

RHODE ISLAND

The MCH Federal-State Partnership

The Rhode Island Department of Health, Division of Family Health administers the Title V Program, including the Children with Special Health Care Needs programs. The Division is responsible for the assessment of health and developmental needs among children and young families, for planning effective systems and measures to address those needs, for evaluation of programs and policies affecting the health and development of children, and for management of maternal and child health programs providing prevention services to women and children through community agencies. In addition to the Title V Block Grant, Abstinence Education and State Systems Development Initiative, the Division administers the following federal programs: WIC and Farmers Market Nutrition; Title X Family Planning; IDEA Part C; CDC Disabilities and Health, Immunization, INPHO, and Lead Poisoning Prevention. The Division receives support from a number of private foundations and other sources including: Robert Wood Johnson's Making the Grade and All Kids Count.

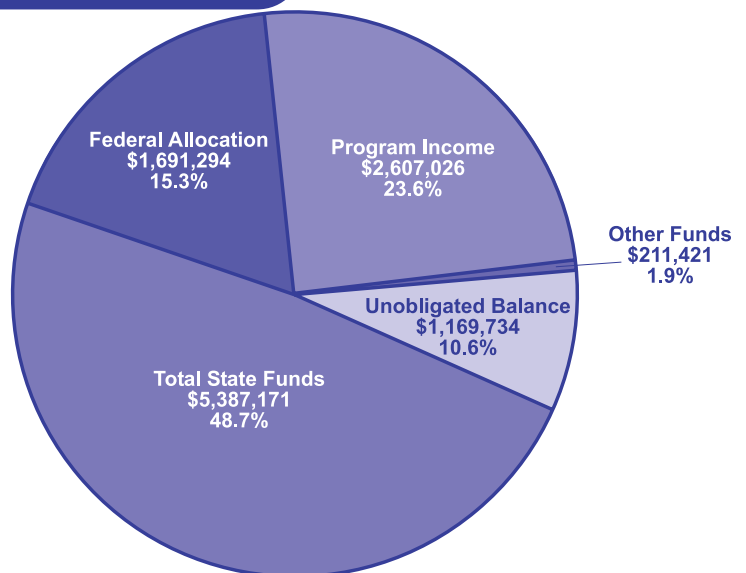
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group⁴

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	1,757	\$568,409
Infants (<1 year)	4,224	\$3,115,454
Children (1 to 22 yrs)	39,725	\$3,033,176
CSHCN (Special Needs)	3,700	\$4,211,516
Others ³	11,741	\$0
Administration		\$138,091
TOTALS	61,147	\$11,066,646

*State Population⁵
988,480*

*Live Births⁵
12,599*

Title V Federal-State Block Grant Expenditures⁴ by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98²

Title V Federal-State Block Grant:

\$11,066,646

Other Title V Grant Programs:

\$440,429

Other MCH Grant Programs:

\$224,943

TOTAL MCH Partnership Funds

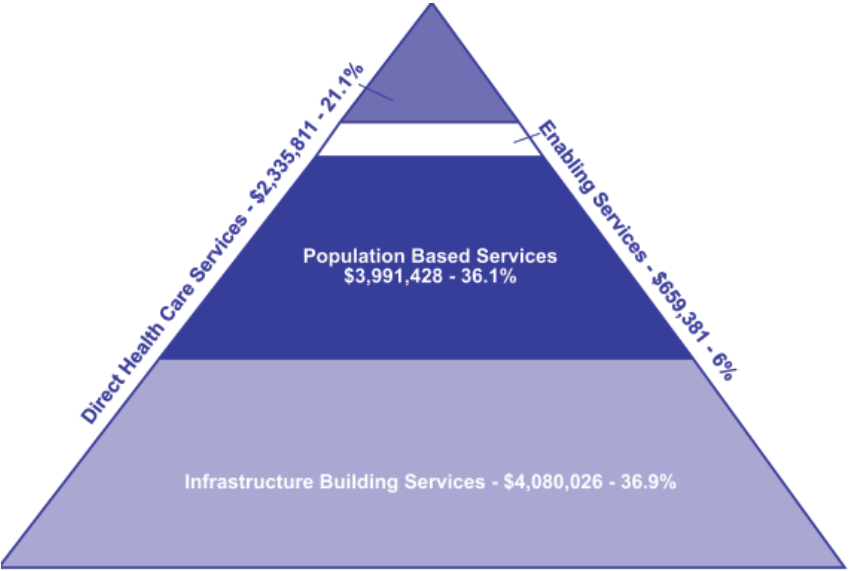
\$11,732,018

Title V - Selected National MCH Performance Measures⁷	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	99.8%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	81%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	26.5	25
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	1.1	.5
Percent of mothers who breast fed their infants at time of hospital discharge	55.4%	65%
Percent of newborns screened for hearing impairment before hospital discharge	99.7%	100%
State assurance of family participation in CSHCN programs & policies	18 of 18	18 of 18
Percent of very low birth weight live births	1.6%	1.0%
Percent of infants born to women who received first trimester prenatal care	89.5%	92%

Title V - National MCH Outcome Measures⁷	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	7.6	5.5
Ratio of black to white infant mortality	2.8	1.3
Neonatal mortality rate (per 1,000 live births)	5.7	4.5
Postneonatal mortality rate (per 1,000 live births)	1.9	1.0
Perinatal mortality rate (per 1,000 live births)	10.3	7.5
Child death rate (per 100,000 children aged 1-14)	14.5	12

Title V - Selected State-Determined MCH Performance Measures⁷	State 1998 Results	State Year 2000 Goal
Children in child care, aged 18 months or older, who are up to date on their immunizations	87.4%	95%
Students in schools with health centers who are enrolled in school-based health centers	48.1%	70.0%
Children age 6 or less in at-risk population subgroups tested with lead levels greater than or equal to 10mg/dl	10.4%	9.5%
At-risk newborns who receive a home visit from the family outreach program during the early newborn period	54.8%	65.0%

Title V Federal-State Block Grant Expenditures⁴ by Category of Service⁶



FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:
 William H. Hollinshead, MD, MPH
 Medical Director
 Rhode Island Department of Health/Family Health
 3 Capitol Hill, Room 302
 Providence, RI 02908
 Phone: (401) 222-4655
 Fax: (401) 222-1442

Title V Program's services for Children with Special Health Care Needs, contact:
 Peter R. Simon, MD, MPH
 Deputy Medical Director
 Rhode Island Department of Health/Family Health
 3 Capitol Hill, Room 302
 Providence, RI 02908
 Phone: (401) 222-5928
 Fax: (401) 222-1442

RHODE ISLAND

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Brown University Leadership Education in Behavioral Pediatrics, Rhode Island Hospital, Providence, \$110,837 (SPRANS-Training-Behavioral Pediatrics)

New training guidelines from the American Board of Pediatrics Residency Review Committee mandate that pediatric residencies include 2 months of behavioral pediatrics in their training programs. This project addresses the need for well-prepared pediatric academicians in behavioral pediatrics who can develop and lead these programs. It creates a model training program, through the collaboration of experts in the fields of child advocacy, public health, child psychiatry, adolescent medicine, behavioral research methodology, and biostatistics as well as behavioral, developmental, and primary care pediatrics. Fellows are mentored in the practice of behavioral pediatrics in a broad range of community and hospital-based settings. They develop a research project and carry it through to publication and presentation, and then use it to write a grant proposal. Community networks as well as academic programs are strengthened through collaborations and continuing education.

Foster Children’s Assessment, Referral, and Care Coordination Project, Rhode Island Public Health Foundation, Providence, \$50,000 (SPRANS-MCHIP-Healthy Tomorrows)

Approximately half of all foster children in Rhode Island experience difficulty in accessing primary medical care. The

purpose of the project is to develop a cooperative system involving primary care physicians, foster parents, and state child protection agency caseworkers to ensure that all foster children have a “medical home.” The project establishes procedures by which (1) a network of participating physicians is developed who will accept foster children in their medical practices; (2) the state child protection agency furnishes a community-based care coordination agency with names of families with newly placed foster children; (3) the care coordination agency contacts foster families, and provides home assessment visits and referral services, as needed; and (4) reports on services provided to the foster child’s physician and caseworker. An initial pilot project has been successfully completed in a rural/suburban area and a statewide system is being established.

Pulling It All Together with Parents as Partners, Rhode Island Department of Health, Providence, \$100,000 (SPRANS-MCHIP-SSDI)

Many families with newborns returning to high-risk environments in urban areas of Rhode Island are not being engaged by maternal and child health programs successfully. Teams of parents, community advocates, local service providers, and Family Health staff will assess qualitatively the real and perceived barriers to utilization of preventive services. Programs will redesign their methods for engaging families to ensure access and utilization of services that strengthen families and bring children to school ready to learn.

including those with special health needs; have child care programs that provide quality safe and healthy environments for young children; and educate parents about the need for healthy and safe environments to enhance their children’s development. A coordinating committee will be established, with representatives from the major State departments, consumers/parents, and child care directors.

Title V—ABSTINENCE EDUCATION PROGRAM

Men 2 B Mentoring Academy, Rhode Island Department of Health, Providence, \$129,592 (Abstinence Ed)

This project intends to equip men who work with adolescent and pre-adolescent boys, in communities where teenagers are most likely to bear children out-of-wedlock, with the information, skills and support they need to move boys in positive directions. The project will maximize existing community assets by using State and local resources to provide training and support services to men who serve as role models and mentors in varied capacities. Training will focus on recognizing underlying factors associated with too early sexual intercourse and other adolescent risk-taking behaviors, developing resiliency factors and good character in youth, and identifying problems that require referrals for additional help.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

A Model for the Coordination of EMS for Children with Special Health Care Needs, Rhode Island Department of Health, Providence, \$224,943 (EMSC-Target)

The first project goal is to develop a functional model for regional emergency medical services (EMS) systems that coordinates emergency care of children with special health needs (CSHN), emphasizing communication, education, and cooperation among families, primary care and specialty physicians, local EMS providers, hospitals, and regional 911 centers. We will create and

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Rhode Island’s Creative Linkages for Healthy Child Care Project, Children’s Friend and Service/Child Care Training System, Pawtucket, \$50,000 (CISS-CISS-Child Care Program)

Project goals are to develop a seamless system to promote the growth and development of all young children,

Other Title V (non block) Grant Programs:	\$440,429
Other MCH Grant Programs:	\$224,943
TOTAL:	\$665,372

Selected FY 98 Title V and Other MCH Grant Annotations

maintain a data base containing emergency medical information for CSHN. The second goal is to promote a family-centered approach to emergency care for CSHN. We will facilitate networking among parents of CSHN.