

Chapter 1: The Healthy Start System

Introduction

On June 4, 1991, Florida enacted the nation's most comprehensive maternal and infant health care program, Florida's Healthy Start initiative.

The goal of Healthy Start is to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes.

Components

Implemented April 1, 1992, the key components of Florida's Healthy Start include:

- **Universal prenatal and infant risk screening** to identify pregnant women and infants at risk for adverse birth, health, and developmental outcomes.
- **Healthy Start care coordination and services** that support families in reducing the factors and situations that place pregnant women and infants in jeopardy for poor outcomes. The most frequently offered Healthy Start services are:
 - ◆ Outreach
 - ◆ Care coordination
 - ◆ Childbirth education
 - ◆ Parenting education and support
 - ◆ Nutrition counseling
 - ◆ Psychosocial counseling
 - ◆ Tobacco education and cessation counseling
 - ◆ Breastfeeding education and support
 - ◆ Interconceptional education and counseling
- **Community based prenatal and infant health care coalitions** that provide the following:
 - ◆ Conduct assessments of community needs and resources
 - ◆ Develop and implement community-based service delivery plans
 - ◆ Allocate public and private funds received by the coalition for prenatal care, child health care, and other Healthy Start services
 - ◆ Monitor health care providers delivering Healthy Start funded services
 - ◆ Ensure a coordinated, integrated system of care
 - ◆ Maintain a resource directory for all prenatal and child health care available in their area
 - ◆ Conduct public awareness and outreach activities aimed at helping more pregnant women and infants access health care
 - ◆ Educate the medical community about its responsibility to encourage patient participation in Healthy Start services
 - ◆ Ensure comprehensive prenatal and infant health care services are available and accessible

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- ◆ Emphasize that providers must achieve positive outcomes to be eligible for continued funding
- **Children’s Medical Services expansions** including:
 - ◆ Expansion of high-risk obstetrical care in areas without access to specialty care
 - ◆ Expansion of pediatric primary care for children with special health care needs and their siblings
 - ◆ Increased number of developmental evaluation and intervention programs
- **Increases in Medicaid** eligibility up to 185 percent of the poverty level for pregnant women and increase in the reimbursement for obstetrical services. Currently, infants (up to age one) are eligible up to 200% percent of the poverty level.

Funding

Healthy Start is funded with state general revenue and a portion of the federal funds from the Maternal and Child Health Block Grant. Although funding for Healthy Start services has increased since initial implementation in 1992, the need for services has continued to outstrip available funding. Healthy Start coalitions are required to make difficult choices as to which services will be funded in their communities based on their local needs assessments and service delivery plans.

The 1997 Florida Legislature funded the expansion of Healthy Start services to children up to three years of age. At the time, due to funding limitations, communities may have only been able to expand the 1 to 3 year-old services to specific target groups or ZIP codes within a coalition’s area. In 2005, based on local resources, coalitions were able to offer Healthy Start services to at risk women in the interconceptional period, up to three years after their most recent delivery. Currently, Healthy Start services can be offered to prenatal women, interconceptional women within certain criteria, and children up to age three.

Beginning with the 1997/98 fiscal year, Healthy Start and the Improved Pregnancy Outcomes funding categories were consolidated into “HS/IPO.” The allocation of these funds at the local level is the responsibility of each Healthy Start coalition and is based on the community’s demonstrated need and departmental guidelines outlined in Chapter 15, System Assurances, standard 15.5.

In 2001, the Agency for Health Care Administration, in collaboration with the Department of Health and the Healthy Start Coalition Association, developed a 1915(b) waiver to provide additional funds for Healthy Start services in order to provide a higher intensity of services that will increase the state’s capacity to improve maternal and child health outcomes. This waiver also includes a component for the provision of choice counseling and case management services to SOBRA (Sixth Omnibus Budget Reconciliation Act) women eligible for Medicaid due to their pregnancy. The waiver was approved, and beginning July 1, 2001, Healthy Start services became eligible for Medicaid reimbursement for pregnant women and children up to age three enrolled in Medicaid. On October 1, 2001, the Healthy Start coalitions assumed responsibility for assuring that

all SOBRA women receive outreach and case management services to assure their access to continuous and ongoing prenatal care and other services as appropriate.

System Responsibility

The Healthy Start system is the organization of activities and services within a community that supports and enhances the community's ability to promote optimal health and developmental outcomes for all pregnant women and babies born in Florida.

Responsibility for coordination of the Healthy Start system resides with the local Healthy Start prenatal and infant health care coalitions. The process of convening a community prenatal and infant health care coalition is guided by Chapter 64F-2, Florida Administrative Code. The coalition is responsible for establishment and oversight of the Healthy Start system once the Department of Health has approved their service delivery plan.

The coalition may designate the county health department or other qualified provider or combination of providers through contract or memorandum of agreement as the designated lead agency. As the designated lead agency, the county health department or other qualified provider or combination of providers is responsible for portions of Healthy Start system activities as outlined in the contract or memorandum of agreement. However, oversight and quality assurance responsibilities are retained by the coalition.

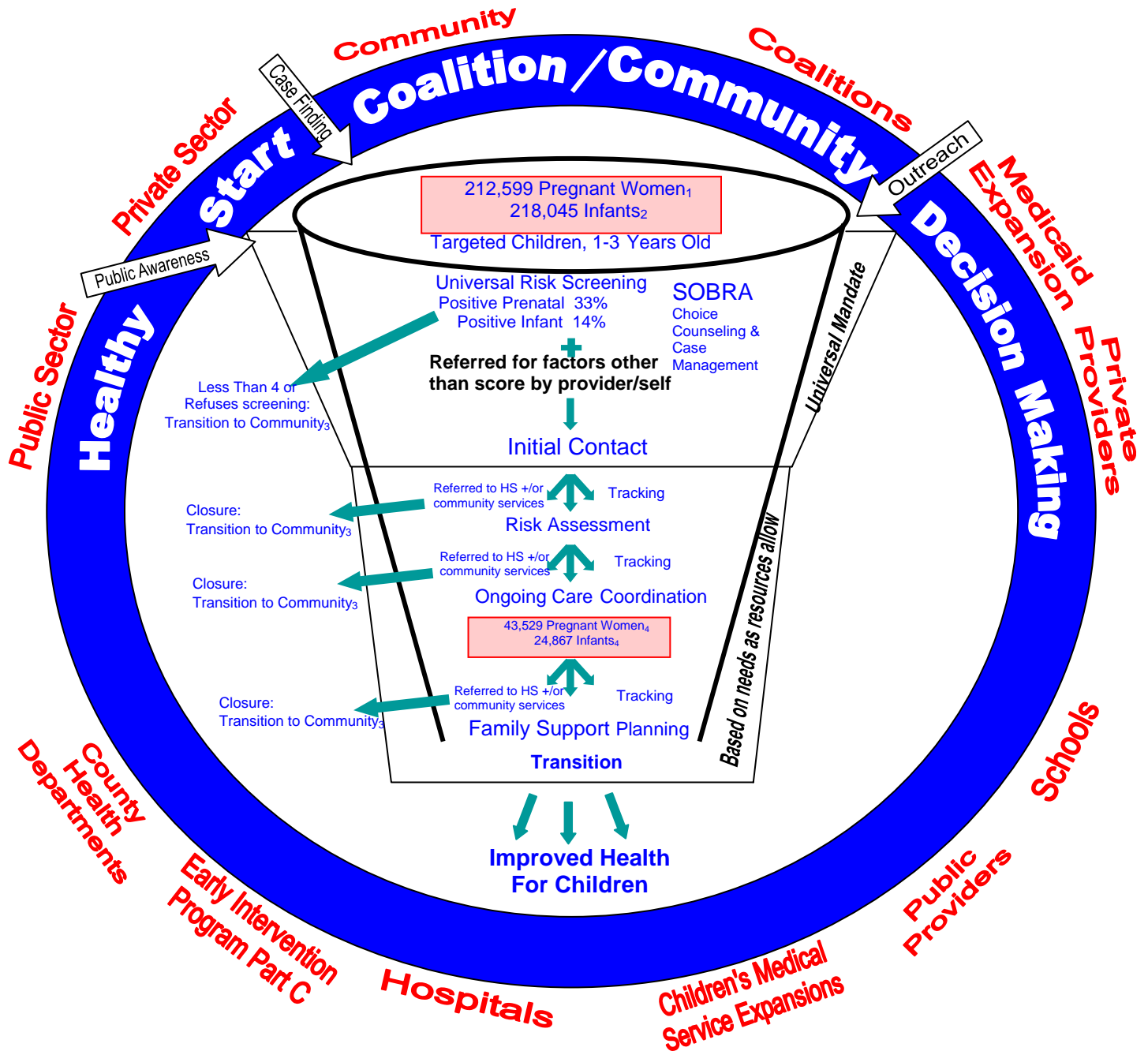
The county health department is responsible for establishment and oversight of the Healthy Start system when there is not a local coalition service delivery plan approved by the Department of Health. For the remainder of the document the term "coalition" includes the county health department when the county health department is acting in the role of coalition.

The Healthy Start Model

It is helpful to think of the Healthy Start Model as a funnel (see next page). Each year, the Healthy Start funnel serves to narrow Florida's population of pregnant and postpartum women, and children birth to 3 years of age, who can most benefit from the Healthy Start services that optimize their health and developmental outcomes. Each component of the Healthy Start funnel—the community; the Healthy Start coalition; outreach and case finding activities; prenatal and infant health care; risk screening and referral; the care coordination services of initial contact, initial assessment, and ongoing care coordination; other Healthy Start services (psychosocial counseling; nutrition counseling; parenting, breastfeeding, childbirth education and support; tobacco education and cessation counseling, interconceptional education and counseling; and a formalized system of transition—provides a necessary contribution to Florida's ability to focus its resources most effectively. The funnel components are as follows:

Community Mobilization: The community, made up of families, providers, and agencies, is mobilized and focused in its approach to service delivery for pregnant and postpartum women and children birth to 3 years of age by the activities of the Healthy Start coalition. The coalition is made up of volunteer community representatives that reflect the diversity of the community.

Healthy Start Model



¹Estimate based on 2004 births with adjustments for multiple births and fetal deaths.

²Year 2004 Vital Statistics

³Clients closed to care coordination may re-enter at anytime if risk and/or need change

⁴Based on Healthy Start Prenatal & Infant Care Coordination Executive Summary Report, Calendar Year 2004

An important responsibility of the coalition is to make decisions for the community related to use of Department of Health funding for services for women and children. These decisions are based on extensive needs assessment and service delivery planning. Part of the coalition's needs assessment process is to determine which outcomes and what population it is going to target in its service delivery plan. The targeting of specific outcomes and populations provides each community with the ability to focus strategies to reduce risk in the most appropriate way for that community.

Outreach: Outreach helps assure women and children are able to access the health care they need. Through provider recruitment, community education, and participant identification (case finding), outreach services help “funnel” pregnant and postpartum women and children birth to 3 years of age in need of health care into a system of care (see Chapter 2, “Outreach – Participant Identification, Provider Recruitment, and Community Education”).

Prenatal and Children's Health Care: The intent of the Healthy Start initiative is to assure all pregnant women and all young children in Florida have access to prenatal and child health care and services necessary to reduce risk for poor outcome. Most pregnant women and children have normal risk and need for prenatal and child health care services; however, others may need support and services tailored to reduce risk factors. The Healthy Start model provides a mechanism to identify and address increased risk, whether medical, psychosocial, or environmental. Other programs, such as the Regional Perinatal Intensive Care Program, Part C of the Individuals with Disabilities Education Act (formerly Part H), and the Children's Medical Services Early Steps Program, also provide services to those at increased risk for poor outcomes. Careful attention is required to ensure continuity of care without duplication of services (see Chapter 13, “Transition and Interagency Agreements”).

Risk Screening: Once in a system of health care, pregnant women and infants are to receive screening for risk factors that make them more likely to experience preterm delivery or delivery of a low birth weight baby, or infant mortality, respectively. Offering Healthy Start risk screening to all pregnant women and infants is required by Florida Statute and serves to “funnel” those most at risk into the care coordination system for additional intervention. In so doing, risk screening reduces the population in need of further assessment to approximately 33 percent of all pregnant women and 14 percent of all infants. Because in 1997 Healthy Start children's services were funded to age 3 years, and because no screen can identify all of the population potentially at-risk, Healthy Start allows providers to refer individuals they believe are at-risk “based on other factors (than score on the risk screen)”. Women and children birth to 3 years of age referred into Healthy Start based for other factors add to the population “funneled” into additional services. Additionally, women and parents of children birth to age 3 years who feel they have a need for Healthy Start services may self-refer for assessment.

SOBRA waiver: The SOBRA (Sixth Omnibus Budget Reconciliation Act) Component of Healthy Start 1915(b) waiver provides for outreach and care management for women who are presumptively eligible or are eligible under expanded eligibility for Medicaid due

to pregnancy. The Healthy Start coalitions are responsible for providing outreach to SOBRA women in selecting their health care provider from a panel of Medicaid prenatal care providers.

Medicaid's fiscal agent sends all presumptively eligible and newly enrolled SOBRA pregnant women notice that they have to choose a provider to manage their care while pregnant and they will be contacted by a trained person, called a MomCare Advisor, to assist them in facilitating appointments, referrals, and in obtaining any services needed during their pregnancy. Concurrently, the fiscal agent notifies the relevant Healthy Start coalition's MomCare Advisor of the new enrollment. The MomCare Advisor then is responsible for attempting to contact the pregnant woman within five working days to begin care management.

Care Coordination and Other Healthy Start Services: Women and children birth to age 3 years identified as at risk for undesirable outcomes by screening or referral are required by the Healthy Start legislation to receive notification of their risk status. At initial contact, assets available to the participant to offset their risk status may be discussed and a determination made as to whether the participant needs further intervention or simply needs information about community resources and the name of a Healthy Start contact in the event circumstances change.

Participants¹ in need of further intervention are “funneled” into additional Healthy Start services, depending on the nature of their need. Some will need “tracking” for follow-up, some will need a thorough assessment to determine the full extent of interventions needed to offset their risk, and others will need some other Healthy Start services (e.g., tobacco education and cessation, parenting education, psychosocial counseling).

Once the Healthy Start participant is opened to care coordination, the provider will use professional judgment and assessment skills in collaboration with the participant/family to determine the level of services needed. Most communities do not have the resources to meet all identified needs; therefore, a system of triage and prioritization in service delivery is necessary in order to provide more intensive services to those with highest priority needs.

¹ Pregnant women or infants scoring at risk on the Healthy Start prenatal or infant risk screen, pregnant **or postpartum** women or children birth to age 3 years who are referred to Healthy Start for factors other than score, or who request Healthy Start services.

Notes:

Self Study Questions: (Answers to these questions may be found in Appendix H)

1. What are the ultimate goals of Florida's Healthy Start program?
2. What are the key components of Florida's Healthy Start program?
3. How are potential participants identified for entry into the Healthy Start program?
4. What is the process for determining who will benefit from Healthy Start care coordination?
5. Who is ultimately responsible for coordination of the Healthy Start system at the local level?
6. What are the Children's Medical Services expansions that help to further the goals of Florida's Healthy Start program?
7. What are the current Medicaid eligibility levels for pregnant women and infants in Florida?
8. How is the Healthy Start program funded?
9. What is the SOBRA component of Healthy Start?
10. What is the role of a MomCare advisor?