



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **VIRGIN ISLANDS**

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

### Title V Federal-State Partnership - Virgin Islands

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>)

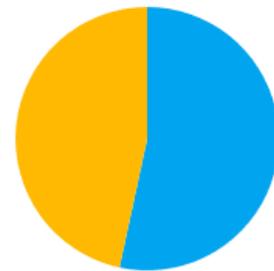
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Derval Petersen, DHed, MAOM Director derval.petersen@doh.vi.gov (340) 718-1311 x3787	Derval Petersen, DHed, MAOM Director derval.petersen@doh.vi.gov (340) 718-1311 x3787	Ana Browne Family Care Coordinator ana.browne@doh.vi.gov (340) 718-1311 x3769

### Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$1,488,491
State MCH Funds	\$1,300,000
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

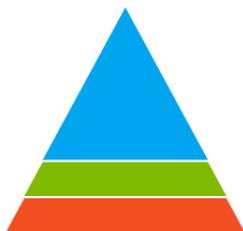
FY 2018 Expenditures



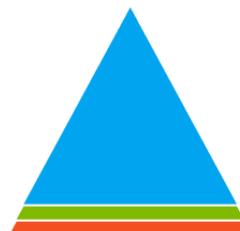
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,028,040	\$990,329
Enabling Services	\$229,095	\$65,547
Public Health Services and Systems	\$231,356	\$55,110

FY 2018 Expenditures  
Federal



FY 2018 Expenditures  
Non-Federal



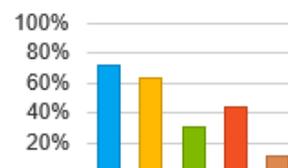
### Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
<span style="color: blue;">■</span> Pregnant Women	72.0%	\$305,529
<span style="color: orange;">■</span> Infants < 1 Year	64.0%	\$544,411
<span style="color: green;">■</span> Children 1 through 21 Years	30.0%	\$755,682
<span style="color: red;">■</span> CSHCN (Subset of all Children)	44.0%	\$674,294
<span style="color: brown;">■</span> Others *	11.0%	\$172,192

**FY 2018 Expenditures**  
Total: \$2,452,108



**FY 2018 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
<span style="color: blue;">■</span> State Title V Website Hits:	0
<span style="color: orange;">■</span> State Title V Social Media Hits:	0
<span style="color: green;">■</span> State MCH Toll-Free Calls:	0
<span style="color: red;">■</span> Other Toll-Free Calls:	0

State does not have a toll-free hotline.

State did not provide a State Title V Program Website or State Title V Social Media Website.

### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Child Health, Adolescent Health

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percentage of women in Title X sites receiving preconception services.
NPM 4	Breastfeeding	ESM 4.2	Percent of infants ever breastfed
NPM 5	Safe Sleep	ESM 5.2	Percent of families receiving safe sleep educational materials at District birthing hospitals.
NPM 6	Developmental Screening	ESM 6.2	Children receiving a developmental screening using a parent-completed screening tool.
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.1	Physical activity counseling during the well-child visit within the MCH population.
NPM 10	Adolescent Well-Visit	ESM 10.2	Percentage of adolescents, ages 10 through 19, receiving school-based preventive health services.
NPM 12	Transition	ESM 12.1	Use of evidenced-based health care transition tools in public health and FQHC facilities.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Percent of Children, ages 1-17, who have had Preventive Dental Health visit in the past year
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.2	Increase access to dental health services through inter-agency partnerships and supportive services such as provider training and resources.

### State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Increase the percentage of pregnant women who enroll in prenatal care in the first trimester.	Women/Maternal Health
SPM 2	The percent of CSHCN clients who access family support services.	Children with Special Health Care Needs
SPM 3	Increase access to comprehensive primary and preventive health care for adolescents and pre-adolescents ages 10-19 years.	Adolescent Health
SPM 4	Increase access to oral health care services for the child and adolescent MCH populations.	Cross-Cutting/Systems Building

## Executive Summary

### Program Overview

#### Program Overview

In September of 2017, the US Virgin Islands were hit by two category five hurricanes within a two-week window- a historic and catastrophic event. The widespread loss of electricity, communication and the destruction of homes, businesses, and service providers sites lead to a change in normal operating procedures for the Department of Health and its programs. The Department took services into the neighborhoods, preschools, churches, parking lots, and playgrounds to reach the more vulnerable population. The health vans were deployed and employees went out in available vehicles to reach families current and new. MCH served as a point of distribution in both districts and remained an active part of the emergency response well into 2018.

In January 2018, MCH served over one thousand families in the territory with a recovery themed baby shower with the help of new and current partners of the Department of Health; NFP, VI Partners for Families, WIC, Princess Cruises, Fathom (provider of baby supplies), the Department of Tourism, along with FEMA, the MIECHV and other programs in the Department of Health. Throughout 2018, the MCH program demonstrated tremendous effort, commitment, and hard work as responders and health care providers. Each day MCH staff aim to do their best to provide access to care for our families in spite of numerous challenges and obstacles. Almost two years have passed since we were met with unseen challenges as our islands were ravaged by hurricanes Irma and Maria. We continue to see an increase in the need for services across the Territory.

#### Recaps from 2018:

MCH remained displaced on St. Croix throughout 2018. Prenatal, Audiology, Case Management, Home Visiting, and care coordination services continued with administrative, programmatic, and clinical services operating out of a tent and mobile health van. Prenatal services were relocated to MCH on St. Thomas after the storms and officially transitioned in 2018. Our home visiting programs- Nurse Family Partnership and Healthy Families VI are seeing their highest client loads to date. In light of the dire need, MCH resumed providing monthly pediatric services on St. John. In July, MCH faced a tremendous task of absorbing all immunization services for the pediatric population in a short period of time. In August, the program was tasked with assuming responsibility for the CMS Zika grant and received notice that our Project LAUNCH grant had been approved. In October, MCH resumed pediatric neurology services on St. Croix. Despite the loss of some key staff, and the added requirements of complex and cumbersome procedural changes to the procurement process, the program ended the year with the high levels of spending for each of our programs. The MCH Leadership and Fiscal teams resumed meetings to facilitate communication and exchange across programs and districts while supporting accountability, productivity, efficiency, and focus.

#### Recognition

In 2018, the Program was recognized through the American Public Health Association's Effective Practice Award for the leadership of Dr. Derval Petersen in the response efforts post Hurricanes Irma and Maria. Many of our staff were directly impacted by the storms, expectations were high and days were short. Staff showed the strength of kindness and the sinew of humanity. In 2019, the program received further accolades by the Association of Maternal Child Health Programs with an Emerging Leader Award under the guidance of Dr. Petersen.

#### Accomplishments 2018/2019:

- The USVI MCH Program has benefited from an improved working relationship between Title V and Title 19. These efforts have resulted in the enhanced ability to request and obtain data for the Medicaid eligible MCH population in the Territory, as well as thru capacity building efforts thru the provision of staff training on presumptive eligibility.
- Though displaced, MCH continued to provide services and operate out of the tent and mobile health van on St. Croix up to April 2019.
- Prenatal services were relocated to MCH on St. Thomas after the storms and officially transitioned in 2018.
- MCH's Maternal Infant and Early Childhood Home Visiting Program was taken off of restrictions in 2018 due to a coordinated, intentional, and consistent effort to meet funder requirements and ensure program performance.
- Both home visiting programs- Nurse Family Partnership and Healthy Families VI are seeing their highest client loads to date.
- 9 Graduates were celebrated in March this year from the NFP Program.
- In light of the dire need, MCH resumed providing monthly pediatric services on St. John
- Last August, due to the exigent need post hurricanes, MCH received approval and funding to move forward with the Territory's first Project LAUNCH program to support the social emotional development of children 0-8.
- MCH ended the year with high levels of spending for each of our programs.

#### Goals for 2019/2020:

Over the last 2 years, MCH has significantly grown with the addition of 3 new federal grants, along with the transition of prenatal services on St. Thomas and pediatric immunization services in both districts. Upcoming projects for the Division include:

- Adolescent Health Clinic
- Survey of Children's Health
- Title V and MIECHV Needs Assessment
- Tele-health implementation
- Project LAUNCH implementation

### **Challenges**

Hiring and staff shortages remain a challenge for the program. For FY18, the Division had approximately twenty vacancies across the MCH grant portfolio. The program has worked with the Department of Health's financial services division to reprogram local funding in order to hire much needed administrative support. The Division continues to work closely with the HR team to identify and address any issues in the hiring process to ensure that recruitment efforts are actively moving forward.

In July 2018, the Office of Management and Budget imposed new regulations that made it even more challenging to spend funds with the newly implemented Executive Order placing OMB in the middle of the Requisition and Payment process. Despite diligent efforts on the part of the program to encumber and expend monies, the process impeded the ability to spend funds timely. Justification letters were returned, SAMS searches had to be conducted for each vendor, and requisitions sat unapproved for extensive periods of time. MCH ended the FY 18 fiscal year with unobligated funds due to these severe infrastructure and systems challenges.

### **MCH & CSHCN Overview**

The Title V Maternal and Child Health Services Block Grant Program is operated as a single Administrative Unit within the Department of Health. The unit is responsible for conducting the statewide assessment of needs, agency management, program planning and implementation, policy development, and interagency collaboration. In FY '18, MCH & CSHCN administered the following programs:

- Preventive and Primary Child Health Care
- Integrated newborn genetic/metabolic and hearing Screening
- Prenatal Care Services and Care Coordination
- Limited Subspecialty Care Services
- Audiology Services
- Head Start Screening and Early Head Start Screenings (Develop/Hearing/Vision)
- Home Visiting Services (Nurse Family Partnership and Healthy Families America)

Throughout FY'18, the MCH & CSHCN Program continued to promote care coordination and collaboration among programs serving the special needs population. Outreach, education and case management activities for pregnant women were provided.

The MCH & CSHCN Program serves as both local and state agency. This single State agency is authorized to administer Title V funds and is responsible for both Maternal and Child Health and Special Needs Children Services. The MCH & CSHCN Program focuses on the well being of the MCH populations of women and infants, children and adolescents, and children with Special Health Care needs (CSHCN) and their families. The program places an emphasis on developing core public health functions and responding to changes in the health care delivery system. As a territory with significant shortages of pediatric medical services and limited existing services, the Virgin Islands faces many challenges to development of systematic approaches to population based direct care services.

Child health services promote optimal health, safety, and well-being of all infants, children and adolescents birth to 21 years through preventive practices and strategies along a developmental continuum of growth and development. Services provided include immunization; health education and counseling regarding healthy lifestyle choices; assessment for age appropriate growth and development; monitoring for other underlying health problems; and physical examinations with promotion of healthy child care practices. Referrals are done for oral health care, hearing screening, early intervention services, specialty clinics, and home visits.

Nursery referrals are received on all high-risk newborns who are followed in the MCH & CSHCN clinics in both districts. Infants without any high-risk factors are referred to well child clinics. Infants classified as high-risk or at-risk for a disability due to biological, physiological, or environmental factors or diagnosed with medical conditions are followed in the Infant High Risk clinics. High-risk referral patients are screened to receive a home visit, and family assessment. The primary barrier to the home visiting program is insufficient staff to address the increased needs of the high risk population and requests for home visits.

Prenatal services in MCH include: prenatal intake for new patients in which the history, physical, risk assessment, PAP smear, and laboratory referrals are completed; routine follow-up and counseling; teen prenatal; and perinatal/high risk clinic for the management of obstetrically or medically complex cases. Patients with emergencies are referred to the Obstetrical Unit for evaluation and treatment. In-patient deliveries are performed by the hospital's Obstetricians and Midwives.

### **Maternal Health**

The program continues to support prenatal, post-partum, and inter-conceptual care and works closely with Family Planning, WIC, Communicable Diseases, and Behavioral Health to ensure wraparound services for our clients. Post-partum visits were expanded to include 2, 4, and 6 week check-ups to monitor self and infant care, post-partum depression, and provide general support new moms after delivery.

Program planning for the implementation of a Centering program for our pregnant women was suspended post storms due to damage of the facility. Once site assessments at the new location are complete, the Division will resume working towards implementation of this evidence-based model of care.

### **Child Health**

MCH & CSHCN continues to partner with community based organizations such as Early Head Start-Lutheran Social Services and Preschool Education Program-Department of Education, and both Federally Qualified Health Centers to develop and distribute information cards on health, nutrition, developmental screening, early intervention, and relevant services for the early childhood population. These cards list available services and contact numbers and are available at all Head Start and child care centers, clinic sites and various community partners offices throughout the territory.

### **Children with Special Health Care Needs**

The program remains the medical home for many children with special health care needs. Public health nurses continued to provide care coordination. Interventions included advocacy, education, case management, counseling, and nursing procedures. Services were provided in a variety of locations including in the home, by phone and in other locations such as hospital, clinics or school or child care setting. Program nurses, physicians and allied health staff continued to work with families to make decisions about care and services for children. Meetings and case conferences attended during this period focused on transition from early intervention programs to school; children with special needs in the foster care system; and collaborations between public health nurses and families.

### **Adolescent Health**

The MCH & CSHCN Program continues to advocate for Adolescents access to a basic level of health care. The discussions and strategic planning are focused on how and where to provide confidential, appropriate care for their adolescents. Our contribution to this process is to engage Providers through surveys on the best practices to address the concerns of their adolescent patients and ways to guide their development as independent agents with regard to their health. Service providers will play an integral role in the coordination of the comprehensive services that influence the health behaviors of adolescents. Moreover, providers will understand and facilitate entry to specialized services for those adolescents who require them. For those services that are specialized, mechanisms will exist to assist adolescents to pay for and obtain necessary care from multiple sites and providers.

### **Maternal, Infant and Early Childhood Home Visitation Program (MIECHV):**

The MCH program was appointed the lead agency for the MIECHV grant in order to improve health and development outcomes for at-risk children through evidence-based home visiting programs. MCH has implemented two different evidence-based home visitation models in the VI: Nurse Family Partnership (NFP) in St. Thomas and Healthy Families America (HFA) in St. Croix. The HFA Program resumed services in FY16.

### **Zika MCH Services**

MCH & CSHCN serves as the primary point of care coordination and follow-up for babies born to Zika positive moms. These activities are funded under the HRSA funded Zika MCH Services grant. During the height of transmission, MCH also served as the center for pregnant moms to receive Zika Prevention Kits and has participated in numerous local outreach activities to promote community awareness on the effects of the Zika virus.

### **Partnerships**

Partners and collaborators include a wide array of government, private and non-profit entities. The Departments of Education, 330-funded Community Health Centers, Medical Assistance Program, WIC Program, Vital Statistics, Immunization, Family Planning, Nursing Services, Social Services, Infants and Toddlers Program, Community Partners, and Parent Advocates, University of the Virgin Islands, Department of Human Services, Early Head Start, the Community Foundation, Women's Coalition, and the hospitals. National partners included AMCHP, NCHAM, Early Childhood Hearing Outreach, Florida and Southeast Deaf Blind Association, Northeast and Caribbean Injury Prevention Network, ASTHO and NICHQ. Parent and consumer participation and involvement via the MCH Advisory Council is being strengthened, and advocacy support through Family Voices and Hands and Voices is being explored.

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

### **Title V Support in MCH efforts**

The Virgin Islands Department of Health (VIDOH) is designated as the agency in the Virgin Islands for administering the Maternal and Child Health and Children With Special Health Care Needs Program (MCH & CSHCN) pursuant to Title 19, Chapter 7, Section 151 of the Virgin Islands Code.

The Maternal and Child Health & Children With Special Health Care Needs (MCH & CSHCN) Program activities are directed at improving and maintaining the health status of women, infants, children, including children with special health care needs and adolescents. The Title V Program looks at various areas and populations to identify underserved MCH individuals in order to commit resources to provide appropriate services for this population.

Residents of the territory are not eligible for the Supplemental Security Income (SSI) Program which provides assistive devices, therapeutic or rehabilitative services beyond acute care to children under the age of 16 with disabilities. The Medical Assistance Program does not provide these services, due to the Medicaid Cap imposed by Congress. These services are provided on a limited case by case basis by the Title V Program when required. Title V remains the payor of last resort.

## **MCH Success Story**

### **MCH Success Story**

As the Family Representative, I am very proud to say MCH has helped many families in different ways. I am the first employed family representative by the VI MCH Program. Our program helps families receive financial assistance with medical services like with my granddaughter, Keiera's MRIs, CT Scan, and Doctor Visits, as well as emotional support group at MCH. I advocate for parents and encourage their engagement in our program.

Keiera with her disability has experienced a big turnaround and is an Honor Roll Student in the 7<sup>th</sup> grade with an 89 grade point average and plays sports (basketball and volleyball). With Family support, IEP Team (Department of Education), V.I. Deaf and Blind, and the Department of Health Family Division, Keiera will still be somewhere more beneficial with her disability.

Keiera is presently being treated by the Pediatric Otolaryngology at the Joe DiMaggio Children Hospital. She was diagnosed as a baby who did not develop her stapes bone in the ear and has a cholestoma in between her earwall, all of her 5 nerves are embedded in the cholestoma. Keiera is presently waiting for her device called the Adhear from Med-El to help amplify sound. With my experiences with MCH, I have been blessed with the opportunity to share her story and to also provide parents in general with newborns, the assistance of having hearing screenings done to better understand how important it is to screen early for the betterment of the child's future.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Virgin Islands

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.