



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

FLORIDA

State Snapshot

FY 2019 Application / FY 2017 Annual Report

November 2018

Title V Federal-State Partnership - Florida

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2019 Application / FY 2017 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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Funding by Source

Source	FY 2017 Expenditures
Federal Allocation	\$18,984,911
State MCH Funds	\$155,212,322
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2017 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$3,533,991	\$1,326,902
Enabling Services	\$13,643,040	\$153,885,420
Public Health Services and Systems	\$1,807,880	\$0

FY 2017 Expenditures Federal



FY 2017 Expenditures Non-Federal



Percentage Served by Title V

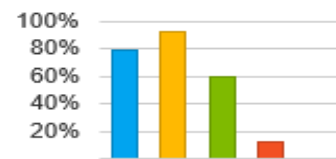
Population Served	Percentage Served	FY 2017 Expenditures
Pregnant Women	79.0%	\$32,896,118
Infants < 1 Year	93.0%	\$14,068,215
Children 1 through 21 Years	60.0%	\$102,645,544
CSHCN (Subset of all Children)	12.0%	\$22,779,476
Others *	0.0%	\$0

FY 2017 Expenditures
Total: \$172,389,353



*Others– Women and men, over age 21.

FY 2017 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	11,001
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health
NPM 9	Bullying	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 14	Smoking	Women/Maternal Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	The number of interconception services provided to Healthy Start clients
NPM 4	Breastfeeding	ESM 4.2	The number of Florida hospitals achieving the Baby Steps to Baby Friendly hospital designation.
NPM 5	Safe Sleep	ESM 5.2	The number of birthing hospitals that are Safe Sleep Certified
NPM 8.1	Physical Activity Ages 6 through 11	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 9	Bullying	ESM 9.2	The number of students who participate in an evidence-based program that promotes positive youth development and non-violence intervention skills
NPM 11	Medical Home	ESM 11.2	Percent of satisfaction of access to care for families of children with special health care needs who received care in a patient centered medical home or by a primary care provider.
NPM 12	Transition	ESM 12.2	Percent of satisfaction of access for youth with special health care needs who report having access to community-based resources necessary to make transition to adult health care.
NPM 14.1	Smoking Pregnancy	ESM 14.1.1	The number of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to Healthy Start clients

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	The percentage of children that need mental health services that actually receive mental health services.	Children with Special Health Care Needs
SPM 2	The percentage of low-income children under age 21 who access dental care.	Child Health
SPM 3	The percentage of parents who read to their young child age 0-5 years	Child Health
SPM 4	The percentage of individuals who received workforce development that reported improved public health competency and capacity.	Children with Special Health Care Needs

Executive Summary

Program Overview

The Florida Department of Health is responsible for administering the Title V Maternal and Child Health Block Grant, encompassing the Maternal and Child Health (MCH) and Children and Youth with Special Health Care Needs (CYSHCN) programs. These programs fall within the auspices of the Division of Community Health Promotion and the Office of Children's Medical Services (CMS) Managed Care Plan and Specialty Programs.

In Florida, Title V programs serve a large, diverse population. Florida is the third most populous state in the country, with an estimated population of 21 million citizens, of which 77.6 percent are white; 16.8 percent black; and 5.5 percent are other races, mixed race, or unknown. The racial, ethnic, and cultural diversity of Florida's population creates unique challenges as well as increased opportunities. Diversity helps us recognize and respect the customs, behaviors, and traditions of others, allowing for bridges of trust, respect, and understanding to be built across cultures.

Priorities to meet the needs of the Title V population include the promotion of safe sleep behaviors, breastfeeding, and smoking cessation to reduce poor outcomes. Children are encouraged to be more physically active. Improving access to care for women and dental care access for children and women are important priorities. Priorities for children and youth with special health care needs include access to medical homes, primary care, and transition to adult life. Additional priorities include improving mental health services for all children and addressing social determinants of health.

The five-year needs assessment and continual assessment during interim years drive the state's Title V MCH program. State priorities were selected through the needs assessment process and cover each of the five health domains. Each of the state priorities includes specific language directed at addressing and eliminating disparities. These priorities also determined the eight national performance measures (NPMs) chosen for programmatic focus.

Strategies identified to address priority needs and selected performance measures are implemented through a variety of mechanisms, including statewide projects administered through the state health office, Schedule C funding through a statement of work with county health departments, contracts with Healthy Start Coalitions, Florida's Perinatal Quality Collaborative, and other partners and stakeholders or some combination thereof. Resources and partnerships are leveraged to maximize the reach of Title V.

The state Title V program plays an important role in supporting and ensuring comprehensive, coordinated, and family-centered services. These efforts begin with reviewing epidemiologic research and reports, and collecting and studying data to ensure our efforts and decision-making are data-driven and factually relevant. The Title V program works with other programs within the Department of Health to ensure comprehensive, coordinated services are available to the people of Florida, particularly women, pregnant women, infants, and children. The Bureau of Family Health Services' Maternal and Child Health Section and the Office of Children's Medical Services (CMS) Managed Care Plan and Specialty Programs have primary responsibility for the Title V application and oversight of Title V activities. Other programs we coordinate with include, but are not limited to: Chronic Disease Prevention; School Health; Adolescent Health; Family Planning; Public Health Dental; Violence and Injury Prevention; Bureau of Tobacco Free Florida, Early Steps and Newborn Screening, and Communicable Diseases. In addition, CMS conducts regular bi-directional communication with community teams to assist with strategic planning, and Family Voice representation is incorporated into feedback loops, workgroups, and planning efforts.

The Title V program also coordinates with numerous public and private partners across the state. Under the leadership of the State Surgeon General, the Title V program works with a diverse group of partners who make up Florida's public health system, including a range of stakeholders such as state and local government agencies, health care providers, employers, community groups, universities and schools, nonprofit organizations, and advocacy groups. Examples include the county health departments, Florida Healthy Start Coalitions, the March of Dimes, the Florida Perinatal Quality Collaborative, the Agency for Health Care Administration, the Department of Children and Families, and on the national level, the Association of Maternal & Child Health Programs, National Maternal Child Health Workforce Development Center, Centers for Disease Control, and the Association of State and Territorial Health Officers. CMS partnerships include the University of Florida's Pediatric Pulmonary Center, University of South Florida Department of Pediatrics Adolescent Medicine and College of Behavioral & Community Sciences, the University of Miami's Mailman Center for Child Development, the Family Café, the Family Network on Disabilities of Florida, and the Foundation for Sickle Cell Disease Research.

Efforts to improve health have traditionally looked to the health care system as the key driver of health and health outcomes. However, the Department recognizes that improving health and achieving health equity requires broader approaches that address social, economic, and environmental factors that influence health as well. These approaches are expanding partnerships beyond the traditional partners.

In serving the CYSHCN population, CMS is redesigning its Title V structure with an emphasis on quality and access. Utilizing the conceptual framework for the MCH pyramid of health services with a focus on the foundational level of infrastructure-building services, public health services and systems are being strengthened for access and utilization, driven by community needs assessments and based on national standards and intentional planning with integrated system partners. Transformational planning of its health care delivery system for direct care services focuses on the goals of improved services and access for improved outcomes for CYSHCN and their families.

MCH has also made strides to address quality of care and access to services, at a time when the need for care for the Title V population seems ever more prevalent. Our MCH program remains focused on the racial disparity evidenced by our indicators and exhibited in poorer health outcomes for certain races. MCH has begun to focus more heavily on social determinants of health, to address the disparity of people who are disadvantaged through additional factors such as levels of income or education, or simply the area in which they live.

Certain communities in Florida face greater health challenges than others. The Department's ongoing efforts to address avoidable inequalities, historical and contemporary injustices, and to eliminate health disparities, would not be possible without the leadership of our county health officers and the cooperation of our valuable partners at the federal, state, local, tribal, and territorial levels.

Following is a discussion of our priorities and corresponding performance measures and justification for selection through our statewide needs assessment process:

Domain: Women/Maternal Health

NPM 1: Percent of women with a past year preventive medical visit

ESM 1.1: The number of interconception services provided to Healthy Start clients

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

Women's health, at all ages of the lifespan and for those whose circumstances make them vulnerable to poor health, is important and contributes to the well-being of Florida's families. The Title V program focuses on interconception/preconception (ICC/PCC) health, fully recognizing the importance of improving the health of all women of reproductive age to ensure better birth outcomes and healthier babies.

NPM 14.1: Percent of women who smoke during pregnancy

ESM 14.1: The number of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to Healthy Start clients

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

Smoking during pregnancy increases the risk of miscarriage and certain birth defects. It can cause 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.

Domain: Perinatal/Infant Health

NPM 4: A) Percent of infants who are ever breastfed, and B) Percent of infants breastfed exclusively for 6 months

ESM 4.1: The number of Florida hospitals achieving the Baby Steps to Baby Friendly hospital designation.

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

There is a clear link to the state's priority to promote breastfeeding as a means of ensuring better health and reducing low food security. Breastfeeding is recognized as a major health benefit to infant and mother as well as an enhancement of maternal/child bonding.

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 number of birthing hospitals that are Safe Sleep Certified

State Priority: Promote safe and healthy infant sleep behaviors and environments, including improving support systems and the daily living conditions that make safe sleep practices challenging

The decline in the incidence of SIDS has plateaued in recent years. Concurrently, sleep-related deaths, including suffocation, asphyxia, and entrapment; and ill-defined or unspecified causes of death have increased in incidence. Focusing on a safe sleep environment can reduce the risk of all sleep-related infant deaths, including SIDS.

Domain: Child Health

NPM 8.1: Percent of children ages 6-11 and adolescents ages 12-17 who are physically active at least 60 minutes per day

ESM 8.1: The number of school districts that apply for the evidence-based Florida Healthy School District recognition

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

Studies show that for many children, a decline in physical activity begins in middle school, but children who continue to be physically active through high school have a much better chance of being physically active adults. Focusing on children and adolescents to increase physical activity can have a tremendous impact on improving health throughout the lifespan.

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

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

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.

SPM 3: The percentage of parents who read to their young child

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

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.

Domain: Adolescent Health

NPM 9: Percent of adolescents, ages 12-17, who are bullied or who bully others

ESM 9.1: The number of students who participate in an evidence-based program that promotes positive youth development and non-violence intervention skills

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

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. Bullying is a new priority and provides the opportunity for the Department to improve health throughout the lifespan by reducing the percentage of adolescents who are bullied and increasing the proportion of students who graduate.

Domain: Children and Youth 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: 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

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

A patient-centered medical home (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.

NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

ESM 12.2: Percent of satisfaction with youth with special health care needs who report having access to community-based resources necessary to make transition to adult health care

State Priority: Improve health care transition to all aspects of adult life for adolescents and young adults with special health care needs

The successful health transition of youth and young adults with and without special health care needs, is essential to individual self-determination and self-management.

SPM 1: The percentage of children who need mental health services that actually receive mental health services

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

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.

SPM 4 - The percentage of individuals who received workforce development that reported improved public health competency and capacity

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

Building upon disciplinary expertise and cultivating public health strategic skills is critical for building effective systems of care encompassing the community and state level.

How Title V Funds Support State MCH Efforts

As MCH issues become increasingly complicated, the Department views this as their responsibility to use convening power to create networks, funding collaborative work and supporting quality research about what works and what changes can be made at the systems level to improve outcomes. This approach requires partnerships with other funders and groups of organizations able to make a difference to the issue in question on a larger scale. Scaling successful interventions is too big a job for any one funder to successfully take on.

System change can be a long process and partners understand the need to be willing to fund for the long-term and encourage the inevitable learning, adaptation, and even failure that takes place over time. This allows partners to see themselves as part of the solution and consider the role they play as well as return on investment, both from a business stance and overall population effect.

The Department successfully implemented system changes through its partnership with the Florida Perinatal Quality Collaborative and extended relationships with other partners such as the Florida Hospital Association and Florida's Medicaid Agency to roll out a long-acting reversible contraception initiative. Another example is the funding of the Florida Pregnancy-Associated Mortality Review team and the Urgent Mortality Messages disseminated to prompt systems changes within hospital settings. Both examples are discussed more thoroughly in this application.

MCH Success Story

One example of a successful federal-state Title V partnership in action is our efforts to increase the use of long-acting reversible contraception (LARC) immediately after delivery to reduce the number of unintended pregnancies and improve maternal and child health. The consequences of unintended or closely spaced pregnancies include poor pregnancy outcomes (i.e., low birth weight, preterm birth, small for gestational age), delayed initiation of prenatal care, lower breastfeeding rates, and higher risk of maternal depression and potential future child maltreatment.

The Department is currently contracting with the Florida Perinatal Quality Collaborative (FPQC) at the University of South Florida, to implement the Postpartum Long-Acting Reversible Contraceptives Quality Improvement Initiative. The purpose of the initiative is to reduce the number of unintended and closely spaced pregnancies by working collaboratively with maternal health care providers and hospitals to develop and implement policies to improve the use of LARC methods immediately after delivery.

The Department also worked with Florida's Medicaid agency, the Agency for Health Care Administration (AHCA), and the Association of State and Territorial Health Officers (ASTHO) to increase access to LARCs nationwide.