



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

RHODE ISLAND

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

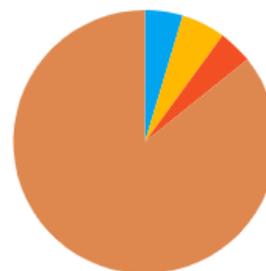
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Deborah Garneau Director, Health Equity Insititute deborah.garneau@health.ri.gov (401) 222-5929	Deborah Garneau Director, Health Equity Institute deborah.garneau@health.ri.gov (401) 222-5929	Kathleen Kuiper Family Resource Specialist kathleen.kuiper@health.ri.gov (401) 222-5887

Funding by Source

Source	FY 2018 Expenditures
 Federal Allocation	\$1,647,805
 State MCH Funds	\$1,921,703
 Local MCH Funds	\$0
 Other Funds	\$1,494,427
 Program Income	\$30,515,416

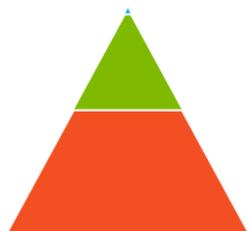
FY 2018 Expenditures



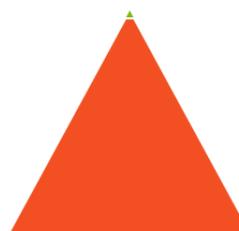
Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$34,267	\$0
 Enabling Services	\$699,884	\$994,147
 Public Health Services and Systems	\$913,654	\$32,937,399

FY 2018 Expenditures
Federal



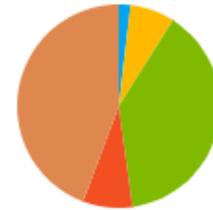
FY 2018 Expenditures
Non-Federal



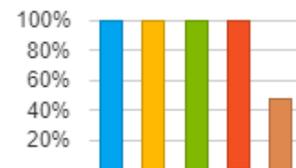
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	100.0%	\$652,173
■ Infants < 1 Year	100.0%	\$2,510,840
■ Children 1 through 21 Years	100.0%	\$13,737,015
■ CSHCN (Subset of all Children)	100.0%	\$2,779,929
■ Others *	47.0%	\$15,637,437

FY 2018 Expenditures
Total: \$35,317,394



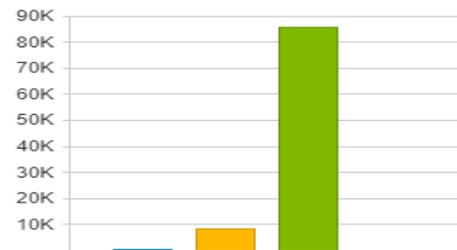
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	364
■ State Title V Social Media Hits:	8,494
■ State MCH Toll-Free Calls:	85,576
■ Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Adolescent Health, Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Women/Maternal Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 4	Breastfeeding	ESM 4.1	% of RI Resident Births occurring in Hospitals Designated as Baby Friendly
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.1	Physical Activity and Nutrition Technical Assistance to Child Care Centers
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.2	% children ages 5-19 impacted by improvements to the built environment
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.3	# training and technical assistance opportunities provided to municipalities about master plan and land use interventions by RIDOH or it's partners
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.4	% children (0-17) living in a HEZ community with initiatives related to physical activity and nutrition
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 11	Medical Home	ESM 11.4	# web hits on medical home portal
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 12	Transition	ESM 12.4	# of participants in Teen Outreach Program
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.1	Number of healthcare providers trained on Oral Health

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 2	Rhode Island youth suicide rate ages 10-24	Cross-Cutting/Systems Building
SPM 3	Depression screening for primary care givers enrolled in family visiting	Perinatal/Infant Health
SPM 5	Effective Family Planning Methods among Title X Clients	Women/Maternal Health
SPM 6	Number of Certified Community Health Workers	Cross-Cutting/Systems Building
SPM 7	MCH Priority Areas with at least 50% of HEZ engaged in related MCH funded activities	Cross-Cutting/Systems Building

State Outcome Measures

SOM #	SOM Title	Reporting Domain(s)
SOM 1	Five year average birth rate among Hispanic teens (ages 15-19)	Women/Maternal Health, Adolescent Health
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	Perinatal/Infant Health
SOM 6	Black/White Infant Mortality Rate Ratio	Perinatal/Infant Health
SOM 7	Percent of Children Living in Poverty	Child Health, Adolescent Health, Perinatal/Infant Health
SOM 8	Teen Pregnancy Rate (ages 15-19) in RI core cities	Women/Maternal Health, Adolescent Health

Executive Summary

Program Overview

MCH Population Needs and Identified Title V Priorities

The Rhode Island Department of Health's (RIDOH) Maternal and Child Health (MCH) Program supports and promotes the health of all women, children, and families. RI does 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 focusing efforts on the state's most vulnerable populations. Despite these positive trends health disparities persist among age, race/ethnicity, geography, socioeconomic status, educational attainment, and health insurance coverage.

In 2014 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 over 450 individuals via surveys, facilitated discussions, large community meetings, and listening sessions. The resulting data was used to develop a list of MCH priorities for 2015-2020. They are:

1. Improve access to oral health services.
2. Improve the routine provision of preconception care.
3. Increase breastfeeding awareness and social support.
4. Address obesity, nutrition, and physical activity for children.
5. Increase the capacity and efficiency of the adolescent system of care.
6. Develop & support the implementation of the Family Home Visiting Program.
7. Improve the system of care for children and youth with special health care needs
8. Improve system coordination in communities and statewide to facilitate improved health outcomes.
9. Improve mental and behavioral health across the life course.
10. Adopt social determinants of health into public health planning and practice to improve health equity.

MCH Framework

The three leading priorities of the RIDOH are to: (1) Address the social and environmental determinants of health; (2) Eliminate disparities and promote health equity; and (3) Ensure access to quality health care for all, especially vulnerable populations. These priorities are the foundation that guides all RIDOH work, with the goal of improving the health and wellbeing of all Rhode Islanders. These priorities also provide a framework that supports RI's Title V Program. Further, the MCH Program ensures that its work is coordinated by collaborating with and supporting a broad range of partners, including other state agencies, Medicaid, public and private insurers, family organizations, health care systems, clinical providers, community based organizations, and other RIDOH Programs. This work spans a variety of direct, enabling, and systems level interventions.

Health Equity Zones (HEZ)

Since 2014, the Rhode Island Department of Health has made substantial investments in place-based models that are community-led to address disparities. Rhode Island's Health Equity Zones initiative braids together funds from several sources, including the state's Title V program. In the 4 years of the program, 9 HEZ across the state have been able to form strong collaboratives, define their unique needs, and address them with innovative solutions. In 2019, 3 additional communities were selected to become HEZ after a competitive selection process. Each HEZ has an organization (local government or local non-profit entity) that acts as the administrator of the collaborative. RIDOH MCH staff communicate regularly with HEZ collaboratives about the implementation of evidence-based interventions to improve the health and wellness of mothers and children in their community. Several initiatives that have been supported using this model include: a walking School Bus programs in two HEZ, including for one elementary school that has subsequently boasted the state's highest attendance rate; expansion of a Parents as Teachers program in a community that identified this as a need; the creation of Welcome Baby packets at a community hospital; a community baby shower; and community-led initiatives to increase awareness about mental health and substance use disorder. Many other MCH interventions are also supported throughout the HEZ. There is no question of the impact HEZ infrastructure is having on both the ability of the state's Title V program to align its goals with community-led initiatives and to improve the lives of the MCH population in the most vulnerable communities.

Family Centered Services

A long-standing tenant of RI's MCH Program is family, youth, CSHCN, and consumer representation and engagement at all levels of planning through implementation. RIDOH has partnered with the local chapter of Family Voices of the RI Parent Information Network to engage, train and employ families of CYSHCN within the RI system of care. Family liaisons that are hired, trained, and certified as community health workers are supported in RIDOH's CYCHCN program, WIC, newborn screening programs, birth defects program, centralized communications, family planning, immunization, and family home visiting. RIDOH also convenes an active Youth Advisory Council that meets monthly, engages in policy development, and assists in the implementation of RIDOH programs. MCH strategic planning regularly includes families who have received services.

Partnerships

RIDOH is the sole public health entity in RI, there are no local health departments. As such, RIDOH relies heavily on partnerships to advance its work throughout the community. These partnerships include advocacy groups, colleges and universities, community-based organizations, federally qualified health centers, health plans, Medicaid, professional organizations (RIAAP, RIACOG, etc.), committee and coalitions, and other state agencies. During 2018-2019, RIDOH MCH staff convened or participated in over 70 committees or advisory boards.

Recent Accomplishments

Women's/Maternal Health – In this area, RIDOH focused on improving access to oral health services and improving preconception care and education. During 2018, the Family Visiting Program incorporated oral health screening and referral in their case management and data collection systems, the WIC Program added an oral health education model for WIC participants, and the RIDOH Lead Program began distributing bilingual oral health materials in all of the certified lead centers across the state. Significant time and resources were also invested to increasing the awareness of the importance of oral health, especially for pregnant women, among medical and dental providers. Preconception health continues to be an area of focus because of its significance in affecting perinatal health outcomes. RIDOH has supported family planning at Title X agencies for many years. Over the last several years, promotion of pregnancy intention screening, using the One Key Question (OKQ) Model, has been used to encourage reproductive health counseling that empowers individuals to clarify their health needs in accordance with their personal goals. This model is also being integrated into services among non-medical providers such as home visitors and substance use treatment providers. After reviewing and exploring existing data, RIDOH participated in an AMCHP communications technical assistance training and created an issue brief on maternal mortality and morbidity. RI has recently passed legislation to form a maternal mortality review committee, which would help inform best practices for women during pregnancy up to the postpartum period.

Perinatal/Infant Health – RI is fortunate to have breastfeeding laws that support breastfeeding and lactating mothers. These laws allow women to breastfeed in all public spaces, require health insurance companies to cover breast pumps, and compel employers to provide a private, clean space for pumping. Currently, more than 95% of babies are born in certified baby-friendly facilities – four of five birthing centers. In 2018, breastfeeding materials were developed for dissemination at the birthing hospital, WIC offices, and through community partners that provide services to pregnant and parenting individuals; the materials were selected for inclusion in AMCHP's Implementation Toolkit for National Performance Measure 4. RIDOH oversees the implementation of four home visiting models throughout the state: First Connections, Nurse Family Partnership, Health Families America, and Parents as Teachers. The Family Visiting Program continues to identify, enroll, and provide services for families most at-risk for poor health outcomes. In FY2017, 1,646 families were served and 22,830 visits were conducted. Upon recommendation by their advisory committee, the Newborn Screening Program added three conditions to the blood spot screening panel, effective October 1, 2018.

The MCH Program has also been responsible for convening several groups that are focused on addressing perinatal health disparities; The RI Task Force on Premature Births, Disparities in Infant Mortality Work Group, Safe Sleep Interagency Work Group, and the Task Force to Support Pregnant and Parenting Families with Substance-Exposed Newborns.

Child Health - RI is a leader in several child health indicators including health care coverage and immunization rates. High immunization rates can, in part, be attributed to a state universal vaccine policy that provides immunizations at no cost to medical providers for children, adolescents, and young adults. KIDSNET, an integrated birth to 18 child health and immunization registry is used by public health professionals, medical providers, and several community-based providers (e.g. Early Intervention) to improve the health and well-being of children across the state. SEALRI!, a school-based dental sealant program, provides free dental exams and sealants to help prevent tooth decay children that live in low-income communities through the state. The Childhood Lead Poisoning Prevention Program pilot tested finger-stick lead screening at WIC sites for children identified in KIDSNET as needing screening.

Over the last several years, RIDOH has provided technical assistance and support to local school districts and daycare centers around nutrition and physical activity standards and guidelines. RIDOH also advocated for the General Assembly to pass a school recess law, which requires 20 consecutive minutes of unstructured free play each day in grades K – 6. RIDOH participated in a state-wide data project to collect overweight and obesity data and publish an issue brief.

Adolescent Health – RIDOH completed an Adolescent Health Strategic Plan that utilizes the Healthy People 2020 and MCH Title V performance measures as a guide in identifying health priorities. Youth transition is an important area of work for RIDOH. Over the past several years, the MCH program has developed materials and provided technical assistance to pediatric and adult practices. For over 10 years, RIDOH has planned and sponsored the Dare to Dream high school student leadership conference. Originally intended for youth with special health care needs, because of its overwhelming successes, the annual conference has been expanded to all youth and a middle school version was created in 2017. RIDOH supports two minority youth leadership programs: Princes 2 Kings (P2K) and Girls-Empowerment Mentoring Support (RI-GEMS). These programs provide learning and internship opportunities, pair youth with adult mentors, and address the unique academic, emotional, and environmental needs of the participants. Safety net services for family planning and STD screening and treatment are provided through contracts with community clinical providers. The Teen Outreach Program, a pregnancy prevention program, has served more than 700 youth since 2013.

Children and Youth with Special Health Care Needs (CYSHCN) – RIDOH has played a key role in the planning, development, and implementation of Patient Centered Medical Homes for children (PCHM-KIDS) throughout the state. Primary partners include RI's 4 health plans, the RI Chapter of the American Academy of Pediatrics, the Executive Office of Health and Human Services, and the Care Transformation Collaborative. The primary goals of this project are to create pediatric medical homes and improve care coordination, especially for children with special health care needs. Currently there are 37 pediatric and family medicine practices participating in the PCHM-Kids initiative, including 260 primary care providers and trainees, covering over 110,000 lives, and representing more than 80% of the state's pediatric Medicaid population. RI is one of a few states that has established a medical home portal that provides comprehensive diagnostic, education, specialty care, social service, and resource information to improve the system of care and health outcomes for CYSHCN. Additionally, RIDOH contracts with the RI Parent Information Network (RIPIN) for the provision of the Family to Family Health Information Line, support groups, resource development, peer resource specialist (community health workers), and advocacy for CYSHCN. RIDOH oversees the Internship Program, a recently AMCHP-designated 'Promising Practice' that provides workplace experience to YSHCN that assists them with the transition to adulthood.

Cross-cutting Initiatives – In order to improve MCH systems of care, the MCH Program is working with a wide variety of internal and external partners. Over the past few years, several collaborative projects have included the Governor's Task Force for Overdose

Prevention, the Task Force for Substance Exposed Newborns, The Governors Initiative to improve Third Grade Reading, Plans of Safe Care, and a Safe Sleep Campaign. Partnerships include: Rhode Island Department of Education (RIDE), Department of Children, Youth and Families (DCYF), Department of Human Services (DHS), Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH), Executive Office of Health and Human Services (EOHHS), Medicaid, Department of Corrections (DOC), and the Office of the Health Insurance Commissioner (OHIC). RIDOH also has been an integral partner in the State Innovation Model (SIM) Grant planning and implementation. MCH Program staff have given valuable feedback to the SIM steering committee related to several SIM funded MCH projects including Pediatric Patient Centered Medical Home (PCMH-Kids); Pediatric Psychiatry Referral Network (PediPRN); Community Health Teams; Screening, Brief Intervention and Referral to Treatment (SBIRT); and a workforce development.

How Federal Title V Funds Support State MCH Efforts

The 2017 Title V investment of \$1,647,805 was only a small fraction of the overall RIDOH MCH budget of \$11,212,784. 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 RI, 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 both internally (e.g., Family Visiting, Family Planning, Oral Health, Immunization) and externally (e.g., Medicaid, HEZ, Accountable Entities, Hospitals, Insurers). The flexibility of Title V funds is critical as it allows RIDOH to fill gaps where reductions in other funding threatens MCH systems and services or enhance work that is already being done for greater impact.

MCH Success Story

RIDOH has collaborated closely with the Rhode Island Department of Children, Youth and Families on work to prevent child maltreatment. An analysis of child maltreatment fatalities in the state between 2016 and 2017 resulted in two cross-agency recommendations: to refine the existing Newborn Developmental Screen to better identify families at risk of maltreatment at birth and connect them to RIDOH's family home visiting services, and to improve data sharing between RIDOH and DCYF to ensure families who have interacted with DCYF are engaged in preventative services. This year RIDOH and DCYF have built a data-sharing process that identifies all children age 0-3 who have had a DCYF investigation and whether they have engaged in home visiting services. Family home visiting service providers follow up with any families who are not engaged to invite them to participate. RIDOH has also used predictive analytics to develop a new tool that precisely identifies children at birth who are likely to experience a DCYF investigation within the first 2 years of birth. RIDOH will be using this tool to differentiate outreach and engagement, with the goal of increasing engagement in home visiting services for the families who are most likely to become involved with DCYF.

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.