



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **RHODE ISLAND**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director
Deborah Garneau Associate Director of Health deborah.garneau@health.ri.gov (401) 222-5929	Deborah Garneau Associate Director of Health deborah.garneau@health.ri.gov (401) 222-5929

SSDI Project Director	State Family Leader
William Arias Epidemiologist william.arias@health.ri.gov (401) 222-7930	Nadine Tavares Family Leader

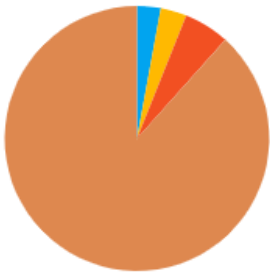
State Youth Leader
Kathleen Kuiper Youth Advisory Council Lead

State Hotline: (401) 222-5960

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$1,697,848
State MCH Funds	\$1,875,000
Local MCH Funds	\$0
Other Funds	\$3,265,852
Program Income	\$52,011,961

FY 2024 Expenditures



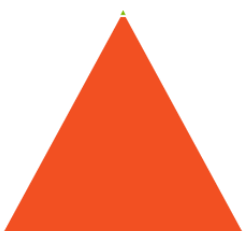
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$510,006	\$1,136,596
Public Health Services and Systems	\$1,187,842	\$56,016,217

FY 2024 Expenditures  
Federal



FY 2024 Expenditures  
Non-Federal



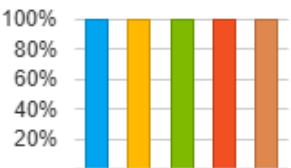
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$1,095,987
Infants < 1 Year	100.0%	\$3,184,913
Children 1 through 21 Years	100.0%	\$20,758,766
CSHCN (Subset of all infants and children)	100.0%	\$3,639,378
Others *	100.0%	\$29,819,890

FY 2024 Expenditures  
Total: \$58,498,934



FY 2024 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 2025 Needs Assessment reporting cycle. 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	Priority Need Type	Reporting Domain(s)
<p>Increase perinatal education and care options in RI that center individual belief and preferences.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> <li>○ ESM PPV.1: Perinatal resource directory</li> </ul> </li> </ul>	New	Women/Maternal Health
<p>Expand and sustain the perinatal community-based workforce</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Number of certified perinatal workforce members</li> </ul>	New	Women/Maternal Health
<p>Ensure a robust and coordinated system of preventative interventions and supports that address differences in infant subpopulations.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Rate of well-child visits</li> </ul>	New	Perinatal/Infant Health
<p>Strengthen and promote breastfeeding support throughout the state.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> <li>○ ESM BF.1: Number of breastfeeding friendly sites</li> </ul> </li> </ul>	New	Perinatal/Infant Health
<p>Advance safe, healthy, and supportive environments for optimal child development</p>	New	Child Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child <ul style="list-style-type: none"> <li>○ ESM PA-Child.1: Number of children and/or families impacted by the RI Streets Transformation</li> </ul> </li> </ul>		
<p>Promote mental wellbeing, increase resilience, and foster connectedness to optimize youth behavioral health.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM <ul style="list-style-type: none"> <li>○ ESM ADM.1: Number of youth served from participating Positive Youth Development program sites</li> </ul> </li> </ul>	New	Adolescent Health
<p>Increase access to quality, coordinated, and family centered services for children with special needs.</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 - MH <ul style="list-style-type: none"> <li>○ ESM MH.1: Percent of pediatric practices trained on care coordination</li> <li>○ ESM MH.2: Percent of Medical Home Portal users that access a resource link</li> </ul> </li> </ul>	New	Children with Special Health Care Needs

## Executive Summary

### 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 improve outcomes. The MCH program is responsible for (1) aligning and facilitating the coordination of efforts among RIDOH health topics and programs as it relates to maternal and child health; (2) 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; and (3) administering the Title V Maternal and Child Health Block Grant in Rhode Island.

#### MCH Structure

RI's Title V Program (RIDOH MCH) is situated in the Division of Community Health (DCH), Center for Maternal Child Health. In this organizational structure, RIDOH MCH 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 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 differences, and 3) ensure access to quality health services for all Rhode Islanders. Within that overarching blueprint, RI's MCH program is guided by two primary frameworks: 1) social and environmental determinants of health or employing a broad, community-level understanding of the social and economic conditions that contribute to poor health outcomes and 2) a life course approach that acknowledges how experiences and exposures across an individual's or group's life influence current patterns of health and disease. RIDOH currently applies this approach in the collection, analysis, and reporting of health indicators to better understand health trends over time.

#### Needs Assessment Summary & 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, unacceptable health differences exist. From 2023-2025, 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, listening sessions, targeted conversations, and commissioned reports. The collective input used to develop the following MCH priorities for 2025-2030:

- Increase perinatal education and care options.
- Expand and sustain the perinatal community-based workforce.
- Ensure a robust system of preventative interventions and supports for infants and their families.
- Strengthen and promote breastfeeding.
- Advance safe, healthy, and supportive environments for optimal child development.
- Promote mental wellbeing, increase resilience, and foster connectedness to optimize youth behavioral health.
- Increase access to quality, coordinated, and family centered services for children with special needs.

RIDOH MCH is eager to join partners in realizing the above stated priorities. This application includes initial action plans, evidence-based strategies, and strategy measures for the above-mentioned MCH 2025-2030 Priorities.

#### Maternal/Women Health

Overview of Findings from Needs Assessment: There were several needs assessments and focus groups conducted to gather information from the community and health professionals on maternal and women health. Surveys were conducted by RIDOH MCH, SISTA Fire, Tribal Youth Empowerment Corporation (TYEC), and Narragansett Indian Church Research Team (NICRT); focus groups gathered feedback from the Cape Verdean community and Rhode Island Maternal Health Task Force (RIMHTF). Participants emphasized the need for increased access to perinatal healthcare services and mental/behavioral health support, including services that are responsive to personal beliefs and preferences of the population. The findings highlighted the need for pregnancy and postpartum education, and information on various topics such as birthing options and community health factor resources. Expanding the perinatal workforce, to align with increased access to services, was also identified as a high priority among participants. Feedback on workforce activities included examples such as engaging doulas in the perinatal system of care, increasing access to community health workers, and increasing access to bilingual professionals.

#### **Selected Priority: Increase perinatal education and care options.**

Priority Overview: RIDOH MCH will focus on increasing access of perinatal individuals to educational and healthcare supports. Perinatal education and supports can include childbirth education, family visiting, primary care, behavioral health services, and midwifery care. Education topics can include oral health, hypertension, breastfeeding, gestational diabetes, tobacco cessation, vaccines, substance use, reproductive health, preconception health.

Evidence Based Strategies: RIDOH MCH is working with the RI Maternal Health Taskforce Workgroups to advance perinatal education and care options in RI by adopting the following initial strategies:

- Advancing quality improvement initiatives at birthing hospitals including Centering Pregnancy, utilizing community health workers throughout inpatient stay and at discharge, promoting evidence-based home visiting models, adopting best practices in roll out of Labor & Delivery Whiteboards, establishing hospital-based quality improvement teams).
- Making available a comprehensive, searchable, online, and continually updated perinatal resource directory.
- Align policies, regulations, and initiatives that support maternal health across RIDOH Divisions and programs including regulations for birth centers, death review committees, and data to action initiatives.

**Selected Priority: Expand and sustain the perinatal community-based workforce.**

Priority Overview: RIDOH MCH will focus on increasing access to perinatal community-based workforce including home visitors, Certified Perinatal Doula (CPD), Community Health Workers (CHW), Peer Recovery Specialists (CPRS), Certified Lactation Counselors (CLCs), International Board-Certified Lactation Consultants (IBCLCs), Certified Professional Midwives (CPMs), and Perinatal Mental Health Specialists (CPRSs). A priority focus will be on engaging and developing staff that reflect the community in terms of location, background, and language.

Evidence Based Strategies: RIDOH MCH is working with the RI Maternal Health Taskforce Workgroups to grow and sustain perinatal community-based workforces.

**Perinatal / Infant Health**

Overview of Findings from Needs Assessment: Needs assessments and focus groups were conducted by RIDOH MCH, NICRT, Cape Verdean community, RIMHTF, and HEZ Learning Collaborative to gather information from the community and health professionals on perinatal and infant health. Participants highlighted the need for affordable and high-quality childcare and supports for the parents and/or caregivers. They also identified the need for support navigating services such as food assistance and family home visiting, informational resources on available supports, and increasing access to perinatal workforce. Breastfeeding support was also emphasized as a need among Rhode Islanders, including education to healthcare professionals on community perspectives on breastfeeding and care.

**Priority: Ensure a robust and coordinated system of preventative interventions and supports that address differences in infant subpopulations.**

Priority Overview: RIDOH MCH will work towards investing in and growing the system of preventative care and supports that serve the perinatal and infant populations with a focus on populations that experience differences in health outcomes. Infant preventative interventions and supports include increasing access to system navigators (ie, community health workers, family navigators, doulas, behavioral health professionals); and increasing access to support services in family navigation, housing, family visiting, early literacy, breastfeeding, oral health, safe sleep, economic supports, childcare, and early intervention.

Evidence Based Strategies: Initial evidence-based strategies include expanding and sustaining the Healthy Tomorrow's program; and aligning and promoting maternal health communications (ie, Hear Her, Safe Sleep, Cannabis and Pregnancy, Breastfeeding).

**Priority: Strengthen and promote breastfeeding.**

Priority Overview: RIDOH MCH will work to strengthen and promote breastfeeding throughout the state through education and awareness; lactation support access; healthcare professional development, policy and practice implementation; and collaboration and data management. This strategy will be accomplished through purposeful engagement with RI's Breastfeeding Council in advancing the elements of RI's Breastfeeding Strategic Plan.

Evidence Based Strategies: Initial evidence-based strategies include promoting and supporting Baby Friendly initiatives in hospitals, places of employment, and throughout the community; and making available RI's breastfeeding resources.

**Child Health**

Overview of Findings from Needs Assessment: There were several needs assessments and focus groups conducted to gather information from the community and health professionals on child health. Surveys were conducted by RIDOH MCH, TYEC, and NICRT; focus groups gathered feedback from the Cape Verdean community, HEZ Learning Collaborative and parents/caregivers of young children for the RI Infant and Early Childhood Mental Health Plan. Participants identified the need for high-quality schools, safe and accessible housing, and neighborhood safety among children in RI. Participants emphasized the importance of safe recreational spaces and after-school programs focused on nutrition education and physical activity. Mental and behavioral health was also identified as an issue needing to be addressed, as well as healthcare supports and barriers to optimal access to health.

**Priority: Advance safe, healthy, and supportive environments for optimal child development.**

Explanation: RIDOH MCH broadly defines a child's environment as where they live, play, and learn to include schools, community, neighborhoods, medical home, dental home, neighborhoods, access to food/recreation/etc. Although a broad priority, needs assessment feedback identified the need to support childhood healthy eating and active lifestyles through strategies promoting affordable and healthy foods, safe schools, community connectedness, education and support, and reduced child screentime.

Evidence Based Strategies: Initial evidence-based strategies include expanding RI Streets Transformation Projects in urban areas.



### Adolescent Health

Overview of Findings from Needs Assessment: Needs assessments and focus groups were conducted by RIDOH MCH, RIDOH Adolescent, School & Reproductive Health, NICRT, TYEC, Cape Verdean community, and HEZ Learning Collaborative to gather information from the community, youth, and health professionals on adolescent health. Nearly all of the needs assessment and focus group findings ranked mental and behavioral health as a significant issue among adolescents, including managing anxiety, depression, and PTSD. Participants highlighted a need for healthy relationships, safe school environment, and peer-to-peer support services. Participants also expressed social connectedness, youth leadership opportunities, nutrition, and physical activity as needs of adolescents.

**Priority: Promote mental wellbeing, increase resilience, and foster connectedness to optimize youth behavioral health.**

Explanation: RIDOH MCH aims to promote access to comprehensive and community centered information, tools, resources, and to actively support adolescent mental health, wellbeing, fortify resilience in life, and foster connectedness to peers, mentors, and overall community.

Evidence Based Strategies: Initial evidence-based strategies include the promotion of positive youth development programs in schools and the community including [Teen Outreach Program](#), [Get Real](#), [Making Proud Choices](#), and Plan A.

### Children and Youth with Special Needs Health

Overview of Findings from Needs Assessment: RIDOH MCH conducted a needs assessment and HEZ Learning Collaborative hosted a focus group to gather feedback from parents/caregivers and providers of children and youth with special healthcare needs (CYSHCN). In addition, a team consisting of multiple entities, providers, and parent leaders participated in a learning collaborative to align work with the *Blueprint for Change* and improve systems of services for CYSHCN. Participants identified care coordination among providers and a well-functioning system to access primary and specialty care as important issues among CYSHCN. Support for families/caregivers, including respite care, and mental, social, and emotional health were also highlighted as needs for the population. Participants noted a need for increasing the number of providers in RI, expanding in-network providers, and ensuring a smooth transition from pediatric to adult care.

**Priority: Increase access to quality, coordinated, and family centered services and education for children with special needs.**

Explanation: RIDOH MCH aims to increase access to high-quality, prompt, and coordinated services and supports that center families of children with special health care needs, especially at vulnerable moments (ie, NICU to home, home to school, pediatric to adult medicine, etc.). This priority aims to address systems improvement while supporting families in the navigation of social, healthcare, childcare, and education services.

Evidence Based Strategies: Initial evidence-based strategies include utilizing CHWs as Care Coordinators, developing Care Coordination Standards and Guidelines for health plan and community-based care coordinators, Medical Home Integration, and making available Special Needs Resource Directory.

## 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 2024 Title V investment of \$1,697,848 was a small part of RIDOH's overall MCH budget of \$121,125,124. 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, RIDOH collaborated on the expansion of Certified Professional Midwifery in Rhode Island. Specifically, RIDOH MCH partnered with the Urban Perinatal Health Education Center (UPEC) and the Commonsense Childbirth School of Midwifery (CCSM) to establish the state's first Certified Professional Midwifery training program. As Rhode Island's perinatal partner, UPEC focuses on community-responsive and trauma-informed maternal care for families across the state. UPEC's mission is to create supportive pathways for effective perinatal care by emphasizing comprehensive services and workforce development. RIDOH MCH and UPEC both support the Commonsense Childbirth School of Midwifery's approach, which aims to cultivate a group of new leaders in perinatal health who empower women and families to safely experience "their birth, their way."



In Fall 2024, RIDOH and UPEC worked together to expand the existing program and launch a second application cycle for a new group of midwifery students to enroll in the CCSM educational program. From October 2024 through May 2025, UPEC and RIDOH actively promoted and recruited for the RI CPM program through virtual advertising, workshops, information sessions, and online outreach. To date, the public has shown strong engagement with social media content related to the RI CPM initiative. More than 100 direct inquiries have been received from individuals interested in applying to the program. The program aims to enroll a total of 10 students across both cohorts.

It is also worth noting that, at the state level, legislation is currently under review that would expand access to CPM services through public and private health insurance coverage and address CPM prescriptive authority. Updates on the outcome of this legislative process will be included in the next annual report.

## 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 2024.

[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.