Maternal and Child Health Services Title V Block Grant

Florida

FY 2024 Application/ FY 2022 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

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Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Joseph A. Lapado, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

July 31, 2023

U.S. Department of Health and Human Services
Division of State and Community Health
HRSA/Maternal and Child Health Bureau
Attn: Antoinette Means
61 Forsyth St. SW
Suite 3M60
Atlanta, GA 30303

Dear Ms. Means:

Please find enclosed the required application documents for the funding Announcement of Anticipated Availability of Funds for the Maternal and Child Health Block Grant (#HRSA-24-001) for funding period October 1, 2023, through September 30, 2025. As required, all documentation is filed through the Title V Information System within the Electronic Handbook.

If you have any questions, please contact Kelly Rogers (850) 558-9687.

Sincerely,

Kenneth A. Scheppke
Deputy Secretary
for Health

DocuSigned by:
Ty R. Gentle
8243388FA0FF43E...
Ty Gentle
Office of Budget and Revenue Management Chief

KR/dg
Enclosures

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Division of Community Health Promotion
4052 Bald Cypress Way, Bin A-13 • Tallahassee, FL 32399
PHONE: 850/245-4100 • FAX: 850/414-6091
FloridaHealth.gov

Accredited Health Department
Public Health Accreditation Board

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2021 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January 31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

The Florida Department of Health (Department) is responsible for administering the Title V Maternal and Child Health (MCH) Block Grant, encompassing the MCH and Children and Youth with Special Health Care Needs (CYSHCN) programs. These programs fall under the Division of Community Health Promotion (CHP) and the Division of Children's Medical Services (CMS), respectively. Title V leaders in CHP and CMS meet monthly to coordinate efforts across all programs.

The five-year needs assessment, and continual assessment during interim years, drives Florida's Title V programs. State priorities were selected through the needs assessment process and cover each of the five health domains. These priorities also determine the national performance measures (NPMs) chosen for programmatic focus.

The Bureau of Family Health Services' MCH Section and CMS Specialty Programs Bureau have primary responsibility for the Title V application and oversight of Title V activities. Under the leadership of the State Surgeon General, the Title V program works with public and private partners across the state who make up Florida's public health system. State partners include county health departments, the Florida Perinatal Quality Collaborative (FPQC), the Agency for Health Care Administration, the Department of Children and Families, the Department of Education, various universities, the Florida Hospital Association, Florida Chapter of the American Academy of Pediatrics, the March of Dimes, and Healthy Start Coalitions. Partners on the national level include the Association of MCH Programs, the National MCH Workforce Development Center, CityMatCH, the Centers for Disease Control and Prevention, and the Association of State and Territorial Health Officers. CMS partnerships include the Health Resources and Services Administration MCH Bureau funded training programs at the University of Florida's Pediatric Pulmonary Center, the University of South Florida's MCH Leadership Training Program, and the University of Miami's Mailman Center for Child Development. Family and youth partnerships include the Family Café and its Youth Council, the Family Network on Disabilities of Florida, and the National Alliance on Mental Health Illness Florida.

The CYSHCN program vision is that every child and youth with special health care needs has access to high quality, evidence-based, family-centered systems of care. The CYSHCN framework for a well-functioning system of care includes five community needs-based initiatives: 1) transform pediatric practices into patient-centered medical homes (PCMHs); 2) build capacity with pediatric primary care providers to treat common behavioral health conditions; 3) support service delivery approaches that are better integrated, to meet the multiple care needs of families across the community, regions, and state; 4) improve access to and quality of care through specialty networks that have condition-specific expertise (e.g., cancer, sickle cell disease, behavioral health); 5) collaborate with managed care plans participating in Florida's Medicaid and the Children's Health Insurance programs, including those designed for CYSHCN.

CMS continues to address the needs of CYSHCN and their families through population health strategies that strengthen the system of care and prioritize expansion in underserved areas, especially for children with medical complexities, including increased mental health needs. CYSHCN priorities have been woven into the majority of the Department's CYSHCN contracts. Engagement of multiple sectors and community partners generate collective impact and improve broad social, economic, cultural, and environmental factors. CMS contracts with a vendor to operate the CMS Health Plan, a managed care plan designed for CYSHCN serving an average of 103,376 enrollees. Children and families receive specialized care coordination services, as well as expanded benefits to address family needs including broad social, economic, cultural, and environmental factors.

The MCH Section prioritizes quality of care and access to services, at a time when the need for care for the Title V population seems ever more prevalent. The MCH Section remains focused on the broad social, economic, cultural, and environmental factors where Floridians live, work, and play.

The identification, implementation, and evaluation of Florida's Title V priorities would not be possible without the leadership of the Department, county health officers, and the cooperation of our valuable partners at the federal, state, local, tribal, and territorial levels. Listed below are the Florida Title V priorities, including the justification for selection through our statewide needs assessment process.

Domain: Women/Maternal Health

State Priority: Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.

- NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year.
- ESM 1.2: The percentage of interconception (Show Your Love) services provided to Healthy Start clients.
- Significance: Women's health, at all ages of the lifespan and for those whose circumstances make them vulnerable to poor health outcomes, is important and contributes to the well-being of families. The Title V program focuses on preconception/interconception health, recognizing the importance of improving the health of all women of reproductive age to ensure better birth outcomes and healthier babies.

State Priority: Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children.

- NPM 14.1: Percent of women who smoke during pregnancy.
- ESM 14.1.2: Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.
- Significance: Smoking during pregnancy increases the risk of miscarriage, certain birth defects, premature birth, and low birth weight. Smoking is also a risk factor for sudden infant death syndrome (SIDS), as secondhand smoke doubles an infant's risk of SIDS.

State Priority: Reduce maternal mortality and morbidity.

- NPM 14.1: Percent of women who smoke during pregnancy.
- ESM 14.1.2: Percentage of SCRIPT services provided to current tobacco users.
- Significance: Reducing maternal mortality and morbidity helps women remain healthy and active participants in the lives of their children and community at large.

Domain: Perinatal/Infant Health

State Priority: Promote breastfeeding to ensure better health for infants and children and reduce low food security.

- NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months.
- ESM 4.2: Percentage of birthing hospitals that teach breastfeeding mothers how to recognize feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers.
- Significance: This ESM helps capture individuals who breastfeed at the hospital before discharge (i.e., ever breastfed). Although this measure cannot help quantify exclusive breastfeeding through six months, this measure can instead provide insight to the prevalence of breastfeeding patients who were taught, in the hospital, strategies to support continued exclusive breastfeeding through six months. Measuring it is important

to show progress because observed increases in prevalence would indicate the success of statewide partnerships in improving breastfeeding initiation and exclusive breastfeeding, which in turn would help reduce associated adverse health outcomes (e.g., infant mortality) in Florida.

State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.

- NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).
- ESM 3.1: Percent of VLBW infants born in a hospital with a Level III+ NICU.
- ESM 3.2: Percentage of birthing hospitals participating in perinatal quality collaborative projects.
- Significance: Increasing the number of birthing hospitals that join the FPQC and could meet the Level III+ eligibility requirements can show progress in perinatal regionalization. The Department participates in and contracts with the FPQC which seeks to create an all-inclusive culture of cooperation and transparency across the specialties of obstetrics, neonatology, pediatrics, and all fields engaged in maternal and infant health care by bringing together the specific expertise of physicians, nurses, nurse midwives and all specialists involved with perinatal-related health care.

State Priority: Reduce infant mortality and morbidity.

- 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 5.2: The percentage of birthing hospitals that are Safe Sleep Certified.
- Significance: Sleep-related deaths, including suffocation, asphyxia, and entrapment; and ill-defined or unspecified causes of death, remain a concern for families in Florida. Focusing on a safe sleep environment can reduce the risk of all sleep-related infant deaths, including SIDS.

Domain: Child Health

State Priority: Improve dental care access for children and pregnant women.

- SPM 2: The percentage of low-income children under age 21 who access dental care.
- Significance: Oral health is vitally important to overall health and well-being. Good oral health habits and access to routine dental care should be established early in life. Poor oral health can affect school attendance and a child's ability to learn.

State Priority: Address the social determinants of health that influence the relationship between health status and biology, individual behavior, health services, social factors, and policies.

- SPM 3: The percentage of parents who read to their young child aged 0-5 years.
- Significance: Encouraging parents to read to their child has a positive impact on children, including but not limited to, increased positive parenting, improvement in the parent-child bond, and improved language development in children.

State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.

- NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day.
- ESM 8.1.1: The cumulative total of Florida school districts that have ever been awarded the evidence-based

Florida Healthy School District recognition.
- Significance: To grow and develop in good health, adolescents need information, opportunities to develop life skills; and safe and supportive environments. They also need opportunities to meaningfully participate in the design and delivery of interventions to improve and maintain their health.

Domain: Adolescent Health

State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.

- NPM: 8.2: Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day.
- ESM 8.2.1: The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.
- Significance: To grow and develop in good health, adolescents need information, opportunities to develop life skills; and safe and supportive environments. They also need opportunities to meaningfully participate in the design and delivery of interventions to improve and maintain their health.
- NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others.
- ESM 9.2: The percentage of adolescents and teens, ages 11 through 19, who reported satisfaction on the positive youth development and non-violence survey.
- Significance: Bullying is a serious detriment to a child's health, sense of well-being, safety, education, and emotional development; and greatly increases the risk of self-injury and suicide.

Domain: Children and Youth with Special Health Care Needs

State Priority: Increase access to medical homes and primary care for children with special health care needs.

- NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.
- ESM 11.2: Percentage of caregivers of CYSHCN in Florida who always perceive themselves as a partner in their child's care.
- ESM 11.4: Percent of youth with special health care needs who report having successfully transitioned from pediatric to adult health care providers/practices.
- ESM 11.5: Percentage of providers in underserved geographic areas that received formal technical assistance through the University of Central Florida's Health Advancing Resources to Change Health Care program that became designated PCMHs.
- SOM 1: Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs.
- Significance: A PCMH provides accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective medical care. It is especially advantageous for CYSHCN as they require coordination of care between providers.

State Priority: Improve access to appropriate mental health services to all children.

- SPM 1: The percentage of children that need mental health services that actually receive mental health services.
- SOM 1: Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs.
- Significance: Access to behavioral/mental health services is a priority need. Without early diagnosis and

treatment, children with mental health conditions may have problems at home, school, and socially.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

The Maternal and Child Health (MCH) Section and Children and Youth with Special Health Care Needs (CYSHCN) programs in the Florida Department of Health (Department) continue to convene partners to assess the needs of the MCH system of care in Florida, including opportunities to leverage funds to support a strong public health infrastructure. Federal Title V MCH Block Grant funding complements state-led priorities and initiatives, such as Healthy Start Coalitions.

The Department contracts with 32 non-profit community agencies, known as Healthy Start Coalitions (Coalitions), for Florida's Healthy Start program. Coalitions establish public and private partnerships that include state and local government, community organizations, and MCH providers, for the provision of coordinated community-based prenatal and infant health care home visiting services. Florida's Heathy Start program serves pregnant women, and infants from birth, up to age three, who score at-risk on the Department's universal prenatal or infant risk screen. Self-referrals and referrals provided by health care providers and other agencies are accepted by Florida's Healthy Start program. During the 2022 Florida legislative session, Florida Statutes were amended to expand services provided by Florida's Healthy Start program to include father engagement activities. This includes providing individualized support to fathers to increase participation in services that strengthen family and child well-being. Priorities of Florida's Healthy Start program are to reduce the occurrence of maternal and infant deaths, reduce the number of low birth weight and preterm births, and improve infant and toddler developmental outcomes. Coalitions also facilitate the state's coordinated intake and referral system for home visiting programs offered in the state.

Implementation of Florida's Healthy Start program is a state-federal partnership, supported by both Title V MCH Block Grant and state funding. During Fiscal Year 2022-2023, the program received $19,786,660.00 in state general revenue funds and $4,485,431.00 from Title V MCH Block Grant funds. The process, referred to as CONNECT, provides a one-stop entry point for services such as education and support for childbirth, newborn care, parenting skills, child development, food and nutrition, mental health, and financial self-sufficiency. In Fiscal Year 2022-2023, CONNECT received 282,152 for home visiting services (173,933 for prenatal clients and 108,219 for infant and children). During the same year, there were 70,859 prenatal home visiting services provided to families that chose the Healthy Start program. There were 86,526 home visiting services provided to infants and children enrolled in the Healthy Start program.

III.A.3. MCH Success Story

The threat of hurricanes is very real for Floridians during the six-month long Atlantic hurricane season (June 1 until November 30). The peak of hurricane season occurs between mid-August and late October when the waters in the Atlantic Ocean and Gulf of Mexico are prime for the development of tropical waves.

Hurricane Ian made landfall in Charlotte County, just south of Punta Gorda, Florida on September 28, 2022, as a category four hurricane. Florida's west coast, south of Tampa experienced a catastrophic storm surge. This, combined with over 20 inches of rain, caused major flooding as far as the Atlantic coast.

Florida's State Emergency Response Team (SERT) provides disaster assistance to Floridians. The SERT is comprised of branches and Emergency Support Functions (ESF). These entities work closely with one another to fulfill mission tasks and requests for direct aid to disaster impacted areas. The Florida Department of Health (Department) leads ESF 8, Health and Medical.

Over the days following Hurricane Ian, the Department coordinated multiple response teams that were deployed across Florida. This included two nurses and a data analyst from the Maternal and Child Health Section, who were teamed up with other individuals from the panhandle to provide relief support at Special Needs Shelters located in Lee and Sarasota Counties. Members of these teams remained activated for as many as eight days, working 12-hour shifts before being demobilized and able to return home. During this time, these individuals provided aid to staff and clients of Special Needs Shelters. This included mobility assistance for clients, supply logistics, medical staff oversight, shelter operations, and shelter safety. As local clean up and rehousing progressed, the current shelters (schools) were closing as shelters and preparing to reopen at schools. Deployed staff assisted with the transport of clients to other shelter locations.

Directly after Hurricane Ian, the Department provided aid to families impacted by the storm. This included coordinating donations and distribution of items for moms and babies (i.e., diapers, wipes, formula, baby food, toys, breast pads, etc.) at a center in Miami-Dade county.

The Department also recognizes the potential of lifelong health benefits of breastfeeding for both mother and child and provided support from breastfeeding mothers. The Department purchased and shipped 100 rechargeable breast pumps, 50 manual pumps, 100 portable chargers, 175 bottles, ice packs, and cooler bags to store breast milk to the counties most greatly impacted by Hurricane Ian.

III.B. Overview of the State

The mission of the Florida Department of Health (Department) is to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts. The Department's goal is to be the healthiest state in the nation. Our values are illustrated by the acronym ICARE:

- Innovation: We search for creative solutions and manage resources wisely.
- Collaboration: We use teamwork to achieve common goals and solve problems.
- Accountability: We perform with integrity and respect.
- Responsiveness: We achieve our mission by serving our customers and engaging our partners.
- Excellence: We promote quality outcomes through learning and continuous performance improvement.

To effectively plan for improving health, it is important to understand health is shaped by the social, economic, cultural, and environmental factors in which we live, and the available and accessible community resources. It is necessary to address the conditions that impact our health rather than only treating medical conditions after they occur. This section discusses the principal characteristics important to understanding the health status and needs of not only Florida's population, but more specifically the Maternal and Child Health (MCH) and Children and Youth with Special Health Care Needs (CYSHCN) populations.

According to statewide population estimates conducted by the Florida Legislature, Office of Economic and Demographic Research, Florida had a total population of 22.2 million citizens in 2022, following only California and Texas as the third most populous state in the nation. Between 2010 and 2022, Florida's population increased by 18.5 percent. The most recent demographic data for July 2022, shows 76.9 percent of Florida's population is white, 17.0 percent black, and 6.1 percent other races, mixed race, or unknown. Of the total population by ethnicity, 26.8 percent are Hispanic. More than half of the state's population (54.1 percent) is between the ages of 18-64 and 24.8 percent are between the ages of 0-17. Individuals 65 and older comprise 21.1 percent of the state's population compared to just 16.5 percent in this age group nationally in 2019. A greater percentage of health care resources are expended on the elderly population in Florida compared to other states.

Florida hosts the 5th largest population of active-duty military personnel and reserve members in the five military armed services. As of December 2022, this included 77,153 active-duty service members, 31,684 active-duty spouses, and 58,938 active-duty children (Data Source: Defense Man Power Data System). Typically, Florida is a temporary home to well over 100 million tourists and visitors each year, which presents challenges to the state's public health system. In 2022, Florida welcomed nearly 138 million tourists, up from 122 million during 2021, according to VisitFlorida.org. This is a 13 percent increase. The 2022 estimate includes 127.8 million domestic visitors, 7 million overseas visitors, and 2.8 million Canadian visitors.

Per the 2020 Census, individuals in Florida identifying as only Native American comprise a total of 107,389. In addition, Native Americans experienced a 50.3 percent increase in identification as Native Americans (alone) over the 10-year (2010-2020) period. This is a greater increase than white or black (alone) over the same period. Florida shares borders with the reservations of two tribal governments, the Seminole Tribe, and the Miccosukee Tribe. These governments have their own public safety and emergency services for reservation residents, but a substantial portion of their tribal citizens live outside the reservation boundaries. The Department established the American Indian Health Advisory Committee to provide guidance on issues impacting American Indian populations in Florida. The committee consists of representatives from tribes and stakeholders serving American Indian communities and staff from the Office of Minority Health. Florida is also home to many non-governmental tribal communities, whose members may be spread out geographically but who gather frequently to maintain their community's identity, culture, language, traditional

knowledge, and traditional ways. These groups do not have government status either as a preference, or because their structure is not suited to political governance, or because they cannot provide documentation that they maintained a tribal government during the years that it was illegal to do so. A subset of this category would be American Indian Christian Churches, which brings members and descendants of various American Indian nations together around a shared faith practice that incorporates inter-tribal practices in their worship. Another subset of this category would be American Indian associations that organize cultural gatherings that are open to visitors. Yet another subset are American Indian associations concerned with activism in favor of American Indian causes.

The diversity of Florida's population creates unique challenges, as well as increased opportunities. This diversity makes Florida a more interesting place to live, work, and play. The Title V program, along with private and public health providers, contributes to meeting the challenges. The Department supports the culturally diverse MCH and CYSHCN populations by tailoring services provided through the Title V program to meet the needs of different cultures. Educational materials are developed in English, Spanish, and Haitian Creole. The Department contracts with Language Line Services to provide telephonic interpretation services in over 180 languages, allowing a client to communicate with a health care provider through a conference or three-way calling system. Language Line Services also provides written translation services in over 100 languages and translates documents into multiple languages.

Florida's total area is 65,758 square miles. Driving from Pensacola in the western panhandle of Florida to Key West at the southernmost point is nearly an 800-mile journey. The 1,200 miles of coastline become a target during hurricane season, and 2,276 miles of tidal shoreline are subject to concerns regarding water quality and fish and wildlife habitat degradation. With the threat of tropical depressions and hurricanes looming every summer, the Department takes emergency preparedness seriously for varying possible threats or disasters. Florida's Public Health Preparedness effort is an excellent model of public-private cooperation. Well organized public-private partnerships benefit from the strengths and competencies of both systems.

Accomplishing our mission begins with fundamental plans of action. The Department's State Health Improvement Plan (SHIP) establishes goals for the public health system, which includes state and local government agencies, health care providers, employers, community groups, universities and schools, nonprofit organizations, and advocacy groups. The Department uses a collaborative planning process to foster shared ownership and responsibility for the plan's implementation, with the goal of efficient and targeted collective action to improve the health of Floridians. The collaborative process included compiling an assessment of the state's health, identifying priority health areas, and defining goals and objectives for advancing the health of Floridians. This process culminated in the development of Florida's SHIP, which serves as a five-year blueprint for driving efficient and targeted collective action to enhance public health. The 2022-2026 SHIP sets priorities in seven critical areas, which includes MCH. The MCH priority area identified and proposed the following four goals.

- Increase access to quality primary, preventative and sub-specialty care for infants, children, and adolescents.
- Reduce infant morbidity and mortality.
- Reduce maternal morbidity and mortality, and
- Improve preconception and interconception health.

Once the priority area goals were selected, the workgroups gathered to define specific, measurable, achievable, realistic, time-bound objectives for each goal. The MCH priority area workgroup is comprised of partners around the state, including but not limited to the Agency for Health Care Administration, University of South Florida, the Ounce of Prevention Fund Florida, the Florida Perinatal Quality Collaborative (FPQC), Sunshine Health, Florida Department of Children and Families, Florida State University, Florida Dental Association, and the Florida Hospital Association. Over the course of the five-year plan, the workgroups will meet quarterly to implement and track progress on the

planned goals and objectives. During quarterly meetings, partners share updates on their projects that are impacting the SHIP goals. This time is also used to identify any barriers individuals may be experiencing and problem solving to overcome these barriers. Workgroups will recommend revisions of the plan to the Steering Committee, who will meet at least twice a year to monitor progress and at least annually to revise the plan. Partners' collective monitoring, reporting progress and revising will ensure the plan remains relevant and effective.

In February 2023, the Steering Committee and the priority area workgroups convened to discuss implementation activities and next steps. The MCH priority area workgroup presented the following implementation activities.

- The MCH workgroup continues to partner with the Florida Dental Hygienists Association (FDHA) to provide training and to share information about job opportunities in both the public and private sectors. The FDHA symposium took place in October 2022. The symposium promoted public health jobs and provided training to hygiene students on patients with intellectual and developmental disabilities and other special health care needs.
- The MCH workgroup is making progress towards increasing access to Patient-Centered Medical Homes (PCMH) and primary care for CYSHCN. A PCMH physician champion has been identified for this effort and can assist with provider outreach, recruitment, and preparation for PCMH accreditation.
- The FPQC Postpartum Access & Continuity of Care (PACC) Initiative kicked off in October 2022. The FPQC PACC purpose is to work with providers, hospitals, and other stakeholders to improve maternal health through hospital facilitated continuum of postpartum care by arranging and providing respectful, timely, and risk appropriate, coordinated care and services. The PACC Initiative has been implemented in multiple hospitals, with 77 hospitals participating for increased Medicaid postpartum visits. Participating hospitals are to have started their in-hospital initiative in January 2023, and the initiative will run through April 2024.
- In an effort to increase the number of hospitals adopting the Eat, Sleep, and Console model to care for substance exposed infants in the newborn nursery, postpartum unit and the Neonatal Intensive Care Unit, the MCH priority area workgroup partnered with the Florida Hospital Association and FPQC to identify funding support for hospital training, and to provide education to hospitals through outreach and webinars to encourage participation. The statewide Medication Assisted Treatment and Neonatal Abstinence Syndrome advisory work group has drafted a transition plan to support continuation and expansion of FPQC efforts to improve newborn care that will be implemented over the next 18-24 months.

The Steering Committee and priority area workgroups will meet again in September 2023 to discuss objective progress, activities, challenges, and next steps for year two.

Additional Department plans include the Agency Strategic Plan, which provides a unified vision and framework for action. This plan positions the Department to operate as a sustainable integrated public health system and provide Florida's residents and visitors with quality public health services. The Department is actively developing a new agency strategic plan for the coming five years. The Long- Range Program Plan provides the framework and justification for the agency budget. It is a goal-based plan with a five-year planning horizon and focuses on agency priorities in achieving the goals and objectives of the state.

In March 2022, the Department received re-accreditation as an integrated Department through the Public Health Accreditation Board (PHAB). This seal of accreditation signifies that the unified Department, including the state health office and all 67 county health departments (CHDs), has been rigorously examined and meets or exceeds national standards for public health performance management and continuous quality improvement (QI). The Department was required to provide examples of QI activities to demonstrate conformity with the PHAB standards and to maintain accreditation status.

The Title V MCH and CYSHCN directors, along with MCH and Children's Medical Services (CMS) staff, utilize various methods to determine the importance, magnitude, value, and priority of competing factors that impact health services delivery. The five-year needs assessment and continual assessment during interim years provides valuable direction. Many of the Department's priorities, policies, and services originate through legislative bills, statutory regulations, administrative rules, and directives from the State Surgeon General. Priorities for improving public health are addressed through a variety of plans that address collaboration with our partners as well as internal agency priorities. The Title V program receives input and advice from statewide partnerships, stakeholders, and other agencies and organizations.

The Florida legislature identifies projects to fund on an annual basis. For Fiscal Year (FY) 23-24, the following are projects that support and promote maternal and child health that the MCH Section is responsible for implementing:

- Florida Pregnancy Care Network: The Florida Pregnancy Care Network implements the Florida Pregnancy Support Services Program (FPSSP). The program is a network of nonprofit pregnancy support centers that provide support and assistance to women, men, and their families primarily faced with unexpected pregnancies. Services include free pregnancy tests, peer counseling, and referrals. Most of the centers offer classes on pregnancy, childbirth, parenting, and personal finance management. Wellness services are also provided that include, but are not limited to, smoking cessation counseling, sexually transmitted disease testing, blood pressure screenings, diabetes screenings, and pap smears. Services were expanded in FY 23-24 to include nonmedical assistance that improves pregnancy or the parenting situation of families, including, but not limited to, clothing, car seats, cribs, formula, and diapers. The program is governed through section 381.96, Florida Statues.
- Nurse Family Partnership: The Florida Association of Healthy Start Coalitions implements the Nurse Family Partnership Program in the following counties of Florida: Hillsborough, Orange, Miami-Dade, Treasure Coast region (St. Lucie, Indian River, Martin), and North Central region (Citrus, Hernando, Lake, Sumter, Marion, Alachua, Dixie, Gilchrist, and Levy).
- A Safe Haven for Newborns: The Save Have for newborns program promotes the Safe Haven Law through a statewide outdoor advertising and community outreach campaign. This includes the use of materials that educate and inform the public about where to obtain support and the identification of safe venues for parents considering surrendering their infants.
- Levels of Maternal Care: A project implemented through the Florida Perinatal Quality Collaborative, in collaboration with the Joint Commission, that enables Florida's birthing hospitals to identify as one of four national designations that promote risk-appropriate maternal care on a voluntary basis.
- Human Coalition, Inc.: This program facilitates the operation of a statewide telecare support network that provides community outreach, consultations, and care coordination for women with unexpected pregnancies.
- Florida Community Health Centers Inc.: This program provides an obstetrical program to underserved, uninsured women in St. Lucie, Martin, and Okeechobee counties through community outreach and resources to residents in the service area.

Comprehensive community health assessment and health improvement planning are the foundations for improving and promoting healthier communities. CHDs use a common process for collecting, analyzing, and using data to educate and mobilize communities, develop priorities, gather resources, and plan and implement actions to improve public health. At the state and local levels, three critical assessments provide the basis for action: community health status assessment, forces of change assessment, and local public health system assessment using the National Public Health Performance Standards Program. Assessment findings inform the selection of strategic community health priorities. Goals, strategies, and measurable objectives are used to develop a community health improvement plan that includes

implementation strategies and action plans. Two important, tangible products of these efforts are state and community health status profile reports and state and community health improvement plans, resulting in state and local documents reflecting each area's needs and priorities.

The Department has adopted the National Association of City and County Health Officials' Protocol for Assessing Community Excellence in Environmental Health (PACE EH). For several years, the Bureau of Environmental Health has encouraged CHDs to work within their communities and address environmental health concerns. Collectively, CHDs who have implemented PACE EH in communities have become a national model. These counties provide evidence that communities are able to identify environmental and urban planning concerns that affect health and wellbeing. All projects are designed to open the lines of communication between the CHDs and the affected communities. The Department's Florida Healthy Babies (FHB) program assists in supporting the efforts of PACE EH.

The FHB program was established to ensure maternal and child health services were available to all residents in the state. The FHB program has expanded efforts since its inception. CHDs are required to use their local data to inform projects and strategies that are implemented to address the six identified FHB priority areas within their communities. These priority areas include infant mortality, maternal mortality, well woman care, unplanned pregnancy prevention and teen pregnancy prevention, dental and oral health, and access to care. The Department allocates $4 million among the 67 CHDs to support these efforts. Workplans are completed each year and quarterly updates are submitted detailing progress that has been made.

The Office of Minority Health serves as the Department's coordinating office for consultative services and training in the areas of cultural and linguistic competency, partnership building, program development and implementation, and other related comprehensive efforts to address the health needs of minority and underrepresented populations. The Office administers Florida's Closing the Gap grant program. The MCH Section within the Department work in close collaboration with the Office on mutual projects and programs.

When hurricanes approach, the Department operates and staffs Special Needs Shelters (SpNS) to allow people with special or complicated medical needs, their family members, and aides to safely shelter from the storms, with nurses on hand to assist with their needs. At-risk or vulnerable populations include those groups whose needs may not be fully integrated into planning for disaster response. These populations include persons with physical, cognitive, or developmental disabilities. Included in this group are persons with limited English proficiency, geographically or culturally isolated, medically, or chemically dependent, homeless, elderly, children, and pregnant women. Meeting the needs of vulnerable populations during or following a disaster is a key component of public health and medical preparedness planning. Department staff collaborate with the CHDs in planning for disasters, staffing the SpNS around the state, and assisting in recovery efforts.

The basic statutory authority for MCH is section 383.011, Florida Statutes, Administration of MCH Programs. The statute authorizes the Department to administer and provide MCH programs, including prenatal care programs, the Women, Infants and Children (WIC) program, and the Child Care Food Program. This statute also designates the Department to be the agency that receives the federal Title V MCH Block Grant funds. Section 383.216, Florida Statutes, authorizes prenatal and infant coalitions for establishing partnerships among the private sector, the public sector, state government, local government, community alliances, and MCH providers and advocates, for coordinated community-based prenatal and infant health care. Chapter 64F-2, Florida Administrative Code, establishes rules governing coalition responsibilities and operations. Chapter 64F-3, Florida Administrative Code, establishes rules governing Florida's Healthy Start program care coordination and services. Section 383.014, Florida Statutes, authorizes screening and identification of all pregnant women entering prenatal care and all infants born in Florida, for conditions associated with poor pregnancy outcomes and increased risk of infant mortality and morbidity. This statute also governs screening for metabolic disorders and other hereditary and congenital disorders. Chapter 64C-7, Florida Administrative Code,

establishes rules governing prenatal and infant screening for risk factors associated with poor outcomes, and rules related to metabolic, hereditary, and congenital disorders.

The statutory authority for CYSHCN and their families is Chapter 391, Florida Statutes, known as the CMS Act. Section 391.016, Florida Statutes, establishes the CMS Program, and defines two primary functions: 1) provide children and youth with special health care needs a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary, regional, and tertiary pediatric specialty care; 2) provide essential preventive, evaluative, and early intervention services for children at-risk for or having special health care needs, to prevent or reduce long-term disabilities. Section 391.026(13), Florida Statutes, is specific to the authorization of administration of the CYSHCN program in accordance with the Title V of the Social Security Act.

CYSHCN, from birth through 21 years of age, is the responsibility of CMS. Florida has over 5.2 million children and youth from birth through 21 years of age. When looking at the subset of children and youth, birth through 17 years of age, Florida has over 4.2 million children, of whom approximately 828,644 or 19.6 percent are CYSHCN. Children with medical complexity (CMC), a 1-2 percent subset of CYSHCN, represents approximately 42,000 to 84,000 children. Despite their small numbers, CMC account for a third of health care spending, 40 percent of deaths, and 25 percent of hospital days. Florida has 18 children's hospitals statewide to serve the acute, chronic, and complex needs of children. Despite this number of hospitals, issues with access to specialty care remain.

To ensure that all CYSHCN receive care in a well-functioning system, CMS engages in a wide variety of activities which include five main needs-based initiatives: 1) transform pediatric practices into patient-centered medical homes; 2) build capacity with pediatric primary care providers to treat common behavioral health conditions; 3) support service delivery approaches that are better integrated, to meet the multiple care needs of families across the community, regions, and state; 4) improve access to and quality of care through specialty networks that have condition-specific expertise (e.g., cancer, sickle cell disease, behavioral health); 5) collaborate with managed care plans participating in Florida's Medicaid and Children's Health Insurance Plan (CHIP) programs, including those designed for CYSHCN.

In transforming pediatric practices into patient-centered medical homes, CMS partners with Florida's only designated National Committee for Quality Assurance Partner in Quality, the University of Central Florida's (UCF) Health Advancing Resources to Change Health Care. Annually, UCF provides technical assistance to support pediatric practices in their Patient Centered Medical Home (PCMH) practice transformation, and continued assistance for renewal requirements. To expand to a population health approach, a learning action network is being developed, and readiness assessments are used to stage providers for the most appropriate PCMH activity.

Florida has almost 500,000 children and youth, ages 3 through 17, with one or more mental health conditions, and less than half (42.5 percent) receive treatment. To augment primary care providers capacity to better identify and treat common pediatric behavioral or mental health conditions (e.g., attention deficit hyperactivity disorder, anxiety, depression), CMS partnered with five universities and a health care system to develop and implement seven pediatric mental health care access teams across the state. The aim is to increase access through telehealth consultation services, while providing skill-building training and technical assistance so primary care providers can be more equipped to integrate behavioral health services as part of their routine practice. These regional teams, known as Behavioral Health Hubs (BH-Hubs), along with a statewide pediatric psychiatric hotline for providers come together to form a statewide network known as Florida's Pediatric Behavioral Health Collaborative (Collaborative). The Collaborative includes additional state and system stakeholders that work together to examine pediatric behavioral or mental health system strengths, gaps and needs, including quality improvement and sustainability issues. 2022 outcomes for the initial five regional BH-Hubs, include 268 primary care providers served, 383 pediatric mental

health consultations and direct access to mental health services provided to 1,086 children. While the reported outcomes are direct services, as the provider learns to transform their day-to-day practices inclusive of behavioral health screening, treatment, and needed referrals, the population health impact includes all children the provider serves with estimates that 1:5 will have a mental health need.

The Public Health 3.0 framework recommendations include an informed strategy of community engagement across multiple sectors and partners to generate collective impact including broad social, economic, cultural, and environmental factors. CMS provides outreach, education and technical assistance to health care providers, community, state, and national partners with the aim of facilitating linkage to resources. This includes creating a pipeline of providers interested in participating in practice transformation for PCMH or behavioral health integration designations. An additional strategy for integrated community system building includes CMS' Regional Network for Access and Quality (RNAQ) model. CMS partnered with two community systems to pilot this model. Results from their annual needs assessment informs partner collaboration plans, and action planning for closing gaps in their community infrastructure building for CYSHCN. This was illustrated with one RNAQ's needs assessment noted key issues of increased hospitalizations due to injuries, significant increase in suicide almost doubling that of the state rate, and increased Baker Act involuntary examinations for mental needs. Their action plan focused on specialized training in the assessment and management of youth with depression or suicide risk, integrated behavioral health and care coordination services. Outcomes included 135 post hospital care coordination calls for education on readmission prevention, medications prescribed and assistance in scheduling follow up appointments, insurance benefits and proper use of their primary care provider and ensuring access to needed mental health services for 436 children and youth.

CMS has 46 contracted vendors statewide to ensure that CYSHCN have access to high-quality health care. A subset of vendors includes universities or tertiary care systems that serve specific conditions such as behavioral health, chronic kidney, craniofacial, endocrine, hematology-oncology, HIV/AIDS, and pulmonary. Since 2019 the focus of these contracts has shifted from direct care services and individual institutional approaches to building an integrated system of care and forming Statewide Networks for Access and Quality. A collaborative learning approach includes 32 quality improvement teams across the state that collaborate on common quality improvement projects through peer-to-peer learning and technical assistance with the National Institute for Children's Health Quality. Key tenets of family partnership, community integration, transition, and workforce wellbeing are woven into the learning, dialogue, and application to quality improvement work. Last year over 150 plan, do, study, act cycles were completed.

For clinically eligible CYSHCN that are financially eligible for Medicaid or the State's CHIP, CMS administers a managed care plan option known as the CMS Plan. Since 2019, CMS has successfully implemented its new health care delivery system model which was conceived with comprehensive stakeholder input at the family, provider, community, state, and national levels. Average annual enrollment this year increased to 103,376, as compared to the previous average of 90,000 members. This includes an average of 96,157 Medicaid enrollees and 7,219 CHIP enrollees. CMS Plan members receive direct care services for their medical, behavioral, and developmental needs. The CMS Plan offers enhanced care coordination services to families and value-based payments to high-performing providers. Last year 85 percent of members reported satisfaction with their care manager. The CMS Plan offers families "in lieu of" services and enhanced benefits, such as over-the-counter stipends, housing assistance, non-medical transportation, and caregiver behavioral health services. For example, last year over-the counter stipends were provided 128,444 times, with grocery assistance being provided 65,067 times.

The CMS Plan and Title V CYSHCN program partnership features bi-directional communication of needs, trends, and leverage opportunities to improve the service delivery system for CYSHCN in Florida. For example, a Title V initiative to review quality measures led to the inclusion of quality of life (QOL) measures in the CMS Plan. This innovative approach can help ensure that health care services are aimed at addressing critical child and family needs. A QOL

data sample indicated that out of 3,532 members 86 percent scored responses excellent, very good or good for general health responses, and upon reassessment 88 percent reported the same responses.

In addition, Title V, the CMS Plan, and national partner, Got Transition® collaborated to execute a pilot program study of value-based payment opportunities for transitioning youth to adult health care services. This small (N=10) pilot program spanned 12-months and incorporated the coordinated exchange of medical information, a plan of care, a joint telehealth visit with member/family, pediatric and adult care provider, and facilitated integration into adult care. Providers received an enhanced fee-for-service payment with reimbursement at 100 percent of the Medicare fee schedule for both pediatric and adult providers. CMS Health Plan Members received a direct-to-consumer payment incentive of a $25 Visa Prepaid card for attending each scheduled appointment within the first 6 months after the member transitions to an adult care provider. Outcomes included 87.5 percent of young adults stating they were very satisfied with their experience with their new adult doctor. Provider teams reported one of the values of the pilot program was establishing a good working relationship between offices, which helped make the transition process easier for everyone. Notable challenges included the scheduling of joint telehealth visits which contributed to delays in access and timely transition.

III.C. Needs Assessment
FY 2024 Application/FY 2022 Annual Report Update

The Title V Maternal and Child Health (MCH) Block Grant needs assessment is the guiding document for the MCH and Children and Youth with Special Health Care Needs (CYSHCN) programs. Partners and users of the needs assessment include county health departments, health districts, health planning organizations, health and social service organizations, federally qualified health centers, partner agencies, social service agencies, academic institutions, and numerous other organizations. Within the Florida Department of Health (Department), it is used for improvement planning; agency strategic planning; workforce assessment planning; informing, educating, and empowering residents about MCH issues; and identifying research and innovation opportunities.

The Department's staff is responsible for the ongoing monitoring of the needs assessment; however, the Department is only one part of the MCH and CYSHCN system. Efficient collaboration and coordination with other agencies, non-governmental organizations, institutions, and informal associations play an essential role in the needs assessment process.

Continual monitoring identifies priority health and quality of life issues and provides a focus for the organizations and entities that contribute to the MCH and CYSHCN system. Assessing strengths and weaknesses identifies emergent public health issues or those that require potential new direction and may also identify additional health issues as perceived by residents and consumers. Lastly, continual monitoring and assessment determine forces that impact the way the MCH and CYSHCN system operates, including areas such as legislation, funding and funding shifts, and technology or other impending changes that may affect state residents, visitors, tourists, or the system itself. These changes may provide opportunities for improvement and efficiency.

In 2022, Florida's overall infant mortality rate was 6.0 per 1,000 live births (provisional data). The Healthy People 2030 target is 5.0 infant deaths per 1,000 live births. When the data are separated by race/ethnicity, the rate was 4.2 for white infants, 4.7 for Hispanic infants, and 10.7 for black infants in the state. Statewide rates in 2021 were not statistically significantly different than rates in 2011. The Department is working to lower these rates through a variety of methods, including improving preconception health care and behaviors, safe infant sleep practices, breastfeeding practices, and smoking cessation rates among pregnant women, as well as strengthening relationships with community members and organizations.

The MCH Section is often tasked with responding to requests from Department leadership and state legislators for the most up-to-date quarterly data on fetal and infant mortality, birth rate, Cesarean sections, and preterm births. A dashboard for each of these indicators has been developed and is updated monthly and quarterly and presented in tables containing results of statistical significance tests and data by county and state total. Aggregate data is displayed in tables and graphs. Having an automated process for these inquiries improves program efficiency.

Fetal and Infant Mortality Review (FIMR) Committees are implemented by local Healthy Start Coalitions (Coalitions). Historically, their individual practices and policies vary by Coalitions. The Department saw opportunity with statewide implementation to identify areas in the FIMR process that would benefit from statewide standardization, and improve the efficiency of infant mortality data collection, analysis, and dissemination. A key component of this enhancement was the input of FIMR team members at the community level. MCH staff observed multiple FIMR meetings, held by both Case Review Teams and Community Action Groups, to develop a better understanding of the current FIMR process and the variances between established FIMRs. Open communication and transparency were provided during the development of new processes which include a single timeline for cases to be reviewed each year and an identified case selection methodology.

In 2022, the Department received its second-year award from the Centers for Disease Control and Prevention for the Preventing Maternal Deaths: Support Maternal Mortality review committees grant, to support agencies that coordinate and manage a maternal mortality review committee. This funding has allowed the Florida Maternal Mortality Review Committee to form, and maintain, a Mental Health Subcommittee to address the pregnancy-associated mental health cases related to substance use and suicide. The Department continues to contract with a staffing agency for three nurse abstractors, a data analyst, and a social worker for the expansion to review the mental health cases.

The opioid crisis continues to be an issue in Florida. Due to the overwhelming issue of opioid addiction and overdose deaths, goals were added to Florida's State Health Improvement Plan (SHIP) under the Behavioral Health Priority Area, which encompasses substance abuse. The Department, in partnership with the Florida Department of Children and Families (DCF) and other state agencies, established a priority area workgroup to collaborate on the goals and strategies of the priority area. To address the number of opioid overdose deaths among individuals with opioid use disorders, a campaign was implemented to increase access of naloxone to emergency departments, first responders, and law enforcement agencies, as well as to individuals at risk of witnessing or experiencing an opioid-related overdose. The Department has recently added a component encouraging distribution of naloxone kits in-hand prior to hospital discharge for pregnant and postpartum women with opioid use disorder. Working collaboratively with DCF, the Florida Society of Health System Pharmacists, and the Florida Hospital Association has enabled the Department to identify and eliminate barriers to distributing free kits at discharge. Fifty-nine hospitals are participating in maternity unit distribution with expansion to additional hospitals underway. The Department is also working to adapt the Health Management System (HMS) to incorporate components that will allow county health departments (CHDs) to screen patients as they check in and begin the brief intervention and referral process, as needed.

In 2022, the Florida created the Coordinated Opioid Recovery (CORE) program, a coordinated effort between the Department, DCF, and AHCA, to implement a network of addiction care in up to 12 counties in Florida. CORE is the first of its kind in the United States and places Florida as a leader in sustainable addiction and opioid recovery. The program expands a state-supported cohesive coordinated system of addiction care for individuals suffering from substance use disorder. The network does not solely depend on emergency response for overdoses and substance use disorder. It ensures patients are also stabilized and treated for coexisting medical and mental health conditions. Patients will receive services based on their individual needs that can include dental care, primary care, psychiatric evaluation, maternal care, and social support services that can address career training, housing, or food insecurity. The goal of CORE is for stabilization and to receive medical assisted treatment that is specialized to sustain a clean pathway to success.

In accordance with 383.14(1)(a), Florida Statutes, the Department oversees a multilevel screening process that includes a risk assessment instrument to identify women at risk for a preterm birth or other high-risk condition. The obstetrician completes the risk assessment instrument and reports the results to the Office of Vital Statistics so that the woman may immediately be notified and referred to appropriate health, education, and social services. Currently, the prenatal screening process is paper driven. Following completion, physical copies of the risk screenings are saved and picked up by CHD staff monthly. The data is then entered by CHD staff into the Department's HMS. Following entry in HMS, referrals are made to CONNECT, a one-stop entry point community-based process, that refer clients to maternal and child health services based on the client's needs and desires. As a result of this paper-driven process, timely and critical referrals for additional screening, home visiting services, and other supports and services for pregnant women identified at-risk are delayed. To eliminate delays in timely and critical referrals, the Department's MCH Section is developing an electronic prenatal screening process that will ensure all women who consent to screening and services receive treatment/services in a timely and reasonable manner. Implementation of an electronic prenatal screening process will allow the Department's MCH Section to address the statewide prenatal

screening rates, easily identify delays and generate reports. The project plan for the upcoming year will incorporate standardizing the prenatal screening process, improving identification of pregnant women who are at-risk for adverse birth outcomes, and identifying health care providers who require technical assistance on their role in the risk screening process, the process to refer to CONNECT, and the benefits of home visiting services. The following accomplishments or outcomes are necessary for this project to be considered successful:

- Prenatal women can complete the electronic prenatal screen with ease and comfortability.
- Providers can access the prenatal screening details during the first prenatal visit or complete the prenatal screen during the first prenatal visit for prenatal women who did not complete the screen prior to visit.
- There is a reduction in the timeframe from identification of at-risk to referrals/treatment.
- Increase in the statewide prenatal screening rates.

In accordance with 383.216(2)(a)2, Florida Statutes, Coalitions develop a plan that is used to determine outcome performance objectives, jointly with the Department. Additionally, in accordance with 383.216(3)(f), Florida Statutes, supervision of Healthy Start Coalitions is the responsibility of the Department. The Department evaluates provider performance based on the established outcome measures. The Department's MCH Section continues to adopt, implement, and integrate evidence-based practices into the Healthy Start program to address issues that affect the health of women, fathers, and infants. To improve these efforts, and to enhance data collection practices that increase the effectiveness of services provided statewide, the MCH Section worked in collaboration with procured consultants to complete an assessment related to the Healthy Start program's performance measurement system and outcome measures, evidence-based practice designation, data collection, and organizational capacity for statewide program management. The project outcomes provided the MCH Section with actionable next steps for holistic programmatic improvement and monitoring.

During the 2022 Florida legislative session, House Bill 7065 (Child Welfare) was passed. This legislation amended Section 383.011, Florida Statutes, to expand services provided by Florida's Healthy Start program to include father engagement activities. This will be accomplished through individualized home visiting services, provided to fathers, that strengthen family and child well-being. The Department, in collaboration with Healthy Start Coalitions, identified an evidence-based curriculum offered by the National Fatherhood Initiative® for father engagement activities in Florida's Healthy Start Program. Curriculum topics include:

- Discipline: Morals and Values; Rewards and Punishment
- What it Means to Be a Man: Today's Man; Body Image
- Children's Growth: Goals and Self-Worth; Nature or Nurture?
- Showing and Handling Feelings: Holding Feelings Inside; Grief and Loss
- Getting Involved: Ways to be involved; Helping my children do well in school
- Men's Health: Stress and Anger; Physical Health
- Working with Mom and Co-Parenting: Parenting Differences; Walking a Mile in Her Shoes; I'm Okay, She's Okay
- Communication: Ways to Communicate; Talking with Children
- Dads and Work: Work and family; Balancing work and family
- The Father's Role: The Ideal Father; What kind of father am I? and Benefits of Marriage.

Annual needs assessments add to the comprehensive five-year needs assessment process to inform integrated community and state strategic planning for the CYSHCN program. As Florida is very diverse, this process helps ensure sensitivity and early identification with emerging themes or needs as well as alignment with the current priorities.

An estimated 4.2 million children and adolescents under the age of 17 reside in Florida. The National Survey of Children's Health for FY 20-21 indicates that approximately 57.5 percent of children and adolescents (ages 3-17 years) diagnosed with a behavioral/mental health condition did not receive the needed treatment or counseling, an increase of 3.5 percent from the previous reporting period. The afore-mentioned data is representative of children previously reported as screened and diagnosed and does not include those that may have a need that has not yet been identified. Previous research suggests that 1 out of 5 children will have a mental health need, with 1 out of 10 an due to a serious emotional disturbance. Additionally, evidence supports that depression and anxiety rates in children have doubled; further exacerbating the need for access to behavioral/mental health treatment. Children are not receiving adequate services due to child and adolescent psychiatry shortages, the maldistribution of providers, lack of behavioral health screenings, cultural barriers, stigma, and cost.

The American Association of Child and Adolescent Psychiatry workforce map, shows there is a severe overall shortage of practicing child and adolescent psychiatrists (CAP) in Florida, with only 493 practicing CAPs. This averages to 12 CAPs per 100,000 children, with the average CAP age of 53 years. The CAP shortage is not projected to improve significantly as the current workforce ages and not enough providers are entering into this workforce to replace retirees. Long-standing evidence proposes integrated behavioral health, also known as the Collaborative Care Model, as key to combating mental health provider shortages. Behavioral health integration is an evidenced based approach to delivering mental health care that makes it easier for primary care providers (PCP) to include mental and behavioral health screening, treatment, and specialty care into their practices. Key components to this model include dedicated care coordination support and consultation access to behavioral health specialists including CAP. This model is a population health approach and helps reduce the stigma associated with mental health services with PCP's being a natural source of contact for children and their families.

Aligned with national guidelines and evidenced based practices, CMS partnered with academic medical universities and a health system, to implement integrated behavioral health models utilizing pediatric mental health care access teams, known as Behavioral Health Hubs (BH-Hubs). BH-Hubs partner with PCPs and community mental health networks in their geographical area, with the goal of providing technical assistance in augmenting the primary care providers capacity and skills to better identify and treat common behavioral health conditions in children. BH-Hubs provide skill-based training and access to tele-consultation and care coordination to primary care providers. Each BH-Hub works with enrolled or participating primary care providers, families and youth, community mental health resources, and community partners to collaborate in addressing the specific needs of their region based on local resources. BH-Hubs have the autonomy to tailor integrated behavioral models based on their areas and readiness of local providers. Each BH-Hub is also required to identify and address quality improvement activities both individually and collectively working in collaboration with the other BH-Hubs. This year, the BH-Hubs identified the need to address survey dissemination and collection rates, while CMS emphasized the need for more results-based accountability moving beyond just satisfaction measures and looking at the patient/client or provider experience. This true collaborative effort includes CMS and a third-party evaluator updating of the standard BH-Hub survey instruments, while the BH-Hubs are implementing small tests of change to reduce client or provider burden in completing the surveys with family input in the planning, design, implementation, and evaluation.

In response to the increased need for access to mental/behavioral health services, CMS was awarded the Health Resources and Services Administration's (HRSA's) 2021 Pediatric Mental Health Care Access (PMHCA) grant funding opportunity. The additional funding was essential for the creation of two additional regional BH-Hubs, in needed underserved areas, to join Florida's existing five BH-Hubs (funded by Title V) and further fortify the BH-Hub network statewide. This year's activities included implementing one of those BH-Hubs, while continuing to plan for another BH-Hubs for the coming year. In addition, CMS was able to direct Title V CYSHCN funding to scale up its existing BH-Hubs and increase their provider and referral capacity. CMS worked with its third-party evaluator to update its existing BH-Hub's data base to better align with HRSA's updated quality performance measures. Both

existing and new BH-Hubs collect and report the same data measures, regardless of funding source, to maximize collective impact.

Collective and intersectoral approaches for behavioral health services occur across local and state organizations; however, there was no designated statewide network in place to communicate, learn, and participate in a quality improvement collaborative specific to behavioral health integration for children and youth in primary care. In response, CMS established and continues to build out a statewide network entitled the “Florida Pediatric Behavioral Health Collaborative” (Collaborative).

The statewide Collaborative is led by Title V CYSHCN staff and includes representatives from state government agencies and organizations such as the Agency for Health Care Administration (AHCA), Department of Children and Family’s Substance Abuse and Mental Health (DCF-SAMH) program, Florida Chapter of the National Alliance on Mental Illness (NAMI), Florida Chapter of American Academy of Pediatrics, champions from all the BH-Hubs, and other partners that are also working on implementing integrated behavioral health models in their community where a BH-Hub does not yet exist. As a statewide network, the Collaborative is responsible for organizing statewide communication and meetings, ensuring continuous quality improvement efforts, and coordinating with state and community partners, especially through the assemblance of a workgroup that helps to address replication of best practices and sustainability, including fiscal reimbursement methodology. The Collaborative, and the work of the BH-Hubs, are reflective in the SHIP which provides a leverage opportunity for engaging more stakeholders in addressing system challenges. For example, this year’s discussion on the need for fiscal sustainability leveraged partner collaboration with Managed Medical Assistance (MMA) Plan vendors, who have expressed enthusiasm and interest in the BH-Hub model. This collaboration was further reinforced in re-procurement language for Medicaid’s MMA Plan vendors, with scoring points for MMA Plans that partnered with BH-Hubs. Potential opportunities include access to the MMA Plans care coordination resources, incentivizing PCPs associated with a BH-Hub, including assisting those that are PCMH’s becoming behavioral health accredited to access more valued based payment arrangements, and bonuses to BH-Hubs based on improved outcomes.

Family focus groups were conducted in the Orlando and Northwest areas to examine needs for the two new BH-Hubs that were being implemented. The focus groups were planned and hosted through collaborative engagement with family focused, community partners. This effort afforded the opportunity to incentivize families to participate in the focus groups including the provision of childcare, food, raffle prizes and gas cards for transportation costs through donations. The focus groups captured families’ lived experience to their behavioral health systems as well as recommendations for improvement. A key finding was that while greater than 77 percent of families had experienced completing at least one screening tool, 50 percent reported they don’t trust the screening results, and 43 percent did not think anyone reviewed or shared the results. In addition, 83 percent of families reported finding the screening tools confusing. With guidelines and recommendations that encourage primary care providers to systematically and routine screen, including screening for behavioral or mental health concerns, this family driven information will be pivotal in sharing with providers.

Piloting the two Regional Networks for Access and Quality (RNAQs) has been an opportunity to work with one long standing partner in a new way, as well as establish new relationships with a complex clinic we had not previously worked with. The two teams are now currently collaborating through information sharing and developing a joint quality improvement project. In addition to the established RNAQs, we completed our third year of implementation with our strengthening system-building initiative with the launch of Florida’s Statewide Networks for Access and Quality (SNAQs). These SNAQs are condition-specific programs (e.g., Hematology/Oncology, Endocrine, HIV) that work locally to strengthen their local systems of care (using the National Standards for Systems of Care for Children and Youth with Special Health Care Needs) as well as work together on joint quality improvement projects through a Learning and

Action Network (LAN) orchestrated by the National Institute for Children's Health Quality.

Family engagement and partnership continues to be a priority with our SNAQ partners. Strategic planning led to the development of a "how to" or "road map" guide, with outlined steps and resources for systems to utilize in their implementation of family voice at all system levels. This work was highlighted during a workshop presentation at this year's annual AMCHP conference. Family engagement and partnership was a primary theme for last year's LAN and will continue this year with a focus on implementation and sustainability.

Partnerships across sectors are vital to serving the maternal and child health populations. This includes the LAN environment. The Department explores opportunities to work with partners outside of the traditional health care system, including the educational system right now. An example of this is seen with the pulmonary team members who reach out to schools and provide education. This year's LAN's learning and activities were specific to workforce wellness and bringing awareness to burnout as part of quality improvement. The SNAQs, and other groups mentioned, have started to recognize population health approaches and identify integration opportunities. This has prompted exploring ways to better collaborate and communicate with primary care, specialty care, school systems, and other community and public health partners. To develop evidenced-based and efficient health systems, CMS staff, the RNAQs, SNAQs, and the other groups are analyzing data and working together to identify evidence-based or informed strategies in improving their delivery of care and the way children receive it. The upcoming LAN will continue to bring in new collaboration partners including those that help identify resources (i.e., housing, food), and the BH-Hubs. In addition, quality improvement in transition readiness and planning will be a focus.

In the examination of opportunities to help improve the system of care for CYSHCN, specific to successful transition from pediatric to adult health care services, the CMS Health Plan collaborated with Got Transition® and implemented a value-based purchasing pilot specific to transition. This small (N=10) test of change incorporated the coordinated exchange of medical information, a plan of care, a joint telehealth visit with member/family, pediatric and adult care provider, and facilitated integration into adult care. Providers received an enhanced fee-for-service payment with reimbursement at 100 percent of the Medicare fee schedule for both pediatric and adult providers. CMS Health Plan members received a direct-to-consumer payment incentive of a $25 Visa prepaid card for attending each scheduled appointment within the first 6 months after the member transitions to an adult care provider. Outcomes included 87.5 percent of young adults stating they were very satisfied with their experience with their new adult doctor. Provider teams reported one of the values of the pilot program was establishing a good working relationship between offices, which helped make the transition process easier for everyone. Notable challenges included the scheduling of joint telehealth visits which contributed to delays in access and timely transition.

A Dental/Orthodontia workgroup has been developed to help to address children with intellectual or developmental disabilities (IDD) access to services, inclusive of CYSHCN. This led to the inclusion of this need for Florida's current 2022–2026 SHIP. Proposed strategies include continuing education trainings for the dental workforce throughout the state, specific to the care needs for children with IDD.

The following Department leadership positions provide oversight to Florida's Title V system:

- Joseph Ladapo, MD, PhD, is serving as the State Surgeon General for the Department.
- Cassandra G. Pasley, BSN, JD, is serving as the Chief of Staff.
- Weesam Khoury is serving as Acting Deputy Chief of Staff.
- Kenneth A. Scheppke, MD, FAEMS, is serving as the Deputy Secretary for Health.
- Melissa Jordan, MS, MPH, is serving as the Assistant Deputy Secretary for Health.

- Shay Chapman, BSN, MBA, is serving as the Division Director for Community Health Promotion.
- Andrea Gary, MS, RN, is serving as the Director of Children's Medical Services
- Anna Simmons, MSW, is serving as the Bureau Chief for Family Health Services.
- Kelly Rogers is serving as the Section Administrator for the MCH Section.
- Joni Hollis, RN, MSN, is serving as the Title V CYSHCN Director.

Click on the links below to view the previous years' needs assessment narrative content:

2023 Application/2021 Annual Report – Needs Assessment Update

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2020		2021	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$20,940,088	$19,837,392	$20,703,392	$19,837,392
State Funds	$155,212,322	$15,527,544	$15,527,544	$15,582,250
Local Funds	$0	$0	$0	$0
Other Funds	$0	$106,092,392	$0	$125,895,529
Program Funds	$0	$33,592,386	$139,684,778	$13,734,543
SubTotal	$176,152,410	$175,049,714	$175,915,714	$175,049,714
Other Federal Funds	$29,375,939	$25,338,492	$29,183,143	$13,985,301
Total	$205,528,349	$200,388,206	$205,098,857	$189,035,015

	2022		2023	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$20,767,711	$19,818,387	$20,776,333	
State Funds	$15,575,783	$14,878,044	$15,582,250	
Local Funds	$0	$0	$0	
Other Funds	$106,055,754	$224,675,960	$125,895,529	
Program Funds	$33,580,785	$13,734,543	$13,734,543	
SubTotal	$175,980,033	$273,106,934	$175,988,655	
Other Federal Funds	$29,786,523	$24,942,670	$30,108,161	
Total	$205,766,556	$298,049,604	$206,096,816	

	2024	
	Budgeted	Expended
Federal Allocation	$20,849,898	
State Funds	$15,637,425	
Local Funds	$0	
Other Funds	$127,490,534	
Program Funds	$12,084,363	
SubTotal	$176,062,220	
Other Federal Funds	$30,503,423	
Total	$206,565,643	

III.D.1. Expenditures

The Florida Department of Health (Department) has an ongoing commitment to provide Maternal and Child Health (MCH) services to women and children in Florida. This commitment includes continued support to county health departments, local programs, and other providers for MCH services.

The expenditures for Annual Report Fiscal Year (FY) 2022 are presented in Forms 2, 3a, and 3b of the Title V Block Grant application. The Department received $20,343,339 in Title V funds in FY 22-23 (October 1, 2022 - September 30, 2023). Of that amount, Children's Medical Services (CMS) received $9,069,002.22 and the MCH program received $11,084,336.45. In addition, CMS provided $1,200,000 of their share of the Block Grant to fund Florida's Healthy Babies initiative which is carried out by county health departments and overseen by MCH. This made MCH's share $12,284,336.45 and CMS's share $7,869,002.55

The MCH program anticipates expending $12,284,336.45 by the end of the grant period (September 30, 2023). MCH anticipates expending 10% of the grant on administrative costs. As in prior years, the Department will meet the Title V requirement as specified in Section 501(a)(1)(D): a 30/30/10 split, as shown on Form 2. CMS projects full utilization of Title V Block Grant funds by September 30, 2023.

CMS has various other state and federal funding sources. CMS receives $1.5 million from Title XIX, and $184,712,679 for XXI Children's Health Insurance Program (CHIP) funding which supports the operations of the CMS Health Plan and the services provided to its annual average of 109,482 members. For Medicaid and CHIP related activities, CMS draws down the allowable federal match. CMS also receives $11,680,643 in state funds for additional programs and activities separate from the CMS Plan. In October 2021, CMS was awarded $445,000 annually for the Pediatric Mental Health Care Access (PMHCA) Grant, which is anticipated through September 2026, an additional $300,000 in supplemental PMHCA expansion funding was awarded through September 2023.

For Children and Youth with Special Health Care Needs (CYSHCN) that are uninsured or underinsured, CMS received $834,883 in state funds that is used to provide direct specialty health care services, as part of its Safety Net Program. Statutorily, CMS Title V funds are expected to be fully spent or used as part of this program. This year, safety net expenditures totaled close to $1.7 million. The increase is reflective of the need for access to the specialized services of Applied Behavioral Analysis, which is not a covered benefit under some health plans.

CMS's general revenue funds are used to provide support for CYSHCN through various legislative supported member projects and contracts with tertiary care systems and their condition specific programs (i.e., diabetes, pulmonary, chronic kidney), with Title V CYSHCN funding used to help support (i.e., HIV, hematology/oncology). This state-federal partnership helps ensure a cadre of condition specific specialists across the state to help support access and quality services for CYSHCN. Specific to CMS' existing tertiary care system partners, Title V CYSHCN funding supports a quality improvement learning collaborative, in partnership with the National Institute for Child Health Quality. The secondary gain of this framework of peer-to-peer learning, is the formation of a statewide network of existing partners starting to collaborate on statewide quality improvement projects, within and across institutions and conditions.

Title V CYSHCN funding supports the identified priority need for access to patient centered medical homes. This is done in partnership with the University of Central Florida's Health Advancing Resources to Change Health Care program, who provides practice transformation technical assistance to primary care providers, so they are prepared to become a recognized or accredited quality program.

In support of the priority need to increase access for children's mental/behavioral health treatment, Title V CYSHCN and PMHCA Grant funding is provided to support the Florida Pediatric Behavioral Health Collaborative. This includes six regional behavioral health hubs and a statewide psychiatric hotline that come together to form a statewide network. This integrated behavioral health model includes skill building training for primary care providers to be better equipped to identify and treat common pediatric behavioral health needs, and access to psychiatric consultation, and care coordination services. Funding supports a third-party evaluation component to systematically evaluate and analyze standardized metrics.

Title V CYSHCN funding was also used to support:

- Promotion of community system of care collaboration, including two pilot models for regional networks for access and quality.
- Supplemental funding to medically complex care clinic.
- Statewide and regional family leaders.
- Florida Family Leader Network focused on professional development for family leaders statewide.
- Workforce development training, education, and support including child parent psychotherapy, quality improvement, health care transition, infant mental health, trauma informed care.
- System (geo) mapping, including a children's need index.

Title V funds were expended to enhance the MCH system of care and ensure more infants have the best possible start in life. The Department continues to partner with the Florida Perinatal Quality Collaborative (FPQC) housed at the University of South Florida. The collaborative works with Florida's birthing hospitals on the following projects:

- Improve perinatal quality indicators.
- Family centered care to increase awareness of the importance of skin-to-skin contact for newborns in the neonatal intensive care unit.
- Improve care for postpartum women before and after being discharged from the hospital.
- Improve the recognition of the broad, social, economic, cultural, and environmental conditions that may affect birth outcomes.

During FY 22-23, the MCH Section contracted with a consulting firm to analyze outcomes of Florida's Healthy Start program. This included a gap analysis based on meetings with, and documentation provided by, the Florida Association of Healthy Start Coalitions and the Department's MCH Section, as well as public documentation related to best practices in performance management and evidence-based practices (EBPs). The gap analyses addressed the performance management system and outcome measures, EBP designation, data collection, and organizational capacity. The results of this analysis will be used to identify holistic programmatic improvement and monitoring of the statewide Healthy Start program.

Title V funds were also utilized to support the following MCH initiatives:

- Promote school-based sealant programs to children and increase positive consent rates from parents.
- Promote awareness of the adolescent health program.
- Partner with Count the Kicks on a statewide stillbirth prevention campaign.
- Partner to develop and implement a drowning prevention campaign.
- Support the school health program in Okaloosa County.
- Provide funding to all 67 county health departments to implement the Florida Healthy Babies program, which includes implementation of activities to address the following MCH priority areas:

        - Infant mortality,
        - Maternal mortality and morbidity,
        - Well woman care,
        - Unplanned pregnancy prevention,
        - Dental/oral health, and
        - Broad social, economic, cultural, and environment factors.
- Fund four regional part-time nurse abstractors, and epidemiology staff for data analysis, and additional staff as needed to support the statewide Maternal Mortality Review Committee.
- Fund 32 Healthy Start Coalitions who provide prenatal and infant services designed to improve birth outcomes and infant development.
- Fund a Fetal and Infant Mortality Review Consultant.
- Fund a council coordinator to oversee meeting activities for the Information Clearinghouse on Developmental Disabilities Advisory Council and the Rare Disease Advisory Council.

III.D.2. Budget

In Fiscal Year (FY) 2022-2023, Florida's Maternal and Child Health (MCH) Section and Children's Medical Services (CMS) requested $20,776,333 in Title V MCH Block Grant funds. However, we were awarded $20,343,339. For FY 23-24, the Florida Department of Health (Department) is applying for $20,849,898. This amount is based on the amount approved from Florida's legislature for FY 23-24. States must match every four dollars of federal Title V funding they receive by at least three dollars of state and/or local funding. The required state General Fund match for FY 23-24 is $15,637,424. This match is met with the General Revenue appropriation the Department receives for Healthy Start. In FY 23-24, House Bill 5 provided funding for the purpose of establishing Fetal and Infant Mortality Review Committees through recurring funds from the General Revenue Fund in the amount of $1,602,000. In FY 23-24, the Department received $4,400,000 in state funds to implement fatherhood engagement activities. Funding was disbursed via contracts with the 32 Healthy Start Coalitions and utilized for fatherhood engagement curriculum, home visiting services for fathers, oversight, and enhancements to the Healthy Start data system to capture services and outcomes. Additionally, the Florida's Healthy Start program received an additional $9,580,165 for Healthy Start services provided to non-Medicaid eligible clients.

Florida's Title V program complies with allocating and spending at least 30 percent of the federal allotment for preventive and primary services for children and at least 30 percent for services for children with special health care needs. A total of $7,672,749 is budgeted toward preventive and primary care services for children, which exceeds the 30 percent of the FY 23-24 estimated allotment. A total of $1,166,222.20 is budgeted for pregnant women, and a total of $7,598,754.16 is budgeted for children with special health care needs, a total of 36 percent.

For FY 23-24, the estimated administrative cost is $2,084,990 or 10 percent of the federal allotment, which is at the 10 percent threshold for administrative spending. The budgeted administrative costs in this application represent the grant funds used to administer the Title V program for MCH and include, but are not limited to, contract management, budgeting, policy development, personnel, and clerical support for these functions. Florida will continue to provide the maintenance of effort amount of $155,212,322 as required.

For FY 23-24, the Department has budgeted a total of $30,503,423 in other Federal Funds under the control of the Title V MCH Director. This includes $3,571,021 for the Sexual Risk Avoidance Education Grant, $1,61,556 for the Rape Prevention and Education Program, $11,800,000 for Title X Family Planning, $650,000 for the Perinatal Mental Health Grant, $450,000 for the Preventing Maternal Deaths Grant, $11,625,846 for the School Health Program, and under the control of Title V CYSHCN Director, $445,000 for the Pediatric Mental Health Care Access grant is included.

For the coming year, Title V CYSHCN funds have been budgeted towards the following activities and initiatives to address the identified priority needs and enhance the system of care for the CYSHCN population:

- Addressing the priority need for access to Patient Centered Medical Home (PCMH) contract continuation with University of Central Florida's Health Advancing Resources to Change Health Care for practice transformation. This includes a pilot to explore a population health approach utilizing a learning action network and the addition of a behavioral health (BH) designation for those already PCMH interested in expanding their service delivery model.
- Increasing capacity of the Florida Pediatric Behavioral Health Collaborative and it's Behavioral Health Hubs (BHH):
    - Expanded contract requirements including referral capacity with the six university or tertiary care centers operating as regional BHHs, to help address magnified mental health need due to impact of

COVID-19.
    - Contract for external evaluation of program and outcomes measures collected by the BHHs.
    - Statewide pediatric psychiatric consultation line with care coordination.
    - Marketing activities including media campaigns promoting behavioral health and resiliency.
- Transition related initiatives including updating transition education modules, new transition website, and a clinic based direct service transition program.
- Professional networking and development for family leaders throughout the State, as part of the Florida Family Leader network.
- Support of one statewide and two regional family leaders.
- Continued quality improvement learning and collaboration for tertiary care system under contract with the Department, and their condition specific program's serving CYSHCN.
- Support the funding of the Department's contracts with tertiary care system program's such as HIV and Hematology/Oncology.
- Community collaboration, including continued support for two pilot regional networks for access and quality models.
- Services for uninsured or underinsured as statutorily required as part of the Department's Safety Net Program.
- Unmet data needs including development of data dashboard and oversampling, while maintaining system mapping needs.
- Data and communications support.

For the coming year, Title V funds have been budgeted for the following activities and initiatives to enhance service delivery and positive health outcomes for the MCH population:

- Staff for the MCH Section to implement Title V initiatives and programs.
- Contract with the Florida Perinatal Quality Collaborative to engage perinatal stakeholders to improve maternal and infant health outcomes through design, implementation, and evaluation of processes, and to enhance quality improvement efforts.
- Increase the number of clients served in Florida's school-based dental sealant programs.
- Provide funding to all 67 County Health Departments to implement the Florida Healthy Babies program, which includes implementation of the following MCH priority areas:
    - Infant mortality,
    - Maternal mortality and morbidity,
    - Well woman care,
    - Unexpected pregnancy prevention,
    - Dental/oral health, and
    - Broad social, economic, cultural, and environment factors.
- Implement the Count the Kicks statewide stillbirth prevention campaign.
- Fund four regional part-time nurse abstractors, an epidemiology staff for data analysis, and additional staff as needed to support the statewide Maternal Mortality Review Committee.
- Fund 32 Healthy Start Coalitions who provide prenatal and infant services designed to improve birth outcomes and infant development.
- Expand the capabilities of the phone application developed by the University of Florida for postpartum mothers to assess their health status and prevent poor postpartum outcomes.
- Fund the development of an electronic prenatal screening form.
- Support the school health program in Okaloosa County.

- Fund a Council Coordinator to oversee meeting activities for the Information Clearinghouse on Developmental Disabilities Advisory Council and the Rare Disease Advisory Council.
- Development of a Healthy Babies dashboard. This dashboard will improve the efficiency of submission and reporting processes for county health departments related to their Healthy Babies activities.
- Fund an organizational analysis and compensation study to identify areas of improvement with regard to compensation, staff adequacy, and recommendations for maximizing staffing levels specific to MCH duties and responsibilities.
- Fund a medical records technician to bridge the gap of coding fetal records to improve efficiency and consistency of death certificates available to FIMR teams.
- Fund continued service by FedEx and Haye's E-government Resources for the secure transfer of sensitive information for Maternal Mortality Review Committee operations.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Florida

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

Maternal and Child Health (MCH) and Children's Medical Services (CMS) partnerships are critical to accomplishing the goals and mission of the Title V MCH Block Grant. Those include, but are not limited to, interagency, cross agency, community, state, and national relationships. Cross agency partnerships include the Agency for Health Care Administration (Florida's Medicaid Agency) and the Department of Children and Families (DCF).

For MCH, community, state, and national relationships include the Florida Department of Health (Department) county health departments, the Florida Perinatal Quality Collaborative (FPQC), the March of Dimes, Florida State University (FSU) College of Medicine, University of Florida, Florida Hospital Association, Florida Healthy Start Coalitions, numerous state agencies, CityMatCH, and family organizations. CMS relationships include family organization partnerships with Family Network Disabilities and their Family STAR program, Florida's MCH Bureau training program, the University of Florida Pediatric Pulmonary Program for Florida's Family Leader Network, Family Café, and the National Association on Mental Illness. Both MCH and CMS partner with the Association of MCH Programs and the National MCH Workforce Development Center. MCH partners with the University of South Florida (USF) FPQC and the USF Lawton and Rhea Chiles Center for Healthy Mothers and Babies on numerous issues and initiatives. MCH partners with Northwestern University; Florida's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program; and the Florida Association of Healthy Start Coalitions to implement the Mothers and Babies curriculum as a component of Florida's Healthy Start and MIECHV programs.

Through Healthy Start, the MCH Section assists pregnant and interconception women, infants, and children up to age three in obtaining the health care, education, and social supports needed to ensure an optimal chance at better health across the lifespan. The MCH Section is responsible for the oversight of the Title V MCH Block Grant and program direction for public health activities as they relate to advancing the health of the maternal and child population. The goals of the program are to promote positive maternal, infant and child health outcomes and early childhood development. To provide program direction, MCH epidemiologists examine life course indicators that are related to infant mortality and data on health outcomes that are related to infant mortality and maternal mortality.

The Health Resources and Services Administration (HRSA) awarded funds to the Department for its project, *The Development of a Sustainable Screening and Treatment Model to Improve Maternal Mental Health Outcomes in Florida*, which has increased the capacity of health care providers to deliver evidence-based screening, treatment, and referral for perinatal mental health services in three targeted regions. To increase routine screening and referral by prenatal care providers, the project team has developed and implemented a perinatal screening and treatment model to directly train health care providers in prenatal health care practices and birthing hospitals. The project team also trains community mental health providers in evidence-based management of perinatal mental health disorders and provides access to professional perinatal psychiatrist consultation to increase the use of evidence-based therapeutic interventions for perinatal depression. To increase access to services, the project team has expanded mental health and substance use referral networks through provider outreach, developed community resource guides, and expanded the Moving Beyond Depression and Mothers and Babies programs in statewide home visiting programs.

CMS has partnerships with Florida's university systems statewide to facilitate the achievement of its Title V priorities. This includes the University of Central Florida's Health Advancing Resources to Change Health Care (UCF HealthARCH) program for patient-centered medical home (PCMH) transformation. For the priority need of access to children's mental health services, CMS partnered with five academic universities and a health care system, known as Behavioral Health Hubs (BH Hubs) to implement evidence-based integrated behavioral health models, also

known as Collaborative Care (CoCM), with pediatric primary care providers. This includes FSU, University of Florida-Gainesville, USF, Florida International University, University of Miami, and Nemours Hospital. The BH Hubs, then partner with pediatric primary care and mental health providers in their community. This model includes a needs assessment, skill-building training, and technical assistance to augment primary care providers ability to identify and treat common pediatric mental health conditions, while increasing access to mental health specialists, including child and adolescent psychiatrists, through telehealth consultation services.

In 2021, the Department was awarded HRSA's Pediatric Mental Health Care Access (PMHCA) Grant to implement a new BH Hub in an underserved area. Efforts afforded under the PMCHA funding and work plan led to primary care provider and family focus groups. The quantitative and qualitative information obtained, helped to inform needs and planning. The family focus groups included valuable, rich family perspectives related to systematic screening, and the need for providers to build more trust in the process including informing families of the purpose, results, and next steps as part of their communication. Primary care provider groups informed quality improvement needs for Florida's statewide child and adolescent psychiatric consultation. This included better awareness and understanding of this valuable state resource, as well as needed access to more skill-building training to better equip them to handle the growing prevalence of children with behavioral-mental health needs in their practice.

The BH Hubs collectively come together to form a statewide network, under the Florida Pediatric Behavioral Health Collaborative (Collaborative). The Collaborative includes state agency representation from Florida's DCF Substance Abuse and Mental Health program, the Agency for Health Care Administration; and state organizations such as Florida's Children's Health Insurance Plan program, Florida KidCare and family representation through the National Alliance on Mental Illness and Family Network on Disabilities (Florida's Family to Family Health Information Center). The goal of the Collaborative is to share resources, needs, best practices, ensure quality improvement, and address sustainability. An external evaluator is used to analyze data within and across BH Hubs and includes the measurement of the actual collaboration within the Collaborative, which has demonstrated growth as implementation continues.

Sustainability, including fiscal sustainability, is an aim of the Collaborative and it's BH Hubs. As behavioral/mental health is also a priority of the SHIP, the work of the BH Hubs is woven into both the MCH and mental health priority areas. This affords the opportunity to discuss system challenges and barriers with other state agencies, organizations, and other stakeholders. This has provided additional leverage opportunities, including exploratory conversations with Florida's Medical Managed Assistance (MMA) Plan's and how they may be best suited to support the work of the BH Hubs.

Connecting the two priorities for access to PCMH and integrated behavioral health services, the coming year CMS, UCF HealthARCH, and an MMA plan, will partner with practices that are currently PCMH recognized, and enrolled with a BH Hub, and pilot priority need for access to mental health they will be expanding this partnership in the upcoming year to explore a pilot for PCMHs that are associated with a BH Hub to pilot PCMH BH Hub distinction.

CMS continues to focus on population health approaches to help strengthen the system of care that serves Children and Youth with Special Health Care Needs (CYSHCN). This includes representation of community and state health needs, collaboratively working with system stakeholders and partners to maximize opportunities and impact. Emphasis is given to whole-community system approaches, with the linkage or integration of multisector services systems. The aim is to improve access and quality, while maximizing protective factors and minimize risks for CYSHCN. In doing so, CMS utilizes the *Standards for Systems of Care for Children and Youth with Special Health Care Needs 2.0* and identified population health and community priority needs as foundational elements in its programming, as well as its contractual language and tasks. This includes CMS's community-based systems of care pilot project known as Regional Networks for Access and Quality (RNAQs) and its State Networks for Access and

Quality (SNAQs) initiative which includes 32 university or tertiary care programs across the state, focused on seven specific condition or disease states (e.g., HIV, Diabetes).

Community and state-level planning for CMS and MCH will focus on ensuring the availability of services and supports at all levels of the service delivery system. Family engagement and ongoing assessment of the broad social, economic, cultural, and environmental factors that health remain pillars of the MCH and CYSHCN population in the state.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

Title V plays an important role in allowing the Florida Department of Health (Department) to maintain capacity within the Title V workforce. Title V funding helps ensure the Department maintains an adequate workforce in the State Health Office to preserve, enhance, and expand services for the Title V population.

The Department encourages Maternal and Child Health (MCH) program staff to complete the Association of Maternal and Child Health Programs MCH Leadership Competencies module. Participants in the training learn how to identify core MCH leadership competencies, outline the knowledge and skill areas required of MCH leaders, provide a conceptual framework for the development of an MCH leader, and describe how MCH leadership competencies might be used by a variety of audiences.

The State of Florida Library provides state employees with a library account. Through this service, MCH and Children and Youth with Special Health Care Needs (CYSHCN) staff can access hundreds of databases and can request journal articles and other materials, most at no charge.

The Department's Public Health Research Section offers the Research Excellence Initiative, a year-long educational program that provides structured education and mentoring to Department professionals interested in conducting research, epidemiology, and program evaluation. This initiative was developed to promote high quality, innovative research and develop experienced researchers who can promote excellence by serving as role models and mentors, foster collaborations, and promote research on Department priorities.

Additionally, the Department partners with the University of South Florida (USF), College of Public Health to engage potential and current early-to-mid-career supervisors and managers who demonstrate leadership potential for USF's Public Health Executive Leadership Program. This program is a leadership development initiative intended to equip future leaders in the Department with knowledge and skills necessary to lead in today's challenging health care and public health environment. This is a seven-month program in Public Health Executive Leadership for 20 CHD staff, and 10 State Health Office staff. The Department also offers ongoing trainings to staff that include contract management, safety, security, supervisor, and the Health Insurance and Accountability Act.

Children's Medical Services (CMS) promotes, sponsors, and develops evidenced-based trainings that focuses on public health core competencies, opportunities and standards for public health including those specific to CYSHCN. Workforce training provides continued learning, skill development and growth in the achievement of desired outcomes. Examples of sponsored workshops include health equity and adaptive leadership. As a result of the Public Health Executive Leadership program, the Title V CYSHCN director and fellow CMS staff identified the need for succession planning, with a large percent of leadership retiring in the next five years. With research pointing to the need for formal mentoring programs to help bolster public health leadership competencies, a needs assessment was conducted, a business case developed, and a small pilot program was implemented. Best-practice guidelines for mentoring programs and identified leadership skills training content from MCH navigator and Region IV Public Health Training Center were utilized in the development of the program. The inaugural cohort represented a diverse workforce with a spectrum of collective public health experience that span decades. This workforce development program yielded outcomes such as 100 percent participant satisfaction with the program. Additionally, 70 percent of participants found the program a complete success in meeting their individual professional development goals while 100 percent of participants (mentors and mentees) reported the program's facilitators, materials, and tools beneficial to their professional development plan. Furthermore, 90 percent of participants rated their experience in the mentorship program as high quality (reported as at least "good" or "excellent"). Essential program feedback from this cohort was received at the end of the experience and included suggestions to include more content on

workplace culture and Change Management theory, as these topics garnered focal attention from participants. Lastly, opportunities also exist in the mentor/mentee matching process. One suggestion was to allow multiple mentor/mentee relationships to coexist throughout the experience, in efforts to ensure various mentor skillsets were available to mentees and to enrich overall participant experiences with exposure to varied personalities, backgrounds, and experiences. Building off lessons learned, next steps include continuing with a second cohort while looking for resources that would support sustainability.

CMS collaborates with the University of Florida's Pediatric Pulmonary Center and their family leader to provide statewide training to support and increase the skills of family leaders across organizations through the Florida Family Leader Network (FFLN). The theme of the 2022 fifth annual FFLN Summit was 'Leveraging Literacy Tools'. Sessions included the language of inclusion, facing challenges and finding the way forward, visual thinking, and where to go from here. A focus of the FFLN is on families and youth sharing their advocacy journeys, and perspectives throughout the sessions and skills building activities. The Summit was hybrid this year, to meet the needs of families that wanted in person and virtual options, which continued to provide opportunity for increased attendance and of attendees from across the country and U.S. territories. In 2022, the FFLN director, two FFLN Executive Committee members and statewide family leader presented at national and state conferences about this collaborative partnership. Per the annual survey feedback after each yearly summit, the FFLN continues to receive high rates of positive impact regarding personal growth of its members. The theme of 2023 sixth annual FFLN Summit is 'A Family Leader's Worth' and is scheduled for September 20-22, 2023. This summit will revert to an in-person event which will allow for purposeful networking.

It should be noted that in the event of an emergency, unless granted a temporary exemption from emergency duty, all Department employees may be required to work before, during and/or beyond their normal hours or days in a special needs shelter, Red Cross shelter, Emergency Operations Command Center; or perform other emergency duties, including but not limited to response to or threats involving any disaster or threat of disaster, man-made or natural.

III.E.2.b.ii. Family Partnership

Family engagement is an essential element for the Maternal and Child Health (MCH) and Children and Youth with Special Health Care Needs (CYSHCN) programs in the Florida Department of Health (Department). Children's Medical Services (CMS) employs family leader positions at both the community and state level dedicated to Title V activities. The state level position works on needs assessments, program development, evaluation, quality improvement, performance management, advisory committees, presentations, etc. This position is essential in collaborating with state and national stakeholder groups, allowing for an exchange of advocacy, ideas, opportunities, and resources. Community family voice elevates family perspective and needs in community conversations, while working as a driver in planning, implementation, and evaluation.

The statewide family leader serves as the Florida Family Delegate to the Association for Maternal and Child Health Programs (AMCHP), and was selected as a Family Leader mentor for the Adolescent Health cohort during Fiscal Year (FY) 2022-2023 with AMCHP's Leadership Lab. She also served on the AMCHP 2022 National Conference committee and continued service with this same committee for AMCHP 2023. She was recruited to participate on AMCHP's national Family Leadership Community of Practice for FY 22-23. The statewide family leader continues to serve on an Expecting Health/National Coordinating Center for the Regional Genetics Network (NCC) Workgroup. This involvement included being a co-presenter on The Family Center's 2022 ten-part national podcast series about family leadership, entitled "Linked Together". In addition, regional family leaders, with lived CYSHCN experience, provide outreach, education, technical assistance, and resource linkage. This community family perspective helps inform needs assessment planning at both the local and state levels. An example of this was seen in the coordination of family focus groups designed to seek the family voice in the planning and implementation of new Behavioral Health (BH) Hubs for underserved communities. This event brought together multiple community family organizations that planned and implemented this event, including extraordinary donations and efforts to help ensure families were supported in their attendance. In addition, family partnership efforts include intentional increased engagement with Florida's National Alliance on Mental Illness's regional affiliates and collaboration with CMS' BH Hub initiative.

Florida continues to collaborate with the University of Florida's Pediatric Pulmonary Center for training activities that serve to strengthen and advance CYSHCN family leaders across all related organizations, agencies, and community stakeholder groups. This includes an annual professional development summit in the fall and an annual spring webinar series, providing educational activities specific for family leaders, their champions and emerging public health professionals. This partnership evolved to become the Florida Family Leader Network (FFLN), which has grown to 283 members, in five-and-a-half years. Since its launch in mid-2020 the FFLN website has been viewed 6,280 times (floridaleaders.org). The 2021 FFLN Annual Summit included three presentations by youth advocates, a father, and a state-wide Family Leader. There were also skill building sessions on addressing differences in healthcare advocates and parents of children with special healthcare needs. Each Summit also focuses on Networking. Last year, the summit offered a hybrid platform with both virtual and in-person opportunities which allowed the opportunity to continue to expand and welcome attendees from across the country and U.S. territories. Included with this fifth annual FFLN Summit was a pre-summit training program on facilitated small group networking, to develop a dedicated cohort of Family Leaders who host ongoing, topical-based virtual family leader networking groups across the state. The sixth FFLN annual summit will be held on September 20-22, 2023, returning to an all in-person event, will allow for targeted networking, an essential element of the FFLN. This upcoming FFLN Summit theme will be "The Worth of Family Leaders". Per the annual survey feedback after each yearly summit, the FFLN continues to receive high rates of positive impact regarding personal growth of its members.

CMS values its long-term partnership with the Family Network on Disabilities (FND), which currently serves as both the Family-to-Family Health Information Center and the Family Voices state affiliate. FND is instrumental in helping CMS gather youth and family feedback including dissemination of satisfaction surveys through their broad-reaching social media platforms.

Family/professional partnership is also promoted through a CMS statewide quality improvement (QI) initiative with multiple specialty contract sites. From 2019 through present, 32 local medical specialty teams covering populations based on specific medical conditions work together to implement QI projects. Each local team has received education and technical assistance specific to including a patient/family partner in the co-design and development of their respective QI projects. This includes presentations to the entire group from various family leaders during monthly virtual learning sessions. Resources related to family partnership are posted on the initiative's shared communication platform. Also, a new resource was co-written especially for the QI initiative by our statewide family leader and others in administrative leadership, entitled, "*A Roadmap to Inviting, Engaging and Including Patient/Family Partners in Quality Improvement and Other Health-Related Initiatives*". This resource has since advanced to a national public-facing tool. During FY 22-23, our CMS QI initiative partnered with the FFLN in hosting ongoing small group networking and training sessions for the family partners connected with the various local project teams, using two trained family leaders (the statewide family leader and the FFLN coordinator) from the aforementioned FFLN-trained cohort to run these sessions. The Title V CYSHCN Director, the statewide family leader, and the initiative's project manager (the National Institute for Child Health Quality) highlighted these efforts and notable increase in family partners as part of our Statewide Networks of Access and Quality initiative, during a workshop as part of AMCHP's 2023 annual conference. During FY 22-23, they also had the opportunity to present a similar presentation to one national organization and one international organization in virtual live webinar format, as well as in person at Family Voices' national Family Leaders Conference in October 2022.

To model and advance the value of family/professional partnerships, CMS staff-wide performance management teams have formed for a new multi-year workforce development process. Each team is expected to include a family partner to provide lived experience perspectives in the ongoing staff development and performance initiative. Additional plans for CMS include development of further specific training and tip sheets related to family/youth engagement, partnership, and leadership at the individual, organizational and systems levels for both families and providers, as well as staff and contractors, to include impact measurement. Among first steps was an initial presentation on family engagement by our statewide Family Leader at Florida's annual state conference on disability, The Family Café, and the issuance of a new 2022 Florida CMS Family Survey to gather data at this large cross-disability conference. A similar 2022 Florida CMS Youth Survey was also developed for gathering feedback during annual Youth Leadership Summit in August 2022. Following these conference events, The Family Café distributed the survey to everyone included in their email database. There is intent to deepen current collaborations with stakeholders and broaden engagement with family-run and community-based organizations with respect to increasing youth and family engagement.

Both CMS and the MCH Section participate at the Family Café Conference. The annual event brings Floridians with all types of disabilities and their families together for three days of information, training, and networking. The event is one of the largest disability conferences in the country, with a typical attendance of 10,000-12,000 families and professionals. The conference includes breakout sessions, an Exhibit Hall with approximately 100 vendors, and a series of special events including keynote speakers and The Governors' Summit on Disabilities. The Family Café also has a Florida Youth Council program which engages youth and emerging leaders in self-advocacy, peer mentoring, etc. The statewide family leader participated on the conference planning committee, and CMS broadened its participation for the June 2023 25th Annual Family Café to include three hosted exhibitor tables for our CYSHCN and Medical Foster Care programs, three focus groups related to transition, and three workshop presentations on family partnerships, provided in Spanish by one of the Regional Family Leaders. The Maternal and Child Health Section also sponsored an exhibit table at the conference. During the conference, CMS sponsored a first-time, conference long "Club Café", providing a safe space for youth and young adults only, to relax, connect, and have fun while engaging in learning activities focused on the eight dimensions of wellness.

MCH programs in the Department promote family engagement in the development, review, and improvement of policies, procedures, and practices affecting services families receive. Further, MCH programs recognize the broad social, economic, cultural, and environmental factors that impact families throughout the state. Understanding the

conditions in which people live, learn, work, and play is critical to MCH services.

Families are involved at all levels of Florida's Healthy Start program. Services are provided based on the needs, desires, and choices of families. Healthy Start Coalitions (Coalitions) conduct a needs assessment and service delivery plan to address gaps and barriers to services for pregnant women, fathers, infants, and young children up to age three in the community. Development of these plans includes pregnant women and families to ensure the family voice is a driving factor of priorities and resources. Additionally, a recipient of home education services works as the MCH Section Administrator at thestate level. During the 2022 Florida legislative session, House Bill 7065 (Child Welfare) was passed, which created the Responsible Fatherhood Initiative and highlighted the critical role that fathers have in their children's lives. The legislation appropriated more than $68.9 million to support services for fathers, create public awareness for fatherhood and provide parenting education and resources for fathers. This legislation amended Section 383.011, Florida Statutes, to expand services provided by Florida's Healthy Start program to include father engagement activities. This is accomplished through individualized home visiting services provided to fathers that strengthen family and child well-being as required in contracts between the Department and Coalitions. The Department, in collaboration with the Coalitions, identified an evidence-based curriculum offered by the National Fatherhood Initiative® (NFI) for father engagement activities to be incorporated in Florida's Healthy Start Program. The 24:7 Dad® Curriculum topics include:

- Discipline: Morals and Values; Rewards and Punishment
- What it Means to Be a Man: Today's Man; Body Image
- Children's Growth: Goals and Self-Worth; Nature or Nurture?
- Showing and Handling Feelings: Holding Feelings Inside; Grief and Loss
- Getting Involved: Ways to be involved; Helping my children do well in school
- Men's Health: Stress and Anger; Physical Health
- Working with Mom and Co-Parenting: Parenting Differences; Walking a Mile in Her Shoes; I'm Okay, She's Okay
- Communication: Ways to Communicate; Talking with Children
- Dads and Work: Work and family; Balancing work and family
- The Father's Role: The Ideal Father; What kind of father am I? and Benefits of Marriage.

The Department collaborated with NFI in February 2023 to host a four day, in person 24:7 Dad® Training Institute for individuals that deliver or oversee the delivery of the curriculum to fathers. The training took place in Panama City, Jacksonville, Tampa, and Ft. Lauderdale, Florida. Attendees from each training received individualized, hands-on, and interactive tips, strategies and resources for delivering home visiting services to fathers. Since the training, fatherhood coordinators have developed workgroups to aid as a support and allow for collaboration among Coalitions.

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

The Florida Department of Health (Department) Maternal and Child Health (MCH) Section relies on a well-trained workforce of epidemiologists. The epidemiology team provides statistical analysis, data management, performance measure reporting, geographical and spatial analyses, research study and consultation, and program evaluation and monitoring.

The MCH epidemiology team is led by the Budget, Procurement, Grants, and Data Analysis Program Administrator, who has more than 25 years of public health experience and holds a master's degree in public health epidemiology. The epidemiology team is comprised of five full-time equivalent positions comprised of one doctoral level epidemiologist, three master's level epidemiologists, and one vacant Centers for Disease Control and Prevention (CDC) assignee position. Of these five positions, two are fully Title V funded and one is partially Title V funded. The Program Administrator also oversees the budget and grant coordinator positions.

Ongoing work of the Department's MCH epidemiology team includes MCH data analysis, data visualization, morbidity and mortality investigation, federal and state reporting, and survey research. The team is highly trained in complex computer programming languages and software (e.g., Access, ArcGIS, SAS, SPSS, STATA, and Tableau).

The MCH Section encourages MCH epidemiology staff to complete the training course in MCH Epidemiology offered by The Health Resources and Services Administration, CDC, and CityMatCH as part of ongoing efforts to enhance the analytic capacity of state and local health agencies. The training course is an intensive program, combining lectures, discussion, hands-on exercises, and opportunities for individualized technical assistance. In addition to the training course in MCH Epidemiology, epidemiology staff are strongly encouraged to attend national conferences. Additionally, the MCH Section requires MCH epidemiology staff to complete six to ten hours of epidemiology related classes annually for ongoing professional development.

Epidemiologist Roles/Responsibilities:

- Support the Title V Block Grant needs assessment, planning, and reporting activities performed across the Bureau of Family Health Services.
- Develop priorities, set goals and objectives, and track indicator progress for the State Health Improvement Plan (SHIP), Agency Strategic Plan and the Long-Range Program Plan.
- Support the Florida Maternal Mortality Review Committee (Florida MMRC) and Fetal and Infant Mortality Review (FIMR) planning and data reporting activities.
- Support the Uterine Fibroid Registry development, planning and data reporting activities.
- Assist in the review and analysis of data for MCH, reproductive health, school health, oral health, adolescent health, and the Florida Pregnancy Risk Assessment Monitoring System, in addition to other health related data and information that impact policy and program development, including the compilation of related data-based and informed reports, fact sheets, white papers and other products in a timely and accurate manner for distribution to internal and external customers, as needed and/or requested.
- Perform research, data analysis, and evaluation using various statistical and data managing software packages, such as SPSS, SAS, STATA, R, SQL, and MS Access to collect and analyze data pertaining to MCH and various other Bureau of Family Health Services (BFHS) programs and projects identified above, as well as other health related issues. This includes maintaining knowledge of relevant data sets and availability, data tools/software and trends.
- Initiate and carry out statistical analysis, including formative and summative evaluations of MCH and various

other programs and activities within the BFHS, along with other health related data and activities, in addition to providing an ongoing assessment of data capacity and quality related to linkages, access and use of key and relevant data sets.
- Provide research and statistical analysis support, training, and technical assistance to programs within the BFHS, including interpreting data and communicating same to Bureau and Division of Community Health Promotion staff, county health departments, and external partners.
- Conduct epidemiologic research to identify determinants and risk factors for MCH and other health related outcomes in Florida.

Between 2022 and 2023, the epidemiology team completed the following activities:

- Provided mentorship to 12 interns/fellows, including students from the Graduate Student Internship Program (GSEP), Council of State and Territorial Epidemiologists, and Florida Universities.
- Participated on the GSEP Steering Committee.
- Reviewed abstract proposals for the CityMatCH MCH Leadership Conference.
- Participated on workgroups of the Florida Perinatal Quality Collaborative.
- Provided a poster presentation at the CityMatCH MCH Leadership Conference titled “Trends and Maternal Characteristics of Smoking During Pregnancy.”
- Reviewed abstract proposals for the Association of MCH Programs (AMCHP) Conference.
- Reviewed practice submissions for the AMCHP Innovation Hub.
- Led the MCH SHIP Priority Area Workgroup.
- Completed the 2021 Florida MMRC Annual Report.
- Began development of the FIMR and Florida Healthy Babies dashboards.
- Developed a data entry portal for reporting FIMR statewide expansion activities.
- Managed and tracked data use agreements.
- Performed quarterly tests to monitor infant mortality data for spikes or increases.
- Provided data on annual low risk cesarean births for awarding hospitals with low rates.
- Created the Uterine Fibroids Data Registry (not using Title V funds).
- Prepared quarterly Family Planning reports (not using Title V funds).
- Facilitated meetings to develop the electronic prenatal screen.
- Responded to urgent requests for data (e.g., created graphs on MCH indicators using CDC Wonder and maternal, fetal, and infant mortality data).

III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

The Florida State Systems Development Initiative (SSDI) program, which resides in Children's Medical Services (CMS), submitted a successful, non-competitive application for the 2022-2027 project period. Resources allocated from the Title V Block Grant to Florida's SSDI program have been instrumental in the ongoing effort to track and expand electronic access to key Maternal and Child Health (MCH) indicators. These efforts are augmented by supplemental activities focused on data initiatives that serve Children and Youth with Special Health Care Needs (CYSHCN), abused and neglected children, and strengthening Title V programs that serve these populations.

Linkages between MCH relevant databases remain a key objective, particularly within Title V programs that serve the same or comparable populations. Presently, the SSDI team has begun merging databases within CMS to follow vulnerable child populations through each stage of development, beginning with newborn screening and culminating in the Early Steps and Child Protection Team (CPT) programs. These linkages are providing invaluable insight into the efficiency and reliability of programs that serve MCH populations and will be a fundamental resource regarding future data-driven decisions required for timely collection and reporting of MCH-related materials.

Florida's Community Health Assessment Resource Tool Set (FL CHARTS) continues to act as the principal stage in which national and state performance measures are continuously updated and displayed. In addition to the required indicators, the SSDI team generates supplemental variables which include new profiles and keyword searches designed to capture data relevant to Title V performance measures. These efforts have provided new MCH-related variables within FL CHARTS that encompass data points related to newborn screenings, Child Abuse/Neglect, and CYSHCN. The funding received through the SSDI grant served as the primary funding source necessary to program and integrate the information into the public forum. The dynamic capacity of FL CHARTS continues to drive innovative data-infrastructure changes to SSDI dissemination protocols.

Research to evaluate emerging issues that impact MCH populations served by Title V programs is ongoing. This includes utilizing state-level population data (e.g., Behavioral Risk Factor Surveillance System, Child Abuse Death Review, National Survey of Children's Health, Vital Statistics, etc.), workgroups, and other supplemental enterprises to advance Title V program evaluation. These initiatives also improve interagency communication, which has translated into improved data systems while simultaneously reducing duplicated efforts. To note, SSDI staff have assisted with several data-driven initiatives designed to improve the health and well-being of Florida's MCH population:

In 2023, the SSDI unit has assisted in the planning of community meetings and worked diligently in revamping strategies and standardizing CMS needs assessment surveys that serve CYSHCN and their families through the utilization of national performance and outcome measures, standardized child and family health dataset measures, and qualitative and quantitative methods that help collect comprehensive data among these populations. These developments will be implemented throughout Florida and disseminated at events such as the annual Family Café summit and will involve patient-centered medical homes, youth to adult transition, access to behavioral health services for both providers and families, statewide networks for access and quality, and general data collection of quality-of-life patient experience. These surveys will be administered on an ongoing basis and revised for efficacy as needed based on analysis of results and corresponding action plans, and community partner engagements.

Bolstering MCH stakeholders with extensive peer reviewed research remains a primary focus of Florida's SSDI unit. These studies provide the necessary information to inform data-driven policy design and implementation. Florida's SSDI team has continued to focus on child welfare issues, as the team is strategically located within the Bureau of Child Protection and Special Technologies. These efforts are demonstrated through extensive work done with the Child and Adolescent Death Review team and stakeholders in initiatives involving safe-sleep practices, drowning,

and suicide prevention. The SSDI team is pleased to share that we have published an article in BMJ Open titled, "*Comparing asphyxia and unexplained causes of death: a retrospective cohort analysis of sleep related infant death cases from a state child fatality review program*." The intension is to expand on these enterprises to other MCH emerging issues, including but not limited to, newborn hearing screening and violence prevention.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

The Florida Department of Health (Department) Maternal and Child Health (MCH) Section employs four epidemiologists dedicated to collecting and reporting timely MCH data requests. They have access to numerous data files, including but not limited to vital records, screening, Florida Community Health Assessment Resource Tool Set (FL CHARTS), Medicaid data, Florida Maternal Mortality Review Committee data, fetal and infant mortality review (FIMR) data, and data across numerous Department programs.

The MCH Section is continuing to automate processes. In addition to the MCH indicators dashboard that was developed last year, the Section is in the process of developing two new dashboards to enhance reporting capabilities. This includes the FIMR and Florida Healthy Babies dashboards.

During the 2022 Legislative Session, Section 381.9312, Florida Statutes, Uterine fibroid research database; education and public awareness was enacted by the Florida Legislature. This requires the Department develop and maintain an electronic database consisting of information submitted by providers that diagnose or treat a woman with uterine fibroids. The purpose of the database is to encourage research relating to the diagnosis and treatment of uterine fibroids and to ensure that women are provided with the relevant information and health care necessary to prevent and treat uterine fibroids. The database is currently functioning in a test environment. Once administrative procedures related to the submission of data are formally approved, providers in Florida will be able to access the online reporting form associated with the database. Additionally, an application to request data is being developed for researchers to conduct additional analyses.

Moving into the next fiscal year, the MCH Section is planning to invest in the creation of interactive, web-hosted maps to depict specialty provider locations, and analyze provider density against high concentrations of selected demographic factors in the MCH population. This will provide visualization of service networks available to identify locations in Florida with greater risk of mortality of MCH populations. There will be two separate maps developed: one for maternal mortality and the other for fetal and infant mortality.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

Emergency and disaster preparedness are not new concepts in Florida. In fact, the Florida Department of Health (Department) has an entire division dedicated to emergency preparedness and community support. Through this Division, the Department shares recommendations for individual, community, environmental, and health care systems preparedness. This includes information on current hazards, how to make a plan for you and your family, children's disaster preparedness, behavioral health, special needs sheltering, and how to "stop the bleed". These tools are designed to help individuals and their families prepare for any disaster. Listed below is more information about different preparedness teams that that the Maternal and Child Health (MCH) Section consults with in preparation for and response to emergencies:

- Individual preparedness includes tools and resources to help an individual and their family prepare for any disaster. This includes information about current hazards and important information on what to do before, during, and after public health emergencies.
- Community preparedness relies on the ability to develop informed, empowered, and resilient health care systems and residents. With adequate information, resources, and tools, communities are better prepared to prevent, protect against, mitigate, respond, rebound, recover, and adapt to threats and all-hazards.
- Health care system preparedness ensures that there is capacity and capability for provision of critical public health and medical services in order to reduce the potential for adverse health outcomes during any event.

During emergencies, the preparedness team provides guidance to both Incident Command and county health departments (CHDs) regarding possible human health risks from environmental components. They also provide information to CHDs during responses that involve accidental spills, waste disposal, and water contamination. To maximize success, trainings and exercises are conducted with partners throughout the state.

One of the greatest challenges faced by the Department and CHDs during disasters is balancing emergency responsibility with continuing routine delivery of public health services for Florida citizens. One strategy the Department has implemented to mitigate this is through engagement with the Project Public Health Ready (PPHR). PPHR is a criteria-based training and recognition program that assesses local health department capacity and capability to plan for, respond to, and recover from public health emergencies. PPHR aims to protect the public's health and strengthen the public health infrastructure by equipping local health departments with sustainable tools to plan, train, and exercise using a continuous quality improvement model. PPHR is a partnership program comprised of the Department, the National Association of County and City Health Officials (NACCHO), and the Centers for Disease Control and Prevention (CDC) that recognizes effective county health department preparedness programs.

The PPHR criteria are nationally recognized standards for local public health preparedness. NACCHO regularly updates the criteria to align with recent federal initiatives, including the CDC Public Health Emergency Preparedness capabilities and Public Health Accreditation Board's Standards and Measures.

PPHR criteria are comprised of three goals:

- Goal 1: All-hazards Preparedness Planning
- Goal II: Workforce Capacity Development
- Goal III: Demonstration of Readiness through Exercise or Real Event

The MCH Section, Children and Youth with Special Health Care Needs (CYSHCN) program, and the Division of Emergency Preparedness and Community Support work together to ensure that the MCH and CYSHCN populations

are considered when developing strategies to mitigate impacts on different populations. Consideration is made for our providers who provide direct services to the MCH population.

Additionally, during severe weather or a hurricane, a Special Needs Shelter (SpNS) may be activated. A SpNS is for "someone who during periods of evacuation or emergency, requires sheltering assistance, due to physical impairment, mental impairment, cognitive impairment or sensory disabilities." Chapter 64-3, Florida Administrative Code. The Department's Bureau of Preparedness and Response administers a statewide SpNS Program to assist CHDs in addressing the special medical needs of people in their community.

SpNS are designed to meet the needs of people who require assistance that exceeds services provided at a general population shelter. A SpNS is a place to go when there is no other sheltering option. Shelters may be activated during an emergency event to provide mass care for people who cannot safely remain in their home. Often SpNS are intended to provide, to the extent possible under emergency conditions, an environment that can sustain an individual's level of health. SpNS are often setup in public facilities and have food and water available. Shelter staff offer basic medical assistance and monitoring. Clients and their caregivers will have a small sleeping area and they maintain back-up electricity for light and essential medical equipment.

The Department's MCH Section coordinates with the Women, Infants and Children (WIC) program during natural disasters and the pandemic. The WIC program provides breastfeeding supports to clients who are unable to attend face-to-face appointments due to a natural disaster (i.e., hurricanes) either by phone or virtually. Local WIC agencies also promote the Breastfeeding Peer Counselor Program, including the availability of breastfeeding peer counselors, outside of normal office hours. Additionally, the MCH Section assist WIC in distributing timely information to the MCH population (i.e., infant formula shortage, formula recalls).

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

The Maternal and Child Health (MCH) Section and Children and Youth with Special Health Care Needs (CYSHCN) Program achieve success through collaboration with our many partners. MCH and CYSHCN work very closely with many state partners and universities including, Florida State University, the University of South Florida (USF), the University of Florida (UF), the University of Miami, Florida International University, the Agency for Health Care Administration (AHCA), the Department of Children and Families (DCF), and the Department of Education (DOE).

USF houses the Florida Perinatal Quality Collaborative (FPQC). The FPQC is comprised of professionals dedicated to the advancement of perinatal health care. The MCH Section partners with the FPQC to implement quality improvement initiatives to improve the perinatal health of mothers. Often, these initiatives are based on the findings of the Florida Maternal Mortality Review Committee (Florida MMRC). The Florida MMRC is made up of physicians, nurses, and public health representatives from around the state who review pregnancy associated deaths to determine if they were pregnancy related. Through the work of the Florida MMRC, other partnerships have been established.

The Information Clearinghouse on Developmental Disabilities Advisory Council (ICDDAC) advises the Department of Health (Department) on the resources included on the Bright Expectations website. The ICDDAC consists of health care providers and caregivers who perform health care services for persons who have developmental disabilities. During the Fiscal Year (FY) 2022-2023, the ICDDAC met quarterly and identified the need to add information on the website related to attention deficit hyperactivity disorder and tourette's syndrome. Current resources were also expanded to include additional resources for prader-willi syndrome and autism spectrum disorder.

During FY 21-22, the Rare Disease Advisory Council (RDAC) was created adjunct to the Department with the vision to improve health outcomes for individuals residing in Florida who have rare diseases. Committee members include research institutions, health care providers, and state agencies that include the Department, AHCA, Florida DOE, and the Office of Insurance Regulation. During FY 22-23, the council began working toward the completion of the recommendations and objectives they set as goals for year one. The council continues to examine the recommendations and objectives aimed to improve supports and services to individuals with rare diseases in Florida. Through this process, the council identified a need to standardize the processes for the diagnosis of patients with rare diseases. The council investigated further, the incidence and prevalence of rare diseases in Florida while identifying supportive resources that are currently available for patients and their families, as well as their health care team. Information gathered this past year will provide the foundation for next year's progress.

Children's Medical Services (CMS) and the AHCA work closely to ensure CYSHCN are provided quality health care and related services through the Managed Care Plan Bureau and Specialty Programs Bureau. The CMS Plan, operated by a contracted vendor, is a Medical Managed Assistance (MMA) plan specifically designed to serve eligible Title XIX and Title XXI CYSHCN with serious and chronic health needs. The CMS Plan is in its' fifth year of implementation of its new model based on National Standards for System of Care for CYSHCN, Title V CYSHCN priorities and programming, and feedback from families and communities. Through this new model, the CMS Plan works with providers on value-based care and other innovative and effective payment models. The CMS Plan continues to keep care coordination as a cornerstone of the program. Every child is assigned to a care coordinator and interaction frequencies are based on a tiered system. The CMS Plan offers expanded benefits and programs, designed to support the child and family.

For CMS Plan enrollees, a clinical eligibility re-screening process must occur every three years. This is a separate

process from DCF's annual financial eligibility. Collaborative sharing of data between AHCA, DCF and CMS, has provided opportunity for in-depth analysis, and advisement of potential impact, and suggested mitigation strategies for consideration in planning. For CMS's Clinical Eligibility Unit (CEU), this included enhancements with its electronic referral system to absorb DCF's file of CMS Plan enrollee's whose financial eligibility was also due. This enhancement provides the CEU staff with the knowledge of members that are calling in that also need their financial eligibility determined, so they can provide that information accordingly. Plain language, aligned with DCF's messaging regarding financial eligibility, was also added to the CEU's automated voice response system to alert callers of this two-step process. The aim of these efforts is to help eliminate confusion to members that may be calling due to letters received by DCF for financial eligibility screening, while also completing the clinical eligibility status for those members who are due.

Through the joint interagency agreement between the Department and the AHCA, CMS's Specialty Programs Bureau operates the Children's Multidisciplinary Assessment Team (CMAT) and Medical Foster Care (MFC) programs. The CMAT provides eligibility recommendation for Medicaid's long-term services of medical foster care, skilled nursing facility, or model waiver. The CMAT staffing process includes a comprehensive assessment and review of the child's medical, developmental, and psychosocial needs with all staffing participants. Through a team consensus building process, eligibility is determined and the recommended level of services. This process also provides a venue for information sharing specific to that child's needs from stakeholders including the Agency for Persons with Disabilities, IDEA's Part C Representative Early Steps, the DCF's community-based care organizations' dependency case manager, and Medicaid's MMA plan representative for that child and if indicated the Quality Improvement Organization.

Florida's MFC program is a collaborative partnership between CMS, AHCA's Medicaid Program, and the DCF's Child Welfare Program. The MFC program provides specialized training and support for foster parents to become MFC parent providers through Medicaid. MFC parent providers are then credentialed by MMA Plans to be reimbursed for their daily MFC service provision. CMS's MFC team, provides ongoing monitoring, child-specific trainings, and technical assistance to the MFC parent and child. Medicaid's MMA Plan is responsible for coordinating direct health service provision for their enrolled member. The MFC program includes multiple stakeholders including biological and pre-adoptive parents, and relative caregivers. Other partners include the MMA Plans, the community-based child welfare organization, the guardian ad-litem program, community providers and specialists, etc. In an example of our agency's collaborative partnership, advocacy led to successful re-occurring legislative funding for a marketing campaign to address this need.

In support of Florida's priority needs to increase access to pediatric mental health treatment, CMS Title V facilitates the Florida Pediatric Mental Health Collaborative (Collaborative). The Collaborative shares relevant information, including best practices, resources, needs and challenges for solution focused problem solving as part quality improvement and sustainability efforts. State agency partners include DCF's Substance Abuse and Mental Health program, AHCA, and key state organizations including the state's Child Health Insurance Program (Florida KidCare) and family representatives from the Florida Chapter of the National Alliance on Mental Illness, as well as a variety of pediatric, mental health, and psychiatric clinical champions from academic university and health systems. Additional stakeholders include the Florida Chapter of the American Academy of Pediatrics, the Florida Academy of Family Physicians, the American Association of Child and Adolescent Psychiatry, Department of Education, and Department of Juvenile Justice. The work of the Collaborative and it's Behavioral Health Hubs are represented in that State Health Improvement Plan, which has recently leveraged additional partners including various MMA Plan, with the opportunity to explore sustainability needs with this partnership.

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

The Florida Department of Health (Department) and the Agency for Health Care Administration (AHCA) renew their interagency agreement every three years and are currently in the process of renewing this agreement. The purpose of this agreement is to ensure an understanding between the AHCA and Department and delineate areas of responsibility regarding the operation and administration of the programs or services such as the Certified Nurse Assistant Registry; Children's Multidisciplinary Assessment Team (CMAT); Family Planning Waiver; Healthy Start, Medical Foster Care; and Early Steps. The AHCA may delegate certain programmatic or operational functions related to the administration of the Florida Medicaid program, as directed in Florida law. The AHCA and Department are cooperative partners in overseeing certain functions related to programs and services for Medicaid recipients.

The AHCA is the single state agency responsible for the administration of the Florida Medicaid program, authorized under Title XIX of the Social Security Act (the Act). In accordance with Title 42 Code of Federal Regulations (CFR), Section 431.10, the AHCA may not delegate and must retain ultimate responsibility and authority to supervise the Florida Medicaid State Plan and waivers and to develop policies, rules, and regulations related to the Florida Medicaid program.

For this agreement, AHCA's responsibilities include, but are not limited to:

- Coordinate with the Department on the submission of Medicaid state plan amendments or waiver amendments related to the programs.
- Provide the Department with an opportunity to review any proposed Medicaid state plan amendments or waiver amendments related to the programs described in this agreement prior to submission to Children's Medical Services (CMS).
- Enroll and register Florida Medicaid providers.
- Respond to inquiries from the Department requesting technical assistance or policy clarifications from AHCA related to duties and responsibilities specified in the interagency agreement.
- Monitor compliance with all aspects of this Agreement.

The Department is responsible for Florida's public health system designed to promote, protect, and improve the health of all people in the state. The Department coordinates with the AHCA on Medicaid state plan amendments, legislative requests, administrative rules, and contracts related to the programs described in the agreement. The Department also participates in stakeholder meetings that are relevant to the programs described in the AHCA agreement.

Additionally, the Department coordinates with the AHCA on the following:

- Administration of maternal, infant, and child health programs.
- Administration of the CMS program to provide services for children with or at risk of having special health care needs.
- Regulation of nursing professionals, including certified nursing assistant.
- The provision of services provided by County Health Departments (CHDs).

In order for Medicaid administrative expenditures to be claimed for federal matching funds, costs must:

- Be "proper and efficient" for the state's administration of its Medicaid state plan (Section 1903(a) of the Act).
- Relate to multiple programs must be allocated in accordance with the benefits received by each participating program (OMB Circular A-87, as revised and now located at 2 CFR 200). This is accomplished by developing a method to assign costs based on the relative benefit to the Medicaid program and the other government or non-government programs.
- Be supported by an allocation methodology that appears in the state's approved Public Assistance Cost

Allocation Plan (42 CFR 433.34).

- Not include funding for a portion of general public health initiatives that are made available to all persons, such as public health education campaigns.
- Not include the overhead costs of operating a provider facility.
- Not duplicate payment for activities that are already being offered or should be provided by other entities or paid through other programs.
- Not supplant funding obligations from other federal sources.
- Be supported by adequate source documentation.

The AHCA and the Department of Children and Families (DCF) implement the Family Planning Medicaid Waiver Program. Women may obtain family planning services at any CHD or at other medical providers who accept the waiver. A woman qualifies if:

- Is between the ages of 14 and 55.
- Has lost full Medicaid coverage for any reason in the past 24 months.
- Wants to have family planning services.
- Is not pregnant.
- Has not had a hysterectomy.
- Has a household income less than or equal to 185% of the current federal poverty level.

Services under the Family Planning Medicaid Waiver Program include:

- Physical exams which may include a pap smear, breast exam, and sexually transmitted disease testing.
- Family planning counseling and pregnancy test.
- Birth control supplies including condoms.
- Colposcopies and treatment for sexually transmitted diseases which are limited to a six-week period after a family planning exam, counseling visit, or supply visit.
- Related pharmaceuticals (medicines and antibiotics) and laboratory test.

As a result of the implementation of the Federal Omnibus Budget Reconciliation Act of 1989, Florida Medicaid expanded reimbursement for medically necessary services to children with complex medical needs. The CMAT within the Department, is an effort of AHCA, DCF, and the Agency for Persons with Disabilities, and ensures Medicaid-eligible Floridians under 21 years of age with complex medical needs, are assessed and staffed to determine medically necessary service eligibility for Medical Foster Care (MFC), Nursing Facility, Model Waiver (MW) and Long-Term care services.

The CMAT in combination with parents or legal representatives and identified community-based entities, shall:

- Assist the child’s family or legal representative in acquiring the knowledge, skills, supports, and services needed to meet medical, developmental, educational, and emotional needs.
- Provide information about alternatives for serving the best interests of the client’s health, development, and safety.
- Include the family in CMAT staffing process in order to facilitate appropriate service delivery.
- Establish a Level of Care (LOC) determination for all applicable services.
- Determine when service eligibility will be re-reviewed when the client moves into a setting or facility, for purposes of assessing progress and determining continued service eligibility and LOC.
- Provide information on alternative settings for long-term care services when services in the biological home are not possible.
- Prevent or reduce prolonged stays in hospitals upon identification of a child in need of long-term care

services.

- Schedule and invite all applicable agencies, entities, and participants for the level of care determination staffing when nursing facility or MW services are requested, or when seeking continuation.
- Provide referrals to caregivers for technical assistance and guidance.
- Educate parent(s), and legal representatives, as applicable, on the requirements for program and service eligibility.
- Provide a person-centered care and service plan for the child receiving MW services.

The MFC Program is a coordinated effort between the Florida Medicaid Program within AHCA, the Department's CMS, and the DCF's Community Based Care Program to provide family-based care for medically complex children under the age of 21 in foster or shelter care status who cannot safely receive care in their own homes. The MFC Program establishes and supervises the oversight, recruitment, training, and selection of foster parents to provide MFC services for children with medically complex needs as identified by the CMAT process. CMS, in partnership with community-based entities, provides the assessment and staffing services for administration of the MFC program. CMS administers the MFC program which provides medical consulting, nursing, and social work services.

The objectives of MFC are to:

- Reduce the high cost of medical treatment associated with medically complex and fragile children by eliminating the need for long-term institutional care.
- Enhance the quality of life and allow medically complex and fragile foster children to receive home-based services specific to their medical needs that will enable children to develop to their fullest potential.
- Return children to a safe home with their birth parents or relatives as soon as possible.
- Facilitate the provision of a timely alternative permanent placement for children who cannot be returned to their families of origin.
- Reduce the risk of medical neglect or abuse for children once they are returned to their own homes.
- Ensure that families who are reunited with children who have continuing medical needs will receive medical training in the care of their child prior to their return.

III.E.2.c State Action Plan Narrative by Domain

State Action Plan Introduction

The mission of the Florida Department of Health (Department) is to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts. The Title V Maternal and Child Health (MCH) Block Grant enhances Florida's ability to promote prevention, capacity and systems building, public information and education, family-centered systems of care, outreach and program linkage, technical assistance to communities, and other core public health functions.

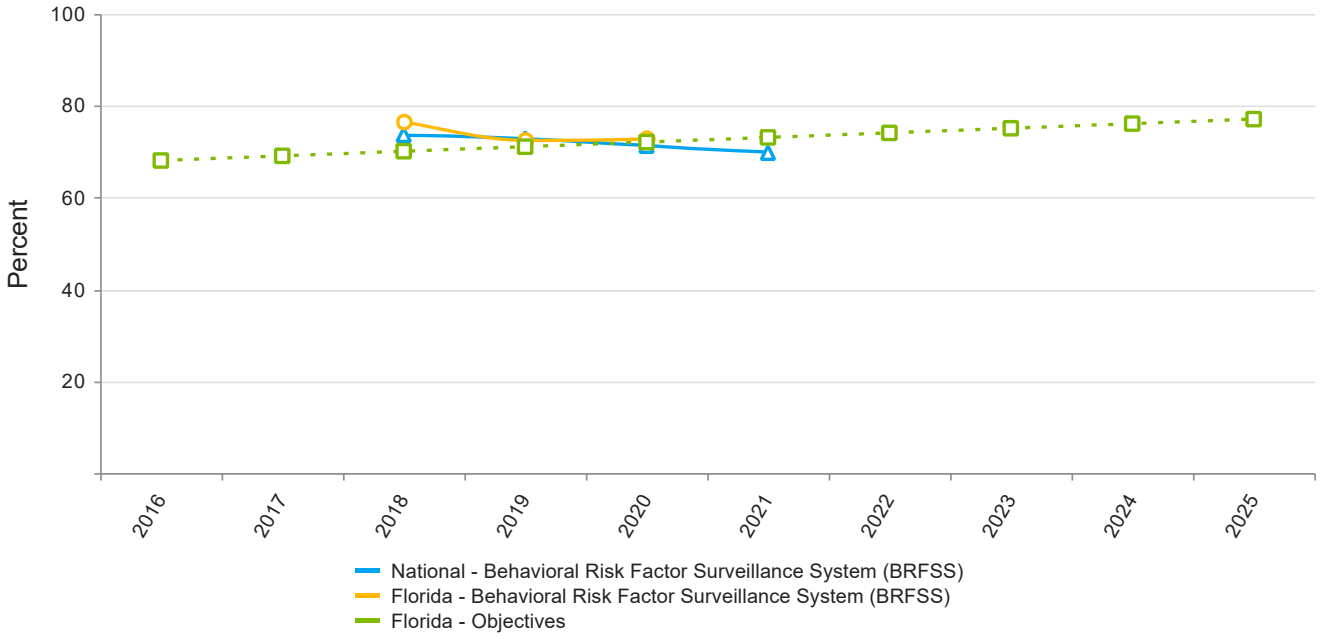
A comprehensive needs assessment was completed in 2020 that determined Florida's priorities, targeted funds to address priorities, and the methods and measures to address the priorities to meet Florida's needs. The needs assessment informed the development of the State Action Plan with the intent of supporting and promoting the development and coordination of systems of care for women of childbearing age, infants, and children, including children with special health care needs.

The priorities, strategies, and objectives set forth in the State Action Plan address national and state performance measures that align with the goals of the Title V MCH Block grant. The State Action plan emphasizes collaborative efforts with state partners, families, institutes of higher education, and additional stakeholders to strengthen the health, safety, and well-being of mothers and children in Florida. The evidence-based strategies have been developed with the goal of eliminating health differences, improving birth outcomes, and advancing the health status of women, infants, children, youth, and families.

Women/Maternal Health

National Performance Measures

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives



Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective			72	73	74
Annual Indicator		76.4	72.2	72.6	72.6
Numerator		2,630,508	2,531,649	2,550,111	2,550,111
Denominator		3,443,178	3,508,023	3,512,297	3,512,297
Data Source		BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year		2018	2019	2020	2020

Previous NPM-1 BRFSS data for survey year 2017 that was pre-populated under the 2018 Annual Report Year is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	75.0	76.0	77.0

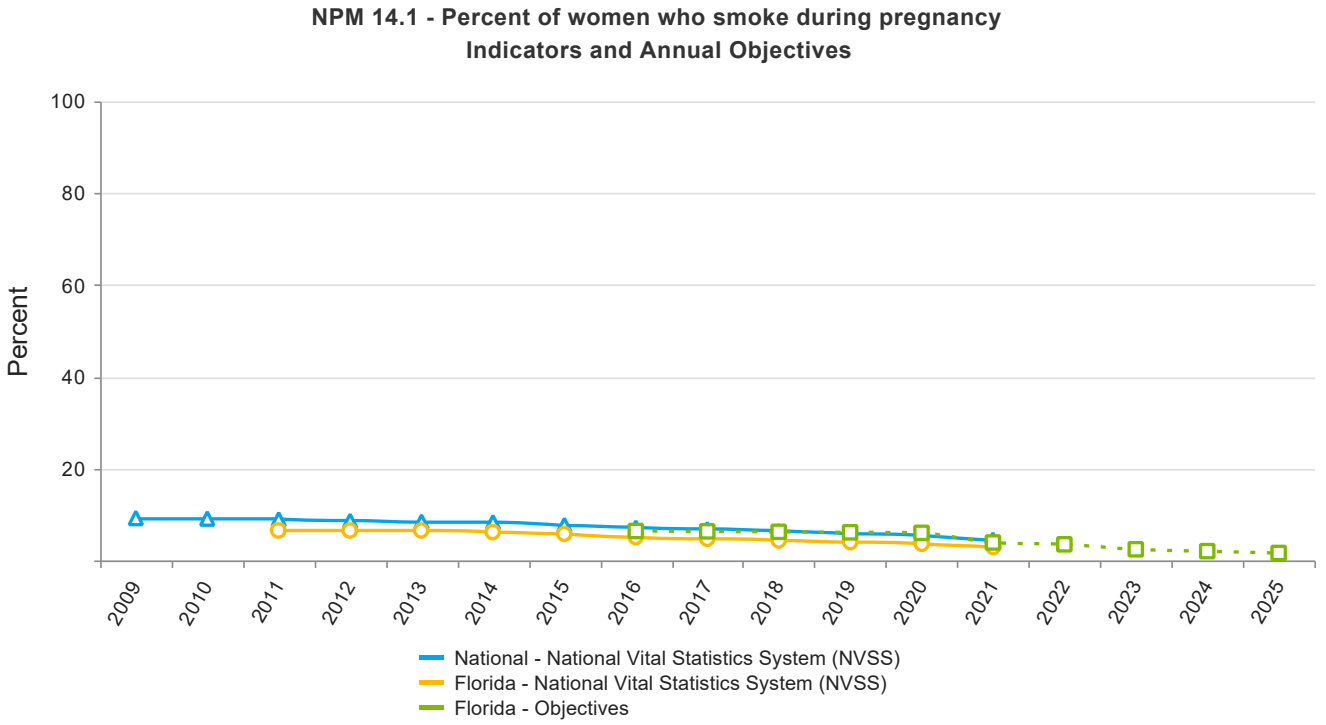
Evidence-Based or –Informed Strategy Measures

ESM 1.2 - The percentage of interconception (Show Your Love) services provided to Healthy Start clients.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator	72.4	66.6
Numerator	38,733	39,110
Denominator	53,501	58,762
Data Source	Well Family System	Well Family System
Data Source Year	2021	2022
Provisional or Final ?	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	74.3	76.2	78.1



Federally Available Data					
Data Source: National Vital Statistics System (NVSS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	6.3	6.2	6.1	4	3.6
Annual Indicator	4.8	4.5	4.1	3.7	2.9
Numerator	10,639	9,836	9,011	7,763	6,233
Denominator	221,925	220,538	219,141	209,095	215,608
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	2.5	2.1	1.7

Evidence-Based or –Informed Strategy Measures

ESM 14.1.2 - Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator	9.2	12.8
Numerator	221	217
Denominator	2,392	1,691
Data Source	Well Family System	Well Family System
Data Source Year	2021	2022
Provisional or Final ?	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	14.9	17.2	19.8

State Action Plan Table

State Action Plan Table (Florida) - Women/Maternal Health - Entry 1

Priority Need

Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

1. By 2026, decrease the number of syphilis cases among women ages 15-44 years from 1,792 (2019: FLCHARTS) to 1,493.

2. By 2026, increase the percentage of interconception (Show Your Love) services provided to Healthy Start Clients from 72.4% (2021: Well Family System) to 80.0%.

3. By 2026, increase the percentage of pregnant women who had a prenatal screen from 65.6 percent (2020: Health Management System) to 70.3%.

4. By 2026, increase the number of women who received an interconceptional care service by 10% from 637 (2018-2019): Well Family System) to 701.

5. By 2026, increase percent of new mothers in Florida who received information about how to prepare for a healthy pregnancy and baby prior to pregnancy from 22.8%(FL-PRAMS: 2014) to 30.0% .

Strategies

1. Coordinate with the Division of Disease Control and Health Protection/Bureau of Communicable Diseases to implement strategies to reduce the number of congenital syphilis cases.

2. Provide interconception services to Healthy Start clients on Medicaid from 60 days to 12 months as a result of Florida's extension of Medicaid postpartum coverage.

3. Develop and implement an electronic prenatal risk screening system to reduce barriers to the existing process and decrease the number of days from identification of risk to assessment.

3a. Educate stakeholders (e.g., providers, Healthy Start Coalitions, partnering agencies, pregnant woman) on the purpose and process for the electronic prenatal screening system.

4. Increase the number of referrals to the Coordinated Intake and Referral system that connects pregnant women, interconception women, and families of children under the age of three to services.

5. Contract with Healthy Start Coalitions to conduct perinatal screening to prenatal participants, interconception women, and mothers of infants and toddlers referred to Healthy Start.

ESMs	Status
ESM 1.1 - The number of interconception services provided to Healthy Start clients.	Inactive
ESM 1.2 - The percentage of interconception (Show Your Love) services provided to Healthy Start clients.	Active

NOMs
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
NOM 3 - Maternal mortality rate per 100,000 live births
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)
NOM 5 - Percent of preterm births (<37 weeks)
NOM 6 - Percent of early term births (37, 38 weeks)
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.2 - Neonatal mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.4 - Preterm-related mortality rate per 100,000 live births
NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy
NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Florida) - Women/Maternal Health - Entry 2

Priority Need

Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children.

NPM

NPM 14.1 - Percent of women who smoke during pregnancy

Objectives

1. By 2026, increase the number of referrals to Tobacco Free Florida Quit Services from 20,533 (DOH-Tobacco-Free Florida Quit Line Providers: 2016) to 25,500.

2. By 2026, decrease the percentage of women who smoked cigarettes in the three months prior to becoming pregnant from 9.1 percent (2019: FL-PRAMS) to 7.1 percent.

3. By 2026, decrease the percentage of women who smoked during pregnancy from 4.1 percent (2020: FLCHARTS) to 2.7 percent.

Strategies

1. Refer clients and their families in the Healthy Start program to free and proven effective services to help them quit using all tobacco products, including e-cigarettes in collaboration with the Bureau of Tobacco Free Florida. This includes the suite of Quit Your Way services that include phone quit, web coach, text and email quit support.

2. Provide free resources to educate families and teenagers about the health hazards of vaping by visiting EndTeenVapingFL.gov.

3. Train Healthy Start Coalitions skills that include motivational interviewing that can increase client utilization of cessation through partnership with the Bureau of Tobacco Free Florida and Area Health Education Centers (AHEC).

3a. Partner with Tobacco Free Florida community intervention providers in each county to educate Healthy Start clients on the dangers of secondhand smoke and assist in implementation of policies that protect all people, especially children, from exposure.

ESMs	Status
ESM 14.1.1 - The number of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to Healthy Start clients	Inactive
ESM 14.1.2 - Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Florida) - Women/Maternal Health - Entry 3

Priority Need

Reduce maternal mortality and morbidity

NPM

NPM 14.1 - Percent of women who smoke during pregnancy

Objectives

1. By 2026, 50% of Florida's birthing hospitals will self-designate as a verified maternal level of care hospital.

2. By 2026, reduce the pregnancy-related mortality rate by 10% from 20.9 per 100,000 live births in 2020 to 18.8.

3. By 2026, decrease the pregnancy-related mortality ratio from 19.8 per 100,000 live births (2019: FL MMRC) to 15.0 per 100,000 live births.

4. By 2026, decrease the number of women who experience postpartum depressive symptoms following a live birth from 13.0 percent (2019: FL-PRAMS) to 10.2 percent.

5. By 2026, telehealth minority maternity care programs will be available in all 67 counties in Florida.

6.. By 2026, decrease the number of infants diagnosed with neonatal abstinence syndrome from 1,375 (2018:FLCHARTS) to 1,181.

Strategies

1. Contract with the Florida Perinatal Quality Collaborative (FPQC) to implement the self-designated as a verified maternal level of care based on national standards.

2. Contract with the FPQC for a postpartum discharge planning initiative.

3. Continue quarterly pregnancy associated mortality review committee meetings to review maternal mortality and morbidity and make recommendations for system change.

3a. Conduct maternal mortality campaign for awareness and reduction.

3b. Provide fiscal support and technical assistance to the Florida Healthy Babies program to identify, evaluate, prioritize, and address health disparities through the provision of evidence-based interventions.

4. Contract for services for the Perinatal Mental Health Program, BH IMPACT, to improve the identification and treatment of pregnant and postpartum women who experience mental health and substance use disorders.

5. Establish telehealth minority maternity care programs to expand the capacity for positive maternal health outcomes in racial and ethnic minority populations in coordination with the Office of Minority Health and Health Equity.

6. Contract with the FPQC to work with providers, hospitals, and other stakeholders to improve identification, clinical care, and coordinated treatment/support for pregnant women with opioid use disorder and their infants.

ESMs	Status
ESM 14.1.1 - The number of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to Healthy Start clients	Inactive
ESM 14.1.2 - Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.	Active

NOMs
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
NOM 3 - Maternal mortality rate per 100,000 live births
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)
NOM 5 - Percent of preterm births (<37 weeks)
NOM 6 - Percent of early term births (37, 38 weeks)
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.2 - Neonatal mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.4 - Preterm-related mortality rate per 100,000 live births
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Women/Maternal Health - Annual Report

The Florida Department of Health (Department) identified the following priority needs for women/maternal health during the annual reporting year, as reflected in the State Action Plan Table:

- Improve access to health care for women to improve preconception and interconception health, specifically women who face significant barriers to better health (National Performance Measure [NPM] 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year).
- Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children (NPM 14.1: Percent of women who smoke during pregnancy).
- Reduce maternal mortality and morbidity (NPM 14.1: Percent of women who smoke during pregnancy).

The Department reassessed, updated, and aligned the strategies and objectives to address the state priority to improve access to health care for women to improve preconception and interconception health, specifically women who face significant barriers to better health. The NPM selected for this priority is NPM 1: Percent of women with a past year preventive medical visit. The realignment incorporates the Department's State Health Improvement Plan (SHIP), Agency Strategic Plan (ASP), and Title V Maternal and Child Health (MCH) Block Grant strategies and objectives, providing a universal approach to addressing women's health across the lifespan. The Department has also taken steps to revise current policies and technical assistance guidelines for county health departments (CHD) to incorporate the identification of barriers for women in their care who may have arrived at the CHD for service but did not have an annual well woman visit in prior years. This engagement strategy can help to identify additional service needs to ensure women receive an annual preventative medical visit.

In 2021, a total of 31.2 percent of women aged 18-44 in Florida did not have a routine checkup within the last year (Behavioral Risk Factor Surveillance System [BRFSS]). In 2021, a total of 35.0 percent of non-Hispanic white women, 19.6 percent of non-Hispanic Black women, and 32.9 percent of Hispanic women did not have a routine checkup in the last year (BRFSS, 2021).

The Department takes a comprehensive approach to women's health care. There are a variety of contributing factors that affect a woman's health such as genetic, social, cultural, economic, and environmental conditions in which she lives. As women move from childhood into early adulthood, an increasing number of women of childbearing age already suffer from chronic conditions or use substances that can adversely affect pregnancy outcomes, leading to miscarriage, infant death, birth defects, or other complications for mothers and infants. According to the 2021 Pregnancy Risk Assessment Monitoring System (PRAMS), among women aged 14-47 who recently gave birth in Florida, approximately 8.6 percent had asthma before pregnancy, 6.0 percent had hypertension before pregnancy, 1.9 percent had diabetes before pregnancy, 14.7 percent had depression before pregnancy, 53.0 percent were overweight or obese before pregnancy, 4.9 percent were underweight before pregnancy, and 9.0 percent smoked during the three months before pregnancy. Additionally, 24.0 percent of women aged 14-47 received information about how to prepare for a healthy pregnancy and baby prior to pregnancy. Furthermore, according to Florida's Community Health Assessment Resource Tool Set (FL CHARTS), the number of syphilis cases among women aged 15-44 years increased from 1,768 in 2020 to 2,582 in 2021.

In 1991, the Florida Legislature enacted Healthy Start legislation, one of the most comprehensive MCH initiatives in the nation (Section 383.14, Florida Statutes). This legislation requires the Department to develop a universal screening process that includes a risk assessment instrument to identify pregnant women who are at risk for a preterm birth or other high-risk condition(s). Upon its enactment, the risk screen was developed by the Department in collaboration with the Healthy Start Advisory committee, which included representatives from Florida's county health departments (CHDs), universities, the legislature, and the private health care sector. The primary maternal health

care provider completes the risk screen and reports the results so that the woman is referred to appropriate health, education, and social services. The risk screen assesses risk factors for adverse health outcomes in order to refer identified individuals to appropriate services to best meet their needs. In Fiscal Year (FY) 22-23, 105,230 pregnant women were screened for potential risk of a preterm birth or other high-risk condition(s). If the screen indicates a pregnant woman is at risk, she is referred to Florida's Coordinated Intake and Referral system, known as CONNECT. This serves as a single point of entry into home visiting programs in Florida and provides families with the opportunity to learn about and select the home visiting program that best fits their needs.

The current prenatal risk screening process is paper-driven and has not changed since its implementation in 1992. An electronic system will be more efficient and provide "real-time" assessment and referral, resulting in quicker identification and linkage to services and supports. Title V MCH Block Grant funds were used during the reporting year to continue development of an electronic screening system. In collaboration with the Department's Division of Disease Control and Health Protection, the MCH Section conducted user acceptance testing (UAT) of the electronic screening system. During the UAT, the MCH Section was provided the opportunity to review the testing environment and receive a demonstration on the electronic screening process. Project staff in the MCH Section were assigned specific user roles in order to test the electronic process and provide feedback to the developers. Currently, the testing environment provides obstetric providers and their staff the ability to schedule prenatal risk screening appointments, send electronic versions of the screening tool to clients, and track the status of the screening utilizing the Prenatal Risk Screening Dashboard. Additionally, in the testing environment, MCH staff users have the ability to review and approve facility requests, and the ability to generate reports that can easily identify delays. Next steps for the electronic screening system includes partnering with identified providers to pilot the system for further feedback before implementation.

The Department's MCH Section contracts with 32 non-profit community agencies, known as Healthy Start Coalitions (Coalitions), for Florida's Healthy Start program. Coalitions establish private and public partnerships that include state and local government, community organizations, and MCH providers, for the provision of coordinated community-based prenatal and infant health care. Florida's Heathy Start program serves pregnant women, fathers, and infants from birth, up to age three, who score at-risk on the universal prenatal or infant risk screen. Self-referrals and referrals provided by health care providers and other agencies are also accepted. The priorities of Florida's Healthy Start program are:

- Reduce the occurrence of infant deaths;
- Reduce the number of low birth weight and preterm births;
- Reduce the occurrence of maternal deaths; and
- Improve infant and toddler developmental outcomes.

Services provided by Florida's Healthy Start program include:

- Interconception education and counseling;
- Breastfeeding education and support;
- Care coordination;
- Childbirth education;
- Smoking cessation;
- Health and parenting education;
- Education, counseling, and referrals for access to care; and
- Nutrition counseling.

Florida's Healthy Start program implements a coordinated intake and referral process for all home visiting programs in the state. The process, referred to as CONNECT, provides a one-stop entry point for services such as education and support for childbirth, newborn care, parenting skills, child development, food and nutrition, mental health, and financial self-sufficiency. In FY 22-23, CONNECT received 282,152 referrals for home visiting services (173,933 for prenatal clients and 108,219 for infant and children). During the same year, there were 70,859 prenatal home visiting services provided to families that chose the Healthy Start program. There were 86,526 home visiting services provided to infants and children enrolled in the Healthy Start program.

The MCH Section continued to adopt, implement, and integrate evidence-based practices (EBPs) into the Healthy Start program to address issues that affect the health of women, fathers, and infants. Florida's Healthy Start program uses the Department's Health Management System and the Coalition's Well Families Data System to track the type and number of services provided to participants for data collection purposes. To improve these efforts and enhance data collection practices that increase the effectiveness of services provided statewide, the MCH Section worked in collaboration with procured consultants (ISF, Inc.) to continue the assessment of provider outcome performance objectives and ongoing quality improvement processes. During FY 22-23, ISF, Inc. explored how Florida's Healthy Start program currently operates with regards to the performance management system and outcome measures, EBP designation, data collection, and organizational capacity. Utilizing this information, and information obtained through meetings with the Department's MCH Section, the Florida Association of Healthy Start Coalitions (FAHSC), as well as public documentation related to best practices in performance management and EBPs, ISF, Inc. conducted gap analyses to provide recommendations for holistic programmatic improvement and monitoring. Completing the assessment allows the Department's MCH Section to better measure and report the impact of Florida's Healthy Start program.

The Department uses Title V MCH Block Grant funds to provide interconception care (ICC), which is not reimbursable by Medicaid, through Florida's Healthy Start program. The ICC services are available to all women who participate in the program. During the prenatal participant's third trimester, Coalitions ask participants, "Would you like to become pregnant in the next year?" Based on her response, the participant will complete either the Show Your Love Baby-to-Be plan, or the Show Your Love Healthy Woman plan. The goals she sets in her reproductive life plan will be the guiding factor for the curricular education provided during face-to-face visits.

In addition to contracting with Coalitions, the MCH Section contracted with, and provided oversight of, the following contracts to address maternal and women's health priorities:

- Fetal Infant Mortality Review (FIMR) activities through all 32 Coalitions for implementation of FIMR services to address the behavioral, environmental, and structural processes that may impact fetal and infant deaths, to learn more about why infants die and to propose and implement recommendations for change. These contracts were funded by the Title V MCH Block Grant until July of 2022 at which point state general revenue funds in the amount of $1,602,000 began to be used annually after 2022 legislation.
- The Family Healthline is a statewide, toll-free hotline that offers counseling information and community referrals about pregnancy, infant and toddler issues. The goal of the hotline is to improve the health status of Florida's pregnant women and their children by providing callers with information on helpful community resources and answering basic questions about pregnancy, breastfeeding, childbirth education and other pregnancy-related concerns. The Family Healthline is available in English, Spanish, and Haitian Creole. The contract is funded with Title V MCH Block Grant funds, state general revenue, and other funding sources.
- The Ounce of Prevention Fund of Florida funds and evaluates innovative prevention programs for at-risk children and families. They provide awareness of MCH initiatives such as safe sleep, Reach Out and Read, and Count the Kicks campaigns throughout the state, with a focus on television and radio advertisements. This

contract is funded through state general revenue funds.

- The Florida Association of Healthy Start Coalitions to implement the Nurse Family Partnership Program in four counties of Florida (Brevard, Hillsborough, Orange, and Miami-Dade, respectively). This contract is funded through state general revenue funds.
- A Safe Haven for Newborns promotes the Safe Haven Law through a statewide outdoor advertising and community outreach campaign. This includes the use of materials that educate and inform the public about where to obtain support and the identification of safe venues for parents considering surrendering their infants. This contract is funded through state general revenue funds.
- The Florida Pregnancy Care Network implements the Florida Pregnancy Support Services Program (FPSSP). The program is a network of nonprofit pregnancy support centers that provide support and assistance to women, men, and their families primarily faced with unexpected pregnancies. Services include free pregnancy tests, peer counseling, and referrals. Most of the centers offer classes on pregnancy, childbirth, parenting, and personal finance management. Wellness services are also provided that include, but are not limited to, smoking cessation counseling, sexually transmitted disease testing, blood pressure screenings, diabetes screenings, and pap smears. Services were expanded in FY 23-24 to include nonmedical assistance that improves pregnancy or the parenting situation of families, including, but not limited to, clothing, car seats, cribs, formula, and diapers. The program is governed through section 381.96, Florida Statues, and funded through state general revenue funds.

The Department implements the statewide Florida Healthy Babies (FHB) program through all 67 CHDs. The purpose of the program is to ensure all counties have an MCH infrastructure in place to assure women and children have access to health care; and address broad social, economic, cultural, and environmental factors within their respective counties. The MCH priority areas for the FHB program are maternal mortality, infant mortality, well woman care, prevention of unexpected pregnancy, dental and oral health, and access to care. These priority areas were identified based on the Statewide MCH Needs Assessment, SHIP, ASP, MCH Program National Performance Measures, and Healthy People 2030. Each CHD submits an annual workplan detailing their selected priority areas and evidence-based programs and initiatives they plan to implement over the year. The workplan also includes the data and justification for the identified priority areas. Quarterly and annual reports summarizing the status of activities, updated data, and expenditures are submitted and analyzed by the Department. The Department is currently exploring technology options that can track and report FHB program outcomes at the county and state level. Title V MCH Block Grant funds are utilized to support the FHB program.

In FY 22-23, the 67 CHDs chose priority areas that were relevant for their county. Infant mortality was a great focal point for 50 counties. Other priorities took precedence such as unexpected pregnancy prevention/teen pregnancy prevention (37 counties), broad social/economic/cultural/environmental factors (27 counties), and dental and or oral health (25 counties). Well woman care (19 counties) and maternal mortality (4 counties) followed. The CHDs will be developing new workplans for FY 23-24 and are looking to explore and brainstorm new priority areas.

The Department is committed to helping Florida residents reach their fullest health potential by living tobacco free lives through prioritization of NPM 14.1. Promoting tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children remains a priority for the Department. The Department selected NPM 14.1: Percent of women who smoke during pregnancy to address this priority.

In Florida, the percent of state resident live births for women who smoked during pregnancy was 2.9 in 2021 (FL CHARTS, 2021). However, the range by county varies, with Miami Dade's rate being 0.3 while Dixie County's rate is 15.3. Ten counties have percentages between 10.0 and 15.3 and thirteen additional counties have percentages between 7.2 and 9.9. The rate of state resident live births for women who smoked during pregnancy decreased by

21.6 percent from 2020 to 2021 (FL CHARTS, 2020; FL CHARTS, 2021). Smoking during pregnancy increases the risk of miscarriage and certain birth defects such as cleft lip or cleft palate. It can also cause premature birth and low birth weight and is a risk factor for sudden infant death syndrome (SIDS). Secondhand smoke exposure doubles an infant's risk of SIDS and increases a child's risk of respiratory infections and common ear infections. Children with asthma who are exposed to secondhand smoke are likely to experience more frequent and more severe attacks, which can put their lives in danger.

The Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) curriculum, an evidence-based program for smoking cessation, has been incorporated in the Healthy Start program and coding specifications for smoking cessation have been revised to measure SCRIPT implementation. From the time SCRIPT was adopted as the tobacco cessation counseling intervention, provider training has been revised based on feedback from staff. In FY 22-23, 1,812 clients identified as current tobacco smokers from 17,961 tobacco screening forms from the Healthy Start program. Out of the 1,812 clients that identified as tobacco users, all were referred to Florida Quitline, 24 (1.3%) were referred to a local cessation counselor, 39 (2.2%) were referred to SCRIPT, 81 (4.5%) were referred to Let's Talk About Tobacco, and no referral was provided for 763 clients. The Department is working with the Healthy Start program to identify opportunities to increase referrals to clients that participate in SCRIPT.

The Tobacco Free Florida program brings awareness to the dangers of tobacco, while also providing free resources that help tens of thousands of Floridians to quit. The program has made remarkable progress in helping reduce tobacco use across the state. The Department also continued to promote Tobacco Free Florida's Quit Your Way which allows participants to choose cessation services via phone coaching, digital coaching, or group coaching. Family planning providers across the state continued to screen clients for tobacco use and provide information on the Quit Your Way program.

The Florida Quitline is available 24 hours a day, seven days a week, offering telephone counseling in English, Spanish, and other languages through a translation service. Pregnant tobacco users who are ready to quit receive expanded services including 10 counseling sessions, and with a medical release they may receive a four-week starter kit of nicotine replacement therapy.

Tobacco users also accessed resources to help them quit through Florida's Web Coach online service. Tobacco users can plan their quit date and even receive nicotine replacement therapy through the free online service. Additionally, the Tobacco Free Moms and Babies Collaborative, established in 2019, and continued in FY 22-23, identified counties with elevated smoking rates and engaged them in targeted smoking cessation efforts. The Bureau of Tobacco Free Florida provides dedicated funding to these 26 identified counties and conducts periodic technical assistance calls to support their efforts. This initiative has successfully connected tobacco prevention staff with MCH staff to enhance tobacco prevention and cessation efforts.

As a continuing component of FHB program, the MCH Section collaborated with the Bureau of Tobacco Free Florida on the Tobacco Free Moms and Babies Collaborative to expand existing tobacco cessation activities. The Bureau of Tobacco Free Florida provided additional funding to CHDs that could be used for staffing, education materials, and training that support cessation objectives.

Florida continues to demonstrate its ongoing commitment to support and promote tobacco use cessation through action in 2022 legislation. Found in Section 381.84, F.S., are additional steps that Florida will take to educate individuals, particularly pregnant women and women that may become pregnant to discourage the use of tobacco products. This campaign will include a public internet resource center for materials and information regarding tobacco use education, prevention, and cessation. The web address will be provided by all public and private educational institutions from kindergarten to university. This campaign will provide cessation programs, counseling,

and treatment that includes a statewide toll-free cessation service.

The Department's MCH Section is focused on improving the health of women of childbearing age in Florida, as well as improving maternal and infant birth outcomes by reducing maternal mortality. According to the Florida Maternal Mortality Review Committee, Florida's total pregnancy-related mortality ratio (PRMR) increased from 21.0 in 2020 to 28.7 deaths per 100,000 live births in 2021. The overall leading causes of pregnancy-related deaths in 2021 were infection, hemorrhage, hypertensive disorder, cardiomyopathy, and amniotic fluid embolism. The leading causes of pregnancy-related deaths for non-Hispanic Black women in 2021 were infection, hemorrhage, and hypertensive disorder, thrombotic embolism, cardiomyopathy, and cerebrovascular accident; for non-Hispanic White women, the leading causes were infection, hemorrhage, and hypertensive disorder; for Hispanic women, the leading causes of death were infection, hemorrhage, amniotic fluid embolism, hypertensive disorder, and cardiomyopathy. In 2021, the leading preventable causes of death were infection, hypertensive disorder, and hemorrhage. Based on a preliminary review of 2022 cases reviewed to date, the state expects the PRMR to decrease in next year's annual application.

Since 1996, the Florida MMRC has been operating as a formal review of maternal mortality in the state. The administrative functions, infrastructure, and medical record abstraction for Florida's MMRC process is supported through the Title V MCH Block Grant. The Florida MMRC seeks to explain gaps in care, identify systemic service delivery issues, and make recommendations to facilitate improvements in the overall systems of care. The Florida MMRC involves data collection and examination of maternal deaths to promote evidence-based actions for individual behavior changes, health care system improvements, and prevention of pregnancy-related deaths. The Department uses Florida MMRC data, including contributing factors and care improvement recommendations, to prioritize areas for quality improvement. The Florida MMRC process begins by identifying all pregnancy-associated deaths within a specified period.

Florida MMRC abstractors capture information from the medical, prenatal, labor and delivery, postpartum, emergency room, the Department's prenatal risk screen, social service, care coordination, medical examiner, and terminal events records. The Florida MMRC meets quarterly to review and discuss the abstracted cases and concludes with a determination that each case is either pregnancy-related or not pregnancy-related. The Florida MMRC provided recommendations to the Department last year to improve the health care system and the quality of outcomes for all women. Examples of recommendations and actions based on Florida MMRC findings include establishing evidence-based initiatives that promote preconception health, screening for depression, screening for domestic violence, and the reduction of preterm births as well as promoting patient education to increase awareness of preventable risk factors and improve access to family planning, prenatal, and primary care services.

The Florida MMRC operates as a one-year retrospective review. Deaths to pregnant and postpartum women that occurred in 2020 were abstracted and reviewed by the Florida MMRC in 2021. The Florida MMRC data analyst completed the analysis of the 2020 maternal mortality data in 2022. The methods used included descriptive analysis for quantitative, and theme identification for qualitative analysis. In 2022, the data linkage process identified 298 Florida resident pregnancy-associated deaths from 2021. The Florida MMRC case selection subcommittee selected 76 cases to abstract and review. The multidisciplinary Florida MMRC met quarterly to thoroughly discuss each case, determine pregnancy-relatedness, identify contributing factors, assess preventability, and create recommendations for prevention. Upon review of the 76 selected cases, the Florida MMRC determined 62 (82%) were pregnancy-related deaths. Of the 62 pregnancy-related cases, 49 (79%) were preventable at either the individual, provider, facility, care system, or community level.

Opioid use in pregnancy has increased in recent years, paralleling the epidemic observed in the general population. According to a 2021 study published in the Journal of the American Medical Association, the rate of Florida maternal

opioid-related diagnoses identified at admission for delivery almost doubled from 3.9 per 1,000 deliveries in 2010 to 7.8 in 2017. According to the Centers for Disease Control and Prevention (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS, 2020), 7 percent of women reported using prescription opioids in pregnancy, and one in five of those women reported misuse. The Department completed the analysis of the 2020 Florida MMRC data in 2022. The Florida MMRC data is used to develop and distribute Urgent Maternal Mortality Messages (Message) on topics that are relevant to preventing maternal deaths to professional, clinical, and community organizations. The Florida MMRC periodically reviews and updates the Messages to keep aligned with any relevant changes in clinical guidelines. In 2022, the Department, in partnership with the FPQC, began working to update the Message on SUD, including opioid use during pregnancy. The Message includes Florida MMRC recommendations for prenatal care and screening, as well as recommendations for referrals and treatment. A recommendation was added to the Message for providers to engage in the new Coordinated Opioid Recovery (CORE) Network. In 2022, The Department partnered with the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA) to pilot a substance abuse and recovery network aimed to disrupt the opioid epidemic in several Florida counties. CORE is a comprehensive approach that expands every aspect of overdose response and treats all primary and secondary impacts of SUD. CORE Network's Connected Care Model aims to eliminate the stigma of addiction and treat SUD as a disease, with the same level of continuous care. The CORE network ensures patients are stabilized and treated for coexisting medical and mental health conditions. Patients may be referred for dental care, primary care, psychiatric evaluation, maternal care, and social support services. Social support services can address career training, housing, or food insecurity.

The Department's partnership with the FPQC also resulted in the establishment of a workgroup to examine barriers and challenges that reduced access to Medication Assisted Treatment for pregnant and postpartum women with OUD. A series of listening sessions with obstetric providers identified training as an area of need to improve the number of obstetric providers who were willing and able to treat women for OUD, including normalizing conversations about SUD and increasing the number of providers trained in screening motivational interviewing, and treatment women with OUD.

To identify neonatal abstinence syndrome (NAS) cases, the Department currently uses a passive case ascertainment methodology that relies on linked administrative datasets and diagnostic codes indicative of NAS. First, birth certificate records from the Bureau of Vital Statistics are linked to the infant's birth hospitalization record, which is provided as part of quarterly submission of inpatient hospital discharge data by hospitals to the AHCA. Each discharge record includes International Classification of Diseases, Clinical Modification diagnosis codes documented during the hospital encounter. Prevalence rates of NAS in Florida increased from 25.8 to 67.3 per 10,000 live births from 2008-2015. After 2015, the prevalence of NAS decreased to 53.5 per 10,000 live births in 2020. This prevalence rate equates to an average of 1,400 cases of NAS per year in Florida since 2011. According to data from the Healthcare Cost and Utilization Project, the most recent NAS rate for the nation was 6.3 per 1,000 newborn hospitalizations in 2020 compared with the Florida 2020 rate of 6.3 per 1,000 newborn hospitalizations.

The Florida MMRC also supported implementation of an innovative maternal mental health initiative called the Florida Behavioral (BH) Improving Maternal and Pediatric Access to Care and Treatment (IMPACT) program. This is a collaborative initiative by the Department, Florida State University College of Medicine, University of Florida (UF), and the Florida Maternal Mental Health Collaborative. The goal of the Florida BH IMPACT program is to improve the identification and treatment of pregnant and postpartum women who experience behavioral health and SUDs in the state of Florida. The program currently operates and engages and trains providers throughout the state. The Florida BH IMPACT program promotes MCH by building the capacity of health care providers through professional development, expert consultation and support, and dissemination of best practices. The program has five main components: 1. Access for patients and clinicians to comprehensive referral resources and services in the region for mental health and substance use. 2. Clinician access to telephone consultation with a psychiatrist during normal

business hours. 3. The use of brief, valid screening tools for depression, anxiety, and substance use. 4. Tracking and reporting of information and measures related to the programs processes and outcomes. 5. Training of obstetric providers in best practice maternal behavioral health screening, treatment, and risk issues. The BH IMPACT program is supported with funds received from the Health Resources and Services Administration grant.

During the reporting period, the Department received the CDC grant, “Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees”. The purpose of the grant is to support agencies and organizations that coordinate and manage MMRCs to identify and characterize maternal deaths for identifying prevention opportunities. The grant period is September 30, 2021, through September 29, 2024. Florida is using the grant to support the following activities:

- Expand maternal mortality reviews in mental health cases, such as suicide and substance abuse deaths.
- Develop an outreach campaign that empowers pregnant and postpartum women to be self-advocates.
- Develop a peer-to-peer, comprehensive outreach campaign for health care providers on the 2020 five leading preventable causes of pregnancy-related deaths.
- Contract with a licensed clinical social worker to develop and implement an informant interview process based on guidance from the CDC, during case abstraction.
- Contract with a data analyst to identify system improvement to correct inconsistencies on death certificates (i.e., check box, ICD code errors).

In 2022, the Florida MMRC formed a Mental Health Subcommittee to address the pregnancy-associated mental health deaths related to substance use and suicide. The Mental Health Subcommittee reviewed abstracted suicide deaths and deaths involving substance use to assess pregnancy-relatedness and to identify common themes and areas for care improvement.

In alignment with the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion Number 736, the Florida MMRC recommended that postpartum care be an ongoing process rather than a single encounter. As a result, the Department funded a project using Title V MCH Block Grant funds for early and ongoing postpartum screening through UF. The Department provided financial and technical assistance to UF to develop and pilot the UF Gator MOMitor™ smart phone application (app). The app provides daily risk assessments of women up to six weeks postpartum by their health care team, with the goal to reduce maternal morbidity and mortality. The app continues to expand and pilot additional interventions for participants seen at the UF Health Shands Hospital in Alachua County. The app presents users with assigned questions based on their identified risk factors. These questions are designed using ecological momentary assessment technology, which offers repeated sampling of participants’ experiences and possible symptoms in real time. Questions are created using a focused approach to assess participants and notify the health care team based upon the user’s response. Customized risk assessment plans for each participant are created prior to discharge from UF Shands to identify relevant screening questions based on individual risk factors and health conditions. However, every woman participating in the pilot is screened for postpartum depression. Other conditions the app monitors include hypertension, surgical wound infection, and diabetes. Women who experience hypertension are also provided a blood pressure cuff for home monitoring free of charge. This past year, the project was expanded to include monitoring of women that are breastfeeding and those diagnosed with cardiovascular disease. Women diagnosed with cardiovascular disease receive a scale and pulse oximeter for home monitoring free of charge.

The initial group of patients were enrolled in November 2021. As of March 1, 2023, 1,198 women have participated in the pilot. Between July 1, 2022, and March of 2023 there have been 658 participants enrolled. Of those, all were enrolled to receive assessment questions for postpartum depression, 240 were enrolled for Cesarean delivery assessment questions, 28 for diabetes, 253 for hypertension, 20 for cardiovascular disease,

and 570 for breastfeeding. Within this same time period, a need for elevated care was identified 340 times. A single participant may have received more than one referral. Of those, 39 were referred for an office visit and 7 resulted in hospitalization. This is potentially 7 lives saved and a reduction in health care costs due to timely identification of a postpartum complication.

Findings from the Florida MMRC have noted Florida's pregnancy-related deaths are on the rise with an increase in deaths occurring postpartum after discharge from the hospital. The most common causes of deaths during postpartum after discharge are cardiomyopathy, other cardiovascular conditions, infections, and thrombotic embolism. According to the Florida MMRC findings, more than two-thirds of these deaths were considered preventable. Currently, it is estimated that roughly 40 percent of new mothers do not see a provider for their recommended postpartum follow-up care. Proposed recommendations based on these findings are in concert with the ACOG's Committee Opinion 736 on "Optimizing Postpartum Care". This includes scheduling an early postpartum visit, a "two-week post-birth health check" for patients prior to being discharged from the hospital. The days and weeks following birth are a critical intervention period that set the stage for women and their infants for both short and long-term health outcomes. Prior to discharge, it is imperative for patients to receive postpartum education, screening for high-risk postpartum complications, assistance with scheduling a "two-week Post-Birth Health Check", and linkages to other applicable community and health resources. Mothers must know when medical concerns and issues are occurring and where and how to get the timely risk-appropriate care that may be needed.

In the beginning of 2022, the FPQC began developing the Postpartum Access and Continuity of Care (PACC) initiative to improve maternal health through the continuum of postpartum care by providing respectful, timely, and risk-appropriate, coordinated care. The PACC initiative hospital kick-off was held in October 2022, with 77 birthing hospitals participating, representing over 80 percent of births in Florida. The FPQC developed and distributed a package of education materials to each hospital that included posters, patient handouts, and other materials to assist with implementation. In addition, the PACC toolbox has a plethora of materials for hospitals to use during the initiative. FPQC also developed materials and a webpage specifically focused on Emergency Rooms (ER), given that almost a third of mothers are seen in the ER and discharged prior to dying. This includes ER staff postpartum mortality prevention education slides, an ER poster to remind about screening, QR codes for diagnosing and treating the seven leading causes of death related to postpartum conditions, and the FPQC Postpartum Mortality Brief.

The Department and the AHCA recognized hospitals during the reporting year that achieved the Healthy People 2030 goal of low-risk, primary C-section rates at or below 23.6 percent. In the fall of 2022, the State Surgeon General, Secretary for the AHCA, and other state leadership toured the state to hand deliver awards to the 26 hospitals that achieved the Healthy People 2030 for first-time, low-risk pregnancies based on 2020 data. This included a presentation on the importance of the reduction of low-risk, primary C-section rates and provided an opportunity to meet the medical staff and administration who implemented strategies to achieve the goal. In the summer of 2023, the Department and the AHCA recognized hospitals that achieved the Healthy People 2030 goal of low-risk, primary C-section rates at or below 23.6 percent in 2021. Awards were presented at the Florida Hospital Association statewide conference which included administration from hospitals that both achieved and did not achieve the goal.

Since 2014, the Florida MMRC assesses the level of preventability for the cases reviewed and determined to be pregnancy-related deaths. First, the Florida MMRC reaches consensus on whether the death appeared to have been preventable and to what degree the death was preventable by asking the following question: If specific actions had been implemented, to what degree would these actions have changed the woman's trajectory and led to her survival? Second, for each pregnancy-related death, the Florida MMRC identifies whether health care provider, facility, or patient and community factors contributed to the death with the following question: Did the

factors identified in the improvement categories contribute to the maternal death? The Florida MMRC has found that some pregnancy-related deaths may have been prevented if hospitals were optimally prepared for the challenging pregnancy complications and has recommended that Florida hospitals participate in a program that verifies ACOG's levels of maternal care.

In 2022, the Department in collaboration with the FPQC, began implementing a Levels of Maternal Care (LOMC) verification pilot project. LOMC designations were developed to enable women to receive risk-appropriate maternal care, a key strategy to reducing maternal mortality and morbidity. The intent is to avert preventable pregnancy-related deaths by establishing standardized systems of maternal care aligned with ACOG recommendations. The LOMC is a voluntary process that allows hospitals to self-designate as one of the four designations, Level I Basic Care, Level II Specialty Care, Level III Subspecialty Care, and Level IV Regional Perinatal Health Center. The FPQC partnered with The Joint Commission to conduct site visits and to complete the verification process with participating hospitals. By December 2022, 14 Florida birthing hospitals applied to participate in the LOMC verification project and were in the process of completing the applications for The Joint Commission (TJC). Thirteen hospitals participated in the TJC Maternal Level of Care Verification with the following results: 1 Level I hospital, 5 Level II hospitals, 4 Level III hospitals, and 3 Level IV hospitals met national standards.

The increase in congenital syphilis cases remains a concerning trend in Florida. In 2015, 17.7 infants per 100,000 births were diagnosed with congenital syphilis. By 2021, this rate reached 82.7 infants. Despite prenatal syphilis screening mandates, gaps in preconception and prenatal care persist. In June 2022, a Graduate Student Epidemiology Program intern began working on an analysis using Pregnancy Risk Assessment Monitoring System data to identify preconception factors associated with maternal syphilis diagnoses. Results from this analysis will help to identify where these gaps in care exist, as well as best strategies for diagnosing and treating syphilis prior to pregnancy.

Section 383.2163, Florida Statutes, was established on July 1, 2021, requiring the Department to establish telehealth minority maternity care pilot programs in Duval and Orange counties. The purpose of the pilots is to use telehealth to expand the capacity for positive maternal health outcomes in racial and ethnic minority populations. The Florida legislature provided funding for the project in FY 22-23. The Department identified organizations in each respective county to implement the pilot project through a competitive procurement process. Each pilot program (program) used telehealth to assess the service needs and gaps of pregnant and postpartum women who were at high-risk for severe maternal morbidities. This included screening and treatment of common pregnancy-related complications, including, but not limited to, anxiety, depression, substance use disorder, hemorrhage, infection, amniotic fluid embolism, thrombotic pulmonary or other embolism, hypertensive disorders relating to pregnancy, diabetes, cerebrovascular accidents, cardiomyopathy, and other cardiovascular conditions. Additionally, the programs used telehealth, or coordinated with prenatal home visiting programs, for the following services:

- Referrals to Healthy Start's coordinated intake and referral program to offer families prenatal home visiting services.
- Services and education addressing social determinants of health, including, but not limited to:
    - Housing placement options.
    - Transportation services or information on how to access such services.
    - Nutrition counseling.
    - Access to healthy foods.
    - Lactation support.

- Lead abatement and other efforts to improve air and water quality.
- Childcare options.
- Car seat installation and training.
- Wellness and stress management programs.
- Coordination across safety net and social support services and programs.
- Evidence-based health literacy and pregnancy, childbirth, and parenting education for women in the prenatal and postpartum periods.
- Connection to support from doulas and other perinatal health workers.
- Tools for prenatal women to conduct key components of maternal wellness checks (e.g., scales, blood pressure devices with verbal readers, blood glucose tests).

During FY 22-23, a total of 2,533 pregnant and postpartum women participated in the pilot (1,327 in Orange county and 1,206 in Duval county). Patients were monitored for diabetes if they indicated they had preexisting or gestational diabetes. Data available from Duval county indicated approximately 7 percent of patients self-reported having hypertension, and 8 percent of their patients self-reported having diabetes. Roughly 11 percent of Orange county's patients were identified as having hypertension, and about 12 percent were identified as having diabetes. Both counties utilized telehealth services to deliver an added layer of care and support to patients diagnosed with hypertension or diabetes. Remote medical monitoring devices were provided to patients, regardless of hypertension or diabetes diagnostic status. These devices provided real-time vitals data to the care management team and allowed them to employ proactive measures to reduce the risk of severe complications. Based on individualized assessments, 100 percent of program participants in Orange county required wrap around services and education and 90 percent in Duval county. The programs leveraged local partnerships to address the additional needs of pilot participants which prioritized childcare, employment, food, utilities, and housing. Additionally, Title V Block Grant funds were used to purchase scales and blood pressure devices for women enrolled in the program. Quantitative and qualitative data used to evaluate the pilot provides supporting evidence that in its first year, the program has already yielded major health outcome improvements to the community that includes the following:

- Services have positively intervened in cases of hypertension for multiple women, avoiding serious complications, such as placenta abruption and restricted fetal growth, which would require emergency medical care resulting in possible maternal and infant death.
- Through lifestyle changes promoted through this program, participants maintained optimal blood sugar levels, effectively managing gestational diabetes, and improving overall maternal health and increasing likelihood of healthy normal weight infants.
- Continued support through the post-partum period ensures that the mental health needs of mothers are met, increasing their capacity as caregivers, as well as providing additional care during the critical early-life stage of infants born to program participants.
- Positive experiences engender trust in the medical system leading to a greater likelihood of engaging in preventative medical care for infants.
- Low-cost preventative prenatal care not only saves lives, but benefits mothers, infants, and the health care system by avoiding costly emergency care.

Women/Maternal Health - Application Year

The Florida Department of Health (Department) will continue to prioritize the following needs of women/maternal health during the annual reporting year, as reflected in the State Action Plan Table:

- Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health (National Performance Measure [NPM] 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year).
- Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children (NPM 14.1: Percent of women who smoke during pregnancy).
- Reduce maternal mortality and morbidity (NPM 14.1: Percent of women who smoke during pregnancy).

The Department will address NPM 1 through state and community partnerships to develop comprehensive systems of care for women and use data to inform program development and policy change. Partnerships between the Department and other state and community agencies such as Florida's Medicaid agency; providers; home visiting programs including Healthy Start and the Maternal, Infant, and Early Childhood Home Visiting program; local health departments; and community health centers are critical to developing and advancing comprehensive preconception health efforts at the state and local level as well as the overall system of care for women.

The Department's universal prenatal risk screen is administered by maternal health care providers. Its purpose is to identify women at risk for delivering a low birth weight or preterm infant, or other poor birth outcomes. Women identified at risk are referred to CONNECT (coordinated intake and referral), housed at Healthy Start Coalitions (Coalitions), for information and referral to one of Florida's home visiting programs, as selected by the woman. Currently, the universal prenatal screening process is paper driven. The maternal health care provider completes prenatal screens for pregnant women seen in their clinic and collates the screens to provide to the county health department (CHD), most typically monthly. The screening information is then manually entered into the Department's health management system (HMS) which generates an electronic referral to CONNECT. The Department will continue to develop an electronic system that will be accessible to pregnant women and health care providers for completion of the screen. The screening results will be submitted in "real time" to generate a referral to CONNECT. The Department anticipates an increase in the number of screens completed and a decrease in the amount of time between the identification of pregnant women at-risk to provision of services, resulting in healthier pregnancies and deliveries. An educational campaign to health care providers and pregnant women will be necessary to educate on the purpose of the screen, how to use the electronic system, and the benefits of home visiting services.

The Department's Maternal and Child Health (MCH) Section will contract with the 32 Coalitions, non-profit organizations, for Florida's Healthy Start program. Coalitions establish private and public partnerships that include state and local government, community organizations, and MCH providers, for the provision of coordinated community-based prenatal and infant health care. Florida's Heathy Start program serves pregnant women and infants from birth, up to age three, who score at-risk on the universal prenatal or infant risk screen. Self-referrals and referrals provided by health care providers and other agencies are also accepted. Healthy Start services, including interconception care, are supported by state general revenue funds and Title V MCH Block Grant funds. The priorities of Florida's Healthy Start program are:

- Reduce the occurrence of infant deaths.
- Reduce the number of low birth weight and preterm births.
- Reduce the occurrence of maternal deaths.
- Improve infant and toddler developmental outcomes.

The Department provides oversight and monitoring of the following contracts to address maternal and child health priorities:

- The Family Healthline is a statewide, toll-free hotline offering counseling information and community referrals about pregnancy, infant and toddler issues. The goal of the hotline is to improve the health status of Florida's pregnant women and their children by providing callers with information on helpful community resources and answering basic questions about pregnancy, breastfeeding, childbirth education and other pregnancy-related concerns. The Family Health Line is available in English, Spanish, and Haitian Creole. The contract is funded with Title V MCH Block Grant funds, state general revenue, and other funding sources.
- The Ounce of Prevention Fund of Florida to identifies, funds, and evaluates innovative prevention programs for at-risk children and families. They also raise awareness of MCH initiatives such as safe sleep, Reach Out and Read, and Count the Kicks campaigns throughout the state, with a focus on television and radio advertisements. This contract is funded through state general revenue funds.
- The Florida Association of Healthy Start Coalitions implements the national Nurse Family Partnership Program model in 15 counties of Florida (Hillsborough, Orange, St. Lucie, Indian River, Martin, Citrus, Hernando, Lake, Sumter, Marion, Alachua, Dixie, Gilchrist, Levy, and Miami-Dade, respectively). This contract is funded through state general revenue funds.
- A Safe Haven for Newborns promotes the Safe Haven Law through a statewide outdoor advertising and community outreach campaign. This includes the use of materials that educate and inform the public about where to obtain support and the identification of safe venues for parents considering surrendering their infants. This contract is funded through state general revenue funds.
- The Florida Pregnancy Care Network implements the Florida Pregnancy Support Services Program. The program is a network of nonprofit pregnancy support centers that provide support and assistance to women, men, and their families primarily faced with unexpected pregnancies. Services include free pregnancy tests, peer counseling, and referrals. Most of the centers offer classes on pregnancy, childbirth, parenting, and personal finance management. The centers also provide certain non-medical material assistance. The program also has a call center that operates 24/7 to provide brief consultations and directly connect callers to services withing their community. Wellness services are also provided that include, but not limited to, smoking cessation counseling, sexually transmitted disease testing, blood pressure screenings, diabetes screenings, and pap smears. The program is governed through section 381.96, Florida Statues, and funded through state general revenue funds. Beginning in FY 23-24, the program is being expanded to serve parents/guardians of children who are adopted. Services are also being expanded to include nonmedical materials assistance (e.g., clothing, car seats, cribs, formula, and diapers), counseling or mentoring, education materials, classes regarding pregnancy, parenting, adoption, life skills, and employment readiness.

Through the Florida Healthy Babies program, Title V MCH Block Grant funds will be provided to all 67 CHDs to provide services to women. These services can include well-woman preventative health visits; prenatal care; education for chronic disease management and prevention for pregnant women; preconception health counseling; reproductive health services; and dental care services for pregnant women as well as children (with an emphasis on children up to age six). CHDs also engage in activities that promote access to care, health literacy, and community engagement and/or establishment of policies that positively influence the broad social, economic, cultural, and environmental factors that affect a woman’s health.

The Department is committed to helping Floridians reach their fullest health potential by living tobacco free lives through prioritization of NPM 14.1. The Department will promote the Tobacco Free Florida program to bring awareness to the dangers of tobacco, while also providing free resources that help tens of thousands of Floridians to

quit and Tobacco Free Florida's Quit Your Way, that offers 24 hours a day, seven days a week, telephone counseling in English, Spanish, and other languages through a translation service. Pregnant and post-partum tobacco users who are ready to quit will receive expanded services including 10 counseling sessions, and with a medical release, they may receive a four-week starter kit of nicotine replacement therapy. Florida's Healthy Start program will provide the Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) curriculum, an evidence-based program for smoking cessation.

Tobacco users may access resources to help them quit through Florida's Web Coach online service. Tobacco users can plan their quit date and even receive nicotine replacement therapy through the free online service. Tobacco Free Florida also offers group quit classes available in every county, both in-person and virtual.

The Tobacco Free Moms and Babies Collaborative brings together the Tobacco Free Florida, Women, Infants and Children (WIC), Healthy Start Coalitions, and the Area Health Education Center (AHEC) to educate on the free tools and services Tobacco Free Florida has to offer to help Floridians quit smoking. Tobacco Free Florida funds 29 counties to reach pregnant women and health care providers who serve pregnant women with cessation and referral information. Tobacco Free Florida has a suite of materials to educate this population on the dangers of smoking during pregnancy and the hazards of secondhand smoke exposure. Within the 2022 General Appropriations Act, Tobacco Free Florida was allocated $2,500,000.00 (Health Communications Interventions-Pregnant Women line item) to be used for the development of a campaign to reach pregnant and post-partum women, educate them on the dangers of smoking, and to encourage quitting. During Fiscal Year (FY) 2022-2023, through the statewide media and marketing campaign, Tobacco Free Florida developed a strategic marketing communications plan that will include print and digital marketing materials, paid media across various media channels, community outreach, and targeted health care provider outreach. The Department is also working on an incentive program to help increase cessation referrals by incentivizing those who sign up into a cessation program including but not limited to: Baby and Me Tobacco Free Program, TFF Phone Quit, Group Quit, individual services and/or Healthy Start SCRIPT program.

The Florida Perinatal Quality Collaborative (FPQC) was established in 2010 to improve Florida's maternal and infant health outcomes through the delivery of high quality, evidence-based perinatal care. To achieve this goal, the FPQC consists of statewide partnerships with perinatal-related organizations, individuals, health professionals, advocates, policymakers, hospitals, and payers. These stakeholders have been working voluntarily in data-driven, population-based, QI processes focused on some of the most critical perinatal health issues in Florida. Led by a Steering Committee and a leadership team, the FPQC engages all its stakeholders to identify the priority perinatal QI issues and to determine which initiatives are appropriate, feasible, engaging, measurable and supportable. The Department contracts with the FPQC using funds from the Title V MCH Block Grant to implement QI initiatives in Florida birthing hospitals.

Reducing maternal mortality and morbidity remains a high priority for the Department. House Bill 5, passed during the 2022 legislative session, requiring hospitals that provide birthing services to participate in a minimum of two FPQC initiatives at all times. The FPQC is working with the Department, the Agency for Health Care Administration (AHCA), and the Florida Hospital Association (FHA) to ensure hospitals are aware of this legislation and the process to enroll. The Department will maintain contracts with the FPQC to implement QI initiatives in Florida hospitals. To continue moving the needle forward in reducing primary cesarean deliveries, the Department and the FPQC will encourage sustainability strategies such as continued use of best-practice guidelines learned from the Promoting Primary Vaginal Deliveries Initiative that was implemented in Florida birthing hospitals. The Department and AHCA will continue to recognize hospitals that achieve the Healthy People 2030 goal of low-risk, primary C-section rates at or below 23.6 percent.

The Department's MCH Section will continue to collaborate with the FPQC in the effort to improve identification,

clinical care, and coordination of treatment and support for pregnant women and their infants with any exposure to opioids. Hospitals will be given strategies for continued implementation of the best practice guidelines established by the FPQC. Strategies include the continuation of universal substance use disorder (SUD) screening for all pregnant women; the provision of naloxone to patients at risk of overdose; and continued education of hospital staff and providers. Hospitals will be encouraged to continue working with their local Coalition to assure referral networks remain current, as well as collaborate with community partners to ensure SUD screening occurs during pregnancy. Health care providers and hospitals will also be encouraged to participate in the Coordinated Opioid Recovery Network that was created to disrupt the opioid epidemic in several Florida counties.

The Department will collaborate with the FHA, AHCA, the Department of Children and Families, and the Florida Society of Health System Pharmacists to expand the free naloxone program to hospitals that have high rates of overdose. Other ongoing efforts to improve screening and access to care for women in the perinatal period include efforts to update the Department's HMS at CHDs to enable universal screening for SUDs at intake for women visiting CHDs for services (i.e., prenatal care, WIC, family planning, and HIV clinics). That work is in the exploratory stage and will be implemented in a pilot during the application year. If successful, the goal is to expand to CHDs across the state.

The Department will continue implementation of the Perinatal Mental Health grant received from Health Resources and Services Administration (HRSA) in collaboration with the Florida State University College of Medicine and Florida Maternal Mental Health Collaborative. The initiative, Improving Maternal and Pediatric Access, Care and Treatment for Behavioral Health (BH IMPACT), provides:

- Access for patients and clinicians to comprehensive referral resources and services in the region for mental health and substance use.
- Clinician access to telephone consultation with a psychiatrist during normal business hours.
- The use of brief, valid screening tools for depression, anxiety, and substance use.
- Tracking and reporting of information and measures related to the programs processes and outcomes.
- Training of Obstetric providers in best practice maternal behavioral health screening, treatment, and risk issues.

Based on the successful establishment of the program, the Florida BH IMPACT program is poised for statewide expansion and program enhancement which includes:

- Statewide implementation of psychiatric consultation for obstetrics and behavioral health providers.
- Expansion of program enrollment access to all prenatal care points-of-contact including midwives, doulas, CHDs, and statewide community agencies that encounter pregnant and postpartum women.
- Training for home visitors on substance use interventions to increase the capacity of home visitors on substance use interventions.
- Enhancements to the statewide resource directory to include substance use, social, and other medical care services, enhanced monitoring, and analytics of the directory for continuous quality improvement.
- Promotion of Florida's toll-free Family Health line that provides perinatal mental health information.
- Increase capacity to collect data from enrolled obstetrics sites to include information for electronic medical records related to mental health and substance use screening results; documentation of substance use or mental health diagnoses, treatments, referrals; labor, delivery, and birth complications, as well as infant outcomes such as NICU admission and outcomes.
- Expand ability to collect advanced analytics from web-based resources, including the statewide behavioral health resource directory. This will allow tracking, reporting, and enhancing the reach of the database.

- Enhance ability to track and evaluate the outcomes of provider trainings.

The Department will promote the National Maternal Mental Health Hotline that provides 24/7, free, confidential support before, during, and after pregnancy; and the materials developed by the HRSA. The hotline offers callers:

- Phone or text access to professional counselors.
- Real-time support and information.
- Response within a few minutes, 24 hours a day, 7 days a week.
- Resources.
- Referrals to local and telehealth providers and support groups.
- Culturally sensitive support.
- Counselors who speak English and Spanish.
- Interpreter services in 60 languages.

The Department will continue to use Title V funding for four regional part-time nurse abstractors, an epidemiology staff person for data analysis, and additional staff as needed to support the statewide Florida Maternal Mortality Review Committee (Florida MMRC). Reduction and prevention of maternal deaths is a national and state priority. The Florida MMRC is an ongoing system that collects and analyzes information related to maternal deaths to promote system improvements through evidence-based actions aimed at preventing future untimely deaths. The multi-disciplinary Florida MMRC meets quarterly to review cases of maternal mortality and identify issues and make recommendations for improvements in care at the individual, provider, and community levels. Actions of the committee include reports covering multiple years of review, which are beneficial for evaluating trends and proposing recommendations for change. In addition to monitoring annual data and trends, select topics are chosen for further analysis to obtain a more complete understanding of a particular issue or condition and promote the development of targeted actions that may prevent future deaths. The Florida MMRC will continue to promote and develop timely messages and action items to support initiatives related to preventing maternal deaths in Florida. The Department will develop briefs and reports based on Florida MMRC findings to distribute to professional organizations through the Florida MMRC representatives and post the messages on the Department website.

Funding from the Centers for Disease Control and Prevention's Preventing Maternal Deaths: Supporting Maternal Mortality grant will continue to be used in the expansion of the scope of the Florida MMRC to include the review of mental health related causes of death. The Florida MMRC Mental Health Subcommittee will continue to review cases involving substance use and suicide in order to identify contributing factors and to make care improvement recommendations. The Department will continue to contract with a staffing agency for the necessary resources, nurse abstractors, social worker, and data analyst, needed for the Mental Health Subcommittee. The Florida MMRC will start to include informant interviews as part of the case review process. The purpose of the informant interview is to gain insight into factors related to potential bias or discrimination that may have contributed to the maternal death. The informant interview will give the Florida MMRC insight into the decedent's life that is not available in medical records. This information will be used to identify opportunities to improve healthcare quality and systems of care. The Department will create a report based on the findings from the Mental Health Subcommittee and disseminate the report to the Florida MMRC members so they can share it with their affiliated organizations and peers.

The FPQC, in collaboration with the Department will continue the implementation of the Postpartum Access and Continuity of Care (PACC) QI initiative that aims to improve postpartum systems of care beginning at the time of discharge from a birthing facility. Findings from the Florida MMRC identified that the larger portion of maternal deaths occur after but within 60 days of discharge. The PACC Initiative seeks to improve maternal health through hospital-facilitated continuum of postpartum care by coordinating and providing respectful, timely, and risk-

appropriate coordinated care and services. The PACC Initiative's primary aim is by June 2024, participating hospitals will increase the percentage of patients with a two-week postpartum appointment scheduled prior to being discharged home, by 20 percent. A secondary aim is to increase patient postpartum education which includes the benefits of early postpartum appointments, warning signs, and birth spacing, by 20 percent. The FPQC will recommend and assist hospitals to develop a comprehensive process workflow for safe discharge including scheduling the early postpartum appointment or Post-Birth Health Check, that includes:

- Establishing a policy/standard operating procedure (SOP) to include a Maternal Discharge Risk Assessment to determine appropriate discharge timing and follow-up plan.
- Establishing a policy/SOP to perform the Postpartum Discharge Assessment to ensure all health parameters are within normal limits just prior to discharge.
- Establishing a policy/SOP to schedule a Post-Birth Health Check: a follow-up encounter within two weeks (may be needed sooner if high risk factors) prior to discharge from hospital.

The Department will collaborate with the FPQC to develop a QI initiative to address the broad social, economic, cultural, and environmental conditions that may affect birth outcomes. This new initiative will offer participating hospitals the opportunity to delve into data about their patients to discover unwanted variations, develop approaches to enhancing respectful maternity care, improve screening and linkage to resources for patients in need, and improve efforts at engaging families and community members in hospital QI. Core initiative components include standardization of care practices related to individualized screening; making appropriate referrals to support individualized needs prior to discharge; adopting appropriate and respectful care practices to best serve the identified needs in their communities; providing respectful maternity care training for providers and staff; educating patients on the importance of screening and respectful maternity care practices adopted by the hospital; developing and implementing the hospital's written action plan; implementing a survey within hospitals; and developing a supportive environment that is respectful of each patient and their individualized needs.

The Florida MMRC has identified quality of health care as one of the major contributors to the rates of maternal mortality and morbidity in the state. To address this finding, the Department has started a Levels of Maternal Care (LOMC) verification pilot project for Florida hospitals. LOMC designations were developed at the national level to enable women to receive risk-appropriate maternal care, a key strategy to reduce maternal mortality and morbidity. The LOMC is a voluntary process that allows hospitals to self-designate as one of the four following designations:

- Level I - Basic Care: Care for low to moderate-risk pregnancies, demonstrating the ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which the specialty maternal care is available.
- Level II – Specialty Care: Level I, plus moderate to high-risk antepartum, intrapartum, and postpartum conditions.
- Level III – Subspeciality Care: Levels I and II, plus care for more complex maternal medical conditions, obstetric complications, and fetal conditions.
- Level IV – Regional Perinatal Health Care Centers: Levels I, II, III, plus on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant women and fetuses throughout antepartum, intrapartum, and postpartum care.

The Department will continue collaborative efforts with the FPQC and The Joint Commission to implement the LOMC verification pilot project. The FPQC will use funding from the Department to pay the initial site visit cost and first full year annual fee for any Florida maternity hospital willing to apply for and participate in the LOMC project; this will

cover nearly half of the cost of a hospital's three-year participation. The FPQC will complete a needs assessment to propose an implementation plan for future years.

With year three on the horizon, the University of Florida Gator MOMitor™ team is developing system expansion supported by the Title V MCH Block Grant. Expansion will include providing additional survey assessments for postpartum participants to identify and treat SUDs as well as adding a prenatal component. Prenatal participants will be screened for early diagnosis and surveillance of mood disorders, SUDs, hypertensive disorders, and gestational diabetes during pregnancy. In additional to recruiting another 500 postpartum participants in year 3, the team plans to also recruit 200 pregnant women for antenatal monitoring. The smartphone application will also be expanded to provide educational resources regarding mental health in the perinatal period through mental health resources within Gator MOMitor™ and statewide through BH IMPACT Maternal Mental Health Resource Directory.

The Department has numerous goals set forth for the improvement of maternal mortality outcomes through various projects, programs, and initiatives across Florida. These are each overseen in some way by a core group of personnel within the Maternal and Child Health Section. This leads the Department to recognize the need for strategic planning services related to the coordination, planning, development, and implementation of improvements to the maternal mortality system of care. The development of a project charter, strategic plan, and implementation plan will connect three key areas for maternal mortality, mission, vision, and achievement of goals.

Section 383.2163, Florida Statutes, required the Department to establish telehealth minority maternity care pilot programs in Duval and Orange counties. The purpose of the pilots is to use telehealth to expand the capacity for positive maternal health outcomes in racial and ethnic minority populations. During the 2023 Florida legislative session, the project was expanded to 18 additional counties with the highest ranking of severe maternal morbidity rates per 1,000 deliveries in hospitals for calendar year 2020. The additional counties include Miami-Dade, Hillsborough, Palm Beach, Broward, Pinellas, Polk, Pasco, Brevard, Volusia, Manatee, Sarasota, Collier, Escambia, Lake, Seminole, Leon, Marion, and Lee. Each county will have a coordinating program to use telehealth to assess the service needs and gaps of pregnant and postpartum women who were at high-risk for severe maternal morbidities. This includes screening and treatment of common pregnancy-related complications, including, but not limited to, anxiety, depression, substance use disorder, hemorrhage, infection, amniotic fluid embolism, thrombotic pulmonary or other embolism, hypertensive disorders relating to pregnancy, diabetes, cerebrovascular accidents, cardiomyopathy, and other cardiovascular conditions. Additionally, the programs used telehealth, or coordinated with prenatal home visiting programs, for the following services:

- Referrals to Healthy Start's coordinated intake and referral program to offer families prenatal home visiting services.
- Services and education addressing social determinants of health, including, but not limited to:
    - Housing placement options.
    - Transportation services or information on how to access such services.
    - Nutrition counseling.
    - Access to healthy foods.
    - Lactation support.
    - Lead abatement and other efforts to improve air and water quality.
    - Childcare options.
    - Car seat installation and training.
    - Wellness and stress management programs.
    - Coordination across safety net and social support services and programs.
    - Evidence-based health literacy and pregnancy, childbirth, and parenting education for women in the prenatal and postpartum periods.
    - Connection to support from doulas and other perinatal health workers.
    - Tools for prenatal women to conduct key components of maternal wellness checks (e.g., scales, blood pressure devices with verbal readers, blood glucose tests).

The Department received $12,663,856 in General Revenue Funds to implement the program in FY 23-24. Funds will support the telehealth services, an external evaluation, and data management system and dashboard.

Perinatal/Infant Health

National Performance Measures

NPM 3 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
Indicators and Annual Objectives

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data				
	2019	2020	2021	2022
Annual Objective			79.4	82
Annual Indicator	78.9	78.1	81.9	80.3
Numerator	2,737	2,492	2,828	2,779
Denominator	3,469	3,191	3,453	3,461
Data Source	Florida CHARTS	Florida CHARTS	Florida CHARTS	Florida CHARTS
Data Source Year	2019	2020	2021	2021
Provisional or Final ?	Final	Final	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	82.1	82.3	82.5

Evidence-Based or –Informed Strategy Measures

ESM 3.1 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			79.4	85.6
Annual Indicator	78.9	78.1	81.9	80.3
Numerator	2,737	2,492	2,828	2,779
Denominator	3,469	3,191	3,453	3,461
Data Source	Florida CHARTS	Florida CHARTS	Florida CHARTS	Florida CHARTS
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	81.9	83.5	85.1

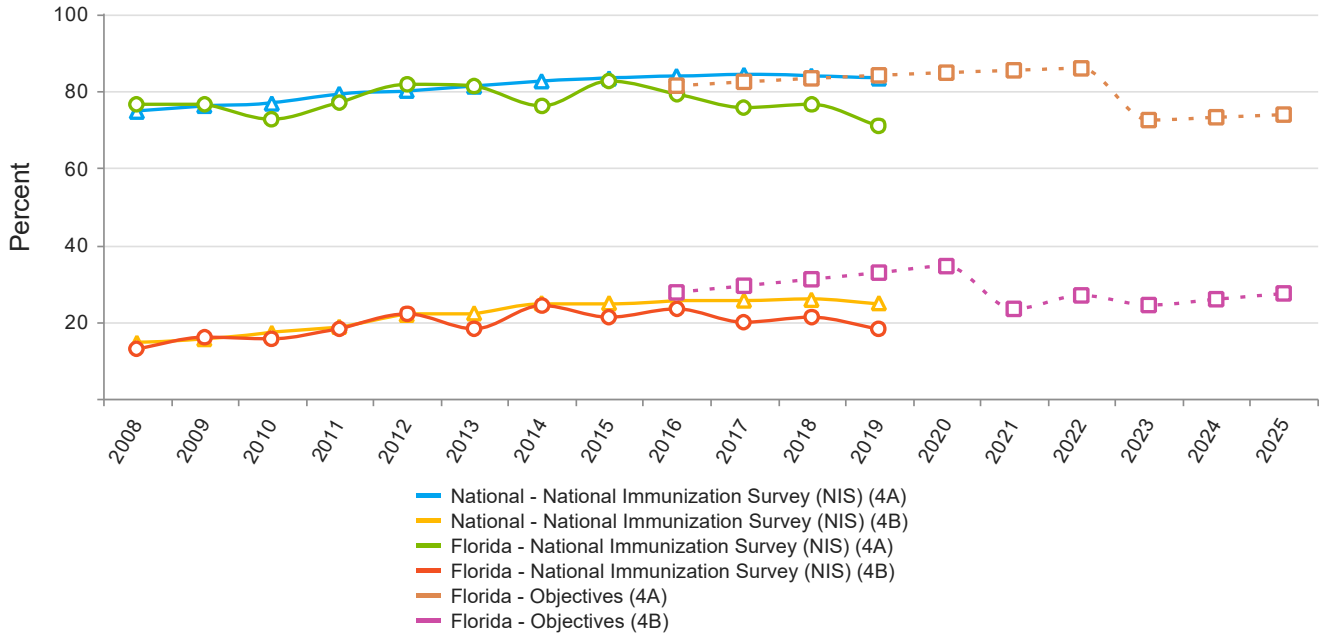
ESM 3.2 - Percentage of birthing hospitals participating in perinatal quality collaborative projects.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator	67.6	87.4
Numerator	75	97
Denominator	111	111
Data Source	Florida Perinatal Quality Collaborative	Florida Perinatal Quality Collaborative
Data Source Year	2021	2022
Provisional or Final ?	Final	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	90.5	93.5	95.5

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months Indicators and Annual Objectives



NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	83.2	84	84.7	85.3	85.8
Annual Indicator	82.6	79.2	75.6	76.3	71.0
Numerator	190,605	168,560	157,351	159,041	152,894
Denominator	230,680	212,751	208,001	208,520	215,341
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	72.4	73.1	73.8

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	31.1	32.8	34.5	23.4	26.9
Annual Indicator	21.3	23.4	19.9	21.4	18.2
Numerator	47,798	48,426	39,516	43,681	38,141
Denominator	224,023	206,578	198,423	203,997	209,358
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	24.4	25.9	27.4

Evidence-Based or –Informed Strategy Measures

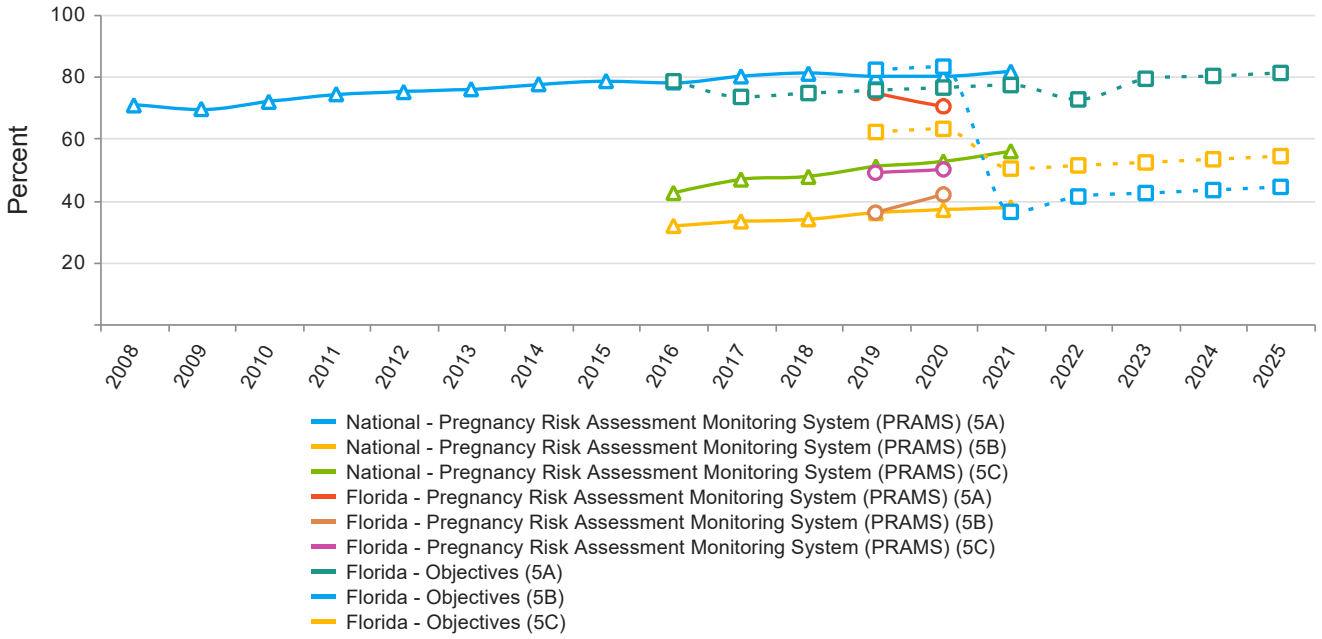
ESM 4.2 - Percentage of birthing hospitals that teach breastfeeding mothers how to recognize feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator	77.5	72.7
Numerator	55	48
Denominator	71	66
Data Source	Maternity Practices in Infant Nutrition and Care	Maternity Practices in Infant Nutrition and Care
Data Source Year	2020	2022
Provisional or Final ?	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	79.0	81.0	83.0

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 Indicators and Annual Objectives



NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2020	**2021**	**2022**
Annual Objective	76.3	77.1	72.5
Annual Indicator	74.3	70.1	70.1
Numerator	153,404	137,188	137,188
Denominator	206,486	195,755	195,755
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2020

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	74.5	75.4	76.3	77.1	72.5
Annual Indicator	74	72.1	74.3	70.1	77.7
Numerator					
Denominator					
Data Source	FL PRAMS	FL PRAMS	FL PRAMS	FL PRAMS	FL PRAMS
Data Source Year	2015	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	79.1	80.0	81.0

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2020	**2021**	**2022**
Annual Objective	83	36.3	41.2
Annual Indicator	36.0	41.7	41.7
Numerator	71,406	76,889	76,889
Denominator	198,188	184,197	184,197
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2020

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		82	83	36.3	41.2
Annual Indicator	35.4	35.3	35.3	40.2	40.6
Numerator					
Denominator					
Data Source	FL PRAMS Data	FL PRAMS	FL PRAMS	FL PRAMS	FL PRAMS
Data Source Year	2018	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	42.3	43.3	44.3

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2020	**2021**	**2022**
Annual Objective	63	50.2	51.2
Annual Indicator	48.8	50.0	50.0
Numerator	96,651	93,190	93,190
Denominator	197,982	186,376	186,376
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2020

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		62	63	50.2	51.2
Annual Indicator	42.3	48.2	48.2	49	57.7
Numerator					
Denominator					
Data Source	FL PRAMS	FL PRAMS	FL PRAMS	FL PRAMS	FL PRAMS
Data Source Year	2018	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	52.2	53.2	54.2

Evidence-Based or –Informed Strategy Measures

ESM 5.2 - The percentage of birthing hospitals that are Safe Sleep Certified.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator	23.4	24.3
Numerator	26	27
Denominator	111	111
Data Source	Cribs for Kids and Florida Birth Certificate Data	Cribs for Kids and Florida Birth Certificate Data
Data Source Year	2021	2022
Provisional or Final ?	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	28.0	30.0	32.0

State Action Plan Table

State Action Plan Table (Florida) - Perinatal/Infant Health - Entry 1	
Priority Need	
Promote breastfeeding to ensure better health for infants and children and reduce low food security.	
NPM	
NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months	
Objectives	
1. By 2026, increase the number of Baby-Friendly Hospitals from 20 (2020) to 30.	
2. By 2026, increase the percentage of women who initiate breastfeeding from 86.0 percent (2019: FL CHARTS) to 90.4 percent.	
3. By 2026, increase the number of breastfeeding services to Healthy Start clients by 22% from 17,233 (2021:Well Family System) to 21,000.	
4. By 2026, increase the percentage of women who breastfed exclusively through 6 months from 29.4 percent (2017:NIS) to 33.4 percent.	
Strategies	
1. Continue to encourage hospitals to establish policies and protocols in support of breastfeeding and becoming a Baby Steps to Baby Friendly hospital or a Florida Breastfeeding Coalition's Quest for Quality Maternity Care Award recipient though the Florida Healthy Babies Initiative.	
2. Support the Bureau of Chronic Disease in their efforts to provide technical assistance to hospitals, work places, and early care and education program to implement breastfeeding policies and programs by partnering with the Florida Breastfeeding Coalition and the Florida Child Care Food Program.	
3. Contract with Healthy Start Coalitions to provide breastfeeding support and education to Healthy Start clients.	
4. Partner with the Pacify program to increase access to professional lactation support through telelactation services.	
ESMs	**Status**
ESM 4.1 - The number of Florida hospitals achieving the Baby Steps to Baby Friendly hospital designation.	Inactive
ESM 4.2 - Percentage of birthing hospitals that teach breastfeeding mothers how to recognize feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers.	Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Florida) - Perinatal/Infant Health - Entry 2

Priority Need

Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of- school activities in a safe and healthy environment.

NPM

NPM 3 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

Objectives

By 2026, increase the number of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) from 78.9 percent (2017: FLCHARTS) to 82.1 percent.

Strategies

1. Contract with the Florida Perinatal Quality Collaborative (FPQC) to implement the self-designated and verified maternal and newborn hospital level of care project.

1a. Contract with the FPQC for the monitoring maternal health care quality project.

1b. Promote the current regional perinatal intensive care centers program.

1c. Conduct maternal mortality campaign for awareness and reduction.

1d. Participate in the Agency for Healthcare Administration’s Birth outcomes workgroup.

1e. Continue quarterly pregnancy associated mortality review committee meetings to review maternal mortality and morbidity and make recommendations for system change.

ESMs	Status
ESM 3.1 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).	Active
ESM 3.2 - Percentage of birthing hospitals participating in perinatal quality collaborative projects.	Active

NOMs

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

State Action Plan Table (Florida) - Perinatal/Infant Health - Entry 3

Priority Need

Reduce infant mortality and morbidity.

NPM

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

Objectives

1. By 2026, reduce percent of black mothers in Florida whose infant sleeps in bed with a parent or anyone else from 38.6 percent (2019: FL-PRAMS) to 35.3 percent.

2. By 2026, increase percent of black mothers in Florida who placed their infant on their back to sleep from 60.3 percent (2019) to 66.4 percent.

Strategies

1. Promote safe sleep behaviors among families and infant caregivers with an emphasis on disparate populations through the Healthy Start program.

1a. Using the Florida Healthy Babies Initiative, inventory and evaluate safe sleep activities currently implemented statewide.

2. Partner with national organizations, such as the National Institute of Child Health Quality, to promote safe sleep initiatives and support local service providers (e.g. hospitals and social services) that interact with high risk populations.

2a. Provide infant safe sleep education through partnership with the Cribs for Kids organization.

2b. Implement Fetal and Infant Mortality Review Committees in all geographic areas of the state.

2c. Partner with Count the Kicks for a statewide stillbirth prevention and awareness program that teaches expectant parents the method for, and importance of, tracking fetal movement daily during the third trimester of pregnancy.

ESMs	Status
ESM 5.1 - The number of birthing hospitals that are Safe Sleep Certified.	Inactive
ESM 5.2 - The percentage of birthing hospitals that are Safe Sleep Certified.	Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Perinatal/Infant Health - Annual Report

The Florida Department of Health (Department) identified the following priority needs for perinatal and infant health during the annual reporting year, as reflected in the State Action Plan Table:

- Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out of school activities in a safe and healthy environment (NPM 3).
- Promote breastfeeding to ensure better health for infants and children and reduce low food security (National Performance Measure [NPM] 4).
- Reduce infant mortality and morbidity (NPM 5).

Safe infant sleep and breastfeeding are significant protective factors against infant mortality. Promotion of safe and healthy sleep behaviors and environments, including improving support systems and daily living conditions that make safe sleep practice challenging, remains a key state priority. From 2011-2021, breastfeeding initiation for all races increased from 79.6 percent to 84.9 percent. During this period, the gap between the breastfeeding percentages for non-Hispanic Black and White infants decreased. However, the breastfeeding initiation percentages for non-Hispanic Black infants are still the lowest of the racial/ethnic groups examined. In 2021, the percentage was 77.0 percent for non-Hispanic Black, 86.0 percent for non-Hispanic White, and 88.3 percent for Hispanic infants. According to the Centers for Disease Control and Prevention (CDC), the 2019 percentage of exclusive breastfeeding through three months in Florida (32.4 percent) is lower than the national percentage (45.3 percent). The most recent CDC Breastfeeding Report further indicates that in 2019, only 18.2 percent of Florida mothers exclusively breastfed through 6 months, which is lower than the national percentage (24.9 percent).

The Department engaged in several activities through a variety of public-private partnerships to improve rates of breastfeeding initiation and duration. Title V Maternal and Child Health (MCH) Block Grant funding supported Florida's Healthy Start Coalitions and county health departments (CHDs) for breastfeeding services. This included prenatal care, support services, and breastfeeding education and support to all participating pregnant women. Services provided to pregnant women encourage breastfeeding in the early postpartum period. These services also provide anticipatory guidance and support to prevent breastfeeding problems and address barriers to breastfeeding. Breastfeeding education and services provided to postpartum women promote the continuation and exclusivity of breastfeeding and enable women to overcome any perceived or actual breastfeeding problems.

Based on data from Florida's 2021 birth certificate records, the percent of women in Florida who initiated breastfeeding was 84.9 percent, which was higher than the Healthy People 2020 goal of 81.9 percent. However, according to the 2020 Florida Pregnancy Risk Assessment Monitoring System (PRAMS), the duration of any breastfeeding dropped to 82.47 percent at 4+ weeks and to 70.74 percent at 12+ weeks. This survey is a valuable tool for recognizing trends and identifying a focus for breastfeeding promotion efforts. Survey data can be found at: https://www.floridahealth.gov/statistics-and-data/survey-data/pregnancy-risk-assessment-monitoring-system/

To encourage the growth of Florida women that initiate breastfeeding, the MCH Section recognized partners on a state and national level for their efforts and policy implementation to improve breastfeeding rates. These include the Baby Friendly designation provided by Baby Friendly USA. In 2023, AdventHealth Wesley Chapel completed the rigorous program bringing the Florida total of Baby Friendly hospitals to 26.

The national survey of Maternity Practices in Infant Nutrition and Care (mPINC) assesses maternity care practices and provides feedback to encourage hospitals to make improvements that better support breastfeeding. About every two years, the CDC invites all eligible hospitals across the country to complete the mPINC survey. The questions focus on specific parts of maternity care that affect how babies are fed. Florida will be utilizing the mPINC survey to identify opportunities to strengthen breastfeeding policies and practices in Florida hospitals. In Fiscal Year

(FY) 2022-2023, hospitals with 100 percent of written policy elements increased from 37 percent to 39 percent.

In Florida, nearly all infants are born in a hospital. Infant stays are typically short, but events during this time have lasting effects. Experiences with breastfeeding in the first hours and days of life significantly influence an infant's later feeding. Several key supportive hospital practices can improve breastfeeding outcomes. Birth facility policies and practices that create a supportive environment for breastfeeding begin prenatally and continue through discharge, and include hospital policies, staff training, immediate skin-to-skin contact, early and frequent breastfeeding, teaching about breastfeeding, exclusive breastfeeding rooming, and follow-up after discharge.

Florida's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program provides peer counseling and breastfeeding support to women who qualify for WIC. During the nation's infant formula shortage, the MCH Section worked closely with the Department's WIC program to proactively address the needs of Florida's families. All retailers that accept WIC benefits were contacted to recommend ordering an alternative supply of powdered infant formula. The Department worked closely with WIC local agencies, formula manufacturers, and retailers to allow substituted products for recalled products. Further, the Department requested and obtained approval for all waivers from the U.S. Department of Agriculture allowing maximum flexibility for response to the recall and formula shortages, thus meeting the needs of WIC participants. The WIC program and MCH Section developed and disseminated frequently asked question documents for families and providers to ensure accurate and timely information was available.

The Department's WIC program provided breastfeeding supports to clients who were unable to attend face-to-face appointments either by phone or virtually. This included education and the issuance of breast pumps to clients and demonstration of the use of a breast pump. Additionally, local WIC agencies also promoted their Breastfeeding Peer Counselor Program, including the availability of breastfeeding peer counselors, outside of normal office hours.

The MCH Section worked closely with WIC to revise its breastfeeding policy for use by county health departments. The revised policy encourages staff to seek culturally competent breastfeeding education annually, expands training to partners and family members of the breastfeeding mother, and aligns the policy with the 2022 American Academy of Pediatrics Policy Statement recommending breastfeeding for 2 years or beyond as mutually desired by both mother and child.

In Florida, sudden infant death syndrome (SIDS) ranks in the top five leading causes of post-neonatal infant deaths, down from one of the top four leading causes in previous years. In 2021, the resident SIDS death rate was approximately 0.3 per 1,000 live births in Florida. However, in 2021, Black infants experienced rates that were three times higher than rates among Hispanic and Non-Hispanic White infants (0.6 vs. 0.2).

Florida's 2022-2026 State Health Improvement Plan (SHIP) Goal #2 is to reduce infant morbidity and mortality. The objectives for this goal are:

- By December 31, 2026, increase the percentage of very low birth-weight (VLBW) infants* born in a Level III or higher hospital from 78.1 percent (2020) to 86.3 percent. *Infants are aged 12 months or younger.
- By December 31, 2026, reduce the hospital average length of stay for infants* diagnosed with neonatal abstinence syndrome from 14.0 days (2021) to 11.9 days. *Infants are aged 12 months or younger.
- By December 31, 2026, reduce the rate of congenital syphilis from 73.0 per 100,000 live births (2020) to 62.1 per 100,000 live births.
- By December 31, 2026, reduce the Black infant* mortality rate from 10.7 per 1,000 live births (2020) to 9.6 per 1,000 live births. *Infants are aged 12 months or younger.

- By December 31, 2026, increase the percentage of maternity service hospitals with 100 percent of written breastfeeding policy elements identified on the Maternity Practices in Infant Nutrition and Care survey from 37 percent (2020) to 100 percent.

The American Academy of Pediatrics states that because VLBW and/or very preterm infants are at increased risk of predischarge mortality when born outside of a level III center, they should be delivered at a level III facility unless this is precluded by the mother's medical condition or geographic constraints. The Department contracted with the Florida Perinatal Quality Collaborative (FPQC) to implement a family-centered care (FCC) quality improvement initiative aimed at improving care of one of Florida's most vulnerable populations, infants in the newborn intensive care unit (NICU). FCC is a shared approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care professionals, patients, and families. Created by the FPQC in coordination with the Department, the PArticipation, Individual, Respect, EDucation (PAIRED) initiative is designed to help NICUs develop strategies to incorporate FCC. The focus of the PAIRED initiative is to improve the occurrence of skin-to-skin care by family caregivers to newborns in NICUs. Families are encouraged to participate in the care and decision-making for their newborns. To date, 32 Florida birthing hospitals are participating in the PAIRED initiative on a voluntary basis. The PAIRED initiative-wide data report covering April 2021 – December 2022, includes data submitted from 31 of the 34 hospitals participating. Almost all hospitals (32 of 34, or 94 percent) have developed a NICU policy to promote skin-to-skin care. The FPQC will conclude implementation of the initiative in June 2023; however, the tools and resources will continue to be available to hospitals with the goal of ongoing hospital implementation of the quality improvement practices. Increasing the percentage of birthing hospitals participating in the FPQC projects will increase access to top-tier perinatal care services needed and desired by birthing families. Increased access to Level III+ NICUs will influence NPM 3 by increasing the number of VLBW infants born in a Level III+ NICU.

Florida continued the Florida Safe Sleep Hospital Certification Project, a partnership with CHDs, to recruit birthing hospitals to complete the requirements needed to achieve Safe Sleep Certification from the Cribs for Kids Organization. There are currently 27 hospitals certified through the Safe Sleep Certification program. These hospitals have completed certification steps including implementing a Safe Sleep policy. Annual reports are submitted to Cribs for Kids on education activities and staff compliance.

The American Academy of Pediatrics published updated safe sleep recommendations on June 21, 2022. The updated guidance states babies should sleep on a firm, flat non-inclined surface; encourages breastfeeding; recommends that parents sleep in the same room, but not in the same bed, as babies; and other safe sleep recommendations. The Department shared the updated guidance with MCH partners to ensure it is shared with families.

During the reporting year, the safe sleep initiative implemented by the Department's Child Abuse Death Review Committee (CADR), Sleep Baby Safely, was expanded from one county (Duval) to seven additional counties (Broward, Miami-Dade, Hillsborough, Orange, Palm Beach, Pinellas, and Polk). This initiative was originally supported with funding from the Title V MCH Block Grant. Funding for years two (2021) and three (2022) of this initiative were sustained through private funding sources sought out by the local CADR committees and community partners. Sleep Baby Safely includes training at all birthing hospitals and facilities and provides hospital birthing staff, including labor and delivery nurses, a framework for providing face-to-face safe sleep education to new parents. The initiative also ensures that along with face-to-face education, each new parent is provided a Welcome Baby Bag, including a onesie, infant sleep sack, nightlight, diaper tote, outlet covers, safe sleep baby book, and other sleep-related educational materials. All materials are imprinted with the "ABCs" of safe sleep messaging (Alone, Back, Crib).

Additionally, the Department received funding to supporting the Sudden Unexpected Infant Death Investigation (SUIDI) Advocacy Project. This project has enabled CADR to support Local CADR Committee members in advocating for the completion of SUIDIs and doll scene reenactments in cases of sleep-related infant death. Additionally, CADR has encouraged death scene investigators to participate in specialized SUIDI training provided by Ret. Major Connie Shingledecker, a CDC-trained state and national SUIDI trainer. Two SUIDI Advocacy Kits, containing essential tools such as SUIDI dolls, infant dolls, measuring devices, digital thermometers, and SUIDI placards, have been provided to each Florida county to support these efforts.

The Department provided Title V MCH Block Grant funding to all 67 CHDs in the state for the Florida Healthy Babies (FHB) program to address broad social, economic, cultural, and environmental factors that impact the MCH population. Priority areas for the FHB are:

- Well Woman Care
- Maternal Mortality
- Infant Mortality
- Prevention of Unintended Pregnancy
- Dental and Oral Health
- Access to Care

The FHB priority areas were determined by the Statewide Needs Assessment, the SHIP, Agency Strategic Plan, MCH Program National Performance Measures, and Healthy People 2030. During the reporting year, the CHDs chose priority areas that were prevalent for their county. Infant mortality was a great focal point for 50 counties. CHDs also implemented additional priorities, such as prevention of unintended pregnancy (37 counties), broad social/economic/cultural/ environmental factors (27 counties), and dental and or oral health (25 counties). Well woman care (19 counties) and maternal mortality (4 counties) followed.

The Department continued to contract with the Healthy Birth Day, Inc. and their *Count the Kicks* campaign during the reporting year. *Count the Kicks* is an evidence-based stillbirth prevention campaign focused on educating expectant parents about the importance of tracking fetal movement during pregnancy by counting their baby's movements. During FY 2022-2023, *Count the Kicks* saw a 27.5 percent increase with app users compared to FY 2021-2022. Additionally, 145 healthcare professionals have registered for a *Count the Kicks* webinar. The number of orders of *Count the Kicks* materials has increased when compared to FY 2021-2022 by 19.6 percent. *Count the Kicks* has hosted virtual baby showers: English, Spanish, and Haitian Creole. The Virtual baby showers have reached over 100 expectant parents with information on counting kicks, labor and delivery and baby basics.

Drowning is the leading cause of death for children between 1-4 years of age in Florida. Since 2020, Florida has seen an increase in child fatalities due to drowning: 89 in 2020 and 98 in 2021. In response to the increase in child drowning fatalities, the Department's CADR Unit collaborated with the Violence and Injury Prevention Section within the Division of Community Health Promotion to develop and implement the "Keep Kids Safe from Drowning" pilot project in the eight Florida counties with the largest incidence of child drowning deaths over the past four years. This pilot includes drowning prevention posters that are prominently displayed in areas where caregivers of young children will be including pediatrician's offices, preschools, county health departments, and community service providers. Keep Kids Safe from Drowning door hangers, along with Water Watcher tags and face to face education is provided to caregivers throughout these communities by local and regional community-based service providers. In 2022, legislative funding was acquired to support the continuation of Keep Kids Safe from Drowning in the eight counties identified to have the highest rates of child drowning incidents.

WaterSmartFL is the Department's ongoing statewide water safety campaign. Water Smart's main message is "Water Safety Is Everyone's Responsibility." This initiative educates parents, caregivers, children, and communities about drowning risks and prevention strategies for safety in and around the water. This includes education, events, and social marketing. The campaign identifies layers of protection to increase water safety and reduce drownings: supervision, barriers, and preparedness. Free, downloadable resources on the WaterSmartFL website include Water Watcher Tags, brochures, banners, postcards, public service announcements, info sheets and graphs, and window clings at http://www.watersmartfl.com.

The Department utilized Title V MCH Block Grant funding to assess existing drowning prevention messages in the state and solicit feedback from visitors coming to Florida on the most effective messages they received when traveling to the state. The information obtained from this assessment will be used to revise current messaging and implement targeted outreach activities in the counties with the highest percentage of drownings for young children.

According to the American Academy of Pediatrics, nearly 70 percent of child drowning occurs during non-swimming activities. Ineffective barriers of protection and failure to provide sufficient supervision to young children continue to be primary contributing factors. In response, the MCH Section, Violence and Injury Prevention Section, and the State CADR Unit are partnering with the University of South Florida to conduct an evaluation on current water safety messaging and materials to ensure products are reaching the target audience with the intended message.

The MCH Section facilitates a quarterly call to highlight activities within the MCH domain with state partners. The April 2023 MCH News call provided information regarding drowning in Florida, in preparation for May's National Water Safety Month. Data collected from Florida's CADR teams and FL CHARTS was presented, followed by information of programs and initiatives of drowning prevention provided in Florida. These include the forementioned WaterSmartFL and the Keep Kids Safe from Drowning Initiative. Also, a speaker from the Capital Area Healthy Start Coalition, Inc. presented on the success of their community bystander cardiopulmonary resuscitation program.

The National Child Passenger Safety Certification Training is a program of Safe Kids Worldwide (SKWW), the certifying body responsible for managing all aspects of the program. SKWW partners with the National Highway Traffic Safety Administration (responsible for the curriculum), the National Child Passenger Safety Board (provides recommendations and guidance), and State Farm Insurance Agency (sponsor).

Fourteen Safe Kids Coalitions (SKCs) provide services throughout 42 counties in Florida. The SKCs include certified child passenger safety training technicians work with hospitals, first responders, and health care professionals to conduct car seat checks and fittings at events or a car seat inspection station. SKCs also conduct educational workshops to provide technical support on car seat purchases, installation, ensuring the right fit, and changing car seats based on age and weight. SKCs often work in conjunction with Florida's Healthy Start Coalitions, hospitals, and civic organizations to provide car seats at low or no cost to training and event participants.

In FY 2022-2023, the Department contracted with Healthy Start Coalitions to expand Fetal and Infant Mortality Review (FIMR) Committees to include all regions of the state per Section 383.21625, Florida Statues. Through legislation, funding is now allocated through Florida General Revenue funds. A regionalized model was put into place that designates 21 FIMR regions that encompass each of the 32 Healthy Start Coalitions and all 67 counties. Prior to legislation, 11 Healthy Start Coalitions, spanning 25 counties had a FIMR that was funded by Title V Block Grant funds through the Department. Three other Healthy Start Coalitions had a FIMR funded through the community. During this past FY, a training plan was developed and implemented to not only provide guidance and support to new FIMRs, but also to aid existing FIMRs to align their timeline and processes into a statewide, cohesive program. The Department has contracted with a FIMR Consultant that provides ongoing research, support, and guidance to help

shape Florida FIMR. The Department also took steps to develop an automated algorithm through the Bureau of Vital Statistics to provide a monthly data pull to each FIMR team of death certificates and linked birth certificates that were updated to the system within the previous month. Recently a barrier has been identified with receiving inconsistent coded fetal death certificates from the CDC. The CDC continues to process these certificates three months after the date of death. The MCH Section is taking steps to contract with a medical records technician to provide fetal death certificates to the FIMRs timelier after the death has occurred.

The FIMRs perform ongoing, retrospective case review of fetal and infant deaths that occurred within their local service areas. Cases are identified by FIMR coordinators and assigned to registered nurse abstractors. Nurse abstractors request records from prenatal care providers, medical facilities, program referrals, maternal interviews, and other discovered sources that could be used to create a story of the care experience through an objective lens. In 2022, there were 430 cases reviewed. Case reviews identify positive activities during fetal development and/or life of the infant while also looking for opportunities for system improvements and barriers that may have been present to the mother and family. Final case narratives were presented to Case Review Teams (CRTs). CRTs are made up of diverse medical personnel, professional agencies, as well as community representatives. The reviews lead to the development of recommendations based on the identified preventable factors of these deaths. Recommendations include engagement linkages to FPQC initiatives related to hypertensive disorders during pregnancy, improving communication among care providers, promotion of consistent and ongoing messaging regarding education of safe sleep recommendations by all providers within the first year of a child's life, and education for families about the use of the *Count the Kicks* app.

FIMR recommendations are submitted to Community Action Groups (CAG), which are responsible for local policy and program development and improvement to close the identified gaps in the systems of care identified in their local community. CAG activities include public outreach by partnering with other local organizations and neighborhoods. One such example is the CAG of the Northeast Florida Healthy Start Coalition. They have identified two high priority zip codes and participate in local events. Each CAG subcommittee will be represented at a neighborhood "Impact Day". They provide information about local services and resources as well as educational materials for topics such as safe sleep. They also provide giveaways that include diapers, wipes, and personal hygiene products along with other promotional items from various other programs they have partnered with.

Eve's Hope, South Florida Mobile Medical Unit, is an Appropriations Project as defined in the rules of the Florida House of Representative. During FY 2022-2023, the Department provided funding through Florida General Revenue funds for the Eve's Hope Mobile Medical Unit. The goal of Eve's Hope Mobile Medical Unit is to reach women in under resourced communities by providing free pregnancy testing, limited ultrasounds, community referrals, and online educational prenatal and parenting lessons. The goal of the program is to reduce infant mortality. The Mobile Medical unit is in local neighborhoods and provides access to prenatal and pregnancy care. Since October 2022, the mobile unit has provided 125 pregnancy tests, 83 ultrasounds, 39 follow-up services, 51 community referrals, and 69 online parenting classes.

Perinatal/Infant Health - Application Year

The Florida Department of Health (Department) will continue to prioritize the following perinatal and infant health activities during the application year, as reflected in the State Action Plan Table:

- Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out of school activities in a safe and healthy environment (National Performance Measure [NPM] 3).
- Promote breastfeeding to ensure better health for infants and children and reduce low food security (NPM 4).
- Reduce infant mortality and morbidity (NPM 5).

The Department will promote objectives and strategies to increase the number of breastfed infants, as well as the duration they are fed breast milk. Breastfeeding promotion strategies have been incorporated into several initiatives throughvarious community settings such as hospitals and childcare facilities. This will continue to be carried out through active partnerships between county health departments (CHDs) and their communities, Florida's Healthy Start Coalitions, and other partners and stakeholders. The percentage of women in the state that initiated breastfeeding in 2021 was 84.9 percent (FL CHARTS, 2021). Our 2026 goal is to increase breastfeeding initiation to 90.4 percent. It is also a goal to increase the percentage of women who breastfeed exclusively for the first six months from 29.4 percent in 2017 to 33.4 by 2026.

Florida will continue the Florida Safe Sleep Hospital Certification Project. There are currently 27 hospitals certified through the Safe Sleep Certification program. These hospitals have completed steps including implementing a Safe Sleep policy. Annual reports are submitted to Cribs for Kids on educational activities and staff compliance. CHDs will continue to recruit birthing hospitals to complete the requirements needed to achieve Safe Sleep Certification from the Cribs for Kids Organization.

Safe Sleep Simulation is a company that provides infant doll models that combine technology with hands on training to maximize results of safe sleep education. The models consist of an internal anatomy of infant lungs that include a fluid to demonstrate physiologic effects of unsafe sleep positions. Incorporation of the 3D infant models while providing safe sleep education provides caregivers a visual demonstration of the risk of unsafe positioning and increases knowledge retention. A mobile application is also provided to display potential oxygen saturation levels while in unsafe sleep positions. The Department is purchasing kits for each of the 32 Healthy Start Coalitions and 67 CHDs with models in varying skin tones to provide a visual demonstration of the importance of recommended safe sleep positions to prevent sleep related illness and deaths throughout the community. The Department will also partner with the Safe Sleep Simulation organization to provide virtual trainings and ongoing technical support.

Since 1999, the Child Abuse Death Review (CADR) Committee of Florida has worked to reduce deaths in Florida that have occurred due to child abuse and neglect. Through child death reviews, the committee gains a deeper understanding of causes and contributing factors that lead to the death of a child. Through this data collection process, CADR identifies gaps in the delivery of services to children and their families. This leads to the implementation of recommendations for system improvements. One such initiative is the Sleep Baby Safely initiative. Since July 1, 2022, this initiative has been expanded to include a total of eight counties. As part of this expansion, CADR has selected a vendor to produce "Welcome Baby Bags", which include a sleep sack, onesie, nightlight, and electrical plug covers, all branded with safe-sleep messaging, as well as a baby board book titled 'Sleep Baby Safe & Snug", which reinforces safe sleep massaging to caregivers as they read. A total of 211,397 bags are being produced, ensuring there is a Welcome Baby Bag available for every live birth in these counties.

In Fiscal Year (FY) 22-23, the Department contracted with 32 Healthy Start Coalitions, plus DeSoto County, totaling 67 counties, for implementation of Fetal and Infant Mortality Review (FIMR) Committees. FIMRs funded by the Department reviewed a total of 430 cases in calendar year 2022. Some key recommendations included: maternal home monitoring of medical conditions such as blood pressure, providing education and support for tobacco and substance use cessation, promotion of consistent and ongoing messaging regarding education of safe sleep recommendations by all providers within the first year of a child's life, and education for families about the use of the *Count the Kicks* smartphone application. Recommendations are shared with the Community Action Groups (CAGs), which are responsible for local policy and program development and improvement to close the identified gaps in the systems of care identified in their local community. CAG activities include public outreach by partnering with other local organizations and neighborhoods. One such example is the CAG of the Northeast Florida Healthy Start Coalition. They have identified two high priority zip codes and participate in local events. Each CAG subcommittee will be represented at a neighborhood "Impact Day." They provide information about local services and resources as well as educational materials for topics such as safe sleep. They also provide giveaways that include diapers, wipes, and personal hygiene products along with other promotional items from various other programs they have partnered with.

In FY 22-23, the Department contracted with Healthy Start Coalitions to expand FIMR Committees to include all regions of the state per Section 383.21625, Florida Statutes. Statute further requires the Department to compile FIMR findings and recommendations in an annual report to be submitted to the Governor, President of the Senate, and Speaker of the House of Representatives. Each FIMR will report abstracted data from each case into the National Fatality Review Case Reporting System (NFR-CRS). The Department will have access to abstracted case data and aggregate reports entered in the NFR-CRS. The Department will be able to compare case details such as cause of death, age at time of death, identified barriers to care, and gaps in services. This will shape recommendations at the local and state level and assist in the development of the inaugural legislative annual report to be submitted October 1, 2023. The Department will continue to contract with a FIMR Consultant for ongoing support and guidance for maintenance of FIMR.

Drowning is the leading cause of death for children between 1-4 years of age in Florida. Since 2020, Florida has seen an increase in child fatalities in children 1-4 years of age due to drowning: 58 in 2020 and 72 in 2021. The Department's Child Abuse Death Review Unit and the Violence and Injury Prevention Section within the Division of Community Health Promotion will continue implementing the "Keep Kids Safe from Drowning" pilot project in the eight Florida counties with the largest incidence of child drowning deaths over the past four years. Prevention materials will continue to be distributed and displayed in areas where caregivers of young children will be. The ongoing campaign, WaterSmartFL, will continue to share the message: "Water Safety Is Everyone's Responsibility."

The Department utilized Title V MCH Block Grant funding to assess existing drowning prevention messages in the state and solicit feedback from visitors coming to Florida on the most effective messages they received when traveling to the state. The information obtained from this assessment will be used to revise current messaging and implement targeted outreach activities in the counties with the highest percentage of drownings for young children.

The Department will continue coordination with the fourteen Safe Kids Coalitions (SKCs) that provide services throughout 42 counties in Florida. The SKCs include certified child passenger safety training technicians that work with hospitals, first responders, and health care professionals to conduct car seat checks and fittings at events or a car seat inspection station. Coordination will include partnerships with Florida's Healthy Start Coalitions, hospitals, and civic organizations to provide car seats at low or no cost to training and event participants.

Approximately 10 percent of newborns in the United States require care in a NICU. Comprehensive NICU care that incorporates enhanced transition to home and discharge guidelines have become a key component of family

centered NICU care. Implementation of a strong transition plan leads to a healthier and better developmental start. The Department will support the FPQC in the development and implementation of a quality improvement (QI) initiative that focuses on improving the process of infants being discharged home from the NICU. This initiative will work with Florida NICUs to engage with and empower families to partner and participate in each stage of their infant's transition from admission to the NICU through to going home. The FPQC will be identifying an advisory group to help develop process measures, toolkits, and hospital recruitment materials for the new infant QI initiative.

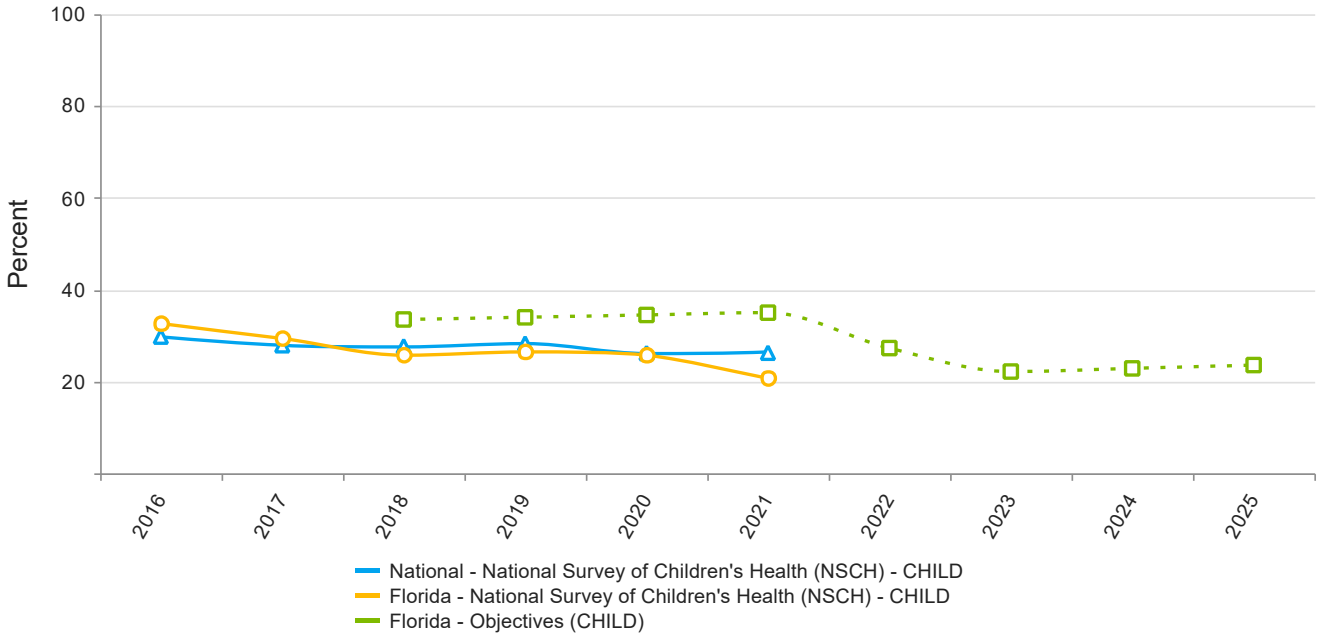
The Department will continue to use Title V MCH Block Grant funding for all 67 CHDs in the state for the Florida Healthy Babies program to address broad social, economic, cultural, and environmental factors that impact the MCH population. Evidence-based strategies provided by CHDs include infant safe sleep initiatives, promotion of breastfeeding education and support, and promotion and increased access to smoking cessation services for women and adults residing in the household. CHDs also engage in activities that promote access to care, health literacy, and community engagement and/or establishment of policies that positively influence the broad social, economic, cultural, and environmental factors that affect an infant's health.

In 2021, the stillbirth rate in Florida was 7.2 per 1,000 deliveries (FL CHARTS). Black women experience stillbirth at twice the rate of the general pregnant population The Department will continue to use Title V MCH Block Grant funding to partner with Healthy Birth Day, Inc. on the *Count the Kicks* campaign. The Department will continue to maintain the state's campaign by extending the partnership with *Count the Kicks* smartphone application into the FY 23-24. This ensures educational materials are available in Portuguese, along with English, Spanish, Haitian Creole remain available to Florida families. Additionally, the app includes questions that directs users to information, resources, and/or support to local telephone service lines and applicable webpages. *Count the Kicks* will continue to host virtual baby showers in English, Spanish, and Haitian Creole. The baby showers provided expectant parents in Florida with education on *Count the Kicks*, as well as information related to labor and delivery, newborn care, safe sleep, and resources and support available to families like Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Healthy Start. Through this partnership, outreach to Florida providers to promote awareness of the *Count the Kicks* and the resources available will also continue.

Child Health

National Performance Measures

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CHILD					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	33.5	34	34.5	35	27.3
Annual Indicator	29.4	25.8	26.3	25.6	20.8
Numerator	394,477	364,148	361,483	338,172	283,920
Denominator	1,341,890	1,409,470	1,375,329	1,322,370	1,363,137
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	22.2	22.9	23.6

Evidence-Based or –Informed Strategy Measures

ESM 8.1.1 - The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.

Measure Status:				Active	
State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		54	55	56	57
Annual Indicator		49	49	49	0
Numerator					
Denominator					
Data Source		Safe and Healthy Schools Florida	Safe and Healthy Schools Florida	Safe and Healthy Schools Florida	Safe and Healthy Schools Florida
Data Source Year		2019	2020	2021	22022
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	58.0	59.0	60.0

State Performance Measures

SPM 2 - The percentage of low-income children under age 21 who access dental care.

Measure Status:	Active				
State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	38.9	40.4	41.9	43.4	36.3
Annual Indicator	38.5	48.7	31.9	35.2	35.2
Numerator	1,045,121	755,818	842,727	1,006,943	1,006,943
Denominator	2,716,229	1,551,734	2,639,833	2,860,897	2,860,897
Data Source	Florida Agency for Health Care Administration	Florida Agency for Health Care Administration	Florida Agency for Health Care Administration	Florida Agency for Health Care Administration	Florida Agency for Health Care Administration
Data Source Year	2018	2017/2018	2020	2021	2021
Provisional or Final ?	Final	Final	Final	Final	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	37.4	38.5	39.6

SPM 3 - The percentage of parents who read to their young child age 0-5 years

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	34.7	35.2	35.7	36.2	28.5
Annual Indicator	32.9	32.1	27.4	26.4	34.5
Numerator	396,388	384,878	369,850	363,966	448,651
Denominator	1,204,876	1,198,761	1,347,822	1,377,208	1,300,438
Data Source	2016 National Survey of Child Health	2017-18 National Survey of Child Health	2018-19 National Survey of Child Health	2019-20 National Survey of Child Health	2020-2021 National Survey of Child Health
Data Source Year	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	36.6	38.7	40.8

State Action Plan Table

State Action Plan Table (Florida) - Child Health - Entry 1	
Priority Need	
Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of- school activities in a safe and healthy environment.	
NPM	
NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day	
Objectives	
By June 30, 2025, increase the number of Florida counties where registered school nurses are implementing Healthy Lifestyle Interventions based on the 5210 programs from eight counties to four. The 5210 program is based on five servings of fruits and vegetables, less than two hours of recreational screen time, one hour or more of physical activity and zero sweetened drinks per day.	
By June 30, 2025, increase the percentage of body mass index (BMI) intervention screening referrals for students at or above the 95th percentile that results in students receiving services from a healthcare provider from 31.6 percent (2016-17 baseline) to 36.6 percent. (This measure is the sum of completed referrals to healthcare providers and completed Healthy Lifestyle interventions by registered school nurses.)	
Strategies	
1. Continue School Health Services Program involvement in the Florida Partnership for Healthy Schools (formerly the Florida Coordinated School Health Partnership), the Healthy District Collaborative, and the Interagency Collaborative by participating in meetings, conferences, and strategic planning.	
Promote the Center for Disease Control and Prevention's Whole School, Whole Community, Whole Child approach by educating county school health programs on strategies to expand school health advisory committee representation, including student/parent involvement, on at least one School Health Services Program statewide conference call and during county school health program on-site monitoring meetings conducted by school health liaisons during the 2022–23 school year.	
ESMs	**Status**
ESM 8.1.1 - The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.	Active

NOMs

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

State Action Plan Table (Florida) - Child Health - Entry 2

Priority Need

Improve dental care access for children and pregnant women

SPM

SPM 2 - The percentage of low-income children under age 21 who access dental care.

Objectives

1. By June 30, 2024, increase the number of low-income children under age 21 receiving a preventive dental service from a school-based sealant program from 102,381 children (SFY 2022-2023) to 122,857 children, a percent increase of 20 percent.

2. By July 15, 2024, increase the number of school- based sealant programs (internal or external) completing annual reports in FLOSS from 48 programs to 52 programs, a percent increase of 8 percent.

3. By June 30, 2024, provide at least five trainings for dental and school personnel on implementing proven strategies to increase consent rate.

4. By June 30, 2024, provide technical assistance and site visits to at least five dental or school requestors.

Strategies

1. Partner with community agencies and organizations to improve data completeness related to statewide school-based sealant program efforts. Encourage participation in the FLOSS database and offer technical assistance as needed.

2. Increase the number of children participating in existing school-based sealant programs by implementing proven strategies to increase consent rate, such as educating parents, attending community events, and routine distribution of forms.

3. Improve the quality and sustainability of existing CHD school-based sealant programs by providing continued technical assistance and training and in-person site visits and program evaluations related to financial sustainability as requested.

State Action Plan Table (Florida) - Child Health - Entry 3

Priority Need

Address the social determinants of health that influence the relationship between health status and biology, individual behavior, health services, social factors, and policies.

SPM

SPM 3 - The percentage of parents who read to their young child age 0-5 years

Objectives

1. By 2026, increase the number of partners and local county health departments participating in the Reach Out and Read program from 100 in 2017 to 130 total sites.

2. By 2026, increase the percentage of parents who read to their your child age 0-5 years from 27.4% (2020: NSCH) to 38.7%.

Strategies

1. Partner with local health departments in their childhood immunization, dental clinics, and well-child visits to encourage reading using the Reach Out and Read model, where a health professional distributes books to children at a well-child visit and emphasizes key reading strategies to parents (example: the importance of reading aloud to a child daily).

Child Health - Annual Report

The Florida Department of Health (Department) priorities during the reporting year included:

- Improve dental care access for children and pregnant women (State Performance Measure [SPM] 2: The percentage of low-income children under age 21 who access dental care).
- SPM 3: The percentage of parents who read to their young child age 0 through 5 years.
- Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment (National Performance Measure 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day).

Oral health is essential to general health and well-being. Poor oral health status correlates with other systemic diseases, such as diabetes, heart disease, respiratory disease, stroke, and preterm and low-weight births. Tooth decay (cavities) is a transmissible, infectious oral disease resulting from an imbalance of multiple risk factors and protective factors over time. Though the prevalence and severity of tooth decay declined among school-aged children in recent years, it remains a significant problem in some populations, particularly among certain racial and ethnic groups and low-income children.

Dental caries (tooth decay) remains the most common preventable, chronic, infectious disease among young children and adolescents in the United States. Dental caries impact children five times more than asthma. According to the CDC, more than half of children ages six to eight have had a cavity in one of their baby teeth. More than half of adolescents ages 12 to 19 have had a cavity in a least one of their permanent teeth. Twenty – five percent of children ages five to 19 years from low-income families have cavities, whereas eleven percent of children from higher income households have cavities. Rates for Black and Hispanic children were higher than for White and Asian children. If tooth decay remains untreated, it can cause pain and infection leading to problems with chewing, swallowing, speaking, and learning. These problems jeopardize children's physical growth, self-esteem, and capacity to socialize (CDC Children's Oral Health Overview, April 6, 2023 Children's Oral Health | Basics | Children's Oral Health | Division of Oral Health | CDC).

Poor oral health is also associated with missing school and poor school performance Research estimated that U.S. children miss more than 34 million school hours annually due to dental problems (*Naavaal, S., & Kelekar, U. [2018]. School hours lost due to acute/Unplanned dental care. Health Behavior and Policy Review, 5[2], 00-73*). Children with poor oral health are three times more likely to miss school and four times more likely to perform poorly when compared to their healthy counterparts (*Jackson SL, V. W. [2011]. Impact of poor oral health on children's school attendance and performance American Journal of Public Health, 101[10]: 1900-1906*). Additionally, parents miss on average 2.5 days from work per year due to their children's dental problems (*Seirawan H, F. S. [2012]. The impact of oral health on the academic performance of disadvantaged children. American Journal of Public Health, 102[9]: 1729-34*).

A cost-effective way of preventing tooth decay are dental sealants. Dental sealants are thin protective coatings that adhere to the chewing surfaces of the back teeth (molars) and prevent the acid of leftover food particles from creating holes, or cavities, in the teeth. Dental sealants can prevent up to 80 percent of cavities and protect teeth for several years. While children with dental sealants have increased over time, low-income children are 20 percent less likely to have them and are twice as likely to have untreated decay than high-income children. The objective is to increase children receiving dental health service to 50.9 percent by 2026. Barriers to receiving dental sealants or other dental care include the lack of access to dental services, dental care costs, and inadequate oral health literacy.

According to the Agency for Health Care Administration, during FY 21-22, the following oral health services were

provided to children ages zero to 20 years with Medicaid:

- diagnostic and preventive (6,666,813)
- sealants (192,550)
- silver diamine fluoride (22,201)

Silver diamine fluoride is a topical liquid medication used to arrest tooth decay. According to the county health departments (CHDs), during FY 22-23, the following oral health services were provided to children ages zero to 20 years:

- diagnostic and preventive (648,624)
- sealants (39,353)
- silver diamine fluoride (2,198)

In addition, 704 periodontal treatments were provided to children during the same timeframe. As a quality improvement initiative, the Department implemented the collection of visit data to include services to maternity patients and CYSHCN. Training was provided and the data collection reporting is voluntary. During FY 22-23, the Department provided 367 oral health services were provided to 92 maternity patients and 12,969 services to 2,474 CYSHCN. The number of CYSHCN is expected to increase when the reporting data becomes required.

Oral health data is needed for ongoing monitoring, establishing the burden of oral health disease, and informing statewide programmatic planning efforts. To address the need for state level oral health surveillance data, the Department's Public Health Dental Program (PHDP) has established a surveillance system for monitoring oral health status, risk factors, and access to dental services among various populations using the Basic Screening Survey Methodology developed by the Association of State and Territorial Dental Directors. The PHDP conducted its FY 21-22 third grade surveillance project ending December 2022. Fifty-five elementary schools participated in the project and licensed dental hygienists from the Florida Dental Hygienists' Association screened 1,343 children from these schools. As of April 2023, 21 out of 55 high schools have agreed to participate in the FY 22-23 nineth grade surveillance project and 542 screenings have been completed.

The Title V MCH Block Grant supported the continued development and enhancement of the PHDP's Florida's Linked Oral Status System (FLOSS) Database which includes a School-Based Sealant Program (S-BSP) Module, an Oral Health Surveillance Module, and the Community Water Fluoridation Module. The S-BSP Module is used by all agencies and programs providing services at schools in Florida to enter aggregate data and information regarding their local S-BSPs annually. The PHDP has collected data on the number of children served, schools visited, services provided, and other programmatic information from FY 16-17 through FY 22-23 school years. The system is accessible by both the Department and external partners and serves as the true statewide data warehouse for public health dental measures for children. The PHDP used the Oral Health Surveillance Module to collect and validate data for the ongoing FY 21-22 third grade oral screening project and the FY 22-23 Ninth Grade Oral Screening Project. Using the FLOSS database for this data collection and validation has reduced data entry errors and improved overall data quality. Water operators of water treatment plants that add fluoride to adjust the fluoride levels to the optimal level to prevent tooth decay, must submit monthly operating reports (MORs) each month into the Community Water Fluoridation module of FLOSS. The PHDP fluoridation staff use the reports in FLOSS to determine if the MORs were submitted on time and to monitor the daily and monthly data to determine if the water was optimally fluoridated. The reports provide a rationale to research and discuss any maintenance issues that may have developed causing non-optimal fluoride levels. During FY 22-23, Title V MCH Block Grant funding has continued to support the development of the FLOSS database to improve functionality, enhance data quality and accuracy, and meet the

dynamic business needs of the PHDP and FLOSS users.

The Department makes continued progress to improve access to preventive dental care for children in Florida. During FY 20-21, the PHDP used grant funding for the expansion of eight S-BSPs in counties with high unmet needs due to a lack of dental providers, transportation barriers, and low social economic factors influencing access to care. These expansion programs were in the following counties: Baker, Broward, Columbia, Leon, Okeechobee, Palm Beach, Pinellas, and Putnam. These S-BSPs provided preventive services to school-aged children and children in Early Head Start; Head Start; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and Early Learning Coalitions. For FY 22-23, the PHDP used grant funding for the expansion of seven S-BSPs. The counties that received this funding were Broward, Clay-Baker, Columbia, Lake, Levy, Okaloosa, and Orange. These S-BSPs provided preventive services to school-aged children and children in Early Head Start; Head Start; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and Early Learning Coalitions. Within the service period:

- 218,986 services were provided to 46,896 children, including 46,715 exams/screenings/assessments
- 28,629 dental sealants
- 46,652 fluoride varnish applications
- 46,410 oral health instructions

The PHDP will continue its collaborative partnerships with S-BSPs to share information on evidence-based prevention and early intervention practices and facilitate the promotion of oral disease prevention efforts with expanded focus to include pregnant mothers, at risk women and teens, and young children.

The Department provides funding to all 67 CHDs for the Florida Healthy Babies program. The purpose of the program is to improve one of six MCH outcomes by addressing broad social, economic, cultural, and environmental factors that impact access to care. The six priority areas were identified based on the Statewide Needs Assessment, State Health Improvement Plan, Agency Strategic Plan, MCH Program National Performance Measures, and Healthy People 2030. The goals are:

- Infant Mortality
- Maternal Mortality
- Dental and Oral Health
- Prevention of Unexpected Pregnancy
- Well Women Care
- Access to Care

The CHDs implement the Florida Healthy Babies program by providing evidence-based services resulting from a local needs assessment, ongoing quality improvement processes, and collaboration with community partners. An example of a Florida Healthy Babies service is the Reach Out and Read (ROR) program. The ROR program is an evidence-based early intervention model that encourages literacy and school readiness. ROR gives young children a foundation for success by incorporating books into pediatric care and encourages families to read aloud together. ROR medical providers encourage families to read aloud and engage with their infants, toddlers, and preschoolers every day. This program focuses on creating a reading rich environment in waiting room areas such as a child's reading table and chairs, a bookshelf, children's books, etc. Additionally, medical providers give books to children at more than 10 well-child visits from infancy until they start school. Participating families of the ROR program indicate:

- Parents are 2.5 times more like to read with their infants, toddlers, and preschoolers;
- Parents are 2 times more likely to read with their children three or more times per week;

- Parents are 2.5 times more likely to read with their infants, toddlers and preschoolers;
- Families are 2.5 times more likely to enjoy reading together or to have books in the home;
- Children's language development is improved by 3-6 months; and
- Children's language ability improves with increased exposure to ROR.

Healthy People 2030 includes objectives on school readiness and literacy in the child and adolescent domains. In 2021, 26.4 percent of parents read to their young children every day. The Department aims to increase the percentage of parents who read to their children to 38.7 percent by 2026.

In FY 21-22, Florida's pre-kindergarten through 12th grade student population was over 2.7 million students, residing in 67 counties that are geographically, socioeconomically, and culturally diverse. Among this student population, there were 817,555 reported student health conditions, which included life-threatening allergies (30,245), asthma (108,012), cardiac conditions (11,029), diabetes (7,011), mental health conditions (31,112) and seizure disorders (16,081). Body mass index (BMI) screening results indicated that 282,749 (58.57 percent) of students were at a healthy weight, whereas 181,403 (37.57 percent) had results at or above the 85th percentile (overweight and obese categories).

The Department's School Health Services Program continued its statewide leadership to ensure the provision of health services and health appraisal of student populations in Florida's public and participating non-public schools. The program provided oversight and technical assistance to all 67 county School Health Services Programs, including CHDs, local education agencies, and their community partners, pursuant to Florida Statutes and Administrative Code.

Local CHDs, in collaboration with local schools and community partners, worked to ensure Florida's pre-kindergarten through 12th grade students had access to health services that assess, protect, and promote their health and ability to achieve their individual educational potential. During FY 22-23, the School Health Services Program performed 16 on-site programmatic monitoring visits, two contract monitoring visits and conducted two statewide programmatic conference calls. In addition, the State Health Office program was provided funding from the Centers for Disease Control and Prevention (CDC) Crisis Response Cooperative Agreement (CoAG) grant. The funding supports nursing and mental health professional staff for use in school systems across the state. The program office developed and deployed a strategy for this project using incident command structure and was able to deploy staffing resources within three months. The grant was extended into next school year and the program will continue to maintain and develop the strategy it is using to implement this project statewide.

During the FY 22-23 school year, the Okaloosa CHD sustained its expanded services for the school health program in schools with vulnerable and underserved populations, using additional funding provided to full-service schools. Full-service schools provide additional services to students from schools that have specific student populations that are considered at high-risk of needing medical and social services. These additional services can include nutritional services, medical services, aid to dependent children, parenting skills, counseling for abused children, and education for the students' parents or guardians. These services were supported by Title V Block Grant funds. In addition, the School Health Program continued to sustain partnerships with the Florida School Health Association and the Florida Association of School Nurses.

Child Health - Application Year

The Florida Department of Health (Department) priorities during the application year include:

- Improve dental care access for children and pregnant women (State Performance Measure [SPM] 2: The percentage of low-income children under age 21 who access dental care).
- SPM 3: The percentage of parents who read to their young child age 0-5 years.
- Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment (National Performance Measure 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day).

Title V Maternal and Child Health (MCH) Block Grant funding has been consistently used to establish new school-based sealant p rograms (S-BSPs) in Florida as well as expand existing sustainable programs to serve more children. These evidence-based programs increase access and reduce barriers to preventive dental care for low-income children in Title I schools, Early Head Start, Head Start, Early Learning Coalition centers, and Women, Infant and Child sites. During the 2021-2022 Fiscal Year (FY), the Public Health Dental Program (PHDP) provided Title V MCH Block Grant funds to ten counties to expand their programs to reach additional schools and children. These counties were Alachua, DeSoto, Highlands, Holmes, Jackson, Marion, Pinellas, St. Lucie, Volusia, and Walton. Beginning July 2022, the PHDP collected aggregate data and information on the S-BSPs number of children served, schools visited, services provided, and other programmatic information for FY 21-22. For FY 22-23, Title V MCH Block Grant funds continued to fund the expansion of existing programs. Seven programs received funding during FY 22-23. These programs were Broward, Baker, Clay, Columbia, Lake, Levy, Okaloosa, and Orange. Some programs, such as Broward, Clay, and Lake, used the funds to restart their programs after being closed. Columbia, Levy, Okaloosa, and Orange used the funds to expand their programs to increase capacity to provide additional services. Bay, Charlotte, Duval, Levy, Polk, Putnam, and Wakulla will be receiving MCH funding for FY 23-24 to provide services to pregnant women, at risk women and teen girls, and children ages 0 to five years.

Florida Department of Health received approximately 5.4 million in funding for FY 23-24 to open school-based sealant programs (S-BSP) in twenty-five counties in Florida without a Department of Health S-BSP. Funding pays for dental hygienist salaries, travel, equipment, instruments, and supplies. The PHDP is assisting county health departments in opening new S-BSPs and expanding existing programs into neighboring counties. In addition to the training provided through the Regional Sealant Workgroups, training is also provided during the Department's Dental Director and Program Manager Statewide Performance Management meeting, monthly dental director Teams calls, and technical assistance through weekly sessions to establish these new S-BSPs.

During the coming year, grant funds will be used to support the continued development and enhancement of the PHDP's Florida's Linked Oral Status System (FLOSS) Database. The PHDP will continue to increase statewide data capacity and serve as the state's S-BSP data warehouse across all agencies through the FLOSS Database. Participation in the FLOSS Database, especially for outside entities, will be encouraged through the Sealant Work Group. In addition, the PHDP will be collecting data using FLOSS for the ongoing FY 21-22 third grade oral screening project and the FY 22-23 Ninth Grade Oral Screening Project. The PHDP, in collaboration with the Florida Dental Hygienists' Association, completed 55 screenings in elementary schools for the third-grade project and currently 22 screenings in high schools for the ninth-grade project.

Starting September 1, 2023, the PHDP will use its funding from the Health Resources Services Administration Grants to the States to Support Oral Health Workforce Activities to provide training in patient care for patients with special health care needs and restorative functions training for dental assistants and dental hygienists to place restorations under the supervision of a dentist. Both trainings will improve the dental workforce skills which in turn will

increase access to care.

The Department is supporting all 67 CHDs for the Florida Healthy Babies program. The purpose of the program is to improve one of six MCH outcomes by addressing broad social, economic, cultural, and environmental factors that impact access to care. The six priority areas were identified based on the Statewide Needs Assessment, State Health Improvement Plan, Agency Strategic Plan, MCH Program National Performance Measures, and Healthy People 2030. The priority areas are:

- Infant Mortality
- Maternal Mortality
- Dental and Oral Health
- Prevention of Unexpected Pregnancy
- Well Women Care
- Access to Care

The CHDs implement the Florida Healthy Babies program by providing evidence-based services resulting from a local needs assessment, ongoing quality improvement processes, and collaboration with community partners. An example of a Florida Healthy Babies service is the Reach out and Read (ROR) program. The ROR program is an evidence-based early intervention model that encourages literacy and school readiness. ROR gives young children a foundation for success by incorporating books into pediatric care and encourages families to read aloud together. ROR medical providers encourage families to read aloud and engage with their infants, toddlers, and preschoolers every day. This program focuses on creating a reading rich environment in waiting room areas such as a child's reading table and chairs, a bookshelf, children's books, etc.

The Child Safety Learning Collaborative (CSLC) builds Title V capacity through technical assistance to cross-state, child safety topic teams by using data to inform decision making and applying quality improvement and innovation methods to sustainably implement and spread evidence-based strategies statewide. The Florida Suicide and Self Harm Prevention (SSHP) team concluded Cohort 3 of the Child Safety Network's (CSN) Cohort 3 of the CSLC. During the 18-month period, the focus was youth most affected by suicidal ideation in the Volusia County school system. Originally planning to expand the multi-tiered system of supports (MTSS) throughout Volusia County's middle and high schools, the Florida SSHP team shifted to first focusing on fidelity of existing MTSS programming. Working with the University of South Florida to obtain relevant data, and with the Volusia County School Districts to document how interventions are implemented, the Florida SSHP team seeks to identify patterns between MTSS implementation and low rates of student incident reports, including substance abuse and discipline referrals. In areas where MTSS implementation is low, the team will make recommendations and guidance to train educational personnel in order to strengthen fidelity of MTSS. While the formal relationship has concluded with the CSN, the Florida SSHP team will continue these efforts and re-engage with the national CSLC program when the next Cohort begins.

The School Health Services Program will continue to fulfill statutory, regulatory, and Department mandates to ensure the provision of school health services to children in all of Florida's public and participating nonpublic schools. County Health Departments (CHDs), in cooperation with local schools and other partners, will work to ensure Florida's 2.8 million pre-kindergarten through 12th grade students have access to health services that assess, protect, and promote their health and ability to learn.

The School Health Services Program services are available to Florida public school students in all counties. This includes: nursing assessments; student health record reviews to ensure physical exam and immunization requirements meet statutory requirements; health services for chronic or complex health conditions requiring school-

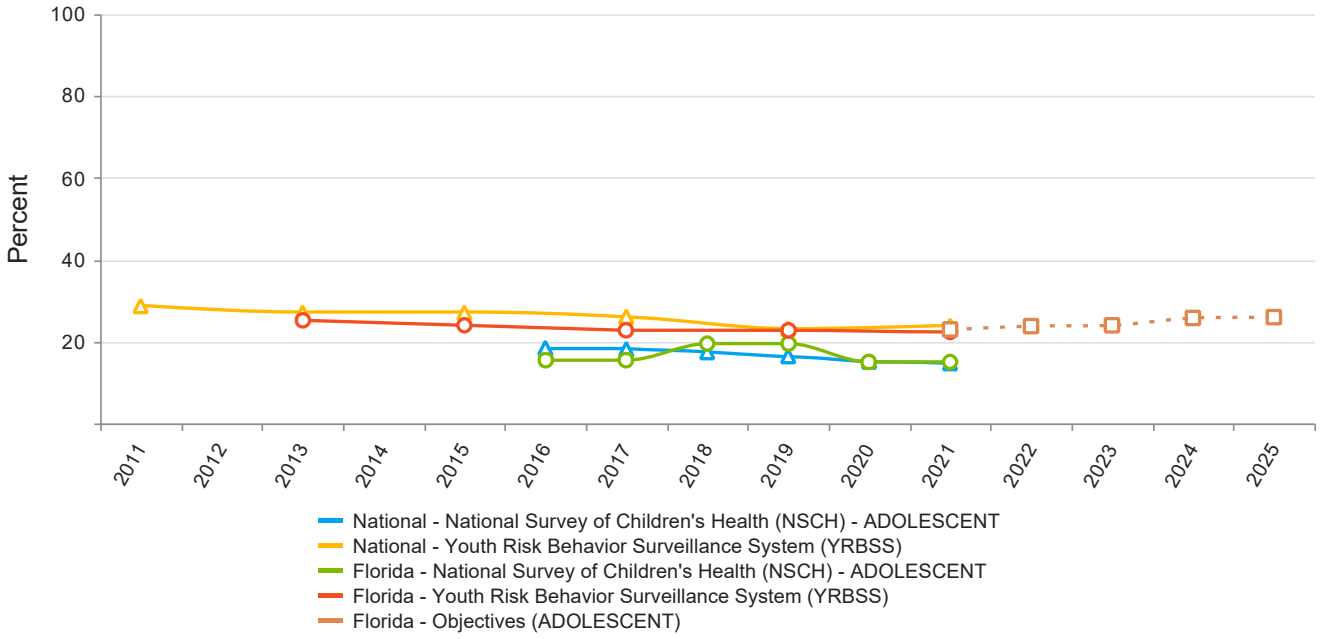
day management; first aid; medication administration; screening, referral and follow-up for vision, hearing, scoliosis and growth and development; preventive oral health programs; healthy lifestyle nursing interventions; emergency health services; health education classes; parent and staff consultations on student health issues; case management; and consultation for placement of students in exceptional student education programs.

In addition, the School Health Services Program received funding from the Centers for Disease Control and Prevention (CDC) Crisis Response Cooperative Agreement (CoAG) grant. The grant funds nursing and mental health professional staff for use in school systems across the state. The program office developed and deployed a strategy for this project using incident command structure and was able to deploy staffing resources within 3 months. The grant was extended into the FY 23-24 school year and the program will continue to maintain and develop the strategy it is using to implement this project statewide.

Adolescent Health

National Performance Measures

NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day
Indicators and Annual Objectives



Federally Available Data				
Data Source: Youth Risk Behavior Surveillance System (YRBSS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			23	23.8
Annual Indicator	22.8	22.7	22.7	22.5
Numerator	181,534	185,277	185,277	186,382
Denominator	796,158	816,019	816,019	827,151
Data Source	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT
Data Source Year	2017	2019	2019	2021

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH) - ADOLESCENT				
	2019	**2020**	**2021**	**2022**
Annual Objective			23	23.8
Annual Indicator	19.5	19.5	14.9	15.2
Numerator	290,239	280,894	216,036	219,829
Denominator	1,491,681	1,441,461	1,445,400	1,447,095
Data Source	NSCH-ADOLESCENT	NSCH-ADOLESCENT	NSCH-ADOLESCENT	NSCH-ADOLESCENT
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	24.0	25.8	26.0

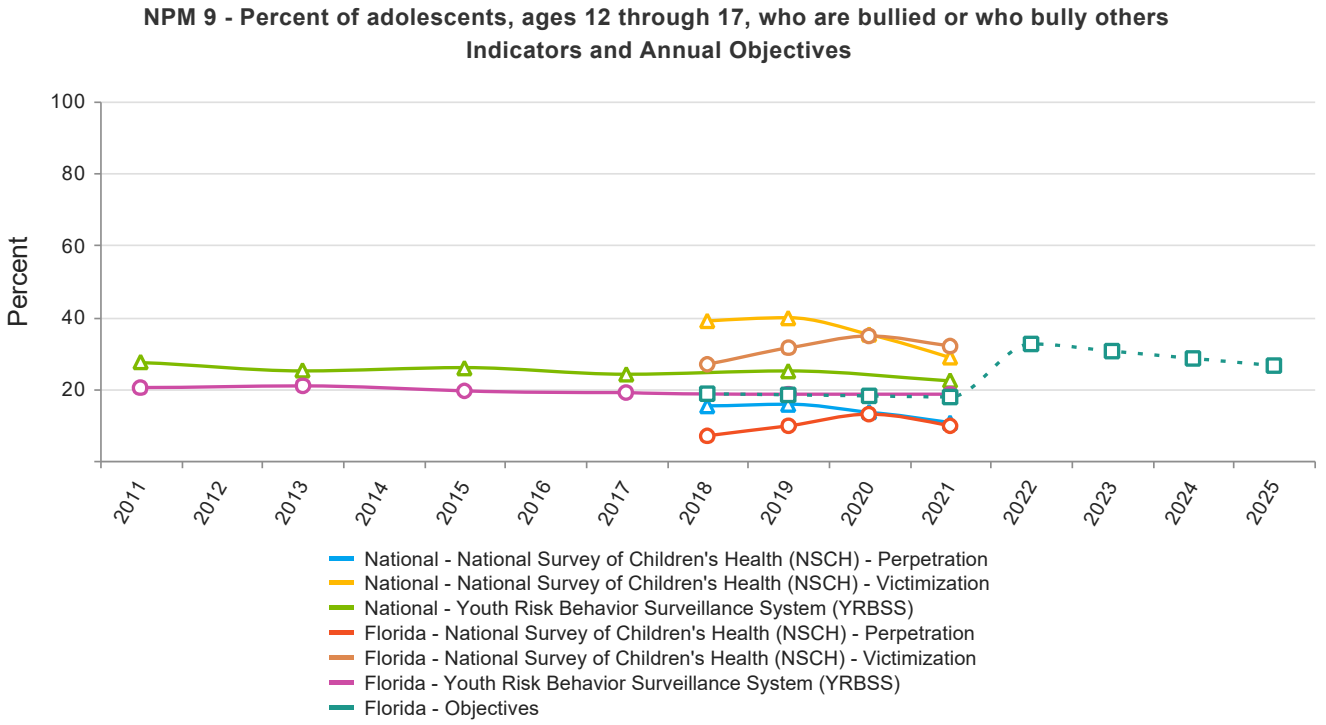
Evidence-Based or –Informed Strategy Measures

ESM 8.2.1 - The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			56
Annual Indicator	49		0
Numerator			
Denominator			
Data Source	Safe and Healthy Schools Florida		Safe and Healthy Schools Florida
Data Source Year	2020		2022
Provisional or Final ?	Final		Final

Annual Objectives			
	2023	2024	2025
Annual Objective	57.0	58.0	59.0



Federally Available Data					
Data Source: Youth Risk Behavior Surveillance System (YRBSS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	18.7	18.4	18.1	17.8	32.5
Annual Indicator	18.9	18.9	18.8	18.8	18.8
Numerator	156,700	156,700	159,632	159,632	161,380
Denominator	827,044	827,044	847,255	847,255	859,511
Data Source	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2017	2019	2019	2021

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - Perpetration					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		18.4	18.1	17.8	32.5
Annual Indicator		6.9	9.7	13.1	9.9
Numerator		98,203	140,699	189,256	141,781
Denominator		1,426,809	1,444,881	1,445,944	1,437,929
Data Source		NSCHP	NSCHP	NSCHP	NSCHP
Data Source Year		2018	2018_2019	2019_2020	2020_2021

Previous NPM-9 NSCH data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable to 2018 survey data given major wording and response option changes.

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - Victimization					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		18.4	18.1	17.8	32.5
Annual Indicator		26.8	31.3	34.7	31.8
Numerator		383,474	452,299	501,529	457,943
Denominator		1,429,420	1,446,186	1,445,944	1,437,929
Data Source		NSCHV	NSCHV	NSCHV	NSCHV
Data Source Year		2018	2018_2019	2019_2020	2020_2021

Previous NPM-9 NSCH data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable to 2018 survey data given major wording and response option changes.

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	30.5	28.5	26.5

Evidence-Based or –Informed Strategy Measures

ESM 9.2 - The percentage of adolescents and teens, ages 11 through 19, who reported satisfaction on the positive youth development and non-violence survey.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator		87.7
Numerator		207
Denominator		236
Data Source		Positive youth development and non-violence survey
Data Source Year		2022
Provisional or Final ?		Final

Annual Objectives			
	2023	2024	2025
Annual Objective	88.7	89.7	90.7

State Action Plan Table

State Action Plan Table (Florida) - Adolescent Health - Entry 1	
Priority Need	
Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of- school activities in a safe and healthy environment.	
NPM	
NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others	
Objectives	
1. By 2026, decrease the number of Florida high school students who experienced bullying on school property from 14.3% (2017: BRFSS) to 13.3%.	
2. By 2026, decrease the number of Florida high school students who experienced electronic bullying in the past 12 months from 11.5% (2017: BRFSS) to 10%.	
3. By 2026, increase the percentage of adolescents and teens, ages 11 through 19, who reported satisfaction on the positive youth development and non-violence survey from 80% (2022) to 84%.	
Strategies	
1a. Partner with community agencies and organizations to promote bullying prevention initiatives.	
1b. Coordinate with the Department of Education's Safe Schools Program to integrate additional anti-bullying and violence prevention messages.	
2. Increase the number of youth with access to resources and hotlines related to violence and bullying prevention.	
3a. Ensure that youth are receiving STD/HIV information and sexual risk avoidance strategies.	
3b. Provide positive youth development education to encourage healthy behaviors and the reduction of risky behaviors.	
ESMs	**Status**
ESM 9.1 - The number of students who participate in an evidence-based program that promotes positive youth development and non-violence intervention skills.	Inactive
ESM 9.2 - The percentage of adolescents and teens, ages 11 through 19, who reported satisfaction on the positive youth development and non-violence survey.	Active

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

State Action Plan Table (Florida) - Adolescent Health - Entry 2

Priority Need

Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of- school activities in a safe and healthy environment.

NPM

NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Objectives

1. By 2026, increase the percent of adolescents (ages 12-17) who are physically active at least 60 minutes per day from 19.5 (2020: NSCH) to 26.9.

2. By June 30, 2024, increase the percentage of successful referrals for growth and development screening with body mass index (BMI) results at or above the 95th percentile resulting in students receiving services from a health care provider from 32.25 percent (2017-18 baseline) to 37.50 percent. This measure is the sum of completed referrals to healthcare providers and completed Healthy Lifestyle interventions by registered school nurses.

Strategies

1. Educate county school health programs about the use of the Healthy Lifestyle Intervention Individualized Healthcare Plan and coding this service data in the Department’s Health Management System.

2. Educate county school health programs on the requirements, application process, and benefits of becoming a Florida Healthy District.

ESMs	Status
ESM 8.2.1 - The cumulative total of Florida school districts that have ever been awarded the evidence-basedFlorida Healthy School District recognition.	Active

NOMs

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Adolescent Health - Annual Report

During the reporting period, the Florida Department of Health (Department) promoted activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment. These activities prioritized National Performance Measure 9; the percent of adolescents, ages 12 through 17, who are bullied or who bully others.

The Adolescent Health Program (AHP) provides education, resources, training, and referrals that support teen pregnancy prevention, reduction in sexually transmitted infections among youth, healthy relationships, bullying prevention, skill-building, and positive youth development. Through a holistic approach, the AHP supports the physical, mental, emotional, and social health of youth as they transition into adulthood. One facet of this approach is the Title V State Sexual Risk Avoidance Education (SRAE) Grant, which began in 2010. This grant is administered by the Administration for Children and Families (ACF), Family and Youth Services Bureau (FYSB).

The SRAE grant funds 11 providers, seven county health departments, and four community-based organizations to offer sexual risk avoidance education in middle school, high school, and community settings. This education promotes the delay of sexual activity, the development of healthy friendships, family relationships, and romantic relationships, as well as goal setting. Additionally, health educators offer best practices and resources to parents, guardians, and significant adults supporting youth in healthy decision-making. The grant cycle begins in October and ends in September. During the Fiscal Year (FY) 2021-2022 grant year, the SRAE grant successfully served 13,150 youth and 2,990 parents and guardians.

The AHP provides ongoing support for SRAE providers including an annual technical assistance training, monthly check-in calls, and monitoring. AHP staff ensures medical accuracy, up-to-date best practices, and fidelity to the approved curriculum models used. During monitoring, classes are observed by AHP staff and real-time feedback is given to the providers. In addition to the grant-required education, AHP staff train providers in frameworks that support youth thriving, including positive youth development, trauma informed care, 40 developmental assets, and youth mental health first aid.

To increase the impact of youth development and risk-prevention, the AHP works with internal and external partners to promote youth thriving. In the summer of 2022, AHP staff coordinated with Children's Medical Services, Children and Youth with Special Health Care Needs (CYSHCN) staff to create the *My Plan, My Future* campaign. This resource prompts young people to develop a plan for transition from adolescence into adulthood, linking them with state and national resources such as workforce development, military recruitment, resume-building, and character education. As of January 2023, approximately 15,000 campaign cards have been distributed to Florida youth and supporting adults.

Section 1006.147, Florida Statutes, requires Florida school districts to adopt a policy prohibiting bullying and harassment of students and staff on school grounds or school transportation, at school-sponsored events, and through the use of data or computer software accessed through school computer systems or networks. The Department of Education (DOE), Office of Safe Schools has created a model policy against bullying and harassment that school districts can use to craft their individual policies.

Bullying is a serious detriment to a child's health, sense of well-being, safety, education, and emotional development, and greatly increases the risk of self-injury and suicide. According to the 2021 CDC Youth Risk Behavioral Survey (YRBS), 12.7 percent of Florida high school students were bullied on school property and 12.9 percent were bullied electronically. Bullying is defined as an attack or intimidation with the intention to cause fear, distress, or harm that is either physical (hitting, punching), verbal (name calling, teasing), or psychological/relational (rumors, social exclusion); a real or perceived imbalance of power between the bully and the victim; and repeated attacks or intimidation between

the same children over time. Data from the 2021 YRBS indicate that a significantly higher number of students experiencing bullying, as compared to students that do not experience bullying, described their grades as Ds and Fs in school during the past 12 months. The number of ninth and tenth grade students reporting being bullied is higher than for students in eleventh and twelve grade. Female students are more likely than males to have experienced some form of bullying, name calling, or teasing in the past year.

Adolescents who report frequently bullying others and youth who report being frequently bullied are at increased risk for suicide-related behavior. According to the National Vital Statistics System, adolescent suicide rates for ages 15-19 in Florida decreased from 9.2 deaths per 100,000 for 2018-2019 to 8.8 deaths per 100,000 for 2020-2021. Adolescent mortality in Florida for ages 15-19 increased from 59.4 per 100,000 deaths in 2020 to 63.6 deaths per 100,000 in 2021.

The Violence and Injury Prevention Section participates in the Children Safety Network's (CSN) Child Safety Learning Collaborative (CSLC). The CSLC is an opportunity for states and jurisdictions to advance evidence-based policies, programs, and practices at the state and local levels to reduce fatal and serious injuries among infants, children, and adolescents. The Learning Collaborative focuses on five topic areas: Bullying Prevention; Motor Vehicle Traffic Safety (which includes child passenger safety and teen driver/passenger safety); Poisoning Prevention (which includes the prevention of prescription medication misuse/abuse); Sudden Unexpected Infant Death (SUID) Prevention, and Suicide and Self-Harm Prevention. Florida participates with peers nationwide for both Motor Vehicle Traffic Safety (MVTS) and Suicide and Self Harm Prevention (SSHP).

The Florida SSHP team formally concluded their participation in CSN's Cohort 3 of the CSLC. Over the 18-month period, the team focused efforts on suicidal ideation of youth in the Volusia County school system. With plans to expand the multi-tiered system of supports (MTSS) in Volusia County's middle and high schools, the Florida SSHP team shifted the strategy from spreading the implementation of MTSS to other counties by the end of the school year, to conducting a deep dive into fidelity of existing MTSS programming. The University of South Florida assisted with Baker Act data, and together the Florida SSHP team worked with the Volusia County School District to understand how, when, and why these interventions are processed through identifying patterns between MTSS implementation and low rates of student incident reports, including substance abuse and discipline referrals. In areas where MTSS implementation is low, the team recommends an increase in training educational personnel. Although the formal relationship has concluded with the CSN, the Florida SSHP team continues to work toward these efforts with a plan to re-engage the national CSLC program when the next Cohort begins.

The Florida MVTS team noted an increase in teen-related crashes in FY 21-22, particularly in St. Lucie County, on the east coast in the southern part of the state (population 329,000). The "Impact Teen Drivers" initiative was launched. Twenty-five community partners were trained to implement the program, which includes presentations in schools. Additional data indicates an increase in teen drivers in noncompliance with graduated driver license standards. Additionally, surveyed youth indicate another trend: serving as a designated driver for an intoxicated adult. The "Impact Teen Drivers" initiative is expanding to include a public education campaign for parents and caregivers to address this issue.

Adolescent Health - Application Year

The Florida Department of Health (Department) will continue to promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment. These activities prioritize National Performance Measure (NPM) 9, the percent of adolescents, ages 12 through 17, who are bullied or who bully others, and NPM 8.2, the percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day.

The Adolescent Health Program (AHP) will continue to provide education, resources, training, and referrals that support teen pregnancy prevention, reduction in sexually transmitted infections among youth, healthy relationships, bullying prevention, skill-building, and positive youth development. Through a holistic approach, the AHP supports the physical, mental, emotional, and social health of youth as they become adults.

The AHP works with state and local partners to increase the percentage of youth making positive and healthy choices while decreasing the percentage of youth engaging in risky behaviors. This is accomplished through several initiatives including the Sexual Risk Avoidance Education (SRAE) Grant, Positive Youth Development (PYD) training and resources, and collaborative campaigns.

The AHP continues to implement the SRAE Grant from the Administration of Children and Families that began in 2010. This grant provides $3,500,000 to serve 10,000 youth and 3,000 parents annually. Through partnerships with county health departments and community-based organizations, SRAE is offered in middle and high schools across 18 counties. The education primarily focuses on the prevention of teen birth, sexually transmitted infections, and HIV/AIDS prevention while also addressing goal setting, creating healthy relationships, and preparing for the future. Additionally, SRAE presentations are offered to parents and adults with significant influence on youth development such as teachers, coaches, or family members caring for youth. These presentations equip adults to support youth in healthy decision making and include topics relevant to the communities served. In the last year, SRAE educators have offered presentations to adults on topics ranging from internet safety to resilience strategies for adolescents. In the coming year, educators will continue to use client satisfaction surveys to assess and address parent/adult needs for adolescent health support.

The AHP implements a PYD framework. This evidence-based approach focuses on youth assets and skill-building as a means of risk-reduction. Youth with protective factors such as positive adult presence, opportunity to build skills, and meaningful belonging to a group or team can experience healthy outcomes – even when other risk factors are present. The AHP offers training and resources to youth-serving staff within county health departments.

Holistic adolescent health requires a systems approach; leveraging shared goals and overlap in served populations to maximize reach. One way the AHP accomplishes this is through collaborative campaigns with other Department programs. The AHP has partnered with the Public Health Research Section to address suicide prevention and the Maternal and Child Health Section to address pre-conception health. Most recently, the AHP has partnered with Children's Medical Services to promote healthy transition from adolescence to adulthood. This year, the AHP will partner with the Bureau of Tobacco Free Florida to promote resilience strategies as they intersect with smoking and substance use.

The Department's Violence and Injury Prevention Section addresses statewide injury (both intentional and unintentional) prevention through implementation of evidence-based strategies, technical assistance, information, and resources. Specific areas of focus align with the 2022-2026 State Health Improvement Plan (SHIP), Injury Safety and Violence Priority Area. These include suicide, mental well-being, child injury (sudden unexpected infant death, drowning, traumatic brain injury), vulnerable populations (child abuse and neglect, intimate partner violence, sexual

violence) and adverse childhood experiences. Mental health challenges are the leading cause of disability and poor life outcomes in young people. Unfortunately, in recent years, significant increases in certain mental health disorders in youth, including depression, anxiety, and suicidal ideation have occurred.

Because of this, the Violence and Injury Prevention Section also supports partners in addressing the effects of trauma on children and young adults. The National Survey of Children's Exposure to Violence new national data for 2021 show mixed trends for child maltreatment compared to 2020. Physical abuse declined 7 percent and neglect declined 4 percent. At the same time, sexual abuse rose 4 percent. Often, children and adolescents do not have the necessary coping skills to manage the impact of stressful or traumatic events. Consequently, as many as one in three students who experience a traumatic event might exhibit symptoms of PTSD. Symptoms resulting from trauma can directly impact a student's ability to learn. Students might be distracted by intrusive thoughts about the event that prevents them from paying attention in class, studying, or doing well on a test. Exposure to violence can lead to decreased intelligence quotient and reading ability. Some students might avoid going to school altogether.

Exposure to violence and other traumatic events can disrupt a youths' ability to relate to others and to successfully manage emotions. In the classroom setting, this can lead to poor behavior, which can result in reduced instructional time, suspensions, and expulsions. Long-term results of exposure to violence include lower grade point averages and reduced graduation rates, along with increased incidences of teen pregnancy, joblessness, and poverty.

The root causes of complex factors contributing to violence are found at the individual, family, community, and societal levels. All systems and disciplines can and must play a valuable role in preventing violence, reducing harm, and mitigating the lifelong effects of violence and trauma.

Research and action in preventing violence in schools and communities includes improving the environments in which young people live and learn; implementing policies and programs that establish new norms for nonviolent behaviors; equipping young people with competencies for positive development; and providing opportunities for employment, mentoring, substance abuse treatment, and access to health and mental health services, including trauma-informed care.

The Department applies a public health approach to violence prevention, concentrating primarily on preventing youth violence, sexual violence, intimate partner violence, self-directed violence, and exposure to trauma, as evidenced by the SHIP and Agency Strategic Plan to impact Florida's long-term health outcomes. In the coming year, VIP will continue the emphasis on systemic change and community mobilization, particularly for disproportionately affected populations. Additionally, participation in the Association of State and Territorial Health Officials special project on suicide prevention, adverse childhood experiences and drug overdose will assist in connecting shared risk and protective factors and developing an approach to prevent negative health outcomes and behaviors.

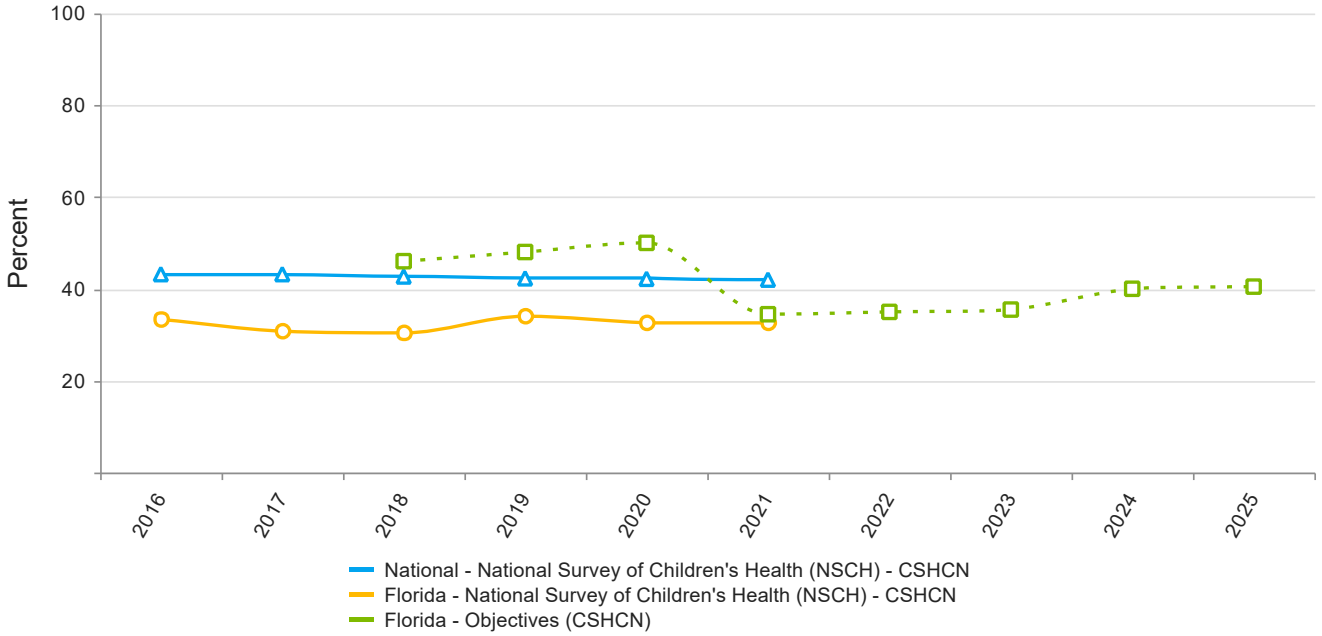
The Facts. Your Future., launched by First Lady DeSantis, is a multi-faceted campaign to heighten youth understanding of the dangerous and life-altering effects of substance use. Through the campaign, Florida is focusing on supporting students statewide to ensure they receive prevention instruction and encouragement to protect and maintain their health, avoid substance misuse, and discourage risky behaviors so they can thrive and flourish for life. This campaign is an interactive approach to ensure students are informed and can make safe decisions as they grow. More information can be found at https://www.thefactsyourfuture.org/.

Children with Special Health Care Needs

National Performance Measures

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

Indicators and Annual Objectives



NPM 11 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	46	48	50	34.5	35
Annual Indicator	30.8	30.3	34.1	32.7	32.6
Numerator	264,895	238,785	263,392	253,145	266,018
Denominator	860,723	787,817	771,337	775,152	816,808
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	35.5	40.0	40.5

Evidence-Based or –Informed Strategy Measures

ESM 11.1 - Number of partners serving CYSHCN in Florida receiving education or technical assistance about the patient-centered medical home model and related topics that impact CYSHCN .

Measure Status:	Inactive - Realignment of staff to meet organizational needs required a pivot from this strategy. Low results-based accountability measure.

State Provided Data			
	2020	2021	2022
Annual Objective			850
Annual Indicator	1,847	843	236
Numerator			
Denominator			
Data Source	CMS Public Health Detailing activity log	CMS Public Health Detailing activity log	CMS Public Health Detailing activity log
Data Source Year	2020	2021	2022
Provisional or Final ?	Final	Final	Final

ESM 11.2 - Percentage of caregivers of CYSHCN in Florida who always perceive themselves as a partner in their child's care.

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			71
Annual Indicator		67.8	67.5
Numerator		499,558	224
Denominator		736,624	332
Data Source		National Survey of Childrens Health	National Survey of Children's Health
Data Source Year		2019-2020	2020-2021
Provisional or Final ?		Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	72.0	73.0	74.0

ESM 11.4 - Percent of youth with special health care needs who report having successfully transitioned from pediatric to adult health care providers/practices.

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			30
Annual Indicator		28.6	72.5
Numerator		14	29
Denominator		49	40
Data Source		CMS Satisfaction Survey	CMS Satisfaction Survey
Data Source Year		2021	2022
Provisional or Final ?		Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	74.5	76.0	78.5

ESM 11.5 - Percentage of providers in underserved geographic areas that received formal technical assistance through the UCF HealthARCH program that became designated patient-centered medical homes.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives			
	2023	2024	2025
Annual Objective	2.0	2.1	2.2

State Performance Measures

SPM 1 - The percentage of children that need mental health services that actually receive mental health services.

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	50	51	52	53	46
Annual Indicator	46.5	48.2	52.9	45.4	42.5
Numerator		99,630	225,227	232,060	207,249
Denominator		206,702	425,445	511,703	488,134
Data Source	National Survey of Children's Health	National Survey of Children's Health	National Survey of Children's Health	National Survey of Children's Health	National Survey of Children's Health
Data Source Year	2017	2018	2018_2019	2019_2020	2020-2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	46.5	47.0	47.5

State Outcome Measures

SOM 1 - Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			75
Annual Indicator		72.7	79.4
Numerator		64	708
Denominator		88	892
Data Source		National Survey of Children's Health	National Survey of Children's Health
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	80.5	82.0	83.5

State Action Plan Table

State Action Plan Table (Florida) - Children with Special Health Care Needs - Entry 1

Priority Need

Increase access to medical homes and primary care for children with special health care needs.

NPM

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

Objectives

11.1: By June 30, 2026, increase the number of DOH team members, providers (pediatric, family practice, and adult), families, family partners, and other partners serving CYSHCN in Florida who received education or technical assistance about the patient-centered medical home model and related topics that impact the health and wellness of CYSHCN from 850 annually to 1050 annually. Data source: DAL: Reported Quarterly to MCH Block Grant. Baseline: 850 (7/1/21-6/30/22 target: (850) (7/1/22-6/30/23 target: (900) (7/1/23-6/30/24 target: (950) (7/1/24-6/30/25 target: (1000) (7/1/25-6/30/26 target (1050)

11.2: By June 30, 2025 increase the number caregivers of CYSHCN in Florida who perceive themselves as a partner in their child's care by 1% annually from identified baseline. (7/1/20-6/30/21 target: 67.8%) (7/1/21-6/30/22 target: 71%) (7/1/22-6/30/23 target: 72%) (7/1/23-6/30/24 target: 73%) (7/1/24-6/30/25 target: 74%) (7/1/25-6/30/26 target: 75%)

11.3: By June 30, 2025, increase the percentage of underserved geographic areas that have at least one pediatric practice that is designated as a PCMH by 20% (7/1/20-6/30/21 target: Xx1.03) (7/1/21-6/30/22 target: Xx1.05) (7/1/22-6/30/23 target: Xx1.1) (7/1/23-6/30/24 target: Xx1.15) (7/1/24-6/30/25 target: Xx1.2)

11.4 By June 30, 2026 Increase the percentage of youth with special health care needs that report satisfaction with their ability to access community-based resources needed in order to transition to adult health care by 2% annually from identified 28% baseline. Data Source: Satisfaction Survey for Young Adults Transitioning to Adult Health Care. (7/1/2022-6/30/2023 Target: (30%) (7/1/2023-6/30/2024 Target: (32%) (7/1/2024-6/30/2025 Target :(34%) (7/1/2025-6/30/2026 Target: (36%)

Strategies
11.1: Identify, evaluate, and enhance education and technical assistance provided to DOH team members, providers (pediatric, family medicine, and adult), families, family partners, and other partners serving children and youth with special health care needs (CYSHCN) regarding the patient-centered medical home model and related topics that impact the health and wellness of CYSHCN.
11.2.1 Create a cohort of caregivers of CYSHCN that are educated and equipped to be a partner in their child's care.
11.2.2: Leverage work with existing and potential partners to increase opportunities for families of CYSHCN to become family partners at the individual, community, and systems level.
11.3.1: Create a pipeline of providers that are engaged in enhancing their practice sites based on the foundational principles of patient-centered medical homes.
11.3.2: Leverage work with existing and potential partners to increase the spread of patient-centered medical homes.
11.4: Work with other Title V CYSHCN Programs and internal Department of Health colleagues to identify and implement activities that will increase the numbers of family practice and adult providers that serve young adults with special health care needs.

ESMs	Status
ESM 11.1 - Number of partners serving CYSHCN in Florida receiving education or technical assistance about the patient-centered medical home model and related topics that impact CYSHCN .	Inactive
ESM 11.2 - Percentage of caregivers of CYSHCN in Florida who always perceive themselves as a partner in their child's care.	Active
ESM 11.3 - Number of Adult Care Providers/Practices that report accepting CYSHCN transitioning to adult care.	Inactive
ESM 11.4 - Percent of youth with special health care needs who report having successfully transitioned from pediatric to adult health care providers/practices.	Active
ESM 11.5 - Percentage of providers in underserved geographic areas that received formal technical assistance through the UCF HealthARCH program that became designated patient-centered medical homes.	Active

NOMs
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

State Action Plan Table (Florida) - Children with Special Health Care Needs - Entry 2

Priority Need

Improve access to appropriate mental health services to all children.

SPM

SPM 1 - The percentage of children that need mental health services that actually receive mental health services.

Objectives

1.1: By June 30, 2026, increase the number of DOH team members, providers, (pediatric, family practice, and adult), families, family partners, and community service providers in Florida who received education or technical assistance about accessing or providing access to behavioral health services from 335 annually to 735 annually. Data source: DAL for MCH Block Grant quarterly reporting. Baseline: 335 (7/1/21-6/30/22 target:(335) (7/1/22-6/30/23 target: (435) (7/1/23-6/30/24 target: (535) (7/1/24-6/30/25 target: (635) 7/1/25-6/30/26 target: (735)

1.2: By June 30, 2025, increase the number of traditional and non-traditional providers that have initiated integrating behavioral health services, by 3% annually from identified baseline. (data source: CMS Public Health Detailing activity tracker) (baseline: X) (7/1/20-6/30/21 target: X + 3%) (7/1/21-6/30/22 target: X) (7/1/22-6/30/23 target: X) (7/1/23-6/30/24 target: X) (7/1/24-6/30/25 target: X)

1.3: By June 30, 2025, increase the number of activities identified that support families in enhancing mental health protective factors and build resilience by 3 annually (data source: Public Health Detailing Activity Tracker) (baseline: 0) (7/1/20-6/30/21 target: 3) (7/1/21-6/30/22 target: 6) (7/1/22-6/30/23 target: 9) (7/1/23-6/30/24 target: 12) (7/1/24-6/30/25 target: 15)

Strategies

1.1.1: Identify, evaluate, and enhance education and technical assistance provided to DOH team members, providers (pediatric, family medicine, and adult), families, family partners, and community service providers regarding accessing or providing access to behavioral health services and related topics that impact behavioral health and wellness

1.1.2. Collaborate with organizations on existing or developing Public Awareness Campaigns to increase awareness of mental health and reduce stigma

1.1.3 Leverage work with existing and potential partners to increase awareness, prevention identification, treatment activities, and treatment resources

1.2.1: Identify, develop, and disseminate resources for change management for traditional and non-traditional providers to begin behavioral health integration

1.2.2: Leverage work with existing and potential partners to increase the accessibility and utilization of needed behavioral health services

1.2.3: Create a pipeline of providers that are engaged in enhancing their practice sites by improving behavioral health awareness, prevention, identification and treatment

1.3.1: Identify, develop, and disseminate resources for traditional and non-traditional providers, as well as community partners, on available activities and resources that enhance mental health protective factors and build resilience in the families they are serving

1.3.2: Leverage work with existing and potential partners to increase activities for families that enhance mental health protective factors and build resilience

State Action Plan Table (Florida) - Children with Special Health Care Needs - Entry 3

Priority Need

Increase access to medical homes and primary care for children with special health care needs.

SOM

SOM 1 - Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs

Objectives

11.1: By June 30, 2026, increase the number of DOH team members, providers (pediatric, family practice, and adult), families, family partners, and other partners serving CYSHCN in Florida who received education or technical assistance about the patient-centered medical home model and related topics that impact the health and wellness of CYSHCN from 850 annually to 1050 annually. Data source: DAL: Reported Quarterly to MCH Block Grant. Baseline: 850 (7/1/21-6/30/22 target: (850) (7/1/22-6/30/23 target: (900) (7/1/23-6/30/24 target: (950) (7/1/24-6/30/25 target: (1000) (7/1/25-6/30/26 target (1050)

11.2: By June 30, 2025, increase the number caregivers of CYSHCN in Florida who perceive themselves as a partner in their child's care by 5% annually from identified baseline. (7/1/20-6/30/21 target: X) (7/1/21-6/30/22 target: X+ 5%) (7/1/22-6/30/23 target: X+10%) (7/1/23-6/30/24 target: X+15%) (7/1/24-6/30/25 target: X+20%)

11.3: By June 30, 2025, increase the percentage of underserved geographic areas that have at least one pediatric practice that is designated as a PCMH by 20% (7/1/20-6/30/21 target: Xx1.03) (7/1/21-6/30/22 target: Xx1.05) (7/1/22-6/30/23 target: Xx1.1) (7/1/23-6/30/24 target: Xx1.15) (7/1/24-6/30/25 target: Xx1.2)

Strategies

11.1: Identify, evaluate, and enhance education and technical assistance provided to DOH team members, providers (pediatric, family medicine, and adult), families, family partners, and other partners serving children and youth with special health care needs (CYSHCN) regarding the patient- centered medical home model and related topics that impact the health and wellness of CYSHCN.

11.2.1 Create a cohort of caregivers of CYSHCN that are educated and equipped to be a partner in their child's care.

11.2.2: Leverage work with existing and potential partners to increase opportunities for families of CYSHCN to become family partners at the individual, community, and systems level.

11.3.1: Create a pipeline of providers that are engaged in enhancing their practice sites based on the foundational principles of patient-centered medical homes.

11.3.2: Leverage work with existing and potential partners to increase the spread of patient-centered medical homes.

11.4: Work with other Title V CYSHCN Programs and internal Department of Health colleagues to identify and implement activities that will increase the numbers of family practice and adult providers that serve young adults with special health care needs.

State Action Plan Table (Florida) - Children with Special Health Care Needs - Entry 4

Priority Need

Improve access to appropriate mental health services to all children.

SOM

SOM 1 - Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs

Objectives

1.1: By June 30, 2026, increase the number of DOH team members, providers, (pediatric, family practice, and adult), families, family partners, and community service providers in Florida who received education or technical assistance about accessing or providing access to behavioral health services from 335 annually to 735 annually. Data source: DAL for MCH Block Grant quarterly reporting. Baseline: 335 (7/1/21-6/30/22 target:(335) (7/1/22-6/30/23 target: (435) (7/1/23-6/30/24 target: (535) (7/1/24-6/30/25 target: (635) 7/1/25-6/30/26 target: (735)

1.2: By June 30, 2025, increase the number of traditional and non traditional providers that have initiated integrating behavioral health services, by 3% annually from identified baseline. (data source: CMS Public Health Detailing activity tracker) (baseline: X) (7/1/20-6/30/21 target: X + 3%) (7/1/21-6/30/22 target: X) (7/1/22-6/30/23 target: X) (7/1/23-6/30/24 target: X) (7/1/24-6/30/25 target: X)

1.3: By June 30, 2025, increase the number of activities identified that support families in enhancing mental health protective factors and build resilience by 3 annually (data source: Public Health Detailing Activity Tracker) (baseline: 0) (7/1/20-6/30/21 target: 3) (7/1/21-6/30/22 target: 6) (7/1/22-6/30/23 target: 9) (7/1/23-6/30/24 target: 12) (7/1/24-6/30/25 target: 15)

Strategies

1.1.1: Identify, evaluate, and enhance education and technical assistance provided to DOH team members, providers (pediatric, family medicine, and adult), families, family partners, and community service providers regarding accessing or providing access to behavioral health services and related topics that impact behavioral health and wellness

1.1.2. Collaborate with organizations on existing or developing Public Awareness Campaigns to increase awareness of mental health and reduce stigma

1.1.3 Leverage work with existing and potential partners to increase awareness, prevention identification, treatment activities, and treatment resources

1.2.1: Identify, develop, and disseminate resources for change management for traditional and non-traditional providers to begin behavioral health integration

1.2.2: Leverage work with existing and potential partners to increase the accessibility and utilization of needed behavioral health services

1.2.3: Create a pipeline of providers that are engaged in enhancing their practice sites by improving behavioral health awareness, prevention, identification and treatment

1.3.1: Identify, develop, and disseminate resources for traditional and nontraditional providers, as well as community partners, on available activities and resources that enhance mental health protective factors and build resilience in the families they are serving

1.3.2: Leverage work with existing and potential partners to increase activities for families that enhance mental health protective factors and build resilience

Children with Special Health Care Needs - Annual Report

Children's Medical Services (CMS) protects and promotes the health and wellbeing of Florida's children, including children and youth with special health care needs (CYSHCN). CMS's aim statement is for all of Florida's children to be safe, healthy, and thriving where they live, learn, and play. In Florida, 46.1 percent of CYSHCN have public health insurance, as compared to 36.4 percent nationwide, with 44.2 percent reporting private insurance, 5.3 percent reporting a combination of public and private insurance and 4.3 percent uninsured. In addition, 11.6 percent of Florida's CYSHCN report having received care in a well-functioning system representing a four percent increase from Fiscal Year (FY) 18-19 data, with the reported nationwide average of 14.4 percent.

To influence National Outcome Measure (NOM) 17.2, *the percent of children with special health care needs, ages 0 through 17, who receive care in a well-functioning system*, CMS's framework includes five main initiatives that are woven into the findings of the annual report in no order. The initiatives include: 1) transform pediatric practices into patient-centered medical homes (PCMH), 2) build capacity of pediatric primary care providers to treat common behavioral health conditions, 3) address community integrated system building in Florida's diverse regions, 4) improve access and quality through contracts with specialty networks that have condition-specific expertise (e.g., diabetes, sickle-cell disease), and 5) collaboratively partner with CMS Health Plan, a medical managed assistance plan for children and youth with chronic or complex special health care needs.

Increased access to medical homes for CYSHCN is a continued priority need and is reflected in National Performance Measure (NPM) 11. Most of the corresponding evidence-based strategy measures (ESMs) and supporting strategies and activities continue to align, and include an intentional focus on workforce, essential public health services, and family partnerships. However, ESM 11.1 will be inactivated as discussed below.

ESM 11.1 *was the number of partners serving CYSHCN in Florida receiving education or technical assistance about the PCMH model and related topics that impact CYSHCN*. The objective was to increase this unduplicated number annually, with the baseline of 730 stakeholders and this year's target of 2,340 stakeholders. The intended workforce for this measure had natural attrition, and needed to pivot, to address priority organizational needs. Subsequently, 236 educational or technical assistance activities were completed in 2022. As this measure only reflected a quantity of effort, and did not address quality or effect, including if anyone was better off because of receiving education or technical assistance, this ESM will be inactivated.

With the prevalence of asthma related emergency and hospital visits rising, the Title V CMS program, as a convener, leveraged resources within the Department's Bureau of Chronic Disease Prevention and facilitated the creation of a workgroup of stakeholders, including specialists and primary care providers. The group developed a one-page asthma weblink resource guide for providers, families, and community partners. The group also constructed an asthma management in action plan for providers, inclusive of a resource guide with evidenced based interventions and a Microsoft PowerPoint slide deck containing valuable provider information. The asthma home visiting program leveraged resources from Simply and Sunshine Medical Managed Assistance (MMA) Plans to expand the home visiting capacity of the program, with 31 client referrals received as of January 2023. In addition, an asthma education pilot program for high-risk, uncontrolled, asthma patients aged 5 through 18 years, was initiated in January 2022. Notably Lakeland, Florida, has been designated as the fourth asthma capital in the United States with the highest incidence of asthma emergency department visits. Dr. Joi Lucas in Lakeland is now currently participating with the asthma coalition pilot program. Dr. Joi Lucas is advancing an initiative with school nurses, the asthma coalition group, pediatric practices, and stakeholders regarding the asthma home visiting program. The asthma pilot program has been extended to December 31, 2023, to obtain more referrals. The Pulmonary Group at Florida State University (FSU) is collaborating with the asthma program to identify resources on strategies for accessing schools regarding their asthma projects.

Strategy 11.1 includes significant activities which engage several of CMS' major initiatives and focuses on community integrated system building and improving health care access and quality. An informed strategy for community integrated systems approach includes the integration of multisector service systems focused on the conditions of daily life. CMS developed a framework and partnered with two existing community programs to implement its Regional Network for Access and Quality (RNAQ) pilot model. This model includes core competencies of public health and the *Standards for Systems of Care for Children and Youth with Special Health Care Needs, version 2.0.,* with the goal to improve access and quality for children in their community. While in different stages of early implementation, recent efforts include moving toward collaboration within the two pilot programs. For the upcoming year, both pilot programs have a joint long-term (and across programs) aim to decrease negative health impacts and improve the care provisions to CYSHCN. Results from one of the RNAQ' s needs assessments indicated a troubling trending increase in their county's teen suicide rate, exceeding the state rate. Their follow up activity included conducting a specialized training in the assessment and management of youth with depression or suicide risk. This was accomplished with over 330 primary care providers participating virtually. Additional activities included improving primary care providers' (PCP) ability to manage CYSHCN with behavioral and mental health conditions, with trainings provided to a minimum of 12 PCPs and the expansion of medical-behavioral home concept to three additional practices in their catchment area. These activities were not without reported challenges, including lack of provider engagement, which will be addressed in the upcoming year. A premier aim of the Orlando RNAQ was to increase the identification of needed supports and services with the use of a tool developed by Nemours Children's Hospital in their Medically Complex Coordination clinic, from a baseline of 0 percent in June 2021 to 50 percent by December 1, 2022. Challenges with information technology/software issues contributed to delays in disseminating the tool electronically as planned. Turnover in staff has subsequently stalled the project. CMS Title V will continue to collaborate and support the Orlando RNAQ in the upcoming year.

In the pursuit of a well-functioning system that serves CYSHCN in Florida, integrated system building work included an intentional focus on health care access and quality. CMS Title V leveraged condition-specific expertise (e.g., diabetes, sickle-cell disease, asthma) with existing specialty network contracts within tertiary care centers across the state. These contracts previously focused on direct care services; however, they were reengineered with the *Standards for Systems of Care for Children and Youth with Special Health Care Needs, version 2.0 as a framework.* Contract language now includes Title V CYSHCN priorities including implementation of a quality-of-life measurement tool, completion of the CYSHCN single organization assessment tool, and continues quality improvement for identified needs. Our vision includes these individual tertiary-care, condition-specific programs, and organizations across the state, coming together for collective impact as a collaborative of Statewide Networks of Access and Quality (SNAQ). Guiding principles include a learning action network focused on *data driven quality improvement* (QI) activities that are inclusive of the family voice. The aim is that all CYSHCN, regardless of insurance status and geographical location, have access to a high-quality system of care. Some lessons learned are to move beyond counts and include more results-based accountability reporting to capture not only quantity of effect, but more importantly quality. While CMS works on creating more uniform data collection and robust reporting, active dialogue about the need for these changes is occurring to help facilitate buy-in and readiness toward these changes.

State action plan activity 11.1.a.vi works to engage various provider groups serving CYSHCN through a learning collaborative approach to share best practices, individual and joint quality improvement projects, and focus on activities to strengthen the system of care for CYSHCN and their families. Dedicated to a culture of learning and continuous QI, CMS Title V partnered with the National Institute for Children's Health Quality (NICHQ) to craft a formal QI initiative across the SNAQ programs and implement a Learning Action Network (LAN). These 32 tertiary-care/academic programs represent seven condition-specific programs (behavioral health, craniofacial, endocrine, chronic kidney disease, hematology-oncology, HIV/AIDS and pulmonary). They partner with peers from other organizations to collaborate on QI projects. LAN objectives are to build and support motivation for QI, facilitate

continuous QI, foster collaboration, shared learning, and action toward improvement. Through CMS and NICHQ co-design and co-facilitation, the goal is to maintain a sustainable LAN. The LAN initiative is a catalyst in the transformation of these historically siloed programs, groups, and organizations into a statewide network focused on improving health care access and quality.

QI teams are engaged in training, coaching, and peer-to-peer learning in QI methods through a series of quarterly virtual learning sessions, monthly interprofessional meetings, and "office hours" for one-on-one technical assistance, all supported by an online platform resourced for easy data sharing collaboration amongst stakeholders. QI teams are guided in rapid cycle tests of change for small scale developments through use of Plan Do Study Act and other models for measurable improvement. Results thus far include 32 institutional QI projects, and nine condition-specific SNAQ-wide (i.e., across institutions) projects. Most notably since the inception of the project, inclusion of patient or family leaders in the quality improvement initiative planning, design, and evaluation has risen from a baseline of 10 percent (n=3) to 55 percent (n=17), with the goal of 75 percent by 2025. In the last learning and action cycle, SNAQs received skill-based training on results-based accountability, including the four categories of measurement. Breakout activities have them look at the current QI outcome and process measures that they had developed for their statewide SNAQ project, determining where they fit in the measurement quadrants, and what outcome measures they might consider now or in the future to demonstrate quality of effect represented by the percent of is anyone better off.

The next phase of this project will focus across all 32 SNAQ teams united on quality improvement activities, including quality measurement, that are specific to transitioning of youth from pediatric to adult health care systems including planning, readiness, and verification of successful completion.

As part of the statewide priority initiative to increase access to PCMH and primary care, recognized family partnership is a focused area of inclusion. ESM 11.2 reports *the percentage of caregivers of CYSHCN in Florida who always perceive themselves as a partner in their child's care*, with the objective to increase this number by one percent annually from the identified baseline for this reporting year. Utilizing the *2020-2021 National Survey of Children's Health Data Indicator 4.14* and whether a decision was needed (N=184), 83 percent (n=152) reported they always or usually were included in shared decision-making. CMS also developed an internal survey to disseminate to family partner organizations. This survey was disseminated at a Family Café conference with 67.74 percent (N=63) reporting they worked with their child's providers in shared decision-making to create shared care plans for their child(ren). Additionally, 56.99 percent of respondents maintained connectivity between care teams by sharing health information across providers (N=63), as well as asking questions regarding their child(ren)'s care (N=63) and listening and following provider medical advice (58.06 percent, N=54). Opportunities for stronger family partnerships within care teams can focus on optimizing the ease and comfort in which family partners are able to acknowledge and raise concerns with current medical recommendations. In this area, only 44.09 percent (N=41) of respondents felt comfortable having these types of discussions with their providers.

Strategies 11.2.1 and 11.2.2 also focus on family partnership. 11.2.1 details the creation of a cohort of CYSHCN caregivers that are educated and equipped to be a family partner in their child's care, while 11.2.2 aims to leverage work with existing and potential partners to increase opportunities for CYSHCN families to become family partners at the individual, community, and systems level.

The Florida Family Leader Network (FFLN) was envisioned with the aim of elevating and supporting families through networking and leadership skills development. The goal is to produce family leaders educated and equipped to be partners in their child's care and if interested, advance them to community and systems work. The FFLN holds an annual summit and quarterly learning activities and has over 280 members across the state of Florida and beyond.

Survey data from the 2022 summit, with 115 evaluations received out of 147 participants, indicated that 86 percent *strongly agreed or agreed* that the information learned at the summit will increase their ability to engage as a partner in their child's care with their primary care provider, an increase of 10 percent from the year prior. In addition, 90 percent reported that the information they learned will increase their ability to be involved as a family partner or leader at the community level, an increase of two percent from the previous year. Likewise, 85 percent reporting an increase in their ability to be involved at a systems level (i.e., regional, state, national, organization or health care system), also a two percent increase from last year.

Specific to the Title V workforce, inclusive of designated Family Leaders, monthly meetings are held to optimize awareness and promote use of materials and information garnered from various partners related to patient/family engagement and partnership, with an aim to enhance provider and stakeholder outreach efforts. A few examples of resources are the Florida's Family Voices' state affiliate weekly newsletter, the Family Network on Disabilities monthly newsletter, the Family Voices' Effective Family Partnerships website resources, and their new Telehealth Toolkit for Families, as well as the American Academy of Pediatrics' (AAP) *Bright Futures* resource for preventive care screenings.

In previous year's work, the statewide family leader researched and provided multiple evidence-informed resources regarding patient and family engagement, with a focus on how it relates to involvement at the clinical level for quality improvement efforts. These resources were then posted on a shared interdisciplinary platform for the SNAQs. In follow up, the statewide family leader developed a *Patient and Family Engagement Roadmap* or "how to" guide, inclusive of current evidence-informed journal articles, toolkits, and other related resources. The roadmap is for all team participants in the SNAQ LAN and can be utilized in other capacities, on both the provider and caregiver side, for other program initiatives. Aptly, the new *Patient and Family Engagement Roadmap* was featured in a well-attended Association of Maternal and Child Health Programs (AMCHP) workshop during their annual conference this year and the year before.

The CMS statewide family leader is an AMCHP Family Delegate for Florida and newly alumnus of AMCHP's Leadership Lab. She participates in a multitude of state and national level health care, disability, and family leadership boards, councils, committees, and workgroups. Within each of these settings, Title V programmatic information, surveys, and resources related to all state initiatives, including those tailored to caregiver and patient provider engagement and partnership are disseminated. Regional family leaders uphold connections with local community groups within their areas and accomplish similar goals. The statewide family leader, as well as all the regional family leaders, are members of the Title V-funded FFLN. As part of their engagement in this network, they share state and national resources related to patient- and family-centered care, behavioral health, health care transition and other topics related to caregiver support and engagement. This continuous activity of multitiered engagement and shared learning affords CMS access to innovative and pioneering resources from formative grassroot organizations, as well as well-established and highly regarded entities. The material and resources shared among partners and colleagues become far-reaching through intentional dissemination to families and other stakeholders.

For NPM 11, CMS partners with the University of Central Florida's Health Advancing Resources to Change Health Care (UCF HealthARCH), Florida's only designated National Committee for Quality Assurance (NCQA) partner in quality. UCF HealthARCH provides one-on-one technical assistance and support to pediatric practices regarding PCMH practice transformation, preparing them for NCQA Certification. Over the past six cohorts (2017-2022), 81 practices have received PCMH Recognition, this includes 132 physicians and 88 mid-level providers, with 72 practices in process. The goal is to have 224 PCMH recognized practices by the year 2025.

ESM 11.5 was created to track the percentage of providers in underserved geographic areas that received formal technical assistance through UCF HealthARCH and become designated PCMHs, with the performance objective *to*

increase the percentage of underserved geographic areas that have at least one pediatric practice that is designated as a PCMH by 20 percent at the end of the five-year period. Challenges, referenced below, contributed to not being able to complete the measurement of this objective at the time of this report. However, measurements will occur for subsequent reporting years.

Strategy 11.3.1 is *to create a pipeline of providers that are engaged in enhancing their practice sites based on the foundational principles of PCMH.* Activities under this strategy included geo-mapping current pediatric PCMH's services to children and youth with special health care needs (CYSHCN), to identify underserved communities and populations, and to monitor and evaluate the numbers and geographic locations annually. Title V regional specialists conducted outreach to identify practice type, number of providers, PCMH certification, and patients served. This information was then mapped geographically to identify gaps in access to care. Over 56.24 percent of practice type data revealed that 30.56 percent of providers identified as *Family Practice* and 25.68 percent as *Pediatrics*. Other practice types included: *Internal Medicine* (16.79 percent), *Federal Qualified Health Centers* (13.63 percent), *multi-specialty* (13.20 percent), and *Free or reduced-cost health clinics* (0.14 percent). Per capita income was overlayed on the provider map and demonstrated that lower per capita income areas were less populated and had little or no providers. While first generation PCMH maps were created, it was subsequently determined that transitioning to a different mapping software would be more advantageous, providing the ability to overlay various mapping activities such as behavioral health resource maps and adding a vulnerability population index, entitled children's needs index, has been finalized. The updated maps, using R studio and pulling from active data bases such as Medicaid, have been instrumental in informed decision making. For example, in looking at the National Survey for Children's Health data related to access to a PCMH, there is a gap in black family access as compared to white and Hispanic families. The geo-maps were then used to help ascertain areas with concentrated black populations, and limited PCMH's. This information aided in the determination of areas where focus groups could be facilitated, with the aim to learn family perspectives on PCMH principles, and provide PCMH education and resource dissemination to those community providers.

The new geo maps have population characteristics that can be aggregated or separated, along with various layers of provider or resource maps which serves as a valuable visual communication tool for informed decision making. Comprehensive geo-mapping data includes publicly available census tract level data including population characteristics (such as race, poverty status), and a children's need index (comprised of deficits or limitations such as cognitive, visual, hearing, self-ambulatory, etc.). Additional various maps such as pediatric/family practices, PCMH designation, behavioral health providers, and children's hospitals or schools can then be overlayed onto the base map. This comprehensive enhanced data set has given the program pause in how it originally intended to measure "underserved geographic area". Once the definition is reconciled and finalized, the collected PCMH zip code data from those practices that are PCMH accredited, will be added to determine the overall percentage increase of the newly defined underserved area.

In working to create a pipeline of providers that are interested in PCMH transformation and partnering with UCF HealthARCH, CMS Title V regional specialists provided community educational outreach to 843 providers. For providers that indicated interest, CMS Title V linked them to UCF HealthARCH to complete a PCMH readiness assessment. The readiness assessments are used by UCF HealthARCH to determine appropriateness for one-to-one PCMH transformation assistance. For the last two years, the recruitment phase for the upcoming cohort has proven challenging, even as primary care providers continue to report interest in the initiative. As a result of competing priorities, the state was targeted for PCMH transformation recruitment, and not just underserved geographic areas as originally intended. In addition, for the practice cohorts already engaging with UCF HealthARCH, it has taken longer than usual to successfully complete the PCMH transformation process. As providers achieve their PCMH recognitions and accreditations, their practice locations will be geo-mapped and those in underserved geographic areas will be

tracked for the needed data in this area. This year, specialty providers who also perform primary or secondary primary care in underserved areas with desire to achieve PCMH recognition or accreditation, are also being recruited. The engagement of this provider type will help inform future efforts focused on medically complex clinics for CYSHCN.

The planned implementation of another LAN to support the population health model utilization within UCF HealthARCH's PCMH practice transformation services was delayed. LAN specifics include utilization of PCMH readiness assessments to gauge appropriateness among PCMH transformation cohort activities, which will either include one-on-one PCMH transformation technical assistance with UCF HealthARCH or participation in the co-facilitated CMS/UCF HealthARCH LAN. The LAN model includes six to eight virtual trainings to introduce and review the six core components needed to become a PCMH. Open "office hours" will be offered as an opportunity for providers to engage and receive additional assistance. Ultimately, the goal of the UCF HealthARCH/CMS LAN is to provide a space where providers can learn from UCF HealthARCH and other participating practices' experiences. This encourages LAN providers to start working toward PCMH transformation readiness to become aptly able to enter into the next one-on-one PCMH transformation cohort. It is anticipated that provider participation in the LAN model will also shorten their one-on-one PCMH transformation technical assistance, allowing UCF HealthARCH to serve more providers over time.

Cognizant of the increased demand for mental health services, and steadfast in partnership to build a well-functioning system that addresses conditions of daily life and barriers to medical care, CMS realized the dire need to intersect primary care with tenants of behavioral health/mental health management. Continued conversations encouraged UCF HealthARCH to initiate development of a comprehensive report that will detail the benefits of achieving NCQA's distinction in BH integration within PCMH-recognized practices. In addition, they will develop a one-page informational flyer for providers that details the BH distinction, particularly the value it adds to comprehensive care for providers and patients, as well as related information for future dissemination.

Transition for CYSHCN continues to be an important inclusion strategy that is embedded in Florida's CYSHCN Action Plan. ESM 11.4 measures the *Percent of youth with special health care needs who report having successfully transitioned from pediatric to adult health care providers/practices*. Planning is in place to capture quantitative and qualitative data through survey's and focus groups at two upcoming annual conferences, as well as with opportunities described below.

Strategy 11.4 details *collaboration with other Title V CYSHCN Programs and internal Department colleagues to identify and implement activities that will increase the numbers of family practice and adult providers that serve young adults with special health care needs*. CMS Title V convened a partnership with Got Transition® and the CMS Health Plan, for a 12-month pilot program aimed to increase the percent of 18 to 20-year-old members who transition from a pediatric provider to an adult care provider through a value-based payment model. This small (N=10) test of change incorporated the coordinated exchange of medical information, a plan of care, a joint telehealth visit with the member/family, pediatric and adult care provider, and facilitated integration into adult care. Providers received an enhanced fee-for-service payment with reimbursement at 100 percent of the Medicare fee schedule for both pediatric and adult providers. CMS health plan members received a direct-to-consumer payment incentive of a $25 Visa Prepaid card for attending each scheduled appointment within the first 6 months after the member transitioned to an adult care provider. Outcomes included 87.5 percent of young adults stating they were very satisfied with their experience with their new adult doctor. Provider teams reported one of the values of the pilot program was establishing a good working relationship between offices, which helped make the transition process easier for all parties. Notable challenges included the scheduling of joint telehealth visits which contributed to delays in access and timely transition.

Recognizing the need and value of purposeful planned transition, the CMS health plan added a dedicated transition care manager to the care management team to provide team support to ensure members have a smooth transition to adulthood, by mitigating disruption in services. The transition care manager supports the care manager and provides training, guidance, as well as monitoring the effectiveness of the transition planning. Last year the transition care manager received 313 referrals to assist members with transition of care.

In a recent CMS survey, 60 percent (n=37) of parents with transition-age-youth with special health care needs reported that their primary care provider was not actively working with their youth to prepare them for adult care. CMS Title V specialists work to provide transition outreach or education activities (N=71), which include the promotion of *Got Transition's Six Core Elements of Healthcare Transition*. In addition, all condition-specific (e.g., HIV, Pulmonary, Diabetes) SNAQ program participants are provided transition education. As part of their contract deliverables, all SNAQ programs submit their transition processes and policies for review through the lens of the Six Core Elements of Health Care Transition. Utilizing program evaluation methodology, these processes and policies are benchmarked and scored. Plan-Do-Study-Act cycles, and other quality improvement strategies, allow for score tracking annually and the inclusion of CMS-provided technical assistance to improve scores. It was noted that an area of improvement across all contracts is to assess successful transition after youth have landed safely within the care of an adult provider. Creating an "exit interview" would be sent to the youth after the initial appointment with their new adult-care provider to help assess this measure. Additionally, all SNAQ programs are required to create an aggregated report that provides data regarding utilization of the Got Transition's Six Core Elements of Health Care Transition 2.0 Tool Kit components. In review of these reports, it was determined that key definitions and standardization would strengthen the quality of data captured. For example, aggregated utilization reports include a headcount of youth who received transition-related services; however, these reports lacked a comparative count to determine what percent of total youth successfully received these services. This current strategy also failed to capture the quality of SNAQ programmatic efforts with transitioning youth, yet alone the effect or extent of services rendered. CMS Title V is working with our SNAQ programs to develop a proper reporting tool that supports standardized data across all SNAQ programs and leverages more meaningful methods for results-based accountability. Standardized data lends itself to the creation and utilization of an electronic data dashboard. Currently, two of the SNAQ programs are focused on health care transition as a quality improvement project and results will be shared with other SNAQ programs for collective learning. Separately, one of CMS's contract programs include the nationally recognized Jacksonville Health and Transition Services program (JaxHATS), who, through CMS Title V, continue to provide high-quality, CYSHCN-sensitive, clinic services and skill-building strategies to transitioning youth. This year updates to their contract language include the use of a health care transition registry and quality of life survey, to better measure the effort and effect over time.

CMS is transitioning its long-time contracted state transition clearinghouse program, Florida Health, and Transition Services, into a CMS-operated educational portal available through the Florida Department of Health website. Plans include revisions to CMS's current website to support this vision and enhance public interface, with rebranding of the transition program. In addition, a new youth to adult transition course for professionals has been developed and is ready to be launched in a hosted platform. This project was facilitated by CMS Title V in collaboration with Florida's Maternal Child Health (MCH) partners and transition experts. Participants can register and take the four course modules in any order they would like. They are asked to complete a post-test for knowledge check. Once they complete all four post-tests and the course evaluation, a certification of completion is provided. There is a course companion guide, a dedicated webpage accessed from the rebranded site, and will house hyperlinks or actual downloads of the resources mentioned throughout the course modules.

One of Florida's State Performance Measures is to *increase access to mental and behavioral health service.* This is aligned with NOM 18, which details *the percent of children, ages 3 through 17, with a mental/behavioral condition*

who receive treatment or counseling. There was a decrease in this indicator from the National Survey of Children's Health Data from 2018-2019 of 52.9 percent, to 2019-2020 of 45.4 percent, and now 2020-2021 of 42.5 percent.

Performance Objective (PO) 1.1. represents *the number of Department team members, providers (pediatric, family practice, and adult), families, family partners, and community service providers receiving education or technical assistance about accessing or providing access to behavioral health services.* This includes a CMS Title V performance objective to increase the annual target each year. Due to attrition and the need to pivot the remaining Title V specialists to organizational needs, the annual objective target was not reached. In addition, as the measure was a count and did not actively demonstrate effect, this PO will be deactivated.

Strategy 1.1.1 is *to identify, evaluate, and enhance education and technical assistance provided to Department team members, providers (pediatric, family medicine, and adult), families, family partners, and community service providers) regarding accessing or providing access to behavioral health services and related topics that impact behavioral health and wellness.* Core inclusion areas are family partnership, access to care, essential public health services, and life course/cross-cutting.

This year focused on building capacity of Title V field staff for the Department's Florida Pediatric Behavioral Health Collaborative. Details will be discussed more fully in the sections below. As a result of the significant growth of this initiative, including the implementation of additional sites and subsequent program contracts, staff received in-depth training on the model as well as the contract's tasks and deliverables. In addition, significant education was provided to state and community stakeholders to help garner awareness, outreach, and support of this initiative.

PO 1.2 includes *the number of traditional and non-traditional providers that have initiated integrating behavioral health services*, with the performance objective to increase the number 3 percent annually from baseline. The activities reported includes a summation for the following strategies:

- 1.2.1 *Identify, develop, and disseminate resources for change management for traditional and non-traditional providers to begin behavioral health integration*;
- 1.2.2 *Leverage work with existing and potential partners to increase the accessibility and utilization of needed behavioral health services*;
- 1.2.3 *Create a pipeline of providers that are engaged in enhancing their practice sites by improving behavioral health awareness, prevention, identification, and treatment*.

Activities this year include continued development of behavioral health system mapping through exploration of data sharing partnerships. In addition to PCMH mapping efforts, acquiring additional layers of data from system partners will support the development of interactive geo and heat maps of Florida's pediatric behavioral health system. Mapping will support future decision making, allocation of resources, and relationship building.

CMS's major initiative includes the evidenced-based practice of behavioral health integration (BHI) in the pediatric primary care setting. For this strategy, CMS currently contracts with six university and health system partners across the state (University of South Florida [USF], FSU, University of Florida, University of Miami, Florida International University, and most recently Nemours Children's Health Orlando to operate as regional pediatric mental health access programs, known as Behavioral Health Hubs (BH-Hub). With funding support from HRSA's 2021 Pediatric Mental Health Care Access (PMHCA) grant, CMS was able to expand access programs from five to seven geographical areas across the state by implementing two new BH-Hubs in areas with identified needs. The grant funding also supported community family focus groups. The qualitative data collected provided insight into families' perceived barriers and concerns regarding access to quality behavioral health care. This information will be used for

community collaborative conversations and to inform strategic planning, implementation, and evaluation of these BH-Hubs. CMS will implement its seventh BH-Hub's services in the northwest area of the state later this summer.

The development of the BH-Hub model, and subsequent contractual tasks, were based on national guidelines and frameworks such as those supported by the *Center of Excellence for Integrated Health Solutions*, as well as evidenced-based practices with a strong emphasis on quality improvement activities. The BH-Hubs are responsible for partnering with pediatric primary care providers and other provider types, along with behavioral health networks in their service area. The aim is to improve identification and treatment of children with behavioral health needs by increasing the provider's knowledge and confidence through skills-building training, technical assistance, and increased access. Expert mental health clinicians support management of behavior health conditions in primary care settings through telehealth. This year over 268 primary care and other provider types enrolled in BH-Hub's. They received consultation or referral assistance for 1,086 children. For children 0 through 12, 62 percent were from rural or underserved areas. For adolescents, ages 13 through 21, 38.6 percent were from rural or underserved areas. The BH-Hubs provided 20 skill-based trainings to participants whose disciplines included pediatricians, psychiatrists, psychologists, advanced-practice nurses, registered nurses, social workers, and others.

The regional approach of the BH-Hub model allows for a broader range of clients served and is based on the needs and resources of each community. A common core data set was developed for data capture and analysis, both within and across the BH-Hubs, with external, third-party evaluation services provided through a contract with USF. Utilizing HRSA's PMHCA grant's updated performance measures, alignment of previous data points across the current BH-HUBs was done with the intent to join all seven BH-Hubs with common core data set visualized for quality improvement purposes via an online dashboard. The seven regional BH-Hubs, and statewide pediatric psychiatric consultation hotline, collectively form a statewide network of pediatric mental health access programs entitled the *Florida Pediatric Behavioral Health Collaborative* (Collaborative). Facilitated by CMS Title V, the Collaborative convenes quarterly virtual meetings and includes state agency stakeholders such as Department of Children and Families (DCF)/Substance Abuse and Mental Health, Agency for Health Care Administration's (AHCA's) Medicaid Program, family representatives from the National Alliance on Mental Illness, and other stakeholders. This venue provides an opportunity for learning and sharing of information to assist with quality improvement, address needs and challenges, including sustainability.

The aim of the Collaborative and its members significantly aligns with the State Health Improvement Plan (SHIP) resulting in consequential efforts toward sustaining a statewide integrated BH system. As a result of the SHIP's Priority Area Workgroup activities and Florida Medicaid's addition of language to the procurement process for Medicaid Manage Care Plans, CMS, BH-Hubs, and MMA plans across the state have begun collaborative conversations around system integration sustainability. Exploratory planning began on piloting systematized care coordination efforts, increased reimbursements, and financial incentives for participation in integrated care activities and supporting PCMH practice transformation. CMS is expanding current PCMH practice transformation activities, with partner UCF HealthARCH, to pilot and scale efforts that support PCMH certified providers seeking NCQA's additional Behavioral Health Designation. The additional transformation efforts will promote stronger integration practices and sustainably including access to financial incentives. CMS, in partnership with the Florida Behavioral Health Association, and Florida Chapter of the American Academy of Pediatrics, will provide BHI education and training this year to pediatric primary care providers and behavioral health through conference and training activities.

PO 1.3 represents *the number of activities identified that support families in enhancing mental health protective factors and build resilience*, with the performance objective to increase the baseline by 3 annually. Strategy 1.3.1 is *to identify, develop, and disseminate resources for traditional and non-traditional providers, as well as community partners, on available activities and resources that enhance mental health protective factors and build resilience in the families they are serving*. In addition, Strategy 1.3.2 *leverages work with existing and potential partners to*

increase activities for families that enhance mental health protective factors and build resilience.

In support of Strategy 1.3.2, partnership with FSU's Center for Prevention and Early Intervention led to the development of projects to promote optimal health and access for all by building clinical capacity in our workforce. This included mental health professionals being trained and supported in a child/parent psychotherapy learning collaborative supportive of a continuum of infant mental health expertise, encompassing trauma and resiliency training, from Infant Mental Health Foundations. The need for more infant mental health training was demonstrated with over 200 professionals trying to register within a week of notice for a class limited to 30. To meet this obvious need and demand, strategic plans, and the acquisition of funding for additional classes is planned for the upcoming year. In addition, CMS staff in the Medical Foster Care (MFC) program and Children's Multidisciplinary Assessment Teams will receive infant mental health foundation training to support their subsequent work with this population.

CMS Title V established a vetting process for resources that are identified by various team members for potential dissemination. This includes review of resources by a multidisciplinary team, including representatives with lived-family perspective, to review and ensure resources are evidenced-based, current, aligned with core public health essential services, and are relevant to Title V programmatic priorities or emerging needs. The vetting process is completed prior to resource dissemination to community partners. Specific to the priority need of support and enhancing mental health protective factors for Florida families, 49 resources were identified, increased from the baseline of 24, and made available to Title V specialists for dissemination to engaged stakeholders. A variety of mediums were represented in these resources, including articles, infographics, webinars, websites, and audio/visual trainings. Resources originated from regional or state organizations as well as national organizations, such as *Bright Futures*. Plans include a focus on the identification of more community or state activities or supports, and not just resources.

CMS identified a need to address the shortage of MFC parents required to serve Florida' most vulnerable foster care children and youth with complex medical needs. The MFC program is a coordinated effort between CMS, AHCA, and DCF to provide a safe and appropriate family home environment for medical complex foster children. The MFC program provides specialized training and support for foster care parents, who then become MFC parents, providing in-home, family-based, and individualized care for children ages birth to 21 years who have medically complex needs. The goal for children in MFC is to grow and thrive in a nurturing home environment until permanency goals are achieved. CMS identified there was not a net overall increase as MFC parents' attrition at an equal rate, mostly due to adopting children in the home and focusing on those effort. To help support the need, a legislative budget issue proposal was submitted for consideration of funding for a MFC marking and recruitment campaign. As a result, an annual MFC recruitment budget was awarded, and the program now has a logo that can be used to establish brand identity. A formal marketing campaign will be launched later this summer.

Children with Special Health Care Needs - Application Year

This year, Children Medical Services (CMS) will continue its existing activities as outlined in the action plan, while implementing or staging new activities.

The comprehensive five-year needs assessment process completed in 2020, brought about new Performance Objectives (POs), Evidence-Based Strategy Measures (ESMs), and State Outcome Measures (SOMs) to better assist CMS in improving program performance through results-based accountability. Each PO has an affiliated ESM and SOMs, developed to capture satisfaction with access to care in each of the priority needs.

CMS plans to initiate or continue the following activities, organized by aligned strategy and priority need:

Priority Need: Increase access to medical homes and primary care for children and youth with special health care needs.

Strategy 11.1: Identify, evaluate, and enhance education and technical assistance provided to Florida Department of Health (Department) team members, providers (pediatric, family medicine, and adult), families, family partners, and other partners serving children and youth with special health care needs (CYSHCN) regarding the patient-centered medical home (PCMH) model and related topics that impact the health and wellness of CYSHCN.

11.1.a.i: Identify training needs/gaps in knowledge for Department team members, providers, families, and other partners serving CYSHCN. In addition to PCMH topics, other related topics that have been identified as training needs and gaps include asthma, bullying and oral health will be areas that are included in the upcoming application.

11.1.a.ii: Identify or develop additional educational materials and trainings to meet the needs/gaps in knowledge identified for each audience listed in activity 11.1.a.i, incorporating evidence-based strategies and interventions as available, will continue for this application. As an example, CMS designed a new course on health care transition from pediatric to adult systems of care for youth and young adults, including those with special health care needs, for clinicians that will be launched later this year. This training is hosted on an online platform, and will include a course companion guide, with hyperlinks and downloads of the resources mentioned throughout the course modules. The new training can be accessed at: https://fl-dohcms.fcim.org/#/home. New users click the sign-in button where they can register and create their login information to take the course for free.

11.1.a.iii: Define measurements of success/outcomes for educational materials provided and trainings and set benchmarks for each for the above educational course example, participants are asked to take a post-test at the end of each module for knowledge check. After they complete all four modules and post-tests, and the course evaluation they are provided their certificate of completion. The program will monitor the outcomes from the information received, to determine success and future quality improvement needs.

11.1.a.iv: Integrate Public Health Core Competencies, Public Health Core Functions, and the Maternal and Child Health (MCH) pyramid in trainings for audiences as needed is an ongoing activity that will continue. A recent example of this was done at an Association for MCH Programs presentation this year, where the MCH pyramid was used to demonstrate the infrastructure-building services that are considered as part of our focus of maximizing impact in population health outcomes.

11.1.a.v: Provide evidenced based and evidence-informed education and technical assistance is an ongoing activity that will continue. This includes the evidence-based practice of integrated behavioral health in a primary care setting, also known as the Collaborative Care Model (CoCM).

11.1.a.vi: Continue to engage various condition specific provider groups serving CYSHCN, through a learning collaborative approach to share best practices, focus activities on strengthening the system of care for CYSHCN and their families utilizing the Standards for Systems of Care for CYSHCN, version 2.0, and work together on quality improvement projects to improve the health and wellness of CYSHCN and their families. This is a robust activity that will continue for the application year, with a focus on preparing and assisting youth and young adults in transitioning from pediatric to adult health care transition services.

11.1.a.vii: Provide eight trainings that address the strategic skills needed to advance the PCMH initiative with pediatric providers, will be done through the launch of our first learning and action network pilot, specific to becoming a PCMH. The goal is to engage more providers, with increased readiness after the trainings, to be able to decrease the average time it takes to become a PCMH.

11.1.a.viii: Evaluate education and training interventions, including a return-on-investment analysis, knowledge, and practice/behavior change, and satisfaction will continue to be a focus in the coming year. This includes baseline, ongoing after each training, and annual re-assessment of pediatric primary care providers knowledge, skill, and abilities for integrating behavioral health services in their day-to-day care.

11.1.a.ix: Track the number of providers that move to the University of Central Florida's Health Advancing Resources to Change Health Care (UCF HealthARCH) activities because of interaction with an educational opportunity or training will be a continued activity. This will include those that are already PCMH, that are interested in receiving their behavioral health distinction.

11.1.a.x: Track the number of families that move to formal "family partner" activities because of interaction with an educational opportunity or training is an activity that will continue to be measured. With last year's increase from 10 percent to 55 percent for family partner engagement through our statewide networks for access and quality (SNAQ).

11.1.a.xi: Continue to encourage the utilization of quality-of-life tools and measures and track partners that have incorporated such tools and measures into practices. Which is being including in more of CMS's programing.

11.1.b.i: Research evidence-based strategies to inform education and outreach activities to assist practices, and identify strategies, for health promotion (including behavior change) in CYSHCN utilizing the life course framework for cross-cutting impact across MCH populations will be an activity that is further flushed out in the coming year.

11.1.b.ii: An underserved report that includes CYSHCN as well as populations known to the Medical Foster Care and the Children's Multidisciplinary Assessment Team Programs was implemented during the reporting year and will be further enhanced in the application year. The report is now called the Children's Need Index, and enhancement will include the layering of various resource maps (i.e., PCMH, behavioral health, and nonmedical resources that influence health outcomes) to identify areas of high children's needs and resource gaps for evaluation, planning, and implementation.

11.1.b.iii: As discussed above, CMS will continue to identify communities for targeted education or outreach based on the underserved report, with the completion of the underserved report and geo-mapping activity. In the coming year this includes focus groups to better understand the data gap in access to medical homes for our Black families, as compared to our White and Hispanic families.

11.1.b.iv: Title V Consultants provide training to the Title V Specialists on the content and delivery of the education

and outreach strategies related to 11.1.b.i. and 11.1.b. ii will continue to be done as needed in the coming year.

11.1.b.v: Utilize statewide systems that maintain information on available community resources and supports that address access to care to accompany education and outreach conducted by the Title V Specialists is being expanded to our SNAQ partners, to support their efforts in implementing screenings. In addition, statewide systems enhancement to recruit and maintain information on the community resource of medical foster parents, to scale up the ability to address the needs of medically complex foster children, will continue to be built out in the coming year.

11.1.b.vi: Title V staff partner with community health workers/church groups/schools/homeless shelters/hospitals emergency rooms and other agencies to disseminate information to address access to needed care supports. CMS staff will partner with community-based care organizations, health care organizations, foster-care organizations, faith-based communities, and other targeted audiences to enhance community resource of medical foster parents as above.

11.1.b.vii: Educate providers within the identified communities on universal screening based on American Academy of Pediatrics guidelines, including information received from family focus groups with the need for providers to inform why they are screening, the results of the screening, and next steps they can expect. Specific to screening for behavioral or mental health, this education will be done using a family voice driven, data map that is being developed for dissemination in the coming year.

11.1.b. viii: Track outreach contacts and follow up to monitor if a provider utilized universal screening tool(s) and evaluate knowledge and practice change.

Strategy 11.2.1 Create a cohort of caregivers of CYSHCN that are educated and equipped to be a partner in their child's care.

11.2.1.a.i: Title V family leaders and other family partners convening a workgroup of caregivers of CYSHCN to learn about needs related to the provider/patient partnership will continue as an activity.

11.2.1.a.ii: Researching current outreach documents for caregivers on the topic of enhancing patient/provider partnerships in a medical home or integrated behavioral health (IBH) home will remain for the upcoming year.

11.2.1.a.iii: Use current available resources or develop a one-page tip sheet and other resources identified through the workgroup in 11.2.1.a.i. in understandable terms for caregivers to enhance the provider/patient partnership in a medical home or IBH home will also be continued.

11.2.1.a.iv: Identify caregivers for outreach will include those areas with implemented behavioral health hubs (Hubs) and through their enrolled or participating primary care providers.

11.2.1.a.v: Track the number of caregivers that received the one-page tip sheet and other resources identified through the workgroup in 11.2.1.a.i. and type of modality used.

11.2.1.a.vi: Follow up to see if the caregivers found the tip sheets beneficial and get their input for needed revisions.

11.2.1.a.vii: Provide 12 community and/or statewide outreach events annually that build skills on being an effective

partner.

11.2.1.a.viii: Evaluate knowledge, comfort level, and perception of self as a “partner in their child’s care” before and after intervention (provision of tip sheet and outreach event).

Strategy 11.2.2: Leverage work with existing and potential partners to increase opportunities for families of CYSHCN to become family partners at the individual, community, and systems level.

11.2.2.a.i: Continue to support Family Organizations in Florida in their efforts of educating and supporting families with CYSHCN.

11.2.2.a.ii: Identify other organizations that support families, family partnerships, and the utilization of the PCMH model to determine collaboration opportunities.

Strategy 11.3.1: Create a pipeline of providers that are engaged in enhancing their practice sites based on the foundational principles of PCMHs.

11.3.1.a.i: Geo-map current PCMH’s serving pediatrics, CYSHCN, including Children with Medical Complexity to identify underserved communities and populations will be accomplished this application year.

11.3.1.a.ii: Monitor and evaluate the numbers and geographic locations of PCMH sites annually.

11.3.1.b.i: Continue to identify providers/practices interested in becoming PCMH certified (including providers that may fill gaps identified from activity 11.3.1.a.i).

11.3.1.b.ii: Title V Specialists will conduct assessments and share data with UCF HealthArch to identify practice sites ready for transformation and for other practice sites that are not ready for transformation.

11.3.1.b.iii: Increase outreach efforts to identify 36 pediatric/family providers/practices annually that are interested in becoming PCMH certified and have been assessed for readiness.

11.3.1.b. iv. Implement a learning action network for pediatric/adult providers/practice sites that are not yet ready for PCMH transformation but are interested to learn best-practices for creating a PCMH-like practice.

Strategy 11.3.2: Leverage work with existing and potential partners to increase the spread of PCMH’s.

11.3.2.a.i: Support the Agency for Health Care Administration (AHCA) in their efforts of increasing PCMH utilization.

11.3.2.a.ii: Identify other organizations that support the utilization of the PCMH model to determine collaboration opportunities.

11.3.2.a.iii: Continue to explore partnerships with organizations that will increase the capacities of PCMH’s to be part of patient-centered medical neighborhoods.

Strategy 11.4: Work with other Title V CYSHCN Programs and internal Department colleagues to identify and implement activities that will increase the number of family practice and adult providers that serve young adults with special health care needs.

11.4.1.a.vi: Conduct a series of listening sessions to gather information and insight from young adults with special health care needs related to accessing providers and supports needed for optimal health, wellness, and quality of life.

Priority Need: Increase access to behavioral health services.

Strategy 1.1.1: Identify, evaluate, and enhance education and technical assistance provided to Department team members, providers (pediatric, family medicine, and adult), families, family partners, and community service providers regarding accessing or providing access to behavioral health services and related topics that impact behavioral health and wellness.

1.1.1.a.ii: Training primary care providers, Department team members, and Medical Foster Care (MFC) parent providers on trauma informed care and effective behavioral health management strategies and other identified behavioral health related topics will also start this application year.

1.1.1.a.iii: Disseminating developmentally appropriate information to providers, communities, and families to increase awareness of behavioral health resources across the lifespan will continue.

1.1.1.a.iv: Educate providers and families on GOT Transition® and the 6 core elements to support behavioral health transitions.

1.1.1.a.v: Train providers in cultural competency and family engagement strategies.

Strategy 1.1.2. Collaborate with organizations on existing or developing public awareness campaigns to increase awareness of mental health and reducing stigma.

1.1.2.a.i: Design a marketing strategy and training method to increase outreach activities, including communication skills training.

1.1.2.a. ii: Collaborate with families to create an evidence-based or evidence-informed public awareness campaign to increase awareness of mental health and reducing stigma.

1.1.2.a.iii: Organize community events and provide behavioral health education to reduce stigma, increase behavioral health awareness, importance of early identification and improve access to treatment.

Strategy 1.1.3 Leverage work with existing and potential partners to increase awareness, prevention identification, treatment activities, and treatment resources.

1.1.3.a.i: Collaborating with State and community partners to educate on behavioral health early screening and anti-stigma activities will continue.

1.1.3.a.ii: Collaborating with State and system stakeholders such as the Department of Children and Families (DCF), AHCA, Florida American Academy Child Adolescent Psychiatric, Florida Chapter American Academy Pediatrics, and children's hospitals to support behavioral health initiatives will continue and include the Department of Juvenile Justice and the Department of Education.

1.1.3.a.iii. Supporting a cross-organization initiative to roll out a statewide centralized repository for behavioral health and needed care resources, will be accomplished by supporting findhelp.org (formally Aunt Bertha) services and the Substance Abuse and Mental Health Services Administration's Behavioral treatment services locator.

1.1.3.a.vii. Collaborate with partners to increase the availability and capacity of medical-therapeutic homes (foster care).

1.1.3a.v. Raise awareness within the community partner networks to promote early identification of childhood behavioral health needs.

1.1.3.a.vi. Collaborate with state partners to assist in promoting mental health information to the MCH community.

1.1.3.a.vii. Collaborate with partners to increase the availability and capacity of medical-therapeutic homes (foster care).

Strategy 1.2.1: Identify, develop, and disseminate resources for change management for traditional and non-traditional providers to begin behavioral health integration.

1.2.1a.i: Create and disseminate an issue paper that outlines the benefits of using care coordinators, case managers, and mental health professionals as a link between PCMH's and behavioral health services.

1.2.1a.ii: Utilize system mapping to discover behavioral health resources for providers, communities and families, as well as to identify gaps and needs.

1.2.1a.iii: Continue to partner with university, state, and community stakeholders to expand capacity for behavioral health services in identified rural and underserved communities.

1.2.1a.iv: Incorporate technology to improve access to behavioral health education, screening, and treatment in rural and underserved areas.

Strategy 1.2.2: Leverage work with existing and potential partners to increase the accessibility and utilization of needed behavioral health services.

1.2.2. a.i: Improve communication between providers and the mental health community through partnership development.

1.2.2.a.ii: Collaborate with government agencies, insurance companies, academic institutions, school systems, associations, and other organizations to improve access for needed behavioral health services for families, including transition-related needs.

1.2.2.a.iii: Partner with the Florida Certification Board for Medical School training to include behavioral health training.

1.2.2.a.iv: Continue to partner with university, state, and community stakeholders to implement evidence-based models of behavioral health integration in primary care or other identified care settings.

1.2.2.a.v: Continue to leverage established behavioral health hubs to partner with practices and to facilitate

increasing access to care.

Strategy 1.2.3: Create a pipeline of providers that are engaged in enhancing their practice sites by improving behavioral health awareness, prevention, identification, and treatment.

1.2.3.a.i: Identify practice sites to participate.

1.2.3.a.ii: Survey identified practice sites regarding IBH needs and knowledge deficits.

1.2.3.a.iii: Create a learning collaborative based on survey results.

1.2.3.iv: Evaluate impact of learning collaborative framework to determine feasibility for replication and scale.

1.2.3.a.v: Create a workgroup that will research, conduct focus groups, and listening sessions to identify key components needed by Florida providers for steps to integrate behavioral health into primary care settings.

1.2.3.a.vi: Identify or develop an IBH change tool kit for providers containing the "how to" instead of the "what" for Title V to disseminate.

1.2.3.a.vii: Track usage and practice change via survey.

1.2.3.a.viii: Utilize the established behavioral health hubs to further the spread of the IBH change tool kit.

Strategy 1.3.1: Identify, develop, and disseminate resources for traditional and non-traditional providers, as well as community partners, on available activities and resources that enhance mental health protective factors and build resilience in the families they are serving.

1.3.1a.i: Utilize system mapping to discover available resources, as well as to identify gaps and needs.

1.3.1.a.ii: Collaborate with State and community partners to educate on available activities and resources that enhance mental health protective factors and build resilience.

1.3.1.a.iii: Collaborate with State and system stakeholders such as DCF, AHCA, FL AACAP, FL AAP and Children's hospitals to support initiatives that enhance mental health protective factors and resilience-building.

1.3.1.a.iv: Partner with local organizations to educate families and raise awareness about available supports and activities.

1.3.1.a.v: Partner with university, state, and community stakeholders to target identified rural and underserved communities, utilizing available data from countyhealthrankings.org, the Centers for Disease Control and Prevention, and the Florida Community Health Assessment Resource Tool Set.

Strategy 1.3.2: Leverage work with existing and potential partners to increase activities for families that enhance mental health protective factors and build resilience.

1.3.2.a.i: Improving communication between families, providers and the mental health community through partnership development will continue.

1.3.2.a.ii: Support organizations in Florida in their efforts to provide activities and supports for families, such as parenting classes.

1.3.2.a.iii: Identify other organizations that support healthy families and healthy neighborhoods.

Cross-Cutting/Systems Building

Cross-Cutting/Systems Builiding - Annual Report

The health of families is one of Florida's most important priorities. The foundation of a family begins with the health of the parents. The Florida Department of Health (Department) recognizes that mental health is a key component to overall health. To address the need for behavioral and mental health services in Florida, the Maternal and Child Health (MCH) Section applied for, and was awarded, a five-year grant from the Health Resources and Services Administration: *The Development of a Sustainable Screening and Treatment Model to Improve Maternal Mental Health Outcomes in Florida*. During the reporting year, Florida implemented year three of the grant.

The goal of this grant, known as BH IMPACT: Improving Maternal and Pediatric Access to Care and Treatment for Behavioral Health, is to increase routine screening and referral by prenatal care providers. The project team developed and implemented a perinatal screening and treatment model to directly train health care providers in prenatal health care practices and birthing hospitals. Community mental health providers will be trained in evidence-based management of perinatal mental health disorders and have access to a professional perinatal psychiatrist for consultation to increase the use of evidence-based therapeutic interventions for perinatal depression. Mental health and substance abuse referral networks have grown through provider outreach, development of community resource guides, and expansion of the Moving Beyond Depression program in statewide home visiting programs. BH IMPACT's ongoing Florida's Moms Mental Health Resource Directory has been updated. The Directory has an enhanced search capability for users and improved ability to capture detailed analytics for reporting purposes. Additional Service types were added to the listings, including housing authorities and supporting entities, employment resources, food and diaper banks, and more to address the social needs of the patient's providers are serving. The Directory also has a member login interface for returning users to save search history.

The Department had a Maternal and Neonatal Opioid Prevention Coordinator who continued to work with state teams and counties to learn challenges in addressing Opioid Use Disorder among pregnant women. Outcomes continued to provide a foundation for our collaborative work and have been integrated into the State Health Improvement Plan (SHIP). One of the SHIP objectives centers on increasing the number of pregnant women who receive Screening, Brief Intervention, and Referral to Treatment. The Department is working closely with the Agency for Health Care Administration (AHCA) and other partners to educate health care providers and promote comprehensive screening with ongoing support from partners. The Department also co-led a workgroup of agency leaders in partnership with the Florida Hospital Association (FHA) that is focused on increasing access to medication assisted treatment for pregnant women. This workgroup includes partners from the FHA, Florida Perinatal Quality Collaborative, and AHCA. Another Department led workgroup focuses on expanding access to free naloxone kits for anyone at risk of overdose prior to hospital discharge. This effort, in partnership with the Florida Society of Health System Pharmacists, the FHA, and AHCA has led to an expansion of the Department of Children and Families (DCF) Overdose Prevention Program, which makes free kits available for hospitals to dispense.

The Department's Violence and Injury Prevention (VIP) Section plays a key role in the development of the state's suicide prevention plan; the Governor's Challenge action plan to address suicide among services members, veterans, and their families; and the SHIP's Mental Well Being and Substance Abuse Prevention and the Injury, Safety, and Violence Priority Area Workgroup goals and objectives. Currently, there are several behavioral health initiatives that are supported through the State Health Improvement Plan's Mental Well-being and Substance Abuse Prevention priority area. Partners are working to reduce the impact of mental, emotional, and behavioral health disorders among adults and youth. There are also efforts to reduce substance use disorders and drug overdose deaths and goals to reduce suicide behaviors and death. Under these goals, products have been developed to help raise awareness such as a youth suicide prevention toolkit, public service announcements reaching at-risk populations such as veterans, and data briefs focused on increasing public knowledge of suicide among youth and aging adults.

VIP works closely with DCF, home to the Statewide Office of Suicide Prevention (SOSP) and the state's lead designated agency for Substance Abuse Mental Health Services Administration funding. DCF works with the Florida Association of Managing Entities (FAME), a system-wide behavioral health network. Managing Entities (MEs) contract regionally with providers on behalf of DCF. The MEs do not provide direct services; rather, ME's contract with local, direct service providers, tailoring to the specific behavioral health needs in communities. DCF and FAME coordinate efforts with Florida Suicide Prevention Coalition, the nonprofit organization representing local suicide prevention coalitions throughout the state. The Florida Suicide Prevention Coalition is responsible for the annual statewide suicide prevention conference, held in the Spring. In addition to increasing the state's ability to collect relevant data on behavioral health indicators, partners are also involved in suicide prevention and interventions with the youth population under the Florida Suicide Prevention Interagency Action Plan (Action Plan). Under the Action Plan, school mental health professionals are offered training in the appropriate application of suicide risk screening tools such as the Colombia Suicide Severity Rating Scale (C-SSRS) assessment tool. School staff are offered training in Youth Mental Health First Aid. Finally, mock suicide drills are being implemented in the state's juvenile detention centers and juvenile residential programs.

CMS continued implementation and facilitation to increase system integration through collaboration and engagement across medical and behavioral health organization, academic institutions, and families. The Behavioral Health Hubs (BH-Hubs) promoted integration of the BH and physical health systems by connecting pediatric providers from more than nine disciplines to consultation, care coordination and trainings on common and uncommon BH conditions, screening and assessment tools, treatment modalities, and family support techniques. Analysis by third party evaluation team indicated that providers engaged with a BH-Hub self-reported feeling more skilled and trained than in the past year. BH-Hubs also facilitated over 1000 services referrals connecting families and primary care providers to community-based services.

The Collaboratives' sixth BH-Hub was the first to be established with a health system partner. The Clinical Director also serves as the Co-chair for Florida's State Health Improvement Plan Mental Health Priority Area Workgroup. This leadership and CMS's participation in multiple priority area workgroups has facilitated the new partnerships with Florida Behavioral Health Association (FBHA) and Medicaid Managed Medical Assistance (MMA) Plans. Partnership with the FBHA has led to the creation of a track and townhall at FBHA's annual conference on behavioral health integration. The State Health Improvement Plan and collaborative participation with Medicaid have also led to increased opportunity for BH-Hub's to partner with an MMA Plan to promote program sustainability.

Cross-Cutting/Systems Building - Application Year

As many as one-third of women with Opioid Use Disorder (OUD) have a comorbid mental health condition such as depression, anxiety, or other diagnoses, making treatment more complex as both the substance use, and concurrent mental health issues must be treated at the same time. Florida has a shortage of obstetricians and other primary care providers for pregnant/postpartum women who are trained to screen, diagnose, treat, and refer women with mental health and substance use disorders during pregnancy and in the postpartum period. Families often find it difficult to locate and access services, and many women are unwilling to disclose a substance use for fear that their prenatal care physician will no longer provide care. It is not uncommon for a pregnant woman with OUD to travel to neighboring counties, or even further, to find a provider who can treat them. The Florida Department of Health (Department) is working on strategies to make perinatal psychiatric support services more accessible to physicians so that they can continue to treat women in their own communities, rather than sending them an hour or more away for care.

The Department will continue implementing the perinatal mental health grant from the Health Resources and Services Administration, known in Florida as BH IMPACT: Improving Maternal and Pediatric Access to Care and Treatment for Behavioral Health. The purpose of the project is to develop a sustainable screening and treatment model to improve maternal mental health outcomes in Florida. The Department is in the final year of the grant period. The Department, in collaboration with grant partners, has applied for continued grant funding, and is seeking opportunity for state funding, for ongoing program implementation. The below are current and future program goals:

- Strengthen capacity in Florida to fully, and competently, deliver all aspects of screening, referral, engagement, and mental health consultation trainings to all major obstetrics practices and birth hospitals in the state.
- Build and implement a screening and treatment model for maternal mental health in all major prenatal health care practices in the targeted region.
- Initiate and maintain provider participation and engagement in the program.
- Expand mental health and substance abuse referral networks in the regions.
- Increase statewide maternal mental health resources and capacity.
- Increase access to screening, referral, and treatment for women in rural and non-rural areas through telehealth resources.
- Train community mental health providers in evidence-based psychotherapy and management of perinatal mental health disorders.
- Develop and implement a state data dashboard system.

The Violence and Injury Prevention (VIP) Section will continue their suicide prevention efforts. The Department of Children and Families (DCF) also facilitates the Suicide Prevention Coordinating Council (SPCC). Established by Florida Statute, the SPCC meets quarterly and advises the Office of Suicide Prevention and provides annual recommendations to the legislature of top priorities for preventing suicide. The State Surgeon General is a council member. The VIP Section also employs a Mental Health Coordinator who is developing workforce capacity to embrace mental health strategies for both clients and the workforce itself.

The Department's VIP Section partners include the Florida Department of Veteran's Affairs, the Department of Education, the Department of Elder Affairs, the Agency for Persons with Disabilities, the Florida Department of Law Enforcement, the Florida Council Against Sexual Violence and the Florida State University College of Medicine. University partners, including the University of Central Florida (UCF), recognized experts in the Zero Suicide project. The UCF Center for Behavioral Health Research and Training is recognized by the Substance Abuse and Mental Health Services Administration, Suicide Prevention Branch as an expert resource for the adapted version of the Zero Suicide strategy for public health departments. UCF is also a partner in the Florida implementation of the National

Strategy for Suicide Prevention (FINS) Project, with the DCF State Office of Suicide Prevention, the University of South Florida, and Florida Hospitals. Using a mentorship model, FINS integrates the National Strategy for Suicide Prevention to ensure that health and behavioral health settings and adult-serving systems are prepared to engage and treat at-risk adults with culturally competent evidence-based/best-practice (EB/BP) suicide prevention, treatment, safety planning, and care coordination services. The goals of the project include: transform health and behavioral health systems infrastructure through the development of Zero Suicide advisory committees, suicide prevention policies and procedures, and the integration of EB/BP measures and mechanisms to monitor suicide care; enhance the collaboration of local and state-level partnerships to promote Zero Suicide and National Suicide Prevention Lifeline utilization; develop workforce training capacity to utilize EB/BP suicide prevention strategies; enhance care coordination strategies to increase the numberof recovery and support linkages for at-risk adults to be sustained in treatment; improve the sharing, and tracking of suicide-related indicators (suicide ideation, attempts, deaths, and service utilization) via regional and state-level data surveillance systems. The VIP Section Suicide Prevention Coordinator is participating in a train-the trainer for Question-Persuade-Refer, a suicide prevention training for participants to be able to recognize the warning signs of suicide and question, persuade, and refer people at risk for suicide for help.

Present in all locations and across all populations, behavioral or mental health issues can impact a person's overall health, their ability to learn, earn, benefit from other program benefits, and contribute to community. Specific to children ages 3 to 17 in the U.S., up to one in five have a mental, emotional, developmental, or behavioral disorder. By the age of 14, 50% of all lifetime cases of mental illness begin.

Florida's Title V Children and Youth with Special Health Care program identified access to pediatric mental health services as a priority need, and subsequent state performance measure. Most children receive regular care from a primary care provider, yet many providers report not having sufficient training to identify and treat children with mental health needs. Improving access to mental health care through behavioral health integration with pediatric primary care providers is an evidenced based model. In addition, this approach addresses prevention, early intervention, and treatment.

With the goal of increasing children's access to mental health services by improving primary care providers' ability to identify and treat needs, while collaboratively addressing system challenges, Children's Medical Services partners with five universities and a tertiary care system to implement seven regional pediatric mental health care access teams, known as Behavioral Health Hubs (Hub). Pediatric providers engaged with a Hub are provided behavioral health practice transformation services. Hub Services include:

- Augment providers ability to identify, treat or refer children with common mental health needs.
- Includes skill-building trainings, technical assistance, and access to telepsychiatry consultation and care coordination support.

CMS also supports the operation of the Statewide Florida Behavioral Health Collaborative Pediatric Hotline, which provides any pediatric provider free consultative access to board certified child and adolescent psychiatrists and care coordination.

Florida's Pediatric Behavioral Health Collaborative (BH Collaborative) is made up of 28 organizations including BHHs, statewide hotline, and other statewide system partners. The BH Collaborative regularly convenes to discuss how to improve the integration of care though out the state and is actively engaged with the State Health Improvement Plan. The BH Collaborative framework helps to promote alignment of best practices and sustainability needs. By supporting families' natural source of contact with their primary care provider, this approach builds resilience and fosters early identification. Current Project activities include:

- Ongoing implementation and scaling of regional BHHs and statewide pediatric hotline.
- Collect, analyze, and report program data as required by HRSA and Title V Block grants.
- Ongoing local and collaborative statewide quality improvement initiatives.
- Increase community and provider awareness of the Pediatric Behavioral Health Collaborative.
- Continued engagement with system stakeholder to explore sustainability.
- Use existing resources to explore Patient Centered Medical Home (PCMH) and BH designation, with over 65 PCMHs engaged with BHH's.
- Identify opportunities to enfold additional stakeholders working on BH integration in their communities, to strengthen the reach and impact of this project.

III.F. Public Input

The Title V Maternal and Child Health (MCH) Block Grant and needs assessment documents are available over the internet on the Florida Department of Health (Department) website. In addition, the Department created a Title V MCH Block Grant email inbox dedicated to comments and suggestions regarding the block grant application. The block grant documents and the link to the inbox can be found at: http://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/mch-block-grant.html.

In addition, the Department's MCH Section solicits and receives ongoing feedback from our partners, and the clients they serve. Many of our contracts have satisfaction surveys included to learn more regarding direct client services and if these services are meeting the needs of the populations we serve. The MCH Section is exploring ways to expand this engagement and welcomes the chance to partner with families who have lived experience.

Children's Medical Services (CMS) utilizes its family organization partnerships for engagement of family feedback on annual needs and satisfaction surveys. This includes the family organizations of Florida Family Leader Network and Family Café and the Family Network on Disability, Florida's Family to Family Health Information Center. This includes youth or young adult input regarding transitioning from pediatric to adult health services. Family input was also obtained this year through focus groups specific to access to behavioral health services. Family input is regularly obtained through family involvement in quality improvement initiatives through the Statewide Network for Access and Quality Learning and Action Network, and Florida's Pediatric Behavioral Health Collaborative.

III.G. Technical Assistance

There are no current technical assistance needs identified.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - AA374 Amendment 7.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - Attachment 1_MCH Dashboard.pdf

Supporting Document #02 - Attachment 2_Childrens Need Index_PCMH Maps.pdf

Supporting Document #03 - Attachment 3_CMS LAN Logic Model_Phase II - Year 2.pdf

Supporting Document #04 - Attachment 4_FL CMS LAN Structure.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - DOH_BFHS_ORG CHART.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Florida

	FY 24 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 20,849,898	
A. Preventive and Primary Care for Children	$ 7,672,749	(36.7%)
B. Children with Special Health Care Needs	$ 7,598,754	(36.4%)
C. Title V Administrative Costs	$ 1,704,010	(8.2%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 16,975,513	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 15,637,425	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 127,490,534	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 12,084,363	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 155,212,322	
A. Your State's FY 1989 Maintenance of Effort Amount $ 155,212,322		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 176,062,220	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 30,503,423	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 206,565,643	

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 1,961,556
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 11,800,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	$ 450,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Safeguarding Two Lives: Expanding Early Identification & Access to Perinatal Mental Health	$ 650,000
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidance Education (SRAE)	$ 3,571,021
Department of Health and Human Services (DHHS) > Centers for Medicare & Medicaid Services (CMS) > Title XIX -- Grants to States for Medical Assistance Programs	$ 445,000
US Department of Education > Other > School Health	$ 11,625,846

	FY 22 Annual Report Budgeted		FY 22 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 20,767,711 (FY 22 Federal Award: $ 20,343,339)		$ 19,818,387	
A. Preventive and Primary Care for Children	$ 6,268,063	(30.2%)	$ 6,524,839	(32.9%)
B. Children with Special Health Care Needs	$ 8,991,764	(43.3%)	$ 7,235,678	(36.5%)
C. Title V Administrative Costs	$ 1,318,400	(6.3%)	$ 1,335,424	(6.8%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 16,578,227		$ 15,095,941	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 15,575,783		$ 14,878,044	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 106,055,754		$ 224,675,960	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 33,580,785		$ 13,734,543	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 155,212,322		$ 253,288,547	
A. Your State's FY 1989 Maintenance of Effort Amount $ 155,212,322				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 175,980,033		$ 273,106,934	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 29,786,523		$ 24,942,670	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 205,766,556		$ 298,049,604	

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 11,200,000	$ 8,839,572
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Safeguarding Two Lives: Expanding Early Identification & Access to Perinatal Mental Health	$ 650,000	$ 533,505
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidance Education (SRAE)	$ 3,988,211	$ 3,183,928
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 1,872,466	$ 1,606,967
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	$ 450,000	$ 19,563
Department of Health and Human Services (DHHS) > Centers for Medicare & Medicaid Services (CMS) > School Health	$ 11,625,846	$ 10,731,677
Department of Health and Human Services (DHHS) > Centers for Medicare & Medicaid Services (CMS) > Title XIX		$ 27,458

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**Federal Allocation, B. Children with Special Health Care Needs:**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: During FY 2021-2022, there was a reduction in number of client served.	
2.	**Field Name:**	**5. OTHER FUNDS**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: This year we were able to classify other funds and program income which we were not able to do in the past.	
3.	**Field Name:**	**6. PROGRAM INCOME**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: This year we were able to classify other funds and program income which we were not able to do in the past.	

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Florida

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 1,166,222	$ 3,995,420
2. Infants < 1 year	$ 2,708,163	$ 727,026
3. Children 1 through 21 Years	$ 7,672,749	$ 6,524,839
4. CSHCN	$ 7,598,754	$ 7,235,678
5. All Others	$ 0	$ 0
Federal Total of Individuals Served	$ 19,145,888	$ 18,482,963

IB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 9,454,357	$ 54,752,810
2. Infants < 1 year	$ 21,954,596	$ 9,963,086
3. Children 1 through 21 Years	$ 62,201,616	$ 89,415,698
4. CSHCN	$ 61,601,753	$ 99,156,953
5. All Others	$ 0	$ 0
Non-Federal Total of Individuals Served	$ 155,212,322	$ 253,288,547
Federal State MCH Block Grant Partnership Total	$ 174,358,210	$ 271,771,510

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Florida

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 1,132,356	$ 803,150
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 882,356	$ 553,157
C. Services for CSHCN	$ 250,000	$ 249,993
2. Enabling Services	$ 18,013,532	$ 17,679,812
3. Public Health Services and Systems	$ 1,704,010	$ 1,335,425
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 249,993
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 553,157
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 803,150
Federal Total	$ 20,849,898	$ 19,818,387

IIB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 36,028,897	$ 35,573,252
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 34,528,897	$ 34,528,897
C. Services for CSHCN	$ 1,500,000	$ 1,044,355
2. Enabling Services	$ 119,183,425	$ 217,715,294
3. Public Health Services and Systems	$ 0	$ 0
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 1,044,355
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 34,528,897
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 35,573,252
Non-Federal Total	$ 155,212,322	$ 253,288,546

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Florida

Total Births by Occurrence: 216,536 **Data Source Year: 2021**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	215,758 (99.6%)	2,004	489	489 (100.0%)

Program Name(s)				
3-Hydroxy-3-Methyglutaric Aciduria	3-Methylcrotonyl-Coa Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease
Cystic Fibrosis	Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Holocarboxylase Synthase Deficiency	Homocystinuria
Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-Coa Dehydrogenase Deficiency	Methylmalonic Acidemia (Cobalamin Disorders)
Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)	Mucopolysaccharidosis Type I (MPS I)	Primary Congenital Hypothyroidism	Propionic Acidemia	S, ßeta-Thalassemia
S,C Disease	S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiences	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1	ß-Ketothiolase Deficiency
Trifunctional Protein Deficiency	Tyrosinemia, Type I	Very Long-Chain Acyl-Coa Dehydrogenase Deficiency	X-Linked Adrenoleukodystrophy	

2. Other Newborn Screening Tests

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
Hearing*	207,461 (95.8%)	8,257	251	251 (100.0%)

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

The Florida Newborn Screening (NBS) Program process follows the child from the point of identification through confirmatory testing and diagnosis. With the implementation of Spinal Muscular Atrophy (SMA) in 2020, the NBS Program added SMA treatment services to ensure all infants identified receive treatment and long-term care.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	**Field Name:**	**Hearing* - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**

Field Note:
There were 13 babies diagnosed in Florida whose families either declined a referral to Early Steps or who were already receiving Early Steps services.

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Florida

Annual Report Year 2022

Form 5a – Count of Individuals Served by Title V (Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	144,653	94.3	1.2	4.5	0.0	0.0
2. Infants < 1 Year of Age	71,837	97.3	0.3	2.4	0.0	0.0
3. Children 1 through 21 Years of Age	172,579	94.8	1.0	4.2	0.0	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	98,682	91.6	8.4	0.0	0.0	0.0
4. Others	0					
Total	389,069					

Form 5b – Total Percentage of Populations Served by Title V (Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	216,260	Yes	216,260	100.0	216,260	144,653
2. Infants < 1 Year of Age	216,534	Yes	216,534	100.0	216,534	71,837
3. Children 1 through 21 Years of Age	5,051,150	Yes	5,051,150	64.0	3,232,736	172,579
3a. Children with Special Health Care Needs 0 through 21 years of age^	1,031,072	Yes	1,031,072	15.0	154,661	98,682
4. Others	16,520,558	Yes	16,520,558	0.0	0	0

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2022**

Field Note:
The pregnant women count is the count of women served in program components 25, 26, and 27 (Improved Pregnancy Outcome, Healthy Start Prenatal non-CHD, Healthy Start Prenatal CHD).
About 8% of participants are enrolled in the Improved Pregnancy Outcome program (IPOP). IPOP helps participants access prenatal care, apply for Medicaid assistance, and WIC (Women, Infants, and Children) nutrition program. The program also provides screenings for potential problems and/or risks. IPOP also provides education to promote healthy behaviors during pregnancy.
Healthy Start is a home visiting program that provides education and care coordination to pregnant women and families of children under the age of three. The goal of the program is to lower risk factors associated with preterm birth, low birth weight, infant mortality, and poor developmental outcomes. Providers, managed through Healthy Start Coalitions who conduct Healthy Start initial contacts, initial assessments, care coordination, and other Healthy Start services to pregnant women to assess potential risks as soon as possible, assure access to services as needed and to optimize pregnancy, health, and developmental outcomes. Healthy Start provides supports and services that complement, supplement, and assure continued participation in prenatal and child health care. Of the program participants, approximately 45% are enrolled in a Healthy Start Prenatal program with a non-CHD provider, and 47% of participants are enrolled in the Healthy Start Prenatal Program with a CHD provider, or a CHD subcontracted provider.

2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2022**

Field Note:
The infant count is the count of infants (age=0) served in program components 29, 30, and 31 (Child Health, Healthy Start Child - non-County Health Department, and Healthy Start Child - CHD).
Comprehensive Child Health is provided by county health departments. County health departments provide health supervision counseling and education in the home and clinic setting, and medical care for eligible infants, children, and adolescents. Rheumatic fever and epilepsy drugs are also distributed to eligible clients. Home assessment is provided prior to discharge of high-risk infants from birthing hospitals. Screening services are provided to eligible children under the Medicaid child health check-up program that focuses on early identification of problems so they can be corrected before they become serious. Approximately 2% of infants are seen with this program.
Healthy Start aims to reduce infant deaths, decrease the number of low-birth-weight babies, and improve the health and developmental progress for all Florida babies. Providers managed through Healthy Start Coalitions who conduct Healthy Start initial contacts, initial assessments, care coordination, and other Healthy Start services to children to assess potential risks as soon as possible, assure access to services as needed and to optimize health and developmental outcomes. Healthy Start provides supports and services that complement, supplement, and assure continued participation in child health care. Approximately 55% of infants screened through this program are served by a non-CHD provider, and 43% are seen by a CHD or CHD subcontracted provider.

3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2022**

	Field Note: The children age 1 to 22 is the count of children served in program component 29, 30, 31, and 40 (Child Health, Healthy Start Child - non-CHD, Healthy Start Child – CHD, and Dental Health Services) during calendar year 2022. Comprehensive Child Health is provided by county health departments. County health departments provide health supervision counseling and education in the home and clinic setting, and medical care for eligible infants, children, and adolescents.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2022**
	Field Note: The CSHCN count is the unduplicated count of clients served under Title V during the reporting period. Even if a client has moved between CMS T19 and T21 programs during the reporting period, we still count them once.	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2022**
	Field Note: Florida does not collect primary source of payment data on other individuals served.	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2022**
	Field Note: Pregnant women percentage calculated on the number of pregnant women screened for Healthy Start. The prenatal screen is mandated to reach 100% of pregnant women. However, pregnant women can decline to be screened.	
2.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2022**
	Field Note: Infant percentage calculated on the number of infants who received newborn screening.	
3.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**
	Field Note: Children 1-22 percentage calculated on the number of children in public schools plus number served in 5a.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**
	Field Note: CSHCN percentage calculated using 19-20 National Survey Children's Health Data population estimate for Florida of 18.6%, applied to infant and child 1–21-year data.	
5.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2022**
	Field Note: Florida does not collect data on other populations served.	

Data Alerts: None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Florida

Annual Report Year 2022

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	223,879	88,808	45,893	74,685	197	6,204	141	3,715	4,236
Title V Served	144,653	57,381	29,652	48,256	127	4,009	91	2,400	2,737
Eligible for Title XIX	136,350	54,087	27,950	45,486	120	3,778	86	2,263	2,580
2. Total Infants in State	216,189	88,541	43,964	68,961	210	6,353	143	3,677	4,340
Title V Served	71,837	29,421	14,609	22,916	69	2,111	47	1,222	1,442
Eligible for Title XIX	69,915	28,634	14,218	22,302	68	2,055	46	1,189	1,403

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: Data were obtained from Birth Certificate.	
2.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: Data were obtained from Birth Certificate.	

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Florida

A. State MCH Toll-Free Telephone Lines	2024 Application Year	2022 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 451-2229	(800) 451-2229
2. State MCH Toll-Free "Hotline" Name	Family Health Line	Family Health Line
3. Name of Contact Person for State MCH "Hotline"	Erica Harrell	Erica Harrell
4. Contact Person's Telephone Number	(850) 558-9592	(850) 558-9592
5. Number of Calls Received on the State MCH "Hotline"		2,606

B. Other Appropriate Methods	2024 Application Year	2022 Annual Report Year
1. Other Toll-Free "Hotline" Names		
2. Number of Calls on Other Toll-Free "Hotlines"		
3. State Title V Program Website Address		
4. Number of Hits to the State Title V Program Website		
5. State Title V Social Media Websites		
6. Number of Hits to the State Title V Program Social Media Websites		

Form Notes for Form 7:

None

Form 8
State MCH and CSHCN Directors Contact Information

State: Florida

1. Title V Maternal and Child Health (MCH) Director	
Name	Anna Simmons, MSW
Title	Chief, Bureau of Family Health Services
Address 1	4052 Bald Cypress Way, Bin A-13
Address 2	
City/State/Zip	Tallahassee / FL / 32399
Telephone	(850) 558-9682
Extension	
Email	Anna.Simmons@flhealth.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Joni R. Hollis, RN, MSN, CNL
Title	Title V CSHCN Director
Address 1	4052 Bald Cypress Way, Bin A-13
Address 2	
City/State/Zip	Tallahassee / FL / 32399
Telephone	(850) 901-6303
Extension	
Email	Joni.Hollis@flhealth.gov

3. State Family Leader (Optional)	
Name	Linda Starnes
Title	Statewide Family Leader
Address 1	4052 Bald Cypress Way, Bin A-13
Address 2	
City/State/Zip	Tallahassee / FL / 32399
Telephone	(407) 538-7180
Extension	
Email	Linda.Starnes@flhealth.gov

4. State Youth Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Florida

Application Year 2024

No.	Priority Need
1.	Reduce infant mortality and morbidity.
2.	Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of- school activities in a safe and healthy environment.
3.	Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children.
4.	Promote breastfeeding to ensure better health for infants and children and reduce low food security.
5.	Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.
6.	Increase access to medical homes and primary care for children with special health care needs.
7.	Improve access to appropriate mental health services to all children.
8.	Improve dental care access for children and pregnant women
9.	Address the social determinants of health that influence the relationship between health status and biology, individual behavior, health services, social factors, and policies.
10.	Reduce maternal mortality and morbidity

Form Notes for Form 9:

None

Field Level Notes for Form 9:

Field Name:

Priority Need 5

Field Note:
Increase the percent of higher risk mothers and very low birth weight newborns that deliver at hospitals with a Level III+ Neonatal Intensive Care Unit (NICU).

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Promote safe and healthy infant sleep behaviors and environments including improving support systems, and daily living conditions that make safe sleep practices challenging.	Continued
2.	Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of- school activities in a safe and healthy environment.	Continued
3.	Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children.	Continued
4.	Promote breastfeeding to ensure better health for infants and children and reduce low food security.	Continued
5.	Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.	Continued
6.	Increase access to medical homes and primary care for children with special health care needs.	Continued
7.	Improve health care transition for adolescents and young adults with special health care needs to all aspects of adult life.	Continued

Form 10
National Outcome Measures (NOMs)

State: Florida

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	70.8 %	0.1 %	147,659	208,485
2020	72.6 %	0.1 %	147,267	202,849
2019	72.5 %	0.1 %	150,552	207,577
2018	72.8 %	0.1 %	152,604	209,564
2017	73.7 %	0.1 %	154,802	210,027
2016	74.9 %	0.1 %	158,547	211,662
2015	75.7 %	0.1 %	161,407	213,229
2014	75.6 %	0.1 %	159,417	210,735
2013	73.2 %	0.1 %	152,189	207,988
2012	73.1 %	0.1 %	150,595	205,947
2011	73.8 %	0.1 %	150,478	203,797
2010	72.7 %	0.1 %	144,841	199,326
2009	71.7 %	0.1 %	149,827	209,106

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 1 - Notes:

None

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	94.1	2.2	1,882	199,968
2019	81.8	2.0	1,708	208,887
2018	73.4	1.9	1,551	211,295
2017	73.0	1.9	1,561	213,722
2016	72.4	1.8	1,558	215,289
2015	77.7	2.2	1,230	158,310
2014	72.2	1.9	1,506	208,674
2013	70.3	1.9	1,442	205,083
2012	68.3	1.8	1,389	203,334
2011	68.3	1.8	1,392	203,894
2010	69.7	1.9	1,429	205,167
2009	68.6	1.8	1,443	210,214
2008	65.7	1.7	1,449	220,643

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 2 - Notes:

None

Data Alerts: None

NOM 3 - Maternal mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017_2021	23.8	1.5	260	1,091,105
2016_2020	18.5	1.3	203	1,099,867
2015_2019	18.1	1.3	202	1,114,465
2014_2018	16.7	1.2	186	1,114,454

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 3 - Notes:

None

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	9.0 %	0.1 %	19,460	216,170
2020	8.7 %	0.1 %	18,202	209,581
2019	8.7 %	0.1 %	19,231	219,922
2018	8.7 %	0.1 %	19,217	221,471
2017	8.8 %	0.1 %	19,653	223,561
2016	8.7 %	0.1 %	19,589	224,935
2015	8.6 %	0.1 %	19,306	224,193
2014	8.7 %	0.1 %	19,065	219,927
2013	8.5 %	0.1 %	18,346	215,338
2012	8.6 %	0.1 %	18,260	213,076
2011	8.7 %	0.1 %	18,527	213,363
2010	8.7 %	0.1 %	18,681	214,525
2009	8.7 %	0.1 %	19,247	221,319

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 4 - Notes:

None

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	10.9 %	0.1 %	23,514	216,019
2020	10.5 %	0.1 %	21,938	209,574
2019	10.6 %	0.1 %	23,361	219,916
2018	10.3 %	0.1 %	22,701	221,437
2017	10.2 %	0.1 %	22,851	223,511
2016	10.1 %	0.1 %	22,822	224,921
2015	10.0 %	0.1 %	22,407	224,173
2014	9.9 %	0.1 %	21,846	219,909
2013	10.0 %	0.1 %	21,594	215,168
2012	10.2 %	0.1 %	21,810	212,925
2011	10.3 %	0.1 %	22,018	213,054
2010	10.5 %	0.1 %	22,436	214,301
2009	10.6 %	0.1 %	23,344	221,161

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 5 - Notes:

None

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	29.7 %	0.1 %	64,135	216,019
2020	29.0 %	0.1 %	60,745	209,574
2019	28.0 %	0.1 %	61,531	219,916
2018	27.5 %	0.1 %	60,947	221,437
2017	27.0 %	0.1 %	60,295	223,511
2016	26.3 %	0.1 %	59,240	224,921
2015	25.7 %	0.1 %	57,676	224,173
2014	25.7 %	0.1 %	56,543	219,909
2013	26.4 %	0.1 %	56,704	215,168
2012	27.1 %	0.1 %	57,640	212,925
2011	27.8 %	0.1 %	59,291	213,054
2010	30.2 %	0.1 %	64,627	214,301
2009	32.1 %	0.1 %	70,945	221,161

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021/Q1-2021/Q4	2.0 %			
2020/Q4-2021/Q3	2.0 %			
2020/Q3-2021/Q1	2.0 %			
2019/Q4-2020/Q3	2.0 %			
2019/Q1-2019/Q4	2.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	1.0 %			
2018/Q2-2019/Q1	1.0 %			
2018/Q1-2018/Q4	1.0 %			
2017/Q4-2018/Q3	1.0 %			
2017/Q3-2018/Q2	1.0 %			
2017/Q2-2018/Q1	2.0 %			
2017/Q1-2017/Q4	2.0 %			
2016/Q4-2017/Q3	2.0 %			
2016/Q3-2017/Q2	2.0 %			
2016/Q2-2017/Q1	2.0 %			
2016/Q1-2016/Q4	2.0 %			
2015/Q4-2016/Q3	2.0 %			
2015/Q3-2016/Q2	2.0 %			
2015/Q2-2016/Q1	2.0 %			
2015/Q1-2015/Q4	2.0 %			
2014/Q4-2015/Q3	2.0 %			
2014/Q3-2015/Q2	3.0 %			

Year	Annual Indicator	Standard Error	Numerator	Denominator
2014/Q2-2015/Q1	3.0 %			
2014/Q1-2014/Q4	3.0 %			
2013/Q4-2014/Q3	4.0 %			
2013/Q3-2014/Q2	5.0 %			
2013/Q2-2014/Q1	6.0 %			

Legends:

NOM 7 - Notes:

None

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	6.2	0.2	1,294	210,343
2019	6.6	0.2	1,454	220,710
2018	6.1	0.2	1,362	222,190
2017	6.5	0.2	1,453	224,372
2016	6.5	0.2	1,475	225,728
2015	6.6	0.2	1,486	224,944
2014	6.5	0.2	1,425	220,685
2013	6.6	0.2	1,417	216,119
2012	6.6	0.2	1,419	213,877
2011	6.9	0.2	1,473	214,141
2010	6.8	0.2	1,459	215,306
2009	6.8	0.2	1,520	222,137

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 8 - Notes:

None

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	5.8	0.2	1,217	209,671
2019	6.1	0.2	1,342	220,002
2018	6.0	0.2	1,339	221,542
2017	6.1	0.2	1,364	223,630
2016	6.1	0.2	1,382	225,022
2015	6.2	0.2	1,399	224,269
2014	6.1	0.2	1,344	219,991
2013	6.1	0.2	1,322	215,407
2012	6.1	0.2	1,306	213,148
2011	6.5	0.2	1,379	213,414
2010	6.5	0.2	1,397	214,590
2009	6.9	0.2	1,527	221,394

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.1 - Notes:

None

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	3.8	0.1	803	209,671
2019	4.2	0.1	935	220,002
2018	4.1	0.1	898	221,542
2017	4.1	0.1	907	223,630
2016	4.2	0.1	936	225,022
2015	4.4	0.1	986	224,269
2014	4.2	0.1	913	219,991
2013	4.0	0.1	868	215,407
2012	4.0	0.1	847	213,148
2011	4.3	0.1	920	213,414
2010	4.4	0.1	937	214,590
2009	4.5	0.1	994	221,394

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.2 - Notes:

None

Data Alerts: None

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	2.0	0.1	414	209,671
2019	1.8	0.1	407	220,002
2018	2.0	0.1	441	221,542
2017	2.0	0.1	457	223,630
2016	2.0	0.1	446	225,022
2015	1.8	0.1	413	224,269
2014	2.0	0.1	431	219,991
2013	2.1	0.1	454	215,407
2012	2.2	0.1	459	213,148
2011	2.2	0.1	459	213,414
2010	2.1	0.1	460	214,590
2009	2.4	0.1	533	221,394

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.3 - Notes:

None

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	202.2	9.8	424	209,671
2019	225.0	10.1	495	220,002
2018	218.9	10.0	485	221,542
2017	211.5	9.7	473	223,630
2016	225.8	10.0	508	225,022
2015	243.0	10.4	545	224,269
2014	234.6	10.3	516	219,991
2013	227.5	10.3	490	215,407
2012	229.9	10.4	490	213,148
2011	245.5	10.7	524	213,414
2010	251.2	10.8	539	214,590
2009	257.9	10.8	571	221,394

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.4 - Notes:

None

Data Alerts: None

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	94.4	6.7	198	209,671
2019	85.0	6.2	187	220,002
2018	87.6	6.3	194	221,542
2017	101.5	6.7	227	223,630
2016	85.3	6.2	192	225,022
2015	81.2	6.0	182	224,269
2014	87.7	6.3	193	219,991
2013	93.8	6.6	202	215,407
2012	83.0	6.2	177	213,148
2011	82.0	6.2	175	213,414
2010	85.3	6.3	183	214,590
2009	86.3	6.3	191	221,394

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.5 - Notes:

None

Data Alerts: None

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Federally available Data (FAD) for this measure is not available/reportable.

NOM 10 - Notes:

Florida does not collect this data. Florida collects data on drinking 3 months before pregnancy and drinking in the past 2 years

Data Alerts:

1.	Data has not been entered for NOM 10. This outcome measure is linked to the selected NPM 1,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	6.2	0.2	1,244	201,946
2019	6.6	0.2	1,383	210,875
2018	6.9	0.2	1,464	213,251
2017	7.2	0.2	1,558	215,435
2016	7.3	0.2	1,592	217,561
2015	7.2	0.2	1,156	160,465
2014	6.8	0.2	1,433	210,719
2013	6.4	0.2	1,319	207,144
2012	6.0	0.2	1,240	205,662
2011	6.0	0.2	1,229	206,301
2010	4.9	0.2	1,024	208,052
2009	3.5	0.1	740	213,310
2008	2.3	0.1	518	223,776

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 11 - Notes:

None

Data Alerts: None

NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	12.4 %	1.3 %	496,256	3,991,151
2019_2020	12.5 %	1.4 %	498,282	3,991,111
2018_2019	12.8 %	1.5 %	513,887	3,999,776
2017_2018	12.5 %	1.6 %	487,771	3,895,296
2016_2017	11.8 %	1.5 %	451,376	3,817,682
2016	13.5 %	1.8 %	516,250	3,829,255

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	20.4	1.0	423	2,075,643
2020	18.4	0.9	386	2,094,491
2019	17.4	0.9	363	2,084,629
2018	18.9	1.0	393	2,078,730
2017	20.2	1.0	416	2,063,833
2016	19.7	1.0	402	2,044,233
2015	20.3	1.0	410	2,015,646
2014	20.1	1.0	401	1,995,207
2013	19.5	1.0	385	1,975,876
2012	19.2	1.0	375	1,954,997
2011	20.7	1.0	402	1,941,084
2010	20.9	1.0	407	1,945,037
2009	21.3	1.1	412	1,936,378

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 15 - Notes:

None

Data Alerts: None

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	39.8	1.3	988	2,479,705
2020	38.0	1.3	917	2,414,379
2019	31.6	1.1	760	2,408,483
2018	30.7	1.1	741	2,412,669
2017	34.8	1.2	831	2,385,070
2016	35.6	1.2	834	2,343,610
2015	32.4	1.2	755	2,330,369
2014	31.6	1.2	730	2,309,604
2013	29.3	1.1	676	2,303,428
2012	31.8	1.2	734	2,309,847
2011	33.0	1.2	768	2,327,390
2010	32.2	1.2	759	2,359,229
2009	35.5	1.2	841	2,365,899

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.1 - Notes:

None

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2021	15.8	0.7	574	3,638,274
2018_2020	14.8	0.6	533	3,611,713
2017_2019	14.3	0.6	518	3,612,598
2016_2018	15.3	0.7	549	3,599,580
2015_2017	15.4	0.7	551	3,576,111
2014_2016	14.7	0.6	522	3,543,901
2013_2015	13.2	0.6	465	3,525,120
2012_2014	12.6	0.6	445	3,518,703
2011_2013	13.0	0.6	459	3,542,990
2010_2012	14.1	0.6	509	3,600,735
2009_2011	14.7	0.6	539	3,661,955
2008_2010	16.8	0.7	624	3,707,519
2007_2009	20.1	0.7	748	3,712,629

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.2 - Notes:

None

Data Alerts: None

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2021	8.7	0.5	318	3,638,274
2018_2020	9.3	0.5	335	3,611,713
2017_2019	9.2	0.5	331	3,612,598
2016_2018	9.0	0.5	323	3,599,580
2015_2017	8.4	0.5	301	3,576,111
2014_2016	7.9	0.5	280	3,543,901
2013_2015	7.4	0.5	262	3,525,120
2012_2014	7.6	0.5	269	3,518,703
2011_2013	7.5	0.5	264	3,542,990
2010_2012	6.7	0.4	242	3,600,735
2009_2011	6.0	0.4	221	3,661,955
2008_2010	5.6	0.4	209	3,707,519
2007_2009	6.0	0.4	224	3,712,629

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.3 - Notes:

None

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	19.6 %	1.3 %	828,644	4,235,089
2019_2020	18.6 %	1.4 %	783,390	4,222,499
2018_2019	18.3 %	1.4 %	771,337	4,206,869
2017_2018	18.9 %	1.7 %	787,817	4,164,368
2016_2017	20.9 %	1.7 %	860,723	4,111,292
2016	21.8 %	1.8 %	891,111	4,087,976

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.1 - Notes:

None

Data Alerts: None

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	10.7 %	2.4 %	87,362	816,808
2019_2020	11.6 %	2.6 %	90,116	775,152
2018_2019	7.7 %	1.7 %	59,681	771,337
2017_2018	7.5 %	2.0 %	58,905	787,817
2016_2017	8.9 %	1.9 %	76,934	860,723
2016	10.0 %	2.2 %	89,423	891,111

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	3.7 %	0.6 %	127,850	3,490,366
2019_2020	2.9 %	0.6 %	101,699	3,554,178
2018_2019	2.1 %	0.5 %	73,636	3,570,582
2017_2018	1.2 %	0.4 %	42,945	3,506,346
2016_2017	2.9 %	0.6 %	98,023	3,402,055
2016	4.5 %	1.1 %	152,296	3,378,120

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	12.1 %	1.2 %	423,656	3,496,682
2019_2020	9.7 %	1.1 %	343,038	3,552,470
2018_2019	8.4 %	1.0 %	296,748	3,548,639
2017_2018	9.8 %	1.4 %	341,961	3,472,387
2016_2017	9.5 %	1.4 %	320,691	3,378,156
2016	8.2 %	1.2 %	275,127	3,347,819

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	42.5 %	5.0 %	207,249	488,134
2019_2020	45.4 %	5.6 %	232,060	511,703
2018_2019	53.0 %	5.7 %	225,277	425,444
2017_2018	48.2 %	6.5 %	206,702	428,700
2016_2017	46.5 %	6.0 %	213,092	458,660
2016	49.1 %	6.7 %	215,430	439,176

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	89.7 %	1.1 %	3,795,348	4,228,846
2019_2020	90.5 %	1.1 %	3,816,270	4,218,341
2018_2019	91.3 %	1.1 %	3,829,480	4,192,302
2017_2018	90.8 %	1.4 %	3,762,232	4,143,910
2016_2017	87.8 %	1.5 %	3,597,248	4,098,477
2016	86.7 %	1.7 %	3,541,192	4,082,443

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	13.4 %	0.1 %	16,834	125,469
2018	13.3 %	0.1 %	23,956	179,667
2016	12.7 %	0.1 %	24,635	193,749
2014	12.7 %	0.1 %	23,253	182,567
2012	13.7 %	0.1 %	23,575	171,832
2010	14.6 %	0.1 %	28,384	194,924
2008	15.0 %	0.1 %	22,538	150,046

Legends:

Indicator has a denominator <20 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	16.4 %	1.0 %	126,105	770,350
2019	14.0 %	0.7 %	102,133	731,810
2017	10.9 %	0.7 %	71,768	655,860
2015	12.3 %	0.6 %	84,589	688,764
2013	11.6 %	0.6 %	83,998	724,609
2011	11.5 %	0.6 %	78,165	678,193
2009	10.3 %	0.5 %	67,684	657,645
2007	11.2 %	0.7 %	76,011	681,417
2005	10.8 %	0.5 %	75,120	694,616

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020_2021	16.2 %	1.9 %	299,361	1,850,975
2019_2020	15.8 %	1.9 %	305,680	1,929,239
2018_2019	17.8 %	2.1 %	328,817	1,848,950
2017_2018	17.8 %	2.6 %	318,848	1,786,940
2016_2017	16.9 %	2.5 %	299,302	1,775,792
2016	17.9 %	2.7 %	302,065	1,690,458

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: American Community Survey (ACS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	7.1 %	0.2 %	305,276	4,284,465
2019	7.2 %	0.2 %	306,629	4,230,542
2018	7.4 %	0.2 %	311,663	4,224,475
2017	6.9 %	0.2 %	291,327	4,198,690
2016	6.2 %	0.2 %	258,020	4,142,576
2015	6.9 %	0.2 %	281,867	4,102,077
2014	9.2 %	0.3 %	372,586	4,052,007
2013	11.0 %	0.3 %	443,880	4,025,110
2012	10.8 %	0.3 %	431,221	3,997,922
2011	11.9 %	0.3 %	474,740	3,992,737
2010	12.8 %	0.3 %	513,357	3,999,244
2009	14.8 %	0.3 %	600,227	4,056,356

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	69.6 %	4.4 %	159,000	228,000
2017	67.8 %	3.8 %	158,000	233,000
2016	71.4 %	3.9 %	165,000	231,000
2015	69.6 %	3.9 %	163,000	234,000
2014	68.8 %	4.1 %	158,000	230,000
2013	63.5 %	4.0 %	142,000	224,000
2012	67.8 %	4.2 %	150,000	221,000
2011	67.2 %	4.7 %	147,000	219,000

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

NOM 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	46.9 %	1.4 %	1,864,622	3,976,799
2020_2021	47.7 %	1.6 %	1,886,480	3,954,884
2019_2020	55.8 %	1.6 %	2,086,606	3,739,437
2018_2019	54.6 %	1.8 %	2,155,885	3,952,127
2017_2018	46.1 %	1.7 %	1,766,170	3,833,617
2016_2017	56.7 %	1.8 %	2,148,061	3,787,799
2015_2016	47.9 %	1.8 %	1,777,685	3,712,793
2014_2015	48.0 %	1.9 %	1,780,234	3,712,688
2013_2014	50.3 %	1.9 %	1,867,932	3,714,239
2012_2013	46.9 %	2.6 %	1,722,142	3,672,407
2011_2012	43.9 %	3.3 %	1,632,951	3,716,498
2010_2011	38.9 %	1.9 %	1,442,929	3,709,328
2009_2010	37.9 %	2.4 %	1,366,413	3,605,312

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM 22.2 - Notes:

None

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	67.7 %	4.0 %	839,637	1,240,750
2020	68.3 %	3.4 %	833,880	1,220,478
2019	67.9 %	4.0 %	822,184	1,210,865
2018	64.1 %	3.4 %	766,311	1,194,804
2017	59.8 %	3.3 %	705,301	1,180,162
2016	55.9 %	3.4 %	661,631	1,182,903
2015	53.7 %	3.6 %	630,533	1,173,544

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.3 - Notes:

None

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	89.7 %	2.7 %	1,113,160	1,240,750
2020	86.1 %	2.8 %	1,051,054	1,220,478
2019	95.6 %	1.5 %	1,157,570	1,210,865
2018	90.1 %	2.0 %	1,076,282	1,194,804
2017	91.1 %	1.8 %	1,075,554	1,180,162
2016	89.7 %	2.2 %	1,061,480	1,182,903
2015	87.3 %	2.5 %	1,024,631	1,173,544
2014	90.7 %	2.1 %	1,061,277	1,169,950
2013	84.8 %	2.8 %	990,810	1,168,561
2012	86.8 %	2.6 %	1,006,684	1,160,414
2011	77.5 %	2.7 %	899,634	1,160,986
2010	61.9 %	3.3 %	688,244	1,111,347
2009	47.2 %	3.1 %	536,871	1,137,222

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.4 - Notes:

None

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	76.9 %	3.5 %	954,097	1,240,750
2020	80.0 %	3.1 %	976,888	1,220,478
2019	82.9 %	3.2 %	1,003,391	1,210,865
2018	76.3 %	3.0 %	911,070	1,194,804
2017	80.2 %	2.7 %	946,112	1,180,162
2016	76.3 %	2.9 %	902,900	1,182,903
2015	70.4 %	3.3 %	825,716	1,173,544
2014	72.2 %	3.4 %	844,322	1,169,950
2013	72.3 %	3.3 %	844,690	1,168,561
2012	68.6 %	3.5 %	796,377	1,160,414
2011	61.2 %	3.1 %	710,999	1,160,986
2010	55.1 %	3.4 %	612,809	1,111,347
2009	52.7 %	3.1 %	599,159	1,137,222

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.5 - Notes:

None

Data Alerts: None

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	13.5	0.2	8,093	601,366
2020	15.2	0.2	8,920	587,162
2019	16.2	0.2	9,541	587,772
2018	16.7	0.2	9,829	588,946
2017	18.2	0.2	10,708	587,833
2016	19.3	0.2	11,195	579,919
2015	20.8	0.2	11,957	574,463
2014	22.5	0.2	12,816	568,741
2013	24.6	0.2	13,962	568,335
2012	28.1	0.2	15,952	568,628
2011	29.6	0.2	17,125	578,320
2010	32.3	0.2	19,127	593,034
2009	36.6	0.3	22,021	601,533

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 23 - Notes:

None

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	15.7 %	1.4 %	31,038	198,177
2019	13.0 %	1.3 %	26,830	206,294

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 24 - Notes:

None

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	3.2 %	0.7 %	135,743	4,206,483
2019_2020	4.4 %	0.8 %	184,521	4,196,304
2018_2019	3.6 %	0.6 %	152,408	4,187,864
2017_2018	3.9 %	1.0 %	160,483	4,132,738
2016_2017	4.8 %	1.1 %	197,693	4,077,844
2016	5.0 %	1.2 %	201,082	4,062,104

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Florida

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective			72	73	74
Annual Indicator		76.4	72.2	72.6	72.6
Numerator		2,630,508	2,531,649	2,550,111	2,550,111
Denominator		3,443,178	3,508,023	3,512,297	3,512,297
Data Source		BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year		2018	2019	2020	2020

Previous NPM-1 BRFSS data for survey year 2017 that was pre-populated under the 2018 Annual Report Year is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	75.0	76.0	77.0

Field Level Notes for Form 10 NPMs:

None

NPM 3 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data				
	2019	2020	2021	2022
Annual Objective			79.4	82
Annual Indicator	78.9	78.1	81.9	80.3
Numerator	2,737	2,492	2,828	2,779
Denominator	3,469	3,191	3,453	3,461
Data Source	Florida CHARTS	Florida CHARTS	Florida CHARTS	Florida CHARTS
Data Source Year	2019	2020	2021	2021
Provisional or Final ?	Final	Final	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	82.1	82.3	82.5

Field Level Notes for Form 10 NPMs:

None

NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	83.2	84	84.7	85.3	85.8
Annual Indicator	82.6	79.2	75.6	76.3	71.0
Numerator	190,605	168,560	157,351	159,041	152,894
Denominator	230,680	212,751	208,001	208,520	215,341
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	72.4	73.1	73.8

Field Level Notes for Form 10 NPMs:

None

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	31.1	32.8	34.5	23.4	26.9
Annual Indicator	21.3	23.4	19.9	21.4	18.2
Numerator	47,798	48,426	39,516	43,681	38,141
Denominator	224,023	206,578	198,423	203,997	209,358
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	24.4	25.9	27.4

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	

NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2020	**2021**	**2022**
Annual Objective	76.3	77.1	72.5
Annual Indicator	74.3	70.1	70.1
Numerator	153,404	137,188	137,188
Denominator	206,486	195,755	195,755
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2020

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	74.5	75.4	76.3	77.1	72.5
Annual Indicator	74	72.1	74.3	70.1	77.7
Numerator					
Denominator					
Data Source	FL PRAMS	FL PRAMS	FL PRAMS	FL PRAMS	FL PRAMS
Data Source Year	2015	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	79.1	80.0	81.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2020	**2021**	**2022**
Annual Objective	83	36.3	41.2
Annual Indicator	36.0	41.7	41.7
Numerator	71,406	76,889	76,889
Denominator	198,188	184,197	184,197
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2020

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		82	83	36.3	41.2
Annual Indicator	35.4	35.3	35.3	40.2	40.6
Numerator					
Denominator					
Data Source	FL PRAMS Data	FL PRAMS	FL PRAMS	FL PRAMS	FL PRAMS
Data Source Year	2018	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	42.3	43.3	44.3

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**

Field Note:
The 2018 data was updated with actual 2018 PRAMS data. However, due to changes in question wording, assessing trends in sleep behaviors between phase 7 and 8 is limited, with the exception of infant sleep position.

We used the CDC recommended code to calculated the data as follows:
Percent of infants placed to sleep on a separate approved sleep surface (“always or often” versus “sometimes, rarely, or never”)
if (sleepown in (1,2)) and (slp_crb8 =2) and (slp_mat8 =1 and slp_chr =1 and slp_swg =1) then approved_surface=2; *yes;
else if (sleepown in (3,4,5)) or (slp_crb8 =1) or (slp_mat8 =2 or slp_chr =2 or slp_swg =2) then approved_surface=1; *no;
if (sleepown <= 0) or (slp_crb8<=0) or (slp_mat8<=0 or slp_chr<=0 or slp_swg<=0) then approved_surface=.; *missing;
*Defined as a composite of five items indicating how the infant usually slept in the past 2 weeks: 1) alone in their own crib or bed (always/often versus sometimes/rarely/never); 2) in a crib, bassinet, or pack and play; 3) not in a standard bed; 4) not in a couch or armchair; 5) not in car seat or swing.

2.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
The 2018 data was updated with actual 2018 PRAMS data. However, due to changes in question wording, assessing trends in sleep behaviors between phase 7 and 8 is limited, with the exception of infant sleep position.

We used the CDC recommended code to calculated the data as follows:
Percent of infants placed to sleep on a separate approved sleep surface (“always or often” versus “sometimes, rarely, or never”)
if (sleepown in (1,2)) and (slp_crb8 =2) and (slp_mat8 =1 and slp_chr =1 and slp_swg =1) then approved_surface=2; *yes;
else if (sleepown in (3,4,5)) or (slp_crb8 =1) or (slp_mat8 =2 or slp_chr =2 or slp_swg =2) then approved_surface=1; *no;
if (sleepown <= 0) or (slp_crb8<=0) or (slp_mat8<=0 or slp_chr<=0 or slp_swg<=0) then approved_surface=.; *missing;
*Defined as a composite of five items indicating how the infant usually slept in the past 2 weeks: 1) alone in their own crib or bed (always/often versus sometimes/rarely/never); 2) in a crib, bassinet, or pack and play; 3) not in a standard bed; 4) not in a couch or armchair; 5) not in car seat or swing.

3.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
FL PRAMS 2020 data is not available.

4.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
FL PRAMS 2021 data is not available.

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2020	**2021**	**2022**
Annual Objective	63	50.2	51.2
Annual Indicator	48.8	50.0	50.0
Numerator	96,651	93,190	93,190
Denominator	197,982	186,376	186,376
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2020

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		62	63	50.2	51.2
Annual Indicator	42.3	48.2	48.2	49	57.7
Numerator					
Denominator					
Data Source	FL PRAMS	FL PRAMS	FL PRAMS	FL PRAMS	FL PRAMS
Data Source Year	2018	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	52.2	53.2	54.2

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: The 2018 data was updated with actual 2018 PRAMS data. However, due to changes in question wording, assessing trends in sleep behaviors between phase 7 and 8 is limited, with the exception of infant sleep position.	
2.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: The 2019 data was updated with actual 2018 PRAMS data. However, due to changes in question wording, assessing trends in sleep behaviors between phase 7 and 8 is limited, with the exception of infant sleep position.	
3.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: FL PRAMS 2020 data is not available.	
4.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Florida 2021 PRAMS data not available.	

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CHILD					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	33.5	34	34.5	35	27.3
Annual Indicator	29.4	25.8	26.3	25.6	20.8
Numerator	394,477	364,148	361,483	338,172	283,920
Denominator	1,341,890	1,409,470	1,375,329	1,322,370	1,363,137
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	22.2	22.9	23.6

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	

NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Federally Available Data				
Data Source: Youth Risk Behavior Surveillance System (YRBSS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			23	23.8
Annual Indicator	22.8	22.7	22.7	22.5
Numerator	181,534	185,277	185,277	186,382
Denominator	796,158	816,019	816,019	827,151
Data Source	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT
Data Source Year	2017	2019	2019	2021

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH) - ADOLESCENT				
	2019	**2020**	**2021**	**2022**
Annual Objective			23	23.8
Annual Indicator	19.5	19.5	14.9	15.2
Numerator	290,239	280,894	216,036	219,829
Denominator	1,491,681	1,441,461	1,445,400	1,447,095
Data Source	NSCH-ADOLESCENT	NSCH-ADOLESCENT	NSCH-ADOLESCENT	NSCH-ADOLESCENT
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
2023	**2024**	**2025**	
Annual Objective	24.0	25.8	26.0

Field Level Notes for Form 10 NPMs:

None

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Federally Available Data					
Data Source: Youth Risk Behavior Surveillance System (YRBSS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	18.7	18.4	18.1	17.8	32.5
Annual Indicator	18.9	18.9	18.8	18.8	18.8
Numerator	156,700	156,700	159,632	159,632	161,380
Denominator	827,044	827,044	847,255	847,255	859,511
Data Source	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2017	2019	2019	2021

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - Perpetration					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		18.4	18.1	17.8	32.5
Annual Indicator		6.9	9.7	13.1	9.9
Numerator		98,203	140,699	189,256	141,781
Denominator		1,426,809	1,444,881	1,445,944	1,437,929
Data Source		NSCHP	NSCHP	NSCHP	NSCHP
Data Source Year		2018	2018_2019	2019_2020	2020_2021

Previous NPM-9 NSCH data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable to 2018 survey data given major wording and response option changes.

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - Victimization					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		18.4	18.1	17.8	32.5
Annual Indicator		26.8	31.3	34.7	31.8
Numerator		383,474	452,299	501,529	457,943
Denominator		1,429,420	1,446,186	1,445,944	1,437,929
Data Source		NSCHV	NSCHV	NSCHV	NSCHV
Data Source Year		2018	2018_2019	2019_2020	2020_2021

Previous NPM-9 NSCH data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable to 2018 survey data given major wording and response option changes.

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	30.5	28.5	26.5

Field Level Notes for Form 10 NPMs:

None

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	46	48	50	34.5	35
Annual Indicator	30.8	30.3	34.1	32.7	32.6
Numerator	264,895	238,785	263,392	253,145	266,018
Denominator	860,723	787,817	771,337	775,152	816,808
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	35.5	40.0	40.5

Field Level Notes for Form 10 NPMs:

None

NPM 14.1 - Percent of women who smoke during pregnancy

Federally Available Data					
Data Source: National Vital Statistics System (NVSS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	6.3	6.2	6.1	4	3.6
Annual Indicator	4.8	4.5	4.1	3.7	2.9
Numerator	10,639	9,836	9,011	7,763	6,233
Denominator	221,925	220,538	219,141	209,095	215,608
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	2.5	2.1	1.7

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	

Form 10
State Performance Measures (SPMs)

State: Florida

SPM 1 - The percentage of children that need mental health services that actually receive mental health services.

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	50	51	52	53	46
Annual Indicator	46.5	48.2	52.9	45.4	42.5
Numerator		99,630	225,227	232,060	207,249
Denominator		206,702	425,445	511,703	488,134
Data Source	National Survey of Children's Health	National Survey of Children's Health	National Survey of Children's Health	National Survey of Children's Health	National Survey of Children's Health
Data Source Year	2017	2018	2018_2019	2019_2020	2020-2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	46.5	47.0	47.5

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: The survey methods changed from the 2011/12 survey when the 2016 indicator was determined and the 2016 survey when the 2017 indicator was determined. The apparent drop in percentage is due to the change in methodology rather than less children being served. Objectives were adjusted to reflect new data.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data from NOM 18 measure used. Annual objectives adjusted to reflect current data, and anticipated short and long term effects of COVID-19 on Children’s Mental Health.	

SPM 2 - The percentage of low-income children under age 21 who access dental care.

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	38.9	40.4	41.9	43.4	36.3
Annual Indicator	38.5	48.7	31.9	35.2	35.2
Numerator	1,045,121	755,818	842,727	1,006,943	1,006,943
Denominator	2,716,229	1,551,734	2,639,833	2,860,897	2,860,897
Data Source	Florida Agency for Health Care Administration	Florida Agency for Health Care Administration	Florida Agency for Health Care Administration	Florida Agency for Health Care Administration	Florida Agency for Health Care Administration
Data Source Year	2018	2017/2018	2020	2021	2021
Provisional or Final ?	Final	Final	Final	Final	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	37.4	38.5	39.6

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
2022 data currently not available.

SPM 3 - The percentage of parents who read to their young child age 0-5 years

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	34.7	35.2	35.7	36.2	28.5
Annual Indicator	32.9	32.1	27.4	26.4	34.5
Numerator	396,388	384,878	369,850	363,966	448,651
Denominator	1,204,876	1,198,761	1,347,822	1,377,208	1,300,438
Data Source	2016 National Survey of Child Health	2017-18 National Survey of Child Health	2018-19 National Survey of Child Health	2019-20 National Survey of Child Health	2020-2021 National Survey of Child Health
Data Source Year	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	36.6	38.7	40.8

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: The survey methods changed from the 2011/12 survey when the 2016 indicator was determined and the 2016 survey when the 2017 indicator was determined. The apparent drop in percentage is due to the change in methodology rather than less children being read to. Objectives were adjusted to reflect new data.	
2.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
3.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
4.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	

Form 10
State Outcome Measures (SOMs)

State: Florida

SOM 1 - Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			75
Annual Indicator		72.7	79.4
Numerator		64	708
Denominator		88	892
Data Source		National Survey of Children's Health	National Survey of Children's Health
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	80.5	82.0	83.5

Field Level Notes for Form 10 SOMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Percent of family satisfaction with access to care received in a patient-centered medical home and primary care for children that have special health care needs. Satisfaction with access to care received, can contain various components of access and did not help identify root needs or drivers. This measure was subsequently re-aligned with National Survey of Children's Health Indicator 4.20, with an intentional strengths-based approach in focusing on those that report never being frustrated in efforts to obtain services for their child.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Percent of family satisfaction with access to care received in a patient-centered medical home and primary care for children that have special health care needs. Satisfaction with access to care received, can contain various components of access and did not help identify root needs or drivers. This measure was subsequently re-aligned with National Survey of Children's Health Indicator 4.20, with an intentional strengths-based approach in focusing on those that report never being frustrated in efforts to obtain services for their child. The National Survey of Children's Health Data for 2021 is reported at 77.9%, however the Numerator and Denominator calculation is 79.4%	
3.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
4.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
5.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Florida

ESM 1.2 - The percentage of interconception (Show Your Love) services provided to Healthy Start clients.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator	72.4	66.6
Numerator	38,733	39,110
Denominator	53,501	58,762
Data Source	Well Family System	Well Family System
Data Source Year	2021	2022
Provisional or Final ?	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	74.3	76.2	78.1

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
The annual indicator reported for 2022 (39,110) is the number interconception (Show Your Love) services and the number of ICC encounter dosages provided to Healthy Start clients. The percentage of eligible ICC Healthy Start clients receiving Interconception services in CY2022 = 66.7% (39110/58762).

ESM 3.1 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			79.4	85.6
Annual Indicator	78.9	78.1	81.9	80.3
Numerator	2,737	2,492	2,828	2,779
Denominator	3,469	3,191	3,453	3,461
Data Source	Florida CHARTS	Florida CHARTS	Florida CHARTS	Florida CHARTS
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	81.9	83.5	85.1

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data did not meet the 2022 annual objective. For this reason, annual objectives were adjusted.	

ESM 3.2 - Percentage of birthing hospitals participating in perinatal quality collaborative projects.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator	67.6	87.4
Numerator	75	97
Denominator	111	111
Data Source	Florida Perinatal Quality Collaborative	Florida Perinatal Quality Collaborative
Data Source Year	2021	2022
Provisional or Final ?	Final	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	90.5	93.5	95.5

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: 2021 data are not available. In 2020, 68.5% (76 of 111) of Florida birthing hospitals participated in perinatal quality collaborative projects.	
2.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
3.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
4.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	

ESM 4.2 - Percentage of birthing hospitals that teach breastfeeding mothers how to recognize feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator	77.5	72.7
Numerator	55	48
Denominator	71	66
Data Source	Maternity Practices in Infant Nutrition and Care	Maternity Practices in Infant Nutrition and Care
Data Source Year	2020	2022
Provisional or Final ?	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	79.0	81.0	83.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
In 2020, 55 out of 71 (77%) hospitals taught/showed breastfeeding mothers how to recognize/respond to feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers.

ESM 5.2 - The percentage of birthing hospitals that are Safe Sleep Certified.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator	23.4	24.3
Numerator	26	27
Denominator	111	111
Data Source	Cribs for Kids and Florida Birth Certificate Data	Cribs for Kids and Florida Birth Certificate Data
Data Source Year	2021	2022
Provisional or Final ?	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	28.0	30.0	32.0

Field Level Notes for Form 10 ESMs:

None

ESM 8.1.1 - The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective		54	55	56	57
Annual Indicator		49	49	49	0
Numerator					
Denominator					
Data Source		Safe and Healthy Schools Florida	Safe and Healthy Schools Florida	Safe and Healthy Schools Florida	Safe and Healthy Schools Florida
Data Source Year		2019	2020	2021	22022
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	58.0	59.0	60.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data are no longer collected.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Data are no longer collected.	

ESM 8.2.1 - The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			56
Annual Indicator	49		0
Numerator			
Denominator			
Data Source	Safe and Healthy Schools Florida		Safe and Healthy Schools Florida
Data Source Year	2020		2022
Provisional or Final ?	Final		Final

Annual Objectives			
	2023	2024	2025
Annual Objective	57.0	58.0	59.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Unable to provide 2021 data. Data are no longer collected.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Safe and Healthy Schools Florida	

ESM 9.2 - The percentage of adolescents and teens, ages 11 through 19, who reported satisfaction on the positive youth development and non-violence survey.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator		87.7
Numerator		207
Denominator		236
Data Source		Positive youth development and non-violence survey
Data Source Year		2022
Provisional or Final ?		Final

Annual Objectives			
	2023	2024	2025
Annual Objective	88.7	89.7	90.7

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: 2021 data not available. Provisional data for 2022 indicated 80% (180/225) of adolescents and teens, ages 11 through 19, reported satisfaction on the positive youth development and non-violence survey.	
2.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
3.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
4.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	

ESM 11.1 - Number of partners serving CYSHCN in Florida receiving education or technical assistance about the patient-centered medical home model and related topics that impact CYSHCN .

Measure Status:	Inactive - Realignment of staff to meet organizational needs required a pivot from this strategy. Low results-based accountability measure.

State Provided Data			
	2020	2021	2022
Annual Objective			850
Annual Indicator	1,847	843	236
Numerator			
Denominator			
Data Source	CMS Public Health Detailing activity log	CMS Public Health Detailing activity log	CMS Public Health Detailing activity log
Data Source Year	2020	2021	2022
Provisional or Final ?	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: This will be a unique count and not duplicated year to year. We are not changing annual objectives at this time as it was a one-time dedicated campaign and we want to continue to monitor.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: This will be a unique count and not duplicated year to year. Objectives updated to reflect current realities with staff attrition and redirection to management of community activities. Consideration to strengthening measure was received and considered. As anticipated changes with staffing and workload are expected this year, we will reconsider changes in the coming year.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: This will be a unique count and not duplicated year to year. Objectives updated to reflect updated projections. This measure is being inactivated. Justification: Realignment of staff to meet organizational needs required a pivot from this strategy. Low results-based accountability measure. In 2022, 236 partners serving CYSHCN in Florida received education or technical assistance about patient-centered medical home model and related topics that impact CYSHCN.	

ESM 11.2 - Percentage of caregivers of CYSHCN in Florida who always perceive themselves as a partner in their child's care.

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			71
Annual Indicator		67.8	67.5
Numerator		499,558	224
Denominator		736,624	332
Data Source		National Survey of Childrens Health	National Survey of Children's Health
Data Source Year		2019-2020	2020-2021
Provisional or Final ?		Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	72.0	73.0	74.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Unable to report this year; awaiting updated National Survey Data.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Florida data from 19-20 National Survey of Children’s Health indicator 4.12c-5, specific to special health care needs status subgroup and always response.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: 2020-2021 National Survey of Children's Health indicator 4.12c-F, specific to population of special care needs status subgroup and always response. Used actual sample size for numerator and denominator vs population estimates.	

ESM 11.4 - Percent of youth with special health care needs who report having successfully transitioned from pediatric to adult health care providers/practices.

Measure Status:			Active
State Provided Data			
	2020	**2021**	**2022**
Annual Objective			30
Annual Indicator		28.6	72.5
Numerator		14	29
Denominator		49	40
Data Source		CMS Satisfaction Survey	CMS Satisfaction Survey
Data Source Year		2021	2022
Provisional or Final ?		Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	74.5	76.0	78.5

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Unable to report this year (developing survey now and will report updated data point in next application/report).	
2.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
3.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
4.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	

ESM 11.5 - Percentage of providers in underserved geographic areas that received formal technical assistance through the UCF HealthARCH program that became designated patient-centered medical homes.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives			
	2023	2024	2025
Annual Objective	2.0	2.1	2.2

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Challenges with PCP recruitment in underserved areas due to lingering COVID challenges. Unable to report this year due to challenges in obtaining needed skill set to geo-map and provide data analysis.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Comprehensive geo-mapping data recently received includes census level population estimates, a children's need index, and a map layer of Medicaid and PCMH pediatric/family practices. In defining "underserved", the program would also like to Consider HRSA's medically underserved areas. The program is actively reviewing how it will define "underserved" as the enhanced data sets brings new insight from how the program originally intended to measure. Once this is finalized, zip code data from those practices that have become PCMH accredited, since the inception of this ESM, will be added to determine the percentage of those in the newly-defined underserved area.	

ESM 14.1.2 - Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator	9.2	12.8
Numerator	221	217
Denominator	2,392	1,691
Data Source	Well Family System	Well Family System
Data Source Year	2021	2022
Provisional or Final ?	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	14.9	17.2	19.8

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The 2022 data exceeded the 2022 annual objective. For this reason, annual objectives were adjusted.	

Form 10
State Performance Measure (SPM) Detail Sheets

State: Florida

SPM 1 - The percentage of children that need mental health services that actually receive mental health services.
Population Domain(s) – Children with Special Health Care Needs

Measure Status:	Active
Goal:	Increase the percentage of children with a mental/behavioral condition who receive treatment.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children that needed mental health services that actually received mental health services. **Denominator:** Number of children that needed mental health services.
Data Sources and Data Issues:	National Survey of Children's Health
Significance:	Linking children who have mental health and behavioral health conditions to timely and appropriate treatment will improve health outcomes and improve the child's ability to function optimally at home, at school, and in society

SPM 2 - The percentage of low-income children under age 21 who access dental care.
Population Domain(s) – Child Health

Measure Status:	Active
Goal:	To increase the number of eligible low-income children who receive dental care.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of Medicaid eligible children (unduplicated) age 0-20 receiving any dental or oral health service. **Denominator:** Total number of Medicaid eligible children age 0-20.
Data Sources and Data Issues:	Agency for Health Care Administration (Medicaid DSS)
Significance:	Oral health is vitally important to overall health and well-being. Oral health is much more than just healthy teeth. Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects, periodontal disease, tooth decay and tooth loss, and other disease and disorders that affect the oral cavity. Good oral health also includes the ability to carry on basic human functions such as chewing, swallowing, speaking, smiling, and singing. These functions are critical in our communication with others and interaction with the world. Oral health is also firmly linked with overall health. Research has shown a link to diabetes, heart and lung disease, stroke, respiratory illnesses, and conditions of pregnant women including the delivery of pre-term and low birth weight infants. Changes in the mouth often are the first signs of problems elsewhere in the body, such as infectious diseases, immune disorders, nutritional deficiencies, and cancer. Maintaining good oral and physical health requires a multi-faceted approach including a healthy diet, proper exercise, access to health care professionals, and public health initiatives such as fluoridated community water and preventive dental services including dental sealants. Dental disease is largely preventable through effective health promotion and dental disease prevention programs. Collaborative partnerships among individuals, communities, health care providers and governing bodies are necessary to achieve optimal oral health in Florida.

SPM 3 - The percentage of parents who read to their young child age 0-5 years
Population Domain(s) – Child Health

Measure Status:	Active
Goal:	To increase the number of parents who read to their child age 0-5.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children aged 0 to 5 years whose parents report that someone in their family read to the child every day in the past week. **Denominator:** Number of children aged 0 to 5 years.
Data Sources and Data Issues:	National Survey of Children's Health
Significance:	Encouraging parents to read to their child has a positive impact on children, including but not limited to, increased positive parenting, improvement in the parent-child bond, and improved language development in children.

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Florida

SOM 1 - Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs
Population Domain(s) – Children with Special Health Care Needs

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the percent of families that report satisfaction with access to care received in a patient-centered medical home and primary care for children that have special health care needs.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>The number of families with a special health care needs child that report never being frustrated in their efforts to get services for their child.</td></tr>
<tr><td>Denominator:</td><td>Total number surveyed</td></tr>
</table>
</td></tr>
<tr><td>Healthy People 2030 Objective:</td><td>MICH-19 Increase the proportion of children and adolescents who receive care in a medical home</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>National Survey of Children’s Health</td></tr>
<tr><td>Significance:</td><td>Patient experience is a main component for achieving high quality care. Systematic review of evidence demonstrates positive association between patient experience and clinical effectiveness. The results of this measure will provide family voice in perception of satisfaction to help drive quality improvement activities</td></tr>
</table>

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Florida

ESM 1.2 - The percentage of interconception (Show Your Love) services provided to Healthy Start clients.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the number of interconception care (Show Your Love) services provided to clients in the Healthy Start Program</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>The number of interconception (Show Your Love) services provided to Healthy Start clients.</td></tr>
<tr><td>Denominator:</td><td>The number of Healthy Start clients eligible to receive interconception (Show Your Love) services.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Well Family System</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>Show Your Love is a national campaign designed to improve the health of women and babies by promoting preconception health and healthcare. The Campaign’s main goal is to increase the proportion of women who plan their pregnancies and engage in healthy behaviors before becoming pregnant. Show Your Love is led by the consumer workgroup of the National Preconception Health and Health Care Initiative (PCHHC), a public-private partnership of over 70 organizations focused on improving the health of young women and men and any children they may choose to have. Show Your Love is currently funded by the W.K. Kellogg Foundation with support from the Centers for Disease Control and Prevention.</td></tr>
<tr><td>Significance:</td><td>Interconception care helps providers identify and modify biomedical, behavioral, and social risks to a woman’s health or pregnancy outcome through prevention and management. The goal to improve the woman’s health and help reduce health risks to her future baby, resulting in improved outcomes for newborns and mothers.</td></tr>
</table>

ESM 3.1 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).
NPM 3 – Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

Measure Status:	Active
Goal:	Increase the availability of Level III beds in NICUs.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of very low birthweight infants **Denominator:** Number of Level III NICU beds
Data Sources and Data Issues:	Florida CHARTS
Significance:	To ensure that the state has the capacity for all very low birthweight infants to be born in a Level III NICU.

ESM 3.2 - Percentage of birthing hospitals participating in perinatal quality collaborative projects.
NPM 3 – Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase percentage of birthing hospitals participating in perinatal quality collaborative projects</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>The number of birthing hospitals participating in perinatal quality collaborative projects.</td></tr>
<tr><td>Denominator:</td><td>The number of birthing hospitals.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Florida Perinatal Quality Collaborative</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>The American Academy of Pediatrics states that because VLBW and/or very preterm infants are at increased risk of predischarge mortality when born outside of a level III center, they should be delivered at a level III facility unless this is precluded by the mother’s medical condition or geographic constraints. Increasing the percentage of birthing hospitals participating in Florida perinatal quality collaborative (FPQC) projects will increase access to top-tier perinatal care services needed and desired by birthing families. Increased access to Level III+ NICUs will influence NPM 3 by increasing the number of very low birthweight infants born in a Level III+ NICU. Outcome aligns with Innovation Hub’s Partners in Pregnancy program.</td></tr>
<tr><td>Significance:</td><td>Increasing the number of birthing hospitals that join the FPQC and could meet the Level III+ eligibility requirements can show progress in perinatal regionalization. The Department participates in and contracts with the Florida Perinatal Quality Collaborative (FPQC), which is located at the University of South Florida, Lawton and Rhea Chiles Center for Healthy Mothers and Babies. The FPQC seeks to create an all-inclusive culture of cooperation and transparency across the specialties of obstetrics, neonatology, pediatrics and all fields engaged in maternal and infant health care by bringing together the specific expertise of physicians, nurses, nurse midwives and all specialists involved with perinatal-related health care.
The collaborative works with Florida’s birthing hospitals on the following projects:
• Improve the identification, clinical care, and coordinated treatment/support to pregnant women with opioid use disorder and their
infants. This includes opioid use disorder screening, prevention, treatment, and discharge planning.
• Reduce unnecessary C-section rates.
• Improve perinatal quality indicators.
• Family Centered Care to increase awareness of the importance of skin-to-skin contact for newborns in the neonatal intensive care unit.</td></tr>
</table>

ESM 4.2 - Percentage of birthing hospitals that teach breastfeeding mothers how to recognize feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers.
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	To increase the percentage of infants ever breastfed and those breastfed exclusively through 6 months.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** The number of maternity service hospitals that teach breastfeeding mothers how to recognize feeding cues, breastfeed on-demand, and understand the risks of artificial nipples/pacifiers. **Denominator:** The total number maternity service hospitals in Florida.
Data Sources and Data Issues:	Maternity Practices in Infant Nutrition and Care (mPINC). The survey measures care practices and policies that impact newborn feeding, feeding education, staff skills, and discharge support. CDC invites all hospitals with maternity services in the U.S. and territories to participate. In 2020, 71 of 110 eligible hospitals in Florida participated (65%).
Evidence-based/informed strategy:	Increasing the number of maternity service hospitals that teach breastfeeding mothers how to recognize feeding cues, breastfeed on-demand, and understand the risks of artificial nipples/pacifiers can improve care practices and policies to better support maternity patients, according to CDC's national survey of Maternity Practices in Infant Nutrition and Care (mPINC). Our health department in partnership with other state agencies, organizations, policy makers, and health professionals can use mPINC data to improve evidence-based maternity care practices and policies at hospitals in Florida. These efforts will help increase the percentage of infants ever breastfed and those breastfed exclusively through six months
Significance:	This ESM helps capture individuals who breastfeed at the hospital before discharge (i.e., ever breastfed). Although this measure cannot help quantify exclusive breastfeeding through six months, this measure can instead provide insight to the prevalence of breastfeeding patients who were taught, in the hospital, strategies to support continued exclusive breastfeeding through six months. Measuring it is important to show progress because observed increases in the prevalence would indicate the success of statewide partnerships in improving breastfeeding initiation and exclusive breastfeeding, which in turn would help reduce associated adverse health outcomes (e.g. infant mortality) in Florida.

ESM 5.2 - The percentage of birthing hospitals that are Safe Sleep Certified.
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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the number of Florida birthing hospitals that are Safe Sleep Certified.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>The number of birthing hospitals that are Safe Sleep Certified.</td></tr>
<tr><td>Denominator:</td><td>The number of birthing hospitals in Florida.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Cribs for Kids in Florida</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>Aligns with Innovation Hub’s Tennessee Safe Sleep Hospital Project, Back to Sleep Nurse Training programs and Michigan Infant Safe Sleep Hospital Training Program.</td></tr>
<tr><td>Significance:</td><td>Safe sleep guidelines are endorsed by the American Academy of Pediatrics, the National Institute of Health, the CDC and by other nationally recognized programs. A hospital safe sleep certification process would ensure that participating hospitals develop a policy to support safe sleep efforts and that trusted hospital professionals provide consistent safe sleep messaging to parents.</td></tr>
</table>

ESM 8.1.1 - The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.
NPM 8.1 – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Measure Status:	Active
Goal:	Increase the number of students who attend schools in Florida Healthy School Districts.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** The number of school districts that apply for the evidence-based Florida Healthy School District recognition. **Denominator:**
Data Sources and Data Issues:	Florida Partnership for Healthy Schools
Significance:	The Florida Healthy School District Self-Assessment Tool was developed by experts from state agencies, school districts, and community partners to assist districts in achieving the highest standards in infrastructure and the eight component areas of the Centers for Disease Control and Prevention's (CDC) Coordinated School Health (CSH) model. It was piloted, field tested and fully vetted prior to its release in 2009. Districts that earn recognition as a Florida Healthy School District have made a high level commitment to meeting the health needs of students and staff by removing barriers to learning and maximizing district resources through the implementation of the CSH/Whole School, Whole Community, Whole Child (WSCC) approach including physical education and physical activity.

ESM 8.2.1 - The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.
NPM 8.2 – Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Measure Status:	Active
Goal:	Increase the number of students who attend schools in Florida Healthy School Districts (ages 12-17).
Definition:	<table><tr><td>**Unit Type:**</td><td>Count</td></tr><tr><td>**Unit Number:**</td><td>100</td></tr><tr><td>**Numerator:**</td><td>The number of school districts that apply for the evidence-based Florida Healthy School District recognition.</td></tr><tr><td>**Denominator:**</td><td></td></tr></table>
Data Sources and Data Issues:	Florida Partnership for Healthy Schools
Evidence-based/informed strategy:	ESM 8.2.1
Significance:	The Florida Healthy School District Self-Assessment Tool was developed by experts from state agencies, school districts, and community partners to assist districts in achieving the highest standards in infrastructure and the eight component areas of the Centers for Disease Control and Prevention's (CDC) Coordinated School Health (CSH) model. It was piloted, field tested and fully vetted prior to its release in 2009. Districts that earn recognition as a Florida Healthy School District have made a high level commitment to meeting the health needs of students and staff by removing barriers to learning and maximizing district resources through the implementation of the CSH/Whole School, Whole Community, Whole Child (WSCC) approach including physical education and physical activity.

ESM 9.2 - The percentage of adolescents and teens, ages 11 through 19, who reported satisfaction on the positive youth development and non-violence survey.
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To collect self-reported data from non-violence/youth development class participants on the class environment, facilitator proficiency, and potential increase in knowledge and skills that decrease violence and increase youth development.</td></tr>
<tr><td>Definition:</td><td><table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>The annual number of participants reporting satisfaction.</td></tr>
<tr><td>Denominator:</td><td>The annual total number of participants.</td></tr>
</table></td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Positive youth development and non-violence survey.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>Centers for Disease Control and Prevention (CDC) defines primary prevention activities as those occurring before the initial violence. Interventions that occur immediately after a crisis incident are secondary activities; longer term activities are tertiary. [CDC, Sexual Violence Prevention: Beginning the Dialogue, 2004]. Public Health approaches include activities across the social ecology. Evidence-based programs include components that target individuals to challenge attitudes, teach skills related to relationship building, and engage larger systems to create a culture if non-violence. [Banyard, V, 2011; Katz, Heisterkamp and Fleming, 2011, retrieved from the Leadership and Research in Education: The Journal of the Ohio Council of Professors of Educational Administration (OCPEA), Volume 5, Issue 1, 2020.</td></tr>
<tr><td>Significance:</td><td>The behavior change theory is predicated on intrinsic understanding and motivation for action. This survey seeks to measure the participant’s confidence in applying the strategies shared during the class. Additionally, it may offer context (class environment, facilitator proficiency) if the participant does not feel confident in acting. This feedback gives the program an opportunity for quality improvement.</td></tr>
</table>

ESM 11.1 - Number of partners serving CYSHCN in Florida receiving education or technical assistance about the patient-centered medical home model and related topics that impact CYSHCN .
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Inactive - Realignment of staff to meet organizational needs required a pivot from this strategy. Low results-based accountability measure.
Goal:	Increase the number of stakeholders serving CYSHCN, who received education and technical assistance about the patient-centered medical home model and related topics that impact the health and wellness of CYSHCN
Definition:	**Unit Type:** Count **Unit Number:** 2,000 **Numerator:** Number of education or technical assistance activities provided to stakeholders about the patient-centered medical home model and related topics that impact the health and wellness of CYSHCN **Denominator:**
Data Sources and Data Issues:	CMS Title V Public Health Detailing activity tracker
Evidence-based/informed strategy:	Associated ESM is percent of CSHCN providers/caregivers received copmonents of medical home training. While this is a count, effort reflects part of the responsibilities of Title V workforce. Future consideration will be given on needed changes in data collection and reporting to better align.
Significance:	Providers, communities and families need to be informed and have access to technical assistance on patient-centered medical home resources and other related topics that impact the health and wellness of CYSHCN.

ESM 11.2 - Percentage of caregivers of CYSHCN in Florida who always perceive themselves as a partner in their child's care.
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active
Goal:	Increase the percentage of caregivers of CYSHCN who perceive themselves as partners in their child's care by 5% annually from identified baseline.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of caregivers of CYSHCN that perceive themselves as partners in their child's care. **Denominator:** Total number surveyed
Data Sources and Data Issues:	National Survey of Children's Health
Evidence-based/informed strategy:	Aligned with Innovation Hub's Family Voices of California's Project Leadership program.
Significance:	CYSHCN require quality care this is patient and family centered. Health equity starts with patient and family engagement at all levels of service delivery.

ESM 11.4 - Percent of youth with special health care needs who report having successfully transitioned from pediatric to adult health care providers/practices.
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active
Goal:	Increase the percent of youth with special health care needs who report having successfully transitioned from pediatric to adult health care providers/practices.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Youth who reported having successfully transitioned from pediatric to adult health care providers/practices. **Denominator:** All youth surveyed.
Data Sources and Data Issues:	Title V CYSHCN survey
Evidence-based/informed strategy:	While residing within a PCMH priority, transition is a core-essential tenet that is addressed in Florida's Title V CYSHCN programming. This strategy is linked to MCH's best strategy database related to planning and provision of services to prepare and complete transition integration into adult care and is inclusive of GOT Transition's 6 core elements of HCT approach. As the quality essentials to a medical home include comprehensive, coordinated, family centered, etc. this should include a seamless comprehensive, coordinated, youth-centered approach to transition planning for adult health care which is a known barrier to successful transition.
Significance:	This ESM will measure a quality of effect, or percent of "is anyone better off" as reported by successfully transitioning from pediatric to adult health care provider/practices. Having a comprehensive transition plan and transfer assistance including care coordination, is linked to patient's perception of successfully integration into adult care. Title V CYSHCN program leverages work with existing and potential partners to increase the number of youth with special health care needs that successfully access family and adult providers. Strategies include outreach, education and technical assistance on GOT Transition's 6 core elements of HCT approach, and exploration of a small value based purchasing pilot on transition.

ESM 11.5 - Percentage of providers in underserved geographic areas that received formal technical assistance through the UCF HealthARCH program that became designated patient-centered medical homes.
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active
Goal:	Increase the percentage of underserved geographic areas that have at least on pediatric practice this is designates as a PCMH by 20% annually.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** New pediatric patient centered medical home in underserved geographic areas. **Denominator:** Baseline number of pediatric patients centered medical homes in underserved geographic areas.
Data Sources and Data Issues:	CMS Title V data source geo-mapping; difficulties filling position with needed skill set to complete geo-mapping activities.
Evidence-based/informed strategy:	Health inequities in rural areas are exacerbated by a lack of resources.
Significance:	CYSHCN require a level of quality care that is seen in a patient centered medical home model.

ESM 14.1.2 - Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.
NPM 14.1 – Percent of women who smoke during pregnancy

Measure Status:	Active
Goal:	To increase the percentage of women who receive Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of prenatal women receiving SCRIPT Healthy Start services. **Denominator:** Number of prenatal women in Healthy Start currently smoking.
Data Sources and Data Issues:	Well Family System
Evidence-based/informed strategy:	Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) is the statewide Healthy Start smoking cessation intervention. SCRIPT is an evidence based program that has been shown to be effective in helping pregnant women quit smoking. Beyond pregnant women, SCRIPT can be used with anyone including interconception women, fathers and household members. Aligns with MCHbest strategy 14.1.1 "Counseling". Also aligns with Innovation Hub's The Parent Child Assistance Program and Baby and Me Tobacco Free program.
Significance:	Smoking during pregnancy creates risks for adverse outcomes.

Form 11
Other State Data

State: Florida

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
MCH Data Access and Linkages

State: Florida

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	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Daily	0		
2) Vital Records Death	Yes	Yes	Daily	0	Yes	
3) Medicaid	Yes	Yes	Annually	12	No	
4) WIC	Yes	Yes	Less Often than Annually	0	No	
5) Newborn Bloodspot Screening	Yes	Yes	Daily	0	Yes	
6) Newborn Hearing Screening	Yes	Yes	Daily	0	Yes	
7) Hospital Discharge	Yes	Yes	Quarterly	0	Yes	
8) PRAMS or PRAMS-like	Yes	Yes	Less Often than Annually	24	Yes	

Other Data Source(s) (Optional)

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
9) Prenatal Screen	Yes	Yes	More often than monthly	1	No	
10) Infant Screen	Yes	Yes	Daily	0	Yes	
11) Well Family System	Yes	Yes	Monthly	0	No	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

None