

## SUMMARY STATEMENT

Following the aims outlined in Virginia's Plan for Well Being, the state well-being plan, and in direct response to Governor Ralph Northam's 2019 mandate to eliminate the Commonwealth's racial disparities in maternal mortality rates by 2025, state agencies have worked to break down silos and act in tandem to achieve these goals. Interagency and cross-sector collaborative work has started in several statewide initiatives addressing upstream factors and social determinants of health, utilizing a racial equity lens, to have long lasting impacts on maternal and child health outcomes. These relationships have proven paramount and ones which we would like to highlight.

## ACTIVITIES AND RESULTS

### TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT PROGRAM

The Virginia Department of Health (VDH) administers the Title V Maternal & Child Health Services Block Grant Program, a critical resource for improving the health of women and infants across Virginia. Title V serves as a convener and catalyst for policy and systems change and as a foundational funding stream for public health infrastructure at the state, regional, and local levels. Title V funds are allocated to 35 local health districts and a broad network of regional health systems and community-based organizations. The scope of the program includes but is not limited to: newborn screening, including early hearing detection/intervention; early child development support, including developmental screening and home visiting; services for children with special health needs, including care coordination and insurance case management programs; parent-to-parent support; maternal mortality and child fatality review; and various investments in workforce development, provider engagement, and data capacity.

The 2021-2025 Title V Needs Assessment noted continued racial disparities in infant and maternal health outcomes. Efforts to address these disparities include assuring equitable access to: (1) perinatal care and supports, e.g., home visiting and doula services; (2) family planning services, e.g., sexual education, reproductive life plans, grief and fertility supports; (3) maternal/caregiver support, e.g., injury prevention, breastfeeding, and mental health; and (4) cross-sector strategic planning to address upstream factors, e.g., financial stability, housing, and transportation. In addition, the Title V program is working to align the goals and objectives of various state and federal funding streams into an equity-centered Shared MCH Agenda by 2025, in partnership with the state's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, Healthy Start Program, Resource Mothers Program, Title X Family Planning Program, and numerous partners including health systems, universities, and nonprofit organizations.

### HOME VISITING PROGRAMS

VDH administers three home visiting programs: MIECHV, Healthy Start, and Resource Mothers.

MIECHV supports pregnant women, families, and at-risk parents of children (birth to age 5) to access resources and develop the skills needed to raise children who are physically, socially and emotionally healthy and ready to learn. The MIECHV program implements voluntary evidence-based home visiting programs using proven, cost-effective models. MIECHV currently funds 18 Local Implementing Agencies that provide direct home visiting services, and two centralized intake sites that coordinate referrals. In addition, MIECHV supports two core state infrastructure investments for home visiting: (1) the Institute for the Advancement of Family Support Professionals, a portal of online training modules for home visitors, and (2) Early Impact Virginia, a nonprofit coordinating body that convenes Virginia's Alliance for Early Childhood Home Visiting and supports professional development, continuous quality improvement, and statewide data reporting.

Healthy Start focuses on communities with infant mortality rates that are at least one and a half times the U.S. national average and aims to address both disparate birth outcomes and poverty, education, access to care, and other socioeconomic factors. The program centers Black and Hispanic families at highest risk of experiencing poor birth outcomes.

The Resource Mothers program is an adolescent health program that provides support services specifically for pregnant and parenting teens and their families.

Each program has worked to sustain delivery of services during COVID-19 via telehealth services.

### **INTERAGENCY COLLABORATION**

Notably, in 2019, Governor Ralph Northam and his administration committed to eliminating racial disparities in maternal mortality by 2025 and mandated all state agencies to work in tandem to achieve this goal. VDH worked with the Office of the Secretary of Health and Human Resources (SHHR) to conduct community listening sessions on maternal mortality across the state to inform this work.

VDH actively collaborates with its sister agencies to meet shared maternal and infant health goals. For example, VDH actively partners with the Virginia Department of Medical Assistance Services (DMAS) on a variety of projects supporting pregnant and parenting people, many of which center the Governor's directive to eliminate racial disparities. Current collaborations are detailed below.

In 2020, VDH has collaborated closely with the DMAS maternity program, Baby Steps Virginia, on topics such as Medicaid member outreach including a social media campaign, newborn screening education, Women, Infants and Children (WIC) enrollment and services, maternity care coordination by managed care organizations, breastfeeding awareness, flu vaccine access, and efforts to promote health equity in maternal health outcomes across Virginia. VDH has also collaborated with DMAS throughout the year to support pregnant and postpartum people during the COVID-19 pandemic, and DMAS has been represented on the VDH Health Equity Work Group.

VDH and DMAS are working closely with SHHR and state stakeholders to study requirements to operationalize a doula Medicaid benefit (led by DMAS) and execute a streamlined statewide doula certification process (led by VDH). Stakeholders engaged include doula groups, DMAS managed care organizations, the Virginia Hospital and Healthcare Association (VHHA), the Virginia Neonatal Perinatal Collaborative (VNPC), and other key statewide advocacy groups supporting families. The final report is scheduled to be released in December 2020.

VDH and DMAS have also collaborated on services to support pregnant and parenting people experiencing substance use. The DMAS Addiction and Recovery Treatment Services team partnered with VDH to facilitate a training needed to obtain a waiver to prescribe buprenorphine. Forty-three providers utilized this training across the state, including obstetric and gynecologic providers (OB/GYNs), a target group for the series. In 2019, Virginia was one of eight states selected to participate in the National Academy of State Health Policy Maternal and Child Health Policy Innovations Program Policy Academy. Through this project, DMAS and VDH are partnering with the Virginia Department of Social Services (DSS) and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) on a statewide, collaborative effort to improve Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for pregnant and parenting people via two health system pilot sites.

Both agencies attend monthly Maternal and Infant Health State Partner meetings, with representation from VDH, DMAS, other state human services agencies (including DSS and DBHDS), VHHA, and VNPC.

### **COVID RELATED WORK**

The following are efforts that have taken place in response to the COVID-19 pandemic:

Title V funds have been allocated to gap-filling investments in telehealth equipment/infrastructure for home visiting programs and for subrecipient health systems conducting developmental/behavioral assessments.

An internal dashboard has been created to track COVID-19 cases among pregnant women. Information available includes total number of cases, hospitalizations, outbreak associated cases, healthcare workers, number of cases by illness onset or specimen collection date, age distribution of cases, and race/ethnicity of cases. Case and hospitalization counts are available by locality.

Emerging needs for COVID-19 response/messaging for pregnant women and infants are discussed monthly at Maternal and Infant Health State Partner meetings.

A state Title V partner was recently awarded a CDC grant to assess COVID-19 barriers/opportunities related to parent-engaged developmental monitoring, screening, referral, and receipt of services for children (birth to age 5) across early childhood systems. A state team has been formed. This work will continue through August 2021.