



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

RHODE ISLAND

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

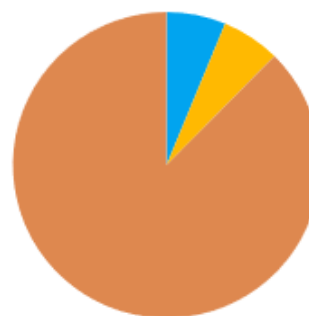
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$1,632,138
State MCH Funds	\$1,611,238
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$22,943,550

FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$353,153	\$0
Public Health Services and Systems	\$1,278,985	\$24,554,788

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	10,540	\$488,796	1.9%
Infants < 1 Year	10,981	\$2,093,645	8.1%
Children 1-22 Years	288,867	\$12,330,466	47.4%
CSHCN	43,848	\$2,339,249	9.0%
Others *	18,803	\$8,749,675	33.7%
Total	373,039	\$26,001,831	100%

FY 2015 Expenditures



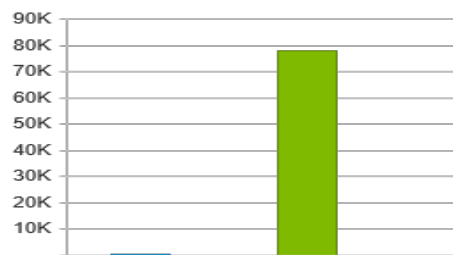
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	370
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	77,763
Other Toll-Free Calls:	0



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Proportion of Title X family planning clients with documented pregnancy intention
NPM 4	Breastfeeding	ESM 4.1	% of RI Resident Births occurring in Hospitals Designated as Baby Friendly
NPM 8	Physical Activity	ESM 8.1	Number of schools implementing Healthy Schools Initiative Pilot
NPM 10	Adolescent Well-Visit	ESM 10.1	# of youth advisory council established in HEZ communities focusing on health and wellness
NPM 10	Adolescent Well-Visit	ESM 10.2	Completion of Adolescent Health State Plan by 2017
NPM 10	Adolescent Well-Visit	ESM 10.3	# of participants in Teen Outreach Program
NPM 11	Medical Home	ESM 11.1	Develop a Medical Home Portal
NPM 11	Medical Home	ESM 11.2	% of Practices using Shared Plans of Care
NPM 11	Medical Home	ESM 11.3	% of medical homes with trained staff
NPM 12	Transition	ESM 12.1	% of medical homes with trained staff on transition
NPM 12	Transition	ESM 12.2	% of practices with a transition policy
NPM 12	Transition	ESM 12.3	# of youth participation in and accessing Dare 2 Dream; Self Assessments; Ready, Set, Go; HEZ; and Internships
NPM 13	Preventive Dental Visit	ESM 13.1	Percent of RI Medicaid insured children who received a dental service in the past year
NPM 13	Preventive Dental Visit	ESM 13.2	Percent of children and women referred to a dentist by home visiting program (HFA, NFA, PTA) providers
NPM 13	Preventive Dental Visit	ESM 13.3	Develop state oral health strategic plan which includes CSHCN
NPM 15	Adequate Insurance	ESM 15.1	Completion of Adolescent Health State Plan by 2017
NPM 15	Adequate Insurance	ESM 15.2	# of participants in Teen Outreach Program

NPM 15	Adequate Insurance	ESM 15.3	% of Practices using Shared Plans of Care
NPM 15	Adequate Insurance	ESM 15.4	Percent of RI Medicaid insured children who received a dental service in the past year

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Teen Pregnancy Rate (ages 15-19) in RI Core Cities	Adolescent Health
SPM 2	Rhode Island youth suicide rate ages 10-24	Cross-Cutting/Life Course, Adolescent Health
SPM 3	Depression screening for primary care givers enrolled in family visiting	Women/Maternal Health, Perinatal/Infant Health, Cross-Cutting/Life Course
SPM 4	HEZ activities addressing social determinants of health	Cross-Cutting/Life Course

State Outcome Measures

SOM #	SOM Title	Population Domain(s)
SOM 1	Five year average birth rate among Hispanic teens (ages 15-19)	Adolescent Health, Cross-Cutting/Life Course
SOM 2	Five year average birth rate to Black teens (ages 15-19)	Adolescent Health, Women/Maternal Health
SOM 3	Percent LGB high school students attempting suicide	Adolescent Health
SOM 4	Percent High School Students with Special Health Care Needs attempting suicide	Children with Special Health Care Needs
SOM 5	Post-Partum Depression	Women/Maternal Health
SOM 6	Black/White Infant Mortality Rate Ratio	Perinatal/Infant Health
SOM 7	Percent of Children Living in Poverty	Cross-Cutting/Life Course, Child Health, Adolescent Health, Perinatal/Infant Health

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 (RIDOH) plays a pivotal role in achieving this. The primary goals of RIDOH under 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. The three leading priorities guide the work of the RIDOH and serve as the basis for RI's Integrated Population Health Goals to Improve the Health of Rhode Islanders. (see Supporting Documents 2 for a listing of RI's five strategies and twenty-three integrated population health goals.) These goals provide a framework to support RI's Title V Program, which is managed within the Health Equity Institute (HEI) at RIDOH. The Executive Director of Health, Ms. Ana Novais, is also the previous state's Title V Director and oversees the Health Equity Institute. RIDOH 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. RIDOH 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 2016. In addition to the large five year needs assessment RI uses key informant interviews, focus groups and surveys to continually assess population needs There hasn't been much change within the following population domains.

RIDOH has a strong history of leading early childhood system work. The Director of Health holds a seat on the statewide Children's Cabinet. RIDOH has, and will continue to, convene the Successful Start Steering Committee; a group comprised of staff from all state agencies with child serving responsibilities as well as key community partners and leaders, this advisory body serves as the leadership for such grants as Maternal, Infant and Early Childhood Family Home Visiting, RI-LAUNCH, Screening to Succeed and others. This integrated body has helped DOH leverage funds to support its MCH work, such as WIC, funding from Race to the Top – Early Learning Challenge, and child care quality funding from the Department of Human Services. RIDOH also engages stakeholders at the community level, supporting MIECHV Local Implementation Teams and the Health Equity Zone collaborative. These structures ensure RI early childhood programs have the capacity to support and strengthen each other to provide a more comprehensive system of services.

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. This past year, RI also developed a state performance measure related to maternal depression. 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 and the new Prescription Drug Overdose Monitoring Program; implementing a new 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 to develop 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 and monitored through SPM: Depression Screening. As mentioned, RIDOH continues to lead the development of a response to NAS. RI has also prioritized supporting all hospitals to become baby friendly and has a state plan to increase breastfeeding. 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;
- Behavioral/mental health support
- 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. 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 also developed an SPM to address disparities in teen pregnancy rates for the RI core cities.

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 as well as the new Princes to Kings Program to support youth development. In addition, RIDOH 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.

RIDOH 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), RIDOH 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

Many of the top concerns and feedback in the CSHCN domain mirrored those of the Adolescent Health domain in that the needs assessment identified a need for systems changes. While much has been done to address the needs of the population, it was evident that there was more that could be done. As with the other MCH populations, behavioral/mental health was a top concern along with systems access and coordination, school health, transitions, and youth development. Based on the needs identified RI chose improving the system of care for children and youth w/special needs as an MCH state priority. Based on the needs identified, RI chose the NPMs Medical Home - % of children with special health care needs having a medical home; and Transition - % of adolescents with special health care needs who received services necessary to make transitions to adult health care.

Life course / Cross Cutting 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

RI MCH's SP to adopt the social determinants of health in public health planning and practice to improve health equity is the foundational framework upon which MCH, HEI, and RIDOH base their work. This priority permeates not only health but socioeconomic areas that are intertwined with and affect the health of all Rhode Islanders. 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.

Other Considerations: During the selection meetings, there was discussion surrounding the scope of some priorities such as the two NPMs for CSHCN, on medical home and transitions, and the Child Health domain NPM on physical activity and whether they should be focused only on those population domains. The discussion resulted in the decision that the priorities should remain broad, inclusion of children without special needs in medical home and transitions, and inclusion of adolescents in physical activity though still specifically mention CSHCN, and child health as the target sub-groups.