



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **RHODE ISLAND**

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### 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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website ( <https://mchb.tvisdata.hrsa.gov> )

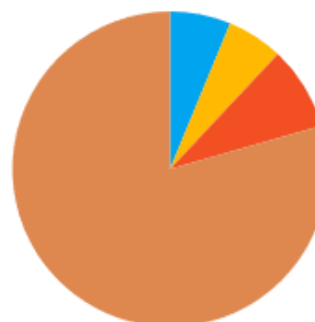
#### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Ana Novais	Deborah Garneau	Ester Rivera
Executive Director	Chief, Office of Special Needs	Peer Resource Specialist
ana.novais@health.ri.gov	deborah.garneau@health.ri.gov	ester.rivera@health.ri.gov
(401) 222-5117	(401) 222-5929	(401) 222-5372

#### Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$1,627,190
State MCH Funds	\$1,501,179
Local MCH Funds	\$0
Other Funds	\$2,239,887
Program Income	\$20,734,074

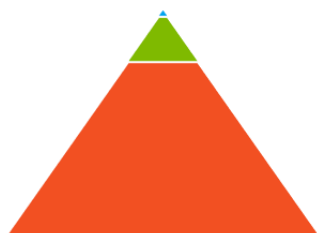
FY 2014 Expenditures



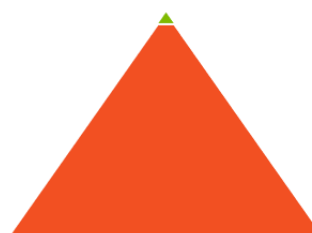
#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$39,622	\$0
Enabling Services	\$317,823	\$1,176,085
Public Health Services and Systems	\$1,269,745	\$23,299,055

FY 2014 Expenditures  
Federal



FY 2014 Expenditures  
Non-Federal



### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	11,355	\$1,517,427	2.7%
Infants < 1 Year	11,355	\$6,913,928	12.3%
Children 1-22 Years	299,848	\$27,255,082	48.4%
CSHCN	51,573	\$6,453,664	11.5%
Others *	18,413	\$14,166,959	25.2%
Total	392,544	\$56,307,060	100%

FY 2014 Expenditures



FY 2014 Individuals Served



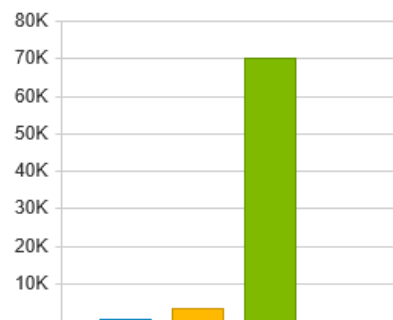
\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	328
State Title V Social Media Hits:	3,200
State MCH Toll-Free Calls:	70,181
Other Toll-Free Calls:	0



## Executive Summary

Rhode Island (RI) has long given careful attention to the health and well-being of its citizens. The Rhode Island Department of Health (HEALTH) plays a pivotal role in achieving this. The primary goals of HEALTH under its newly appointed director, Dr. Nicole Alexander-Scott, are to (1) Address the social and environmental determinants of health; (2) Eliminate disparities and promote health equity; (3) Ensure access to quality health care for all, especially vulnerable populations. These goals provide a framework to support RI's Title V program, which is managed within the Division of Community, Family Health and Equity (CFHE) at HEALTH. The Executive Director of CFHE, Ms. Ana Novais, is also the state's Title V Director. CFHE encompasses not only specific Title V programs such as children and youth who have special health care needs (CSHCN), home visiting, early childhood systems, and oral health; but also programs to promote behavioral health, reduce the burden of chronic disease and unintentional injury, and initiatives designed to improve systems. CFHE develops and implements programs, policies and systems changes that are consistent with the mission of Title V - Working toward a nation where all mothers, children and youth including CSHCN, and their families are healthy and thriving.

RI has many characteristics that contribute to its uniqueness as a state. RI is a small primarily urban state; most of its residents live in urban areas, however there are less populated areas in which residents experience geographic isolation. In recent years RI experienced some significant challenges such as high rates of unemployment which created stress on families and impacted residents statewide. Like the rest of the nation, RI also has areas of poverty and these areas experience greater rates of many risk factors for poor outcomes. RI has four "core cities", cities in which the residents experience high rates of poverty. These cities also experience higher teen birth rates compared to the rest of the state and higher percentages of very young children who are involved in the child welfare system. RI is enhancing services and systems in these core cities, and is beginning to see improved outcomes. RI is becoming more diverse; communities of color have experienced the greatest population growth in RI in the past decade. RI has growing populations of families who are foreign born, and do not speak English. These changes strengthen RI, enriching its culture and present challenges. RI has excellent hospitals and health care facilities, yet many families experience challenges accessing care due to barriers related to high-costs, culture, language or transportation. Poverty, racial and ethnic disparities in health status, geography, and urbanization are important challenges to in RI, and many of these factors disproportionately impact families with young children. These issues were highlighted when RI gathered stakeholder input during the Needs Assessment. In addition to the large five year needs assessment RI uses key informant interviews, focus groups and surveys to continually assess population needs.

### Women/Maternal Health

Emerging needs:

- Lack of capacity in mental/behavioral health and substance abuse systems to respond to issues like the rising use of opioid drugs and related rise in Neonatal Abstinence Syndrome (NAS);
- Increased capacity of medical homes and the need to have a clear family-centered approach;
- Increased insurance reimbursement for MCH services; and more comprehensive education and services related to preconception, perinatal health, and prevention.

As a result of these identified needs, priorities selected were: *Improve routine provision of preconception care and education and Develop and Support implementation of the Family Visiting program (Maternal Infant and Early Childhood Home Visiting)*, Related to the National Performance Measure (NPM) of Well woman visit- the % of women with a past year preventive visit. RI will also develop a state performance measure related to maternal depression in the coming year. Over the past several years RI has taken action to address these needs; including developing a state plan to support preconception health; chairing a task force to address the issues of substance abuse during pregnancy; applying for, and receiving, a grant to support oral health during the Perinatal period; and expanding collaboration between Immunization and Family Planning to identify Hepatitis positive pregnant women to ensure proper care for themselves and their baby. RI will continue this work in the coming year by developing a plan to reduce the number of children born with NAS and address substance use during pregnancy; carrying out the goals and objectives of the oral health plan to support better oral health during the Perinatal period in collaboration with home visiting, and continuing to work with health care providers to support preconception health.

### Perinatal/Infant Health emerging needs:

- Build support and awareness for perinatal/infant mental health, including to identify children potentially at risk of experiencing toxic stress and NAS;
- Better systems coordination and engagement of providers as it relates to developmental and other screening;
- Support breastfeeding through focused education to normalize breastfeeding, and improve breast feeding accommodations in the workplace, and schools for teen mothers and teachers.

These identified needs led RI to develop the following priorities: *Develop and support implementation of the Family Visiting Program and Increase breastfeeding awareness and social support*. These priorities align with NPM: Breastfeeding - % of infants who are ever breastfed, and the % of infants who are breastfed exclusively through 6 months. RI will focus on expanding the Family Visiting program, which will support increased breastfeeding, and address other health and behavioral health needs in families. RI will also develop state performance measures for developmental screening and toxic stress in 2015. A state plan to address toxic stress for families with young children was developed which includes screening for toxic stress and behavioral health supports. As mentioned, HEALTH is leading the development of a response to NAS in the state. RI has also prioritized supporting all hospitals to become baby friendly and has a state plan to increase breastfeeding. RI will implement screening for toxic stress and complete a report on the state's capacity to address it. RI will support primary care providers to screen children for developmental issues at appropriate intervals and implement key strategies of

the strategic plan to increase breastfeeding.

**Child Health emerging needs:**

- Better support and more programs to increase physical activity, reduce obesity and support healthy nutrition;
- The need to train practitioners on how to talk about diet and nutrition.

These focused needs led RI to develop the priority of *Addressing physical activity and nutrition for children*. This priority is related to the NPM Physical Activity- % of children ages 6 -11 and adolescence ages 12 through 17 who are physically active for at least 60 minutes per day.

RI has recently increased its focus to support better health during childhood, working with school districts to improve nutrition and physical activity through policy in practices. Over the past year RI also supported primary care providers to screen children for developmental, behavioral, and family issues at 9, 18, and 30 months. Families with identified issues were linked to appropriate services.

In the coming year RI will expand its work to support physical activity and nutrition during childhood to child care centers, reaching children and families at even earlier ages to support better health. RI will also continue to support developmental screening in primary care and the implementation of the Pediatric Centered Medical Home for children.

**Adolescent Health emerging needs:**

- Greater capacity/coordination among mental health/substance programs, and working to reduce barriers due to ethnic and cultural issues and sexual orientation;
- Supporting adolescents during transitions to adulthood, increased capacity for life skills and financial literacy education;
- Teen pregnancy, especially where there are disparities by race and place of residence;

For adolescent health, the priorities selected were *Improve mental/behavioral health across the life course, Increase the capacity and efficiency of the adolescent systems of care, and Improve system coordination in communities and statewide to facilitate improved health outcomes*. Related NPM: Adolescent well visit - % of adolescents ages 12 through 17 with a preventive medical visit in the past year. RI will also develop a state performance measure around sexual/reproductive health.

To address the issues that occur in adolescence and can lead to poor outcomes, RI worked to increase program capacity and integration. The Title X Family Planning agencies now provide confidential and affordable family planning services to adolescents. The Office of Minority Health supported the first Minority Youth Empowerment Summit called Turn Up to support youth development. In addition, HEALTH has implemented the Teen Outreach Program, a teen pregnancy prevention program in areas of highest need, and has participated in the development of an Adolescent Medical Home.

HEALTH will continue to support healthy adolescent development and plans to engage in the following activities in the coming year. The Health Equity Zones (HEZ) initiative is a new source for implementing community based strategies to improve adolescent mental health. The Teen Pregnancy Prevention Program will continue to work with partners from the RI Alliance for Teen Pregnancy Prevention to align efforts with community needs in order to have the greatest impact on reducing teen pregnancy rates and disparities. Through involvement in the Patient Centered Medical Home Initiative for children (PCMH-Kids), HEALTH will advocate for the adoption of best practices for addressing the needs of adolescents in the medical home setting.

**Children with Special Health Care Needs emerging needs:**

- The need to better support CSHCN and their families as they transition to adulthood
- Better systems and care coordination among service for CSHCN
- Expanding behavioral health services for CSHCN

The priority selected for CSHCN was *Improve the systems of care for children and youth with special needs*, the related NPM: Medical Home-% of children with and without special health care needs having a medical home and, Transition -% of adolescents with and without special health care needs who received services when necessary to make transitions to adult health care, will be tracked as RI makes improvements to its systems of care. RI's work around improving outcomes for CSHCN includes activities related to both programs and systems.

Over the past year HEALTH continued to make the *Adolescent Health Care Tool Kit* available to parents and professionals to support transitions to adulthood. The Pediatric Practice Enhancement Project (PPEP) was maintained and expanded to support greater numbers of families to access services. The Office of Special Needs (OHS), in collaboration with partners supported parent leaders to lead policy initiatives, make systems improvements and champion principals of parent professional partnerships through training and peer to peer support.

RI will continue to support family centered care and parent consultant services through PPEP. RI will work to increase the number of CSHCN who receive care in a medical home and collaborate with state and community partners on the State

Implementation Grant for enhancing the systems of services for CSHCN.

### **Cross Cutting/Lifecourse**

RI gathered extensive community input, examined extensive data and gathered diverse groups of stakeholders to get a comprehensive picture of the state's MCH needs. Emerging needs:

- Lack of services to support behavioral/mental health across the lifespan for all population groups, especially pregnant women, young children, adolescents and CSHCN.
- Lack of dental services, particularly for low income families
- Racial and ethnic disparities that lead to poor outcomes, such as financial and language barriers, service inaccessibility, lack of cultural/linguistic competence in health care

The issues that were raised across all population groups led RI to select cross cutting priorities: *Improve access to dental services* NPM: Oral Health -% of women who had dental visit during pregnancy; and, % of children ages 1-17 that had a preventive dental visit in the past year. *Improve system coordination in communities and statewide to facilitate improved health outcomes, and adopt social determinants of health in public health planning and practice to improve health equity.* NPM: Adequate insurance coverage % of children ages 0-17 who are adequately insured. The final priority selected *Improve mental/behavioral health across the lifecourse;* will have a state performance measure developed in the coming year.

In 2015 RI took an innovative approach to respond to the growing needs of those in poverty, the Title V MCH Program is supporting 11 non-profit organizations and municipal governments in a strategy known as Health Equity Zones (HEZ). HEZ awardees are examining factors that drive poor health outcomes and will create action plans based on evidence-based strategies. The HEZs will implement innovative approaches to preventing chronic diseases, improve birth outcomes, and the social and environmental determinants of health in these communities.

RI will continue to support better access to oral health through a comprehensive plan and set of strategies. RI will continue to support a comprehensive approach to reducing NAS by working with state/community partners to expand access to substance abuse treatment services for pregnant women and to respond to NAS with services such as home visiting. RI will continue working with the behavioral health community to identify specific systems barriers and work with community/ state level programs to eliminate barriers to accessing quality services.

RI will continue to support health equity as the social determinants of health are adopted into public health planning and practice. RI will do this by continuing to use a comprehensive, integrated approach to supporting health. RI will continue to ensure that community members and consumers are partners in all areas of program, policy development and systems change. RI will continue to focus on improving outcomes for its most vulnerable populations, taking a lifecourse approach through systems that support identification of risk and response at the earliest possible point. It is through taking this approach that RI will support all of its citizens to achieve optimal health.