

Recommendation adopted June 20, 2018, by the Children’s Cabinet on spending \$1 million allotted in FY 2019 to combat infant mortality

Governor Kay Ivey on Dec. 20 asked the Children’s Cabinet to address the issue of infant mortality in Alabama, and the Cabinet appointed a subcommittee to develop a plan for reducing the infant-mortality rate in Alabama. The members are:

- Commissioner Stephanie Azar, Alabama Medicaid Agency
- Commissioner Lynn Beshear, Alabama Department of Mental Health
- Commissioner Nancy Buckner, Alabama Department of Human Resources
- State Health Officer Scott Harris, Alabama Department of Public Health
- Director Nichelle Nix, Governor’s office of Minority Affairs
- Secretary Jeana Ross, Alabama Department of Early Childhood Education

As part of its response, the subcommittee recommended that the state start a pilot project in three counties that have disproportionately high infant-mortality rates. The Children’s Cabinet on June 20, 2018, agreed by voice vote. The goal of the pilot will be to reduce infant-mortality rates in Macon, Montgomery, and Russell counties by at least 20 percent over the next five years. More than 650 preterm births, and 45 infant deaths, occurred in these three counties in 2016. As recommended by the subcommittee and full 12-member Children’s Cabinet, the pilot will spend \$1 million of the increase approved by the Governor and Legislature to the General Fund appropriation for the Alabama Department of Public Health for Fiscal Year 2019. The subcommittee recommended that similar amounts be appropriated annually through FY 2023 for the pilot project. The full Children’s Cabinet, however, could decide differently after viewing status reports and quality measures as the project progresses. For instance, the Children’s Cabinet could recommend increased funding to expand the project to other counties if reviews justified expansion.

For FY 2019, the subcommittee and full Children’s Cabinet recommended that the following amounts from the \$1 million be spent by the listed agencies on specific programs in the pilot project’s three counties:

- \$450,000 for the Alabama Department of Early Childhood Education to start or expand evidence-based home visitation programs, such as the Nurse-Family Partnership or Parents as Teachers programs.
- \$250,000 for the Alabama Department of Public Health (ADPH) to introduce the Well-Woman Preventive Clinic Visit program into the pilot counties. It is an evidence-based program that provides pre-conception and between-pregnancy care to women of childbearing age who are seen in county health departments. The program screens and evaluates women for chronic medical diseases and social needs, referring them as necessary for additional care and services.

- \$150,000 for the Alabama Department of Mental Health to expand use of the SBIRT (Screening, Brief Intervention, and Referral to Treatment) tool to identify and provide referrals for women who may be suffering from substance abuse, domestic violence, or postpartum depression.
 - \$50,000 for ADPH to promote and improve a system designed for women to deliver their babies at a hospital with an appropriate level of care, at the right time, and that high-quality standards are consistently applied.
 - \$50,000 for ADPH to promote the use of 17P, a hormone (progesterone) treatment, which is prescribed to prevent premature birth in certain populations of at-risk women.
 - \$25,000 for the Alabama Department of Human Resources to support the Baby Box program, which includes safe-sleep education for parents of newborns.
 - \$25,000 for ADPH to encourage mothers to breastfeed their babies.
- (Alabama Medicaid officials have agreed to work with other agencies to see if at least some of the proposed spending could receive federal Medicaid matching dollars.)

The subcommittee noted that several agencies are considering or already pursuing other strategies to reduce infant mortality statewide. For example, Medicaid is studying how to use existing funding to provide post-partum visitation services, and how to pay for long-acting reversible contraceptives for women immediately after they give birth.

ADPH will report quarterly to the Children's Cabinet on the pilot project's success in reducing infant-mortality rates in the three counties. Reports also will measure progress in other goals, such as increased referrals from use of the SBIRT tool, fewer births of preterm and low-birth-weight babies, fewer admissions to neonatal intensive care units (NICUs), and lower costs from NICU stays.

The Children's Cabinet shall oversee implementation of the pilot project and shall decide, after reviewing progress reports, whether to suggest changes in programs or funding in following years.