City of Alexandria, Virginia
FY 2026 Proposed Operating Budget & CIP
Budget Questions & Answers

March 26, 2025

## Question:

It's my understanding that the State is making changes to Title V. What are those changes? How will they impact maternal health funding in the City?

## Response:

The Virginia Title V Maternal and Child Health (MCH) Program serves to improve the health of pregnant women, mothers, and children particularly those with low incomes or limited access to health services. Annually, funding is provided to local health districts (LHDs) to support this work in alignment with the Title V MCH State Action Plan, a five-year plan will launch in its next iteration in July 2025. Alexandria Health Department (AHD) currently uses its Title V award to support the public health nurses who provide AHD's BabyCare program services, including home visitation and case management, for eligible pregnant women and mothers.

Through a statewide needs assessment process, the Virginia Department of Health identified three key opportunities to strengthen the Commonwealth's Title V program, and these will serve as the focus areas for the 2025-2026 Title V funding to LHDs:

- 1. Increasing postpartum visits to reduce maternal morbidity and mortality
- 2. Increasing community engagement
- 3. Increasing regional collaboration

To support quantifiable progress in these three focus areas, Virginia's Title V Program will implement a transformed, measurable, and aligned method by which Title V funds are allocated to and utilized by the LHDs. This data-driven approach will assess an LHD's community metrics related to MCH outcomes, score the district in comparison to statewide metrics, and assign it to one of three tiers of need (low, medium or high), each with a correlating funding range. This needs-based process will allow for the equitable distribution of resources needed to address Virginia MCH needs. Based on the new methodology, Alexandria Health District's 2025-2026 award level will be reduced from its 2024-2025 allocation by 26% to 46% (~\$103,000 to \$55,000-75,000). To maintain the current level of home visitation services, AHD will be required to identify an offset from other personnel funding streams within its FY 2026 departmental budget.

AHD is committed to improving maternal health outcomes by increasing postpartum visit rates and strengthening postpartum support systems. Many women, particularly those from low-income, immigrant, and minority communities, face barriers such as lack of awareness, transportation challenges, cultural stigmas, and limited access to postpartum care. AHD will utilize FY 2026 Title V funding to continue and enhance existing postpartum services within BabyCare, expand departmental postpartum education and support efforts, and review additional ways to address barriers to access subject to final funding levels