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 2021 Application / FY 2019 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

<table>
<thead>
<tr>
<th>MCH Director</th>
<th>CSHCN Director</th>
<th>State Family or Youth Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charmaine Mayers</td>
<td>Charmaine S. Mayers</td>
<td>No Contact Information Provided</td>
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<tr>
<td>MCH &amp; CSHCN Territorial</td>
<td>MCH &amp; CSHCN Territorial</td>
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<tr>
<td>Director</td>
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<tr>
<td><a href="mailto:charmaine.mayers@doh.vi.gov">charmaine.mayers@doh.vi.gov</a></td>
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<td>3406263878</td>
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Funding by Source

<table>
<thead>
<tr>
<th>Source</th>
<th>FY 2019 Expenditures</th>
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</thead>
<tbody>
<tr>
<td>Federal Allocation</td>
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<tr>
<td>State MCH Funds</td>
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<td>Local MCH Funds</td>
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<td>Other Funds</td>
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<td>Program Income</td>
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Funding by Service Level

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Federal</th>
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<tr>
<td>Direct Services</td>
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<td>Enabling Services</td>
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Communication Reach

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<th>Communication Method</th>
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<td>State Title V Website Hits:</td>
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<td>State Title V Social Media Hits:</td>
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<td>State MCH Toll-Free Calls:</td>
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<tr>
<td>Other Toll-Free Calls:</td>
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</table>

*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 2020 Needs Assessment reporting cycle.

State Priorities and Associated Measures

<table>
<thead>
<tr>
<th>Priority Needs and Associated Measures</th>
<th>Priority Need Type</th>
<th>Reporting Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of women that have well women visits</td>
<td>Continued</td>
<td>Women/Maternal Health</td>
</tr>
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</table>

**NPMs**

- NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
  - ESM 1.1: Percentage of women in Title X sites receiving preconception services.
### SPMs
- **SPM 1**: Increase the percentage of pregnant women who enroll in prenatal care in the first trimester.

### SOMs
- **SOM 1**: Percentage of pregnant women who receive prenatal care beginning in the first trimester

### Increase the number of families educated on safe sleep practices

### NPMs
- **NPM 5**: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding
  - ESM 5.1: Percent of families receiving safe sleep educational materials at District birthing hospitals.

### Decrease the number of children with BMI>85%

### NPMs
- **NPM 6**: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
  - ESM 6.1: Children receiving a developmental screening using a parent-completed screening tool.

### Increase the percent of developmental screenings done in the territory

### NPMs
- **NPM 11**: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
  - ESM 11.1: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

### SOMs
- **SOM 2**: Percent of children with special health care needs (CSHCN), ages 0 through 17
<table>
<thead>
<tr>
<th>Objective</th>
<th>Continued</th>
<th>Program Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to comprehensive primary and preventative health care for adolescents and pre-adolescents</td>
<td>Continued</td>
<td>Adolescent Health</td>
</tr>
</tbody>
</table>

**NPMs**
- NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
  - ESM 10.1: Percentage of adolescents, ages 10 through 19, receiving school-based preventive health services.

**Increase percentage of families that participate in transition planning**

**NPMs**
- NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
  - ESM 11.1: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

**SPMs**
- SPM 2: The percent of CSHCN clients who access family support services.

**Increase access to oral health care for the Maternal Child health population**

**SPMs**
- SPM 4: Increase access to oral health care services for the child and adolescent MCH populations.

**SOMs**
- SOM 4: Percentage of Children, ages 1 through 17, who have decayed teeth or cavities in the past year

**Increase the number of women breastfeeding up to six months**

**NPMs**
- NPM 4: A) Percent of infants who are ever breastfed
  - B) Percent of infants breastfed exclusively through 6 months
  - ESM 4.1: Percent of infants ever breastfed

**Continued** | **Children with Special Health Care Needs** |
**Cross-Cutting/Systems Building** | **Perinatal/Infant Health** |
Executive Summary

Program Overview

PROGRAM OVERVIEW

The Title V Block Grant is one of the largest federal block grant programs and a key source of support for promoting and improving the health and well-being of women, children and children with special health care needs and their families. Title V is governed by the Health Resources and Services Administration (HRSA) Maternal Child Health Bureau (MCHB).

The Virgin Islands (VI) Title V program supports an array of paramount MCH programs and services. To improve the health and well-being of women, infants, children, and adolescents, to include children with special health care needs is an inclusionary goal of the VI.

States and jurisdictions submit an application and report in accordance with guidance from the Maternal Child Health Bureau (MCHB). This year’s application from the VI reflects the continued efforts to provide access to care for the territory’s MCH population. Data that captures quality evidence used to address the territories health care needs of mothers, infants, children and children with special health care needs are included. A summary of the Title V Needs Assessment used to identify gaps preventing MCH from meeting its program goals and objectives is reflected. The application encompasses the noteworthy work that the territory has done over the past two years.

Following guidance from the VI Department of Health (VIDOH) and the Center for Disease Control (CDC), VI MCH continues to provide service to the MCH population in the onset of COVID-19. During the stay at home phase, services were restructured to comply with social distancing. Only 6 families were allowed in the clinic at a time. Placemats reflecting “Thank you for Practicing Social Distancing” were placed 6 ft apart on the clinic floors. Personal Protective Equipment (PPE) was provided for all MCH employees.

Title V continues to address the maternal, infant, child, not to exclude children with special health care needs of the territory through the efforts of its clinic and programs, partnership and collaboration with other government, private and non-profit entities, and continued guidance and technical support from our federal partners. The MCH program has shown enormous growth and progress within the last two years; this as well as the hard work and commitment of the staff is reflected throughout this application.
MCH & CSHCN Overview

The Virgin Islands Department of Health is the designated agency in the Virgin Islands for administering the MCH & CSHCN program pursuant to Title 19, Chapter 7, and Section 151 of the Virgin Islands Code (VIC). The MCH & CSHCN Program offers preventative and primary health care services for mother, infants, children and adolescents to include: prenatal and high-risk prenatal care clinics, postpartum care, well child clinic, immunization, high risk infant and pediatric clinics, care coordination and access to pediatric sub-specialty care for children and adolescents with special health care needs.

In 2019, a jingle created to promote programs and services and re-establish the MCH “brand”. It is our responsibility to create a strong, positive perception of the MCH program. The first line of the jingle “Come on down to MCH we have great, great service”, depicts the impression that we want our clients to know that we uphold. The jingle is used in PSAs and other advertisements to promote programs, education, activities and services.

MCH took a public health approach to combat human trafficking. In order to raise community awareness Title V held a Human Trafficking Awareness training. The focus of the territory-wide training was to provide an understanding of the basics of human trafficking (force, fraud, coercion) to stakeholders and persons involved in addressing human trafficking in the USVI. Presenters included Customs and Border Protection (CBP), Homeland Security Investigations (HSI), Virgin Islands Police Department, Family Resource Center, Department of Health and the Department of Human Services. There were approximately eighty (80) participants territory-wide, 40 per district. The participants included Departments of Health, University of the Virgin Islands, Family Resource Center, Department of Human Services, and the Department of Education.

Maternal Health

Having a healthy pregnancy is one of the best ways to promote a healthy birth. Prenatal care is a pertinent part of staying healthy during pregnancy. The MCH & CSHCN program continue to provide prenatal services territory-wide. These services include prenatal intake for new patients whom the history, physical, risk assessment, Pap smear, and laboratory referrals are completed, routine follow-up and counselling, teen prenatal and perinatal and perinatal/high risk clinic.

The program employs two Nurse Mid-Wives, one in each district that provides prenatal services to non-high-risk clients. When detected, the Nurse mid-wives refer all high-risk clients to the perinatologist. The territory has one perinatologist employed by the Department of Health. The coordinated effort between the nurse mid-wives and the perinatologist has contributed to the low maternal mortality rate in the territory over the years. The perinatologist provides service to the entire high-risk pregnant population in the territory. Prior to the birth of the baby, the pregnant mother is introduced to the MCH high risk clinic. This ensures the continuity of care for mother and baby.

Child Health

THE VI MCH program is one of the few programs that continue to provide direct services. Services continue to well children 0-21 which includes health physicals, immunization, home visitations for health supervision as needed, high risk clinic, well baby clinics, new-born metabolic screening with genetic counselling for parents with newborn with positive results. Because of the high rate of
obesity in children in the nation, the USVI included, MCH monitors the BMI of all children. The BMI is captured by the Department of Health’s electronic health records (EHR) system.

Parents of all babies born in the territory’s hospitals receive education on safe sleep and Sudden Infant Death Syndrome (SIDS). During the well-baby two-week visit, MCH public health nurses reinforce the teaching on SIDS. The well visit allows nurses to follow-up on early discharges from the hospital. In collaboration with the Department of Human Services (DHS), the MCH clinic provides home visits when necessary to ensure the health and safety of the territory’s children. The WIC program supports all mothers with the desire for breastfeeding, MCH continues to encourage moms to breastfeed.

Children with Special Health Care Needs

It is a well-known fact that unless addressed effectively, delays or disabilities experienced by a child from birth to 3 years of age can have a significant impact on his or her foundation for positive learning. The MCH continues to focus on the overall health and well-being of all children with special health care needs in the territory.

The program continues to provide monthly diabetes clinics under the supervision of our staff pediatrician who works with the MCH social worker for off island evaluations and referrals, in the absence of an endocrinologist. Within the last two years our neurological needs have increased. Pediatric Neurological services is provided in the territory on a quarterly basis. We continue to see babies born to Zika positive moms as well as those born to non-Zika positive moms. The supervision and monitoring of hemoglobinopathies children in the hematology clinic continues. In the absence of a Pediatric hemathologist, all necessary referrals are initiated. In the St. Thomas/STJ district, the Asthma and Allergy pediatric population referrals are made to the East End Medical Center. In the St. Croix district once the clientele is established, an asthma clinic will be created. However, in the interim all asthmatics are followed by the paediatricians with an asthma plan that includes asthma control and asthma education. An asthma home -based program will be developed to ensure that the homes are allergens free and environmentally healthy.

Although some of the pediatric subspecialty providers are not in the territory, services continue. The MCH social worker with direction from the staff pediatrician initiates the referral to MAP. The San Jorge children’s hospital in Puerto Rico and the Nicholas Children’s hospital in Florida has provided the necessary support for pediatric subspecialties. The pediatric specialty services most often utilized are cardiology, urology, hematology an endocrinology.

Adolescent Health

The MCH & CSHCN Program wants to advocate for Adolescents to have access to basic levels of health care. Discussions and strategic planning have been focused on how and where to provide confidential, appropriate care for their adolescents. The goal of MCH is to engage Providers through surveys on the best practices to address the concerns of their adolescent patients and ways to guide their development to managing their own health. It is felt that Service providers will “play an integral role in the coordination of the comprehensive services that influence the health behaviors of adolescents”. Moreover, providers have the capacity to understand and facilitate entry to specialized services for those adolescents who require them.

Maternal, Infant, Early Childhood Home Visiting Program (MIECHV)

The MCH program is currently the lead in the territory for the MIECHV grant geared to improve health and developmental outcomes for at-risk children through evidence –based home visiting programs. The territory implemented two different models in the Virgin Islands; Nurse Family Partnership (NFP), located in the St. Thomas/St. John district and Healthy Families of America (HFA), located in the St. Croix district. In 2019 collectively, both programs served 140 families. In 2019, thirteen (13) families graduated from the NFP program and three (3) from the HFA program.

In 2019 the program completed a Parent Engagement Survey to determine what families like about the program, what improvements they wanted to see, and how the program can continue to support the families it serves. Overall, families were satisfied with the MIECHV Program. They like the connections with the home visitors, from the in-person visits to parenting skills, along with community supports provided.

When COVID hit in March of 2020 and in-person visits were converted to telehealth visits, the program implemented weekly, bi-weekly and currently monthly conference calls for families to engage with one another with support professionals. The initial calls were to support families with the challenges of the stay at home orders and how to support having multfamily members in the home 24 hours a day, seven days a week. How to find resources or alternatives to resources that could not be found.

The MIECHV team networked with community partners to provide support to families in the areas of Self-Care, Domestic Violence, and Financial Strategies for coping with COVID, and Parenting Skills – the importance of breastfeeding and cultural sensitivity awareness when raising children of color.
Universal Hearing Screening

The purpose of the Universal Hearing Screening grant is to develop a comprehensive and coordinated, state-wide, Early Hearing Detection and Intervention (EHDI) system of care targeted towards ensuring that newborns and infants are receiving appropriate and timely services, including screening, evaluation, diagnosis, and early intervention (EI).

In 2019, of the 1,114 babies born in the territory, 1,010 or 90% received hearing screening by one (1) month after birth. All children who are deaf or hard of hearing and their families should have access to timely and coordinated Early Intervention VI EDHI improved timeliness of referrals to Part C Early Intervention Services for new hearing loss cases and assured that consistent messages are presented to parents.

The EHDI program conducted outreach at public schools in the territory and performed hearing screening test to elementary school children. The screenings were conducted on kindergarten and six grade students. The screening result identified students at two schools that required further testing. The students were referred to an audiologist. In 2019 VI-EHDI screened 1,025 elementary school students in the territory.

Zika

In 2016 MCH received the Zika Response and Preparedness grant from HRSA to have follow-up services for babies in the Zika population. Those babies are followed for Audiology, Development, Ophthalmology, Orthopaedic, and Neurology services. The grant allowed for care coordination services directly to the families.

In March 2018, the MCH program in conjunction with VI Epidemiology Division and the CDC partnered and conducted a Zika Health Brigade to provide vision, hearing, brain and developmental screenings to babies born to Zika positive mothers. 111 families were scheduled and 91 arrived for their appointments.

A second Health Brigade was planned for March 2020 with 181 families scheduled for services, 92 in the STX district and 89 in the St. Thomas/St. John district. However due to the onset of Covid-19, the activity was postponed indefinitely.

The program submitted and received a No Cost Extension that allowed the program to continue to:

- Conduct care coordination,
- Provide transportation to population to assist mothers with attending appointments
- Implement telehealth to provide the much-needed specialty services providers such as neurology, audiology, ophthalmology, etc.

Prior to the impact of the Covid-19 pandemic, plans were underway to move forward with the implementation of telehealth anticipated to be completed by May 31, 2020. The contract for the selected company is awaiting signatures for final execution. As a result of the need of social distancing and the stay at home order in place in the USVI due to Covid-19, many programs, including the MCH & CSHCN program, are being provided remotely, which highlights the need for a telehealth infrastructure.

Project Launch

In 2018, the Virgin Islands MCH program acquired VI Project Launch. The purpose of Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is to promote the wellness of young children ages birth to 8 years by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Since its inception, VI Project LAUNCH organized and accomplished various activities for Launch families. In conjunction with WIC and MIECHV, Launch conducted a Baby Shower & Information Session as well as a series of Mental Health Webinars in partnership with JW Behavioral Center.
How Federal Title V Funds Support State MCH Efforts

Title V Support in MCH Efforts

For over 40 years the Title V Block Grant continues to support improvements in health outcomes for women, children and families in the Virgin Islands. The flexibility of Title V funds allows VI MCH to determine the best way to serve the unique needs of the territory.

In 2019, to reintroduce the Maternal Child Health program to the Community, the program launched an advertising campaign that resulted in the development of an MCH jingle that is used to promote MCH services and programs. Title V funds were used to create Public Service Announcements (PSAs) as a way to educate, create, communicate and provide value to the MCH population. Our aim is to create a high level of client satisfaction. A good advertising healthcare campaign could be the best practice to change the course of thinking with the targeted population.

Title V support salaries and fringe of MCH employees such as Public Health Nurses, a Nurse Practitioner, Certified Medical Assistants, registration clerks and social workers. The MCH Director, Assistant Director, Financial Manager and Office Manager who provides administrative functions for MCH efforts are also supported by Title V funds.

VI residents are not eligible for Supplemental Security Income (SSI) Program. The MAP does not provide these services, due to the Medicaid Cap however VI MCH provide these services on a case by case basis. Title V funds remain the payor of last resort.

MCH Success Story

MCH Success Story

In 2016, MCH met someone. He’s little but very special to us. We’ll call him Baby Potter. Baby Potter was born at a time when mosquitoes were flying around the world causing havoc especially in the Caribbean. What Baby Potter’s mother didn’t know, is that one mosquito bite would change her whole life and that of her unborn child, our precious little Baby Potter.

While pregnant, baby Potter’s mom, tested positive for the Zika Virus. Baby Potter was born with microcephalys and has developmental challenges. This is how we met him. He comes to visit our clinic ever so often.

After hurricanes Irma and Maria devastated the Virgin Islands, we couldn’t find him. We searched and searched and finally connected with his grandmother who told us that Baby Potter moved away, but he came back! MCH is Baby Potter’s medical home. Despite his developmental challenges, he smiles and laughs when we’re taking care of him and seeing him smile just warms our hearts.

There was only one other like Baby Potter in the territory, but she’s now an angel. We look forward to his appointments, just to see him smile. He may not be developing as fast as other 4 years olds but that only makes him more special. He gets to visit us every four months when our neurologist come on-island. Other children only get to see us once a year. We love our Baby Potter he’s our MCH success story!

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 web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2019.

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.