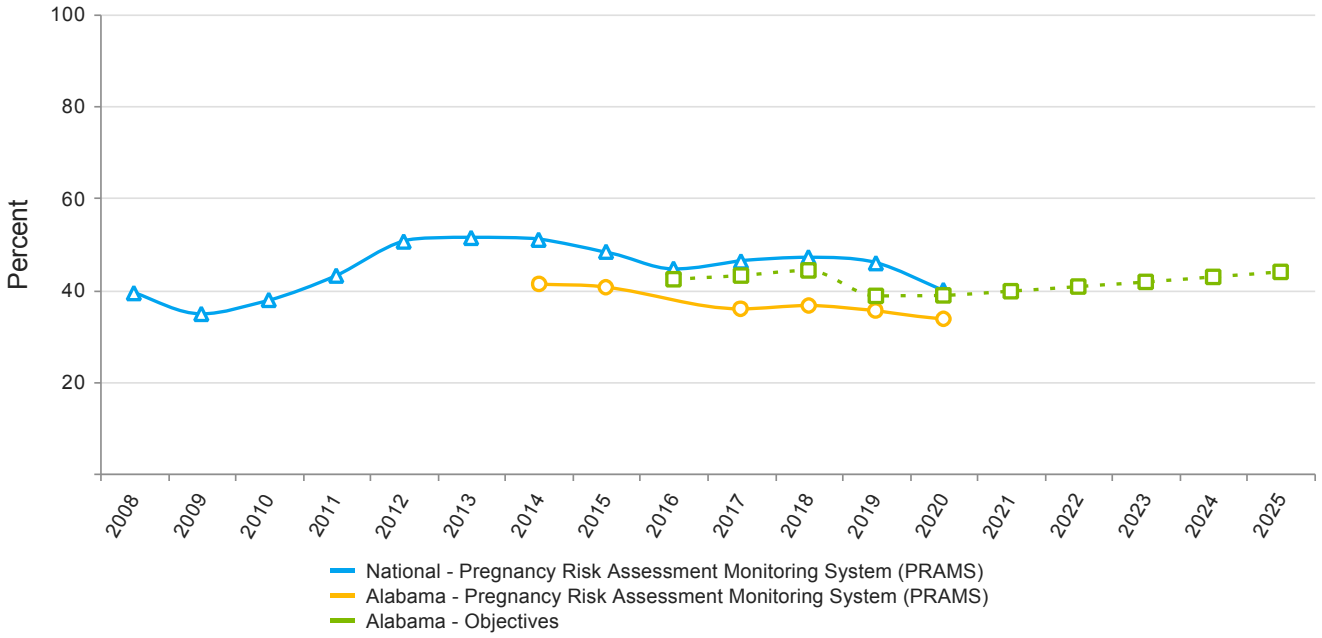
ESM 1.1 - Proportion of women age 15-55 who report receiving a preventive medical visit in the past 12 months by increasing total enrollment percentage in the Well Woman Program 2 points annually.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	44	44.5	44.9	45.4	45.8
Annual Indicator	43.2	43.2	43.2	43.2	43.2
Numerator	1,081,373	1,081,373	1,081,373	1,081,373	1,081,373
Denominator	2,505,795	2,505,795	2,505,795	2,505,795	2,505,795
Data Source	BRFSS and U.S. Census Bureau, Population Division	BRFSS and U.S. Census	BRFSS and U.S. Census	BRFSS and U.S. Census	BRFSS and U.S. Census
Data Source Year	2015	2015	2015	2015	2015
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	46.2	46.7	47.1	47.5

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy
Indicators and Annual Objectives



Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	43.1	44.2	38.7	38.8	39.7
Annual Indicator	40.6	40.6	36.0	35.4	33.6
Numerator	22,286	22,286	19,726	19,451	15,240
Denominator	54,955	54,955	54,751	54,884	45,331
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2015	2015	2017	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	40.7	41.7	42.8	43.9

Evidence-Based or –Informed Strategy Measures

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

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	
Numerator	0	
Denominator	500	
Data Source	Oral Health Program	
Data Source Year	2020	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	3.0	6.0	9.0	10.0

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

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	
Numerator	0	
Denominator	500	
Data Source	Oral Health Program	
Data Source Year	2020	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	3.0	6.0	9.0	10.0

State Performance Measures

SPM 4 - Percent of women who smoke during pregnancy

Measure Status:	Inactive - Removed.		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			7.8
Annual Indicator	8.7	8	7.5
Numerator			
Denominator			
Data Source	ADPH Center for Health Statistics	ADPH Center for Health Statistics	ADPH Center for Health Statistics
Data Source Year	2018	2019	2020
Provisional or Final ?	Final	Final	Final

State Action Plan Table

State Action Plan Table (Alabama) - Women/Maternal Health - Entry 1	
Priority Need	
Lack of preventive dental visits across all Title V populations, especially for those uninsured.	
NPM	
NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy	
Objectives	
By 2025, increase the percentage of dental providers who receive education on the importance of preventive dental visits for expectant mothers by 10 percent.	
By 2025, increase the percentage of dental providers who are provided education and support on the provision/referral for HPV vaccine by 10 percent. (create a provider Services survey and gather baseline data.)	
Strategies	
Educate and reach out to oral health providers to improve understanding of preventive dental visits during pregnancy and through ads utilizing television, streaming, and social media platforms.	
Promote HPV education, and HPV vaccine education, promotion and referral using the #WATCHYOURMOUTH campaign developed through a partnership with Mitchell Cancer Institute.	
ESMs	**Status**
ESM 13.1.1 - Percentage of dental providers receiving information/education regarding importance of preventive dental visits for expectant mothers	Active
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	Active
NOMs	
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	

State Action Plan Table (Alabama) - Women/Maternal Health - Entry 2

Priority Need

High levels of maternal mortality.

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

Provide routine classes, to women participants, that promote health, breastfeeding, safe sleep, and make referrals to other programs that impact maternal mortality.

Strategies

Offering more classes for women participants in WIC in counties with higher rates of maternal mortality than the state rate or in at least 5 counties.

ESMs	Status
ESM 1.1 - 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 2 points annually.	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Well Woman Program

NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year

ESM 1.1: Proportion of women age 15-55, who report receiving a preventive medical visit in the past 12 months by increasing total enrollment in the Well Woman Program by 2 points annually.

The ADPH Well Woman Program focuses on preconception/interconception health and promotes healthy living, prevention, and early detection of disease to assist in increasing longevity and quality of life for women ages 15 to 55 in Alabama. The program began as a pilot program in FY 2017 with 3 counties and has been fortunate to expand to 12 counties in Alabama due to additional Title V Block Grant funding and funds from the State of Alabama Infant Mortality Reduction Plan. The Well Woman program enhances access to preventative screenings for cardiovascular disease, wellness checks, and vision and oral screenings. Also, the program offers free services to address issues like obesity, hypertension, high cholesterol, and diabetes. Women are given the opportunity to participate in behavioral change programs addressing chronic diseases, food choices and portion control, physical activity, and smoking cessation. All program components are related to the delivery of screening, diagnosis, treatment of hypertension, and delivery of support to participants receiving Well Woman services.

From FY 2021 to the start of FY 2022, the program expanded from 6 counties to 12 counties in Alabama which offer Well Woman services. The increased number of Well Woman counties offering services allows for growth and the provision of more information for the continuation of care regarding preconception and interconception care, as well as promoting healthy lifestyle behaviors to women in the public health districts. The maps below illustrate the growth of the program through FY 2021 to the beginning of FY 2022, including current counties and pending future expansion within into Autauga, Crenshaw, Covington, and Jefferson counties. Future expansion will continue to provide women in the Public Health districts the opportunity for preventative screenings and education in lifestyle modifications for health and wellness.

2020-2021 Counties

2021-2022 Counties

The Well Woman program utilizes the New Leaf curriculum, which is a nationally recognized scientific-based

intervention tool that emphasizes practical strategies for making changes in dietary intake and physical behaviors. As physical activity is an important component of ensuring health, partnerships with local community businesses and programs allow participants to engage in physical activity either virtually or in-person. The program accepts self-referrals, referrals from community partners, local physicians, and other programs within ADPH such as the Family Planning Program and STD clinics for eligible women.

Sustainability and growth of the program have been met with innovative strategies. Telehealth and telemedicine services were beneficial in the continuation of Well Woman services during the COVID-19 pandemic. Telehealth/telemedicine is incorporated into the program protocol to create a supportive and accessible environment for staff to reach participants who do not need to be seen face-to-face by a clinician in CHDs. Telehealth services allow for continuation of Well Woman services and broaden the capability to reach participants of the program throughout Alabama, which gives the participants continued availability of support in achieving their health and wellness goals and maintaining the accessibility of clinicians. Throughout FY 2021, COVID-19 was a contributing factor which impacted program enrollment. As the program continued to navigate COVID-19, the program increased use of virtual opportunities such as telehealth visits and virtual nutritional and physical activity classes. Program implementation of virtual means created the opportunity to reach program participants in an even greater capacity to impact their lifestyle and behaviors regarding the goals made to improve health.

At the beginning of FY 2022, the program began a trial clinical team approach as a pilot in ADPH's West Central District (Hale, Greene, and Perry counties) to broaden services to a population of women in a medically underserved region of Alabama known as the "Black Belt". Generally, the clinical staff for Well Woman counties consist of a nurse practitioner, Well Woman social worker, registered nurse, clinic aide and administrative support assistant II. However, the pilot program in Greene, Hale and Perry counties consists of a clinical team that travels to each county to conduct Well Woman visits on their respective clinic days. The composition of the clinical travel team consists of a nurse practitioner, social worker, and clinic aide.

A beta test campaign, 211KNOW, was piloted in the Well Woman program near the final quarter of FY 2021. The Office of Women's Health and Well Woman partnered with the Alabama Women's Commission and Explore Media to compile researched nutritional and physical activity information to share as weekly text messages to program participants. Participants received these educational messages each week at the same time which allowed them to have access to recipes, physical activity tips, and other various vetted nutritional information. The campaign was a success and the goal moving forward into 2022 is to continue to partner with the Alabama Women's Commission, Office of Women's Health Committee and the Alabama Department of Mental Health to provide these educational messages to reach women throughout the state. In July 2021, the campaign served 336,044 impressions to the targeted audience of women aged 18-54 in certain geographical areas in Alabama and received a total of 468 clicks through the messaging process to the information provided from subscribers. The geographical areas targeted within Alabama were Montgomery, Selma, Eufaula, Phenix City, Greenville, Fort Mitchell, Tuskegee, Pike Road, Union Springs, Demopolis, and Sweet Water. In August 2021, the campaign served 1,499,997 impressions to the targeted audience and received a total of 1,353 click-throughs from subscribers in the same targeted geographical area.

In FY 2021, the Well Woman program enrolled a total of 268 participants. Of these 268 participants, 13 percent enrolled with a BMI >25 (overweight), 78 percent enrolled with a BMI >30 (obese), and a total of a 42 percent showed a decrease in BMI from enrollment to their second appointment. The program recognizes hypertension as a systolic reading ≥130 and a diastolic reading ≥ 80. On the initial Well Woman visit, 62 percent of participants had a blood pressure reading > 130/80. On the second visit, 59 percent of participants had a reading of 130/80 or greater, which shows a slight decrease. The average age of participants enrolled in 2021 was 39 years of age, with 97 percent of participants enrolled identifying as black, 2 percent of participants enrolled identifying as Hispanic and 3

percent identifying as white.

Participant Success Story
A 33-year-old female was referred to the Montgomery Well Woman Program in July 2019 by the Gift of Life Foundation Home Visiting registered nurse. Upon entering the Well Woman program her baseline screening results were weight of 280 pounds, pre-diabetic, hypertension, and triglycerides at 342. The client was very concerned about her health issues and set goals to become healthier. She began attending fitness classes 3-4 times weekly, reduced portion sizes, and attended monthly support group meetings to gain knowledge about choosing and preparing healthier choices. She worked hard on her goals and began to see some weight loss. This participant re-enrolled in the Well Woman Program in January 2021 and plans to re-enroll in 2022. She is no longer pre-diabetic, current weight is 208, triglyceride and blood pressure are in normal range. She states " The Well Woman Program helped me learn how to shop for healthy foods, prepare healthy meals, and motivated me to work on my health problems." She states, "Meeting other Well Woman members in the group made me feel like I am not the only person on a health journey. "

Oral Health Office

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

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.

Pay It Forward
In 2021, OHO provided $25,00.00 in grant funding to HandsOn River Region to assist in their Pay It Forward program. The purposes of this grant are to help low-income citizens who lack dental insurance receive needed dental treatment and give back to the community at the same time. HandsOn River Region provides staffing for Pay It Forward to orchestrate a value-based program allowing clients to log volunteer hours (choosing from over 200 nonprofit agencies in the River Region) in exchange for dental treatment. The funds are used for administrative purposes, recruitment of new dental providers, as well as promotion of the program. Due to COVID-19, the dental providers stopped accepting Pay It Forward participants in order to see their own patients.

Tuscaloosa County Health Department Dental Clinic
TCHD dental clinic provided dental treatment for six expectant mothers in FY 2021.

Calhoun Community College and Wallace State Community College
A partnership between ADPH's Northern Public Health District and two community college hygiene programs was initiated in 2021. Calhoun Community College and Wallace State Community College both agreed to accept dental hygiene patient referrals from ADPH. The colleges will receive dental supplies through ADPH in exchange for dental treatment. This arrangement is symbiotic, benefiting patients of the MCH population as well as providing a much needed patient base for the hygiene students. Educational information regarding importance of preventive dental visits for expectant mothers, Count the Kicks, and the Tobacco Quitline will be provided to patients as well. An evaluation of dental education is also planned. Of note, the students at Calhoun are members of the inaugural dental hygiene class.

Ongoing activities in Alabama to improve oral health:

Community Water Fluoridation Conferences

OHO partnered with the Utilities Department in the City of Troy, Alabama to host two conferences for water plant workers. The first was a virtual conference with presentations from the CDC National Fluoridation Engineer and the president of the American Fluoridation Society. This conference had 283 registrants and provided four CE hours to Alabama water plant workers at no cost. Sixteen percent of the registrants were comprised of dental directors from other states, fluoridation coordinators, and college instructors, to name a few. The second conference was in person and limited to 80 attendees to allow for appropriate social distancing. Seven CE hours were awarded to the water plant employees at no cost.

Fluoridation Grants
Competitive Fluoridation Grants were awarded to five water systems totaling $86,285. These grants are intended to provide equipment replacement or upgrades to existing fluoridating systems. Opportunities are sought to use grant funds to initiate fluoridation in systems whenever possible.

Fluoridation Awards
Each year, the CDC awards Fluoridation Quality Awards to water systems that consistently maintain optimal fluoridation levels of 0.7 ppm. Efforts to more accurately obtain reports of these levels were undertaken by revamping the collection of the split samples used for testing. In 2020, 123 awards were earned, an eleven percent increase over the previous year. Awards are given one year in arrears.

Public Health District Initiative

ADPH district MCH coordinators submitted proposals in 2021 to address community needs within the Women/Maternal Health Domain. These CHD based projects focused on access to oral health care, expansion of the Well Woman program, and suicide prevention. While COVID-19 continued to cause disruptions and delays during FY 2021, the coordinators continued implementing some projects and were able to establish partnerships, purchase equipment, and take other steps that would propel activities throughout the year as clinics and other agencies reopened.

East Central Public Health District
A new district MCH coordinator was hired in September 2020 to continue the East Central District's work in the women/maternal and perinatal/infant health domains. The women/maternal project focus was addressing preconception/interconception health by continuing to implement the Well Woman program. Despite staffing changes, and delays due to COVID-19, women continued to enroll in and benefit from the program.

Southeastern Public Health District
According to the Robert Wood Johnsons (RWJ) 2020 County Health Rankings National Findings Report, for the Southeastern District (SED), Barbour County is 67.8 percent rural, the rate of obesity is 42 percent, diabetes is 18 percent, low birth weight deliveries are 11 percent, and Barbour reports the highest district rate of poor/fair health days at 30 percent. Henry County's RWJ results for 2020 revealed a 21 percent reported rate of poor or fair health, an obesity rate of 36 percent, a diabetes rate of 17 percent, a low birth rate of 10 percent, and a rural rate of 87.80 percent. Both Barbour and Henry counties report 12 percent of adults are uninsured. Considering the RWJ report, it was decided that women residing in both Barbour and Henry counties could benefit from the evidence-based Well Woman program.

The FY 2021 goal for SED was to increase access to preventative health services for women, with an objective of enrolling 100 women in both Barbour and Henry counties into the Well Woman program by the end of the fiscal year. Challenges to the project included: the lack of a social worker for both counties, the lack of a nurse for Barbour County, a vacancy in the central office Well Woman nurse coordinator position, and COVID-19 halted much progress

due to most staff being reassigned to assist with vaccine clinic duties while the health department was the primary provider of COVID-19 vaccines. Due to these challenges, the district was not able to meet its enrollment goal; however, in preparation for the next year, the district MCH coordinator purchased equipment, supplies, and incentives and planned staff training for the Well Woman program in preparation for implementation during FY 2022. The district was also able to fill the nurse and social worker vacancies. The eventual expansion of vaccine distribution sites in SED relieved much of the COVID-19 vaccination clinic duties that were required of the CHD.

Other ADPH Women/Maternal Health Programs

Family Planning

The APDH Family Planning (FP) Program provides confidential family planning and related comprehensive health care services throughout the state to women, men, and adolescents in need of reproductive health care. In CY 2021, FP and its sub-recipients, JCDH and MCHD, served 60,740 clients in 111,993 visits. Over 42,000 clients reported incomes of 100 percent or less than the FPL, and more than half of the clients served during CY 2021 were uninsured. However, ADPH also provides FP services to patients insured by Medicaid (Plan First and/or full Medicaid) or Blue Cross Blue Shield of Alabama.

ADPH FP services include reproductive life planning, contraceptive counseling, breast and cervical cancer screenings and follow up, screening and treatment for sexually transmitted infections. Clients also receive referrals for health care services outside the scope of FP, through partnerships with other ADPH programs, such as the Alabama Breast and Cervical Early Detection Program, and external entities, such as DHR, contracted professional services providers, and the ACHN. Clients have access to a broad range of contraceptive methods, including long-acting reversible contraceptives (LARC). During CY 2021, just over 35 percent of clients selected a LARC method, as compared to just over 31 percent during CY 2020.

During CY 2021, FP clients and service provision were dramatically impacted by the onset of the COVID-19 pandemic. With Medicaid's approval, ADPH implemented a virtual visit model, which allowed continued provision of essential FP services. Beginning in March 2021, Medicaid extended approval for telehealth FP visits on a month-to-month basis. Telehealth visits are especially beneficial to ADPH clients whose access to services may be limited by barriers, such as lack of transportation, inability to fit in-person visits into hourly work schedules, and lack of childcare. FP Program Nurse Practitioners (NPs) completed over 6,000 telehealth visits during CY 2021.

In 2019, FP physicians began providing colposcopy services, traveling to selected CHDs on a rotating schedule, in order to facilitate easier access for patients within surrounding multi-county geographic areas. The addition and expansion of this critical procedure greatly facilitates continuity of care for patients who require follow-up of abnormal cervical cancer screening results. As a result, 383 pre-invasive or invasive cervical cancers were detected.

The plan for ADPH NPs to receive colposcopy training, began in FY 2021. Many NPs have received training and upon completion of training, the NPs will utilize mobile colposcopy equipment and existing telehealth capacity to transmit live colposcopy imaging, allowing physicians to diagnose and recommend treatment options remotely.

Special Supplemental Nutrition Program for Women, Infants, and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves women who are pregnant, recently had a baby, or are breastfeeding; infants; and children up to the age of 5 years. To qualify to receive WIC benefits, the applicant must meet income guidelines and have at least one nutrition risk documented.

Benefits provided by WIC include quality nutrition education and services, breastfeeding promotion and support, referrals to maternal and child healthcare services and other assistance agencies, and supplemental foods prescribed as a monthly food package. Supplemental foods include fresh fruits and vegetables, whole grains, dairy, protein sources, juice, infant foods and formula, as well as other specialized formulas ordered by physicians. During the summer of 2021, Alabama WIC launched a temporary increase of cash value benefits enabling qualified WIC participants to purchase additional fresh fruits and vegetables during the produce season. Alabama WIC issues electronic food instruments, with each family receiving an eWIC card to purchase WIC approved foods. To improve the shopping experience and promote social distancing, WIC participants are now able to utilize self-checkout lanes at certain authorized vendors (stores). In response to COVID-19, Alabama WIC implemented several federally authorized WIC waivers to ensure participant safety and continuation of services. Current social distancing waivers include remote benefits issuance, physical presence, and separation of duties, all of which enable WIC benefits to be issued remotely. For certain participant groups, benefits are automatically issued each month without action from the participant. Participants in need of regular nutritional assessments are able to receive benefits via a remote telephone appointment. In addition to social distancing waivers, Alabama's WIC program implemented a food package substitution waiver to ensure adequate supplies of whole wheat/whole grain bread remain available to participants during the pandemic. These waivers enabled Alabama's WIC program to serve just under 112,000 average monthly participants during 2021.

Pregnancy Risk Assessment Monitoring System

PRAMS was initiated in 1987 as part of the CDC's initiative to help state health departments establish and maintain an epidemiologic surveillance system in order to reduce infant mortality and low birthweight. PRAMS is an ongoing, population-based surveillance system designed to identify and monitor selected maternal experiences and behaviors that occur before and during pregnancy and during the child's early infancy among a stratified sample of women delivering a live birth.

Findings from PRAMS are meant to be used to enhance understanding of maternal behaviors and their relationship with adverse pregnancy outcomes. PRAMS data can also be used to aid in the development and assessment of programs designed to identify high-risk pregnancy, reduce adverse pregnancy outcomes, and to inform policy in each participating state.

In 2020, 619 Alabama mothers participated in PRAMS. The PRAMS data for the year 2021 is still being collected, because the PRAMS' year starts in May and ends in April of the following year. Following the end of 2021 data collection, the collated data will be analyzed, and the information obtained disseminated to stakeholders for use to develop, modify, or evaluate programs.

Maternal Mortality Review Program

ADPH established the MMRP on March 16, 2018. The purpose of MMRP is to understand how a wide array of social, economic, health, educational, environmental, and safety issues relate to maternal death. The goal is to do an in-depth look into the circumstances of each case of maternal death to understand how to prevent them. An additional goal is to promote change among individuals, communities, and health care systems in order to improve the well-being of women of childbearing age, infants, and families. The maternal mortality review process begins with the ADPH MMR nurse abstractor gathering information about a maternal death and synthesizing the information into a case summary. The de-identified case summary is presented to the Maternal Mortality Review Committee (MMRC). MMRC is a multidisciplinary team which reviews cases of maternal death that occur during pregnancy or within one year of pregnancy and makes recommendations that will lead to a more effective and efficient statewide maternal care system.

The Alabama MMRC convened for the first time on December 7, 2018, for a mock case review. ADPH and a team from CDC provided information on the importance of conducting maternal death reviews and oriented members about the role they each play on the committee. MMRP has consulted and collaborated with the Division of Reproductive Health National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention in the implementation and operations of the Alabama MMRP. On Friday, February 8, 2019, the Alabama MMRC conducted its first case review meeting with more than 45 professionals from across the state in attendance. During the year, the MMRC met quarterly and reviewed all of the 36 maternal deaths selected for review out of 56 maternal deaths that occurred in 2016. Support for the MMRC was provided by the American College of Obstetricians and Gynecologists.

Currently, MMRP staff is abstracting 2019 maternal deaths. The MMRC has continued to meet virtually and review all maternal deaths despite the COVID-19 pandemic. The MMRC is meeting at least quarterly to review the 2019 case summaries and make recommendations. A combined report of the MMRC findings from the reviews in 2016 and 2017 is being prepared and scheduled to be published by the end of Summer 2022. The MMRP was provided state funds through the general budget to hire additional staff and provided funding to perform maternal death autopsies. A MMRP nurse manager was added to the staff in the spring of 2021.

State of Alabama Infant Mortality Reduction Plan

In December 2017, Governor Kay Ivey convened the Children's Cabinet to address the issue of infant mortality in Alabama. A subcommittee was created to develop an action plan. This subcommittee was comprised of leaders and staff from DECE, DHR, DMH, ADPH, Medicaid, and OMA. Title V funded program managers and MCH Epi staff developed and implemented strategies and data support for the action plan. Following is an overview of the initiative's maternal health strategies in FY 2021.

Home Visiting
DECE contracts with two community programs to provide home visiting services in the three target counties, Macon, Montgomery, and Russell counties. Although the ongoing pandemic altered the delivery of some services, the First Teacher Home Visiting Programs continued to serve families. The national offices for both the Parents as Teachers and Nurse Family Partnership models continued to provide resources for best practices related to serving families via remote technology. Visits continue to be both virtual and in person depending on the family's preference.

From October 2020 to September 2021 there were a total of 200 families enrolled in the Home Visitation Program in Macon, Montgomery, and Russell counties. In these target counties there were nine referrals to Tobacco Cessation Counseling, 62 referrals to Parent/Child Interaction Screening, 75 referrals to Child Development Screening, and 63 referrals to Intimate Partner Violence Screening. At least 50 percent of primary caregivers in Montgomery and Russell counties reported safe sleep practices. Just over half of the mothers who delivered during this time period initiated breastfeeding in all three counties. Only Montgomery County reported any preterm births in fiscal year three.

The COVID-19 pandemic presented the most significant challenge this year. DECE recommended remote visiting while the statewide mask mandate was in effect and vaccination efforts continued. Programs distributed vaccine information to families to allow them to make informed decisions regarding COVID-19 vaccinations. Nurse Home Visitors and Parent Educators connected families with essential resources during the challenging times.

Screening, Brief Intervention, Referral to Treatment (SBIRT) Tool
The SBIRT tool can be a useful instrument in identifying, reducing, and preventing substance use, domestic violence, and depression. Research has been completed on best practices in providing services among pre- pregnancy, prenatal,

and post-partum women. Additionally, training strategies and outreach models have been explored to determine the optimal ways to effectively provide screenings. In this way, a training program and support for providers may increase the number of screenings that take place.

The SBIRT strategy team at the University of Alabama School of Social Work and VitAL continued to make progress on the online SBIRT training module for obstetricians and gynecologists (OB/ GYNs). Through cycles of review and revision, the team provided subject matter guidance to d'Vinci Interactive, Incorporated, the software company responsible for engineering the electronic and visual formatting of the training module. Maternity care coordinators with the Alabama Coordinated Health Networks (ACHN) completed SBIRT training across the state, including the three targeted counties of Macon, Montgomery, and Russell. A total of 6,805 pregnant patients with Medicaid coverage were screened for alcohol use, substance use, and mental health this year. By screening these patients and identifying risky use patterns and/or potential mental health issues, care coordinators can address these behaviors before they worsen. This will also increase positive health outcomes for mothers and babies in Alabama. ACHN staff were provided pocket cards, brochures, and other materials to use in SBIRT implementation. The SBIRT team will provide consultation/coaching and other technical assistance as needed to the ACHN staff. The SBIRT team provided tools to the Medicaid staff that will assist in tracking the ACHN's implementation of SBIRT progress. The SBIRT strategy team continued ongoing support and follow-up consultations with previously trained ADPH ALL Babies, Well Woman, and Title X staff. Education to targeted providers and staff is projected to increase the uptake of SBIRT screening throughout the state.

Preconception and Inter-Conception Care

The goal of the Well Woman program is to provide preconception and/or interconception healthcare to women of childbearing ages (15-55) as a foundation for wellness and to reduce cardiovascular disease risk factors in Alabama. Well Woman creates the opportunity for women to receive recommended preventative services, screenings, and management of chronic diseases such as elevated cholesterol and hypertension. Well Woman seeks to optimize the health of women before, during, between, and beyond potential pregnancies. The successes in the three pilot counties and the implementation of the State of Alabama Infant Mortality Reduction Plan led to an expansion in 2019 to Montgomery, Macon, and Russell counties. The program is continuing to grow and expand to better serve the women of Alabama. In FY 2021, Montgomery County had 99 enrollees, Macon county had 58, and Russell County had 72. As the Well Woman program expands, it continues to provide preconception and inter-conception care and education, specifically regarding healthy lifestyle behaviors. At the start of the year, Well Woman program staff worked diligently to ensure that women were able to work toward healthier lifestyles, despite challenges related to the ongoing pandemic. The Well Woman program serves clients who are at increased risk of severe outcomes. Groups at risk include those with underlying health conditions, such as obesity, hypertension, diabetes, high cholesterol, and heart disease. During COVID-19, existing clients continued to receive services via telehealth phone visits and by virtual means. Telehealth services protocol were adopted and continued during this reporting period. Physical activity is an important component of the program. Partners hosted virtual sessions for participants during the height of the pandemic and continue to augment their services with the virtual option. Virtual support group meetings are offered monthly in Alabama's East Central district through a partnership with Alabama Cooperative Extension Services.

Perinatal Regionalization

Enhancing perinatal regionalization (PR) is a priority of the State of Alabama Infant Mortality Reduction Plan. For several years, the team has been working and continues to work to implement a fully coordinated system of perinatal regionalized care in Alabama. The team, in collaboration with Alabama Hospital Association and the State Health Planning and Development Agency (SHPDA), has worked to identify the level of neonatal care of delivering hospitals through self-declaration by the facilities. The perinatal regionalization strategy team underwent significant staffing

changes in the third fiscal year, including loss of key staff. Staff changes, coupled with challenges brought on by the ongoing COVID-19 pandemic, hindered advancement of the team's activities throughout most of the year. In the final month of this quarter, a new staff member was hired and trained. The nurse coordinator was oriented to past progress in this strategy and next steps were examined. Self-declared neonatal care levels for FY 2020, based on the 11 guidelines from the American Academy of Pediatrics, are on file with the State Health Planning and Development Agency for delivering hospitals serving the three pilot counties.

Women/Maternal Health - Application Year

During the 2019-2020 Title V Needs Assessment, Alabama selected NPM 1 and NPM 13 as its areas of focus for women/maternal health for FY 2021-2025. The ESM supporting activities for each NPM will be implemented as described below.

Well Woman Program

ESM 1.1 - Proportion of women age 15-55, who report receiving a preventive medical visit in the past 12 months by increasing total enrollment in the Well Woman Program by 2 points annually.

For FY 2023, the Well Woman program has plans to partner with the Perinatal Regional Advisory Committees and Perinatal Community Action Teams to continue to better serve its participants and the women of Alabama. Research has proven that knowing the percentage of women planning a pregnancy who meet preconception dietary and physical activity guidelines and which health-related preconception factors are associated with body mass index help to improve preconception care.

Oral Health Office

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

OHO plans to continue to educate dental providers by delivering presentations through various conferences, partnerships, and meetings. OHO provided 1,000 packets of oral health education to the 2022 Gulf Coast Dental Conference attendees covering topics such as HPV, tobacco cessation, community water fluoridation, and promoting preventive dental visits. OHO has tentatively secured a 3-hour slot at the 2023 Gulf Coast Dental Conference next July to provide the education in-person.

OHO will distribute educational resources to dental providers through direct mailings and the promotion of awareness campaigns related to oral hygiene, oral cancer, and HPV.

OHO and OCHA will develop and promote educational opportunities for dental providers on the importance of dental visits during pregnancy through ads utilizing television, streaming, and social media platforms.

OHO anticipates the partnership with HandsOn River Region, supporting the Pay It Forward program, to continue in 2023. Additional organizations will continue to be recruited to participate in Pay It Forward; additional providers will be sought as well.

OHO is implementing promotion of Count the Kicks in FY 2023. Plans to promote the campaign to dental providers are on-going with Healthy Birth Day Inc.

Messages regarding the importance of preventive dental visits for expectant mothers are being integrated into the Well Woman 211KNOW text message campaign. This campaign provides support, helpful tips, and links to the resources needed to support good health.

OHO plans to host another conference for water plant employees. Participants will be eligible to receive free CEUs.

The year 2021 marked the third year of the 2018-2023 Alabama State Oral Health Plan. OHO plans to begin rewriting the plan in FY 2023.

Maternal Mortality Review Program

In FY 2023, the MMRC will continue to meet quarterly to review cases. State funds through the general fund budget will continue for the MMRP. These funds were secured through the efforts of the March of Dimes and the Medical Association of the State of Alabama. The program will incorporate next of kin interviews from family members and identify a process for including a community representative on the MMRC. Maternal deaths that are COVID-19 related will be reviewed, abstracted, and presented to the MMRC, so that prevention efforts can be disseminated to mitigate these deaths. A social worker will be hired for the MMRP to conduct next of kin interviews so that the MMRC can gain a better understanding of factors that contribute to maternal deaths.

Perinatal/Infant Health

National Performance Measures

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

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	75.9	84.5	84.2	83.6	83.8
Annual Indicator	84.3	84.1	83.5	64.6	64.6
Numerator	958	913	949	3,967	3,967
Denominator	1,136	1,086	1,137	6,137	6,137
Data Source	Alabama Center for Health Statistics	Alabama Center for Health Statistics	Alabama Center for Health Statistics	Alabama Center for Health Statistics	Alabama Center for Health Statistics
Data Source Year	2017	2018	2019	2020	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	84.8	84.9	85.1	85.3

Evidence-Based or –Informed Strategy Measures

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

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			0
Annual Indicator	0		0
Numerator	0		0
Denominator	46		46
Data Source	Alabama State Perinatal Program Data		Alabama State Perinatal Program Data
Data Source Year	2020		2021
Provisional or Final ?	Final		Final

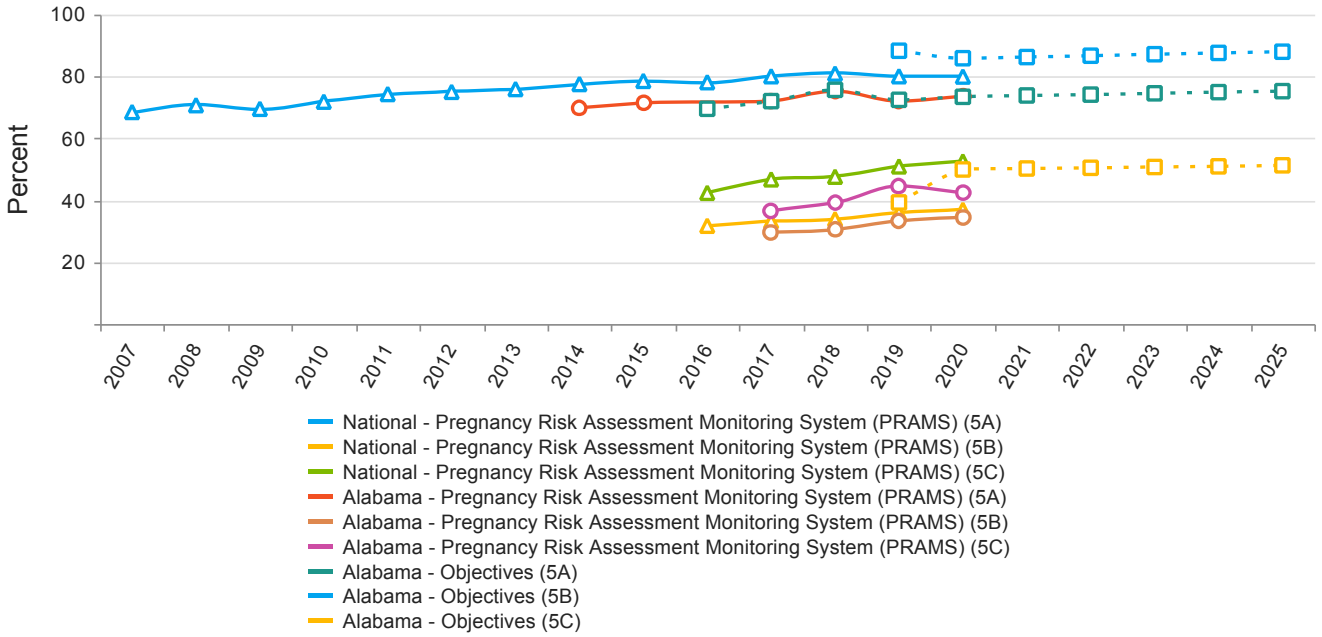
Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	10.9	21.8	32.7	43.6

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

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			1
Annual Indicator	0		0
Numerator			
Denominator			
Data Source	Alabama State Perinatal Program Data		Alabama State Perinatal Program Data
Data Source Year	2019		2019
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	1.0	2.0	2.0	3.0

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 Indicators and Annual Objectives



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

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	71.9	75.5	72.3	73.3	73.7
Annual Indicator	71.3	71.3	72.1	72.0	73.3
Numerator	38,245	38,245	37,735	37,266	31,945
Denominator	53,663	53,663	52,309	51,781	43,605
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2015	2015	2017	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	74.0	74.4	74.8	75.1

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective	88.1	85.7	86.1
Annual Indicator	29.8	33.3	34.6
Numerator	15,619	16,967	15,074
Denominator	52,446	50,878	43,622
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	86.5	87.0	87.4	87.8

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective	39.3	49.9	50.2
Annual Indicator	36.7	44.4	42.3
Numerator	19,218	22,734	18,238
Denominator	52,355	51,234	43,152
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	50.4	50.7	50.9	51.2

Evidence-Based or –Informed Strategy Measures

ESM 5.1 - Number of sleep-related infant deaths

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			63.9
Annual Indicator	70		70
Numerator			
Denominator			
Data Source	ADPH Center for Health Statistics		ADPH Center for Health Statistics
Data Source Year	2018		2018
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	62.0	60.1	58.3	56.6

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

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			2.5
Annual Indicator	2		0
Numerator			
Denominator			
Data Source	Alabama State Perinatal Program Documentation		Alabama State Perinatal Program Documentation
Data Source Year	2020		2021
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	2.5	3.1	3.9	4.9

State Performance Measures

SPM 8 - Decrease number of infants dying from Sudden Infant Death Syndrome (SIDS)

Measure Status:	Active		
Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	10.3	10.2	10.1

State Action Plan Table

State Action Plan Table (Alabama) - Perinatal/Infant Health - Entry 1	
Priority Need	
High levels of infant mortality (and associated factors of preterm birth and low birth weight).	
NPM	
NPM 3 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)	
Objectives	
Increase the percent of delivering hospitals convened at a meeting to share data and discuss the Alabama Perinatal Regionalization System Guidelines.	
Strategies	
Convene the delivering hospitals to share data and discuss the Alabama Perinatal Regionalization System Guidelines.	
ESMs	Status
ESM 3.1 - Percent of delivering hospitals convened at a meeting to share data and discuss the Alabama Perinatal Regionalization System Guidelines	Active
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	Active
NOMs	
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	
NOM 9.1 - Infant mortality rate per 1,000 live births	
NOM 9.2 - Neonatal mortality rate per 1,000 live births	
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	

State Action Plan Table (Alabama) - Perinatal/Infant Health - Entry 2

Priority Need

High levels of infant mortality (and associated factors of preterm birth and low birth weight).

NPM

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

Objectives

Complete the steps of the CDC's Level of Care Assessment Tool (LOCATe) process in order to design and align the Alabama Perinatal Regionalization System Guidelines with the national criteria for the maternal levels of care.

Strategies

Implement the CDC's Level of Care Assessment Tool (LOCATe) process in order to align and implement the national criteria for the maternal levels of care.

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

NOMs

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

State Action Plan Table (Alabama) - Perinatal/Infant Health - Entry 3

Priority Need

High levels and worsening trends of sleep-related/SUID deaths.

NPM

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

Objectives

Increase by 5 percent annually, the percentage of WIC prenatal participants placing their infants to sleep on their backs by providing safe infant sleep education.

Strategies

Provide safe sleep education to WIC prenatal participants in order to increase the percent placing their infants to sleep on their backs.

ESMs	Status
ESM 5.1 - Number of sleep-related infant deaths	Active
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	Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Alabama) - Perinatal/Infant Health - Entry 4

Priority Need

High levels and worsening trends of sleep-related/SUID deaths.

NPM

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

Objectives

Decrease by 3 percent annually, the number of sleep-related infant deaths by implementing targeted consistent safe sleep education to caregivers, child health providers, health care providers, and hospital systems.

Strategies

Implement targeted consistent safe sleep education to caregivers, child health providers, health care providers, and hospital systems.

ESMs	Status
ESM 5.1 - Number of sleep-related infant deaths	Active
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	Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Alabama) - Perinatal/Infant Health - Entry 5

Priority Need

High levels and worsening trends of sleep-related/SUID deaths.

NPM

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

Objectives

Increase by 25 percent annually, the 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.

Strategies

Facilitate trainings to assist healthcare professionals and first responders, who interact with expecting and new mothers, with being trained on safe sleep recommendations.

ESMs	Status
ESM 5.1 - Number of sleep-related infant deaths	Active
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	Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Alabama) - Perinatal/Infant Health - Entry 6

Priority Need

High levels and worsening trends of sleep-related/SUID deaths.

SPM

SPM 8 - Decrease number of infants dying from Sudden Infant Death Syndrome (SIDS)

Objectives

Increase the percentages of moms placing infants to sleep on their back by providing safe infant sleep education.

Strategies

Provide safe sleep education to prenatal women.

State Perinatal Program

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

ESM 3.1 - 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

Alabama reestablished its focus on preterm births with the ESM to address improving the system or perinatal referral and transfer for high-risk mothers and infants. The SPP team underwent significant staffing changes during 2021, which included losing the lead staff member for the perinatal regionalization project. In the final part of the year, a new staff member was hired and trained. The staff member was oriented to the past progress in this strategy and next steps were examined. The strategy team met with a small workgroup that consisted of AHA staff and staff members from delivering hospitals in order to enhance and reestablish communication on the perinatal regionalization project. Self-declared neonatal levels of care were gathered through the SHPDA survey and improvements were made to Alabama's Perinatal Regionalization Guidelines.

The percent of VLBW infants delivered at the appropriate facility is included in the agency's improving birth outcome strategic plan. Monthly VLBW delivery data for Macon, Montgomery, and Russell counties were reviewed at the strategic plan meetings. Evidence-based strategies to decrease the number of VLBW infants within the pilot counties were reviewed with the goal to identify and select the appropriate strategy/strategies that could be implemented in the pilot counties

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

ESM 5.1 - 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

There were no trainings in 2021 due to staffing deficiencies and COVID-19 restrictions; however, activities to support the NPM continued.

In 2020, there were 102 SUID deaths in Alabama. That number was a slight increase of 99 SUID deaths in 2019. ADPH continued to provide pack-n-plays and safety kits to families in Alabama who were in need of a safe sleep environment for their infant.

In 2021, SPP staff began to brainstorm ways to increase the number of pack-n-plays that are provided to families. SPP began partnering with other state agencies to provide safe sleep education, and ultimately pack-n-plays at a well-established car seat safety program. The perinatal regional coordinators began educating key hospital staff on the pack-n-play program to increase awareness and utilization throughout the state.

In 2021, the agency continued to provide the Sleep Baby Safe and Snug board books in both English and Spanish to women that deliver within the state. The books continued to be shipped quarterly to delivering hospitals statewide.

Alabama Baby Box Initiative

The statewide initiative was launched in March 2016. DHR is the lead agency for Alabama. ADPH has collaborated with the project from initiation by identifying education topics and presenters for the educational videos. In 2021, DHR continued to provide free Baby Boxes in all 67 counties within the state. The Baby Box funders committed to 100,000 free boxes for Alabama participants in the original conversations. More recently the funder has committed to as many baby boxes as needed, indefinitely, for Alabama participants.

Ongoing activities in Alabama to improve birth outcomes and reduce morbidity and mortality:

FIMR - Activities have continued despite the COVID-19 pandemic. The nurse abstractors contacted appropriate entities to request needed records for case abstraction. The records were received via fax, electronic mail, or postal mail. The ability to receive the needed records versus in person record abstraction, which was impossible due to the pandemic, allowed the nurse abstractors to continue case abstraction uninterrupted and continue the FIMR process. Consequently, FIMR CRTs were able to meet virtually, instead of in person meetings, at a minimum quarterly to review infant deaths and make recommendations to mitigate infant death. In 2021, the State Perinatal Program staff abstracted and reviewed approximately 300 fetal and infant deaths.

Collaborating Partners and Initiatives for the MCH Population

ABC - ADPH continued to collaborate with the ABC initiatives to promote and increase breastfeeding statewide. Several ADPH staff served as board members on the ABC.

Alabama Perinatal Quality Collaborative - In 2021, ADPH SPP staff continued to participate in the ALPQC steering committee meetings virtually.

Alabama Partnership for Children - SPP participated in several initiatives that originated with the Alabama Partnership for Children, which is a non-profit organization created to develop, design, and implement a unified approach for improving outcomes of children from birth to five years of age in Alabama. SPP staff attended a Zero to Three virtual conference in conjunction with the Alabama Partnership for Children.

The Wellness Coalition-SPP staff worked with The Wellness Coalition on promotion of breastfeeding through life size cut outs of African American women breastfeeding their children. The cut outs were utilized in several public locations to promote breastfeeding. Several SPP staff members exhibited at the Strolling Thunder event and provided safe sleep and breastfeeding education to community members.

State of Alabama Infant Mortality Reduction Plan

The following is an overview of the action plan's strategies impacting perinatal and infant health.

Safe Sleep
DHR led the safe sleep education efforts. With sleep-related death among the top contributors of overall infant mortality in Alabama, the need for heightened education is evident. The American Academy of Pediatrics (AAP) recommends that the safest way for infants to sleep is alone (in the same room with a caregiver, but not in the same bed), on their backs, and in a crib or other firm surface that is free of soft bedding (blankets, bumper pads, stuffed animals).

The Alabama Collaborative on Safe Sleep has produced a position statement that aligns with these recommendations and informs the guidelines, resources, and educational materials that are disseminated in the state. Alabama DHR used these materials to develop a multifaceted approach to educate new parents on safe sleep practices.

In 2021, activities aimed to provide safe sleep educational materials throughout Montgomery, Macon, and Russell counties. Alabama DHR began the year with a brainstorming session to discuss education and outreach activities, making the decision to initiate a media campaign to further promote the message of safe sleep and to advertise on the public transportation system in Montgomery County. The campaign message was displayed on both inside and the outside of the vehicles. The advertisement yielded an estimated 845,000 views. Additionally, the safe sleep educational materials were accessible through targeted media ads in each pilot county. The estimated views provided insight on the impact of awareness activities. The estimated views were Montgomery County 341,514 views, Macon County 139,879 views, and Russell County 24,096 views.

Breastfeeding

The breastfeeding strategy team lost key staff in 2020, resulting in subsequent stagnation of activities. However, new staff were hired and progress was made on efforts developing a breastfeeding-friendly provider program. The program focuses on provider education and awareness of optimal breastfeeding practices. Providers will receive toolkits, which consist of information regarding healthy infant nutrition through breastfeeding. The toolkits also include materials specifically for patients. The materials for the toolkit were vetted amongst the breastfeeding workgroup and revisions were made. New staff was trained and oriented to past progress in breastfeeding initiatives. Cross-sector partnerships were reestablished and the workgroup has been restarted.

Utilization of 17P

17P is a hormone treatment which may be prescribed to women who have experienced a spontaneous previous preterm birth as a means to reduce her risk of having another preterm birth. Nationwide, there have been challenges in accessing 17P and in promoting its use. In October 2020, the Food and Drug Administration made a recommendation to remove 17P from the market. This strategy has been discontinued and new strategies are being explored to address prematurity. Workgroups have been formed and numerous discussions are taking place in order to include input from various stakeholders for strategy suggestions. Next steps will be to investigate the feasibility of strategies and to consult with more stakeholders in Montgomery, Macon, and Russell counties.

ADPH Public Health District Initiative

ADPH and JCDH coordinators submitted MCH proposals in 2020 to address needs within the Perinatal/Infant Health Domain, with projects focused on safe sleep and injury prevention. While COVID-19 caused numerous disruptions during FY 2021, the coordinators had begun implementing aspects of the projects and were able to change protocols and make other programmatic adjustments, when necessary.

East Central Public Health District

A new district MCH coordinator was hired in September 2020 to continue East Central District's (ECD) work in the women/maternal and perinatal/infant health domains. The perinatal/infant project focus was safe sleep. The coordinator developed a safe sleep education campaign that involved media, marketing, and direct patient education. The coordinator disseminated resource folders containing information related to safe sleep, Medicaid, infant development, breast feeding, mental health, and other topics relevant to maternal and infant health. The resource folders were given to prenatal clients visiting the various CHDs and women enrolled in the ALL Babies program. The media and marketing aspect of the project involved using billboards, Facebook, Snapchat, and

Instagram to promote the ABC's of safe sleep in the three counites with the highest infant mortality rates in ECD. The billboard advertising began in Bullock, Coosa, and Lowndes in March 2021, and ended in August in Lowndes and Coosa counties, and in September in Bullock County. The projected impressions were 120,536, 125,580, and 33,355 weekly for Lowndes, Coosa, and Bullock counties, respectively. The social media campaign also started in March and overall, the media campaign received a total of 2M impressions and 9.7K clicks.

The district MCH coordinator maintained partnerships and attended meetings with local child death review teams, children's policy councils, Helping Families Initiative of Russell County Judicial Circuit Interagency Team, and others. The coordinator also worked to build the ECD Maternal and Child Health Committee. In other efforts to develop partnerships and provide community education, the coordinator provided resources related to the Count the Kicks Stillbirth Prevention Campaign, infant and child developmental, and teen pregnancy to the New Beginning Maternity school in Phenix City, Alabama. The coordinator was scheduled to speak at the school; however, the event was canceled due to COVID-19. The coordinator also provided children's books, Count the Kicks Campaign information, Well Woman information, and other resources to county social workers, a local OB/GYN office, and a Medicaid ACHN to distribute to clients and to the public during community events. Resources were made available in English and Spanish.

Jefferson County Department of Health

*The c*oordinator facilitated From Day One, a comprehensive patient centered program designed to improve pregnancy and birth outcomes for the women and infants in Jefferson County by promoting early access to prenatal care and connecting families to beneficial community resources. The patients served by the From Day One program consist of high-risk pregnant women, their infants and maternal partners. Emphasis is placed on low resource, low income, under uninsured, uninsured, and minority patient populations. From Day One works with Connection Health to provide access to community health workers (CHWs) to achieve the program goals. CHWs provide the day-to-day monitoring of each participant in the program, educating and supporting expectant mothers from the first trimester of pregnancy through their child's first year of life. In previous studies, it was shown that the western area of Jefferson County accounted for 66 percent of burn injuries, 55 percent of bicycle injuries, and 57 percent of poisonings admitted to the Children's Hospital of Alabama from Jefferson County. With the use of zip code mapping, it was determined that the majority of From Day One participants live in western Jefferson County.

Program participants receive a baby safety shower in their third trimester of pregnancy. The goal of the Baby Safety Shower is increasing client knowledge on infant safety, thereby reducing the number of childhood injuries and improving infant mortality. Due to COVID-19, the baby safety showers were held virtually via Zoom. The following topics were covered during the shower: safe sleep, breastfeeding, fire safety, gun safety, personal safety, car seat safety, stress reduction, and oral health. Simultaneous interpretation was provided by Spanish speaking interpreters during the baby safety shower for the limited English proficiency participants. Written information was also provided in the Spanish language for these participants. In addition to education, the clients were also provided with safety products and resources at the end of the baby safety shower. The following are a small portion of the products that participants received as take-home items: safety kits, grooming kits, books, diapers, and Pack-n-Plays. During the showers safety education was provided by community partners and professional agencies, including but not limited to, the local diaper bank, JCDH WIC/Social Services, Birmingham Fire, Bessemer Police, Children's Poison Control, Children's Care Seat Program, local hospitals, and others. Interactive learning stations are used during the Baby Safety Shower when held onsite. Due to COVID-19, the community partner continued to provide safety education with demonstrations via zoom. Also due to COVID-19 restrictions and guidelines, distribution of the "in-kind" gifts that are provided for the participants continued to be done using the JCDH "Touchless Distribution Plan. "

At enrollment in the From Day One program, the participants complete a demographic questionnaire that includes questions about current risk factors in their home for infant and childhood injuries. Prior to COVID-19, each

participant completed a pre-test to determine baseline knowledge of injury prevention/childhood safety before entering the Baby Safety Showers. One month post-shower each participant was given a post-test to evaluate knowledge and retention of safety education provided at the shower. Due to COVID-19, CHWs had to conduct 3rd trimester home visits virtually to verify or help with installation of the safety related items, These visits were completed via Facetime and Duo. There is an ongoing review of the pre-test and post-test results with clients and follow-up and discussion of the results with the community partners to ensure the information that is presented is done in a way that each participant can understand, thus help them retain the knowledge presented.

Between October 2020 and September 2021, From Day One had 46 new enrollees and hosted 4 baby safety showers. A total of 54 maternity clients participated, along with 3 family members for a combined total of 57 participants. There was a decrease in enrollees due to patients entering care late (past 16 weeks) due to COVID-19.

Infant Mortality Awareness Activities

ADPH held its fourth Infant Mortality Awareness Summit, virtually, on September 9, 2021. The summit was sponsored by ADPH, Birmingham Heathy Start Plus (BHSP), and The Gift of Life Foundation, Inc. The theme of the summit was *Strengthening Communities: Tools to Promote Better Birth Outcomes.* The event offered continuing education units and the presenters provided valuable information on a variety of topics including national maternal and infant mortality data; stillbirth prevention; community-based organizations working to improve birth outcomes; and maternal, fetal, and infant mortality in Alabama. The closing session of the summit was focused on alternative models of prenatal care and provided an enlightening and engaging discussion led by a panel of doulas and midwives.

Other ADPH Perinatal/Infant Health Programs

Alabama Newborn Screening Program

The Alabama Newborn Screening Program is a comprehensive and coordinated system encompassing education, screening, follow-up, diagnosis, evaluation, and management of certain genetic disorders. In 2021, Alabama screened for 31 recommended disorders which included the bloodspot screening, newborn hearing screening, and pulse oximetry screening to detect critical congenital heart disease. The Alabama Bureau of Clinical Laboratories provides blood analysis of newborn screening specimens and manages a web-based system, Secure Remote Viewer, which allows medical providers to access newborn screening results online.

There were significant challenges in 2021 for the program. The emergency response to the COVID-19 pandemic continued to impact the function of the program. The program staff assisted in monitoring temperatures of the lab staff for several months as well as providing testing for the lab staff. The pandemic continued to affect timely follow-up services received by families such as outpatient diagnostic hearing evaluations.

Newborn Screening allows treatment to be initiated within the first few weeks of life, preventing some of the complications associated with the disorders. Early diagnosis may reduce morbidity, mortality, intellectual disability, and other developmental disabilities. The program works in partnership with pediatric subspecialists throughout the state to ensure all babies identified with presumptive positive results receive appropriate diagnostic evaluation and treatment. The program's subspecialists participate in provider education webinars and on the Alabama Newborn Screening Advisory Committee. Additionally, six community-based sickle cell organizations provide counseling services and follow-up for children identified with sickle cell disease or trait.

The Alabama Early Hearing Detection and Intervention (EHDI) Program, Alabama's Listening, ensures that all infants

receive a hearing screening prior to hospital discharge and that they are referred for further testing and intervention if they do not pass the inpatient newborn hearing screen. The Alabama EHDI Program is federally funded through a grant with the Health Resource and Services Administration and CDC. The goal of the program is to follow the Joint Committee on Infant Hearing Guidelines, which is screening by one month of age, diagnostic hearing evaluation by three months of age, and referral to early intervention by six months of age to ensure optimal language acquisition, academic achievement, and social and emotional development. The Alabama EHDI Program continues to undergo many challenges with following these guidelines as diagnostic facilities return to post-COVID-19 pandemic normal business hours and scheduling families for follow-up. For instance, babies born in 2020 are just now being diagnosed for hearing loss increasing the number reported last year from 53 to 109. During 2021, the Alabama Newborn Screening Program received approximately 2,055 lab referrals and identified 210 infants with a newborn screening condition. See Table 1.

Table 1

NBS Screening Disorders Based on DOB for Calendar Year 2021	Number of Presumptive Positives	Number of Infants Identified	Number Referred for Intervention/Specialty Care
3-Hydroxy-3-methyglutaric aciduria	0	0	0
3MCC	2	1	1
Argininosuccinic aciduria	0	0	0
Beta Ketothiolase deficiency	0	0	0
Biotinidase deficiency	1	1	1
Carnitine uptake defect (CUD)	30	1	1
Citrullinemia type 1	36	0	0
Classic Galactosemia	23	1	1
Classical Phenylketonuria (PKU)	23	4	4
Congenital Adrenal Hyperplasia	27	0	0
Congenital Hypothyroidism	125	56	56
Critical Congenital Heart Disease	3	0	0
Cystic Fibrosis	202	7	7
Glutaric acidemia type 1	3	0	0
Hearing Loss	1260	72	72
Holocarboxylase Synthase Deficiency	0	0	0
Homocystinuria	59	0	0
Isovaleric acidemia	7	0	0
LCHAD (Long-chain)	0	0	0
Maple Syrup Urine Disease	13	0	0
MCADD (Medium-chain)	18	6	6
***Methylmalonic acidemia (Cbl A, B)**	20	1	1

***Methylmalonic acidemia mutase *Propionic acidemia**			
Multiple Carboxylase Deficiency	0	0	0
SCID (testing began 10/1/2018)	49	0	0
S Beta thalassemia	3	3	3
SC disease	17	17	17
SS Disease	40	40	40
Trifunctional protein deficiency	0	0	0
Tyrosinemia Type I	88	0	0
VLCAD (very long chain)	6	0	0
TOTALS	2055	210	210

Planned activities for 2022-2023 include the addition of four conditions to the Alabama Newborn Screening Panel. They are spinal muscular atrophy (SMA), X-linked adrenoleukodystrophy (X-ALD), Pompe disease, and Mucopolysaccharidosis type I (MPS I).

Perinatal/Infant Health - Application Year

During the 2019-2020 Title V Needs Assessment, Alabama selected NPM 3 and NPM 5 as its areas of focus for perinatal/infant health. The ESM supporting activities for each NPM will be implemented as described below.

State Perinatal Program

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

ESM 3.1 - 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

Currently, the percent of VLBW infants delivered at the appropriate facility is included in the agency's improving birth outcomes strategic plan. Evidence-based strategies to increase the number of VLBW within the pilot counties are being reviewed with the goal to identify and select the appropriate strategy/strategies that can be implemented in the pilot counties.

In 2023, education of the findings of the analyses will be shared with stakeholders. Through the sharing of the findings and the depiction of better outcomes for infants delivered at appropriate facilities, implementation of the perinatal regionalization model will begin in the delivery hospitals within the three pilot counties; thus, shortly after statewide adoption will occur. A review of regional referral systems that are currently in place, which were incorporated in the late 1970's, is needed to determine if revisions are needed based on the changes that have occurred within the delivering hospitals within the last decade.

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

ESM 5.2 - Number of sleep-related infant deaths

ESM 5.3 - 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

Other Perinatal/Infant Health Activities

SPP will continue to provide the *Sleep Baby Safe and Snug* board books in both English and Spanish to the delivering hospitals quarterly in 2023.

In 2023, DHR plans to continue to provide free Baby Boxes in all of 67 counties within the state.

In 2023, if the annual statewide Babypalooza events are held, SPP staff will participate to educate on an array of perinatal topics and inform pregnant and new parents.

In 2023, the SPP staff will continue to attend the quarterly steering committee meetings and to collaborate with the ALPQC.

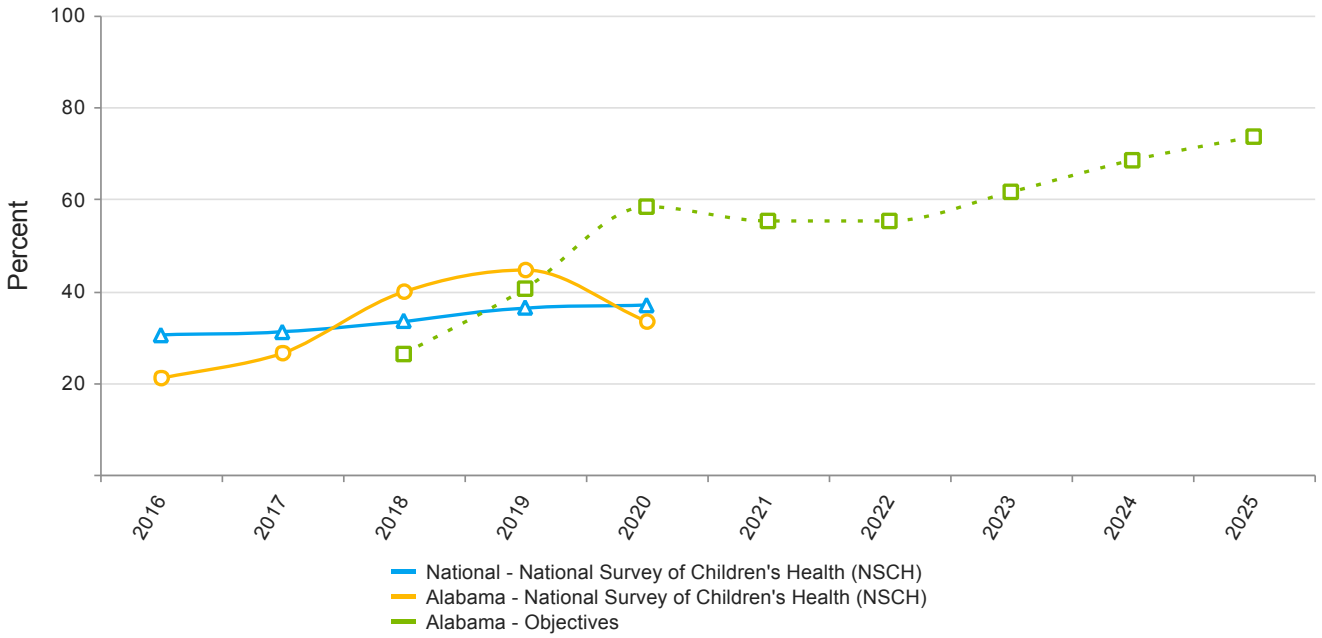
In 2023, collaboration with the Wellness Coalition will continue.

All activities of the State of Alabama Infant Mortality Reduction Plan will continue, with a few minor plans for expansion of work group activities.

Child Health

National Performance Measures

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
Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		26.3	40.5	58.3	55.2
Annual Indicator	21.2	26.6	39.8	44.6	33.3
Numerator	32,690	38,521	53,496	54,906	40,489
Denominator	154,509	145,031	134,315	122,972	121,453
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	55.2	61.5	68.4	73.5

Evidence-Based or –Informed Strategy Measures

ESM 6.1 - Proportion of children birth to age 19 that received a well child appointment in the past year

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			1
Annual Indicator			1.6
Numerator			331
Denominator			20,412
Data Source			Child and Adolescent Health Division
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	1.6	1.6	1.7	1.7

ESM 6.2 - Proportion of children birth to age 19 that received a developmental screening in conjunction with a well-child appointment in the past year

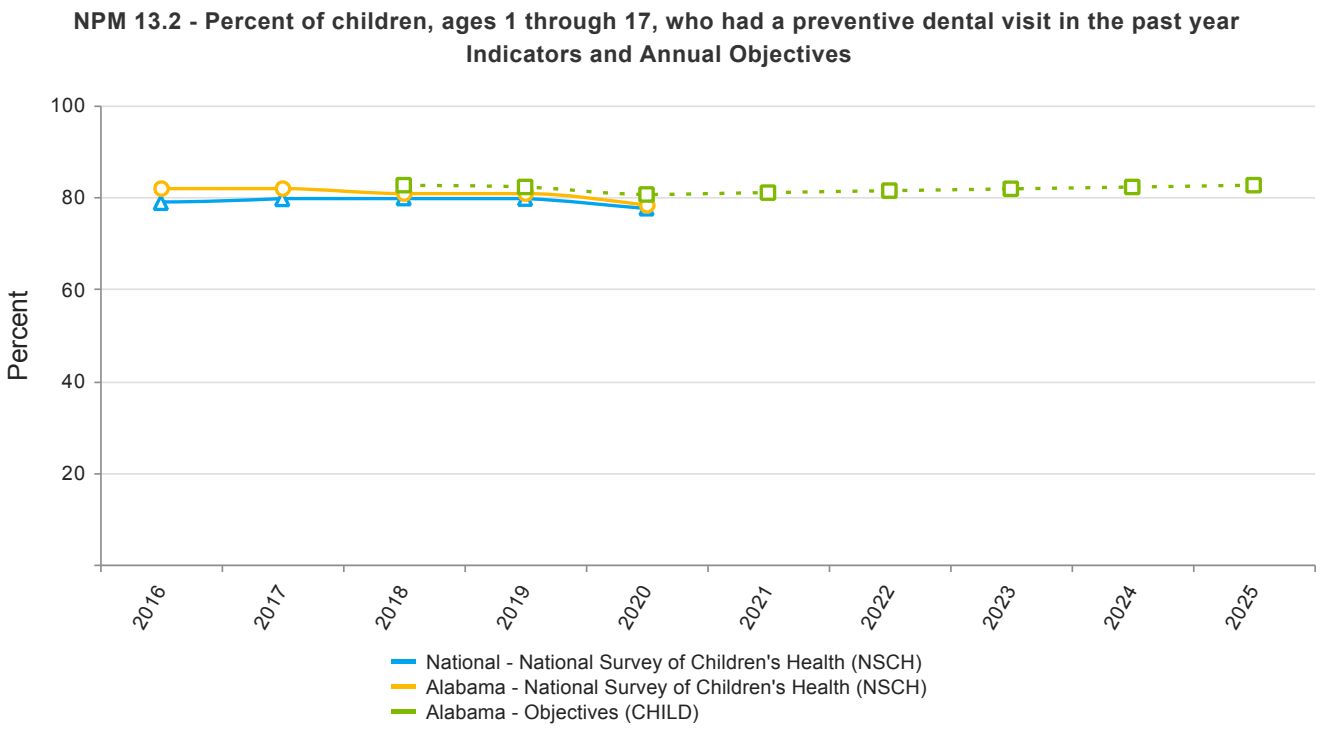
Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			1.9
Annual Indicator	1.8		1.8
Numerator	22,363		22,363
Denominator	1,219,436		1,219,436
Data Source	APC and U.S. Census Bureau Population Estimates		APC and U.S. Census Bureau Population Estimates
Data Source Year	2018		2018
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	1.9	1.9	1.9	2.0

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

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			56.8
Annual Indicator	54.6	56.2	59.3
Numerator	33,751	32,982	36,814
Denominator	61,836	58,688	62,081
Data Source	Alabama Medicaid	Alabama Medicaid	Alabama Medicaid
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	59.9	60.5	61.1	61.7



NPM 13.2 - Child Health

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		82.5	82.1	80.5	80.9
Annual Indicator	81.7	81.7	80.7	80.8	78.2
Numerator	837,585	836,024	830,091	838,606	800,897
Denominator	1,025,822	1,023,434	1,028,454	1,037,949	1,024,513
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	81.3	81.7	82.1	82.5

Evidence-Based or –Informed Strategy Measures

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

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	
Numerator	0	
Denominator	500	
Data Source	Oral Health Program	
Data Source Year	2020	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	3.0	6.0	9.0	10.0

ESM 13.2.2 - 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 cancer

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	
Numerator	0	
Denominator	500	
Data Source	Oral Health Program	
Data Source Year	2020	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	3.0	6.0	9.0	10.0

State Performance Measures

SPM 1 - Percent of children who receive a blood lead screening test at age 12 and 24 months of age

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	54.3	53.3	73	55.1	56.8
Annual Indicator	52.8	72.2	54.6	56.2	59.3
Numerator	33,970	32,124	33,751	32,982	36,814
Denominator	64,372	44,467	61,836	58,688	62,081
Data Source	Alabama Medicaid Agency EPSDT data	Alabama Medicaid	Alabama Medicaid Agency EPSDT data	Alabama Medicaid Agency EPSDT data	Alabama Medicaid Agency EPSDT data
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	59.9	60.5	61.1	61.7

SPM 4 - Percent of women who smoke during pregnancy

Measure Status:	Inactive - Removed.		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			7.8
Annual Indicator	8.7	8	7.5
Numerator			
Denominator			
Data Source	ADPH Center for Health Statistics	ADPH Center for Health Statistics	ADPH Center for Health Statistics
Data Source Year	2018	2019	2020
Provisional or Final ?	Final	Final	Final

State Action Plan Table

State Action Plan Table (Alabama) - Child Health - Entry 1	
Priority Need	
Lack of preventive dental visits across all Title V populations, especially for those uninsured.	
NPM	
NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	
Objectives	
By 2025 increase the number of dental providers who receive education on the importance of preventive dental visits for children ages 1-17 years by 10 percent.	
By 2025, increase the percentage of dental providers who are provided education and support on the provision/referral for HPV vaccine by 10 percent. (create a provider Services survey and gather baseline data.)	
Strategies	
Provide educational preventive dental materials and oral health kits to patients and providers, and promotion of importance of preventive dental visits via the annual “Share Your Smile with Alabama” smile contest.	
Promote HPV education, and HPV vaccine education, promotion, and referral using the #WATCHYOURMOUTH campaign developed through a partnership with Mitchell Cancer Institute.	
ESMs	**Status**
ESM 13.2.1 - Percentage of providers receiving information/education regarding importance of preventive dental visits for children ages 1-17 years of age	Active
ESM 13.2.2 - 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 cancer	Active
NOMs	
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	

State Action Plan Table (Alabama) - Child Health - Entry 2

Priority Need

Lack of timely, appropriate, and consistent health and developmental screenings.

NPM

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

Objectives

Increase by 1 percent the total number of EPSDT screenings performed in county health departments annually.

Strategies

Increase EPSDT sreenings in the county health departments.

ESMs	Status
ESM 6.1 - Proportion of children birth to age 19 that received a well child appointment in the past year	Active
ESM 6.2 - Proportion of children birth to age 19 that received a developmental screening in conjunction with a well-child appointment in the past year	Active
ESM 6.3 - Proportion of children aged 12 & 24 months that have a reported blood lead screening in the past year	Active

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Alabama) - Child Health - Entry 3

Priority Need

Lack of timely, appropriate, and consistent health and developmental screenings.

NPM

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

Objectives

Increase by 1% the total number of children birth to age 5 that receive the ASQ-3.

Strategies

Partner with Alabama Partnership for Children (APC) and Help Me Grow to monitor the number of developmental screenings.

ESMs	Status
ESM 6.1 - Proportion of children birth to age 19 that received a well child appointment in the past year	Active
ESM 6.2 - Proportion of children birth to age 19 that received a developmental screening in conjunction with a well-child appointment in the past year	Active
ESM 6.3 - Proportion of children aged 12 & 24 months that have a reported blood lead screening in the past year	Active

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Alabama) - Child Health - Entry 4

Priority Need

Lack of timely, appropriate, and consistent health and developmental screenings.

SPM

SPM 1 - Percent of children who receive a blood lead screening test at age 12 and 24 months of age

Objectives

Increase by 1 percent the number of children aged 12 & 24 months that have a reported blood lead screening.

Strategies

Increase the number of children aged 12 & 24 months that have a reported blood lead screening.

State Action Plan Table (Alabama) - Child Health - Entry 5

Priority Need

Lack of timely, appropriate, and consistent health and developmental screenings.

Objectives

Ensure that all WIC participants benefit from EPSDT.

Strategies

Consistently referring children in health departments where EPSDT is provided or to their health care provider in countries that do not offer EPSDT.

State Action Plan Table (Alabama) - Child Health - Entry 6

Priority Need

Lack of timely, appropriate, and consistent health and developmental screenings.

Objectives

Intervene/refer patients identified as having mental health concerns/suicidal tendencies to appropriate healthcare professionals.

Strategies

Due to the increasing numbers of suicide in children/adolescents and failure to identify mental health concerns in children and adolescents proactively, partner with Suicide Prevention to incorporate questions related to mental health in initial and updated medical history questionnaires in an effort to identify potential mental health concerns.

Children's Health Branch

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

ESM 6.1 - Proportion of children birth to age 19 that received a well child appointment in the past year

ESM 6.2 - Proportion of children birth to age 19 that received a developmental screening in conjunction with a well child appointment in the past year

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

According to the Child and Adolescent Health Measurement Initiative (CAHMI), in 2018-2019, 44.6 percent of children ages 9-35 months received a developmental screening using a parent-completed tool. This is trending better from 39.8 percent of Alabama's children ages 9-35 months received a developmental screening using a parent-completed tool in 2017-2018.

In addition, according to CAHMI, Alabama fared better than the national average of 36.4 percent of parents completing a parent-completed tool for developmental screening for children 9-35 months old in 2018-2019.

The Children's Health Branch continues to partner with Help Me Grow (HMG) to measure the number of developmental screenings (ASQ3) is provided and uploaded to their Enterprise data collection system. In addition, EPSDT screening numbers are provided through Medicaid to measure developmental screenings and adolescent well-visit.

Alabama Childhood Lead Poisoning Prevention Program
ACLPPP receives funding through a memorandum of agreement with Medicaid, a cooperative agreement with CDC, and more recently through the Title V MCH Block Grant. The combined goal of these funding sources is to maintain a childhood lead poisoning prevention program which ensures blood lead testing and reporting, enhances blood lead surveillance, improves linkages of lead-exposed children to recommended services, and develops targeted population-based policy interventions with a focus on Medicaid-enrolled children.

In order to achieve program goals, education and outreach has been and remains a program priority. An integral part of this is the contract and partnership with subgrantee MCHD. MCHD provides targeted education and outreach for lead poisoning prevention in the high-risk area of Mobile County. In FY 2020, ACLPPP and MCHD attended or hosted a total of 10 trainings or events in spite of the limitations that COVID-19 created. Included in these events was the first Alabama Childhood Lead Poisoning Prevention Advisory Committee (ACLPPAC) meeting, with 22 partners in attendance. This committee was created to leverage existing partnerships and establish new partnerships to meet the goals of ACLPPP. Moving forward, ACLPPAC will be instrumental in developing an updated strategic plan for blood lead testing and follow-up. Additionally, from 2018 to 2020, ACLPPP participated in the Maternal and Child Environmental Health Collaborative Improvement and Innovative Network, learning from other state lead programs and applying concepts and activities by ACLPPP.

In 2020, the number of children less than 18 years of age in Alabama receiving at least one blood lead level (BLL) screening was 37,857. Of those children, 413 children received presumptive positive screens. The number of reported confirmed cases was 344; however, 495 children, which includes some presumptive positives as well, were

referred for treatment and received case management services. BLL testing and reporting decreased in 2020 from 44,369 in 2019 due to COVID-19 limitations. However, preliminary data from the year 2021, shows an upward trend (40,816) toward pre-COVID-19 numbers. This upward trend was accomplished despite the Magellan LeadCare recall which temporarily halted point-of-care testing at medical clinics. During this time, upon inquiry, concerned clinics were referred to the Bureau of Clinical Laboratories (BCL), which has the capability to perform blood lead analysis. The BCL also has a process in place to provide microvettes, mailing containers, and order forms, at no cost, to perform capillary blood lead screening in clinics that do not utilize point-of-care testing.

Beginning in calendar year 2018, the ACLPPP blood lead reference value (BLRV) was adjusted to align with the CDC blood lead reference value of 5 micrograms per deciliter (µg/dL) based on the current National Health and Nutrition Examination Survey's data.

Oral Health Office

NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

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.

Oral Health Screening
The OHO completed the Basic Screening Survey (BSS) of 54 schools throughout the state. The schools were randomly selected by the Association of State and Territorial Dental Directors (ASTDD). The target population consisted of kindergarten and third grade children. A total of 5,579 children were screened, following the standardized guidelines established by ASTDD and CDC, collecting information regarding treated decay, untreated decay, presence or absence of sealants, height, and weight. BSS took two school years to complete due to the sporadic and unpredictable virtual classroom requirements with COVID-19 outbreaks. Educational materials were provided to school nurses on HPV vaccines, community water fluoridation, and importance of preventive dental visits for children 1-17 years of age.

In addition to the BSS, the Oral Health Office conducted Pre-K and Head Start screenings for 1,899 children.

Tuscaloosa County Health Department Dental Clinic
ADPH only operates one dental clinic and that is the Tuscaloosa County Health Department (TCHD) Dental Clinic. The TCHD Dental clinic focuses on providing dental treatment for the MCH population—namely children ages 1-17 years of age, and expectant mothers. Antiquated and failing conventional radiographic equipment in the clinic prevented the ability to adequately diagnose and create proper treatment plans. Utilizing unused OHO budgetary funds, new digital radiographic equipment was purchased for the TCHD dental clinic in 2020. In FY 21, there were 663 child and adolescent patient visits.

Ongoing activities in Alabama to improve oral health:

HPV Education and Vaccine Awareness/Promotion
Year 2021 marked the third year of the #WATCHYOURMOUTH campaign. The campaign was created in collaboration with USA Mitchell Cancer Institute. It is a multi-faceted campaign that highlights the importance of the FDA approved vaccine for HPV related oropharyngeal, as well as other head and neck, cancers. The pinnacle of the campaign occurs in April so as to coincide with Oral Cancer Awareness Month. The campaign attracted the attention of Merck, the only manufacturer of the 9-valent, recombinant HPV vaccine. Merck, as well as the American Dental Association, has promoted the campaign nationally to other stakeholders as well. An ad campaign designed with

Spectrum aired in April. The television component of the commercial aired 9,995 times on 51 networks in 15 zones throughout Alabama. The streaming version provided 357,264 impressions with 352,180 completions for a completion rate of 98.5 percent. See the ad by clicking here.

Share Your Smile with Alabama

Year 2021 marked the fourth annual *Share Your Smile with Alabama* contest for third grade children in public, private, and home schools statewide to bring attention to National Children's Dental Health Month. Two children, one girl and one boy, were selected from photo submissions as the overall winners of the smile contest. The winners received a prize basket of oral health products and the opportunity to be featured in OHO marketing campaigns to promote children's oral health in the state throughout the year. Winners were pictured on flyers sent to CHDs and schools, as well as billboards near their respective schools. Due to COVID-19, a much-abbreviated award ceremony was held in the ADPH Central Office.

ADPH/Calhoun/Wallace State

The partnership initiated between ADPH's Northern Public Health District, Calhoun Community College, and Wallace State Community College will also provide dental services to children. Educational information regarding importance of preventive dental visits for children and HPV vaccines will be provided to the patients.

ADPH Public Health District Initiative

District MCH coordinators submitted project proposals in 2020 to address needs within the Child Health Domain. These county specific projects targeted access to oral health care, increasing EPSDT visits, injury prevention, and suicide prevention in FY21.

West Central Public Health District

In the rural West Central District (WCD), there is a lack of dental services in Greene, Hale, and Perry counties. Two out of three of these counties have only one dental provider and one county has no dentist at all. An additional barrier to care that was identified in these counties and in Tuscaloosa County is the lack of dentists to serve children and pregnant women. The goal for the district project was to provide oral health care to pregnant women and children under the age of 21. The CHD WIC staff utilized dental screening forms to help identify children and pregnant women who were in need of dental care. A total of 948 WIC participants were screened for oral health needs and of those screened, 530 were referred for dental services and a total of 80 exams were completed. WCD partnered with TCHD Dental Clinic to provide dental services for those who were identified as needing dental care if they did not already have a dental home.

WCD began providing dental services at the Greene County Health Department (GCHD) in July 2021, and some of the first patients seen in the GCHD mobile clinic were children. The coordinator participated in several limited community events in Greene, Hale, Perry, Pickens, and Tuscaloosa counties where oral health information and promotional items were distributed at each community event.

In addition to the CHD services, the district MCH coordinator accompanied the TCHD dental staff as they screened students at elementary schools in the Tuscaloosa County School System. A total of 331 K-3rd grade students were screened by the TCHD dental staff as part of the statewide BSS. In addition to the screenings, resources such as pamphlets, toothbrushes, toothpaste, dental floss, and T-shirts were provided to promote awareness of preventive dental care.

Northeastern Public Health District
Tooth decay is known as the most common chronic disease among children. It unequally affects minorities and children living in low–socioeconomic status households. Tooth decay is associated with many poor health outcomes. Loss of teeth, impaired growth, decreased weight gain, poor school performance, and poor quality of life are among the poor outcomes. Recent data of children in Alabama showed 30-50 percent have early childhood caries. Potential risk for children often identified in WIC visits include both infrequent daily dental hygiene and yearly dental exams. The goal of the Northeastern Public Health District (NED) project was to improve oral health in children ages six months to five years, that are currently receiving WIC, to increase routine dental exams and to identify dental caries. Partnerships were developed with the NED WIC nutritionists to complete a dental questionnaire to determine if yearly exams had been completed and to screen for dental problems. Parents were then given a list of dental providers to choose for their child's exam. Subsequent to the screening, clerical staff and the district MCH coordinator completed monthly follow-ups to ensure dental appointments were scheduled. Medicaid eligibility was checked monthly to determine if a child had been seen by the dentist. If a child did not have Medicaid, then parents were called to determine if the child was seen by a dentist. Each child screened received educational materials to promote oral health.

There were 6,519 WIC children screened, 3,322, children referred, and 3,014 follow-up contacts completed for the year. There were 680 exams completed during FY 2021.

Other ADPH Child Health Programs

Healthy Child Care Alabama Program

The Healthy Child Care Alabama program distributes flu information to all parents of children attending day care and preschool. In addition, well-child visit information is also distributed. The importance of the well-child visit, to include immunizations and developmental screening, is emphasized. Additional resources including information about COVID-19; Hand, Foot, and Mouth Disease; and Respiratory Syncytial Virus are also available to inform parents. Technical Assistance is provided to day care providers to include infectious disease and emergency preparedness. Nurse Consultants serve as a resource to assure a healthy environment by providing all required health and safety programs.

Child Passenger Safety

ADPH has long been a leader and partner in injury prevention and child passenger safety in the state. New funding has allowed for the expansion of those efforts. In 2019 the BPPS received a grant from the Alabama Department of

Economic and Community Affairs, which allowed that bureau to develop the Alabama Child Passenger Safety Program. The goals of the Alabama Child Passenger Safety Program are to educate Alabamians on the safe use of child passenger restraints, provide training for individuals to become certified Child Passenger Safety technicians, and establish new car seat fitting stations. Due to COVID-19 and the temporary reassignment of program staff as a result, this program was on hiatus for the majority of 2020. The program did restart in late 2021, and ADPH child passenger safety technicians installed 37 car seats.

Child Health - Application Year

During the 2019-2020 Title V Needs Assessment, Alabama selected NPM 6 and NPM 13 as its areas of focus for child health. The ESMs supporting activities for each NPM will be implemented as described below.

Children's Health Branch

ESM 6.1 - Proportion of children birth to age 19 that received a well-child appointment in the past year

ESM 6.2 - Proportion of children birth to age 19 that received a developmental screening in conjunction with a well-child appointment in the past year

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

The Children's Health Branch will continue to monitor the proportion of children birth to age 19 that received a well-child appointment and of children birth to age 19 that receive developmental screenings.

The ACLPPP will continue to work with local providers, the Environmental Lead Certification Program, and the Social Work Branch to increase blood lead testing and reduce lead exposure among children less than 6 years of age. In October 2021, the CDC adopted a new BLRV of 3.5 µg/dL. ACLPPP aligned with the new BLRV in January 2022, with intentions of serving even more children going forward. This change has the potential to double case management referrals and prompted program expansion. A second nurse has been hired, increasing the capacity for both close medical management and education and outreach. In FY 2023, with a renewed focus on education and outreach post-COVID-19, ACLPPP anticipates surpassing all previous annual blood lead testing rates with a goal of decreasing the overall rate of BLLs at or above the current BLRV of 3.5 µg/dL.

The Healthy Child Care Alabama program is preparing to distribute the Bright Futures *The Well-Child Visit: Why Go and What to Expect,* to parents of children attending day care beginning at the end of July 2022. The information emphasizes why the well-child visit is so important, how to prepare, what to expect, and provides a special note for parents of teenagers. The special note states the well-child visit for teens is a chance to build responsibility for their own health and wellness. Also noted, teens need an opportunity to have one-on-one time with their health care professional. As adolescents practice these skills, they learn how to promote their own lifelong health.

Oral Health Office

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 9 years of age about the FDA approved HPV vaccine in order to prevent future oropharyngeal, cervical, and other HPV-related cancers

The OHO plans to present at the 2023 Gulf Coast Dental Conference. The focus of the proposed presentations will be HPV related oropharyngeal cancers and HPV vaccines. This opportunity aligns perfectly with the new ESM focusing on HPV education directed to dental providers. OHO will also be pursuing additional opportunities to educate dental providers at various conferences and meetings throughout the year.

The BSS data collected has been submitted to ASTDD for analysis and inclusion in the 2024-2029 Alabama State

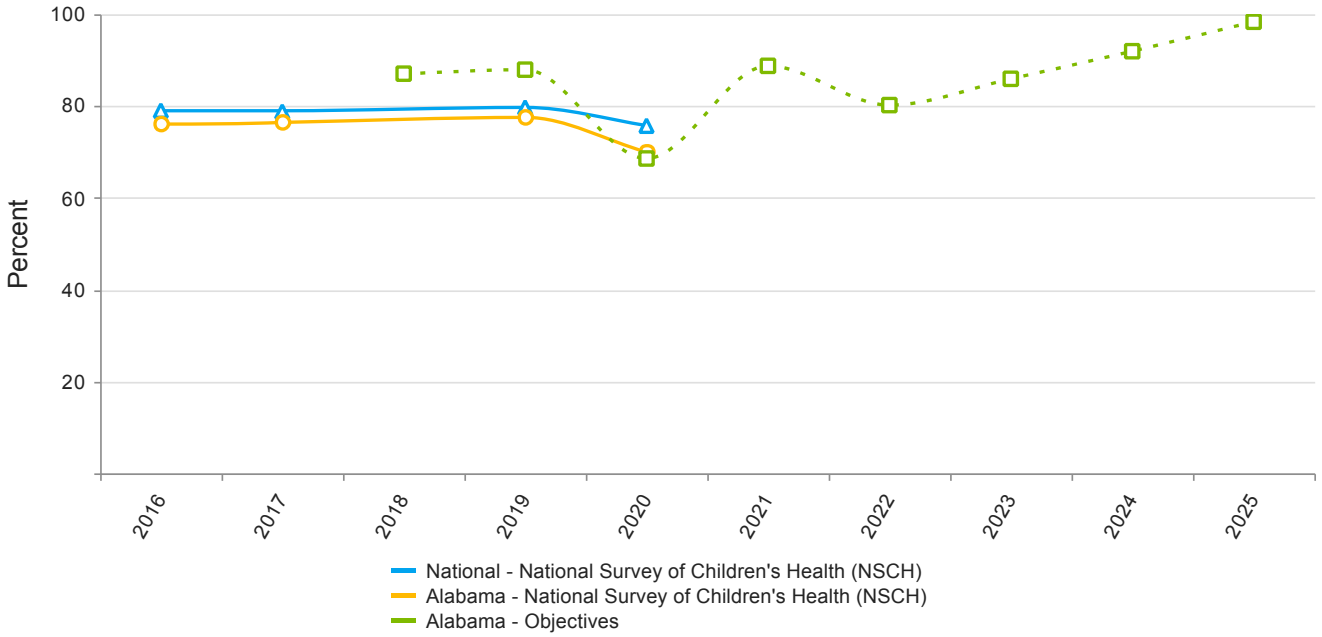
Oral Health Plan. OHO will publish BSS results through data summaries designed by ASTDD.

The OHO will be granted $25,000 by the Cancer Prevention and Control Division for the purpose of training dental providers on HPV vaccination and HPV related oral cancer prevention. Funds may be used for speaker expenses, venues, and continuing dental education units for the training. The funds may be used for more than one training, but they must be used before June 29, 2023.

Adolescent Health

National Performance Measures

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		86.9	87.8	68.5	88.6
Annual Indicator	75.9	76.3	76.3	77.4	70.0
Numerator	267,488	279,668	279,668	253,566	244,204
Denominator	352,368	366,499	366,499	327,459	348,830
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2016_2017	2019	2019_2020

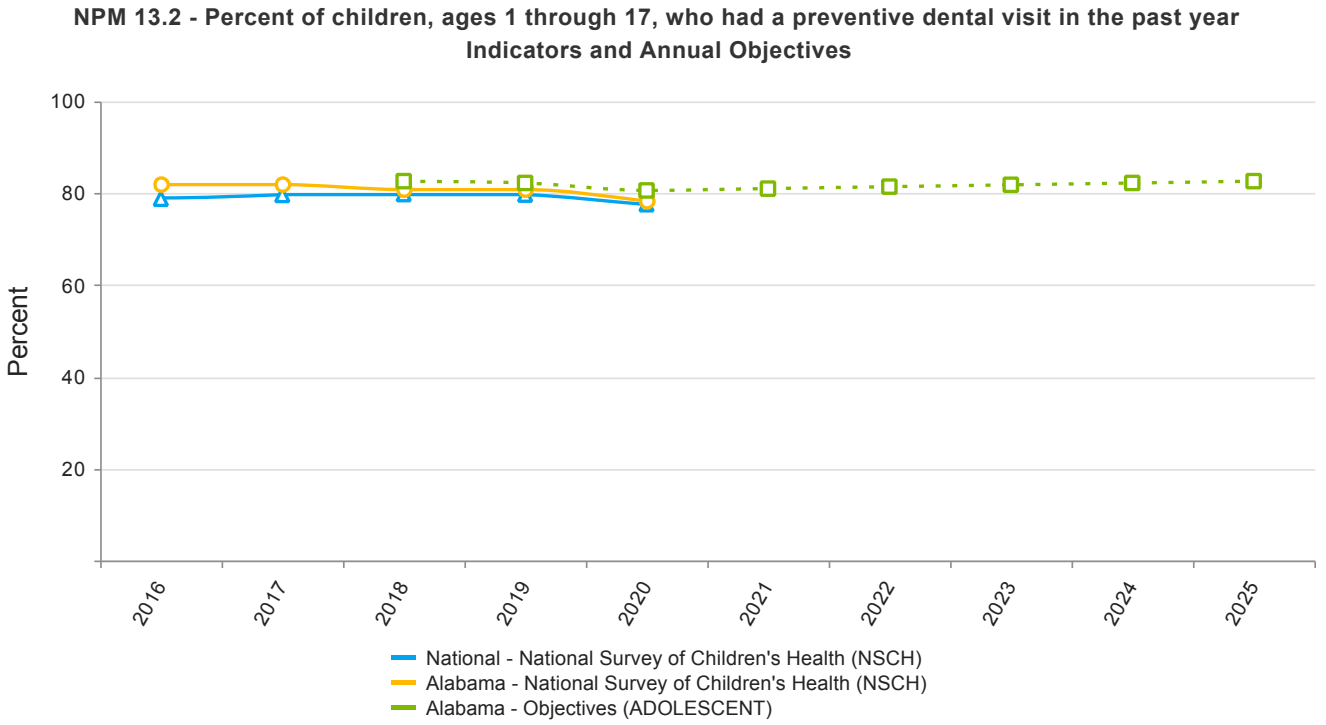
Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	80.1	85.8	91.8	98.2

Evidence-Based or –Informed Strategy Measures

ESM 10.1 - Proportion of adolescents, aged 12 to 19, that received an adolescent well visit in the past year

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			77.1
Annual Indicator	76.3		70
Numerator	279,668		244,204
Denominator	366,499		348,830
Data Source	NSCH		NSCH
Data Source Year	2016-2017		2019-2020
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	72.1	72.8	73.6	74.3



NPM 13.2 - Adolescent Health

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		82.5	82.1	80.5	80.9
Annual Indicator	81.7	81.7	80.7	80.8	78.2
Numerator	837,585	836,024	830,091	838,606	800,897
Denominator	1,025,822	1,023,434	1,028,454	1,037,949	1,024,513
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective		82.5	82.1	80.5	80.9
Annual Indicator	81.7				
Numerator	837,585				
Denominator	1,025,822				
Data Source	NSCH				
Data Source Year	2016				
Provisional or Final ?	Final				

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	81.3	81.7	82.1	82.5

Evidence-Based or –Informed Strategy Measures

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

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	
Numerator	0	
Denominator	500	
Data Source	Oral Health Program	
Data Source Year	2020	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	3.0	6.0	9.0	10.0

ESM 13.2.2 - 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 cancer

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	
Numerator	0	
Denominator	500	
Data Source	Oral Health Program	
Data Source Year	2020	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	3.0	6.0	9.0	10.0

State Performance Measures

SPM 4 - Percent of women who smoke during pregnancy

Measure Status:	Inactive - Removed.		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			7.8
Annual Indicator	8.7	8	7.5
Numerator			
Denominator			
Data Source	ADPH Center for Health Statistics	ADPH Center for Health Statistics	ADPH Center for Health Statistics
Data Source Year	2018	2019	2020
Provisional or Final ?	Final	Final	Final

State Action Plan Table

State Action Plan Table (Alabama) - Adolescent Health - Entry 1	
Priority Need	
Lack of preventive dental visits across all Title V populations, especially for those uninsured.	
NPM	
NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	
Objectives	
By 2025 increase the number of dental providers who receive education on the importance of preventive dental visits for children ages 1-17 years by 10 percent.	
By 2025, increase the percentage of dental providers who are provided education and support on the provision/referral for HPV vaccine by 10 percent. (create a provider Services survey and gather baseline data.)	
Strategies	
Promote HPV education and HPV vaccine education, promotion, and referral using the #WATCHYOURMOUTH campaign developed through a partnership with Mitchell Cancer Institute.	
ESMs	**Status**
ESM 13.2.1 - Percentage of providers receiving information/education regarding importance of preventive dental visits for children ages 1-17 years of age	Active
ESM 13.2.2 - 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 cancer	Active
NOMs	
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	

State Action Plan Table (Alabama) - Adolescent Health - Entry 2

Priority Need

Lack of timely, appropriate, and consistent health and developmental screenings.

NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

Increase by 1 percent the total number of EPSDT screenings performed in county health departments annually.

Strategies

Increase EPSDT screenings in the county health departments.

ESMs	Status
ESM 10.1 - Proportion of adolescents, aged 12 to 19, that received an adolescent well visit in the past year	Active

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Children's Health Branch

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

ESM 10.1 Partner with the University of Alabama at Birmingham to provide training and clinical practice quality improvement on youth-centered care to clinicians and other clinic staff using the Bright Futures mode.

Data combined for 2019-2020 from the Data Resource Center for CAHMI reveals 70 percent of adolescents, ages 12 through 17, had a preventive medical visit. This number is down from 2016-2017 when 76.3 percent of Alabama's adolescents, ages 12 through 17, had a preventive medical visit in the past year. The national average is 75.6 percent, and the range across states is 67.9 percent to 90.9 percent. The rate for Alabama's adolescents, ages 12 through 17, ranked lower than the U.S. rate of 75.6 percent. For 2019, the latest year for which Medicaid data is available, approximately 164,401 adolescents, ages 10–14 and 110,596 adolescents, ages 15-18, were eligible for EPSDT screenings. The total number of adolescents ages 10-18 that were eligible was 274,997. According to the FY 2019 Medicaid data, 80,012 adolescents, ages 10-14, and 42,099, ages 15-18, were screened. If this data is consistent, older adolescents may be less likely to seek well visits.

The Branch Director continued working with the UAB Leadership Education in Adolescent Health (LEAH). The LEAH Director assisted with the Title V Needs Assessment by participating in the stakeholder interviews and the needs assessment prioritization meetings for both child and adolescent health. This year AAP and ACHIA are using #StayWell for their quality improvement statewide collaborative centered around adolescent well visits and adolescent vaccinations.

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

According to CDC, 1 in 6 children, ages 2-8, has a mental, behavioral or developmental disorder. Mental health issues often co-occur with substance abuse, violence, anxiety, depression and child suicide. About 8 in 10 children, ages 3-17, with depression also have anxiety (59.3 percent). More than 1 in 3 children, ages 3-17, have behavioral problems; more than 1 in 3 have anxiety (36.6 percent); and about 1 in 5 also have depression (20.3 percent). In 2017, Governor Kay Ivey authorized a council to recommend strategies to increase school safety. The council recommended strategies to increase school safety emphasizing physical security, threat assessments, mental health, and coordinated training and planning by state agencies.

According to the Data Resource CAHMI, in 2018-2019, 52.4 percent of Alabama's children and adolescents, ages 3 through 17, with a diagnosed mental/behavioral health condition received treatment or counseling. This is an improvement over 2015 when only 49.5 percent of those 3–17-year-old children and adolescents received treatment. Alabama's children and adolescents ages 3 through 17, fared slightly below the national average of 53.2

Oral Health Office

Ongoing activities in Alabama to improve oral health:

HPV Education and Vaccine Awareness/Promotion
Year 2021 marked the third year of the #WATCHYOURMOUTH campaign. The campaign was created in collaboration with USA Mitchell Cancer Institute. It is a multi-faceted campaign that highlights the importance of the FDA approved vaccine for HPV related oropharyngeal, as well as other head and neck cancers. The pinnacle of the

campaign occurs in April so as to coincide with Oral Cancer Awareness Month. The campaign attracted the attention of Merck, the only manufacturer of the 9-valent HPV vaccine. Merck, as well as the American Dental Association, has promoted the campaign nationally to other stakeholders. An ad campaign was designed with Spectrum that aired in April. The television component of the commercial was aired 9,995 times on 51 networks in 15 zones throughout Alabama. The streaming version provided 357,264 impressions with 352.180 completions for a completion rate of 98.5 percent.

ADPH Public Health District Initiative

The ADPH district MCH coordinators submitted project proposals in 2020 to address needs within the Child Health Domain. These county specific projects targeted access to oral health care, increasing Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits, and suicide prevention in FY 2021.

West Central Public Health District
In 2020, ADPH BPPS reported suicide was the 11th leading cause of death in Alabama with 823 citizens lost to suicide in 2018. Evidence showed that suicide was the 2nd leading cause of death for ages 10-34. In 2018, the suicide rate in Alabama was 16.8 per 100,000 population. The West Central District's (WCD) goal for FY 2021 was to reduce the number of suicide attempts and suicides in the district. The plan was to increase suicide awareness in adolescents and pregnant women by implementing the evidence-based Question, Persuade, and Refer (QPR) curriculum to help better identify and refer those who were at risk for suicide. The QPR curriculum is designed for those who are of high school age and older. There were 15 in person trainings facilitated during FY 2021 within the Tuscaloosa County School System and one virtual training with social workers at a CHD. A total of 245 youth and adults participated in QPR trainings. Participants are now able to recognize and respond to suicide warning signs, have an increased knowledge of depression and suicide, and know where to refer someone for help.

WCD also planned to increase suicide awareness in adolescents by implementing the evidence-based RESPONSE curriculum. This curriculum is designed for middle school age children and teens. It works to increase a student's awareness about what they can do to provide support and hope if a student or friend is thinking about suicide. This awareness is vital to any suicide prevention effort, as it is often peers who first notice or are told about a person's thoughts or intent to end their life. COVID-19 continued to cause numerous disruptions and delays during FY 2021; therefore, QPR trainings were not completely implemented as planned and the RESPONSE trainings were not implemented at all. Throughout the year suicide prevention incentive items were purchased and distributed to participants of QPR trainings. The coordinator managed a display table in the lobby of the TCHD to promote suicide awareness by making available informational pamphlets, resource cards, and incentive items to the public. The coordinator also participated in several limited community events in Greene, Hale, Perry, Pickens, and Tuscaloosa counties and provided suicide information and promotional items.

Northern Public Health District
The district MCH coordinator fostered relationships with local agencies, such as the Youth Service Council of Madison County, Community Service Planning Council of Morgan County, Colbert County Children's Policy Council, Lawrence County Interagency Council, and regional nursing staff. The coordinator was also interviewed by a local newspaper, The Journal Record, regarding QPR and suicide. QPR training was presented to over 100 individuals and suicide prevention resources were provided to the community. Additionally, the coordinator maintained the MCH Northern District Advisory Council, hosting quarterly meetings throughout the year. The district MCH project was frequently disrupted due to having to change, cancel, or reschedule presentations and events due to COVID-19.

Southwestern Public Health District
The EPSDT program, mandated by Medicaid, is designed to identify children with actual or potential health

problems and to screen, diagnose, and treat the problems before they become permanent, lifelong disabilities. Prevention can help ensure the early identification, diagnosis, and treatment of conditions before they become more complex and costly to treat. EPSDT visits ensure that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. The district's goal was an increase in the number of completed EPSDT visits in Marengo and Wilcox counties. ADPH staff worked to partner with local doctors that were willing to share their Medicaid clients who were behind or needed EPSDT visits. A past due EPSDT list was also provided by Medicaid. Nursing and clerical staff called patients with past due EPSDT visits and scheduled visits for these patients at CHDs.

Other ADPH Adolescent Health Programs

Adolescent Pregnancy Prevention Branch

The Adolescent Pregnancy Prevention Branch (APPB) works to reduce the incidence of unplanned pregnancies and sexually transmitted infections (STIs) among Alabama youth ages 10-19. APPB's work is made possible through federal grants awarded to the ADPH from the Department of Health and Human Services, Administration on Children, Youth, and Families. APPB works at the community level to provide opportunities and resources that promote the overall health and well-being of youth, which includes abstinence education, personal responsibility education, and overall positive youth development.

The Alabama Sexual Risk Avoidance Education Program (ASRAE) provides evidence-based abstinence education to middle and high school aged youth in school and community settings. The purpose of ASRAE is to support decisions to abstain from or delay sexual activity. Four community-based organizations that are supported with ASRAE funds deliver evidence-based education programming to youth in Alabama. The evidence-based curricula used were *Making a Difference* and *HealthSmarts: Abstinence Puberty & Personal Health*. This programming equips youth with the tools needed to resist sexual risk behaviors and to make healthy relationship choices.

The Alabama Personal Responsibility Education Program (APREP) provides abstinence and contraceptive education to high-risk youth in community settings. The goal of APREP is to reduce pregnancy and STIs, including HIV, among teens by using effective evidence-based programming. Two community-based organizations funded through APREP continued to identify and partner with community organizations through which the personal responsibility programming could be delivered. The project reaches youth in foster care, group homes, detention facilities, schools, and community organizations in Alabama. The project utilizes the evidence-based curricula, *Making Proud Choices: An Adaptation for Youth in Out-of-Home Care*, *Wise Guys* and *Seventeen Days*, plus adulthood preparation lessons taken from *Love Notes* and *Money Habitudes 2 for At-Risk Youth*. Adulthood preparation programming is designed to promote successful transition to young adulthood.

The COVID-19 pandemic had an adverse effect on programming this grant year due to restrictions of limited face-to-face interactions with the target population.

Rape Prevention and Education Program

The Rape Prevention and Education Program, a CDC-funded program, provides prevention of sexual violence (SV) perpetration and victimization by decreasing SV risk factors and increasing SV protective factors for the general population in 34 Alabama counties through grants to the Alabama Coalition Against Rape (ACAR) and 10 rape crisis centers. Funded centers focused efforts on activities around changing social norms, creating protective environments, and empowering young girls and women. The Public Health and Human Services Block Grant

provides prevention education and awareness to the public and support through the promotion of public awareness and general assistance to victims of sex offenses within the state in 23 counties through grants to ACAR and seven rape crisis centers.

Youth Suicide Prevention Program

In 2019, suicide was the twelfth leading cause of death in the state. The ADPH's Alabama Youth Suicide Prevention Program (AYSPP) 5-year funding period ended in 2021. During the 5-year grant period, 25,664 individuals were trained in gatekeeper trainings across the state by AYSPP staff and partner organizations with QPR and Kognito Friend2Friend. Trainings decreased after March 2020, as organizations needed to increase safety measures to reduce COVID-19 exposures. However, programs were able to return to providing QPR using virtual platforms which supported increases in QPR trainings in Year 5.

During the 5-year grant period, program partners provided two different curricula: Hazelden's Lifelines training and Response Suicide Prevention Program. Difficulty securing training resources for Lifelines trainers, and high turnover in prevention educators at partner crisis centers in Year 2, led to the program seeking an alternative training program. Response Suicide Prevention Program was selected and used in Years 3 - 5. In total, 16,833 individuals were trained in Hazelden's Lifelines, and 7,775 individuals were trained in Response Suicide Prevention, for a total of 24,608 individuals trained.

Adolescent Health - Application Year

During the 2019-2020 Title V Needs Assessment, Alabama selected NPM 10 and NPM 13 as its areas of focus for adolescent health. The ESM supporting activities for each NPM will continue as described below.

Children's Health Branch

ESM 10.1 - Proportion of adolescents aged 12 to 19 that received an adolescent well visit in the past year

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

Again, as in 2017, Governor Kay Ivey has committed $750,000 in FY 2023 to support 89 school districts and 18 community school-based mental health services to address mental health in school age children. Consensus between the council and the state legislature is the first critical step to decreasing violence in Alabama's schools is to screen for, and identify children and adolescents with depression, anxiety, behavioral disorders or potentially other mental health issues. Teachers across the state rank this as a significant problem in students K- 12.

Oral Health Office

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 9 years of age about the FDA approved HPV vaccine in order to prevent future oropharyngeal, cervical and other HPV-related cancers

OHO plans to educate dental providers by delivering presentations through various conferences, partnerships and meetings.

OHO will distribute educational resources to dental providers through direct mailings and the promotion of awareness campaigns related to preventive dental visits and HPV.

OHO will continue promoting Oral Cancer Awareness and HPV vaccines for adolescents. There will be a revised Oral Cancer Awareness campaign in 2023.

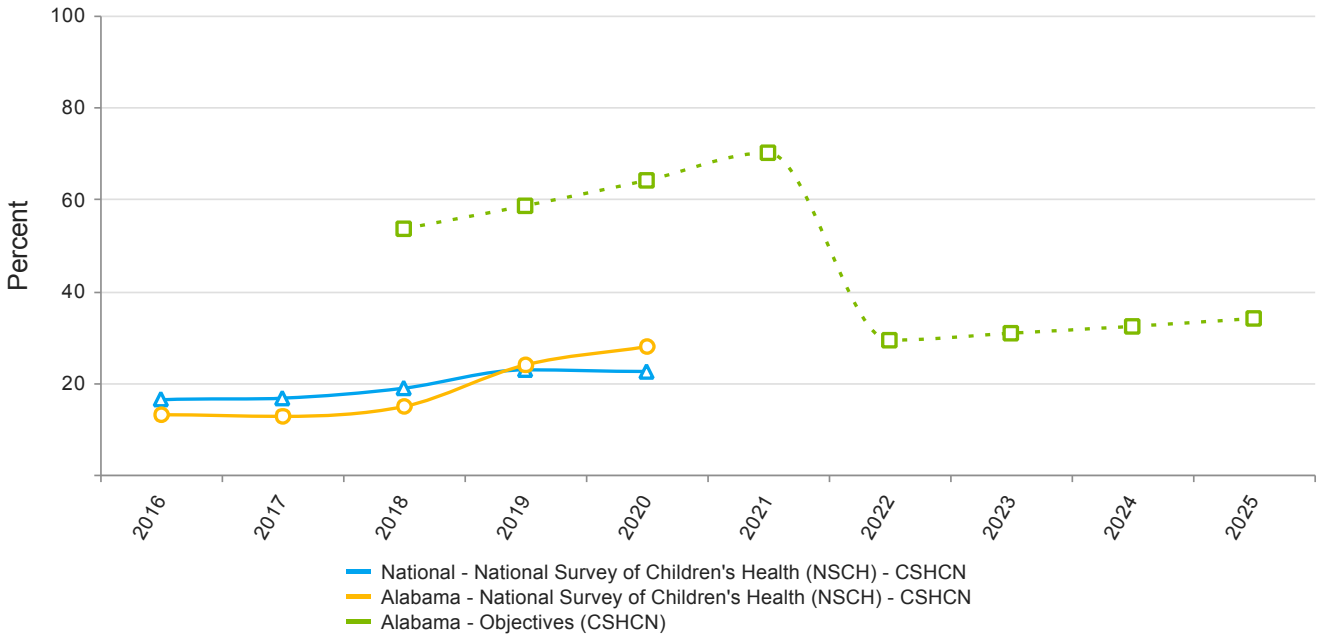
OHO plans to again request that Governor Kay Ivey sign a proclamation declaring February as Children's Dental Health Month and April as Oral Cancer Awareness Month in Alabama, to bring continued attention to the importance of oral health and overall health of one of the state's most vulnerable populations.

OHO staff are scheduled to meet with the MOWA Band of Choctaw Indians, the Equitable Neighborhoods Initiative, and other ADPH bureaus to discuss possible methods of engagement with MOWA, a state recognized tribe.

Children with Special Health Care Needs

National Performance Measures

NPM 12 - 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
Indicators and Annual Objectives



NPM 12 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		53.5	58.5	64	70
Annual Indicator	13.2	12.9	15.0	23.8	27.9
Numerator	13,335	13,867	14,975	21,076	25,741
Denominator	101,361	107,738	99,967	88,591	92,115
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	29.3	30.8	32.3	34.0

Evidence-Based or –Informed Strategy Measures

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

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			50
Annual Indicator			74.5
Numerator			38
Denominator			51
Data Source			CSHCN Program
Data Source Year			2021
Provisional or Final ?			Provisional

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	58.0	67.0	77.0	89.0

State Performance Measures

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.

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			33
Annual Indicator			45.8
Numerator			11
Denominator			24
Data Source			CSHCN Program
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	50.0	67.0	88.0	100.0

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.

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			50
Annual Indicator			33.1
Numerator			138
Denominator			417
Data Source			CSHCN Program
Data Source Year			2021
Provisional or Final ?			Provisional

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	58.0	67.0	77.0	89.0

State Action Plan Table

State Action Plan Table (Alabama) - Children with Special Health Care Needs - Entry 1	
Priority Need	
Lack of or inadequate access to services necessary for CSHCN to transition to all aspects of adult life.	
NPM	
NPM 12 - 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	
Objectives	
By 2025, increase the total score on the Six Core Elements of Health Care Transition™ 3.0 Current Assessment of Health Care Transition Activities for Transitioning Youth to an Adult Health Care Clinician from baseline to 90% (Baseline = FY 2020 total score of 68.75%). By 2025, increase the number of attendees at CRS Teen Transition clinic by 25% (Baseline = FY 2020 total attendees of 54).	
Strategies	
The state CSHCN program staff, including the Parent Consultant, will conduct a transition readiness assessment at age 14 using a standardized tool, administered periodically, and discuss needed self-care skills and changes in adult-centered care. The state CSHCN program staff, including the Parent Consultant, will incorporate transition planning into their existing plan of care, starting at age 14 partnering with youth and families in developing transition goals and preparing and updating a medical summary and emergency care plan. Provide education to families about Teen Transition clinic and the benefits of attending. Provide education to staff to guide implementation of transition strategies. The state CSHCN program staff will identify adult providers to accept program clients, complete a transfer package for youth leaving the program and follow-up with the provider regarding the YSHCN's transfer status. Obtain feedback on transition experience of young adults.	
ESMs	Status
ESM 12.1 - Percent of YSHCN enrolled in State CSHCN program who report satisfaction with their transition experience to adulthood.	Active
NOMs	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	

State Action Plan Table (Alabama) - Children with Special Health Care Needs - Entry 2

Priority Need

Lack of or inadequate access to health and related services, especially in rural areas and for services identified as difficult to obtain.

SPM

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.

Objectives

By 2025, increase by 10 percent the number of families of CYSHCN in the program who report receiving comprehensive care coordination.

Strategies

Develop and implement a survey for families to assess the comprehensiveness of and satisfaction with CRS Care Coordination services and connection to community resources. Utilize information from the surveys to improve the quality of care coordination for CYSHCN. Educate families on the importance of care coordination and its value in improving health care outcomes for CYSHCN through developing a Care Coordination Program fact sheet. Train CRS care coordinators to use a family and person-centered approach to care plan development. Ensure that families of CYSHCN have access to and are educated about the importance of connection to a medical home. Expand outreach activities to promote public awareness of CRS Care Coordination Services within the medical community and among families of CYSHCN. Develop an internal tracking mechanism for referrals to community resources for CYSHCN not enrolled with CRS.

State Action Plan Table (Alabama) - Children with Special Health Care Needs - Entry 3

Priority Need

Increase family and youth involvement and participation in advisory groups, program development, policy-making, and system building activities.

SPM

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.

Objectives

By 2025, increase the Engagement Score on the Family Engagement in Systems Assessment Tool (FESAT) by 10% above the baseline (baseline to be established in FY 2021). By 2025 the first cohort of participants will have completed the Family Leadership Training Institute.

Strategies

Administer the FESAT to assess progress on strengthening family/youth engagement within CRS. Incorporate the four domains of Family Engagement into staff development activities through the development of a Family Engagement Quality Improvement Initiative action plan within each CRS District. Conduct ongoing monitoring of District action plans to ensure incorporation of the four domains of Family Engagement. Utilize alternative methods to increase parent and youth involvement in advisory groups and program development i.e. Zoom meetings, Facebook Live meetings, and conference calls. Develop and conduct a Family Leadership Training Institute. Develop or modify a Family/Youth Partnership outreach campaign aimed at healthcare providers and related professionals to teach about the importance of engaging families/youth in the decision-making process. Utilize the Family/Youth Partnership outreach campaign materials at professional conferences and other community events.

The State of Alabama CSHCN Program is administered by CRS, a division of ADRS. CRS' mission embodies the principles of comprehensive, community-based, and family-centered care. The mission of CRS is to enable children and youth with special health care needs and adults with hemophilia to achieve their maximum potential within a community-based, culturally competent, family-centered, comprehensive, coordinated system of services. Coordinated health services are delivered via 14 community- based clinics across eight service districts. In Alabama, 21.6% of children and youth ages 0-17 have a special health care need, higher than the national percentage (19.4%). Based on these estimates, 233,724 children and youth in Alabama have a special health care need (www.childhealthdata.org/browse/survey).

To fully implement the 2021 – 2025 Block Grant State Action Plan, CRS created a Block Grant State Action Plan team. The team includes the members of the CRS Needs Assessment Leadership team, a Local Parent Consultant, and a Social Work Transition Specialist. The team met monthly during FY 2021 to discuss activities surrounding the outlined strategies and work through any challenges encountered while attempting to carry out the activities.

In addition, ADRS CRS entered into an agreement with the University of Alabama at Birmingham (UAB) School of Public Health, Department of Health Care Organization and Policy, Applied Evaluation and Assessment Collaborative (AEAC) to consult and assist with administering the activities outlined in the Block Grant State Action Plan. These activities include survey design, administration, and analysis. AEAC and CRS held monthly meetings throughout FY 2021 to work collaboratively on evaluation components.

Priority Need – Lack of or inadequate access to services necessary for CSHCN to transition to all aspects of adult life.

National Performance Measure 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.

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

Ensuring YSHCN are equipped with the skills and tools necessary to transition to adult health care has always been a priority for CRS. At age 14, youth are transferred to their district's transition social worker. During FY 2021, these specialists continued to provide targeted, comprehensive transition services to help CRS enrolled youth and their families plan for adulthood. Services include providing care coordination, transportation assistance, referral to community resources, and translation services when needed. Transition social workers use the Six Core Elements of Health Care Transition™ Transition Readiness Assessment for Youth and the Transition Readiness Assessment for Parents/Caregivers to assess transition readiness. CRS staff also participate in transition team meetings with local school districts to assist in transition planning.

In FY 2021, there were 19 CRS transition social workers serving 3,647 YSHCN ages 14-21. These social workers ensure that YSHCN have a Comprehensive Plan of Care (CPoC) in place. The plan covers health/medical issues, educational needs, developmental and independent living skills, and transitioning to adult health care. The plan is updated annually with the youth and their family.

CRS offers YSHCN ages 12 to 21 the opportunity to participate in Teen Transition Clinic (TTC). The TTC is offered at five locations throughout the state and is a specialized clinic designed to assist YSHCN as they make the transition to adult life. YSHCN attending TTC participate in a vocational evaluation. The results of the evaluation are used to

assist in identifying additional services, supports and accommodations for high school, college, and/or career in an effort to maximize the potential of each individual. During clinic, the attendee and their family work together with a team to explore options in planning for the future. Topics include education, independent living, employment, assistive technology, and recreation. Based on the specific needs of the youth that is attending TTC the team may consist of the following: adolescent medicine physician; rehabilitation medicine physician; pediatrician; rehabilitation technology specialist; vocational assessment specialist; vocational rehabilitation counselor; independent living specialist; physical therapist; nutritionist; audiologist; SLP; care coordinator; parents, other relatives; friends; and school staff among others. After completing the clinic, the attendee and their family are provided a copy of the vocational evaluation and a written summary from the clinic visit, along with team members' suggestions and resources for further planning. Vocational Evaluation reports can be shared with the school system for IEP planning and recommendations from the report are also used to support college accommodation.

In FY 2021, CRS had 76 YSHCN participate in TTC which is a 40 percent increase from FY 2020. The increase is attributed to more CRS clients and their families being educated about TTC, consistent use of transition readiness assessments, development of transition plans of care, and access to additional evaluation resources. During FY 2021, CRS collaborated with ADRS Vocational Rehabilitation Deaf/Hard of Hearing (HOH) unit to launch the first Deaf/HOH TTC. The Deaf/HOH TTC follows the TTC model but includes specialized team members such as pediatric and adult audiologists, sign language interpreters, and Rehabilitation Engineers with expertise in Deaf/HOH technology.

One mother describes their CRS TTC experience as, *"My daughter has been a client of CRS for several years now. When her team there told me about their teen transition clinic, it sounded like a great fit for our family. I try to help my daughter learn skills like self-advocating and try to help her prepare for the future, but sometimes it helps to have someone else on her team with an outside perspective. Going through the process of teen transition clinic helped me feel more comfortable as a parent but more importantly, I think it helped my daughter gain some confidence and understanding of her own strengths and needs as well as what resources are available as she transitions into adulthood. She is now 18 years old and is using some of the resources made available to her through the clinic, including vocational rehab, in her first semester of college. Thank you for a great program!"*

The Vocational Rehabilitation Service (VRS) program is also located within ADRS. A continuum of services between CRS and VRS is encouraged through regular meetings and consistent communication between CRS transition social workers and VRS counselors to ensure appropriate accommodations are in place for educational and employment success. CRS and VRS staff have continued to collaborate to address issues and challenges in the transition process. Throughout FY 2021, CRS and VRS staff continued to meet virtually or in-person with appropriate precautions to assure that YSHCN received timely and appropriate services to assist them with health, education, and employment- related challenges.

CRS Transition Social Workers continued to build a network of adult health care providers for YSHCN. Having a strong network ensures that CRS can link YSHCN to the appropriate adult healthcare provider and community services. Building these networks occurs at the local level and is completed through in-person presentations to physicians providing adult healthcare and participation in outreach activities focused on transition. COVID-19 continued to have impacts on in-person provider visits and outreach events. Many staff continued conducting presentations for providers via Zoom.

In FY 2020, one of the CRS Transition Social Work Specialists in the Homewood CRS office began serving on the UAB/COA Transition Steering committee to assist with the development of a hospital wide transition policy. The goal of the committee was to develop a global transition policy and build relationships between hospital disciplines. Through this committee the Staging Transition for Every Patient (STEP) Medical Clinic started in September 2020 to

assist with transition to adult health care. It is the first formal program of its kind in Alabama and the surrounding region. STEP is designed to facilitate transition of care for patients with chronic/complex diseases of childhood as they are preparing to exit the COA system for the adult model of care at UAB. In FY 2021, the CRS Transition and Traumatic Brain Injury Social Work Specialists from the Homewood office continued to provide social work support in the STEP Clinic. In partnership with the UAB staff social worker, CRS social workers facilitate patient referrals between programs, assist with access to needed resources, and provide community-based follow-up. CRS staff also provide a link between UAB physicians and ADRS programs across the state, supporting a continuation of care for transitioning young adults with complex medical needs previously unavailable for this population. CRS also participated as a member of the planning committee for a Birmingham area transition conference targeting the needs of young adults with medical complexity in conjunction with UAB STEP, COA, and United Ability.

Another strong collaboration to enhance transition services for YSHCN needs in Alabama is with the local school systems. Representatives from CRS work with schools to plan and participate in Transition Resource Fairs in their local communities. These events promote awareness to students, caregivers, educational, medical, and other community stakeholders. Some of the topics presented included navigating complex medical transitions, becoming a better self-advocate, transition from high school to college, Medicaid waivers, and employment.

Enhancing the knowledge and skills of CRS transition social workers and other CRS care coordinators is critical to providing quality services. Skill building is done through participation in internal and external training opportunities. CRS staff, including LPCs and CRS transition social workers, received continued education on how to use the various components of the Six Core Elements of Health Care Transition™ 3.0. As the majority of FY 2021 continued to be impacted by COVID-19 travel restrictions, training was conducted locally by CRS Social Work Administrators and Social Work Specialists or conducted virtually.

CRS transition social workers attend the annual Alabama Transition Conference Training Series. This conference is a partnership between ADRS and Auburn University and provides attendees with updates regarding state and national transition policies and best practices when working with youth and young adults with special health care needs. In FY 2021 the conference was held virtually due to COVID-19.

In order to assess the effectiveness and individual satisfaction of CRS transition services CRS collaborated with the AEAC to develop a transition survey aimed at capturing the perception and experiences of transition-age youth enrolled in CRS services. The overall goal of the survey is to collect vital information from enrolled youth that could improve CRS transition services. In an effort to develop a robust instrument, the team began reviewing existing literature and identifying transition surveys to aid in the development of a potential framework. Through that search, two surveys were identified, reviewed, and used to inform question development and survey design: the Six Core Elements of Health Care Transition 2.0 Health Care Transition Feedback Survey for Youth and the State and Local Area Integrated Telephone Survey (SLAITS) 2007 Survey of Adult Transition and Health (SATH).

In concert with the AEAC and using the surveys identified in the literature, the Block Grant State Action team developed questions around elements of transition that are offered through CRS and required of CRS staff. Subsequent meetings were held to modify the language level and phrasing of the questions as well as adjusting the flow of the survey. This approach was used to ensure the survey was accessible to all potential respondents and adequately measured service delivery as well as overall satisfaction.

In addition to collaborative meetings between the Block Grant State Action Plan team and the AEAC, the perceptions of the survey from those with lived experience was a top priority. Cognitive interviewing was used with CRS local parent consultants (LPCs) as a validation approach to identify potentially offensive or problematic questions and ambiguities or other difficulties that could result in unintended responses. Cognitive interviewing

sessions administered by the AEAC offered LPCs the opportunity to provide input on survey questions, flow, and comprehension. Due to limitations with recruitment, gaining youth feedback was a challenge, but AEAC staff were able to conduct two individual interviewing sessions to obtain feedback from YSHCN. Though the challenges with youth recruitment were disappointing, conducting sessions with LPCs allowed the team to obtain feedback from those who are parents/caregivers/or other relatives. Out of these sessions, an additional option to capture the youth experience by providing the option for parents/caregivers/or other relatives to respond on behalf of their YSHCN. Having this option opened up the survey to gain insight from YSHCN that may have limitations to completing the survey independently.

To ensure the survey was accessible to those at a variety of literacy levels, AEAC staff conducted a thorough review of the questions and adjusted the language to be no higher than an 8th grade reading level, thus providing opportunity for a wide range of respondents to participate. The Block Grant State Action Plan team in turn reviewed the suggested literacy changes to ensure they would not alter the survey questions in a way that did not adequately capture CRS goals and services.

Finally, regarding survey sample, the original intent was to survey individuals ages 21-26 who had already completed the Transition process. Due to challenges with recruiting individuals who were no longer receiving services through CRS, the team decided to survey individuals currently receiving services. As a result, the target population was changed to focus on individuals 19-21 who were receiving or had received services within the last two FYs to obtain more robust information on current services provided through CRS.

Priority Need – Increase family and youth involvement and participation in advisory groups, program development, policy- making, and system building activities.

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.

ADRS and CRS have a deep and long-standing commitment to family and youth engagement and the principles of family-centered care. For nearly three decades this commitment has impacted every part of CRS from direct services to infrastructure building and population health work. CRS makes a significant investment in family partnerships by employing those with lived experience through the CRS Parent Connection Program and Youth Connection Program. See section III.E.2.b.ii. Family Partnership for additional information on family partnerships and family engagement through the Parent and Youth Connection Programs.

Recognizing the value of the National Family Voices Family Engagement in Systems Assessment Tool (FESAT) in assessing how well an organization supports family engagement in systems-level initiatives, CRS identified using the FESAT and its four domains of family engagement as part of the 2021-2025 Block Grant State Action Plan.

In Spring of FY 2021, CRS began the process of incorporating the FESAT and the four domains of family engagement in CRS activities through a training conducted by National Family Voices. Due to the continued impacts of COVID-19, the training was held virtually and included CRS State Office Staff, District Supervisors, and LPCs. National Family Voices representatives provided an overview of the four domains of family engagement, the FESAT, and resources available in the Family Engagement in Systems (FES) Toolkit. The training was recorded and made available for those unable to attend or those that wanted a refresher.

The next step was to administer the FESAT to determine a baseline score and identify domains for improvement.

Administering the FESAT included distributing the tool along with a newly created CRS FESAT Purpose and Instruction document to individuals who would be participating in the consensus soring meeting. These individuals included CRS State Office Staff, District Supervisors, and Local Parent Consultants that had previously participated in the FESAT training. Each participant was instructed to score the FESAT based on their experience within CRS as an agency. These scores would then be discussed during the consensus scoring process.

UAB AEAC faculty and staff facilitated two consensus scoring sessions live via Zoom. Participants shared their initial scores for each question using the Zoom poll feature. The facilitator noted the variation in scores and encouraged discussion. Following discussion, polls were re-launched, and participants again submitted a score that reflected his or her opinion after hearing the discussion. Consensus was reached on the score for each question based on the majority score of the final (second) poll. The consensus discussion served as an opportunity for participants to understand each other's points of view. It also raised awareness about the discrepancies in knowledge of policies and specific activities surrounding family engagement that exist between those participating and created an awareness about the need to share information more broadly.

Utilizing the FESAT Baseline Scoring document from UAB AEAC, the FES Toolkit, and the Family Voices Domain Fact Sheets as a guide, each District was tasked with creating a Family Engagement Quality Improvement Initiative Action Plan to include identifying goal(s) and objective(s) for FY 2022. The district supervisors were provided with the CRS Family Engagement Quality Improvement Initiative Guidance document, Action Plan Template and Instructions to assist in creating their plans. Initiatives were to be individualized and tailored to the needs of each district and the goal(s) focused on strengthening family engagement/partnerships within district activities. The vision for allowing the initiatives to be individualized is to create meaningful family involvement and incorporating a family-centered approach.

It was important that the initiatives be developed by a team of individuals that at a minimum included the district supervisor, LPC or individual with lived experience, social work representative, and a clinic specialist. In order to assist teams in creating their initiative, a series of emails were developed around topics related to strengthening family engagement. Topics included: patient-and family-centered care; improving families Quality of Life; and using Plan, Do, Study, Act (PDSA) cycles. In addition, a page was established on the ADRS SharePoint site to provide CRS staff with easy access to all FESAT and Family Engagement Quality Improvement Initiative documents.

Each district Initiative was carefully reviewed by the CRS assistant commissioner, CRS assistant director, SPC, and the MCH Coordinator. As this type of initiative was a new concept to some of the district supervisors the SPC and MCH Coordinator provided technical assistance to assist the teams with developing their action plans. Technical assistance included further expounding on the overall goal of the project, input into measuring objectives, and explaining the PDSA process. Six of the eight district plans were approved by the beginning of FY 2022. The others were approved within the first quarter of FY 2022. During this time, district supervisors were provided the opportunity to attend the 2021 National Family Voices Leadership Conference as an opportunity for them to enhance their knowledge of the importance of family engagement and family partnerships. This opportunity, among others, reinforces to CRS district level staff the program's commitment to developing true family partnerships.

Priority Need – Lack of or inadequate access to health and related services, especially in rural areas and for the services identified as difficult to obtain.

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.

The CRS Care Coordination Program provides a multidisciplinary approach to care coordination to ensure CYSHCN and their families connect to wrap around services they require for optimal behavioral, developmental, health, and wellness outcomes. CRS delivers services using a multi-disciplinary team approach and care coordinators are an essential team member. Working together the team provides coordinated services to improve the quality of life for CYSHCN and their families. Care Coordination is provided by licensed social workers and registered nurses located in the 14 community-based offices across the state. In addition, there are social work specialists trained in transition and traumatic brain injury (TBI) and these social workers manage caseloads related to their assigned specialty.

All CRS care coordinators provide support to help families navigate the complex system of care for CYSHCN. This support includes providing options and on-going need assessments for CRS medical and evaluation clinics, providing education regarding the health care needs, participating in school meetings and advocating for school-based services, exploring transportation options, locating community resources, making referrals for services, and helping families prepare YSHCN for transition to adulthood. Although there are limited transportation resources in the state care coordinators are able to electronically complete Medicaid NET request forms which helps expedite reimbursement for transportation costs related to medical appointments. CRS care coordinators also advocate for CYSHCN and their families within and outside CRS to improve the system of care. Through these advocacy efforts they develop a long-term relationship with the families built on trust and established individual goals.

Support also includes ensuring CYSHCN and their families have a medical home and that the CRS care coordinator is communicating regularly with the medical home. Although NPM 11 was not selected as part of the 2021-2025 action plan, CRS embraces the philosophy of providing family-centered, coordinated, ongoing comprehensive care within a medical home. Using a holistic approach, families are supported in working collaboratively with their doctors and other service providers to best meet the client's needs. This support includes keeping the family informed of appointments, following up on recommendations by the medical home, and assisting with insurance needs. CRS care coordinators and LPCs assist families without medical homes to locate appropriate community primary care physicians (PCPs).

Alabama, like many other states have too few PCPs who serve CYSHCN and too few pediatric specialty providers, especially in rural areas. CRS care coordinators continue efforts to identify community PCPs willing to accept CYSHCN as patients. Local care coordinators work to build relationships with PCPs that serve CYSHCN to establish referral services through outreach activities and participating in community events. These outreach efforts also include sharing information regarding CRS services and the CRS referral process through regular office visits and phone calls. Building relationships at the local level ensure that care coordinators have the connections to facilitate referrals to those providers with experience in providing services to CYSHCN.

Expanding outreach activities and promoting awareness of the CRS Care Coordination Program within the medical community and among families of CYSHCN is a top priority. In order for staff to have the needed resources to carry out these activities the Block Grant State Action Plan team began efforts to create a Care Coordination Program fact sheet. In FY 2021, the team identified brochures from Colorado Department of Health, Children's Health Home of Upstate New York, North Carolina Public Health, and North Carolina Medicaid to review and use as models. Using these examples, the team drafted verbiage and a proposed layout that was submitted to the ADRS Office of Information and Communication for development.

An additional key component of comprehensive care coordination includes a jointly developed plan of care. CRS care coordinators develop, maintain, and update a Comprehensive Plan of Care (CPoC). The CPoC is an annual assessment conducted with the family to identify needs/concerns, actions to address the needs/concerns, and a summary of services received. The plan is shared with families as well as providers. In FY 2020, the CRS State Care

Coordination Program Specialist convened a group of CRS staff members that included care coordinators, social work specialists, physical therapists, Computer Services, nurses, and State Office staff including the SPC to focus on improving the CPoC. Major changes that resulted from the workgroup include allowing a multidisciplinary team to document in the CPoC and the ability to automatically send the plan of care to the child's medical home. The group also focused on ensuring the CPoC is jointly developed with the family, has value for the family, and is shared with the caregiver.

The following two quotes illustrate the impact of the CRS Care Coordination Program in FY 2021:

One mother describes their experience with their CRS Care Coordinator as, "*CRS has been such a blessing to our family. As first-time parents, learning that our new, precious baby had a progressive disease was so very heartbreaking. Not only were we worried about his health, but also the cost it would take to keep him healthy. Very early on in our medical journey, I met our Care Coordinator. She has been so helpful in walking us through the ways CRS can help us with the cost of his care, and she has also helped us take advantage of other available grants and programs, too. Every question I have ever asked over the years has been answered in a professional manner, and many of those answers have been repeated time and again without making me feel like a nuisance. She has been incredibly organized and has never let any coverage expire. She even offered her support when I met with the school administration to enroll my son in kindergarten. CRS has been the biggest blessing for our family, and I don't know how we would be surviving this medical journey without them."*

One Care Coordinator shared the following experience that illustrates the impact of CRS Care Coordinator, "*We had a child that received a DHR referral because the family was not consistent to their appointments at Children's of Alabama. The family did not have reliable transportation for a long drive, money to accommodate a trip, and there are multiple young children in the home. Once our CRS office became involved, the family proved that it was not a lack of desire to care for their child, but a lack of resources. They have been consistent with clinic attendance and utilize care coordination services routinely. There have been times that the family has had to travel for surgery and had to rely on a family member to transport. Their CRS Care Coordinator helped with linking the family to lodging through the revolving fund and accessing the Med NET program. The DHR case has been closed."*

In order to assess the effectiveness of the CRS Care Coordination Program and determine those that report receiving comprehensive care coordination, CRS collaborated with the AEAC to develop a survey aimed at capturing the perception and experiences of those receiving Care Coordination services. The overall goal of the survey is to collect vital information from families that could improve CRS Care Coordination services. In an effort to develop a robust instrument, the team began reviewing existing literature and identifying surveys to aid in the development of a potential framework. Through that search, two surveys were identified, reviewed, and used to inform question development and survey design: Pediatric Integrated Care Survey (PICS) and the Family Experience of Care Coordination (FECC) Survey. In regard to survey design the same steps were followed as described above in NPM 12 regarding the Transition survey. An exception being there were no youth interviews conducted as the target population for the Care Coordination Survey was families who had received services within the last two fiscal years.

Children with Special Health Care Needs - Application Year

In the upcoming reporting year, CRS will continue to address the three priority needs identified for CSHCN for the 2021 - 2025 State Action Plan. These are: Lack of or inadequate supports for transition to all aspects of adulthood; Increase family and youth involvement and participation in advisory groups, program development, policy-making, and system-building activities; and Lack of or inadequate access to health and related services, especially in rural areas and for services identified as difficult to obtain. See section III.E. Five - Year State Action Plan for additional information.

To fully implement the 2021 – 2025 Block Grant State Action Plan, CRS created a Block Grant State Action Plan team. The team includes the members of the CRS Needs Assessment Leadership team, a LPC, and a Social Work Transition Specialist. The team originally intended to meet quarterly but quickly recognized the need to meet monthly. Throughout the upcoming year, the Block Grant State Action Plan team will continue monthly meetings to review progress on the action plan for the CSHCN domain. During the monthly meetings team members provide status updates on the progress, or lack thereof, of efforts to address the identified measures. Updates also address activities surrounding the outlined strategies, accomplishments resulting from those activities, challenges encountered while attempting to carry out the activities, and needed revisions to the current activities. CRS staff will also continue to collaborate with current partners and seek to identify new partners to address the identified priority needs.

AEAC will continue to consult and assist CRS with administering the activities outlined in the Block Grant State Action Plan. These activities include survey design, administration, and analysis. AEAC and CRS will continue to hold monthly meetings to work collaboratively on evaluation components of the action plan.

Outlined below are the activities the Block Grant State Action Plan team identified for FY 2023.

National Performance Measure 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.

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

In FY 2022, UAB AEAC administered the Transition survey on behalf of CRS and conducted an analysis of the survey results. In FY 2023, CRS will receive detailed reports of the baseline Transition survey data from the AEAC. The Block Grant State Action Plan team will review and discuss the survey data to identify needed areas for improvement. The discussions will also include identifying and implementing strategies to make improvements. CRS will readminister the Transition survey in the final quarter of FY 2023. In FY 2022, the Block Grant State Action Plan team identified the need to develop strategies to increase the Transition survey response rate. In FY 2023, the team will work with the transition social work specialists and other CRS staff to implement strategies to increase the survey response rate.

The Block Grant State Action Plan team will complete the Six Core Elements of Health Care Transition™ Current Assessment of Health Care Transition Activities for Transitioning Youth to an Adult Health Care Clinician to determine progress being made in the following areas: Transfer of Care; Transfer Completion; Youth/Young Adult and Parent/Caregiver Feedback.

In FY 2022, CRS state leadership determined the need to review the use of the Six Core Elements of Health Care Transition™ tools within CRS. As a result of this review, some inconsistencies of use across the state were

identified. After internal discussions a task force was formed to review the current CRS transition process and determine ways to strengthen the use of the Got Transition® tools. For FY 2023, the Transition Task Force will work to address the identified inconsistencies and strengthen the use of the Six Core Elements of Health Care Transition™ in service delivery. This work will include receiving technical assistance from Got Transition® staff.

To further ensure a continuation of care for transitioning young adults with complex medical needs, CRS will continue its partnership with the UAB STEP Medical Clinic. The STEP clinic serves as a referral source for CRS clients transitioning to adult care. In FY 2023, the CRS assistant commissioner and the director of the STEP clinic will begin a series of meetings to identify ways to further the STEP clinic reach. See section III.E.2.b.v.a. Public and Private Partnerships for more information about the STEP clinic.

In addition, CRS will continue to:

Identify transitioning youth, starting at age 14, through the EMR. Identified youth will be transferred to the social work transition specialist for coordination of transition activities. This includes incorporating transition planning into their existing plan of care, partnering with youth and families in developing transition goals and preparing and updating a medical summary and emergency care plan.

Educate staff, including social workers, on how to use the Six Core Elements of Health Care Transition™ in Teen Transition Clinic and with transitioning YSHCN and their families.

Provide care coordination and information and referral services to transitioning YSHCN.

Collaborate with VRS staff on the referral and transition process.

Include the Six Core Elements of Health Care Transition™ into clinical processes such as EHR templates, care plans, and ROVs.

As part of the 2021 - 2025 needs assessment cycle CRS developed two new SPMs. Although each SPM is tied to one specific priority need the objectives and strategies will have a positive impact on other needs identified during the needs assessment process.

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. See section V. Supporting Documents to review the CSHCN Checklist Criteria Scoring Tool for SPM 2 2021-2025 Five-Year Needs Assessment for a complete list of activities.

For 2023, CRS will readminister the FESAT to assess progress on strengthening family/youth engagement within CRS. A comparison of the FESAT scores will be conducted and the information used to foster conversations among CRS Management Team and the LPCs. In FY 2022, the Block Grant State Action Plan team identified the need for more in-depth reviews of the Family Engagement Quality Improvement Initiatives to ensure the plans are implemented and representative of true family engagement. In FY 2023, the eight district initiatives will be divided among the team members who will then review the quarterly reports to provide feedback and technical assistance to the teams. They will also ensure teams are incorporating and sharing the National Family Voices Domains of Family Engagement fact sheets in staff development activities as they implement their initiatives. For more information about the FESAT visit https://familyvoices.org/fesat/.

During FY 2023, CRS in collaboration with FVA will contact California Project Leadership regarding their Parent

Advocacy Training. CRS would like to model a Family Leadership Training Institute based on the work done by Project Leadership. The desired outcome for FY 2023 is to create a detailed action plan outlining the steps it will take to establish a CRS Family Leadership Training Institute.

CRS will coordinate with the ADRS Office of Communications and Information to begin developing or modifying a Family/Youth Partnership outreach campaign aimed at healthcare providers and related professionals to teach about the importance of engaging families/youth in the decision-making process.

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.

In FY 2022, UAB AEAC administered the Care Coordination Family Survey on behalf of CRS and conducted an analysis of the survey results. In FY 2023, CRS will receive detailed reports of the baseline survey data from the AEAC. The Block Grant State Action Plan team will review and discuss the survey data to identify needed areas for improvement. The discussions will also include identifying and implementing strategies to make improvements and strengthen the existing Care Coordination Program. CRS will readminister the Care Coordination Family Survey in FY 2023.

Through the CRS Care Coordination Program, licensed social workers and registered nurses will work to ensure that families of CYSHCN have access to and are educated about the importance of a connection to a medical home. In FY 2023, care coordinators will have access to GIS Maps identifying providers serving CYSHCN through the MCH Workforce Development Center Population Health Learning Journey. These maps will allow for coordination of care through identifying local medical homes in areas near the families.

In FY 2023, CRS will utilize the newly designed Care Coordination Program booklet to expand outreach activities and promote public awareness of CRS Care Coordination Services within the medical community and among families of CYSHCN. The booklet will be shared in providers offices and at outreach events to serve as a reminder of the CRS Care Coordination Program and its value in improving health care outcomes.

In addition, CRS will release the newly designed CPoC. The release will include an extensive training on the new elements, goal setting, and utilizing a family and person-centered approach to care plan development.

Cross-Cutting/Systems Building

State Performance Measures

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 percent of their population with children with special needs.

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			0.6
Annual Indicator	0	40	40
Numerator	0	2	2
Denominator	6	5	5
Data Source	Program Data	Program Data	Program Data
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	0.6	0.8	1.0	1.0

SPM 6 - Percent of staff trained at day care provider/centers on CPR/First Aid

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			28.9
Annual Indicator	28.6	22.7	22.7
Numerator	6,157	4,886	4,886
Denominator	21,514	21,514	21,514
Data Source	Healthy Childcare Alabama Training Data	Healthy Childcare Alabama Training Data	Healthy Childcare Alabama Training Data
Data Source Year	2019	2020	2020
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	29.5	29.8	30.1	30.4

SPM 7 - Number of modules of the University of Wisconsin-Madison's Population Health Initiative's Health Equity Training Modules completed in order to advance health equity in the Alabama MCH Title V Block Grant Program

Measure Status:	Inactive - Completed		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			3
Annual Indicator	0		0
Numerator			
Denominator			
Data Source	Alabama MCH Title V Program Documentation		Alabama MCH Title V Program Documentation
Data Source Year	2020		2020
Provisional or Final ?	Final		Final

State Action Plan Table

State Action Plan Table (Alabama) - Cross-Cutting/Systems Building - Entry 1
Priority Need
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.
SPM
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 percent of their population with children with special needs.
Objectives
Increase the number of early head start programs that accept children with disabilities by one provider per year.
Strategies
Increase the number of early head start programs that accept children with disabilities.

State Action Plan Table (Alabama) - Cross-Cutting/Systems Building - Entry 2

Priority Need

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.

SPM

SPM 6 - Percent of staff trained at day care provider/centers on CPR/First Aid

Objectives

Increase the number of staff at early childhood programs that receive health and safety training including CPR/First Aid.

Strategies

Provide education on health and safety to early childhood programs.

State Action Plan Table (Alabama) - Cross-Cutting/Systems Building - Entry 3

Priority Need

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.

Objectives

Increase the number of WW visits performed at the local county health departments; Increase public awareness of program via social media & marketing materials.

Strategies

Increase the proportion of WW preventative visits in all program specific counties for women ages 15-55 and educating the public in all program specific counties of available WW services.

State Action Plan Table (Alabama) - Cross-Cutting/Systems Building - Entry 4

Priority Need

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.

Objectives

Each county participating in WW program will establish a particular day of the week to offer WW services at the county health departments; WW staff will continue to assist identified at-risk women in having healthy pregnancies to avoid poor birth outcomes.

Strategies

Recruit women ages 15-55 to the WW program for cardiovascular disease risk factor screenings, healthy life/reproductive health planning (interconception and preconception care), health coaching and nutritional counseling.

State Action Plan Table (Alabama) - Cross-Cutting/Systems Building - Entry 5

Priority Need

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.

Objectives

Program will continue to offer monthly support group meetings coordinated by social workers; nutritional classes per registered dietitian; and physical activity incentives, such as YMCA memberships, and through partnership with ADPH Nutrition and Physical Activity Division.

Strategies

WW program will provide risk reduction counseling to help clients understand their risks, health coaching to set goals for behavioral change, and offer nutritional counseling and support to WW participants to help discover healthy lifestyle behaviors.

State Action Plan Table (Alabama) - Cross-Cutting/Systems Building - Entry 6

Priority Need

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.

Objectives

Continue to partner with community partners in selected counties for referrals into the program; increase the number of community partners in all counties participating in WW program to increase enrollment and broaden ethnicity of participants.

Strategies

Program will recruit all women aged 15-55 residing in counties participating in the WW program via marketing materials and social media.

State Action Plan Table (Alabama) - Cross-Cutting/Systems Building - Entry 7

Priority Need

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.

Objectives

Increase & continue distribution of Spanish marketing materials to recruit Spanish speaking women aged 15-55.

Strategies

WW Program will continue to use Spanish speaking marketing materials to recruit population and offer Spanish literature for education and healthy lifestyle behaviors.

State Action Plan Table (Alabama) - Cross-Cutting/Systems Building - Entry 8

Priority Need

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.

Objectives

Encourage/provide wellness visit to women, ages 15-55, who report not having a preventative visit in the last year regardless of insurance status.

Strategies

Target underinsured and/or uninsured women, ages 15-55, to enroll in WW program.

State Action Plan Table (Alabama) - Cross-Cutting/Systems Building - Entry 9

Priority Need

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.

Objectives

Advance efforts to address health disparities in the state’s maternal and child population by utilizing the University of Wisconsin-Madison's Population Health Initiative's Health Equity Training Modules to train Alabama MCH Title V staff.

Strategies

Train Alabama MCH Title V staff to advance health equity in the Alabama MCH Title V Block Grant Program by utilizing the University of Wisconsin-Madison's Population Health Initiative's Health Equity Training Modules.

Cross-Cutting/Systems Builiding - Annual Report

ADPH and CRS recognize that health disparities and inequities are driven by many factors, including social determinants of health. To ensure that broad stakeholder voices could be heard and issues such as education, poverty, racism, housing safety, and other health related inequities in our state are recognized, ADPH and CRS worked with UAB AEAC to create strategies that would assure equitable opportunities for participation in the 2020 Alabama Title V MCH Block Grant Needs Assessment. Throughout the systematic process of data collection and analysis for the 2020 Alabama Title V Needs Assessment, several areas of disparity were identified across all domains. In March 2020, FHS convened stakeholders to hear a presentation of the data collected by AEAC, followed by sessions to rate and rank the identified needs. The need: “Inequitable access to health resources based on race/ethnicity, socioeconomic status, geographic location, and education” was ranked in the top three in all domains. Need statements related to mental health were ranked in the top three in the Women’s/Maternal Health Domain and the Adolescent Health Domain. It was ranked fourth in the Child Health Domain. Immediately after the FHS stakeholder meeting Alabama went into a COVID-19 shutdown. For this reason, CRS was not able to host its planned stakeholder meeting. CRS did however, provide a virtual opportunity for stakeholders to hear the results of the data collection and rank the needs for the Alabama CSHCN Program.

The Alabama Title V program decided that equity would be a focus for 2021-2025. FHS division and program directors developed at least one strategy to focus on their respective MCH domain needs, while the Epidemiology Branch Director worked to develop an appropriate strategy for the overall Title V program. The first step was reviewing other state strategies along with resources made available by MCH federal partners. The epi director wanted to ensure programs implemented a Health in All Policies approach through activities to promote consideration of health in decision-making. For FY 2021, the goal was for Title V leadership to complete the University of Wisconsin–Madison Wisconsin Center for Public Health Education Training (WiCPHET) health equity 101 training modules. The three modules created by WiCPHET offer an introduction to overview of health equity, explore the relationship between health and power, and discuss the operationalizing health equity in practice. Alabama had also planned to continue working with UAB SOPH to support Title V MCH staff in developing initiatives to address needs identified during the 2020 Needs Assessment. This was put on hold in FY 2021 due to disruptions and staff reassignments caused by the COVID-19 pandemic.

After the completion of the WiCPHET modules, the Alabama Title V program moved into phase two, staff training. Alabama Title V Leadership began to explore opportunities to educate staff in the areas of equity, disparities, and social determinants of health. This would help program and MCH domain leads be more effective in implementing the equity strategies they developed for their individual programs. In the spring of FY 2021, Alabama was accepted into a second National MCH Workforce Development Center Skills Institute.

The Virtual Skills Institute, Strengthening Skills for Health Equity, was held over four days – March 2, 4, 9, and 11. The Women/Maternal, Perinatal/Infant, Child, Adolescent, and CYSHCN domains were all represented during the Skills Institute. The FHS team consisted of the deputy bureau director, ADPH MCH coordinator, perinatal division director, perinatal program director, state dental director, ACLPPP director, Well Woman program coordinator, epidemiology director, and two epi branch staff, which included a research analyst and epidemiologist. The CRS team consisted of the assistant commissioner, CRS MCH coordinator, several state office staff, CRS medical director, and two district supervisors. The Skills Institute covered a variety of topics to help strengthen work in equity. A sample of topics covered are as follows:

- The Groundwater Approach
- Introduction to Health Equity and Racial Justice
- Peer Programs: Discussing the Advancement of Health Equity in Our Work
- Positioning Equity Work for Success: Crafting Narratives and Shifting Power

- Lived Experience in Equity

Alabama Title V leadership is working hard to continue to improve staff skills and ensure that staff have the resources needed to confidently and successfully complete program objectives. Training and development of the Title V workforce is only one part of the strategy to improve the work in health equity. Identifying gaps in services and program development will follow in FY 2023.Title V staff will lead agency-wide approaches to promoting equity throughout all programs and strategies. At the end of FY 2022, an FHS Equity Committee will convene and develop strategies to implement throughout FY 2023. ADPH and CRS will continue to work with UAB AEAC and the National MCH Workforce Development Center to develop, implement, and evaluate equity focused strategies.

Cross-Cutting/Systems Building - Application Year

Alabama Title V leadership is working hard to continue to improve staff skills and ensure that staff have the resources needed to confidently and successfully complete program objectives. Training and development of the Title V workforce is only one part of the strategy to improve our work in health equity. Identifying gaps in services and program development will begin in FY 2023.Title V staff will lead agency-wide approaches to promoting equity throughout all programs and strategies. At the end of FY 2022, an FHS Equity Committee will convene and develop strategies to implement throughout FY 2023. ADPH and CRS will continue to work with UAB AEAC and the National MCH Workforce Development Center to develop, implement, and evaluate equity focused strategies.

III.F. Public Input

The Alabama Title V MCH Block Grant Program is administered by the ADPH, through FHS. FHS does not directly administer aspects focusing on CYSHCN but contracts with CRS. CRS is a major division of ADRS, which administers services to this population.

Discussion of how FHS and CRS invite public input follows.

ADPH-Bureau of Family Health Services

As part of the fiscal years 2019-2020 MCH Needs Assessment, FHS sought public input via the following initiatives: three web-based surveys (survey of families; survey of adolescents; and survey of healthcare providers serving women of childbearing age, children, youth, and their families), 17 focus groups, 22 key informant interviews, and an advisory group meeting convened for the MCH needs assessment.

FHS seeks input by convening several state advisory groups that have consumer representation for persons affected by particular health issues. These groups respectively advise FHS on the following programs: Newborn Screening and Family Planning. The Newborn Screening advisory group advises the Bureau on both screening for hematological and biochemical disorders and on screening for hearing impairment.

FHS advisory groups serve as channels for public input on resource and policy development for their respective programs. For example, the Newborn Screening advisory group recommended criteria for the provision and distribution of metabolic foods and formula to infants and adults with PKU in FY 2008, as well as a standardized protocol for newborn-screening blood collection from infants in the neonatal intensive care nursery in FY 2009. Both recommendations were implemented.

Further, three key ways that FHS seeks input on MCH issues are through collaboration with the State Perinatal Advisory Committee, the Regional Perinatal Advisory Committees, and the Maternal Mortality Review Committee.

The Alabama Title X Family Planning Program has an advisory committee that meets at least once a year. Committee members broadly represent their various communities across the state and are knowledgeable of the family planning service needs in their area. A consumer of the program is also a member. The purpose of the committee is to provide feedback regarding the development, implementation, and evaluation of the family planning program, as well as to review and approve any educational or informational material used in the program. This committee ensures that the family planning needs of the various communities are being met and that all educational and informational materials are suitable for the population and community for which they are intended.

The FHS Cancer Prevention and Control Division obtains public input through the Breast Cancer Roundtable, the Colorectal Cancer Roundtable, and the Alabama Comprehensive Cancer Control Coalition. The two roundtables meet annually to address policies and interventions that will increase cancer screening as well as access to cancer screening. The coalition meets quarterly to share resources, ideas, and develop interventions that will reduce the burden of cancer in Alabama. The coalition's goal is to implement the goals and objectives in the 5-Year Alabama Cancer Control Plan 2016-2021. The new 5-year plan (2022-2026) will be released in June 2022. The roundtables and the coalition include representatives from stakeholders including community organizations, advocates, cancer survivors, universities, hospitals, cancer centers, public health professionals, and private companies.

WIC serves women who are pregnant, who recently had a baby, or who are breastfeeding; infants; and children up to

the age of 5 years. To qualify to receive WIC benefits, the applicant must meet income guidelines and have at least one nutrition risk documented. Benefits provided by the WIC Program include quality nutrition education and services, breastfeeding promotion and support, referrals to Maternal and Child Health care services and other assistance agencies, and supplemental foods prescribed as a monthly food package. The Alabama WIC Program is federally funded by the United States Department of Agriculture. Per federal regulations, all WIC agencies must post for public comment its annual State Plan and Procedure Manual. Receipt of federal funds is contingent upon completing this process.

FHS maintains a Title V MCH webpage (which is part of ADPH's main website, www.alabamapublichealth.gov) that informs viewers about the Federal-State Title V partnership. A link to obtain a copy of the FY 2019-20 MCH Title V Statewide Needs Assessment can be accessed from the site. The MCH Epi Branch will continue to update the state Title V MCH web site to link to the latest MCH Block Grant Annual Report/Application and to post any associated attachments. Also, the “contact us” page on this site provides a mechanism for the public to email comments directly to the MCH Title V program. The public can also email comments directly to other FHS programs using their individual webpages on the ADPH site as well. Furthermore, ADPH utilizes several sources of social media which are open to public comment. Well Woman takes full advantage of the availability of social media outlets by allowing each Well Woman location to have its own separate Facebook page. These pages facilitate open and public communication directly between the district Well Woman staff, partners, and program participants.

Children’s Rehabilitation Service

As part of the FY 2019 – 2020 MCH needs assessment, CRS sought public input via the following initiatives: two web-based surveys (families and youth), five focus groups, 17 key informant interviews, and convening the CRS Needs Assessment Advisory Committee. Input from the CRS Needs Assessment Advisory Committee which consists of key partners and stakeholders was sought during an initial planning meeting and via the April 2020 online prioritization process. The online process allowed Advisory Committee members to enter detailed comments which CRS Needs Assessment Leadership Team took into consideration when selecting the priority needs. The CRS 2020 Title V MCH Block Grant Comprehensive Needs Assessment Summary can be accessed from the ADRS website at https://rehab.alabama.gov/news/blog.

CRS values public input from individuals with lived experience and seeks input from families and youth on an ongoing basis through SPAC, LPACs, and YAC. These advisory groups allow stakeholders to provide input regarding policy development and program activities. Families and youth are compensated for participation in state advisory committees and childcare is provided in order to reduce barriers to participation. CRS assures cultural and linguistic competence and compliance with the Americans with Disabilities Act at all meetings. In addition, the SPC, LPCs and YCs provide input into CRS special projects such as serving on teams for the National MCH Workforce Development Center Health Transformation Project, Care Coordination Academy, and CMC CoIIN.

CRS also holds an annual Hemophilia Advisory Committee meeting to seek input into programmatic and policy issues related to the Alabama Hemophilia Program administered by CRS. The committee consists of individuals with various interests in the hemophilia community, including clients, parents, insurance representatives, physicians, other state agencies, such as Medicaid, and local providers of treatment and medication.

The ADRS Office of Communications & Information maintains the Department’s website which includes CRS’ webpage (www.rehab.alabama.gov/services/crs). Through the ADRS-Today feature of the website CRS can seek public comment through News Releases, a Media Gallery, and the ADRS blog. The CRS webpage provides a “contact us” feature for the public to email comments directly to CRS or call a 1-800 number for direct contact. CRS

utilizes several sources of social media, which are always open to public comment. Both the SPC and YC utilize social media to foster communication among the general public, CRS staff, partners, and program participants through the Parent Connection and Youth Connection Facebook pages.

III.G. Technical Assistance

ADPH

In 2021, FHS began receiving different forms of technical assistance from the National MCH Workforce Development Center. The first was through Alabama participation in the MCH Workforce Development Center's November 2020 Virtual Skills Institute! The Skills Institute was held over four days – November 10, 12, 17, and 19. The Alabama team consisted of the deputy bureau director, MCH coordinator, epidemiology director, and five epi branch staff which included research analysts and epidemiologists. The Institute covered a variety of topics to help strength state Title V programs. A sample of topics covered are as follows:

- Revised 10 Essential Public Health Services
- Process Flow Diagramming
- Staying Strategic and Decision Making in Times of Uncertainty
- Operationalizing Action Plans
- Partnership
- Stories of Lived Experience

The purpose of the second opportunity of technical assistance was to support strategic planning and program analysis through the revision of the evidence-based strategies and state performance measures. Title V staff participated in two general technical assistance sessions and four domain and program specific sessions. Title V leadership submitted technical assistance requests and applications in 2022 for assistance with building staff capacity to address health equity and in effectively reporting activities within the annual application/report. FHS entered into an agreement with UAB SOPH to support Title V MCH staff in developing initiatives and partnerships as part of the 2021-2025 State Action Plan. The first project was to use data collected and analyzed by MCH Epi staff to create 2020 MMR and FIMR reports. The next step for FY 2022 is to create an annual needs assessment plan that would assess activities implemented to address needs identified during the 2020 Needs Assessment. Additional technical assistance will be requested as further needs are identified throughout the year.

CRS

CRS is currently receiving technical assistance from the National MCH Workforce Development Center through participation in the Building Capacity to Advance Population Health Approaches for CYSHCN project. The project started in January and will continue for an 8-month period. Participation in the project is allowing CRS to engage in a learning journey with three other states, develop new skills, work directly with content-experts, and receive individualized coaching to develop a plan to address Population Health and CYSHCN. The other states include Texas, West Virginia, and Massachusetts.

CRS is currently participating in learning sessions being offered by the MCH Evidence Center to provide new perspectives, tools, and strategies for addressing resilience, equity, inclusion, and diversity. CRS has previously utilized technical assistance from the Center to strengthen the CSHCN section of the State Action Plan. Staff will continue to utilize technical assistance from the MCH Evidence Center as needed.

CRS utilized the technical expertise of National Family Voices and FVA in the performance of activities associated with strengthening and enhancing family/youth partnerships, involvement, and engagement. National Family Voices provided technical assistance on the use of the FESAT as part the SPM around strengthening family engagement. Additional assistance will be requested as needed.

CRS will continue to access resources and participate in technical assistance opportunities provided through

AMCHP.

CRS will utilize technical assistance from the Catalyst Center to develop information and strategies about specific financing and health insurance options available in the state, especially for youth and young adults in transition and CYSHCN that have difficulty in obtaining coverage.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - CRS-ADPH Medicaid Agreements.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - CSHCN Checklist Criteria Scoring Tool for SPM 2 FY21.pdf

Supporting Document #02 - CRS Comprehensive Care Coordination Measure_FINAL.pdf

Supporting Document #03 - AL FY 2023 APPLICATION_FY 2021 ANNUAL REPORT_Acronyms.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - ADPH-ADRS Organizational Charts.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Alabama

	FY 23 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 11,523,951	
A. Preventive and Primary Care for Children	$ 5,813,833	(50.4%)
B. Children with Special Health Care Needs	$ 3,457,186	(30%)
C. Title V Administrative Costs	$ 1,152,394	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 10,423,413	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 28,435,542	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 1,566,177	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 34,032,841	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 64,034,560	
A. Your State's FY 1989 Maintenance of Effort Amount $ 15,408,615		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 75,558,511	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 113,526,397	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 189,084,908	

OTHER FEDERAL FUNDS	FY 23 Application Budgeted
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Early Head Start - Child Care Partnerships (EHS-CC) Grant	$ 687,648
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidance Education (SRAE)	$ 568,515
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 442,144
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 128,919
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > WISEWOMAN Program	$ 685,045
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 139,587
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	$ 109,533,730
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > National Hemophilia Program	$ 26,200
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Well Women	$ 1,314,609

	FY 21 Annual Report Budgeted		FY 21 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 11,401,820 (FY 21 Federal Award: $ 11,523,951)		$ 11,482,727	
A. Preventive and Primary Care for Children	$ 5,854,378	(51.3%)	$ 5,793,036	(50.4%)
B. Children with Special Health Care Needs	$ 3,420,546	(30%)	$ 3,444,819	(30%)
C. Title V Administrative Costs	$ 1,140,181	(10%)	$ 1,148,272	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 10,415,105		$ 10,386,127	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 24,722,324		$ 29,057,206	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 1,571,751		$ 889,343	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 32,132,060		$ 29,643,264	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 58,426,135		$ 59,589,813	
A. Your State's FY 1989 Maintenance of Effort Amount $ 15,408,615				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 69,827,955		$ 71,072,540	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 131,634,427		$ 113,668,064	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 201,462,382		$ 184,740,604	

OTHER FEDERAL FUNDS	FY 21 Annual Report Budgeted	FY 21 Annual Report Expended
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Early Head Start - Child Care Partnerships (EHS-CC) Grant	$ 432,850	$ 687,648
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidance Education (SRAE)	$ 794,286	$ 568,515
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 651,395	$ 442,144
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 160,319	$ 128,919
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > WISEWOMAN Program	$ 640,002	$ 685,045
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Zika Surveillance Systems Grant Program	$ 98,073	$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 104,542	$ 139,587
Department of Health and Human Services (DHHS) > Substance Abuse and Mental Health Services Administration > Project LAUNCH	$ 56,066	$ 0
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	$ 127,999,214	$ 109,533,730
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Well Woman	$ 536,480	$ 1,314,609
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > CMC-COIIN BOSTON UNIVERSITY	$ 135,000	$ 141,900
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > CRS HEMOPHILL OF GEORGIA	$ 26,200	$ 25,967

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**1.FEDERAL ALLOCATION**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Line 1. (Federal Allocation) – FY 2021 Annual Report Expended of $11,482,727 was more than the FY 2019-2021 Application Budgeted Grant Award used the final federal allocation of $11,401,802 (6 B04MC32523-01-03) dated 07/11/2019), a difference of $80,907. The MCH grant (6 B04MC33819-01-05 dated 07/08/2020) was increased $80,907 to $11,482,727 during the budget period 10/01/2019-09/30/2021.	
2.	**Field Name:**	**3. STATE MCH FUNDS**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Line 3. (State MCH Funds) - FY 2021 Annual Report Expended increased to $29.06m from the FY 2021 Application Budgeted amount of $24.72m, a difference of $4.34m or 17.53 percent. When the FY 2021 budgeted amount was developed in FY 2019, the other support income was $62.3m compared to the 2021 actuals of $39.1m, a decrease of $23.2m. Actual cost has continued downward due to the loss of care coordination services in FY 2019. Revenue from these lost services was annually projected to be $21m. The combination of reduced income and cost reflects a need for more state support. ADPH's share of the net increase was $3.61m and as expected over the two-year period the loss of Family Planning programs amounted to $18.7m in revenue. The elimination of care coordination services and the effects of the COVID-19 pandemic were the major factors in FY 2019-2021 which impacted the generation of revenue, activity, costs, and the need for additional state support. The remaining increase in State Funds of $722k is related to CRS and is a 5.9 percent variance for the program.	
3.	**Field Name:**	**5. OTHER FUNDS**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Line 5. (Other Funds) – CRS FY 2021 Annual Report Expended was $889k which is a decrease from the FY 2021 Application Budget reported at $1.57m, a decrease of $682k or -43.42 percent. This decrease is a result of CRS expending less from the Hemophilia State Allocation due to an increase in the number of hemophilia clients with insurance coverage.	
4.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Early Head Start - Child Care Partnerships (EHS-CC) Grant**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**

	Field Note: Early Head Start Program - FY 2021 Annual Report Expended of $687k increased from the FY 2019-2021 Application Budget amount of $433k, a difference of $254k or 58.87 percent. Changes were made to protocol designed to increase the services provided to the enrolled children. With the additional services to be provided, there was an increase in the amount of time spent with each child which caused the increase in expenditures.	
5.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidance Education (SRAE)**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Abstinence Education Program – FY 2021 Annual Report Expended of $568k decreased from the FY 2019-2021 Application Budget amount of $794k, a difference of $226k or -28.42 percent. Three factors contributing to the decrease in expenditures: (1) One time program advertising expenditures approximately $200k (2) In 2019, there was four sub-grantees providing programming and in FY 2021, only two sub-grantees were providing services and (3) COVID-19 pandemic limited sub-grantees in providing services.	
6.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Personal Responsibility Education Program (PREP) – FY 2021 Annual Report Expended of $442k decreased from the FY 2019-2021 Application Budget amount of $651k, a difference of $209k or -32.12 percent. The same factors that affected Abstinence contributed to PREP's decrease in expenditures: (1) One time program advertising expenditures approximately $102k: (3) COVID-19 pandemic limited sub-grantees providing services.	
7.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Alabama Pregnancy Risk Assessment Monitoring System (PRAMS) – FY 2021 Annual Report Expended of $128.9k decreased from the FY 2019-2021 Application Budget amount of $160.3k, a difference of $31.4k or -19.59 percent. Decrease is due to changes in personnel with FTE's reduced from 3.0 in FY 2019 to 1.0 in FY 2021.	
8.	**Field Name:**	**Other Federal Funds, US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)**
	Fiscal Year:	**2021**

	Column Name:	**Annual Report Expended**
	Field Note: Women, Infants & Children (WIC) – FY 2021 Annual Report Expended of $109.5m decreased from the FY 2019-2021 Application Budget amount of $127.9m, a difference of $18.4m or -14.43 percent. The decrease in WIC expenditures was caused by a decline in caseload from a FY 2019 average of 115,448 to 111,741, a decline of 3,707. Reduced activity affects food issuance over the period by approximately $17m.	
9.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Well Woman**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Well Women Program – FY 2021 Annual Report Expended of $1.31m increased from the FY 2019-2021 Application Budget amount of $536k, a difference of $778k or 145.04 percent. Well Woman program was implemented in January 2017 in three counties: Butler, Dallas, and Wilcox. The program has been extended and Well Woman is currently offered in twelve counties in Alabama (Barbour, Butler, Dallas, Greene, Hale, Henry, Macon, Marengo, Montgomery, Perry, Russell, and Wilcox). Between implementation and fiscal year 2022, program support and staffing increased to cover staffing at the state office and program support in the new counties. Plans are under discussion to add an additional three counties (Autauga, Covington, and Crenshaw) beginning in FY 2023.	
10.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > CMC-COIIN BOSTON UNIVERSITY**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Line 9. (Other Federal Funds) - CRS FY21 Annual Report Expended of $141,900 increased from the FY20 Annual Report Budgeted amount of $135,000. The 5.2 percent increase in the expended amount is a result of HRSA approving the use of carryover funds.	

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Alabama

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women	$ 149,448	$ 149,063
2. Infants < 1 year	$ 951,090	$ 947,537
3. Children 1 through 21 Years	$ 5,813,833	$ 5,793,036
4. CSHCN	$ 3,457,186	$ 3,444,819
5. All Others	$ 0	$ 0
Federal Total of Individuals Served	$ 10,371,557	$ 10,334,455

IB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women	$ 625,717	$ 626,100
2. Infants < 1 year	$ 3,853,282	$ 3,979,846
3. Children 1 through 21 Years	$ 23,674,241	$ 24,441,082
4. CSHCN	$ 33,146,938	$ 28,032,919
5. All Others	$ 3,886,777	$ 3,658,136
Non-Federal Total of Individuals Served	$ 65,186,955	$ 60,738,083
Federal State MCH Block Grant Partnership Total	$ 75,558,512	$ 71,072,538

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

1.	**Field Name:**	**IA. Federal MCH Block Grant, 1. Pregnant Women**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Line 1. (Pregnant Women) – FY 2021 Annual Report Expended of $775k decreased from the FY 2019-2021 Application Budget amount of $1.44m, a difference of $666k or -46.21 percent. As reported in the previous applications, Medicaid's new Alabama Coordinated Health Network (ACHN) will eliminate ADPH care coordination including maternity services. Mobile County is the remaining Maternity Program in FY 2021 with costs totaling $600k.	
2.	**Field Name:**	**IB. Non-Federal MCH Block Grant, 1. Pregnant Women**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: See IA.1. Expended	
3.	**Field Name:**	**IB. Non-Federal MCH Block Grant, 5. All Others**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Line 5. (All Others) -- FY 2021 Annual Report Expended of $3.65m increased from the FY 2019-2021 Application Budget amount of $2.34m, a difference of $1.31m or 56.06 percent. Two programs account for $1.13m of the difference: (1) Well-Women program started in FY 2019 providing services to three counties expanding to nine counties by FY 2021 with expenditures increasing $778k and (2) Maternal Mortality Review Program which also started in FY 2019 increased $355k. The balance is comprised of two annual 2 percent cost of living raises plus routine increases associated with the administration of the MCH program, i.e., merit raises, healthcare, and retirement costs.	

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Alabama

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Direct Services	$ 5,203,153	$ 4,743,084
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 2,423,761	$ 2,162,405
B. Preventive and Primary Care Services for Children	$ 2,468,246	$ 2,202,094
C. Services for CSHCN	$ 311,146	$ 378,585
2. Enabling Services	$ 781,982	$ 844,348
3. Public Health Services and Systems	$ 5,538,816	$ 5,895,295
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 124,345
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Other		
ADPH: CH Assess & Primary Care Program Support		$ 4,618,739
Direct Services Line 4 Expended Total		$ 4,743,084
Federal Total	$ 11,523,951	$ 11,482,727

IIB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Direct Services	$ 40,355,695	$ 37,163,513
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 8,971,404	$ 9,272,029
B. Preventive and Primary Care Services for Children	$ 9,136,066	$ 9,442,209
C. Services for CSHCN	$ 22,248,225	$ 18,449,275
2. Enabling Services	$ 7,585,244	$ 6,612,433
3. Public Health Services and Systems	$ 16,093,620	$ 15,813,867
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 833,460
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 723,085
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Other		
ADPH: Non-Fed program cost for MCH activities		$ 35,606,968
Direct Services Line 4 Expended Total		$ 37,163,513
Non-Federal Total	$ 64,034,559	$ 59,589,813

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

1.	**Field Name:**	**IIA. Federal MCH Block Grant, 1. Direct Services**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Line 1. (Direct Services) - FY 2021 Annual Report Expended of $41.91m increased from the FY 2019-2021 Application Budgeted amount of $30.73m, a difference of $11.18m or 36.36 percent. During this reporting period factors that affected costs: (1) Enabling/Population Based services for Family Planning Care Coordination, Case Management and EPSDT Care Coordination were eliminated these costs moving to direct services which accounts for $6.3m of the difference. (2) COVID-19 Pandemic occurring during the same time required the department to meet the demand for increasing direct care services. CRS direct services increased $4.8m. The CRS increase in direct services is a result of utilizing new methodology to determine the level of service. See section III.D.1. Expenditures for more information.	
2.	**Field Name:**	**IIA. Federal MCH Block Grant, 2. Enabling Services**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Line 2. (Enabling Services) - FY 2021 Annual Report Expended of $7.45m decreased from the FY 2019-2021 Application Budgeted amount of $8.94m, a difference of $1.49m or -16.63 percent. As reported earlier ADPH lost substantial care coordination services with the coming of Medicaid's ACHN. As a result, enabling services for the reporting period decreased $5.1m or -76.69 percent. Programs impacted were Family Planning Care Coordination, EPSDT Care Coordination, and Patient 1st Care Coordination. FY 2021 CRS enabling services annual expended increased to $5.90m from the FY 2021 budgeted amount of $2.29m, a difference of $3.61m or 157.6 percent. The CRS increase in enabling services is a result of utilizing new methodology to determine the level of service. See section III.D.1. Expenditures for more information.	
3.	**Field Name:**	**IIA. Federal MCH Block Grant, 3. Public Health Services and Systems**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Line 3. (Public Health Services) - FY 2021 Annual Report Expended of $21.70m decreased from the FY 2019-2021 Application Budgeted amount of $30.15m, a difference of $8.45m or -28.00%. CRS accounted for most of the change in cost at with a $8.9m decrease. The CRS decrease in public health services and systems is a result of utilizing new methodology to determine the level of service. See section III.D.1. Expenditures for more information.	
4.	**Field Name:**	**IIB. Non-Federal MCH Block Grant, 1. Direct Services**
	Fiscal Year:	**2021**

	Column Name:	**Annual Report Expended**
	Field Note: See IIA.1. Federal Direct Services Expended Note	
5.	**Field Name:**	**IIB. Non-Federal MCH Block Grant, 2. Enabling Services**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: See IIA. 2. Federal Enabling Services Note	
6.	**Field Name:**	**IIB. Non-Federal MCH Block Grant, 3. Public Health Services and Systems**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: See IIA. 3. Federal Public Health Services Expended Note	

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Alabama

Total Births by Occurrence: 56,333 **Data Source Year: 2020**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	56,333 (100.0%)	2,645	243	243 (100.0%)

Program Name(s)				
3-Methylcrotonyl-Coa Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect	Citrullinemia, Type I
Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease	Cystic Fibrosis
Glutaric Acidemia Type I	Hearing Loss	Holocarboxylase Synthase Deficiency	Homocystinuria	Isovaleric Acidemia
Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-Coa Dehydrogenase Deficiency	Methylmalonic Acidemia (Cobalamin Disorders)	Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)
Primary Congenital Hypothyroidism	Propionic Acidemia	S, ßeta-Thalassemia	S,C Disease	S,S Disease (Sickle Cell Anemia)
Severe Combined Immunodeficiences	ß-Ketothiolase Deficiency	Trifunctional Protein Deficiency	Tyrosinemia, Type I	Very Long-Chain Acyl-Coa Dehydrogenase Deficiency

2. Other Newborn Screening Tests

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
Newborn Hearing	56,333 (100.0%)	1,734	109	109 (100.0%)

3. Screening Programs for Older Children & Women

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
Alabama Childhood Lead Poisoning Prevention Program	37,709	413	344	344
Alabama Breast and Cervical Cancer Early Detection Program - Breast Cancer Screening	8,337	394	105	105
Alabama Breast and Cervical Cancer Early Detection Program - Cervical Cancer Screening	4,043	644	91	91

4. Long-Term Follow-Up

The Alabama Newborn Screening Program is limited in the long-term follow-up it provides to individuals affected with a newborn screening disorder. Long-term follow up is directly monitored by the primary care physician (PCP) and the specialty care center. The Sparks Clinic at the University of Alabama at Birmingham provides and manages metabolic foods for individuals with metabolic disorders. The Alabama Department of Public Health does provide care coordination services if requested by the specialty care center or the PCP for compliance with specialty appointments and long-term follow up.

Form Notes for Form 4:

Core Recommended Uniform Screening Panel (RUSP), and Newborn Hearing “Total Number Receiving at Least One Screen” is based upon calendar year information (January 1, 2021-December 31, 2021). Total births by occurrence, childhood lead poisoning, Core RUSP, and newborn hearing (presumptive positive, confirmed, and referred) data is based upon calendar year information (January 1, 2020-December 31, 2020). The following programs named in the Screening Programs for Older Children & Women section are based upon fiscal year information (October 1, 2020-September 30, 2021): Alabama Breast and Cervical Cancer Early Detection Program-Mammogram Screening & Alabama Birth and Cervical Cancer Early Detection Program-Cervical Cancer Screening data.

Field Level Notes for Form 4:

1.	**Field Name:**	**Total Births by Occurrence**
	Fiscal Year:	**2021**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: According to the Alabama Department of Public Health Center for Health Statistics, the number of live births that occurred in Alabama in calendar year (CY) 2020 was 56,333. Data in this section may not be comparable to previous years due to CY variance. Effective in CY 2018, the table previously utilized for our hospital of occurrence data was discontinued resulting in the use of a comparable table. Consequently, data in this section may not be directly comparable to previous years.	
2.	**Field Name:**	**Core RUSP Conditions - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: This section traditionally includes the number of first time newborn screening samples that were received for testing at the Alabama Department of Public Health Bureau of Clinical Laboratories according to CY. In 2021, there were 57,094 samples that were tested. However, the most currently available analyzed data for out-of-range, confirmed cases, and referred for treatment sample results was for CY 2020. Therefore, there is a one year gap in the comparability of the number of samples collected and the analyzed findings. To avoid a data alert, the total in this category was selected to match the total births by occurrence as reported by the Alabama Department of Public Health Center for Health Statistics. When more currently analyzed data becomes available this section will be updated.	
3.	**Field Name:**	**Core RUSP Conditions - Total Number of Out-of-Range Results**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**

	Field Note: Newborn screening disorder evaluated and included in this section (in addition to the Core RUSP Conditions listed) is the following: Multiple Carboxylase Deficiency. For the following conditions, the same analyte was screened: Methylmalonic academia (Cbl A, B), Methylmalonic academia mutase, and propionic academia. On October 1, 2018, screening was implemented for Severe Combined Immunodeficiency (SCID). This count brings the total number of newborn screening conditions to 31 out of 35 recommended for Alabama	
4.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: The number in this section excludes babies who were born in Alabama but lived out of state.	
5.	**Field Name:**	**Core RUSP Conditions - Total Number Referred For Treatment**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: The number in this section excludes babies who were born in Alabama but lived out of state. Also, babies born in Alabama but moved out of state are excluded from this section. Consequently, resulting in Alabama being unable to follow up to ensure out of state early intervention.	
6.	**Field Name:**	**Newborn Hearing - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: This section traditionally includes the number of first time newborn screening samples that were received for testing at the Alabama Department of Public Health Bureau of Clinical Laboratories according to CY. In 2021 there were 57,094 samples that were tested. However, the most currently available analyzed data for out-of-range, confirmed cases, and referred for treatment sample results was for CY 2020. Therefore, there is a one year gap in the comparability of the number of samples collected and the analyzed findings. To avoid a data alert, the total in this category was selected to match the total births by occurrence as reported by the Alabama Department of Public Health Center for Health Statistics. When more currently analyzed data becomes available this section will be updated.	
7.	**Field Name:**	**Newborn Hearing - Total Number Presumptive Positive Screens**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: Year 2020 data is the most currently analyzed data available.	
8.	**Field Name:**	**Newborn Hearing - Total Number Confirmed Cases**

	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: Data results based on date of birth per CY. Year 2020 data is the most currently analyzed data available.	
9.	**Field Name:**	**Newborn Hearing - Total Number Referred For Treatment**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: Data results based on date of birth per CY. Year 2020 data is the most currently analyzed data available. The number in this section excludes babies who were born in Alabama but lived out of state. Or babies born in Alabama but moved out of state. This consequently results in Alabama not being able to follow up to ensure out of state early intervention.	
10.	**Field Name:**	**Alabama Childhood Lead Poisoning Prevention Program - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2021**
	Column Name:	**Older Children & Women**
	Field Note: In an effort to report more meaningful data, the lead program began reporting real time data in the FY 2022 Application / FY 2020 Annual Report. Consequently, the numbers in this section may not be comparable to historical data. The data reported this year is based upon collection dates in calendar year 2020, instead of date in which specimen was processed. Consequently, numbers received and referral numbers may differ. Also, this data is the most currently available.	
11.	**Field Name:**	**Alabama Childhood Lead Poisoning Prevention Program - Total Number Presumptive Positive Screens**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: The number of presumptive positive cases or children receiving at least one elevated capillary result, for the Alabama Childhood Lead Poisoning Prevention Program reported by the Alabama Department of Public Health Director of Children’s Health was 413. This number may include persons who have been tracked for years. This number count also includes 97 children who were counted as confirmed cases for an elevated venous result. Therefore, duplicates were included in this total count.	
12.	**Field Name:**	**Alabama Childhood Lead Poisoning Prevention Program - Total Number Confirmed Cases**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**

	Field Note: The number of confirmed cases for the Alabama Childhood Lead Poisoning Prevention Program reported by the Alabama Department of Public Health Director of Children's Health was 344. This number may include persons who have been tracked for years. Therefore, duplicates were included in this total count. Since this number is greater than the number who received at least one screen.	
13.	**Field Name:**	**Alabama Childhood Lead Poisoning Prevention Program - Total Number Referred For Treatment**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: The number referred for treatment is based upon case management documentation, rather than the date specimen was received. Children receiving case management for greater than one year receive a new referal for treatment annually. Referrals are made for both presumptive positive screens and confirmed cases. The number of patients referred for treatment and reported by the ACLPP Director, located within the ADPH, was 495. The data in this report is de-duplicated so that each child is only counted once per calendar year. Since this number is greater than the number who received at least one screening, TVIS flagged this field. The number referred for treatment is greater than the number of presumptive positive and confirmed cases because there may be an overlay in reporting. Consequently, we are setting the number of children referred for treatment to match the number who were confirmed cases to validate Form 4.	
14.	**Field Name:**	**Alabama Breast and Cervical Cancer Early Detection Program - Breast Cancer Screening - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2021**
	Column Name:	**Older Children & Women**
	Field Note: The number of cases that received treatment may change as the program continues to obtain data. This program name has been listed in previous publications as "Alabama Breast and Cervical Cancer Early Detection Program - Mammogram Screening"	
15.	**Field Name:**	**Alabama Breast and Cervical Cancer Early Detection Program - Cervical Cancer Screening - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2021**
	Column Name:	**Older Children & Women**
	Field Note: The number of cases that received treatment may change as the program continues to obtain data.	

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Alabama

Annual Report Year 2021

Form 5a – Count of Individuals Served by Title V (Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	1,728	2.6	0.0	21.2	76.2	0.0
2. Infants < 1 Year of Age	31,385	42.5	0.0	55.1	2.4	0.0
3. Children 1 through 21 Years of Age	22,828	78.3	0.0	9.9	11.8	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	12,833	74.5	3.5	19.5	2.5	0.0
4. Others	46,189	46.5	0.4	15.2	37.9	0.0
Total	102,130					

Form 5b – Total Percentage of Populations Served by Title V (Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	57,647	Yes	57,647	28.0	16,141	1,728
2. Infants < 1 Year of Age	56,333	Yes	56,333	85.6	48,221	31,385
3. Children 1 through 21 Years of Age	1,285,423	Yes	1,285,423	20.9	268,653	22,828
3a. Children with Special Health Care Needs 0 through 21 years of age^	289,801	Yes	289,801	18.0	52,164	12,833
4. Others	3,579,863	Yes	3,579,863	3.0	107,396	46,189

^Represents a subset of all infants and children.

Form Notes for Form 5:

Alabama Department of Public Health (ADPH) does not currently have a mechanism in place to correctly identify or accurately estimate the types of individuals served in Form 5a (i.e., inclusion of unduplicated, direct enabling non-reimbursed individuals served). Staff acknowledge this limitation and are actively working toward solutions (e.g., hiring staff and creation of an electronic health record system). Effective with FY 2018 data, a condensed versions of insurance payment category was utilize in preparation for the transition to utilization of the Electronic Health Record (EHR) system; consequently, numbers in this section may not be comparable to previous years.

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2021**
	Field Note: Currently, to knowledge, Mobile County is the only county which provides pregnant women data. Due to the fact that a patient's insurance status may change throughout the reporting period, the numbers provided may represent a duplicate patient count. At this time unduplicated and statewide numbers for this section are unavailable; however, if this information becomes available we will make the appropriate updates to this section. "Title XIX" percent includes Medicaid and Plan 1st; "Title XXI" percent includes ALL Kids; "Private/Other" percent includes private and other insurances; "None" percent includes private pay.	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2021**
	Field Note: The numbers in this section are based upon occurrence data for calendar year 2020 for mothers 25-34 years of age and based upon Alabama year 2014 revised birth certificate layout. When more current, analyzed data becomes available staff will update this section. There is no Title XXI code option for payment source in the Alabama 2014 birth certificate layout. Consequently, there is a 0 percent for this category. "Title XIX" percent includes Medicaid only. "Private/Other" percent includes the following insurance types: private, other government, and other. "None" percent includes self pay only. The age range evaluated was based upon the National Vital Statistics Reports ("Births: Final Data for 2017"). Due to changes in reporting, age range change and occurrence vs residential data in this section are not comparable to submissions prior to the year 2019 due to changes in reporting.	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2021**

Field Note:
In this section, Jefferson County Department of Health numbers include an unduplicated factor for calculation purposes. Mobile County Health Department numbers were received in an unduplicated format. All additional counties for the Alabama Department of Public Heath were, to knowledge, received in duplicated format. At this time unduplicated numbers for all counties are not available; however, if this information becomes available, we will make the appropriate updates.

Beginning in the application submission year 2020 (data report 2019), the age range grouping in Jefferson County for this category changed to include up to six years of age. Consequently, data from the year 2019 forward may not be comparable to previous years. In FY 2018, there was a transition to the utilization of a new tracking system for insurance type at ADPH for Child Health Visit/Patient Count. Numbers provided for FY 2018 are estimates and lower than in previous years.

4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2021**

Field Note:
The "Primary Source of Coverage" percentages of CSHCN are obtained from the CRS report titled, "MCH Grant Clients by Insurance Status and County." The percentages for each source remain similar to the previous FY.

5.	**Field Name:**	**Others**
	Fiscal Year:	**2021**

Field Note:
Due to the fact that a patient's insurance status may change throughout the reporting period, the numbers provided may represent a duplicate patient count. At this time unduplicated numbers for this section are unavailable; however, if this information becomes available, staff will make the appropriate updates to this section. "Title XIX" percent includes ALL Kids; "Private/Other" percent includes Private and Other Insurances; "None" percent includes Private Pay.

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2021**

Field Note:
The State Perinatal Program distributes "Sleep Baby Safe and Snug" Board Books to moms at delivering hospitals according to their specific region of delivery. During Calendar Year 2021 Regions I, II, III, IV and V in combination distributed 15,149 English books and 1,015 Spanish books for a total of 16,164.

2.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2021**

Field Note:
The numerator for the data in this section is based upon occurrent data of mothers ages 25-34 years, for calendar year (CY) 2020 data received from the Alabama Center of Health Statistics (31,385). Also, included in the numerator is FY (October 1, 2020-September 30, 2021) data for the number of unique page views to the Perinatal Program website (14,958) and Newborn Screening Program website (1,865) which provide public information and education. The denominator for the data in this section is from the National Vital Statistics System and was provided by HRSA for CY 2020 Occurrent Live Birth Data (56,333).

Due to the change in the reporting methods beginning in year 2019 submission, percent served data, instead of total served data, in this section is not comparable to previous year reports. At this time, to our knowledge, the population based services have been included in this count. When more currently available analyzed date becomes available staff will update this section. Additionally, when more recently analyzed statistical data becomes available staff will update this section.

3.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2021**

Field Note:
The Oral Health Office awards competitive fluoridation grants to eligible public water systems to initiate, update or expand community water fluoridation efforts. In calendar year 2021, they were able to award six grants to public water systems primarily located in the following Alabama counties: Baldwin, Crenshaw, Escambia, Jefferson, Randolph and Talladega. The goal of the program is to expand to additional counties as funds permit. To our knowledge, their Water Fluoridation Reporting System is unable to provide populations served according to age. Consequently, staff utilized population census data (American Community Survey, 2019) for the 1-21 age group of these counties to determine an estimation (268,056) of the population served. It is believed that these numbers are an over estimation of the population; however, they are the most accurate representation of the 1-21 year age group in these counties that are known of at this time. When more accurate/precise numbers become available staff will update the data.

4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2021**

Field Note:
The numerator is the number of children reached by CRS for FY 2021 (52,164). The source of this data is the CSHCN program. The number of children reached is calculated through the following: toll free calls, SS contacts, information and referrals, Facebook (Parent and Youth Connection) reaches, ADRS website/CRS page hits, local hearing screenings, outreach reports, FVA contacts, and total served. Reference data was used for the denominator as it is the best estimate for children with special health care needs, 0 through 21 years of age in the state.

5.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2021**

Field Note:
The numerator for the data in this section is the number of mothers served in the state for fiscal year 2021 according to Family Planning data (46,189) provided to MCH epidemiology staff and the number of calls to the Bureau of Family Health Services & MCH information hotline (1,560). The denominator for the data in this section was provided by HRSA in Form 5b Reference Data from the US Census Bureau Population Estimates, CY 2020, Data (3,579,863). Note: the numerator and denominator data are based upon the latest, known, available date from both sources, which is based upon different years. This percentage is less than three percent and TVIS would not accept our inputted numbers. To address this validation issue, three percent is reported in this section. Also, due to the change in the reporting methods beginning in year 2017 submission, percent served instead of total served, data in this section is not comparable to previous year reports.

Data Alerts: None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Alabama

Annual Report Year 2021

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	63,364	36,012	18,093	5,230	170	882	15	839	2,123
Title V Served	2,136	504	998	408	9	46	33	0	138
Eligible for Title XIX	32,794	14,258	12,189	3,877	93	222	10	533	1,612
2. Total Infants in State	62,385	35,629	17,655	5,146	168	871	15	828	2,073
Title V Served	58,336	35,642	16,461	4,818	156	742	9	0	508
Eligible for Title XIX	42,850	14,342	14,692	3,161	0	0	0	0	10,655

Form Notes for Form 6:

Data in this section included content from Alabama Medicaid. Beginning with the FY 2020 data, the methodologies utilized by Alabama were modified. The new methodology identifies paid claims with dates of service 10/1/2019 through 9/30/20 using the criteria “paid claims only” and “latest paid claims only” to gain the unduplicated count of recipients. This new methodology was in an effort to present more accurate data. Consequently, content in this section may not be comparable to previous years due to different calculation methods. Center for Health Statistic counts in this section are from year 2020 analyzed data. When more up to date analyzed data is available, staff will update this section.

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Beginning in the year 2014, method of payment for the fetal death files from Alabama's Center for Health Statistics was no longer an option for file completion. Starting in the year 2014, staff utilized new in state race coding. Persons whose race code was listed as Bridged White are in the White race category. Persons whose race code was listed as Bridged Black, Bridged American Indian/Alaska, or Bridged Asian/Pacific Islander are in the Other/Unk race category.	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Beginning in the year 2014, method of payment for the fetal death files from Alabama's Center for Health Statistics was no longer an option for file completion. Starting in the year 2014, we utilized new in state race coding. Persons whose race code was listed as Bridged White are in the White race category. Persons whose race code was listed as Bridged Black, Bridged American Indian/Alaska, or Bridged Asian/Pacific Islander are in the Other/Unk race category.	
3.	**Field Name:**	**1. Eligible for Title XIX**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Beginning in the year 2014, method of payment for the fetal death files from Alabama's Center for Health Statistics was no longer an option for file completion. Starting in the year 2014, we utilized new in state race coding. Persons whose race code was listed as Bridged White are in the White race category. Persons whose race code was listed as Bridged Black, Bridged American Indian/Alaska, or Bridged Asian/Pacific Islander are in the Other/Unk race category.	
4.	**Field Name:**	**2. Total Infants in State**

	Fiscal Year:	**2021**
	Column Name:	**Total**

Field Note:
Beginning in the year 2014, method of payment for the fetal death files from Alabama's Center for Health Statistics was no longer an option for file completion.

Starting in the year 2014, staff utilized new in state race coding. Persons whose race code was listed as Bridged White are in the White race category. Persons whose race code was listed as Bridged Black, Bridged American Indian/Alaska, or Bridged Asian/Pacific Islander are in the Other/Unk race category.

5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2021**
	Column Name:	**Total**

Field Note:
Beginning in the year 2014, method of payment for the fetal death files from Alabama's Center for Health Statistics was no longer an option for file completion.

Starting in the year 2014, staff utilized new in state race coding. Persons whose race code was listed as Bridged White are in the White race category. Persons whose race code was listed as Bridged Black, Bridged American Indian/Alaska, or Bridged Asian/Pacific Islander are in the Other/Unk race category.

6.	**Field Name:**	**2. Eligible for Title XIX**
	Fiscal Year:	**2021**
	Column Name:	**Total**

Field Note:
Beginning in CY 2016, Alabama Medicaid switched from ICD9 to ICD10 codes and implemented a new Eligibility and Enrollment System. As a result of the new system, the decision was made to develop a new reporting system for eligibility that utilizes eligibility from the fiscal agent system. Information from this new reporting system was provided to ADPH for use in the Title V Maternal and Child Health Services Block Grant Reporting. Hopefully, in the future the system can provide a more detailed breakdown by race.

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Alabama

A. State MCH Toll-Free Telephone Lines	2023 Application Year	2021 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 654-1385	(800) 654-1385
2. State MCH Toll-Free "Hotline" Name	Bureau of Family Health Services & MCH Info. Line	Bureau of Family Health Services & MCH Info. Line
3. Name of Contact Person for State MCH "Hotline"	Meredith Adams	Meredith Adams
4. Contact Person's Telephone Number	(334) 206-3897	(334) 206-3897
5. Number of Calls Received on the State MCH "Hotline"		1,560

B. Other Appropriate Methods	2023 Application Year	2021 Annual Report Year
1. Other Toll-Free "Hotline" Names	Alabama Department of Rehabilitation Services/Children's Rehabilitation Service	Alabama Department of Rehabilitation Services/Children's Rehabilitation Service
2. Number of Calls on Other Toll-Free "Hotlines"		1,426
3. State Title V Program Website Address	https://www.rehab.alabama.gov/services/crs http://www.alabamapublichealth.gov/mch	https://www.rehab.alabama.gov/services/crs http://www.alabamapublichealth.gov/mch
4. Number of Hits to the State Title V Program Website		16,051
5. State Title V Social Media Websites	Parent Connection and Youth Connection Facebook	Parent Connection and Youth Connection Facebook
6. Number of Hits to the State Title V Program Social Media Websites		15,971

Form Notes for Form 7:

Effective January 1, 2019, The Healthy Beginnings number is also the Bureau of Family Health Services and Maternal and Child Health information line. This number can be used on all printed material and media for the following programs: Adolescent Pregnancy Prevention, the Dental Program, Family Planning, Office of Women's Health, Perinatal Program, and the WIC program.

The State Title V Program website address includes the Alabama Department of Rehabilitation Services (ADRS)/Children's Rehabilitation Service (CRS) and the Alabama Department of Public Health (ADPH) Maternal and Child Health (MCH) Services Program websites.

The number of hits to the state Title V Program Website consists of a combination of the number of hits that both websites received (CRS-13,023 and ADPH MCH – 3,028).

Number of Hits to the State Title V Program Social Media Sites – FY 2021 numbers are reflective of actual numbers of people reached by posts on the Parent Connection, Youth Connection, and ADRS (CRS Specific Posts) Facebook pages.

Form 8
State MCH and CSHCN Directors Contact Information

State: Alabama

1. Title V Maternal and Child Health (MCH) Director	
Name	Tommy Johnson
Title	State Dental Director and Interim Title V Director
Address 1	P O Box 303017
Address 2	
City/State/Zip	Montgomery / AL / 36130
Telephone	(334) 206-5398
Extension	
Email	tommy.johnson@adph.state.al.us

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Cathy Caldwell
Title	Assistant Commissioner
Address 1	602 S. Lawrence St.
Address 2	
City/State/Zip	Montgomery / AL / 36104
Telephone	(334) 293-7049
Extension	
Email	cathy.caldwell@rehab.alabama.gov

3. State Family or Youth Leader (Optional)	
Name	Tammy Moore
Title	CRS Regional Parent Consultant
Address 1	234 Goodwin Crest Drive
Address 2	
City/State/Zip	Birmingham / AL / 35209
Telephone	(205) 290-4597
Extension	
Email	tammy.moore@rehab.alabama.gov

Form Notes for Form 8:

Effective May 1, 2022, Dr. Tommy Johnson, State Dental Director, began serving as the interim MCH Title V Director.

Effective July 1, 2022, Susan Colburn retired as the CRS State Parent Consultant. Tammy Moore, CRS Regional Parent Consultant, will serve as the interim Family Leader.

Form 9
List of MCH Priority Needs

State: Alabama

Application Year 2023

No.	Priority Need
1.	Lack of or inadequate access to services necessary for CSHCN to transition to all aspects of adult life.
2.	Lack of or inadequate access to health and related services, especially in rural areas and for services identified as difficult to obtain.
3.	Increase family and youth involvement and participation in advisory groups, program development, policy-making, and system building activities.
4.	High levels of maternal mortality.
5.	High levels of infant mortality (and associated factors of preterm birth and low birth weight).
6.	High levels and worsening trends of sleep-related/SUID deaths.
7.	Lack of timely, appropriate, and consistent health and developmental screenings.
8.	Lack of preventive dental visits across all Title V populations, especially for those uninsured.
9.	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.

Form Notes for Form 9:

None

Field Level Notes for Form 9:

Field Name:

Priority Need 9

Field Note:

The priority need edited due to character limitations. The original: Lack of or inadequate or inequitable access to opportunities to make choices that allow people to live a long, healthy life regardless of their age, disability status, education, gender identity, geographic location, income, insurance status/type, marital status, primary language, race/ethnicity, sexual orientation, or socioeconomic status.

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Lack of or inadequate access to services necessary for CSHCN to transition to all aspects of adult life.	Continued
2.	Lack of or inadequate access to health and related services, especially in rural areas and for services identified as difficult to obtain.	New
3.	Increase family and youth involvement and participation in advisory groups, program development, policy-making, and system building activities.	New
4.	High levels of maternal mortality.	New
5.	High levels of infant mortality (and associated factors of preterm birth and low birth weight).	New
6.	High levels and worsening trends of sleep-related/SUID deaths.	New
7.	Lack of timely, appropriate, and consistent health and developmental screenings.	New
8.	Lack of preventive dental visits across all Title V populations, especially for those uninsured.	New
9.	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.	New
10.	Lack of support for pregnant and parenting teens.	New

Form 10
National Outcome Measures (NOMs)

State: Alabama

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	71.3 %	0.2 %	40,959	57,481
2019	70.6 %	0.2 %	41,128	58,238
2018	70.8 %	0.2 %	40,629	57,415
2017	71.5 %	0.2 %	41,925	58,645
2016	71.8 %	0.2 %	42,282	58,911
2015	72.8 %	0.2 %	43,258	59,393
2014	72.7 %	0.2 %	42,851	58,929

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 1 - Notes:

None

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2021
Annual Indicator	10,000.0
Numerator	1
Denominator	1
Data Source	Bureau of Family Health Services Perinatal Health
Data Source Year	2021

NOM 2 - Notes:

At this time, Alabama does not have a hospital discharge database to track this information. Staff was unable to complete this section without entering data for this NOM. A number greater than “1” was required to be entered into the denominator section to proceed. To enable us to “complete” this section “1” was entered in the numerator and denominator sections. If a hospital discharge database becomes available, we will update this section in future submissions.

Data Alerts: None

NOM 3 - Maternal mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2016_2020	38.7	3.6	113	292,115
2015_2019	34.3	3.4	101	294,125
2014_2018	28.5	3.1	84	294,932

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 3 - Notes:

None

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	10.8 %	0.1 %	6,219	57,630
2019	10.5 %	0.1 %	6,136	58,590
2018	10.7 %	0.1 %	6,184	57,735
2017	10.3 %	0.1 %	6,038	58,902
2016	10.3 %	0.1 %	6,096	59,127
2015	10.4 %	0.1 %	6,218	59,641
2014	10.1 %	0.1 %	5,989	59,388
2013	10.0 %	0.1 %	5,805	58,134
2012	10.0 %	0.1 %	5,853	58,419
2011	9.9 %	0.1 %	5,896	59,331
2010	10.3 %	0.1 %	6,165	60,023
2009	10.3 %	0.1 %	6,454	62,443

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 4 - Notes:

None

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	12.9 %	0.1 %	7,442	57,621
2019	12.5 %	0.1 %	7,311	58,586
2018	12.5 %	0.1 %	7,204	57,727
2017	12.0 %	0.1 %	7,090	58,909
2016	12.0 %	0.1 %	7,083	59,120
2015	11.7 %	0.1 %	6,999	59,640
2014	11.7 %	0.1 %	6,926	59,397
2013	11.8 %	0.1 %	6,842	58,140
2012	11.9 %	0.1 %	6,976	58,413
2011	11.9 %	0.1 %	7,032	59,327
2010	12.5 %	0.1 %	7,484	59,990
2009	12.5 %	0.1 %	7,801	62,420

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 5 - Notes:

None

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	29.5 %	0.2 %	16,989	57,621
2019	29.4 %	0.2 %	17,240	58,586
2018	28.0 %	0.2 %	16,178	57,727
2017	27.0 %	0.2 %	15,927	58,909
2016	26.6 %	0.2 %	15,753	59,120
2015	25.4 %	0.2 %	15,146	59,640
2014	25.0 %	0.2 %	14,841	59,397
2013	25.6 %	0.2 %	14,912	58,140
2012	28.1 %	0.2 %	16,392	58,413
2011	29.3 %	0.2 %	17,410	59,327
2010	31.7 %	0.2 %	19,035	59,990
2009	33.0 %	0.2 %	20,593	62,420

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020/Q3-2021/Q2	2.0 %			
2019/Q4-2020/Q3	2.0 %			
2019/Q1-2019/Q4	2.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	2.0 %			
2018/Q2-2019/Q1	1.0 %			
2018/Q1-2018/Q4	1.0 %			
2017/Q4-2018/Q3	1.0 %			
2017/Q3-2018/Q2	1.0 %			
2017/Q2-2018/Q1	1.0 %			
2017/Q1-2017/Q4	2.0 %			
2016/Q4-2017/Q3	2.0 %			
2016/Q3-2017/Q2	2.0 %			
2016/Q2-2017/Q1	2.0 %			
2016/Q1-2016/Q4	2.0 %			
2015/Q4-2016/Q3	1.0 %			
2015/Q3-2016/Q2	1.0 %			
2015/Q2-2016/Q1	2.0 %			
2015/Q1-2015/Q4	2.0 %			
2014/Q4-2015/Q3	2.0 %			
2014/Q3-2015/Q2	3.0 %			
2014/Q2-2015/Q1	4.0 %			
2014/Q1-2014/Q4	5.0 %			
2013/Q4-2014/Q3	6.0 %			
2013/Q3-2014/Q2	7.0 %			
2013/Q2-2014/Q1	11.0 %			

Legends:

NOM 7 - Notes:

None

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	7.2	0.4	426	58,861
2018	6.9	0.4	401	57,970
2017	7.2	0.4	427	59,178
2016	8.3	0.4	494	59,405
2015	8.0	0.4	478	59,921
2014	7.3	0.4	438	59,650
2013	8.5	0.4	499	58,433
2012	8.8	0.4	517	58,721
2011	8.0	0.4	475	59,619
2010	8.6	0.4	516	60,330
2009	7.7	0.4	484	62,733

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 8 - Notes:

None

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	7.7	0.4	452	58,615
2018	6.9	0.4	401	57,761
2017	7.4	0.4	435	58,941
2016	9.0	0.4	534	59,151
2015	8.3	0.4	496	59,657
2014	8.7	0.4	515	59,422
2013	8.6	0.4	500	58,167
2012	8.9	0.4	519	58,448
2011	8.2	0.4	488	59,354
2010	8.7	0.4	524	60,050
2009	8.3	0.4	517	62,475

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.1 - Notes:

None

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	4.1	0.3	243	58,615
2018	4.4	0.3	252	57,761
2017	4.3	0.3	254	58,941
2016	5.4	0.3	321	59,151
2015	5.0	0.3	301	59,657
2014	5.1	0.3	305	59,422
2013	5.6	0.3	323	58,167
2012	5.8	0.3	340	58,448
2011	5.2	0.3	309	59,354
2010	5.4	0.3	323	60,050
2009	5.1	0.3	316	62,475

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.2 - Notes:

None

Data Alerts: None

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	3.6	0.3	209	58,615
2018	2.6	0.2	149	57,761
2017	3.1	0.2	181	58,941
2016	3.6	0.3	213	59,151
2015	3.3	0.2	195	59,657
2014	3.5	0.2	210	59,422
2013	3.0	0.2	177	58,167
2012	3.1	0.2	179	58,448
2011	3.0	0.2	179	59,354
2010	3.3	0.2	201	60,050
2009	3.2	0.2	201	62,475

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.3 - Notes:

None

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	209.8	18.9	123	58,615
2018	249.3	20.8	144	57,761
2017	232.4	19.9	137	58,941
2016	309.4	22.9	183	59,151
2015	283.3	21.8	169	59,657
2014	301.2	22.6	179	59,422
2013	326.6	23.7	190	58,167
2012	296.0	22.5	173	58,448
2011	283.0	21.9	168	59,354
2010	299.8	22.4	180	60,050
2009	312.1	22.4	195	62,475

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.4 - Notes:

None

Data Alerts: None

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	170.6	17.1	100	58,615
2018	117.7	14.3	68	57,761
2017	191.7	18.1	113	58,941
2016	216.4	19.2	128	59,151
2015	184.4	17.6	110	59,657
2014	181.8	17.5	108	59,422
2013	171.9	17.2	100	58,167
2012	152.3	16.2	89	58,448
2011	143.2	15.5	85	59,354
2010	136.6	15.1	82	60,050
2009	155.3	15.8	97	62,475

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.5 - Notes:

None

Data Alerts: None

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	5.0 %	0.7 %	2,756	55,187
2014	5.8 %	0.8 %	3,176	55,143

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 10 - Notes:

None

Data Alerts: None

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2021
Annual Indicator	1,000.0
Numerator	1
Denominator	1
Data Source	Family Health Services Perinatal Health Division
Data Source Year	2021

NOM 11 - Notes:

At this time, Alabama does not have Neonatal Abstinence Syndrome data. Staff was unable to complete this section without entering data for this NOM. A number greater than “1” was required to be entered into the denominator section to proceed. To enable us to “complete” this section “1” was entered in the numerator and denominator sections. If Neonatal Abstinence Syndrome data becomes available, we will update this section in future submissions.

Data Alerts: None

NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	13.8 %	1.5 %	141,357	1,024,407
2018_2019	13.4 %	1.6 %	138,913	1,035,959
2017_2018	12.2 %	1.6 %	125,032	1,022,648
2016_2017	11.9 %	1.5 %	120,775	1,016,617
2016	10.6 %	1.6 %	107,793	1,020,682

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	26.7	2.2	143	535,078
2019	32.3	2.5	173	535,424
2018	26.9	2.3	144	534,364
2017	24.6	2.1	132	536,937
2016	22.9	2.1	123	537,913
2015	23.6	2.1	128	541,244
2014	25.0	2.1	136	543,901
2013	25.3	2.2	138	546,207
2012	26.3	2.2	145	551,124
2011	28.4	2.3	156	549,586
2010	26.0	2.2	144	553,130
2009	26.7	2.2	147	551,483

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 15 - Notes:

None

Data Alerts: None

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	47.9	2.8	297	620,337
2019	48.2	2.8	301	624,113
2018	46.2	2.7	289	626,175
2017	46.9	2.7	294	627,266
2016	50.4	2.8	316	626,927
2015	44.3	2.7	279	629,274
2014	43.3	2.6	274	632,306
2013	39.4	2.5	251	637,220
2012	45.1	2.7	291	644,819
2011	45.8	2.6	300	655,606
2010	45.4	2.6	301	663,126
2009	45.1	2.6	300	665,683

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.1 - Notes:

None

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2020	22.0	1.5	207	939,422
2017_2019	22.9	1.6	217	948,102
2016_2018	25.0	1.6	239	955,033
2015_2017	25.0	1.6	240	958,914
2014_2016	24.6	1.6	236	957,959
2013_2015	20.8	1.5	199	958,263
2012_2014	21.5	1.5	207	962,433
2011_2013	22.4	1.5	219	978,412
2010_2012	24.2	1.6	242	1,001,033
2009_2011	24.2	1.5	248	1,023,913
2008_2010	26.2	1.6	271	1,035,662
2007_2009	29.6	1.7	306	1,033,470

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.2 - Notes:

None

Data Alerts: None

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2020	11.5	1.1	108	939,422
2017_2019	10.7	1.1	101	948,102
2016_2018	10.3	1.0	98	955,033
2015_2017	9.1	1.0	87	958,914
2014_2016	9.1	1.0	87	957,959
2013_2015	8.2	0.9	79	958,263
2012_2014	7.9	0.9	76	962,433
2011_2013	8.5	0.9	83	978,412
2010_2012	8.7	0.9	87	1,001,033
2009_2011	8.0	0.9	82	1,023,913
2008_2010	7.4	0.9	77	1,035,662
2007_2009	6.3	0.8	65	1,033,470

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.3 - Notes:

None

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	21.6 %	1.6 %	233,724	1,084,384
2018_2019	21.8 %	1.7 %	237,911	1,089,138
2017_2018	22.4 %	1.7 %	245,036	1,095,255
2016_2017	22.5 %	1.6 %	247,758	1,102,057
2016	21.3 %	1.8 %	235,517	1,106,270

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.1 - Notes:

None

Data Alerts: None

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	15.8 %	2.6 %	36,716	231,943
2018_2019	12.9 %	2.2 %	30,632	237,911
2017_2018	13.2 %	2.5 %	32,403	245,036
2016_2017	16.3 %	2.7 %	40,287	247,758
2016	17.9 %	3.4 %	42,120	235,517

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	3.1 %	0.8 %	28,410	912,209
2018_2019	2.9 %	0.8 %	26,467	925,851
2017_2018	3.2 %	0.7 %	29,568	927,968
2016_2017	3.1 %	0.7 %	28,645	909,975
2016	2.2 %	0.8 %	19,716	882,862

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	11.4 %	1.3 %	103,989	910,886
2018_2019	10.0 %	1.4 %	91,976	917,778
2017_2018	11.8 %	1.5 %	108,519	919,536
2016_2017	14.3 %	1.6 %	129,491	904,244
2016	15.0 %	1.9 %	131,199	876,057

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	55.9 %	5.9 %	58,730	105,147
2018_2019	52.4 %	6.8 %	53,247	101,640
2017_2018	50.5 %	6.6 %	68,245	135,109
2016_2017	50.4 %	6.1 %	70,843	140,701
2016	45.4 %	6.8 %	52,413	115,425

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	88.8 %	1.3 %	962,447	1,083,631
2018_2019	87.6 %	1.5 %	952,023	1,086,836
2017_2018	88.1 %	1.6 %	957,626	1,087,156
2016_2017	88.1 %	1.5 %	963,574	1,093,625
2016	87.2 %	1.8 %	961,065	1,101,823

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	16.2 %	0.2 %	6,225	38,400
2016	16.3 %	0.2 %	6,937	42,671
2014	16.3 %	0.2 %	7,077	43,509
2012	15.6 %	0.2 %	7,160	45,769
2010	15.8 %	0.2 %	7,246	45,743
2008	14.9 %	0.2 %	6,439	43,267

Legends:

Indicator has a denominator <50 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	17.2 %	1.3 %	35,281	204,779
2015	16.1 %	1.4 %	33,723	209,650
2013	17.1 %	1.3 %	35,621	208,378
2011	17.0 %	1.8 %	35,387	207,991
2009	13.3 %	1.1 %	23,465	176,530
2005	14.6 %	0.9 %	31,002	211,879

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	21.8 %	2.5 %	102,455	469,704
2018_2019	17.3 %	2.4 %	81,449	469,615
2017_2018	16.1 %	2.3 %	74,048	458,822
2016_2017	18.2 %	2.3 %	79,213	434,616
2016	18.2 %	2.6 %	75,916	417,095

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: American Community Survey (ACS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	3.1 %	0.3 %	34,038	1,086,191
2018	3.5 %	0.4 %	37,799	1,087,053
2017	2.9 %	0.2 %	31,668	1,091,184
2016	2.3 %	0.3 %	25,705	1,098,459
2015	2.8 %	0.2 %	30,460	1,107,192
2014	3.7 %	0.4 %	40,624	1,106,022
2013	4.5 %	0.4 %	50,076	1,110,389
2012	4.0 %	0.3 %	45,014	1,125,653
2011	5.2 %	0.4 %	58,831	1,123,644
2010	6.0 %	0.5 %	67,911	1,135,416
2009	6.1 %	0.4 %	68,872	1,125,665

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	74.7 %	4.0 %	44,000	59,000
2016	72.3 %	3.4 %	43,000	59,000
2015	69.5 %	3.8 %	42,000	60,000
2014	73.5 %	3.7 %	44,000	60,000
2013	65.9 %	4.1 %	39,000	60,000
2012	70.4 %	4.6 %	42,000	60,000
2011	74.0 %	4.2 %	44,000	60,000

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

NOM 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	52.6 %	2.1 %	537,303	1,021,488
2019_2020	57.8 %	1.8 %	592,796	1,025,598
2018_2019	60.7 %	1.6 %	624,937	1,029,550
2017_2018	53.8 %	1.5 %	550,063	1,022,626
2016_2017	54.3 %	1.7 %	556,320	1,024,530
2015_2016	61.9 %	2.0 %	640,838	1,035,279
2014_2015	57.0 %	1.8 %	598,882	1,050,301
2013_2014	61.0 %	2.1 %	648,135	1,063,003
2012_2013	52.1 %	2.6 %	557,694	1,070,309
2011_2012	49.4 %	2.7 %	517,288	1,047,833
2010_2011	45.9 %	2.7 %	478,640	1,042,788
2009_2010	41.8 %	2.4 %	444,551	1,063,518

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM 22.2 - Notes:

None

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	67.3 %	3.2 %	210,518	312,784
2019	65.6 %	3.4 %	203,935	311,072
2018	64.7 %	3.2 %	201,534	311,649
2017	58.0 %	3.0 %	181,483	312,726
2016	51.7 %	3.3 %	162,799	314,880
2015	48.4 %	3.3 %	154,158	318,674

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.3 - Notes:

None

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	92.1 %	1.9 %	288,061	312,784
2019	91.8 %	2.0 %	285,577	311,072
2018	89.4 %	2.3 %	278,746	311,649
2017	88.7 %	2.0 %	277,479	312,726
2016	91.7 %	1.7 %	288,789	314,880
2015	93.3 %	1.7 %	297,233	318,674
2014	88.6 %	2.1 %	283,448	319,757
2013	87.3 %	2.3 %	279,968	320,759
2012	81.7 %	3.1 %	262,973	321,732
2011	74.4 %	2.7 %	241,457	324,613
2010	68.4 %	3.1 %	217,469	317,811
2009	57.6 %	3.1 %	184,090	319,470

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.4 - Notes:

None

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	82.7 %	2.6 %	258,533	312,784
2019	86.8 %	2.4 %	270,134	311,072
2018	80.0 %	2.7 %	249,374	311,649
2017	78.3 %	2.5 %	244,987	312,726
2016	72.4 %	2.9 %	227,907	314,880
2015	72.1 %	2.9 %	229,605	318,674
2014	71.6 %	2.9 %	228,967	319,757
2013	69.5 %	3.1 %	222,975	320,759
2012	60.5 %	3.6 %	194,524	321,732
2011	64.3 %	3.0 %	208,632	324,613
2010	47.7 %	3.3 %	151,723	317,811
2009	43.5 %	3.2 %	139,022	319,470

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.5 - Notes:

None

Data Alerts: None

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	24.8	0.4	3,788	152,853
2019	25.6	0.4	3,955	154,529
2018	25.2	0.4	3,924	155,697
2017	27.0	0.4	4,241	157,072
2016	28.4	0.4	4,480	158,008
2015	30.1	0.4	4,739	157,380
2014	32.0	0.5	5,009	156,495
2013	34.3	0.5	5,392	157,394
2012	39.2	0.5	6,195	158,036
2011	41.0	0.5	6,609	161,135
2010	44.0	0.5	7,343	166,863
2009	48.3	0.5	8,205	169,867

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 23 - Notes:

None

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	20.8 %	1.7 %	9,048	43,590
2019	23.5 %	1.6 %	12,454	53,091
2018	17.3 %	1.4 %	9,112	52,710
2017	19.9 %	1.5 %	10,710	53,919
2015	16.3 %	1.3 %	8,898	54,491
2014	17.6 %	1.3 %	9,621	54,657

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 24 - Notes:

None

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	2.1 %	0.5 %	22,345	1,079,957
2018_2019	2.3 %	0.7 %	24,990	1,086,730
2017_2018	2.4 %	0.7 %	26,027	1,094,670
2016_2017	2.8 %	0.7 %	30,968	1,101,322
2016	3.5 %	1.0 %	39,076	1,104,799

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Alabama

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective				82	82.8
Annual Indicator			70.8	74.4	71.4
Numerator			599,429	629,176	607,073
Denominator			846,286	846,056	850,307
Data Source			BRFSS	BRFSS	BRFSS
Data Source Year			2018	2019	2020

Previous NPM-1 BRFSS data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives				
2022	**2023**	**2024**	**2025**
Annual Objective	80.7	81.1	81.5	81.9

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
Behavioral Risk Factor Surveillance System (BRFSS) is listed as the National Performance Measure 1 federally available data source in Title V Information System. We utilized the question in BRFSS for Alabama data year 2020, as the baseline, which referred to a routine checkup in the last year by gender. Specifically, a query of the BRFSS website “Prevalence Data & Data Analysis Tools” data (“Prevalence and Trends Data”). Location was set to “Alabama;” class was set to “Health Care Access/Coverage;” topic was set to “Last Checkup;” and year was set to “2019”. This query on May 26, 2022, provided Alabama with a baseline for 2020 of 79.9 percent of females indicating a routine checkup within the past year. Objectives from 2021 forward have been set to require an annual increase of 0.5 percent from the 2019 baseline.

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

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	75.9	84.5	84.2	83.6	83.8
Annual Indicator	84.3	84.1	83.5	64.6	64.6
Numerator	958	913	949	3,967	3,967
Denominator	1,136	1,086	1,137	6,137	6,137
Data Source	Alabama Center for Health Statistics	Alabama Center for Health Statistics	Alabama Center for Health Statistics	Alabama Center for Health Statistics	Alabama Center for Health Statistics
Data Source Year	2017	2018	2019	2020	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	84.8	84.9	85.1	85.3

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: Alabama's Center for Health Statistics provided the data for this performance measure. In the year 2017, (January 1-December 31), 84.3 percent of very low birth weight infants were born in an Alabama Level III or IV hospital facility. The objective settings for subsequent years was set to require a slight increase, specifically, 0.2 percent per year, from the 2017 baseline. At this time the data provided is provisional as of June 12, 2018.	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: Alabama's Center for Health Statistics provided the data for this performance measure. In the year 2018, (January 1-December 31), 84.1 percent of very low birth weight infants were born in an Alabama Level III or IV hospital facility. The objective settings for subsequent years was set to require a slight increase, specifically, 0.2 percent per year, from the 2018 baseline. At this time the data provided is provisional as of May 10, 2019.	
3.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Alabama's Center for Health Statistics provided the data for this performance measure. In the year 2019, (January 1-December 31), 83.5 percent of very low birth weight infants were born in an Alabama Level III or IV hospital facility. The objective settings for subsequent years was set to require a slight increase, specifically, 0.2 percent per year, from the 2018 baseline.	
4.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Alabama's Center for Health Statistics provided the data for this performance measure. In the year 2020, (January 1-December 31), 64.6 percent of very low birth weight infants were born in an Alabama Level III or IV hospital facility. The objective settings for subsequent years was set to require a slight increase, specifically, 0.2 percent per year from the 2018 baseline. At this time, the data provided is provisional as of July 7, 2022. When more currently analyzed data becomes available, this section will be updated.	

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

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	71.9	75.5	72.3	73.3	73.7
Annual Indicator	71.3	71.3	72.1	72.0	73.3
Numerator	38,245	38,245	37,735	37,266	31,945
Denominator	53,663	53,663	52,309	51,781	43,605
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2015	2015	2017	2019	2020

Annual Objectives				
2022	**2023**	**2024**	**2025**
Annual Objective	74.0	74.4	74.8	75.1

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
The Pregnancy Risk Assessment and Monitoring System (PRAMS) is the data source for this (A) National Performance Measure concerning the percentage of infants placed to sleep on their backs. The question analyzed was in reference to the position most chosen by mother for baby's sleeping. The latest data provided by the Alabama's PRAMS coordinator (2017 results) indicated there were 72.2 percent of Alabama infants who were placed on their backs to sleep. Objectives for 2018 forward have been set to require an annual improvement of 0.5 percent from the baseline. Note, previous years reports are not comparable due to the utilization of a historical data set (Year 2013 PRAMS publication).

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective	88.1	85.7	86.1
Annual Indicator	29.8	33.3	34.6
Numerator	15,619	16,967	15,074
Denominator	52,446	50,878	43,622
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	86.5	87.0	87.4	87.8

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**
	Field Note: The Pregnancy Risk Assessment and Monitoring System (PRAMS) is the data source for this (B) national performance measure concerning the percentage of infants placed to sleep on a separate approved sleep surface. The PRAMS question to be analyzed from the survey update in 2016 is in reference to whether or not the new baby usually sleeps in a crib, bassinet, or pack and play. The latest data provided is the year 2017 results from the Alabama's PRAMS coordinator, who indicated that 84.4 percent of Alabama infants were placed to sleep in a crib, bassinet, or pack and play. Objectives for 2017 forward have been set to require an annual improvement of 0.5 percent from the baseline. This question was not asked in the previous year (2014) survey publication. Consequently, the response to this question is not comparable to previous years submission.	
2.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data in this section reflects the most recently available information (year 2016) provided directly from the Alabama's Interim PRAMS coordinator.	

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective	39.3	49.9	50.2
Annual Indicator	36.7	44.4	42.3
Numerator	19,218	22,734	18,238
Denominator	52,355	51,234	43,152
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	50.4	50.7	50.9	51.2

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
The Pregnancy Risk Assessment and Monitoring System (PRAMS) is the data source for this (C) National Performance Measure concerning the percentage of infants who sleep without soft objects or loose bedding. The PRAMS question to be analyzed in the year 2016 survey update is in reference to whether or not the new baby usually sleeps with a blanket, toys, cushions, or pillows (Questions 67f and 67g). The data in this section was provided directly by the Alabama's PRAMS coordinator. Objectives for 2017 forward have been set to require an annual improvement of 0.5 percent from the baseline. This question was not asked in the previous year (2014) survey publication. Consequently, information in this section is not comparable to previous years.

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

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		26.3	40.5	58.3	55.2
Annual Indicator	21.2	26.6	39.8	44.6	33.3
Numerator	32,690	38,521	53,496	54,906	40,489
Denominator	154,509	145,031	134,315	122,972	121,453
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	55.2	61.5	68.4	73.5

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
The National Survey of Children's Health (NSCH) 2019-2020 report was utilized for the National Performance Measure 6 data source for determining annual objectives. Specifically, the NSCH website was queried by survey and topic for the two-year combined data (as this data is listed as the most reliable estimate) for the State of Alabama. The starting point/topic selected was Title V Block Grant Measures and the specific National Performance Measure selected was number "6: Percent of children, age 9-35 months." This query on June 1, 2022, provided Alabama with a baseline for 2019-2020 of 33.3 percent of parents completing a developmental screening tool during the past 12 months of children ages 9-35 months. Utilizing NSCH data (2019-2020) as the 2020 baseline for this performance measure, an annual improvement of 11.3 percent for objectives in subsequent years was set. Previous year reports are not comparable due to the utilization of historical data sets (Year 2018 or prior).

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		86.9	87.8	68.5	88.6
Annual Indicator	75.9	76.3	76.3	77.4	70.0
Numerator	267,488	279,668	279,668	253,566	244,204
Denominator	352,368	366,499	366,499	327,459	348,830
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2016_2017	2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	80.1	85.8	91.8	98.2

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
The National Survey of Children's Health (NSCH) 2019-2020 report was utilized for the National Performance Measure (NPM) ten data source for determining annual objectives. Specifically, the NSCH website was queried by survey and topic for the year 2019 for the state of Alabama. The starting point/topic selected was Title V Block Grant Measures and the specific NPM selected was number "10: Percent of adolescents, age 12 through 17 years, with a preventive medical visit in the past year." This query on June 1, 2022, provided Alabama with a baseline for 2019-2020 of 70.0 percent of adolescents with one or more preventive medical visits in the past year. Utilizing NSCH data (2019-2020) as the 2020 baseline for this performance measure, an annual improvement of 0.07 percent for objectives in subsequent years was set.

NPM 12 - 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 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		53.5	58.5	64	70
Annual Indicator	13.2	12.9	15.0	23.8	27.9
Numerator	13,335	13,867	14,975	21,076	25,741
Denominator	101,361	107,738	99,967	88,591	92,115
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	29.3	30.8	32.3	34.0

Field Level Notes for Form 10 NPMs:

None

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	43.1	44.2	38.7	38.8	39.7
Annual Indicator	40.6	40.6	36.0	35.4	33.6
Numerator	22,286	22,286	19,726	19,451	15,240
Denominator	54,955	54,955	54,751	54,884	45,331
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2015	2015	2017	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	40.7	41.7	42.8	43.9

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
The Pregnancy Risk Assessment and Monitoring System (PRAMS) is the data source for this (13.1) National Performance Measure concerning the percentage of women who had a preventive dental visit during pregnancy. The question analyzed was in reference to the dental care percentages during pregnancy (i.e., teeth cleaned by a dentist or dental hygienist). The data (year 2017) was provided by the Alabama's PRAMS coordinator, who indicated there were 36.0 percent of Alabama women who had preventive dental visits during pregnancy. Objectives for 2017 forward have been set for an annual improvement of 0.025 from the baseline. Note: Previous year reports may not be comparable due to the utilization of a historical data set.

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - Child Health

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		82.5	82.1	80.5	80.9
Annual Indicator	81.7	81.7	80.7	80.8	78.2
Numerator	837,585	836,024	830,091	838,606	800,897
Denominator	1,025,822	1,023,434	1,028,454	1,037,949	1,024,513
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	81.3	81.7	82.1	82.5

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
The National Survey of Children's Health (NSCH) 2019-2020 report was utilized for National Performance Measure 13.2 data source for determining annual objectives. Specifically, we queried the NSCH website by survey and topic for the two-year combined data (as this data is listed as the most reliable estimate) for the State of Alabama. The starting point/topic selected was Title V Block Grant Measures and the specific National Performance Measure selected was "13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year." This query on June 1, 2022, provided Alabama with a baseline for 2019-2020 of 78.2 percent of children, age 1-17 years, who had a preventive dental visit in the past year. Utilizing NSCH data (2019-2020) as the 2020 baseline for this performance measure, OHO set an annual improvement of 0.005 for objectives in subsequent years. Note, previous year reports may not be comparable due to the utilization of historical data sets (Year 2018 or prior).

2.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
The National Survey of Children's Health (NSCH) 2019-2020 report was utilized for National Performance Measure 13.2 data source for determining annual objectives. Specifically, OHO queried the NSCH website by survey and topic for the two-year combined data (as this data is listed as the most reliable estimate) for the State of Alabama. The starting point/topic selected was Title V Block Grant Measures and the specific National Performance Measure selected was "13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year." This query on June 1, 2022, provided Alabama with a baseline for 2019-2020 of 78.2 percent of children, age 1-17 years, who had a preventive dental visit in the past year. Utilizing NSCH data (2019-2020) as the 2020 baseline for this performance measure, OHO set an annual improvement of 0.005 for objectives in subsequent years. Note, previous year reports may not be comparable due to the utilization of historical data sets (Year 2018 or prior).

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - Adolescent Health

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective		82.5	82.1	80.5	80.9
Annual Indicator	81.7				
Numerator	837,585				
Denominator	1,025,822				
Data Source	NSCH				
Data Source Year	2016				
Provisional or Final ?	Final				

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	81.3	81.7	82.1	82.5

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
The National Survey of Children's Health (NSCH) 2019-2020 report was utilized for National Performance Measure 13.2 data source for determining annual objectives. Specifically, OHO queried the NSCH website by survey and topic for the two-year combined data (as this data is listed as the most reliable estimate) for the State of Alabama. The starting point/topic selected was Title V Block Grant Measures and the specific National Performance Measure selected was "13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year." This query on June 1, 2022, provided Alabama with a baseline for 2019-2020 of 78.2 percent of children, age 1-17 years, who had a preventive dental visit in the past year. Utilizing NSCH data (2019-2020) as the 2020 baseline for this performance measure, OHO set an annual improvement of 0.005 for objectives in subsequent years. Note, previous year reports may not be comparable due to the utilization of historical data sets (Year 2018 or prior).

2.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
At this time, OHO is unaware of a data source for Alabama Adolescents in the 12-25-year age group who completed dental preventive visits in the past year for this section. To prevent a TVIS error code, the results in the child section was included for adolescents since the age groups overlapped. When OHO becomes aware that such data is available, OHO will ensure that future publications utilize this data source.

Form 10
State Performance Measures (SPMs)

State: Alabama

SPM 1 - Percent of children who receive a blood lead screening test at age 12 and 24 months of age

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	54.3	53.3	73	55.1	56.8
Annual Indicator	52.8	72.2	54.6	56.2	59.3
Numerator	33,970	32,124	33,751	32,982	36,814
Denominator	64,372	44,467	61,836	58,688	62,081
Data Source	Alabama Medicaid Agency EPSDT data	Alabama Medicaid	Alabama Medicaid Agency EPSDT data	Alabama Medicaid Agency EPSDT data	Alabama Medicaid Agency EPSDT data
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	59.9	60.5	61.1	61.7

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: Data guiding annual objectives for this state performance measure comes from the FY 2017 Alabama Medicaid Agency Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) report. In FY 2017, of the 64,372 total eligible receiving at least one initial or periodic screening for ages 1-2 years, 33,970 blood leads were screened/tested for persons in this age group. This data for FY 2017, represented 52.8 percent of children ages 1-2 years receiving a blood lead screening. Objectives for subsequent years have been set to require an annual increase of 1.0 percent from this baseline.	
2.	**Field Name:**	**2018**

	Column Name:	**State Provided Data**

Field Note:
Data guiding annual objectives for this state performance measure comes from the FY 2018 Alabama Medicaid Agency Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) report. In FY 2018, of the 44,467 total eligible receiving at least one initial or periodic screening for ages 1-2 years, 32,124 blood leads were screened/tested for persons in this age group. This data for FY 2018, represented 72.2 percent of children ages 1-2 years receiving a blood lead screening. Objectives for subsequent years have been set to require an annual increase of 1.0 percent from this baseline.

3.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
Data guiding annual objectives for this state performance measure comes from the FY 2019 Alabama Medicaid Agency Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) report. In FY 2019, of the 61,836 total eligible receiving at least one initial or periodic screening for ages 1-2 years, 33,751 blood leads were screened/tested for persons in this age group. This data for FY 2019, represented 54.6 percent of children ages 1-2 years receiving a blood lead screening. Objectives for subsequent years have been set to require an annual increase of 1.0 percent from this baseline.

4.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
Data guiding annual objectives for this state performance measure comes from the FY 2020 Alabama Medicaid Agency Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) report. In FY 2020, of the 58,688 total eligible receiving at least one initial or periodic screening for ages 1-2 years, 32,928 blood leads were screened/tested for persons in this age group. This data for FY 2020, represented 56.2 percent of children ages 1-2 years receiving a blood lead screening. Objectives for subsequent years have been set to require an annual increase of 1.0 percent from this baseline.

5.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
Data guiding annual objectives for this state performance measure comes from the FY 2021 Alabama Medicaid Agency Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) report. In FY 2021, of the 62,081 total eligible receiving at least one initial or periodic screening for ages 1-2 years, 36,814 blood leads were screened/tested for persons in this age group. This data for FY 2021, represented 59.3 percent of children ages 1-2 years receiving a blood lead screening. Objectives for subsequent years have been set to require an annual increase of 1.0 percent from this baseline.

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.

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			33
Annual Indicator			45.8
Numerator			11
Denominator			24
Data Source			CSHCN Program
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	50.0	67.0	88.0	100.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
New SPM for the 2021-2025 Five-Year Needs Assessment Cycle

Annual progress for SPM 2 is tracked utilizing a Checklist Criteria Scoring Tool. The tool allows the CSHCN program to monitor progress on meeting the objectives outlined in the action plan.

Scoring is based on a total score (maximum =24) and will be measured to monitor progress. Scoring: 0=not started/no progress; 1=initial activity/minimal progress; 2=some activity/moderate progress; 3=completed or sustaining level progress.

See the FY21 scored checklist titled CSHCN Checklist Criteria Scoring Tool for SPM 2 in section V. Supporting Documents.

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.

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			50
Annual Indicator			33.1
Numerator			138
Denominator			417
Data Source			CSHCN Program
Data Source Year			2021
Provisional or Final ?			Provisional

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	58.0	67.0	77.0	89.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
New SPM for the 2021-2025 Five-Year Needs Assessment Cycle

Data Source = CRS Care Coordination Family Survey
The CRS Care Coordination Family Survey was under development during FY21. See section III.E.2.c. CSHCN Annual Report for additional information on survey development and design.

Data = FY21 data is reflective of the Care Coordination Family Survey conducted in FY22 on individuals receiving care coordination services in FY20 and FY21. The survey was open 3/10/22 through 4/10/22.

Numerator = 138, Denominator = 417
Composite Measure: In order to be counted as receiving comprehensive care coordination, the respondent had to meet pre-determined criteria assessed by six specific questions focused on whether their care coordination was 1) Assessment-Driven, 2) Patient and Family Centered, and 3) Team-Based. See section V. Supporting Documents for a detailed overview of the composite measure.

SPM 4 - Percent of women who smoke during pregnancy

Measure Status:	Inactive - Removed.		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			7.8
Annual Indicator	8.7	8	7.5
Numerator			
Denominator			
Data Source	ADPH Center for Health Statistics	ADPH Center for Health Statistics	ADPH Center for Health Statistics
Data Source Year	2018	2019	2020
Provisional or Final ?	Final	Final	Final

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Based upon the ADPH Center for Health Statistics, Percent of Births with Maternal Smoking, 2018 (8.7 percent). Objectives set for a 1 percent annual decrease from the most currently available analyzed data.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Based upon the ADPH Center for Health Statistics, Percent of Births with Maternal Smoking, 2019 (8.0 percent). Objectives set for a 1 percent annual decrease from the 2019 benchmark of 8.0 percent of births with maternal smoking.	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Based upon the ADPH Center for Health Statistics, most recently available, Percent of Births with Maternal Smoking, 2020 (7.5 percent).	

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 percent of their population with children with special needs.

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			0.6
Annual Indicator	0	40	40
Numerator	0	2	2
Denominator	6	5	5
Data Source	Program Data	Program Data	Program Data
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	0.6	0.8	1.0	1.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
This measure is new with the goal of tracking the number of EHS that maintain a specified level of CSHCN.

Objectives were set to increase by one program out of the six (e.g. 1/6=0.17) annually.

This measure was based upon the total number of program partners participating in the Early Head Start Child Care Partnership Grant. Program partners are allotted a total number of slots(children) per year. The number of actual center sites vary by geographic region, based upon size and need.

The total number of partners does not include Auburn University Hub.

2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
Before the end of 2020, there were only five program partners instead of six originally mentioned in this measure. Jefferson County Committee for Economic Opportunity ended its agreement with the Department of Human Resources (DHR) and the slots were transferred to other centers.

In 2020, two of the five centers met their goal of 10 percent or higher. In 2021, it was discovered that special needs children were under reported to DHR. Therefore, the Alabama Department of Public Health (ADPH) added policies to the Care Coordination Protocol to include working with centers to identify children with special needs, assisting in obtaining the Individualized Family Service Plans (IFSP), verifying the number of special needs children monthly at each center, and reporting to DHR children not listed on their monthly report. The desire is that these efforts will help to improve the percentage of children identified with special needs at each center.

Objectives beyond the year 2020 were set to increase by one additional program out of the five (e.g. 3/5=0.60) annually.

3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
In 2021, two of the five program partners met their goal of 10 percent or higher. Before the end of 2020, there were only five program partners instead of six originally mentioned in this measure. Jefferson County Committee for Economic Opportunity ended its agreement with the Department of Human Resources (DHR) and the slots were transferred to other centers. Due to this, not all slots were assigned during the first months of the program term that ran from August 2020-July 2021. While enrolled in the EHSCCP program, children receive screenings, ongoing assessment, and referrals for evaluation of disabilities or special needs.

During year 2021, it was discovered that Special Needs Children were under reported to DHR. Therefore, the Alabama Department of Public Health (ADPH) added policies to the Care Coordination Protocol to include working with centers to identify children with special needs, assisting in obtaining the Individualized Family Service Plans (IFSP), verifying the number of special needs children monthly at each center, and reporting to DHR children not listed on their monthly report.

SPM 6 - Percent of staff trained at day care provider/centers on CPR/First Aid

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			28.9
Annual Indicator	28.6	22.7	22.7
Numerator	6,157	4,886	4,886
Denominator	21,514	21,514	21,514
Data Source	Healthy Childcare Alabama Training Data	Healthy Childcare Alabama Training Data	Healthy Childcare Alabama Training Data
Data Source Year	2019	2020	2020
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	29.5	29.8	30.1	30.4

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Objectives are set to increase one percent annually from the year 2019 benchmark value of 28.6 percent.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Objective not met due to COVID-19 resulting in many day care closures.	

SPM 7 - Number of modules of the University of Wisconsin-Madison's Population Health Initiative's Health Equity Training Modules completed in order to advance health equity in the Alabama MCH Title V Block Grant Program

Measure Status:	Inactive - Completed		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			3
Annual Indicator	0		0
Numerator			
Denominator			
Data Source	Alabama MCH Title V Program Documentation		Alabama MCH Title V Program Documentation
Data Source Year	2020		2020
Provisional or Final ?	Final		Final

Field Level Notes for Form 10 SPMs:

None

SPM 8 - Decrease number of infants dying from Sudden Infant Death Syndrome (SIDS)

Measure Status:	Active		
Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	10.3	10.2	10.1

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**

Field Note:
Based upon the ADPH Center of Health Statistics, 10.6 percent of infant deaths in 2020 were due to Sudden Infant Death Syndrome (SIDS).

Objectives set for a one percent annual decrease from the most currently available analyzed data.

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Alabama

ESM 1.1 - 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 2 points annually.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	44	44.5	44.9	45.4	45.8
Annual Indicator	43.2	43.2	43.2	43.2	43.2
Numerator	1,081,373	1,081,373	1,081,373	1,081,373	1,081,373
Denominator	2,505,795	2,505,795	2,505,795	2,505,795	2,505,795
Data Source	BRFSS and U.S. Census Bureau, Population Division	BRFSS and U.S. Census	BRFSS and U.S. Census	BRFSS and U.S. Census	BRFSS and U.S. Census
Data Source Year	2015	2015	2015	2015	2015
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	46.2	46.7	47.1	47.5

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**

Field Note:
The BRFSS question regarding “Last Checkup” for data year 2015, as the baseline, which referred to a routine checkup in the last year by gender. This query provided a baseline of roughly 76.2 percent of females. Objectives from 2017 forward have been set to require an annual increase of 0.5 percent from the 2015 baseline.

Beginning with year 2015 data, American FactFinder Annual Estimates was used to determine population estimates. Per the 2015 Census population estimates, a total of 2,505,795 women lived in Alabama. Of the total women in Alabama, 1,419,125 were females in the age group of 12-55 years: 56.6 percent of the total female population. Also, using the 76.2 percent from BRFSS, women ages 12-55 years receiving a preventive visit in the last year equates to 1,801,373 women, which is also 43.2 percent of the target population. The year 2015 baseline was set at 43.2 percent with an annual improvement objective of one percent. Note, Well Woman data was based upon 15-55 years of age. At this time discussions are being held by the Well Woman Program for future Technical Assistance to acquire a better understanding of the most appropriate manner to report measures for the MCH Block Grant.

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

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			0
Annual Indicator	0		0
Numerator	0		0
Denominator	46		46
Data Source	Alabama State Perinatal Program Data		Alabama State Perinatal Program Data
Data Source Year	2020		2021
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	10.9	21.8	32.7	43.6

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
This measure serves to track the number of birthing hospital meetings with the Alabama State Perinatal Program staff to share data and discuss the Alabama Perinatal Regionalization System Guidelines.

This objective was based upon the year 2020 benchmark total of 46 birthing hospitals. The goal is to increase the number of birthing hospital meetings by five hospitals per year. This goal would result in an approximately 10.9 percent increase in the year 2021. Unfortunately, due to COVID-19, the State Perinatal Program has been unable to move forward with this objective. The goal is to begin movement on this measure in the year 2022.

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

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			1
Annual Indicator	0		0
Numerator			
Denominator			
Data Source	Alabama State Perinatal Program Data		Alabama State Perinatal Program Data
Data Source Year	2019		2019
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	1.0	2.0	2.0	3.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
This measure serves to track implementation of the CDC's Level of Care Assessment Tool (CDC LOCATe) which is being utilized to align the Alabama Perinatal Regionalization System Guidelines with the national criteria for the Maternal Levels of Care. Objectives are set to increase hospital participation by five facilities per year. Unfortunately, due to COVID-19, the State Perinatal Program has been unable to move forward with this objective. The goal is to begin movement on this measure in the year 2022.

ESM 5.1 - Number of sleep-related infant deaths

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			63.9
Annual Indicator	70		70
Numerator			
Denominator			
Data Source	ADPH Center for Health Statistics		ADPH Center for Health Statistics
Data Source Year	2018		2018
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	62.0	60.1	58.3	56.6

Field Level Notes for Form 10 ESMs:

1. **Field Name:** **2019**

   Column Name: **State Provided Data**

   Field Note:
   The objectives, set for an annual decrease of three percent, are based upon the benchmark year 2018, during which Sudden Unexpected Infant Death (SUID) was responsible for 70 of the 405 infant deaths.

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

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			2.5
Annual Indicator	2		0
Numerator			
Denominator			
Data Source	Alabama State Perinatal Program Documentation		Alabama State Perinatal Program Documentation
Data Source Year	2020		2021
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	2.5	3.1	3.9	4.9

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: This measure is a new one, which serves to track the number of trainings facilitated to assist healthcare professionals and first responders, who interact with expecting and new mothers, during training on safe sleep recommendations Objectives are based upon the number of trainings facilitated in the specified year and set to increase 25 percent annually.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: In the year 2020, due to COVID-19 only two trainings were conducted. These two trainings were virtual. In the year 2021, there were no trainings. The goal is to continue to increase trainings by 25 percent annually.	

ESM 6.1 - Proportion of children birth to age 19 that received a well child appointment in the past year

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			1
Annual Indicator			1.6
Numerator			331
Denominator			20,412
Data Source			Child and Adolescent Health Division
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	1.6	1.6	1.7	1.7

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
Objectives based upon Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visits statewide in county health departments in FY 2021 to children birth to 19 and set to increase one percent annually.

ESM 6.2 - Proportion of children birth to age 19 that received a developmental screening in conjunction with a well-child appointment in the past year

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			1.9
Annual Indicator	1.8		1.8
Numerator	22,363		22,363
Denominator	1,219,436		1,219,436
Data Source	APC and U.S. Census Bureau Population Estimates		APC and U.S. Census Bureau Population Estimates
Data Source Year	2018		2018
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	1.9	1.9	1.9	2.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Based upon the number of ASQ-3s completed in the past year as reported by the APC. Benchmark data represents the # ASQ-3s completed in 2018 with objectives set for a 1 percent annual increase.	
2.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**
	Field Note: Annual objective set for a one percent annual increase from the 2018 Benchmark: 22,363/1,219,436*100=1.83 percent One percent increase = 1.91 percent (2022)	

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

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			56.8
Annual Indicator	54.6	56.2	59.3
Numerator	33,751	32,982	36,814
Denominator	61,836	58,688	62,081
Data Source	Alabama Medicaid	Alabama Medicaid	Alabama Medicaid
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	59.9	60.5	61.1	61.7

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
Data guiding annual objectives for this measure comes from the FY 2019 Alabama Medicaid Agency Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) report. In FY 2019, of the 61,836 total eligible receiving at least one initial or periodic screening for ages 1 to 2 years, 33,751 persons in this age group blood lead levels were screened/tested. For FY 2018, this figure represented 54.6 percent of children ages 1 to 2 years receiving a blood lead screening. Objectives for subsequent years have been set to require an annual increase of one percent from this baseline.

2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
Data guiding annual objectives for this state performance measure comes from the FY 2020 Alabama Medicaid Agency Early and Periodic Screening, Diagnostic and Treatment (EPSDT) report. In FY 2020, of the 58,688 total eligible receiving at least one initial or periodic screening for ages 1 to 2 years, 32,928 persons in this age group blood lead levels were screened/tested. For FY 2020, this figure represented 56.2 percent of children ages 1 to 2 years receiving a blood lead screening. Objectives for subsequent years have been set to require an annual increase of one percent from this baseline.

3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
Data guiding annual objectives for this state performance measure comes from the FY 2021 Alabama Medicaid Agency Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) report. In FY 2021, of the 62,081 total eligible receiving at least one initial or periodic screening for ages 1 to 2 years, 36,841 persons in this age group blood lead levels were screened/tested. For FY 2021, this figure represented 59.3 percent of children ages 1 to 2 years receiving a blood lead screening. Objectives for subsequent years have been set to require an annual increase of one percent from this baseline.

ESM 10.1 - Proportion of adolescents, aged 12 to 19, that received an adolescent well visit in the past year

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			77.1
Annual Indicator	76.3		70
Numerator	279,668		244,204
Denominator	366,499		348,830
Data Source	NSCH		NSCH
Data Source Year	2016-2017		2019-2020
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	72.1	72.8	73.6	74.3

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: The original baseline was based upon the National Survey of Children's Health (NSCH) 2016-2017 survey in which 76.3 percent of persons 12 to 17 years of age received a preventive medical visit.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Based upon the NSCH 2019-2020 survey, 70.0 percent of persons 12 to 17 years of age received a preventive medical visit. Objectives set for a one percent annual increase from the 2019-2020 benchmark indicator of 70.0 percent.	

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

Measure Status:	Active		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			50
Annual Indicator			74.5
Numerator			38
Denominator			51
Data Source			CSHCN Program
Data Source Year			2021
Provisional or Final ?			Provisional

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	58.0	67.0	77.0	89.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
New ESM for the 2021-2025 Five-Year Needs Assessment Cycle

Data Source = CRS Transition Survey
The CRS Transition survey was under development during FY21. See section III.E.2.c. CSHCN Annual Report for additional information on survey development and design.

Data = FY21 data is reflective of the Transition survey conducted in FY22 on individuals ages 19 – 21 receiving transition services in FY 20 and FY 21. The survey was open 12/13/21 through 2/28/22.

Numerator = 38, Denominator = 51
The numerator includes all respondents who answered, “Very Satisfied” or “Somewhat Satisfied” on the questions “Thinking about all of the questions you just answered, how satisfied are you OVERALL with your CRS transition services?” OR “Thinking about all of the questions you just answered, how satisfied is your youth OVERALL with their CRS transition services?”

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

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	
Numerator	0	
Denominator	500	
Data Source	Oral Health Program	
Data Source Year	2020	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	3.0	6.0	9.0	10.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
This measure is new and has the goal of tracking increase in dental provider knowledge. The denominator is based upon program estimates of approximately 25 percent of total Alabama dentists (500 individuals). The FY 2022 baseline is set at 3.0 percent with a 3.0 percent annual improvement objective until reaching the overall 10 percent dental provider reach goal. OHO aims to implement this measure in the upcoming FY 2022.

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

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	
Numerator	0	
Denominator	500	
Data Source	Oral Health Program	
Data Source Year	2020	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	3.0	6.0	9.0	10.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
This measure is new and has the goal of tracking increase in dental provider knowledge. The denominator is based upon program estimates of approximately 25 percent of total Alabama dentists (500 individuals). The FY 2022 baseline is set at 3.0 percent with a 3.0 percent annual improvement objective until reaching our overall 10 percent dental provider reach goal. We aim to implement this measure in the upcoming FY 2022.

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

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	
Numerator	0	
Denominator	500	
Data Source	Oral Health Program	
Data Source Year	2020	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	3.0	6.0	9.0	10.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
This measure is new and has the goal of tracking increase in dental provider knowledge. The denominator is based upon program estimates of approximately 25 percent of total Alabama dentists (500 individuals). The FY 2022 baseline is set at 3.0 percent with a 3.0 percent annual improvement objective until reaching the overall 10 percent dental provider reach goal. OHO aims to implement this measure in the upcoming FY 2022.

ESM 13.2.2 - 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 cancer

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	
Numerator	0	
Denominator	500	
Data Source	Oral Health Program	
Data Source Year	2020	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	3.0	6.0	9.0	10.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
This measure is new and has the goal of tracking increase in dental provider knowledge. The denominator is based upon program estimates of approximately 25 percent of total Alabama dentists (500 individuals). The FY 2022 baseline is set at 3.0 percent with a 3.0 percent annual improvement objective until reaching the overall 10 percent dental provider reach goal. OHO aims to implement this measure in the upcoming FY 2022.

Form 10
State Performance Measure (SPM) Detail Sheets

State: Alabama

SPM 1 - Percent of children who receive a blood lead screening test at age 12 and 24 months of age
Population Domain(s) – Child Health

Measure Status:	Active
Goal:	Increase the proportion of children aged 12 and 24 months that have a reported blood lead screening.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of Alabama children aged 12 and 24 months that have a reported blood lead screening **Denominator:** Number of Alabama children aged 12 and 24 months
Data Sources and Data Issues:	Alabama Department of Public Health Lead Program Data
Significance:	Lead is a potent and pervasive neurotoxicant. Elevated blood lead levels (EBBLs) can result in decreased IQ, academic failure, and behavioral problems in children. There are approximately half a million U.S. children, ages 1-5, with blood lead levels above five micrograms per deciliter, the reference level at which CDC recommends public health actions be initiated. No safe blood lead level in children has been identified. Because lead exposure often occurs with no obvious symptoms, it frequently goes unrecognized. By school age, children with a history of lead exposure can exhibit poor attention and impulse control, with lower intelligence and academic performance. A blood lead test is the only reliable way to identify a lead-poisoned child. Medicaid has required testing of enrolled children since 1989. Many states do not enforce the Medicaid requirement for children to be tested for lead poisoning. Medicaid-enrolled children are three times more likely to have elevated blood lead levels (EBLLs) than those non-enrolled children, according to national studies.

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.
Population Domain(s) – Children with Special Health Care Needs

Measure Status:	Active
Goal:	Strengthen and enhance partnerships between families, youth and healthcare providers and related health professionals.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Annual Score on the Checklist Criteria Scoring Tool **Denominator:** Total Possible Points on the Checklist Criteria Scoring Tool
Data Sources and Data Issues:	Annual progress will be tracked utilizing a Checklist Criteria Scoring Tool which was created to monitor progress towards meeting the objectives outlined in the action plan. Scoring will be based on a total score (maximum=24) and will be measured yearly for increase or decrease from prior year. Scoring: 0=not started/no progress; 1=initial activity/minimal progress; 2=some activity/moderate progress; 3=completed or sustaining level progress. Data Issues: Failure to accurately document action on the criteria could lead to inaccurate annual scoring and, thus, inaccurate monitoring of progress on meeting the goals and objectives of the measure.
Significance:	Partnerships with individuals/families/family-led organizations is one of the guiding principles in developing the MCH Block Grant. The Title V Maternal and Child Health Block Grant Guidance to states defines family partnership as “the intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course.” Our vision in creating this SPM is to recognize the value and importance of family/youth partnerships in our CSHCN program. Strengthening these partnerships and recognizing them as leaders who are continually engaged in the decision-making process will ensure that the programs and services we provide are family centered.

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. Population Domain(s) – Children with Special Health Care Needs

Measure Status:	Active
Goal:	To provide comprehensive care coordination services needed by CYSHCN.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of respondents who report receiving comprehensive care coordination services. **Denominator:** Number of survey respondents.
Healthy People 2030 Objective:	MICH-20: Increase the proportion of children and adolescents with special health care needs who receive care in a family-centered, comprehensive, and coordinated system.
Data Sources and Data Issues:	Data Source: CRS Care Coordination Family Survey will be developed to measure that comprehensive care coordination services are being provided to families. Comprehensive Care Coordination is a patient-and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the caregiving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs in order to achieve optimal health and wellness outcomes. Baseline to be determined by 2021. Data Issues: A potential issue when collecting data using a survey format is a limited number of respondents which could impact the outcome.
Significance:	The Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0 defines Pediatric Care Coordination as a patient-and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the care giving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes. The Standards Cite Care Coordination under the Medical Home domain.

SPM 4 - Percent of women who smoke during pregnancy
Population Domain(s) – Women/Maternal Health, Child Health, Adolescent Health

Measure Status:	Inactive - Removed.
Goal:	To decrease the number of women who smoke during pregnancy.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of women who report smoking during pregnancy **Denominator:** Number of live births
Data Sources and Data Issues:	WIC Class Participation Data
Significance:	Women who smoke during pregnancy are more likely to experience a fetal death or deliver a low birth weight baby. Adverse effects of parental smoking on children have been a clinical and public health concern for decades. Children have an increased frequency of ear infections; acute respiratory illnesses and related hospital admissions during infancy; severe asthma and asthma-related problems; lower respiratory tract infections; and SIDS. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. https://www.surgeongeneral.gov/library/reports/50-years-of- progress/index.html

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 percent of their population with children with special needs.
Population Domain(s) – Cross-Cutting/Systems Building

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase the proportion of EHS programs participating in the EHSCCP grant program that maintain 10 percent of their population with children with special needs.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of EHS programs participating in the EHSCCP grant program that maintain 10% of their population with children with special needs</td></tr>
<tr><td>Denominator:</td><td>Number of EHS programs participating in the EHSCCP grant program</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>DHR EHS Program Information</td></tr>
<tr><td>Significance:</td><td>Head Start is a federally funded, locally administered comprehensive child development program that provides early education and support services to children and families with household incomes up to 130 percent of poverty by federal standards (about $33,000 for a family of four). Head Start serves children ages 3 to 5, while Early Head Start serves infants and toddlers. Many Head Start programs collaborate with child care and public preschool programs to serve eligible children, including children of migrant and tribal families. Head Start has expanded and innovated over its 50-year history, pioneering home visiting services, infant-toddler care, and raising the standard for teacher training. For example, the percent of Head Start teachers with a bachelor’s degree or higher increased nationwide from 44 percent in 2007 to 73 percent in 2015, a direct result of requirements included in the 2007 Head Start reauthorization.

The State(s) of Head Start report was supported with funding provided by the Bill and Melinda Gates Foundation. The
findings, interpretations, and conclusions in this report are solely those of the authors. The State(s) of Head Start digest provides a printed narrative and summary information with charts. For more information on the State(s) of Head Start and detailed state-by-state profiles on quality access, and funding, please visit www.nieer.org.</td></tr>
</table>

SPM 6 - Percent of staff trained at day care provider/centers on CPR/First Aid
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	Increase the percent of staff trained at day care provider/centers on CPR/First Aid in the past year
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of staff trained at day care provider/centers on CPR/First Aid in the past year **Denominator:** Number of staff trained at day care provider/centers in the past year
Data Sources and Data Issues:	Healthy Childcare Alabama Training Data
Significance:	Head Start is a federally funded, locally administered comprehensive child development program that provides early education and support services to children and families with household incomes up to 130 percent of poverty by federal standards (about $33,000 for a family of four). Head Start serves children ages 3 to 5, while Early Head Start serves infants and toddlers. Many Head Start programs collaborate with child care and public preschool programs to serve eligible children, including children of migrant and tribal families. Head Start has expanded and innovated over its 50-year history, pioneering home visiting services, infant-toddler care, and raising the standard for teacher training. For example, the percent of Head Start teachers with a bachelor's degree or higher increased nationwide from 44 percent in 2007 to 73 percent in 2015, a direct result of requirements included in the 2007 Head Start reauthorization. The State(s) of Head Start report was supported with funding provided by the Bill and Melinda Gates Foundation. The findings, interpretations, and conclusions in this report are solely those of the authors. The State(s) of Head Start digest provides a printed narrative and summary information with charts. For more information on the State(s) of Head Start and detailed state-by-state profiles on quality access, and funding, please visit www.nieer.org.

SPM 7 - Number of modules of the University of Wisconsin-Madison's Population Health Initiative's Health Equity Training Modules completed in order to advance health equity in the Alabama MCH Title V Block Grant Program Population Domain(s) – Cross-Cutting/Systems Building

<table>
<tr><td>Measure Status:</td><td>Inactive - Completed</td></tr>
<tr><td>Goal:</td><td>Advance health equity in the Alabama MCH Title V Block Grant Program by utilizing the University of Wisconsin-Madison's Population Health Initiative's Health Equity Training Modules to train Alabama MCH Title V staff</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>3</td></tr>
<tr><td>Numerator:</td><td>Number of modules of the University of Wisconsin-Madison's Population Health Initiative's Health Equity Training Modules completed</td></tr>
<tr><td>Denominator:</td><td></td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Alabama MCH Title V Block Grant Program Documentation</td></tr>
<tr><td>Significance:</td><td>All Alabama communities benefit when health disparities are reduced through policies, practices, and organizational systems.

Promoting health equity and reducing health disparities should be encouraged as a guiding principle for the Alabama Title V Program. Over the next 5 year reporting cycle for the MCH Title V Block Grant, ADPH staff will seek to advance efforts to address health disparities for the state’s maternal and child population.

HEALTH EQUITY TRAINING MODULES

HEALTH EQUITY MODULE 1 | INTRODUCTION:
The first module begins with an introduction to health equity. It discusses how health is more than just sickness or its absence, and that health inequities are more than just differences in health outcomes.

HEALTH EQUITY MODULE 2 | HEALTH & POWER:
The second module explores the relationship between health and power, considering what it means to suggest that “the root cause of health inequity is powerlessness.”

HEALTH EQUITY MODULE 3 | OPERATIONALIZE HEALTH EQUITY:
The third module discusses ideas for operationalizing health equity in practice, and specifically looks at opportunities to expand the definition of health, strategically use data, assess and influence the policy context, and strengthen community capacity to act on health inequities.</td></tr>
</table>

SPM 8 - Decrease number of infants dying from Sudden Infant Death Syndrome (SIDS)
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active
Goal:	Increase the number of infants with a safe sleep environment
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** 43 **Denominator:** 404
Data Sources and Data Issues:	ADPH Center for Health Statistics
Significance:	Sleep related infant deaths are consistently one of the top three leading contributors of death for infants in Alabama. In 2020, 43 infants died of SIDS before their first birthday. Centers for Disease Control and Prevention (CDC) recommends babies sleep in their own separate sleep space using a firm, flat surface covered only by a fitted sheet. Unfortunately, not all families in Alabama can afford a safe place for their babies to sleep. CDC "Helping Babies Sleep Safely" https://www.cdc.gov/reproductivehealth/features/baby-safe-sleep/

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Alabama

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Alabama

ESM 1.1 - 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 2 points annually.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	Increase the proportion of women age 15-55 who report receiving a preventive medical visit in the past 12 months
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of women age 15-55 who report having received a preventive visit in the past year **Denominator:** Number of women age 15-55 in Alabama
Data Sources and Data Issues:	BRFSS Question 3.4 National Survey of Children's Health K4Q20 Issues: State-level samples; NSCH not completed on an annual basis
Significance:	By implementing the Well Woman protocol, the number of women who receive preventive medical visits, and help improve the health outcomes for women and children, also.

ESM 3.1 - Percent of delivering hospitals convened at a meeting to share data and discuss the Alabama Perinatal Regionalization System Guidelines
NPM 3 – Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

Measure Status:	Active
Goal:	Convene the delivering hospitals to share data and discuss the Alabama Perinatal Regionalization System Guidelines.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of delivering hospitals represented at the meeting **Denominator:** Number of delivering hospitals in Alabama
Data Sources and Data Issues:	Alabama's State Perinatal Program's Meeting Sign-In Sheets
Significance:	Related to Maternal, Infant, and Child Health (MICH)-33: Increase the proportion of very low birth weight (VLBW) infants born at Level III hospitals or subspecialty perinatal centers. Low birth weight or premature infants born in risk-appropriate facilities are more likely to survive. Multiple studies indicate VLBW infant mortality is lower for infants born in a Level III center (higher level of care) and higher for infants born in non-Level III centers. Implementation of this measure ensures that a system of regionalized care is implemented and VLBW infants are referred to the appropriate level of care facility before delivery.

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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Implement the CDC's Level of Care Assessment Tool (LOCATe) Process in order to align and implement the national criteria for the Maternal Levels of Care</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>3</td></tr>
<tr><td>Numerator:</td><td>Number of steps of the CDC's Level of Care Assessment Tool (LOCATe) Process completed</td></tr>
<tr><td>Denominator:</td><td></td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Alabama Perinatal Regionalization System Data</td></tr>
<tr><td>Significance:</td><td>Creation of a system that aligns the maternal levels of care with Alabama Perinatal Regionalization System Guidelines utilizing CDC LOCATe ensures that there is a regionalized system for neonates and moms in Alabama.

The CDC LOCATe tool is designed to help states and other jurisdictions monitor neonatal and maternal risk appropriate care. CDC LOCATe uses the minimum information necessary to identify a facility’s neonatal level of care, based on criteria by American Academy of Pediatrics, and maternal level of care based recently published criteria by the American College of Obstetricians and Gynecologists/Society for Maternal-Fetal Medicine.

According to the CDC, the steps of the CDC LOCATe Process are as follows:

Step 1: BUILD SUPPORT FOR PARTICIPATION - An agency or organization serving as a state champion for CDC LOCATe identifies stakeholders to help encourage birth facilities to use the CDC LOCATe tool. The champion builds relationships with facilities to work toward statewide participation.

Step 2: BEGIN USING TOOL TO COLLECT DATA - The champion sends the CDC LOCATe web link to facilities in the state and follows up with those that don't respond.

Step 3: ANALYZE DATA AND SHARE RESULTS - The champion sends data to CDC to analyze. CDC assesses levels of maternal and neonatal care and sends back results that can be used and shared as desired.</td></tr>
</table>

ESM 5.1 - Number of sleep-related infant deaths
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

Measure Status:	Active
Goal:	Decrease by 3 percent annually, the number of sleep-related infant deaths by implementing targeted consistent safe sleep education to caregivers, child health providers, health care providers, and hospital systems.
Definition:	**Unit Type:** Count **Unit Number:** 200 **Numerator:** Number of sleep-related infant deaths **Denominator:**
Data Sources and Data Issues:	ADPH's Center for Health Statistics
Significance:	Providing safe sleep education to targeted audiences that provide care to infants helps to ensure that consistent messaging is shared with families with hopes that more families will implement safe sleep recommendations with the ultimate goal of decreasing sleep-related infant deaths.

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 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

Measure Status:	Active
Goal:	Increase by 25 percent annually, the 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
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** 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 **Denominator:**
Data Sources and Data Issues:	Alabama's State Perinatal Program Documentation
Significance:	Facilitate the training of healthcare professionals and first responders, who interact with expecting and new mothers, on safe sleep recommendations

ESM 6.1 - Proportion of children birth to age 19 that received a well child appointment in the past year
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

Measure Status:	Active
Goal:	Increase the proportion of children birth to age 19 that received a well-child appointment in the past year.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of EPSDT screenings performed in the county health departments in the past year **Denominator:** Number of children birth to age 19 who received services in the county health departments in the past year
Data Sources and Data Issues:	County Health Departments Electronic Health Records
Significance:	Early identification of developmental disorders is critical to the well-being of children and their families.

ESM 6.2 - Proportion of children birth to age 19 that received a developmental screening in conjunction with a well-child appointment in the past year
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

Measure Status:	Active
Goal:	Increase the proportion of children birth to age 19 that received a developmental screening in conjunction with a well child appointment in the past year.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children birth to age 19 that received a developmental screening in conjunction with a well child appointment in the past year **Denominator:** Number of children birth to age 19
Data Sources and Data Issues:	APC and Help Me Grow Program Data
Significance:	Early identification of developmental disorders is critical to the well-being of children and their families.

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

Measure Status:	Active
Goal:	Increase the proportion of children aged 12 & 24 months that have a reported blood lead screening in the past year
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children aged 12 & 24 months that have a reported blood lead screening in the past year **Denominator:** Number of children aged 12 & 24 months
Data Sources and Data Issues:	Lead program data from the HHLPPPS database
Significance:	Early identification of developmental disorders is critical to the well-being of children and their families.

ESM 10.1 - Proportion of adolescents, aged 12 to 19, that received an adolescent well visit in the past year
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	Increase the proportion of adolescents, aged 12 to 19, that received an adolescent well-visit in the county health departments in the past year
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of adolescents, aged 12 to 19, that received an adolescent well visit in the county health departments in the past year **Denominator:** Number of adolescents aged 12 to 19
Data Sources and Data Issues:	Electronic Health Records from county health departments
Significance:	Early identification of developmental disorders is critical to the well-being of adolescents and their families.

ESM 12.1 - Percent of YSHCN enrolled in State CSHCN program who report satisfaction with their transition experience to adulthood.
NPM 12 – 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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To improve transition services and the overall transition experience.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of youth that indicate satisfaction regarding their transition experience.</td></tr>
<tr><td>Denominator:</td><td>Total number of youth surveyed.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Survey based on the Six Core Elements of Health Care Transition 2.0 Health Care Transition Feedback Survey for Youth and the State and Local Area Integrated Telephone Survey (SLAITS) 2007 Survey of Adult Transition and Health (SATH). A potential issue when collecting data using a survey format is a limited number of respondents which could impact the outcome.</td></tr>
<tr><td>Significance:</td><td>The Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0 System Domain Transition to Adulthood indicates the system should contact the young adult/caregiver confirming transfer of care and eliciting feedback on experience with the transition process. Ensuring the successful transition of youth and young adults with special health care needs is essential to individual self-determination and self-management. Young adult/caregiver perception of satisfaction with their transition to adult health care will help determine quality improvement measures to drive program development that supports the achievement of successful outcomes.</td></tr>
</table>

ESM 13.1.1 - Percentage of dental providers receiving information/education regarding importance of preventive dental visits for expectant mothers
NPM 13.1 – Percent of women who had a preventive dental visit during pregnancy

Measure Status:	Active
Goal:	To assist identified at-risk women in having healthy pregnancies to avoid poor birth outcomes by obtaining the health, dental, and social services needed.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** 0 **Denominator:** 500
Data Sources and Data Issues:	Oral Health Program Data
Evidence-based/informed strategy:	To our knowledge, there is currently no evidence-based/informed strategy for dental provider training.
Significance:	Oral health is inextricably linked to overall general health and well-being. People with limited access to preventive oral health services are at greater risk for oral diseases that lead to sometimes devastating outcomes. There are profound and consequential oral health disparities within Alabama and the American population, as well as barriers hampering segments of the population from attaining optimal oral health. There are safe and effective measures to prevent the most common dental diseases such as dental caries, as well as more complex oral cavity disease processes. An increase in professionals educated on the need for oral health care and equity for certain populations and the need for collaboration between state and local agencies as well as regulatory bodies will contribute to diverse policies and advocacy for those in need. It is important for providers to receive education on oral health for pregnant women as that is a great unmet need for this population. Potentially profound adverse pregnancy outcomes may result from lack of proper preventive dental care. It is incumbent upon the dental community to stay abreast of the most up-to-date information in order to promote and provide these services to better attain positive pregnancy outcomes. Dental providers are also charged with the diagnosis and prevention of certain oral and oropharyngeal cancers through physical exams and referrals for the FDA approved HPV vaccine, necessitating the need for continual education. This is extremely important in Alabama, as the state consistently ranks high in both incidence and mortality resulting from these oral cancers.

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
NPM 13.1 – Percent of women who had a preventive dental visit during pregnancy

Measure Status:	Active
Goal:	Increase the number of pregnant women vaccinated against HPV through the education of dental providers.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** 0 **Denominator:** 500
Data Sources and Data Issues:	Oral Health Program
Evidence-based/informed strategy:	This is an emerging topic of discussion and consequently there is no known evidence-based strategy.
Significance:	Oral health is inextricably linked to overall general health and well-being. People with limited access to preventive oral health services are at greater risk for oral diseases that lead to sometimes devastating outcomes. There are profound and consequential oral health disparities within Alabama and the American population, as well as barriers hampering segments of the population from attaining optimal oral health. There are safe and effective measures to prevent the most common dental diseases such as dental caries, as well as more complex oral cavity disease processes. An increase in professionals educated on the need for oral health care and equity for certain populations and the need for collaboration between state and local agencies as well as regulatory bodies will contribute to diverse policies and advocacy for those in need. It is important for providers to receive education on oral health for pregnant women as that is a great unmet need for this population. Potentially profound adverse pregnancy outcomes may result from lack of proper preventive dental care. It is incumbent upon the dental community to stay abreast of the most up-to-date information in order to promote and provide these services to better attain positive pregnancy outcomes. Dental providers are also charged with the diagnosis and prevention of certain oral and oropharyngeal cancers through physical exams and referrals for the FDA approved HPV vaccine, necessitating the need for continual education. This is extremely important in Alabama, as the state consistently ranks high in both incidence and mortality resulting from these oral 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
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
Goal:	Increase the number of preventive dental visits for children ages 1-17 through the education of dental providers.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** 0 **Denominator:** 500
Data Sources and Data Issues:	Oral Health Program
Evidence-based/informed strategy:	There is currently no known evidence-based information available on this subject at this time.
Significance:	Oral health is inextricably linked to overall general health and well-being. People with limited access to preventive oral health services are at greater risk for oral diseases that lead to sometimes devastating outcomes. There are profound and consequential oral health disparities within Alabama and the American population, as well as barriers hampering segments of the population from attaining optimal oral health. There are safe and effective measures to prevent the most common dental diseases such as dental caries, as well as more complex oral cavity disease processes. An increase in professionals educated on the need for oral health care and equity for certain populations and the need for collaboration between state and local agencies as well as regulatory bodies will contribute to diverse policies and advocacy for those in need. Dental providers are also charged with the diagnosis and prevention of certain oral and oropharyngeal cancers through physical exams and referrals for the FDA approved HPV vaccine, necessitating the need for continual education. This is extremely important in Alabama, as the state consistently ranks high in both incidence and mortality resulting from these oral cancers.

ESM 13.2.2 - 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 cancer
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
Goal:	Increase the number of children 9-17 vaccinated against HPV through the education of dental providers.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** 0 **Denominator:** 500
Data Sources and Data Issues:	Oral Health Program
Evidence-based/informed strategy:	There is currently no known evidence-based information available on this subject at this time.
Significance:	Oral health is inextricably linked to overall general health and well-being. People with limited access to preventive oral health services are at greater risk for oral diseases that lead to sometimes devastating outcomes. There are profound and consequential oral health disparities within Alabama and the American population, as well as barriers hampering segments of the population from attaining optimal oral health. There are safe and effective measures to prevent the most common dental diseases such as dental caries, as well as more complex oral cavity disease processes. An increase in professionals educated on the need for oral health care and equity for certain populations and the need for collaboration between state and local agencies as well as regulatory bodies will contribute to diverse policies and advocacy for those in need. Dental providers are also charged with the diagnosis and prevention of certain oral and oropharyngeal cancers through physical exams and referrals for the FDA approved HPV vaccine, necessitating the need for continual education. This is extremely important in Alabama, as the state consistently ranks high in both incidence and mortality resulting from these oral cancers.

Form 11
Other State Data

State: Alabama

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
MCH Data Access and Linkages

State: Alabama

Annual Report Year 2021

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Daily	0		
2) Vital Records Death	Yes	Yes	Daily	0	Yes	
3) Medicaid	Yes	No	Annually	12	No	
4) WIC	Yes	No	Daily	0	No	
5) Newborn Bloodspot Screening	Yes	No	Annually	12	No	
6) Newborn Hearing Screening	Yes	No	Quarterly	3	No	
7) Hospital Discharge	No	No	Never	NA	No	
8) PRAMS or PRAMS-like	Yes	Yes	More often than monthly	12	No	

Form Notes for Form 12:

None

State of Alabama
Maternal and Child Health Services Block Grant
2021 Annual Report/2023 Application

List of Attachments

Where Cited in Report/Application	***Description or Title***
Section I.A.	Letter of Transmittal
Section I.B.	Fact Sheet: Form SF424
Section I.C.	Submit Certify Page
Supporting Document #01	Organizational Charts
Supporting Document #02	Acronyms and Abbreviated Names

Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

July 12, 2022

HRSA Grants Application Center
ATTN: MCH Services Block Grant
910 Clopper Road, Suite 155 South
Gaithersburg, MD 20878

To Whom It May Concern:

On behalf of the Alabama Department of Public Health, I am submitting the State of Alabama's Maternal and Child Health Services Block Grant FY 2021 Annual Report and FY 2023 Application. The document is being submitted electronically using the web-based application format for the document. Per our understanding of the federal guidance, the document is now submitted entirely via the Web, and no paper copies of this letter or any part of the application are required.

Thank you for your consideration of this application. Please let me know if you need any additional information.

Sincerely,

Tommy Johnson, DMD
State Dental Director
Interim Director, Maternal and Child Health

SF-424 - Part 1

204341: PUBLIC HEALTH, ALABAMA DEPARTMENT OF

Due Date: 8/12/2022 11:59:00 PM (Due in: 0 days) | Section Status: Complete

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

✔ **SF-424 - Part 1** ✔ SF-424 - Part 2

Fields with are required

Applicant Information

Applicant Identifier	204341
Legal Name	PUBLIC HEALTH, ALABAMA DEPARTMENT OF
CRS Entity Identification Number (e.g. 1-53-2079819-A-2)	1-63-6000619-B-6
Employer Identification Number (e.g. 53-2079819)	63-6000619
Organizational UEI	**WDVJK7FUB8A6**

Mailing Address (Required)

Address Type	◉ Domestic Address ○ International Address Refresh
Specify Domestic Address (Street Address or PO Box Only or Rural Route)	
◉ **Address**	Street Number 201 Street Name Monroe St. Select One STE Number 1350
○ **PO Box Only**	Number
○ **Rural Route**	Type Select Route Numb Box
City	Montgomery (Required if Zip is not specified)
Urbanization	(Used only for Puerto Rico(PR))
State	AL (Required if City is specified)
Zip Code (Lookup)	36104 - 3773 (Required if City is not specified)

Organizational Unit

Department Name	Alabama Department of Public H
Division Name	Bureau of Family Health Service

Type of Applicant

Applicant Type 1	A: State Government
Applicant Type 2	Select Applicant Type
Applicant Type 3	Select Applicant Type
If "Other" then specify:	

Person to be contacted on matters involving this application

Title of Position	Name	Phone	Email	Options

Go to Previous Page

Save | Save and Continue

Product: EHBs

Last Login: 08/12/22 3:55:00 PM ET

SF-424 - Part 2

Success:
Information entered on the 'Part 1' page was saved successfully. The Section status is **Complete**.

204341: PUBLIC HEALTH, ALABAMA DEPARTMENT OF

Due Date: 8/12/2022 11:59:00 PM (Due in: 0 days) | Section Status: Complete

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

SF-424 - Part 1 **SF-424 - Part 2**

Fields with are required

Areas Affected by Project (Cities, Counties, States, etc.) (Maximum 1) Attach File

No documents attached

Descriptive Title of Applicant's Project	Maternal and Child Health Services

Project Description (Maximum 1) Attach File

No documents attached

Project Abstract

Project Abstract	Approximately 2 pages (Max 4000 Characters with spaces).

Congressional Districts

Applicant	AL-02
Program/Project	AL-All Districts

Additional Congressional District (Maximum 1) Attach File

No documents attached

Proposed Project Period

Start Date	10/1/2022
End Date	9/30/2024

Estimated Funding

Federal (This amount is populated from Budget Section A - Total Federal New or Revised Budget.)	$11,523,951.00
Applicant	

State (This amount is populated from Budget Section C - Non Federal Resources.)	$28,435,542.00
Local (This amount is populated from Budget Section C - Non Federal Resources.)	$0.00
Other (This amount is populated from Budget Section C - Non Federal Resources.)	$1,566,177.00
Program Income (This amount is populated from Budget Section C - Non Federal Resources.)	$34,032,841.00
Total	$75,558,511.00

State Executive Order 12372 Process

Is Application Subject to Review by State Executive Order 12372 Process? (List of participating states)	○ This application was made available to the State under the Executive Order 12372 Process for review on ○ Program is subject to E.O. 12372 but has not been selected by the State for review. ◉ Program is not covered by E.O. 12372.
Is Applicant Delinquent of any Federal Debt?	○ Yes ◉ No If "Yes", attach an explanation **Federal debt delinquency explanation (Maximum 1)** Attach File No documents attached

Authorized Representative

Title of Position	Name	Phone	Email	Options
	Scott Harris	(334) 206-5200	grantssho1@adph.state.al.us	Change

Go to Previous Page Save Save and Continue

Application - Submit Certify

Confirmation:

Note: This is a confirmation page! You must click the appropriate button to complete your action.

204341: PUBLIC HEALTH, ALABAMA DEPARTMENT OF

Due Date: 8/12/2022 11:59:00 PM (Due in: 0 days) | Application Status: In Progress

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

Application Certification

I certify (1) that the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that my false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☑ Please check the box to electronically sign the Application.

Cancel Submit to AO

Supporting Document

ALABAMA PUBLIC HEALTH

State Government

State Board of Health

State Committee of Public Health

State Health Officer
Scott Harris, MD, MPH

Public Health Administrative Officer
Catherine M. Donald, MBA

Children's Health Insurance
Teela Sanders, JD
Administrative Services, ADPH Health Policy, ALL Kids Customer Service, Customer Services/Community Education, Program Operations and Professional Services, Program Services

Facilities Management and Technical Services
Kristi Rollins (Acting)
Technical Services

Financial Services
Shaundra B. Morris, MAcc, CPM

Health Statistics
Nicole Rushing, MPH
Administrative Services, Quality Assurance and Registration, Record Services, Special Services, Statistical Analysis

Information Technology
Regina Patterson
Administration, Business and Information Architecture, Database Administration, Logistics, Project Management Support, Technical Support

Centralized Billing Unit
Arnita Shepherd

Chief Medical Officer
Karen Landers, MD, FAAP

District Medical Officers
East Central/West Central, Northern/Northeastern, Southeastern/Southwestern

Clinical Laboratories
Sharon P. Massingale, PhD, HCLD
Administrative Support Services, Clerical, Clinical Chemistry, Microbiology, Newborn Screening, Quality Management, Sanitary Bacteriology/ Media, STD/Serology, Mobile

Medical Officer, Disease Control and Prevention
Burnestine Taylor, MD

- **Communicable Disease**
  Harrison Wallace, MPH
  Immunization, Infectious Diseases and Outbreaks, STD Control, Tuberculosis Control

Medical Officer, Family Health Services
Gary Pugh, DO, FACOG

- **Family Health Services**
  Amanda Martin, MSPH
  Administration, Child and Adolescent Health, Cancer Prevention and Control, Child and Adolescent Health, Family Planning, Office of Women's Health, Oral Health, Perinatal Health, WIC

Medical Director, Health Provider Standards
Karen Landers, MD, FAAP (Acting)

- **Health Provider Standards**
  Denise Milledge
  Assisted Living, Medicare Other, Nursing Home, CLIA, Licensure, Certification

Home and Community Services
Choona Lang, BSN, MHA, DHEd
Accounts Payable, Accounts Receivable, Budget and Personnel, Home Care Services

HIV Prevention and Care
Sharon Jordan, BS, MPH

Informatics and Data Analytics
Sherri Davidson, PhD, MPH

General Counsel
Brian Hale, JD

Compliance

Chief of Staff
Michele Jones, MS

Emergency Medical Services
Jamie Gray, BS, AAS, NRP

Environmental Services
Sherry Bradley, MPA
Community Environmental Protection, Food/Milk Lodging

Prevention, Promotion, and Support
Jamey Durham, MBA
Behavioral Health, Emergency Preparedness, Health Media and Communications, Management Support, Nutrition and Physical Activity, Pharmacy, Primary Care and Rural Health, Wellness

Program Integrity
Debra Thrash, CPA, CIA

Radiation Control
David Turberville
Licensing and Registration, Environmental Radiation, Emergency Planning and Response, X-Ray Inspection, Radioactive Materials Inspection

Human Resources
Brent M. Hatcher, SPHR

Employee Relations
Civil Rights, ADA

Field Operations
Ricky Elliott, MPH

Local Health Services
Public Health Districts
County Health Departments

Clinical Management and Practice
Kaye Melnick, MSN, RN
Nursing, Social Work, Clerical, Electronic Health Record

Telehealth
April Golson

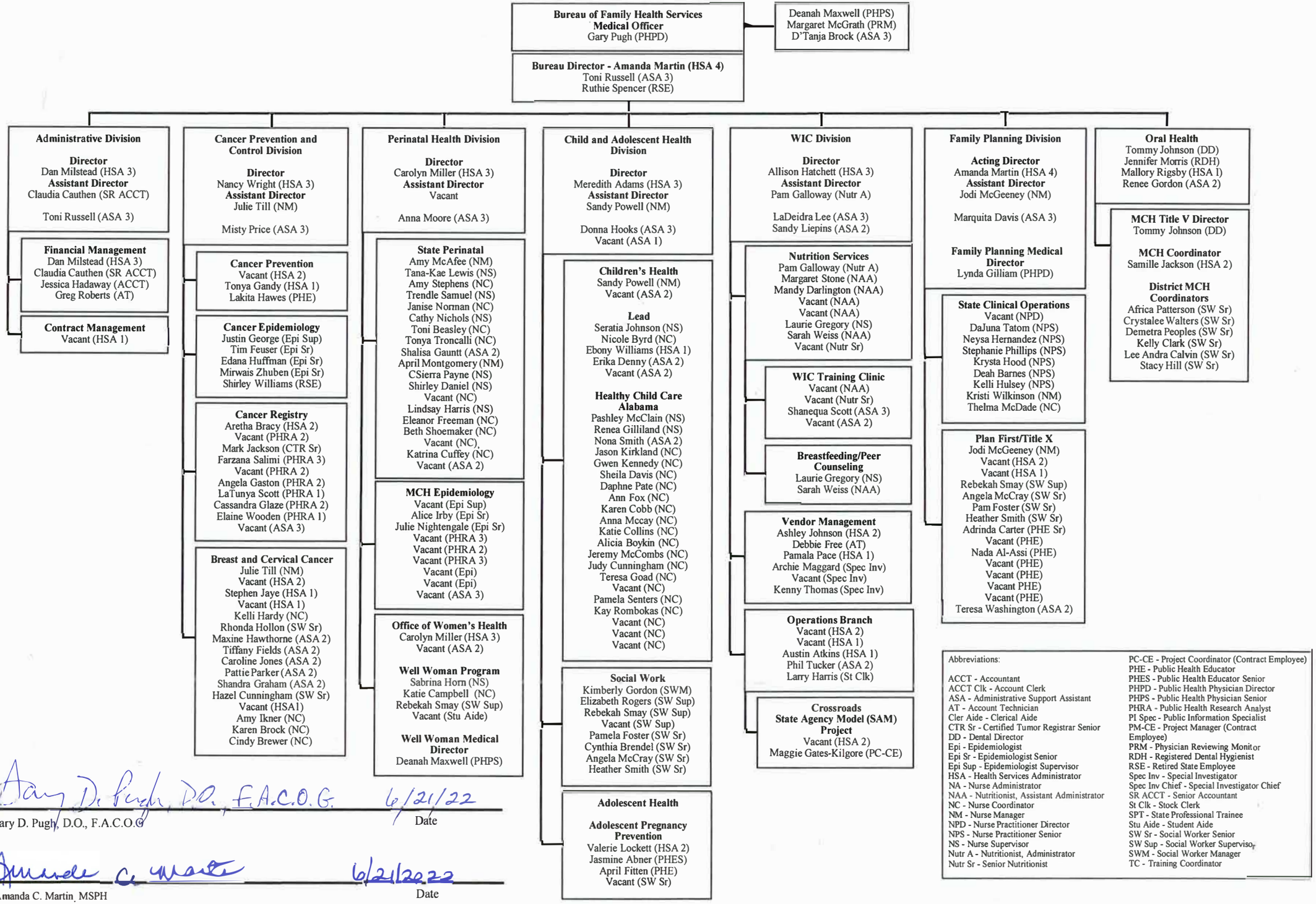
Governmental Affairs and Community Relations
Carolyn Bern, MPA

Health Equity and Minority Health

May 6, 2022

Scott Harris

State Health Officer



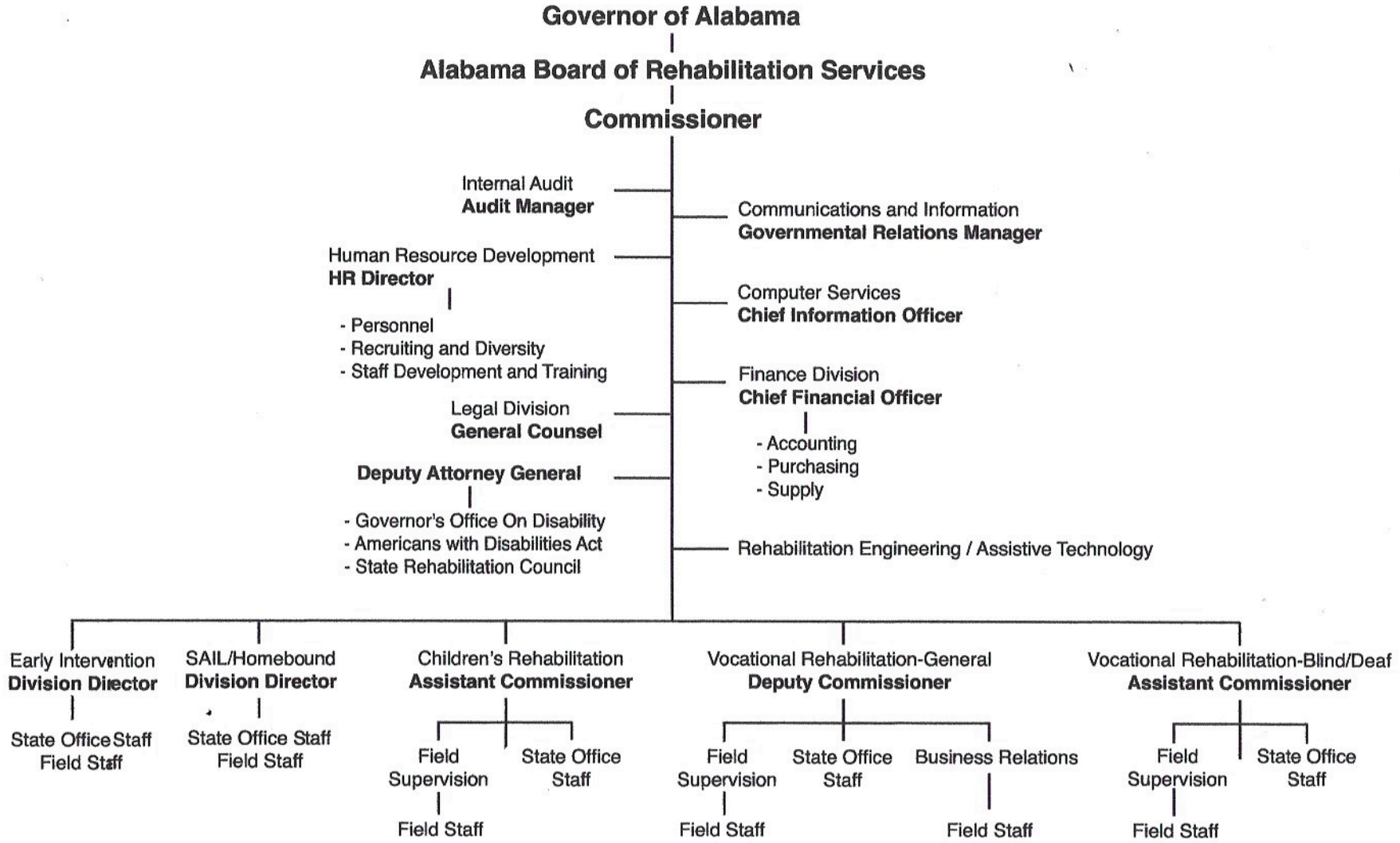
Gary D. Pugh, D.O., F.A.C.O.G. 6/21/22

Gary D. Pugh, D.O., F.A.C.O.G. Date

Amanda C. Martin 6/21/2022

Amanda C. Martin, MSPH Date

Alabama Department of Rehabilitation Services Organizational Chart



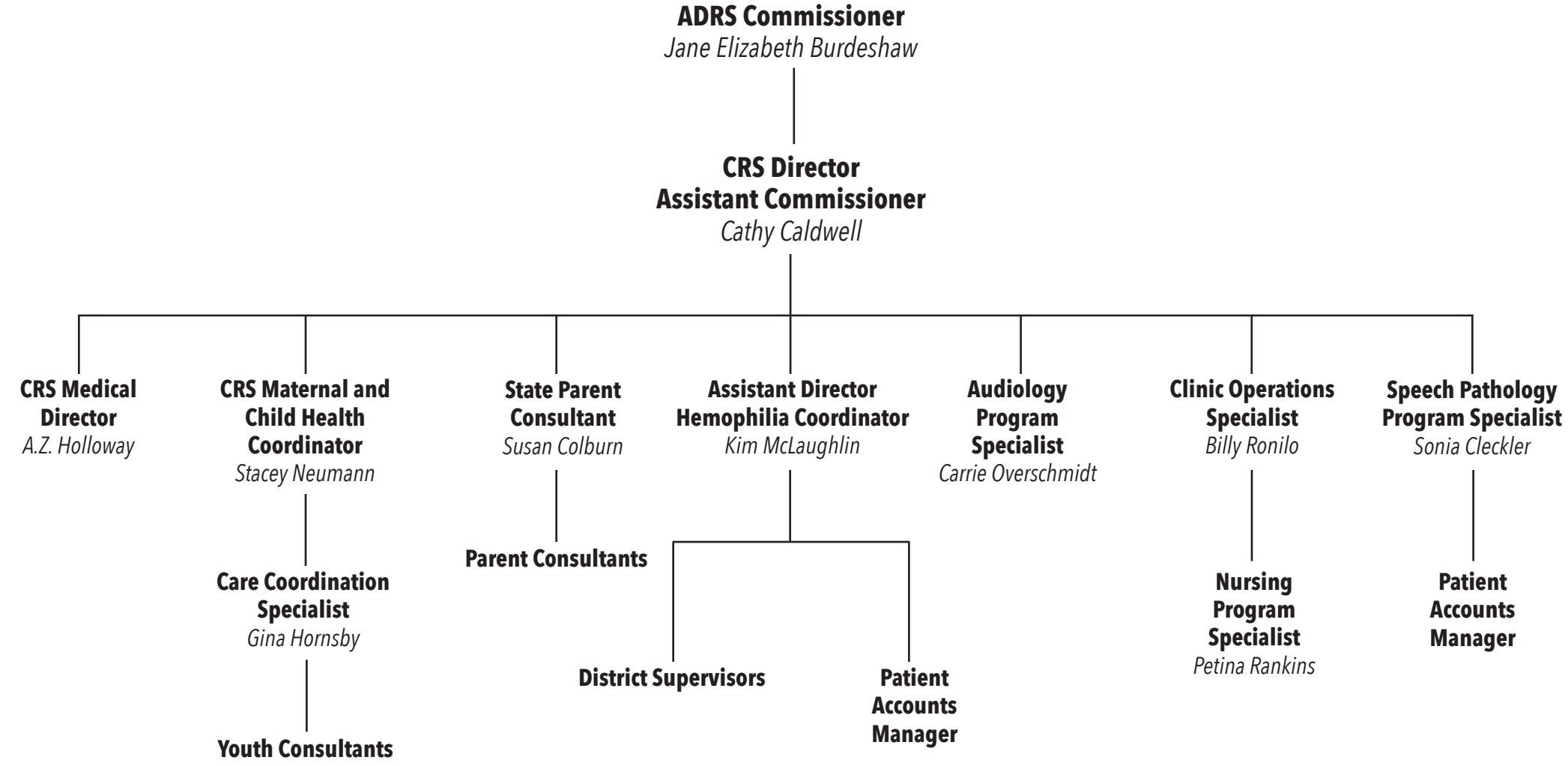
June 13, 2022
Commissioner, Alabama Department of Rehabilitation Services

ADRS

Alabama's children and adults with disabilities

Children's Rehabilitation Service

Organizational chart



04/22

Supporting Document

Acronyms and Abbreviated Names

Acronym/Name	***Explanation***
AAEP	Alabama Abstinence-Until-Marriage Education Program, Alabama Abstinence Education Program
AAP	American Academy of Pediatrics
AAPD	Alabama Chapter of the Academy of Pediatric Dentistry
ABC	Alabama Breastfeeding Committee
ABR	Auditory Brainstem Response, Auditory Brain Response
ACA	Affordable Care Act
ACAR	Alabama Coalition Against Rape
ACCF	Alabama Child Caring Foundation
ACCP	Alabama Child Caring Program
ACD	Augmentative Communication Devices
ACDD	Alabama Council on Developmental Disabilities
ACDRS	Alabama Child Death Review System
ACHIA	Alabama Child Health Improvement Alliance
ACHN	Alabama Coordinated Health Network
ACLPP	Alabama Childhood Lead Poisoning Prevention
ACMG	American College of Medical Genetics
ACOG	American College of Obstetricians and Gynecologists
ACS	American Community Survey
Adolescent Health Program	Adolescent and School Health Program (located in Family Health Services)
ADAP	Alabama Disabilities Advocacy Program
ADPH	Alabama Department of Public Health
ADRS	Alabama Department of Rehabilitation Services
AEAC	Applied Evaluation and Assessment Collaborative
AFF	American Fact Finder
AHA	Alabama Hospital Association
AHP	Adolescent Health Program
AIDS	Acquired Immune Deficiency Syndrome
Alabama Medicaid	Alabama Medicaid Agency
Alabama River Region	Montgomery, Lowndes, Autauga, Elmore, and Macon counties; central Alabama
AlaHA	Alabama Hospital Association
ALDA	Alabama Dental Association
ALL Kids	Alabama's State Children's Health Insurance Program
ALPQC	Alabama Perinatal Quality Collaborative
AMCHP	Association of Maternal and Child Health Programs
AMOD	Alabama Chapter of the March of Dimes
AOTF	Alabama Obesity Task Force
APEC	Alabama Parent Education Center
APPB	Adolescent Pregnancy Prevention Branch
APREP	Alabama Personal Responsibility Education Program
Area	Public Health Area
ARMS	Alabama Resource Management System
ARRA	American Recovery and Reinvestment Act
ASA	Administrative Support Assistant
ASCCA	Alabama's Special Camp for Children and Adults
ASL	American Sign Language
ASPARC	Alabama Suicide Prevention and Resource Coalition
ASQ-3	Ages and Stages Questionnaire
ASRAE	Alabama Sexual Risk Avoidance Education Program
ASTDD	Association of State and Territorial Dental Directors
ASTHO	Association of State and Territorial Health Officials
ATR	Alabama Trauma Registry
AYSPAP	Alabama Youth Suicide Prevention and Awareness Program
BAHA	Bone anchored hearing aid
BCBS	Blue Cross and Blue Shield of Alabama, Blue Cross Blue Shield of Alabama
BCL	Bureau of Clinical Laboratories

BI	Business Intelligence
Block Grant	MCH Title V Block Grant to States Program
BMI	Body Mass Index
BMT	Bureau of Family Health Services' Management Team
BPAR	Best Practice Approach Report
BPSS	Bureau of Prevention, Promotion & Support
BRFSS	Behavioral Risk Factor Surveillance System
BSS	Basic Screening Survey
Bureau	Bureau of Family Health Services
CAHMI	Child and Adolescent Health Measurement Initiative
CAHPS	Consumer Assessment of Healthcare Providers and Systems (r)
CAST-5	Capacity Assessment for State Title V
CBER	Center for Business and Economic Research
CCHD	Critical Congenital Heart Disease
CCRS	Centralized Care Coordination Referral System, Care Coordination Referral System
CDC	U.S. Centers for Disease Control and Prevention
Census	U.S. Census, U. S. Census Bureau
CER	Comparative Effectiveness Research
CHARMS	Children's Health and Resource Management System
CHD	County Health Department
CHIP	Federal Children's Health Insurance Program, Alabama's State Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
CHS	Center for Health Statistics
CI	Confidence Interval
CJIC	Criminal Justice Information Center
CMC CoIIN	Children with Medical Complexity Collaborative Improvement and Innovation Network
CMS	Centers for Medicare and Medicaid Services (located in the U.S. Dept. of Health and Human Services)
CPoC	Comprehensive Plan of Care
COA	Children's Hospital of Alabama
COBRA	Consolidated Omnibus Budget Reconciliation Act
COIIN	Collaborative Improvement and Innovation Network to Reduce Infant Mortality
COVID-19	Coronavirus Disease 2019
CPC	Children's Policy Council
CRS	Children's Rehabilitation Service
CRT	Case Review Team
CSHCN	Children with Special Health Care Needs
CY	Calendar Year
CYSHCN	Children and Youth with Special Health Care Needs
Data Resource Center	Data Resource Center for Child & Adolescent Health
DCA	Department of Children's Affairs
DCCs	District Coordinating Councils
DDU	Disability Determination Unit
DECA	Department of Economic and Community Affairs
DECE	Alabama Department of Early Childhood Education
Department	Alabama Department of Public Health
DHHS	U.S. Department of Health and Human Services
DHR	Alabama Department of Human Resources
Dietary Guidelines	Dietary Guidelines for America
DME	Durable Medical Equipment
DMH	Alabama Department of Mental Health
DOSE	Direct On Scene Education
ECCS	Early Childhood Comprehensive Systems
ECHD	Escambia County Health Department
e.g.	For Example
EHBs	Electronic Handbooks
EHCC	Eco-Healthy Child Care
EHS	Early Head Start
EI	Early Intervention Program
EIS	Alabama Early Intervention System

EBLL	Elevated Blood Lead Level
ECD	East Central Public Health District
EMSC	Emergency Medical Services for Children
EMST	Emergency Medical Services and Trauma
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment; Early Periodic Screening, Diagnosis, and Treatment
ESMs	Evidence-Based or –Informed Strategy Measures
ETF	Education Trust Fund
EWSE	Every Woman Southeast
F2F HIC	Family to Family Health Information Center
FAD	Federally-Available Data
FES	Family Engagement in Systems
FESAT	Family Engagement in Systems Assessment Tool
FHS	Bureau of Family Health Services, Family Health Services
FIMR	Fetal/Infant Mortality Review, Fetal and Infant Mortality Review Program
FIT	Fecal Immunochemical Test
FMAP	Federal Medical Assistance Percentages
Form SF424	The Face Sheet
FP	ADPH Family Planning Program
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FVA	Family Voices of Alabama
FY	Fiscal Year
FY 2014-15 Needs Assessment	FY 2014-15 5-Year Statewide MCH Needs Assessment
GAL	Get a Healthy Life Campaign, Get a Life
GPRA	Government Performance and Results Act
Governor	Governor of the State of Alabama
HBsAg	An antigen produced by the hepatitis B virus
HBWW	Healthy Babies are Worth the Wait
HCCA	Healthy Child Care Alabama
HCFA	Health Care Financing Administration
Health Homes	Medicaid Networks
HEDIS	Health Plan Employer Data and Information Set
HI-5	U.S. Census Bureau's Historical Health Insurance Table 5, original version
HIA-5	U.S. Census Bureau's Historical Health Insurance Table 5, revised version
HIE	Health Information Exchange
HIV	Human Immunodeficiency Virus
HIPAA	Health Insurance Portability and Accountability Act
HOH	Hard of Hearing
House	Alabama House of Representatives
HPCD	Bureau of Health Promotion and Chronic Disease, Health Promotion and Chronic Disease
HPSAs	Health Professionals Shortage Areas
HPV	Human Papillomavirus Vaccines
HRSA	U.S. Health Resources and Services Administration
HSCI	Health Systems Capacity Indicator
HSI	Health Status Indicator
ICC	Interagency Coordinating Council
i.e.	That Is
IEP	Individualized Education Plan
ImmPrint	Immunization Provider Registry with Internet Technology, Immunization on Provider Registry with Internet Technology
IMR	Infant Mortality Rate
IT	Information Technology
IUD	Intrauterine Device
JCDH	Jefferson County Department of Health
JCIH	Joint Committee on Infant Hearing
LEAH	Leadership and Education in Adolescent Health

LPACs	Local Parent Advisory Committees, CRS Local Parent Advisory Committees
LARCs	Long Acting Reversible Contraceptives
LGBTQ	Lesbian, Gay, Bisexual, Transgender, or Questioning
LPC	Local Parent Consultant
MAR	Medically at Risk
MCADD	Medium-chain Acyl-CoA Dehydrogenase Deficiency
MCH	Maternal and Child Health
MCHB	Maternal and Child Health Bureau (located in federal Health Resources and Services Administration)
MCH Epi	MCH Epidemiology Branch
MCH Epi Branch	Maternal and Child Health Epidemiology Branch (located in the Bureau of Family Health Services)
MCH Leadership Team	MCH Needs Assessment Leadership Team
MCH Needs Assessment Report	Statewide 5-Year Maternal and Child Health Needs Assessment Report, Alabama, FY 2009-10 MCH
Pyramid	Pyramid developed by MCHB, depicting 4 levels of service
MCH Reports/Applications	Maternal and Child Health Block Grant Services Reports/Applications
MCH Title V funds	Maternal and Child Health Services Block Grant funds, MCH Services Block Grant Funds
MCH 2009 Report/2011 Application	Alabama Maternal and Child Health Services Block Grant FY 2009 Annual Report/FY 2011 Application
Medicaid	Alabama Medicaid Agency
MMA	Methylmalonic Acidemia
MCHD	Mobile County Health Department
MOU	Memorandum of Understanding
NASHP	National Academy for State Health Policy
NCQA	National Committee for Quality Assurance
NED	Northeastern Public Health District
Needs Assessment Report	Statewide 5-Year Maternal and Child Health Needs Assessment Report, Alabama, FYs 2009-10 Needs Assessment/2009-10 Needs Assessment
	State of Alabama FYs 2009-10 Maternal and Child Health Needs Assessment
NICHD	Eunice Kennedy Shriver National Institute of Child Health and Human Development
NICU	Neonatal Intensive Care Unit
NIEER	National Institute for Early Education Research
NOM	National Outcome Measure
NPM	National Performance Measure
NSCH	National Survey of Children's Health
NSCH-CSHCN	National Survey of Children with Special Health Care Needs
NSP	Newborn Screening Program
NFP	Nurse Family Partnership
OHB	Oral Health Branch
OHCA	Oral Health Coalition of Alabama
OHO	Oral Health Office
OMW/NAS	Alabama Opioid Misuse in Women/Neonatal Abstinence Syndrome
OPCRH	Office of Primary Care and Rural Health
OT	Occupational Therapist
OWH	Office of Women's Health
PCCM	Primary Care Case Management
PCI	Poarch Band of Creek Indians
PCOR	Patient Centered Outcome Research
PCP	Primary Care Provider
PCOS	Poly Cystic Ovarian Syndrome
PCRH	The Office of Primary Care and Rural Health
PedNSS	Pediatric Nutrition Surveillance System
PHA	Public Health Area
PHALCON	Public Health of Alabama County Operations Network
PKU	Phenylketonuria
Plan First	Family Planning Medicaid Waiver
PPE	Personal Protective Equipment
PRAMS	Pregnancy Risk Assessment Monitoring System
PREP	Personal Responsibility Education Program
Project HOPE	Project Harnessing, Opportunity for Positive, Equitable early childhood development
PT	Physical Therapist

QPR	Question -Persuade-Refer
RCO	Regional Care Organization, Medicaid Reform
RDH	Registered Dental Hygienist
RNPC	Regional Nurse Perinatal Coordinator
ROSE	Reaching Our Sisters Everywhere
ROV	Record of Visit
RPACs	Regional Perinatal Advisory Councils
RWJ	Robert WoodJohnson
SAIL	State of Alabama Independent Living Program
SAM	Crossroads State Agency Model
SAMHSA	Substance Abuse and Mental Health Services Administration
SCHIP	State Children's Health Insurance Program (also called ALL Kids)
School of Dentistry	University of Alabama School of Dentistry in Birmingham
SCID	Severe Combined Immunodeficiency
SDE	State Department of Education
SED	Southeastern Public Health District
SHARP	Sexual Health and Adolescent Risk Prevention
SHPDA	State Health Planning and Development Agency
SIDS	Sudden Infant Death Syndrome
SLPs	Speech Language Pathologists
SNAP	State Nutrition Action Plan
SOAP	Subjective, Objective, Assessment, and Plan
SOBRA	Sixth Omnibus Budget Reconciliation Act
SOM	State Outcome Measure
SOPH	School of Public Health
SPAC	State Perinatal Advisory Committee
SPC	State Parent Consultant
SPM	State Performance Measure
SPoC	Shared Plan of Care
SPP	State Perinatal Program
SPTF	Alabama State Suicide Prevention Task Force
SRV	Secure Remote Viewer
SSA	Social Security Administration
SSDI	State Systems Development Initiative
SSI	Supplemental Security Income
STAR	Alabama's Assistive Technology Resource Program
State	State of Alabama
STEP	Staging Transition for Every Patient
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SUID	Sudden Unexpected Infant Death
SUDI	Sudden Unexpected Death in Infancy
SWD	Southwestern Public Health District
TANF	Temporary Assistance to Needy Families
TBI	Traumatic Brain Injury
Tdap	Tetanus-diphtheria-acellular pertussis vaccine
TFQ	Together for Quality Grant, administered by the Alabama Medicaid Agency
Title V	MCH Title V
TM	Trademark
TMS	Tandem Mass Spectrometry
TTC	Teen Transition Clinic
TVIS	Title V Information System
UAB	University of Alabama at Birmingham
UCP	United Cerebral Palsy
UNHS	Universal Newborn Hearing Screening
U.S.	United States of America
USA	University of South Alabama
USA PCCC	University of South Alabama Pediatric Complex Care Clinic
USDA	United States Department of Agriculture

VFC	Vaccines for Children
VLBW	Very Low Birth Weight
VLCAD	Very Long–chain Acyl-CoA Dehydrogenase Deficiency
VRS	Vocational Rehabilitation Service
WCD	West Central Public Health District
WIC	Special Supplemental Nutrition Program for Women, Infants and Children; Women, Infants, and Children
WOW	Women on Wellness
WW	Well Woman
YAC	Youth Advisory Committee
YC	Youth Consultants
YLF	Youth Leadership Forum
YRBSS	Youth Risk Behavior Survey System
YSHCN	Youth with Special Health Care Needs
2009-10 MCH Needs Assessment Report	Statewide 5-Year Maternal and Child Health Needs Assessment Report, Alabama, FYs 2009-10
2009-10 Needs Assessment	State of Alabama FYs 2009-10 Maternal and Child Health Needs Assessment
2009-10 Needs Assessment Report	Statewide 5-Year Maternal and Child Health Needs Assessment Report, Alabama, FYs 2009-10
2009-10 Nutrition Education Plan	FY 2009-10 WIC Nutrition Education Plan
2011-12 Nutrition Education Plan	FY 2011-12 WIC Nutrition Education Plan
416 Report	Form CMS-416: Annual EPSDT Participation Report, provided by the Alabama Medicaid Agency