



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **RHODE ISLAND**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

### Title V Federal-State Partnership - Rhode Island

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

### State Contacts

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SSDI Project Director	State Family Leader
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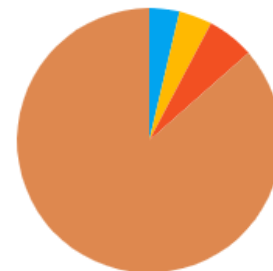
State Youth Leader
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### Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$1,706,187
State MCH Funds	\$1,875,000
Local MCH Funds	\$0
Other Funds	\$2,673,846
Program Income	\$40,070,300

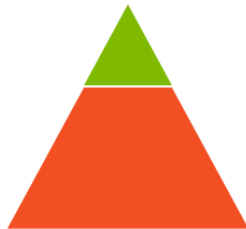
FY 2023 Expenditures



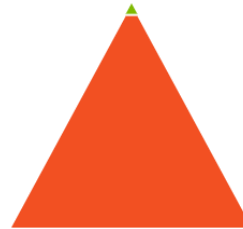
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$621,471	\$2,082,516
Public Health Services and Systems	\$1,084,716	\$42,566,630

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



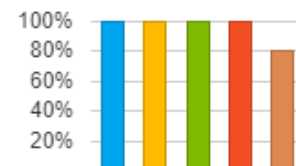
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$964,692
Infants < 1 Year	100.0%	\$3,142,643
Children 1 through 21 Years	100.0%	\$16,458,330
CSHCN (Subset of all infants and children)	100.0%	\$3,237,042
Others *	80.0%	\$22,028,546

FY 2023 Expenditures Total: \$45,831,253



FY 2023 Percentage Served



\*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

### State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Reduce maternal morbidity/mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC                             <ul style="list-style-type: none"> <li>○ ESM LRC.1: Percent of providers completing a training program on obstetric hemorrhage</li> <li>○ ESM LRC.2: Percent of nurses completing a training program on obstetric hemorrhage</li> </ul> </li> <li>● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>● SOM 2: Postpartum hemorrhage rate</li> </ul>	<p>Women/Maternal Health</p>
<p>Address prenatal health disparities</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy                             <ul style="list-style-type: none"> <li>○ ESM SMK-Pregnancy.1: Number of programs funding grant activities addressing prenatal health disparities</li> <li>○ ESM SMK-Pregnancy.2: Percent of RIDOH programs/initiatives serving the prenatal population that address prenatal health equity</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 5: Effective family planning methods among Title X clients</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>● SOM 6: Tobacco cessation community resources</li> <li>● SOM 7: B/W ratio of effective family planning methods</li> </ul>	<p>Women/Maternal Health</p>
<p>Strengthen caregiver's behavioral health and relationship with child</p> <p>NPMs</p>	<p>Perinatal/Infant Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS                             <ul style="list-style-type: none"> <li>○ ESM SS.1: Percent of perinatal patients screened for depression</li> <li>○ ESM SS.2: Percent of perinatal patients screened for anxiety</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Depression screening for primary caregivers</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>● SOM 4: Parent-child interaction</li> </ul>	
<p>Support school readiness</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS                             <ul style="list-style-type: none"> <li>○ ESM DS.1: Percent of participating Reach Out Read practices</li> <li>○ ESM DS.2: Percent of family slots in the Parents as Teachers Program that are filled</li> </ul> </li> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH                             <ul style="list-style-type: none"> <li>○ ESM MH.1: Number of web hits on the Medical Home Portal</li> <li>○ ESM MH.2: Percent of pediatric practices trained on care coordination</li> <li>○ ESM MH.3: Percent of Medical Home Portal users that access a resource link</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Family member reading daily to children, ages 0-5</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>● SOM 5: Early language and literacy activities</li> </ul>	<p>Child Health</p>
<p>Support adolescent mental and behavioral health</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY                             <ul style="list-style-type: none"> <li>○ ESM BLY.1: Number of adolescents screened for suicide ideation referred for support</li> </ul> </li> </ul>	<p>Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>○ ESM BLY.2: Percent of adolescents screened for suicide ideation referred for support</li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: ED visits for suicide ideation, ages 15-19</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>● SOM 3: Suicide attempts among high school students</li> </ul>	
<p>Ensure effective Care Coordination for CSHCN</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH             <ul style="list-style-type: none"> <li>○ ESM MH.1: Number of web hits on the Medical Home Portal</li> <li>○ ESM MH.2: Percent of pediatric practices trained on care coordination</li> <li>○ ESM MH.3: Percent of Medical Home Portal users that access a resource link</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 4: Percent of parents of CSHCN who reported receiving needed effective care coordination for their child</li> </ul>	<p>Children with Special Health Care Needs</p>
<p>Adopt social determinants of health in MCH planning and practice to improve health equity</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 6: High school graduation rate</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>● SOM 1: Percent of children living in poverty</li> </ul>	<p>Cross-Cutting/Systems Building</p>

## Executive Summary

### Program Overview

#### III.A.1. Program Overview

The Rhode Island Department of Health's (RIDOH) Maternal and Child Health (MCH) Program supports and promotes the health of all mothers, children, and families to reduce inequities and improve outcomes.

The MCH program is responsible for:

- Aligning and facilitating the coordination of efforts among RIDOH health topics and programs as it relates to maternal and child health.
- Focusing on key areas including women/maternal health, perinatal/infant health, child health, adolescent health, children with special healthcare needs, and social determinants of health
- Administering the Title V Maternal and Child Health Block Grant in Rhode Island.

#### MCH Structure

RI's Title V Program is situated in the Division of Community Health & Equity (CHE), Associate Director's Office. In this organizational structure, Title V acts as a convener, collaborator, and partner in addressing MCH issues within RIDOH and statewide. While the responsibility of Title V coordination and reporting falls on MCH staff, the larger Title V team includes staff from all RIDOH programs that touch MCH populations. This team approach allows Title V to be represented at virtually every MCH policy discussion, committee, or advisory group in the state.

#### MCH Framework

The Rhode Island Department of Health (RIDOH) Strategic Framework serves as the blueprint for the Rhode Island MCH program. RIDOH three leading priorities are to: 1) address the socioeconomic and environmental determinants of health, 2) eliminate health disparities and promote health equity, and 3) ensure access to quality health services for all Rhode Islanders, including the state's vulnerable populations. Within that overarching blueprint, RI's MCH program is guided by two primary frameworks: 1) social and environmental determinants of health and 2) a life course approach:

- **Social Determinants of Health:** The MCH program seeks to use a broad, community-wide understanding of the underlying social and economic conditions that perpetuate poor health at the community level to identify and make regulatory and policy changes that address root causes of health disparity.
- **Lifecourse Approach:** The Lifecourse Approach is a way of looking back across an individual's (or a group's) life experiences to better understand current patterns of health and disease. It aims to identify the underlying biological and behavioral processes that operate across the lifespan. Currently, the RIDOH takes a life course approach when collecting, analyzing, and reporting health indicators.

#### MCH Priorities

Rhode Island performs better than the national average for most of the Title V National Performance Measures. This can be attributed to robust public health planning, integrated systems of care, and efforts focused on the state's most vulnerable populations. Despite these positive trends, health disparities persist by age, race/ethnicity, geography, socioeconomic status, educational attainment, and health insurance coverage. In 2019-20, RIDOH completed an extensive MCH needs assessment that incorporated feedback from a wide array of stakeholders, including community organizations, clinical providers, advocates, and families. Information was gathered from more than 1000 individuals via surveys, facilitated discussions, large community meetings, and listening sessions. The resulting data were used to develop the following MCH priorities for 2020--2025:

- Reduce Maternal Mortality/Morbidity
- Reduce Perinatal Health Disparities
- Strengthen Caregiver's Behavioral Health and Relationship with Child Support School Readiness
- Support Mental and Behavioral Health
- Provide Effective Care Coordination for CYSHCN
- Adopt Social Determinants of Health in MCH Planning and Practice to Improve Health Equity.

RIDOH's MCH Program has appreciated the opportunity to develop workplans, evidence-based strategies, strategy measures, and disparity elimination plans for the above-mentioned MCH Priorities 2020-2025.

#### **Program Evaluation Efforts and Recent Accomplishments**

RIDOH's MCH Program is pleased to report the following accomplishments in each domain:

##### **Women's/Maternal Health**

**Rhode Island Pregnancy & Postpartum Death Review Committee (PPDRC):** The PPDRC, a multidisciplinary committee that reviews deaths that have occurred during pregnancy or within one year of the end of pregnancy (RI's Maternal Mortality Review Committee), completed a review of 5 years of maternal deaths in RI. It was concluded that 52% of RI's 29 pregnancy associated

deaths (2018-2022) were behavioral health related. Committee recommendations from the 2023 reviews include the following: 1. Rhode Island needs improved access to care and support in the pregnancy and postpartum period, including expanding the availability of Peer Recovery Specialists, Community Health Workers, and Doulas. 2. Increase in healthcare professionals' awareness, patient knowledge, and familial education regarding pregnancy and postpartum complications and care. 3. Enhance the availability and accessibility of unbiased perinatal care for all individuals, regardless of their substance use history. 4. Foster collaboration and improve timely communication among healthcare professionals involved in the care of pregnant and postpartum individuals. 5. Advance policy initiatives aimed at removing barriers for pregnant and postpartum individuals.

The PPDRRC actively collaborated with other teams, such as RIDOH's Child Death Review Team, Overdose Fatality Review Team, Perinatal Neonatal Quality Collaborative of RI, and Maternal Mental Healthcare Professionals at Brown University's *RI Women's Health Initiative Symposium* through The Office of Women in Medicine and Science at The Warren Alpert Medical School. These collaborations foster knowledge sharing, coordination of efforts, and the development of comprehensive approaches to address perinatal mental health issues.

**Data-to-Action Team Established:** The Data-to-Action Team was formed, out of the PPDRRC, in 2023. The team, comprised of community members and health professionals, use the recommendations put forth by the PPDRRC in its Annual Report, and take actionable steps toward fulfilling those recommendations within the community. The Data-to-Action team drives meaningful improvements in maternal and perinatal health outcomes by utilizing existing programs and determining novel ways to use the PPDRRC's recommendations to enact change.

### ***Perinatal/Infant Health***

In 2023, RIDOH MCH was awarded the Maternal Health innovation Grant to establish a maternal health taskforce, improve data and surveillance, and implement a maternal health innovation in RI. RIDOH MCH is especially proud of the Rhode Island Maternal Health Taskforce (RIMHTF) comprised of 42 members with broad representation of RI's maternal health clinical, non-clinical, and community initiatives. Taskforce members represent Rhode Island's birth workers, community-based organizations, state agencies, insurance agencies, state legislature, birthing hospitals, clinical providers, and higher education institutions.

In addition, RIDOH evaluators and epidemiologists presented RI's maternal health landscape analysis that covers statewide perinatal health outcomes, the current state of the maternal health workforce, and the impact of social determinants of health for perinatal populations. Through a prioritization process, MHTF is identifying maternal health "action areas" that we will act as different pillars of focus throughout our strategic plan.

For RI maternal health innovation, the RIDOH MCH program contracted with the Urban Perinatal Education Center (UPEC) to develop a partnership with the Commonsense Childbirth School of Midwifery (CCSM) that will establish the Certified Professional Midwifery Equity Initiative in RI (RI CPM EI). The RI CPM EI is Rhode Island's first certified professional midwifery training program and is RI's only midwifery training program. This program was established to address RI's maternal and infant health inequities through workforce development.

RIDOH MCH and our partners at UPEC and CCSM are creating, supporting, and promoting a more culturally and linguistically congruent workforce that can provide care for all birthing people through the intentional expansion of BIPOC midwifery workforce in Rhode Island. In November 2023, we obtained approval from the R.I Office of Post-Secondary Commissioner to implement a satellite school for the RI CPM EI. RIDOH MCH and UPEC are actively promoting and recruiting our first cohort which will begin in the Fall 2024. Thus far the application for CPM EI has launched and RIDOH MCH is supporting UPEC in their efforts to promote the program and recruit 8-10 students for the fall.

### ***Child Health***

**Reach out and Read:** RIDOH has continued to grow its partnership with Reach Out and Read Rhode Island, a research-supported program that provides children with books during pediatric checkups so that families can read to their children at home. Currently there are over 340 providers implementing the program at 65 medical practices, clinics, hospitals, and community health centers statewide. Over 35,000 children (50% of all children statewide) participate in the program and 73,000 books are provided annually at no cost to families.

### ***Adolescent Health***

**Rhode Island's Children's Behavioral Health System of Care Planning:** The Executive Office of Health and Human Services works with other state agencies – the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, the Department of Children, Youth, and Families, the Office of the Health Insurance Commissioner, the Rhode Island Department of Education, and the Rhode Island Department of Health - on preliminary planning about Rhode Island's Children's Behavioral Health System of Care. The goal is to ensure a comprehensive, coordinated network of services that are effective and community-based. A wide range of stakeholders have been engaged to ensure extensive input and collaboration during the process to work on several areas of focus including: 1) the crisis continuum, development and access, screening and assessment; 2) care authorization, care coordination and care monitoring; 3) service array; 4) ensuring equity: race equity, family members, with IDD, and LGBTQ+ Families; 5) workforce transformation; 6) data systems for outcomes measurement and evaluation; and 7) community outreach and education



### ***Children and Youth with Special HealthCare Needs (CYSHCN)***

**Medical Home Portal (MHP):** RIDOH leveraged the Medical Home Portal during the pandemic to share vetted information on health insurance, safety guidelines, community supports, and tools to help families and professionals caring for CYSHCN. The portal is a web-based resource ([www.ri.medicalhomeportal.org](http://www.ri.medicalhomeportal.org)) that provides consumer- friendly information to help families to navigate the CYSHCN System of Care. The website provides a one-stop-shop for comprehensive diagnostic, education, specialty care, social service, and resource information to improve the system of care and health outcomes for CYSHCN. As of June 2022, the number of listings in the RI Service directory was 950. The past grant reporting period showed a dramatic increase in users among families and professional.

### ***Cross-cutting Initiatives***

**Statewide Collaboration:** In order to improve MCH systems of care, RIDOH's MCH Program is working with a wide variety of internal and external partners. In the past few years, several collaborative projects have included the Governor's Overdose Prevention and Intervention Task Force, the Task Force for Substance-Exposed Newborns, the Governor's Initiative to improve Third Grade Reading, Plans of Safe Care, and a safe sleep campaign. Partners include: the Rhode Island Departments of Education; Children, Youth, and Families; Human Services; Corrections; and Behavioral Healthcare, Developmental Disabilities, and Hospitals; the Rhode Island Executive Office of Health and Human Services; Medicaid; and the Office of the Health Insurance Commissioner.

**Health Equity Zones (HEZs):** RI's Health Equity Zone initiative is an innovative, place-based approach that brings communities together to build the infrastructure needed to achieve system and policy changes at the local and statewide levels. With a mission to "encourage and equip neighbors and community partners to collaborate to create healthy places for people to live, learn, work, and play". Fifteen Health Equity Zones directed public health funding, during the reporting period, towards community-led projects, increasing the impact of efforts to build healthier and more resilient communities. The HEZ are administered by a "Backbone Agency" which may be a municipality or a public not-for-profit community-based organization which coordinates the efforts of a HEZ Collaborative to achieve project goals.

## How Federal Title V Funds Complement State-Supported MCH Efforts

### **III.A.2. How Federal Title V Funds Support State MCH Efforts**

#### How Title V Funds Support State MCH Efforts

The 2023 Title V investment of \$1,706,187 was a small part of RIDOH's overall MCH budget of \$105,290,567. Title V dollars are used to support and enhance MCH programs across RIDOH and the system by supporting key staff, contracts, and projects in MCH priority areas. While Title V funds rarely fund direct services in Rhode Island, they are used to improve systems by working with, and leveraging, other programs and assets that improve maternal and child health outcomes throughout the state. The Title V program ensures program coordination and collaboration internally and externally. The flexibility of Title V funds is critical as it allows RIDOH to fill gaps where reductions in other funding threaten MCH systems and services or to enhance work that is already being done.

## MCH Success Story

### **III.A.3 MCH Success Story**

Over the last few years, the RIDOH has collaborated on the development of the lactation workforce supports available to diverse perinatal community members. Most recently, this year RIDOH supported the shaping and passage of a community led legislation labeled, Lactation Counselors Practice Act of 2014. This bill allows for the licensing of Certified Lactation Counselors (CLCs) and Advanced Lactation Consultants (ALCs) by RIDOH. It was passed by both legislative chambers and signed by the governor on June 25, 2024. The legislation was supported by a multiplicity of stakeholders and the legislation was written with input from content experts with lived experiences. Please reference the legislation at the following link: <https://legiscan.com/RI/text/H7882/2024>

The Academy of Lactation Policy and Practice defines CLCs as "a clinical lactation care provider who has demonstrated the necessary skills, knowledge, and attitudes to provide clinical support and management to families who are thinking about breastfeeding or who have questions or problems during the course of breastfeeding/lactation. CLC candidates undergo rigorous competency verification before they are able to sit for the certification examination with ALPP." CLCS and IBCLCs can earn an "advanced certification in lactation management by completing 95 hours of advanced level education. The Advanced Lactation Consultant possesses the insight, knowledge, and skills essential to the development and implementation of management strategies for complex problems related to breastfeeding and human lactation. ALC candidates undergo rigorous competency verification before they are able to sit for the certification examination with ALPP."

RIDOH's MCH Program's collaboration on the bill comes out of our following Preconception, Pregnancy, and Postpartum and Perinatal/Infant priorities: 1) Improve prenatal health by reducing perinatal health disparities and 2) Strengthen caregiver's behavioral health and relationship with child. Within RI, Black and Hispanic women breastfeed at lower rates in relation to White

women. From research and community input, we realized increasing diverse and culturally congruent perinatal lactation supports available to the community may reduce these apparent disparities. This legislation is a vivid step forward in our following strategy of supporting efforts to expand breastfeeding services and supports. This year RIDOH was awarded an approximate \$175,000.00 grant to implement a training program from the Department of Labor and Training for the implementation of a CLC training program. Our collaboration will be with a local organization: Ready Set Latch Go LLC. To implement the training and mentorship project.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Rhode Island

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.