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D. Public Input

Public input begins with the Healthy Start coalition local needs assessment process and service delivery plan development and implementation. Consumer experience surveys and focus groups are heavily relied on for needs assessment, plan development, and ongoing implementation, and consumers serve on the coalition boards. Coalitions encompass minority participation on the boards, and emphasize minority input in their assessment of local needs. Headquarters MCH staff review and evaluate coalition needs assessments, service delivery plans, and implementation reports and use this information in planning MCH programs.

We will make the application available over the Internet on our department website. Applications from previous years, and the current application when it is final, are at <http://www.doh.state.fl.us/family/mch/docs/grant.html>. You may also find this page by going to the Department of Health webpage at www.doh.state.fl.us. On that page, go to the A-Z list pull down menu and click on maternal and child health. From there, click on the documents link, click on the link for MCH documents, and then click on the link for the MCH Block Grant Application. You can also reach the DOH website by going to www.myflorida.com and clicking on the "Find an Agency" link, and then clicking on the link for health.

//2013/ Healthy Start Coalitions provide public input that assists in the determination of the services needed to identify priority target populations. Coalition board membership must include consumers of family planning, primary care, or prenatal care services, at least two of which are low-income or Medicaid eligible. Other members represent county and municipal governments, social service organizations, and local education. Along with the representation of county health departments, health advocacy interest groups, migrant and community health centers, hospitals, local medical societies, and others, this helps to ensure widespread, inclusive input. In addition, in the course of developing their service delivery plans, coalitions use surveys to gain additional input from both providers and the general community, and share that information with the Department of Health. //2013//

//2013/ County Health Departments (CHD) are required, as recipients of Title X funding, to establish an advisory committee of five to nine members who are broadly representative of the community to review and approve all informational and educational materials prior to distribution to ensure the materials are suitable for the population and community for which they are intended. The advisory committees also discuss and advise the CHD staff on community concerns and needs as they relate to the reproductive age population. //2013//

II. Needs Assessment

C. Needs Assessment Summary

The needs assessment process resulted in the identification of the following issues as priority needs for the Florida maternal and child health population, including children with special health care needs:

1. Prevent unintended and unwanted pregnancies.
2. Promote preconception health screening and education.
3. Promote safe and healthy infant sleep behaviors and environments.
4. Prevent teen pregnancy.
5. Improve dental care access, both preventative and treatment, for children.
6. Increase access to medical homes and primary care for all children, including children with special health care needs.
7. Improve health care transition for adolescents and young adults with special health care needs to all aspects of adult life.
8. Increase early intervention services for children with special health care needs.

Selection of priority needs for this assessment included the consideration of quantitative and qualitative data. There was substantial input from key stakeholders and providers. A needs assessment advisory group was formed that consisted of key partners in maternal and child health as well as consumer representation. This advisory group made initial recommendations using a nominal group process. There was consensus among the group especially around the issues pregnancy prevention, preconception health screening and education, and promoting safe infant sleep behaviors. Increasing access to primary care and medical homes for children, particularly children with special health care needs was also identified as a priority need, as well as increased early intervention services and health care transition.

//2013/ The Infant, Maternal, and Reproductive Health Unit developed a priorities and performance measure worksheet to track progress on the issues identified in the five-year needs assessment. For each priority, a chart was developed to identify and track activities and strategies, persons responsible, deadlines, evaluation, and progress made in addressing priority issues. //2013//

//2013/ During 2012, staff from the Infant, Maternal, and Reproductive Health Unit and the MCH Practice and Analysis Unit have met to develop health problem analyses (HPA) for each of the priorities related to infant and maternal health. They have identified major risk factors as well as both direct and indirect factors that contribute to the identified problems. Logic models have been developed that identify programs and funding that address the problem (inputs); activities and the persons or entities providing each activity (outputs); and the short, medium, and long-term impacts that identified activities have on the problem (outcomes). The HPA and the Logic Model is the basis for determining appropriate strategies to address each of the priorities. //2013//

III. State Overview

A. Overview

Florida is the fourth most populous state in the nation, and the diversity of its population creates unique challenges. The Florida Legislature, Office of Economic and Demographic Research (EDR) estimates there were 18,818,998 residents in Florida in 2009. This represents a 17 percent increase over the 2000 EDR estimate of 16,074,896 residents for 2000.

According to the 2009 EDR estimates, females account for 51 percent of the total population. There are 4,150,372 children under 18, which is 22 percent of the total population. Estimates indicate there are 3,302,610 residents 65 or older, 17.5 percent of the total. Of those, 524,289 or 2.8 percent of the total are 85 or older. Of the total population, 80.7 percent are white, 16.5 percent black, and 2.8 percent are nonwhite other. Florida residents also reflect diverse ethnicities, as evidenced by the 24 percent who are identified as Hispanic. Of all residents over 5 years of age, 23.1 percent speak a language other than English at home.

//2013/ According to EDR estimates, there were 18,905,048 Florida residents as of April 1, 2011. //2013//

The diverse population creates unique challenges for the Title V program. The programs within Title V must tailor services to meet the needs of different cultures. We produce pamphlets and other educational materials in English, Spanish, and Haitian Creole. Efforts are made to ensure clinic staff represents the diversity of their local clients. The Title V program and both private and public health faces additional challenges in meeting the needs of tourists, illegal immigrants, and other temporary residents in Florida.

Florida is a temporary home to over 80 million tourists and visitors each year. This constant influx places a significant burden on the health care system. Migrant farm workers and other undocumented aliens are also populations that create significant impact on public health services and resources. According to a report by the Pew Hispanic Center, Florida was home to 1,050,000 illegal immigrants in 2008, following only California and Texas. In 2008, Florida accounted for 9 percent of the total illegal immigrants in the nation.

//2013/ According to Pew Hispanic Center estimates, Florida was among four states that show a significant decrease in the number of unauthorized immigrants over the past two years. Florida had the largest decrease, going from 1,050,000 unauthorized immigrants in Florida during 2008 to 850,000 in 2010. This decrease may be attributed to the weakened economy and the lack of jobs, as there have not been major changes to state laws or policies regarding this population. Estimates are based on data from the Current Population Survey conducted jointly by the U.S. Bureau of Labor Statistics and the Census Bureau. //2013//

Historically, many illegal immigrants have come to Florida seeking jobs, particularly in agriculture. Construction jobs and service-related jobs have recently seen tremendous increases in the use of illegal immigrants as a source of cheap labor. Following a trend in the 1990s that saw some advancement in the pay and benefit opportunities for immigrant labor, recent trends indicate pay is decreasing and services are becoming scarcer.

The large illegal immigrant population can have a taxing effect on the social service system, as illegal immigrants and their families need medical care and other services as well. Medicaid costs for just the births for this population are staggering. For example, Medicaid paid approximately \$15.3m for 5,332 deliveries to undocumented aliens in state fiscal year FY98-99. A decade later, that amount increased to over \$85.4m for 18,220 deliveries in FY08-09. This does not include births to illegal immigrants for which the hospital absorbed the cost. Children born here to immigrant families are U.S. citizens. Without the same advantages of others, many of these families face generations of poverty-level existence, creating the possibility of years of public support and costs.

/2012/ There were 17,695 deliveries to illegal immigrants paid by Medicaid in fiscal year 2009/2010, at a cost of \$86.5 million. //2012//

/2013/ There were 17,080 deliveries to illegal immigrants paid by Medicaid in fiscal year 2010/2011, at a cost of \$89,131,153. While the total Medicaid deliveries have decreased by 17 percent over the past five years, the average cost per delivery has increased by 18 percent over that time period. //2013//

The geography of Florida can also create challenges in both the delivery of services and the response to events or disasters. With a total area of 58,560 square miles, Florida ranks 22nd among states in total area, though 4,308 square miles are covered by water. Driving from Pensacola in the western panhandle to Key West at the southernmost point is nearly an 800 mile journey. The 1,197 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 of Health has published a Family Preparedness Guide for residents and visitors as a tool that includes items such as: a fill-in family plan for disasters and emergencies, steps for making a disaster supply kit, and facts about natural and man-made threats. The guide is posted on the department's website, and is available in English, Spanish, and Creole. Disaster preparedness was tested in 2004 when Florida was hit with four major hurricanes and a tropical depression within a two-month period.

Florida's shorelines are facing a more prolonged threat this year, the oil spill in the Gulf of Mexico. Oil from this ecological disaster is likely to have an adverse affect on tourism, commercial and recreational fishing, and the many businesses supporting or supported by those industries. Tourism is a \$65 billion a year industry that directly employs over one million people in Florida, and any serious setback in tourism greatly reduces revenue needed to sustain government services and infrastructure.

Unemployment continues to be a concern in Florida. In March 2010, the unemployment rate in Florida was 12.3 percent, the highest rate since 1970 when records began. In April, the rate dropped to 12 percent, which was still considerably higher than the national rate of 9.9 percent. An unemployment rate of 12 percent means that 1.1 million residents of the state are currently unemployed and looking for work. Additional residents who have been unemployed long-term or who have given up on finding work are not included in that total. Many who become unemployed lose health insurance coverage for themselves and their families.

/2012/ In April 2011, the unemployment rate in Florida fell to 10.8 percent, the lowest level in 19 months. An unemployment rate of 10.8 percent means that 996,000 residents of the state are currently unemployed and looking for work. Florida still has one of the highest unemployment rates in the country and is substantially above the U.S. rate of 9 percent. //2012//

/2013/ In April 2012, Florida's unemployment rate fell to 9 percent. While this is still higher than the national rate of 8.2 percent, the gap between the state and national rate is closing. The state's unemployment rate is the lowest it has been since January 2009. While an estimated 836,000 in Florida remained unemployed, there were 7,328,700 jobs in Florida as of March 2012, up 89,800 from a year ago. //2013//

Like many states, Florida is facing ever-increasing Medicaid costs. For many indigent families and the working-poor, whose jobs offer salaries below the federal poverty level with no medical benefits, Medicaid is the sole source of health care coverage. Yet even those who qualify may have difficulty receiving care, as the number of providers who accept Medicaid does not keep up with service needs. The 2010 Florida Legislature introduced a bill that would have established a Medicaid Managed Care Program, requiring that all Medicaid recipients be assigned to an HMO. The legislation did not pass during the current session, but it did set the stage for possible Medicaid reform next year.

/2012/ During the 2011 session, the Florida legislature passed a bill establishing the Medicaid program as a statewide, integrated managed care program for all covered services. There is mandatory participation for most populations, with some populations excluded. The bill calls for competitive, negotiated selection of qualified managed care plans that meet strict selection criteria, with a limited number of plans to ensure stability but allow significant patient choice. There are over 2.9 million Medicaid enrollees in Florida, and 1.9 million are currently enrolled in some type of managed care. Estimated Medicaid spending for fiscal year 2011-12 is \$20.3 billion, or about \$7,000 per recipient. Over half the childbirths in Florida are paid for by the Medicaid program, and 27 percent of Florida children are covered by Medicaid. //2012//

/2012/ If the legislation is implemented, county health departments that wish to continue serving Medicaid recipients will have to be part of a managed care plan's network as either a HMO or a provider service network. Florida applied for a federal waiver to implement this version of reform. The state recently received a letter from the federal CMS indicating CMS had major concerns about a statewide Medicaid managed care system and many issues would have to be addressed before this type of expansion was approved. //2012//

Addressing racial disparities in health outcomes continues to be an important focus of the Department of Health. In March 2005, the department hosted the 2005 Closing the Gap Summit, where national, state and local leaders, community-based organizations, health care professionals, and residents gathered to address this year's topic, *Working Towards a Common Vision: Reducing Racial and Ethnic Health Disparities*. The summit was held by the DOH Office of Equal Opportunity and Minority Health to address ways to decrease the morbidity and mortality rates in seven targeted diseases: cardiovascular, cancer, diabetes, HIV/AIDS, maternal and infant mortality, adult and child immunizations, and oral health care.

In an effort to address racial disparities in birth outcomes, the 2007 Florida Legislature passed a law creating a black infant health practice initiative. The purpose of the initiative was to review infant mortality in selected counties in order to identify factors in the health and social services systems contributing to higher mortality rates among black infants, and to produce recommendations on how to address the factors identified by the reviews. Broward, Dade, Duval, Gadsden, Hillsborough, Orange, Palm Beach, and Putnam counties were selected for the study. The quantitative analysis involved utilizing the Perinatal Periods of Risk process. This revealed that the highest rate of black fetoinfant deaths occurred in the maternal health/prematurity period, which relates to a woman's health prior to pregnancy. As a result of the initiative, community action teams were formed in each county. The community action teams continue to address racial disparity issues within their communities. Recommendations from the study include: developing and implementing community education and outreach regarding racial disparity in infant mortality; focusing on strategies related to interconception care and education; focusing on infant safety including sleep position and safe sleep environment; working with providers on cultural sensitivity; reducing barriers to prenatal care; providing educational messages; reducing barriers to Medicaid; and improving father involvement during pregnancy and infancy.

Each year since 2002, the legislature has provided funding for *Racial and Ethnic Disparity: Closing the Gap* projects with a primary focus of addressing racial and ethnic disparity in the seven target areas listed above. Projects receiving funding are selected through a competitive bid process. Currently funded maternal and infant mortality projects focus on issues such as: access to prenatal care, education, advocacy, and public awareness; support and education to pregnant women and parenting women in at-risk black communities; early intervention services for Hispanic and Haitian women of childbearing age; education on effects of infections on preterm labor; identification of conditions associated with poor birth outcomes in black women, and maternal health risk factors with strategies designed to increase physical activity and improve eating habits.

In state fiscal year 2008/2009, six maternal and child health projects were awarded a total of \$831,693 in Reducing Racial and Ethnic Health Disparities, Closing the Gap Act funding. For state fiscal year 2009/2010, six projects were awarded a total of \$683,905. Maternal and infant mortality services promote good health before pregnancy (preconception care). Supports include community outreach and education; individual health risk screens; healthy lifestyle education; and medical referral and follow-up for women at risk for preterm labor and poor birth outcomes. Three projects focus on the health risks of women of African-American descent; two projects focus on both African-American and Hispanic women; and a new project provides "Promotoras" (community leaders as lay health workers) for Hispanic women in five farm worker communities, spanning seven Florida counties.

/2012/ For state fiscal year 2010/2011, six maternal and child health projects were awarded a total of \$604,933. //2012//

/2012/ On April 14, 2011, the Office of Minority Health hosted Minority Health Education Day at the Capitol, to help educate legislators and raise awareness of the specific health needs of minority populations. //2012//

To help address the needs of American Indians in Florida, the Department of Health formed an American Indian Advisory Council. This advisory group is part of the Minority AIDS Network and is comprised of six American Indian representatives from across the state. The council is lead by an Elder and includes members with HIV/AIDS program experience, general medical experience, counseling in drug and alcohol abuse, and a leader in tribal dance, as we understand dance is an important part of religious and holistic healing ceremonies. This council will serve as part of our massive effort to address HIV/AIDS disparities among all racial/ethnic minorities. They will bring the voices of the Native American community together in an advisory role to discuss and address issues they are facing in providing HIV prevention and care services to their communities.

The council voted to keep their focus on HIV education and cancer prevention at this time. The council is interested in addressing other needs as well, but there are trust and cultural tradition issues that must be addressed first. It is hoped that a Tribal Consultation to be held sometime in the summer of 2010 will allow the department to establish further trust and bonds, and gain a better understanding of the health needs of this vast and divergent population. The 2000 U.S. Census counted over 117,000 American Indians in Florida, although community leaders feel that estimate is much too low. With more than 581 different tribes, bands, and clans in the state, addressing the various cultural needs can be a challenge, but the effort is an important one, as we work to help improve the lives of a population that is so important to the heritage of our state and nation.

Preventing obesity is another major issue for the department. The Healthy Communities, Healthy People (HCHP) program provides health promotion activities in each of Florida's 67 counties. One of the primary objectives is to increase healthy eating habits and physical activity among people of all ages. They provide technical assistance and support for local Healthy Start initiatives geared toward pregnant women and infants. We are discussing the potential to provide Chronic Disease Self-Management programs to women postnatally, possibly through the Centering Pregnancy format for prenatal care.

//2013/ The 2012 Legislature passed a bill calling for the reorganization of the Department of Health and a realignment of programs. One section of the bill ended the Healthy Communities, Healthy People program. //2013//

The department works closely with the Department of Education to provide technical assistance and resources to schools to support their wellness efforts. We also contract with four school districts to provide district wellness coordinators who establish and support wellness programs for district school employees. This models healthy behavior in the school setting and provides opportunities for increased physical activity and healthy eating to pregnant women within the school system. The HCHP staff in 10 counties also support a Robert Wood Johnson Foundation grant that focuses on childhood obesity prevention as a model project for community mobilization.

The Hispanic Obesity Prevention and Education Program (HOPE) was developed to provide nutrition education and obesity information geared to the Hispanic population, including women of childbearing age. The online portion of the project remains active although the program is no longer funded.

In an effort to address adolescent issues, the department created the Positive Youth Development Program in June 2009. The purpose of the program is to enhance the skills and improve the health status of adolescents and young adults through opportunities and programs developed in collaboration with families, communities, schools and other public and private organizations throughout Florida. The program provides a network of community-based support to help adolescents succeed as they move into adulthood by focusing on the assets of individual youth and their families. In the first year, the program provided eight grants to local county health departments to deliver positive youth development programs and activities in their communities. Positive Youth Development sponsored programs reinforce positive attitudes, healthy behaviors and activities, and reduce risk-taking behaviors, such as sexual activity, substance abuse, suicide and behaviors that increase risk of unintentional injury and chronic disease. Since its inception in 2009, more than 4800 youth and 600 parents have been served through the program.

Priorities identified in the 2010 needs assessment are summarized in Section II C and discussed at length in the 2010 Florida Needs Assessment.

//2013/ A number of Florida's federal community health centers were recently granted a total of \$21 million in funding through the Affordable Care Act. The money received this year is expected to help the centers serve 41,000 new patients in Florida. Federal community health centers provide a medical home for uninsured low-income clients. //2013//

//2013/ The 2012 Legislature passed a bill calling for the reorganization of the Department of Health. A section of the bill created a statute requiring that private providers offer information to women whose prenatal tests indicate a fetal diagnosis of Down syndrome or another developmental disability. As part of the bill, the department must develop a clearinghouse of information related to developmental disabilities, and make it available to providers for use in counseling pregnant women. An advisory council will be formed to assist in this task. The Infant, Maternal, and Reproductive Health Unit will also coordinate with Children's Medical Services and the Agency for Persons with Disabilities to gather clearinghouse information. //2013//

B. Agency Capacity

The State Title V agency's capacity to promote and protect the health of all mothers and children begins with Healthy Start. Healthy Start is the primary delivery system for preventive and primary care services for pregnant women, mothers and infants. Healthy Start helps pregnant women and infants obtain the health care and social support they need to reduce the risks for maternal and infant death and to promote good health and developmental outcomes. These efforts include not only assurance of access to health care, but also identification and intervention for psychosocial risks including incidence of domestic violence, substance abuse, potential child abuse, or neglect.

Healthy Start includes the Healthy Start Prenatal and Infant Coalitions, who have the legislative authority and responsibility to plan and develop improved local MCH service delivery systems. Through an allocation methodology developed at the state level, state and federal funding, including MCH block grant funding, is distributed to local Healthy Start coalitions to support infrastructure building and the provision of services to the

MCH population. Healthy Start also includes universal risk screening for all pregnant women and infants, and care coordination services for eligible participants.

Other MCH projects include the Pregnancy Associated Mortality Review (PAMR) project and the Fetal and Infant Mortality Review (FIMR) project. The PAMR project is a population-based surveillance and selective state level case review process aimed at reducing the maternal mortality rate. The FIMR project is a community-based collaborative effort to establish a continuous quality improvement mechanism for communities that focuses not only on the medical aspects of prenatal and infant health care delivery systems, but also on the psychosocial, environmental and structural processes that contribute to fetal and infant deaths, and simultaneously complement the community-based nature of the Healthy Start coalitions.

Quarterly conference calls with all the funded FIMR projects in Florida address issues and opportunities identified by the local FIMR projects and allow the department to provide information and guidance to the projects. The FIMR project representatives use these calls to share information and best practices with each other. The Division of Family Health Services epidemiologist is also available to assist local FIMR projects on an as needed basis.

Additional capacity is provided through the DOH Bureau of Epidemiology, which includes: periods of risk analysis to look at the proportional contribution of various periods to fetal and infant mortality; environmental epidemiology, addressing factors such as lead poisoning; birth defects surveillance; and the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a continuing random survey of mothers of Florida newborns, designed to provide information about risk factors for adverse pregnancy outcomes and ill health in newborns. A cooperative agreement between the Centers for Disease Control (CDC) and the Florida Department of Health to conduct population-based surveillance of selected maternal behaviors that occur during pregnancy and early infancy, PRAMS generates data used for the planning and evaluation of prenatal health programs.

The 67 county health departments across the state provide a variety of direct services to the MCH population; however, more and more county health departments are working with community providers to ensure services are delivered, rather than providing the services themselves. These services vary throughout the state and may include pregnancy testing, HIV pretest and post-test counseling, prenatal care, family planning, immunizations, periodic health history and physical examinations, preconception and interconception education and counseling, laboratory screening tests for health indicators such as lead and anemia, developmental screening, risk assessment, provision of anticipatory guidance, accident prevention, and substance abuse prevention education.

County health departments are responsible for ensuring students have access to quality health services that assess, protect and promote their health and ability to learn. Over 2,000 health staff personnel provide more than 18 million services to approximately 2.6 million K-12 students in 3,300 schools. The basic school health services provided to all public school students are: nursing and nutritional assessments; student health record reviews to ensure physical exam and immunization requirements are complete, and that appropriate services are provided for any chronic or complex health conditions; first aid; medication administration; complex medical procedures; age/grade appropriate

screening for vision, hearing, growth and development, and scoliosis; emergency health services for students who are injured or become acutely ill at school; health education classes; parent and staff consultations on student health issues that interfere with school participation; and consultation for placement of students in exception education programs. Comprehensive and Full Service school health programs provide a broad range of health and social services in addition to basic school health services, in schools with high numbers of high-risk and medically-underserved children. Comprehensive school health provides significant emphasis on prevention of high risk behaviors, pregnancy prevention and support services for pregnant and parenting teens.

The Florida Department of Health Children's Medical Services (CMS) program provides children with special health care needs, from birth to age 21, a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary, regional, and tertiary pediatric care. The CMS system of care includes a network of services that range from prevention and early intervention programs to primary and specialty care programs, including long-term care for medically complex children. CMS enrollees may receive medical and support services through 21 CMS area offices staffed by private physicians, in local private physician offices or other health care organizations, through regional programs, hospitals, referral centers and statewide specialty programs.

The CMS Network (CMSN) serves as a managed care choice for Medicaid beneficiaries who must choose a managed care option. Families of Medicaid eligible children who meet the clinical screening criteria may choose CMSN as their provider. Services are reimbursed directly by Medicaid on a fee-for-service basis. The Florida legislature directed CMS to maximize federal Titles XIX and XXI funds for its salaried staff. The CMS Program obtained federal approval to draw down Title XIX funds as a result of administrative claiming. In addition to the two CMSN insurance products (funded by Title XIX and Title XXI, depending on the child's income level), CMSN also provides Safety Net services for children with special needs who are not eligible for either of the other funding sources. CMS is also responsible for coordinating policy and procedures across departments that relate to children and youth for special health care needs and has responsibility for the Part C Program of the Individuals with Disabilities Education Act and a major responsibility for the newborn screening program.

/2012/ Parents report high levels of provider and program satisfaction. More than 90 percent of parents are satisfied with their CMSN doctors. A total of 82 percent report that written care plans were developed, 77 percent reported the nurse care coordinators coordinated care with doctors and specialists, and 41 percent said the nurse care coordinators coordinated with the children's schools. //2012//

/2013/ Parents report high levels of provider and program satisfaction. Ninety-two percent of parents are satisfied with their child's primary care physician. Eighty-one percent reported that a written care plan was developed, 76 percent reported that the nurse care coordinators coordinated care with doctors and specialists, and 33 percent said the nurse care coordinator coordinated with their child's school. //2013//

CMS has adopted the Maternal and Child Health Bureau's National Goals as its six program goals and created performance measures for each:

- Goal #1: All children who are enrolled in CMS Programs and their families will partner in decision-making at all levels and will be satisfied with the services they receive.
- Goal #2: All children who are enrolled in CMS Programs will receive coordinated, ongoing, comprehensive care within a medical home.
- Goal #3: All children enrolled in CMS Programs and their families will have the resources to fund services within the guidelines of the CMS Program.
- Goal #4: All children will be screened early and continuously assessed for emerging or changing special health care needs.
- Goal #5: CMS Offices will identify culturally competent, comprehensive community-based service systems for all children enrolled in CMS Programs and their families.
- Goal #6: Beginning at age 12, all teens and young adults with special health care needs who are enrolled in the CMS Network and their families will receive the services needed to make transitions to all aspects of adult life, including adult health care, work, and independence.

Each CMSN enrollee is eligible to receive care coordination. The care coordinator is a critical link in the development of a medical home for the child and family. Care coordination services to all CMSN enrollees are documented in the CMS Child Assessment and Plan (CAP), a web-based application. CMS area office staff utilizes CAP to record patient assessments, care plans, and notes. The integration of the six national goals into the CMS program goals, performance measures and CAP further enhances the care coordination activities by ensuring the provision of ongoing, coordinated, culturally competent, comprehensive care, within the context of a medical home. A total of 70,000 CMSN children receive care coordination services and are linked to a medical home. Of the 70,000 children, 18,000 receive care coordination and services through the Early Intervention Program.

/2012/ The CMS Network served 95,668 children in 2009-10 and over 18,000 through the Early Steps Program. //2012//

/2013// The CMS Network served 107,861 children in 2010-11 and 26,021 with an active Individual Family Service Plan (IFSP) through the Early Steps Program. //2013//

/2012/ A Family Health Consultant (FHC) was hired in 2010 to collaborate and strengthen partnerships at the national, state, and local level. The FHC will ensure a family-centered system of care is provided to CMS enrollees and serve as the point of contact for the family support workers in CMS area offices. //2012//

/2013/ CMS no longer employs a Family Health Consultant at Central Office. CMS does employ and provide reimbursement to families to participate on state, federal, and local advisory boards, projects, and steering committees. //2013//

/2012/ All children who are “removed from home and placed in out of home care” become clinically eligible for CMS. This will allow for swift access to care for all dependent children. Children in foster care will be served through CMSN, providing a medical home assuring continual and comprehensive care that is managed and coordinated with the primary health care provider. //2012//

/2013/ Children who are in the Florida foster care program who are clinically eligible for the CMSN will be enrolled based on the local system of care agreements. //2013//

The CMSN Title V Director is a member of the national medical home advisory council supported by the American Academy of Pediatrics. The state was awarded a five-year CHIPRA demonstration grant and one component is training and evaluation of medical homes for children with special health care needs. This next year will be a planning year for the grant followed by two to three years of implementation and evaluation. Additionally, the AAP will provide training to about 10 pediatric practices in Florida on the use of the medical home toolkit followed by quality improvement activities that will be a collaborative effort between practices and the CMS Program. This training will occur during 2010-11.

/2012/ CMS Primary Care (PC) programs provide a medical home to CMS enrollees and their siblings offering the full range of PC services as well as providing care coordination activities, parenting, safety and health education to enrolled families. The network continues work to assist and support the 11 CMS PC programs in the development of medical home practices throughout Florida. Several CMS PC Programs have applied for the CHIPRA grants. The CMS PC Program is a collaborative effort between state government, local pediatric physician groups, and community providers. Number of clients served in 2009-10 was 40,532. //2012//

/2013/ CMSN’s Primary Care program served 38,925 children in 2010-11. CMSN provides support by serving on the expert panel and learning collaborative planning team for the CHIPRA project. The project has held two learning collaboratives with the third planned in 2013. CMSN provides support to family members as a member of the core team for 20 practices participating in the project and collaborates in all categories of the project. CMS continues to expand medical home in the CMS regions through a collaborative effort between practices and the CMS program and provides technical assistance for quality improvement activities in the practices through 13 primary care projects throughout the state. //2013//

In 2008, Senate Bill 988 / House Bill 793 called for the creation of a time-limited task force to address the needs of young adults with disabilities moving into adult health care systems in Florida. The main focus of the Health Care Transition Services Task Force for Youth and Young Adults with Disabilities is to “assess the need for health care transition services, develop strategies to ensure successful transition from pediatric to adult health care systems, and identify existing and potential funding sources.” CMS led the establishment of a statewide task force created through a legislative initiative. The task force included members of stakeholders and state agencies in order to assess the need for health care transition services, develop strategies to ensure successful transition from pediatric to adult health care systems, and identify existing and potential funding sources. CMS has established local/regional health care transition coalition pilot

sites to support health care transition initiatives on a local level. Activities include working with local health planning councils to develop county-level data reports to provide information about youth and young adults, and secondary data sets for health condition, disability status, SSI enrollment, CMS enrollment, and other pertinent data. The local coalitions will also provide education and training activities for both consumers and providers; and advocate for improved health care financing strategies and policies. The initial meetings for the coalitions were held in January 2010.

/2012/ CMS contracts with the University of South Florida for the Florida Health and Transition Services (FloridaHATS) Program to collaborate with communities to develop local/regional health care transition coalition sites in Pensacola, Jacksonville, and Tampa. FloridaHATS has organized a Medical Advisory Committee, comprised of pediatricians, pediatric and adult specialty physicians, a representative from the Florida Pediatric Society and the Florida Medical Association that meets to discuss how to achieve successful health care transition outcomes. Health care transition and insurance information is available at www.floridahats.org. The website includes a directory of adult health care physicians, by city and by county, who provide services to young adults who have grown up with chronic health diagnoses. //2012//

/2013/ FloridaHATS continues to collaborate with the three established health care transition coalitions in Pensacola, Jacksonville, and Tampa. They have initiated discussions with physicians and other interested potential stakeholders in Ft. Lauderdale and Miami to develop coalitions in each of those areas.

CMSN enrollees, beginning at age 12, are provided with a transition plan. //2013//

The CMS Pharmacy Benefits Program (PBM) provides increased pharmacy access for families of CMS enrollees. CMS contracts with MedImpact Healthcare Systems, Inc. to link with national, regional, and locally owned pharmacies throughout Florida to assist with the processing of prescriptions and to decrease waiting time for prescription refills, improve evening and weekend coverage, and provide a toll-free help desk to answer questions.

CMS, in coordination with Medicaid, has established 10 Children's Multidisciplinary Assessment Teams (CMAT) to provide cost containment, quality assurance, and utilization review for medically complex children receiving high cost, long-term medical services. CMAT functions through a multidisciplinary, inter-program, and inter-agency effort. Team members include the family and representatives from the Children's Medical Services and Early Steps Programs of the Department of Health, Child Welfare & Community Based Care of the Department of Children and Families, the Agency for Persons with Disabilities, and the Medicaid Program of the Agency for Health Care Administration, in addition to any other community based agencies that may be able to assist in the care of a child. CMS has lead responsibility to facilitate this collaboration.

/2012/ There were 1,146 CMAT clients served during FY 2009-2010. //2012//

/2013// There were 1,168 CMAT clients served during FY 2010-11. //2013//

The Department of Children and Families' Behavioral Health Network works in conjunction with CMS to address the behavioral health needs for children age 5 to 19 who are between 101 percent and 200 percent of the federal poverty level. Diagnoses

covered include mood, psychiatric, or anxiety disorders; severe emotional disturbance; and substance dependence. Children who are eligible for Medicaid receive behavioral health services through Medicaid.

The Medical Foster Care (MFC) Program is a coordinated effort between the Florida Medicaid Program within the Agency for Health Care Administration, Children's Medical Services within the Department of Health, and the Child Welfare and Community Based Care (CBC) Program within the Department of Children and Families. To be eligible for the MFC program, children must be under the age of 21, be identified as needing medically necessary services to meet their medical complex condition, be in the custody of the Department of Children and Families, and be medically stable for care in the home setting. The MFC Program establishes and supervises the oversight and training of foster parents to provide MFC services for these children. Medical foster parents are Medicaid providers, child-specifically trained, and are responsible for performing most of the day to day functions necessary for the child's care. This program is a cost-effective alternative to hospitalization, long-term, in-home, private duty nursing, or skilled nursing facility placement. The program currently serves approximately 742 children per year.

/2012/ The MFC program served 712 children in 2009-2010. //2012//

/2013/ The MFC program served 711 children in 2010-11. //2013//

Florida's Early Steps Program offers early intervention services to infants and toddlers from birth to 3 years of age with developmental delays or established medical conditions that place them at risk for developmental delay. Funding for this program is provided through Part C of the Individuals with Disabilities Education Act (IDEA), enhanced by state and local resources. It is suggested that pediatric practices could be better equipped to follow children's development and connect parents with community resources. Early intervention services teach and empower parents to advocate and seek the services that their children need. Through 15 contracted local offices across the state, the goal of Early Steps is to increase opportunities for infants and toddlers with disabilities to be integrated into their communities and to learn, play, and interact regularly with children who do not have disabilities.

/2012/ There were 44,860 enrollees in Early Steps during calendar year 2010. //2012////

/2013/ There were 44,727 enrollees in Early Steps during fiscal year 2010-11. //2013//

Florida's Newborn Screening Program provides screening for all newborns for certain metabolic, congenital, and hereditary disorders prior to discharge from the birthing facility. Florida screens statewide for 35 disorders. The primary goals of the program are: to ensure all newborns born in Florida are screened and testing is processed within two weeks of birth; to ensure all affected newborns receive appropriate confirmatory testing, counseling, and treatment as soon as possible; and to ensure all affected newborns are placed into a system of care in a timely fashion.

/2012/ Electronic birth registration and newborn screening information will be linked in 2011 to ensure accurate data and provide an accounting of each baby issued a birth certificate to receive a newborn screening test. In 2011, the Genetics and NBS advisory Council recommended Severe Combined Immunodeficiency (SCID) be added to

Florida's panel of newborn screening disorders. Implementation of SCID screening will begin with budget authorization. //2012//

/2013/ Change in the goal referenced above, to ensure all newborns born in Florida are screened and testing is processed within one week of birth. Electronic birth registration and newborn screening information will be linked in 2012. Implementation of the SCID screening did not begin in 2011 as anticipated but is scheduled to begin in the 2012-13 state fiscal year. //2013//

The CMS Early Hearing Loss Detection and Intervention (EHDI) program promotes universal newborn hearing screening, effective tracking and follow-up as a part of the public health system, appropriate and timely diagnosis of the hearing loss, and prompt enrollment in appropriate Early Intervention services. EHDI links newborns to a medical home and strives to eliminate geographic and financial barriers to service access. A component specific to serving families of children with hearing loss has been established in the Part C Early Steps program with ongoing emphasis on improving the number and quality of early intervention service providers.

The CMS Genetics Program provides genetic evaluation, diagnosis, and counseling for children with or at risk for having a genetic disorder. Services provided include initial and follow-up diagnostic and evaluation; genetic counseling; lab studies required for confirmation of genetic disorders; confirmatory testing for infants with abnormal test results for PKU and galactosemia; dietary consultation for treatment of PKU or galactosemia; and educational programs for CMS staff. The genetics telemedicine project enables a pediatrician and a University of Florida geneticist to communicate via two-way interactive video technology.

/2012/ In addition to PKU and galactosemia, the CMS Genetic Program provides confirmatory testing and dietary consultation for infants with abnormal test results for Biotinidase and various metabolic disorders. Services are provided through a network of three Genetic Centers and CMS community based clinics. Centers are located at University of Florida (UF), University of Miami (UM) and the University of South Florida (USF). UM and USF offer genetic consultations via telemedicine with the CMS Network. //2012//

The Pediatric HIV/AIDS Program provides infants and children with HIV/AIDS access to a continuum of services through a network of seven Pediatric HIV Referral Centers and 10 CMS satellite clinics. Pediatric HIV Program services include evaluation, diagnosis, care coordination, nutrition counseling, permanency planning, assistance with transportation, and other support services. The HIV Program at the University of South Florida conducts monthly pre-clinic chart reviews with CMS staff in Ft. Myers via two-way interactive video technology. This enables the HIV specialist to see more patients during the satellite clinics in Ft. Myers. A similar arrangement occurs between CMS staff in Pensacola and the HIV specialist from the University of Florida prior to monthly satellite clinics. Over 1,350 infants and children enrolled in the CMSN received services at a Pediatric HIV Referral Center or CMS HIV Satellite Clinic.

/2012/ The Pediatric HIV/AIDS Program provides services through a network of six Pediatric HIV Referral Centers and 10 CMS satellite clinics. Over 1,000 infants and children enrolled in the CMSN received services at a Pediatric HIV Referral Centers or CMS HIV Satellite Clinics in FY 2009-10. //2012//

/2013/ The Pediatric HIV/AIDS Program provides services through a network of six Pediatric HIV Referral Centers and 11 CMS satellite clinics. Over 1,000 infants and children enrolled in the CMSN received services at a Pediatric HIV Referral Center or CMS HIV Satellite Clinic in FY 2010-11. //2013//

CMSN has partnered with the Agency for Health Care Administration (AHCA) and Florida Hospices and Palliative Care to provide pediatric palliative care services to children with life-threatening conditions enrolled in CMSN. As the first publicly-funded palliative care program in the nation, the Partners in Care: Together for Kids (PIC:TFK) program provides palliative care from the time of diagnosis through the course of treatment. Palliative care services include pain and symptom management; patient and family counseling; expressive therapies; and respite, nursing and personal care. Services are provided to eligible CMSN children enrolled in the state's Title XXI program (KidCare), and under the 1915(b) Managed Care Waiver, allowing palliative care services to be extended to children with Medicaid who have life-threatening conditions. PIC: TFK is in the fifth year of implementation and is expected to be statewide by 2011. The Partners in Care: Together for Kids program has served over 1000 children since July 2005 by Title XXI, XIX and Safety Net.

/2012/ During 2010/11, program sites expanded from seven to 14, providing services to over 1,100 children. It is expected that PIC:TFK will expand to the 11 counties not served by 2012. //2012//

/2013/ There are currently 14 PIC:TFK providers that collaborate with CMS Area Offices to serve approximately 500 children. Expansion efforts continue with the intent to become statewide. //2013//

The Department of Health, Children's Medical Services, Division of Prevention and Intervention, promotes the safety and well being of children in Florida by providing specialized services to children with special health care needs associated with child abuse and neglect. The division consists of three units: the Child Protection Unit, the Prevention Unit, and the Special Technologies Unit.

The CMS Child Protection Team (CPT) Program is a medically led, multidisciplinary program based on the concept that child abuse and neglect involve complex issues and require the expertise of many professionals to protect children. CPTs supplement the assessment and protective supervision activities of the Department of Children and Families, child protective staff at local sheriff offices, and other community based care providers in reports of child abuse and neglect. There are 25 teams throughout the state to provide specialized assessments and services to child victims, siblings, and their families. Services provided may include: medical diagnosis and evaluation, medical consultation, forensic interviews of suspected child victims, specialized interviews of children and their family members, family psychosocial assessment, nursing assessment, psychological evaluation, multidisciplinary staffing, and expert court testimony. The CPTs handled 28,452 cases involving child victims and their families and provided 39,139 assessments per year.

/2012/ The CPTs handled 29,453 cases involving child victims and their families and provided 48,979 assessments. //2012//

/2013/ The CPTs handled 29,933 cases involving child victims and their families and provided 45,833 assessments. //2013//

The CMS Telehealth Program works with the CPTs to provide medical examinations of alleged child victims who are located in remote areas. CPT Telemedicine capabilities are now available at 17 service sites, which provided assessment for 378 children in 2009.

/2012/ CPT Telehealth services are available at 16 sites and 439 children were provided medical or other assessments via telemedicine technology. //2012//

/2013/ CPT Telehealth services are available at 14 sites and 437 children were provided medical or other assessments via telemedicine technology. Two sites that were funded by a grant were discontinued when the grant ended. //2013//

The CMS Sexual Abuse Treatment Program (SATP) promotes the safety and well-being of children in Florida by providing specialized, comprehensive, multidisciplinary assessment and treatment services for children who have experienced sexual abuse, their siblings, and their non-offending caretaker. SATPs work with child protective investigators and CPTs. Community agencies, individuals, and other professionals may also make direct referrals. The SATPs may provide therapeutic services for children (and their non-offending family members) who have been the victim of interfamilial sexual or physical abuse or child on child sexual abuse. The number of SATP providers are 17; with all areas of the state having an area provider. The SATP served 5,716 child victims, their siblings and families in 2007-2008.

/2012/ The SATP served 9,138 child victims, plus 6,557 of their siblings and parents/caregivers in 2009-10. //2012//

/2013/ The SATP served 9,781 child victims plus 6,419 siblings and parents/caregivers in 2010-11. //2013//

The CMSN works with the Special Technologies Unit to maintain the CMS contracted program with the University of Florida's (UF) pediatric endocrinology staff that provides telehealth services for CMS enrollees with diabetes and other endocrinology diagnoses served by the Daytona Beach CMS area office. The use of two-way interactive video technology has proven to be an effective way of ensuring the availability of expert medical services to outlying rural areas.

Other CMS telehealth and telemedicine initiatives include: a partnership with the Institute for Child Health Policy at the University of Florida to refer CSHCN who are seen at three of the state's community health centers to a CMS office for enrollment; nutritional, neurological, and orthopedic consults for CMS enrollees in Ft. Pierce, West Palm Beach, and Ft. Lauderdale; craniofacial team meetings; various educational presentations between CMS area offices; and numerous administrative and consultative meetings with CMS staff. Some CMS offices are beginning to work with the University of Miami to develop teledermatology clinics as well.

/2012// The University of Florida provide pediatric endocrinology clinics, genetics evaluations, and counseling to CMS enrollees in other locations of the state. The University of Miami provides dermatology, neurology, genetics, and nutritional

counseling via telemedicine for CMS enrollees who live in the Ft. Lauderdale, West Palm Beach, and Ft. Pierce area. //2012//

/2013/ CMS Area Offices continue to provide specialty services using telemedicine technology. Clinics include endocrinology, genetics, nutritional counseling, dermatology, and neurology. //2013//

CMS oversees the statewide Poison Information Center Network. Poison prevention and management information is provided 24 hours a day through a toll-free number. The centers provide access to poison information, triage of the potentially poisoned patient, collection of pertinent data, professional consultation for health care providers, and professional and consumer education. Since FY 2003-04, the Poison Centers received HRSA bioterrorism funds to develop, enhance, and maintain a system for rapid response to bioterrorism threats, natural disasters, and man-made disasters. The system involves real-time data reporting and analysis. During fiscal year 2007-08, the network handled 191,494 calls, provided 6,395 consults, provided education services to 1,766 community programs, 372 professional events, and participated in 824 health fairs or other special events. Over 500,000 pieces of informational materials and 78 media/public relation activities were provided.

/2012/ There are three nationally certified Poison Information Centers in Florida that are overseen by CMS. During fiscal year 2009-10, the network handled 193,929 calls, provided 7,310 consults. The network provided education services to 1,223 community programs, 157 professional events, and participated in 369 health fairs or other special events. Over 568,000 pieces of informational materials and 111 media public relation activities were provided. //2012//

/2013/ During fiscal year 2010-11, the network handled 186,153 calls provided by 8,947 consults. The network provided education services to 1,410 community programs, 308 professional events, and participated in 806 health fairs or other special events. Over 504,038 pieces of informational materials and 117 media public relations activities were provided. //2013//

CMS has responsibility for the Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) information program. In fiscal year 2007-2008, over 350,000 *Coping with Crying* brochures (the SBS brochure) were distributed to all birthing facilities. The brochures and educational information are required to be given to parents of every newborn prior to hospital discharge. This initiative includes conducting training for hospital nurses to provide *Coping with Crying* education and coping strategies to new parents prior to discharge. A total of 43 facilities received the training and over 600 participants statewide viewed the distance-learning satellite broadcast *Coping with Crying-Shaken Baby Syndrome Prevention*.

/2012/ In state fiscal year 2009-10, over 380,000 copies of the *Coping with Crying* brochure were distributed. Training was provided to parents of newborns in 23 facilities. //2012//

/2013/ In state fiscal year 2010-11, over 181,950 copies of the Coping with Crying brochure were distributed. Training was provided to parents of newborns in 143 facilities. //2013//

The basic statutory authority for MCH is Section 383.011, Florida Statutes, Administration of Maternal and Child Health Programs. The statute authorizes the Department of Health to administer and provide MCH programs, including the WIC program and prenatal care programs. This statute also designates the Department of Health to be the agency that receives the federal MCH and Preventive Health Services Block Grant funds. Other statutes related to the MCH program:

Section 409.810, F.S., establishes Florida KidCare.

Section 154.01, F.S., authorizes the Department of Health to operate primary care programs through the county health department delivery system, establishing a system of comprehensive integrated care.

Section 91.297, F.S., provides the authority for the Department of Health to implement a comprehensive family planning program.

Section 381.0056, F.S., delineates the joint responsibilities and cooperative efforts the Department of Health and the Department of Education have in implementing the school health services program.

Section 381.0057, F.S., establishes comprehensive school health services to provide health services in the schools, to promote the health of students and to reduce teenage pregnancy.

Section 381.0052 (e), F.S., the Public Health Dental Program Act, makes available dental preventive and educational services to all citizens and treatment services to indigent persons.

Section 383.014, F.S., authorizes screening and identification of all pregnant women entering into prenatal care and all infants born in Florida, for conditions associated with poor pregnancy outcomes and increased risk of infant mortality and morbidity.

Section 383.216, F.S., establishes prenatal and infant coalitions for the purpose of 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.

The basic statutory authority for CSHCN and their families is Chapter 391, Florida Statutes, known as the Children's Medical Services Act. Related statutes include statutory authority and mandates pertaining to: screening of infants for metabolic and other hereditary and congenital disorders; infant hearing impairment; perinatal and neonatal services; child protection; sexual abuse treatment; developmental evaluation and intervention; hematology; oncology; poison centers; and parent support and training programs. Other statutes related to the Children's Medical Services Program:

Section 383.144, F.S., Infant Hearing Impairment Program.

Section 383.15-.21, F.S., Regional Perinatal Intensive Care Centers Program.

Section 383.215, F.S., Developmental Intervention and Parent Support and Training.

Sections 415.5055, 415.5095, F.S., Child Protection Teams.

Section 402.24 F.S., Recovery of Third Party Payments for Medical Services.

Chapter 385, F.S., Chronic Disease, Hematology/Oncology Care Centers Program.

Section 395.038, F.S., Regional Poison Control Centers.

Chapter 187, F.S., State Comprehensive Plan.

Section 409.905, F.S., Early and Periodic Screening, Diagnosis and Treatment Services.

Chapter 411, F.S., Florida Prevention, Early Assistance and Early Childhood Act.

98.282, Florida Laws, Healthy Start Act.

Section 383.14, F.S., Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.

Section 383.145. F.S., Newborn and infant hearing screening.

C. Organizational Structure

The Florida Department of Health is directed by the State Surgeon General, who answers directly to the Governor. The Surgeon General is responsible for overall leadership and policy direction of the department. The Surgeon General is assisted by the following key staff:

Chief of Staff: responsible for Communication and Marketing, and assists with policy direction.

Deputy Secretary: responsible for Administration, Legislative Planning, Medical Quality Assurance, Office of Public Health Research, Women's Health, Correctional Medical Authority, and Health Access and Tobacco.

Deputy Secretary for Health and Director of Minority Health: responsible for Minority Health, Health Statistics and Assessment, Disease Control, Emergency Medical Operations, Environmental Health, and Family Health Services.

Assistant Deputy Secretary for Health: responsible for the County Health Departments.

Deputy Secretary for Children's Medical Services: responsible for Children's Medical Services, Disability Determination, and Information Technology.

The Florida Department of Health is responsible for the administration of programs carried out with allotments under Title V. Many of these programs fall within the auspices of the Division of Family Health Services and the Division of Children's Medical Services. The directors of these two divisions serve as the primary Title V contacts for the state, and play an important role in the Title V direction.

The Division Director of Family Health Services provides leadership, policy, and procedural direction for Family Health Services, which includes the bureaus of Family and Community Health, WIC and Nutrition Services, Public Health Dental, Chronic Disease Prevention and Health Promotion, and the Child Nutrition Program.

The Bureau of Family and Community Health is responsible for many of the Title V activities related to pregnant women, mothers, and infants; and children. The Chief of the Bureau of Family and Community Health directs the offices of Infant, Maternal, and Reproductive Health (IMRH); Child and Adolescent Health; and Adult and Community Health.

//2013/ As part of the Department of Health reorganization bill passed by the 2012 Florida Legislature and signed into law by Governor Rick Scott, the Division of Family Health Services is now known as the Division of Community Health Promotion. The Bureau of Family and Community Health is now known as the Bureau of Family Health Services. //2013//

Programs within Infant, Maternal, and Reproductive Health include Title V, Family Planning (Title X), Healthy Start, Pregnancy Associated Mortality Review, and Fetal and Infant Mortality Review.

/2012/ The 2010 Florida Legislature passed a bill requiring the department of Health to conduct a comprehensive evaluation and justification review of its divisions and programs. Among many identified opportunities for improvement, two in particular stood out: the need to establish a clear mission and the need to establish and cultivate a culture of accountability and performance excellence. The evaluation will help the Department of Health identify health priorities and focus efforts and resources on towards those priorities with the highest potential for improving health status. //2012//

D. Other (MCH) Capacity

Following is a description of senior level management employees in lead positions.

/2012/ Governor Rick Scott appointed H. Frank Farmer Jr., MD, PhD, to serve as Florida State Surgeon General. Dr. Farmer began his tenure at the Department of Health on April 4, 2011. His work in the field of medicine includes his role as the Medical Director for Blue Cross/Blue Shield of Florida; private practitioner at East Volusia Internal Medicine Associates; and President of Endeavors Medical Group. Most recently, he was the Medical Director for Covance (Medical Research) in Daytona Beach, Florida. Dr. Farmer has served on the Florida Medical Association (FMA) Board of Governors and Florida Board of Medicine and has also served as FMA President and Chair of the Board of Medicine. //2012//

/2013/ Dr. Farmer is no longer with the Department of Health. //2013//

/2013/ John H. Armstrong, MD, FACS, was appointed by Governor Scott as Florida State Surgeon General and Secretary of Health on April 27, 2012. Previously, he was Chief Medical Officer of the USF Health Center for Advanced Medical Learning and Simulation; Surgical Director of the USF Health American College of Surgeons Accredited Education Institute; and Associate Professor of Surgery, Department of Surgery, University of South Florida (USF) Morsani College of Medicine. He previously served as the Trauma Medical Director at Shands Hospital at the University of Florida Medical Center, and was the a 2011 Exemplary Teacher at the University of Florida College of Medicine. //2013//

Ana M. Viamonte Ros M.D., MPH, serves as the State Surgeon General of the Florida Department of Health. She is the first woman and the first Cuban American to lead the department. She came to DOH from Armor Correctional Health Services, where she worked to organize and monitor the health care delivery services in Florida's correctional institutions, and also oversaw the development of medical discharge programs.

/2012/ Dr. Viamonte Ros is no longer with the Department of Health. //2012//

Robert Siedlecki, Jr., was appointed Chief of Staff for the Florida Department of Health in March 2009. He previously served six years in the federal government with two agencies, at the Department of Health and Human Services as Special Assistant to the Assistant Secretary for Children and Families, and the Department of Justice as Senior Legal Counsel to the Task Force for Faith-Based and Community Initiatives.

/2012/ Mr. Siedlecki is no longer with the Department of Health. The Chief of Staff position has not been filled. //2012//

Kim Berfield was named the Deputy Secretary for the Florida Department of Health in February 2007. Prior to joining the Department of Health, she served four terms as a representative in the Florida House. She served in numerous positions during those terms, including Chairman of the Insurance Committee and Chairman of the Republican Conference.

/2012/ Ms. Berfield currently serves as the Deputy Secretary for Policy and Advocacy. //2012//

/2013/ Ms. Berfield is no longer with the Department of Health. //2013//

/2013/ Kristina Wiggins has been named as the Deputy Secretary of the Department of Health. In this role, Ms. Wiggins will oversee the Division of Public Health Statistics and Performance Improvement, the Division of Medical Quality Assurance, the Division of Administration, the Division of Disability Determination, and the Chief Information Officer //2013//

Shairi R. Turner, M.D., M.P.H., serves as both the Deputy Secretary for Health and the Director of Minority Health. Prior to joining the Department of Health, she served as the first Chief Medical Director in the Florida Department of Juvenile Justice, where she was responsible for assisting that department with the provision and oversight of quality medical, mental health, substance abuse, and developmental disability services.

/2012/ Dr. Turner left the department on June 30, 2012. The department is currently recruiting a new Deputy Secretary for Health. //2012//

/2013/ Steven Harris, M.D. M.Sc., currently serves as the Deputy Secretary for Health and the Deputy State Health Officer for Children's Medical Services (CMS). Divisions under his leadership include the Division of Community Health Promotion and the Division of CMS Network, and he also oversees the CMS Clinics, giving him ultimate responsibility for Title V activities. Dr. Harris also oversees the Division of Emergency Preparedness and Community Support and the Division of Disease Control and Health Protection. //2013//

/2012/ Richard Solze was appointed as the Executive Office Director in May 2011. Mr. Solze will coordinate activities between the Surgeon General's office and the Divisions. He will also serve as a liaison with the Attorney General's office regarding the prosecution of practitioners who violate laws and regulations designed to halt prescription drug abuse. //2012//

/2013/ Mr. Solze is no longer with the Department of Health. //2013//

Michael Sentman, Assistant Deputy Secretary for Health, is responsible for the oversight and direction of the 60 county health department directors and administrators responsible for the 67 county health departments in Florida. He has over 13 years experience at the county health department level, 10 of which was as an Administrative Services Director, and over five years at the department level.

/2013/ Mr. Sentman has assumed a position with the Gadsden County Health Department. //2013//

/2013/ Robert “Sterling” Whisenhunt has been named the Assistant Deputy Secretary for Health. He serves as the Statewide Services Director and is responsible for the oversight and provision of direction to the 60 County Health Department Directors and Administrators responsible for the 67 County Health Departments. //2013//

Joseph Chiaro, M.D., was appointed as the Deputy Secretary for Children's Medical Services in January 2005. He has 25 years experience as a CMS physician provider and served eight years as the medical director for the Orlando (Region IV) CMS region. Dr. Chiaro spent 18 years in pediatric critical care medicine at the Arnold Palmer Hospital for Children and Women, and is board certified in Pediatrics and Pediatric Critical Care.

/2012/ Dr. Chiaro is no longer with the Department of Health. Due to changes in the department's structure, there are no plans to fill or continue this position. //2012//

The Title V programs are distributed among the Division of Family Health Services and Children's Medical Services Program, which has two divisions. As of May 2010, there are 30 central office staff in the Division of Family Health Services, Bureau of Family and Community Health, who perform duties for Title V funded programs. There are approximately 2,000 county health department staff who create the local infrastructure for Title V funded programs. The senior level management employees include: Annette Phelps, A.R.N.P., M.S.N., Division Director for Family Health Services, State Title V Director and Terrye Bradley, M.S.W., Bureau Chief, Family and Community Health. Capacity is also provided through the 30 Healthy Start coalitions covering 65 of the 67 counties in Florida. Department of Health county health departments serve as the Healthy Start coalition in the other two counties. Additional capacity is provided through partnerships with the private sector, the public sector, state government, local governments, community alliances, and maternal and child health care providers, and through linkages with state and national work groups and associations that provide capacity building by enhancing current competencies for staff and technical assistance.

Annette Phelps, A.R.N.P., M.S.N., has served as the Division Director for Family Health Services since 2002. Prior to that, Ms. Phelps served as the Bureau Chief for Family and Community Health, and was the Executive Community Health Nursing Director in the Office of Maternal and Child Health (now known as Infant, Maternal and Reproductive Health). Before joining the Central Office staff in 1989, Ms. Phelps worked for a number of years in county health departments.

/2013/ Ms. Phelps is no longer with the Department of Health. //2013//

/2013/ On April 30, 2012, Betsy Wood, B.S.N., M.P.H., was named Interim Director of the Division of Community Health Promotion, the division formerly known as Family Health Services. Ms. Wood has a vast array of experience within the department, including work within Children's Medical Services and as the unit director of the former Maternal and Child Health Office, now IMRH. She most recently served as Interim Director of the Division of Health Access and Tobacco and also serves as Chief of the Bureau of Chronic Disease Prevention and Health Promotion. //2013//

Katherine Kamiya, M.Ed., serves as the Assistant Division Director for Family Health Services. She joined the division in 2007, bringing over 25 years of experience in direct services, administration, and executive leadership with addressing the needs of at-risk children and families. In this role, Ms. Kamiya also coordinates orientation, training and professional development activities, as well as legislative bill tracking for the Division of Family Health Services.

Terrye Bradley, M.S.W., joined the Department of Health in 2002 to become the Bureau Chief of the Bureau of Family and Community Health. Ms. Bradley's prior experience includes serving as the Chief of Volunteer Services in the Department of Juvenile Justice, and as the Chief Operating Officer for an eight-site Community Health Center. She also worked several years as an administrator within a community-based hospice program.

//2013/ Ms. Bradley is no longer with the Department of Health. //2013//

//2013/ Dr. Fabienne Ouapou-Lena has been hired as the new Bureau Chief of the Bureau of Family Health Services (formerly Family and Community Health), and will join the department on July 6, 2012. Dr. Ouapou-Lena most recently served as the Minority Health Program Director at the Wisconsin Department of Health Services, and previously worked for the federal government in the Region IX Office of Family Planning as a public health advisor. //2013//

William M. Sappenfield, M.D., M.P.H., joined the Division of Family Health Services in 2005. Dr. Sappenfield serves as the director of the MCH Practice and Analysis Unit. The main role of the unit is to enhance and support policy and program decision-making through surveillance, health monitoring, epidemiology investigations, evaluation, training, and capacity building.

//2013/ Dr. Sappenfield is no longer with the Department of Health. //2013//

Kris-Tena Albers, A.R.N.P., C.N.M., M.N., joined the Division of Family Health Services in 2008 as the Executive Community Health Nursing Director in the Infant, Maternal, and Reproductive Health Unit, which includes programs related to maternal and infant health and the Family Planning Program. Ms. Albers experience includes work within the department in the Office of Public Health Preparedness and in Public Health Nursing. She has also worked as a certified nurse midwife, an adjunct instructor for nursing students, and in nursing positions focusing on women's health.

Additional capacity within the Infant, Maternal and Reproductive Health Unit includes the following personnel:

Margaret Rankin, R.N. B.S.N., serves as the leader of the Family Planning Program, and has worked in Family Health Services since 1998.

Carol Scoggins, M.S., joined Infant, Maternal, and Reproductive Health in October 2009, serves as the leader of the Quality Improvement Team, and has worked in Family Health Services since 2004.

Nicole Hill joined Infant, Maternal, and Reproductive Health in November 2009, and serves as the Project Administrator.

/2013/ Nicole Hill is no longer with the Department of Health. //2013//

/2013/ Christina Canty, M.P.A., C.P.M., joined Infant, Maternal, and Reproductive Health in June 2011 as a Program Administrator for the IMRH team responsible for budget and procurement, grants, and data analysis. //2013//

Karen Coon, A.R.N.P., M.S.N., joined Infant, Maternal, and Reproductive Health in July 2010, and serves as the leader of the Healthy Start contracts team, and has previous experience working in the bureau of Family and Community Health as well as CMS.

As of May 2011, there were 73 central office staff members in the Children's Medical Services Program. The CMS Network Division performs the duties for the Title V children with special health care needs component. There was 671 out-stationed staff members in the 21 CMS area offices located throughout the state. The senior level management employees include: Joseph Chiaro, M.D. Deputy, Secretary for CMS; Phyllis Sloyer, R.N., Ph.D., Division Director for CMS Network and Related Programs; Michael Haney, Ph.D., Division Director for CMS Prevention and Early Interventions Programs, Marybeth Vickers, R.N., MSN., Chief for CMS Network Operations Bureau, and Peggy Scheuermann, M.Ed., Deputy Division Director for CMS Prevention and Early Interventions Programs.

Joseph Chiaro, M.D., was appointed as the Deputy Secretary for Children's Medical Services in January 2005. He has 30 years experience as a CMS physician provider and served eight years as the medical director for the Orlando (Region IV) CMS region. Dr. Chiaro spent 18 years in pediatric critical care medicine at the Arnold Palmer Hospital for Children and Women, and is board certified in Pediatrics and Pediatric Critical Care.

/2012/ Dr. Chiaro is no longer with the Department of Health. //2012//

Phyllis Sloyer, R.N., Ph.D., has served as the Division Director for Children's Medical Services since 1996 and is the Title V CSHCN Director. Prior to that Dr. Sloyer has served in several managerial positions in Children's Medical Services since 1979. She also served as Associate Director of the National Center for Policy Coordination at the Institute for Child Health Policy from 1990 to 1993 and has extensive experience in developing systems of care for CSHCN. She has also been recognized as Florida's Public Health Woman of the Year, has served as treasurer of AMCHP, and is the Past-President of AMCHP. She serves on the Florida Developmental Disabilities Council.

/2013/ Phyllis Sloyer is no longer with the Department of Health. //2013//

Mary Beth Vickers, R.N., M.S.N., joined Children's Medical Services as Bureau Chief for CMS Network Operations in June 2010. She has been serving as Acting Division Director for CMS since November 2011. Previously, Ms. Vickers was the Executive Director of a home health agency, served as an instructor in nursing at Florida State University and Tallahassee Community College, and owned and operated a case management company. During her tenure with the Department of Health, she has worked as a nursing consultant with the Florida Board of Nursing and served in a variety of CMSN programs in the nursing consultant role, as well as the Director of the Qualify and Practice Management Unit.

Peggy Scheuermann, M.Ed., C.P.M., the Bureau Chief for the CMS Bureau of Child Protection and Special Technology and has been with CMS since 1998. Prior to working for the Department of Health, Ms. Scheuermann worked for a variety of social services agencies in the areas of criminal justice, domestic violence, and child welfare. She currently serves on several statewide advisory councils on substance abuse prevention and child welfare.

Charlotte Curtis, R.N., B.S.N., C.P.M., has served as the Executive Community Health Nursing Director with the CMS Network since 2006, currently serving as the Director of Program Planning and Development. She has been serving as Acting Bureau Chief for CMS Network Operations since November 2011. Prior to joining CMS in January 2006, for the Partners in Care: Together for Kids Program/CHIPACC, she served as a Nursing Consultant for the Maternal and Child Health Unit and Executive Community Health Nursing Director for the Child and Adolescent Health Unit. She has been the Department of Health since 1998. Ms. Curtis has been instrumental in the development, implementation and expansion of the first publicly funded palliative care program in the nation, and provides technical assistance to other states who would like to replicate Florida's palliative care model.

Susan Redmon, R.N., M.P.H., C.C.M., joined CMSN in 1997. She currently serves as the Program Director for the CMS Partners In Care: Together For Kids palliative care program, the statewide health care transition liaison, and the programmatic telemedicine liaison. She serves on the Board of Directors of the Florida Alliance for Assistive Services and Technology, the Florida Developmental Disabilities Council, and is the Chair of the Health Care Task Force, Florida Developmental Disabilities Council.

E. State Agency Coordination

The Department of Health collaborated with the University of Florida, the Florida Chapter of the March of Dimes, and the Agency for Health Care Administration as sponsors of a summit meeting for providers, health care plans, families, and other interested parties held June 10, 2010. The theme of the summit was *Developing Florida's Perinatal Quality Collaborative*. The purpose of the collaborative is to improve the understanding of possible root causes of adverse birth and infant outcomes for Florida residents. Once established, the group will measure infant and birth outcomes and the effect of generated perinatal interventions to address those outcomes, monitor and share key perinatal care indicators, identify and address statewide priority quality improvement issues, and provide quality improvement components for health providers and health plans at a state and provider level. Findings will be reported to state and local leaders, the public, health providers, health plans, and other agencies and organizations, in order to strengthen initiatives and minimize duplication.

The Department of Health provides or coordinates public health services through headquarters programs, county health departments, CMS area offices, primary care associations, and tertiary care facilities. Services are often provided in collaboration with other state agencies, including: education; juvenile justice; corrections; social services; child welfare; Medicaid and SCHIP; social security; emergency medical services; and alcohol, drug abuse, and mental health. This effort focuses on health and preventive

care services, the promotion of optimal health outcomes, and the monitoring of the health status of the population.

In order to present an integrated, seamless service delivery system to families of vulnerable children, the Division of Family Health Services works in close collaboration with Children's Medical Services to ensure communities have procedures for coordinating services to those eligible for both Healthy Start and the CMS Early Steps Program.

School health services are provided under the direction of the Department of Health and in cooperation with the Florida Department of Education. Comprehensive school health service projects provide health care services in schools with high incidences of underserved high-risk children, teenage pregnancy, and poor birth outcomes.

Under Title XXI and Medicaid, the MCH role in the State Children's Health Insurance Program is to ensure access to care through outreach and the eligibility application process, provide interagency coordination, and staff the KidCare Coordinating Council. CSHCN are served through the CMS Network. The Florida KidCare plan provides services to children under 200 percent of the federal poverty level from birth to age 19 through either a Medicaid managed care plan, MediPass, or through the Title XXI programs, MediKids and Florida Healthy Kids. MediKids is for children age 1 to 5.

The Department of Health works in partnership with the Department of Children and Families (DCF) and the Ounce of Prevention Fund of Florida on implementation of the Healthy Families Florida initiative. Healthy Families Florida provides a community-based approach that uses intensive home visiting and coordination with other support services to build an integrated, coordinated, and comprehensive system of support for the prevention of child abuse and neglect. The agencies work together to avoid duplication of services and to facilitate services needed by families served in either program.

//2012/ The Department of Health partnered with the Department of Children and Families to establish the Maternal, Infant and Early Childhood Home Visiting Program. A federal grant by the Health and Human Services will provide \$31.5 million over a five-year period to implement the program. The objective is to provide services to families at high risk of experiencing domestic violence, unemployment, substance abuse, poor birth outcomes, and low educational achievement. At this time, the department does not have budget authority to continue the grant program. //2012//

In addition, the Department of Health has a letter of agreement with the Department of Children and Families that details collaboration between the two agencies to facilitate services for clients of both agencies. The letter of agreement includes interagency collaboration relating to facilitating the following health care services to DCF clients and its contracted service providers: HIV counseling, testing, and AIDS clinic services; family planning; Healthy Start; Early Intervention Program (Infants and Toddlers) services; prenatal care; immunizations; primary care/EPSTD; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); dental care; multiple handicap assistance teams; medical foster care; and other services as appropriate.

Coordination with WIC includes collaboration regarding breastfeeding initiatives, early entry into prenatal care, coordination with Healthy Start, addressing nutrition issues such as folic acid to prevent neural tube defects, and the development of general nutrition

guidelines for inclusion in the Healthy Start standards. Coordination with other grant programs administered outside of the Department of Health includes working with Florida's Federal Healthy Start projects in selected counties, and other MCH-funded projects, including the Pediatric Pulmonary Project at the University of Florida, the MCH program of the College of Public Health at the University of South Florida, the Lawton and Rhea Chiles Center for Healthy Mothers and Babies, the Florida State University Center for Prevention and Early Intervention, and Community Integrated Services Systems (CISS) grants related to reproductive health and child abuse and neglect prevention.

Coordination with the Family Planning Program, which includes work on reducing teen pregnancy, reducing subsequent births to teens, preconception and interconception education and counseling, and abstinence education, has long been an integral part of our MCH efforts. This relationship was further enhanced in 2003 when the Family Planning Program (formerly housed within Women's Health) merged with the Maternal and Child Health Unit, to form the Infant, Maternal, and Reproductive Health Unit. This reorganization reflects a desire to fully integrate women's health care through the preconception, prenatal, and interconception periods, in order to promote optimal health prior to and between pregnancies, to help ensure positive birth outcomes.

The Department of Health and the Department of Children and Families continue coordinated efforts to prevent substance abuse during pregnancy and to reduce the impact of children affected. An IMRH staff person serves on the Florida Substance Abuse Prevention Advisory Council, and the IMRH unit has had the lead on the Florida Fetal Alcohol Spectrum Disorders Interagency Workgroup. The Department of Health also is a co-sponsor of the annual statewide Substance Abuse Prevention Conference. In 2004, the Substance Abuse Program Office of DCF co-sponsored the IMRH unit's *Partners Sharing Solutions Conference*. The Department of Health works to increase the proficiency of health care providers in recognizing and getting needed treatment for women who abuse drugs during pregnancy and for substance-exposed infants, and in identifying and working toward resolution on issues impacting continuous and comprehensive prenatal and infant care for this high-risk population. One concrete example of these collaborations is *Fetal Alcohol Spectrum Disorders – Florida Resource Guide*, which has been included on CSAP's FASD Center for Excellence website as a recommended resource. The guide may be seen at <http://www.doh.state.fl.us/family/socialwork/pdf/fasd.pdf>. The interagency accomplishments of the FASD Workgroup earned the group a Davis Productivity Award in 2004.

In an effort to ensure that we continue to employ best practices to help reduce infant mortality, the Department of Health and the Florida Association of Healthy Start Coalitions have assembled a statewide Research to Practice Workgroup. The purpose of the workgroup is to review existing and ongoing research to ensure the continued effectiveness of the Healthy Start model. The workgroup will employ evidence-based practices to evaluate the Healthy Start program at the state and local levels, providing program improvements through the identification, implementation, and evaluation of best practices across the state.

The department works collaboratively with Florida universities to implement maternal and child health initiatives. These collaborations enable the state to access resources unique to the university setting. The Perinatal Data/Research Center, located at the

University of Florida, provides a warehouse for maternal and child health data. The center stores and validates data, links related data files, publishes and analyzes data, and studies the impact of program interventions on health status outcomes. The department also serves as a site for public health, nursing, and social work interns from Florida A&M University and Florida State University.

Community health centers play an important role in Florida's health care delivery system. There are 41 community health centers in Florida and 283 clinic locations, though not every clinic provides a full-range of services. Centers are located in 54 of the 67 counties in Florida. Funded in part by the U.S. Public Health Service, they provide care in federally designated medically underserved areas. The centers offer primary health care, preventive health services, emergency medical services, transportation services, preventive dental care, and pharmaceutical services. Their patients include high-risk clients such as migrant farm workers, low birth weight infants, the elderly, homeless people, and HIV patients. A number of Healthy Start coalitions contract with the centers for prenatal care and infant services, based on need and available resources. In some areas, the centers play an active role as members of the local Healthy Start coalition, which might include activities such as service delivery planning.

The Bureau of Chronic Disease Prevention and Health Promotion was established in 1998 to improve individual and community health by preventing and reducing the impact of chronic diseases and disabling conditions. The bureau administers the following programs: Heart Disease and Stroke Prevention; Healthy Communities, Healthy People; Breast and Cervical Cancer Early Detection; Comprehensive Cancer Control; Colorectal Cancer Screening; Diabetes Prevention and Control; Arthritis Prevention and Education; Epilepsy Services and Education; and Communities Putting Prevention to Work. The bureau programs develop, implement, and manage health promotion activities, primary and secondary prevention services, and community-based health interventions. The bureau manages the federal Preventive Health and Health Services Block Grant, the Florida Preventive Health Advisory Committee, and the Diabetes Advisory Council for the Florida Department of Health. The bureau strives to be a leader in developing an integrated and unified, statewide system to promote healthy lifestyles and detect, prevent, and reduce complications of chronic diseases. Toward that end, the bureau collaborates with federal, state, public, private, and voluntary organizations; obtains funding for planning, developing, and implementing evidence-based programs and interventions; and establishes and participates in councils and partnerships. The bureau supports community and state-level partnerships. These partnerships ensure coordination and collaboration among and between different stakeholders and providers and promote efficient and effective health resources. Some of these partnerships include the Florida Cardiovascular Health Council, the Florida Interagency Food and Nutrition Committee, the Diabetes Advisory Council, the Florida Alliance for Diabetes Prevention and Care, the Comprehensive Cancer Research Advisory Board (CCRAB), and the Florida Cancer Plan Council. The bureau receives funding from a variety of federal and state sources, including the Preventive Health and Health Services Block Grant, grants from the Centers for Disease Control and Prevention (CDC), state trust funds, and general revenue.

Projects that specifically relate to maternal and child health include:

The Healthy Communities, Healthy People (HCHP) Program provides funding, training and guidance to all 67 county health departments to develop, implement, and support

environmental and policy strategies to promote healthy life choices and reduce death and disability from chronic disease. Prevention efforts focusing on healthy eating and active living are accomplished through collaboration with local partners and coalitions for community-wide impact. Local focus areas include worksites, schools, health care settings, and organizations, including faith-based organizations.

//2013/ The 2012 Legislature passed a bill calling for the reorganization of the Department of Health and a realignment of programs. One section of the bill ended the Healthy Communities, Healthy People program. //2013//

Sun Protection in Florida (SPF) Project: Annually the HCHP Program coordinators have been collaborating with the Comprehensive Cancer Control Program to implement the SPF project, which educates elementary school-aged children on sun safe behaviors based on the Environmental Protection Agency's SunWise curriculum. This project includes provision of a shade shelter for the playground of the schools that are implementing the program.

Community Gardens: Each Spring the Comprehensive Cancer Control Program implements the "Grow Healthy" Garden project, which has been providing an increasing number of school garden kits and materials to the Department of Education for their program of "Gardening for Grades" as part of the Florida Next Generation Sunshine State Standards (<http://www.fldoe.org/bii/cshp/schoolgar.asp>). Additionally the program provides over 50 community garden kits statewide through a simple application process.

Road to Health Curriculum: *The Road to Health Toolkit* (RTH) provides community health workers with interactive tools that can be used to counsel and motivate those at high risk for type 2 diabetes. These tools will help reduce their risk for type 2 diabetes by encouraging healthy eating, increased physical activity, and moderate weight loss for those who are overweight. Women who have gestational diabetes (GDM) have a 20-50 percent chance of developing diabetes within 5-10 years postpartum. The Diabetes Prevention and Control Program has partnered with Florida's Healthy Start Coalitions to identify and educate women at risk for type 2 diabetes due to previous or current history of GDM.

The Communities Putting Prevention to Work Program (CPPW) consists of two components. Component I focuses on obesity prevention and tobacco cessation/prevention through local policy and environmental change promoted by 13 regional coordinators located throughout the state. These activities include increasing physical activity for elementary aged children through participation in the Safe Routes to School – Walking School Bus Program, increasing support for lactating employees of state agencies and school districts, and increasing the number of tobacco-free parks and recreational facilities. Component II of CPPW provides resources to implement an evidence-based, comprehensive physical activity program in all 590+ Florida middle schools. Training will be delivered to designated teachers and Train the Trainer training will be conducted in the summer of year two to certify future trainers in an effort to assure sustainability of this program.

The programs mentioned above demonstrate the bureau's belief in promoting health across the lifespan. The decline in the amount of physical activity that children engage in begins in middle school; however, students who are physically active in middle school have a greater likelihood of becoming physically active adults. Adults who are physically

active significantly reduce their risk of heart disease, stroke, and other chronic diseases such as diabetes. It is expected that this future generation of healthier adults will result in reduced future healthcare costs. The bureau will continue to collaborate with the Infant, Maternal, and Reproductive Health Unit sharing data, initiatives, and interventions that affect all residents in Florida.

/2013/ The Bureau of Chronic Disease Prevention and the Infant, Maternal and Reproductive Health Unit have entered into a collaborative project to focus on: 1) recognizing the rising prevalence of GDM; 2) screening more women identified with GDM postpartum for continued elevated blood glucose; and 3) the importance of treating those women identified with subsequent type 2 diabetes. Making systemic changes to the way we provide health care services to these women could substantially reduce these costly adverse health outcomes. //2013//

Florida utilizes funding from HRSA through the State Systems Development Initiative Grant Program (SSDI) to enhance and improve statewide data capacity. Efforts have included: establishing and improving linkages between existing data files; developing and expanding local level data access and capacity; expanding the agency's data capacity for national reporting; and increasing the evaluation and analytic activities for MCH issues. Immediate goals include: improve access to linked and unlinked files for the department, for state partners and for Florida communities while protecting confidentiality and program integrity; improve accuracy, efficiency and sustainability of current file linkage activities; and improve use of linked and unlinked files for policy and program purposes. The ultimate goal of the SSDI grant is to have information needed to improve the health of women, children and families in a useable format that is readily available to people who can make decisions at individual, family, neighborhood, community, or state levels.

/2013/ The Florida Department of Health has been awarded continuing SSDI grant funds for a two-year grant cycle that runs from February 2012 through November 2014. For this grant cycle, the Florida Department of Health will develop analytic plans to measure, track, and assess Title V priority areas and the overarching Title V block grant themes. The Florida SSDI project will publish and/or disseminate data documents as determined by analytic plans. Two annual evaluations will be conducted to assess performance of grant activities and objectives; assess data products generated from SSDI grant efforts; measure the satisfaction of MCH stakeholders with SSDI output and products; and collect input on future MCH data needs and data processes. //2013//

In the fall of 2008, the Infant, Maternal, and Reproductive Health Unit successfully applied for the HRSA First Time Motherhood/New Parents Initiative. Grant funding in the amount of \$223,362 enabled us to partner with the Healthy Start Coalition of Pinellas, Inc. on a project entitled Florida Right from the Start. The project will create a statewide social marketing campaign to promote positive birth outcomes by increasing awareness of preconception and interconception care, prenatal care, and parenting among first time parents. An evaluation team will gauge the effectiveness of the social marketing campaign based on increased awareness as measured by pre-intervention and post-intervention surveys. They will administer Web-based surveys to a convenience sample of first-time mothers and parents. They will also conduct Web-based post-implementation key informant surveys, and compile utilization statistics from the website and hotline to evaluate actual use. Funding for the second year is \$230,064.

/2012/ The Florida Right from the Start project resulted in culturally-appropriate messages accepted by both consumers and providers. The project promoted improved health care provider involvement. It also identified the limited usefulness of written Creole materials and highlighted the need for additional evaluation involving partner input and post-program debriefing of lessons-learned. //2012//

/2013/ In April 2011, the Department of Health and the Florida Association of Healthy Start Coalitions initiated a Healthy Start Redesign Process scheduled to conclude in March 2013. The goal of the redesign project is to increase delivery of effective, evidence-based services in order to better improve maternal and infant health outcomes for Florida residents. Major efforts during the two-year process include: review current literature and best practices nationwide that identify effective pregnancy, preconception, interconception, and infant support service practices; review and evaluate the Florida Healthy Start program components and services to assess which are research-informed and evidence-based; develop a comprehensive plan for implementing redesign elements to ensure program quality and fidelity; identify key effective program elements, processes, and quality indicators; develop a modular evaluation of the redesign that can be implemented in phases; and propose the elements, process, and options for a coalition allocation methodology that promotes quality, fidelity, and productivity. //2013//

/2013/ The Governor's Office of Adoption and Child Protection established a Child Abuse Prevention and Permanency Advisory Council to serve as its research arm and to guide the planning for the promotion of adoption, the support of adoptive families, and the prevention of abuse, abandonment and neglect. //2013//

/2013/ Florida is collaborating with other states in HRSA Region IV as part of March of Dimes, Every Woman Southeast Initiative. This multi-state partnership is designed to share and develop expertise on preconception and interconception health care, policies, research, programs, social marketing, and evaluation in order to improve the health of women and infants. Each of the states included in Region IV, Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee, have high rates of infant mortality and morbidity, chronic disease, sexually transmitted infections, obesity, unplanned pregnancy, and poverty. Minorities in these areas are affected at even greater rates. We hope this collaborative effort, with a focus on a woman's health before, during and after pregnancy, will have a positive impact on women's health, infant mortality and other pregnancy outcomes. //2013//

/2013/ The Department's Infant, Maternal, and Reproductive Health Unit (IMRH) is contracting with the University of South Florida's Lawton & Rhea Chiles Center for Healthy Mothers and Babies to support the efforts of the Florida Perinatal Quality Collaborative (FPQC). The purpose of the FPQC is to improve maternal and infant health outcomes through the delivery of data-driven, value-added, and cost-effective MCH services. The FPQC engages perinatal health care stakeholders in the design, implementation, and evaluation of processes and quality improvement efforts. Their inaugural conference was held March 22-23, 2012 in Tampa. Physicians, nurses, nurse midwives, administrators, payers, health educators, community advocacy groups, and others interested in perinatal health were

invited to attend. We expect that our partnership with the FPQC will lead to improved maternal and infant care, quality, and safety, and a decrease in non-medically indicated deliveries less than 39 weeks gestational age. The contract includes a Statement of Work that calls for the design and implementation of a plan for a quality improvement project for women at risk for preterm delivery, and a quality improvement project for coordination and delivery of services to intrapartum and postpartum women at risk for adverse maternal and infant health outcomes. //2013//

F. Health Systems Capacity Indicators

Following is a discussion of each individual Health System Capacity Indicator.

HEALTH SYSTEMS CAPACITY INDICATOR #01: The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 – 493.9) per 10,000 children less than five years of age.

There were a number of efforts in FY2011 to reduce early childhood asthma. The Healthy Start program continued to assess the homes of and educate pregnant and parenting mothers for issues related to household indoor air quality, such as use of tobacco products, appropriate removal of dust and animal dander, and other allergens. Additionally, the Infant, Maternal, and Reproductive Health Unit worked to reduce the prenatal smoking rate through educating pregnant mothers on the relationship between secondhand smoke sudden infant death syndrome, lung problems, ear infections, and more severe asthma. Mothers or their infants and children are referred for medical specialty care if asthma is suspected.

To ensure safe early childhood educational environments, the Department of Health, Division of Environmental Health inspected daycare and pre-kindergarten facilities. Additionally, the department's Asthma Prevention and Control Program continued to coordinate statewide efforts to improve asthma outcomes and reduce disparities. The program, established in 2009, is 100 percent federally funded under a cooperative agreement with the Centers for Disease Control and Prevention. The goals of the program are to increase the number of individuals with asthma who receive self-management education and to reduce the number of deaths, hospitalizations, emergency department visits, school or work days missed, and limitations on activity due to asthma. The program facilitates the Florida Asthma Coalition; conducts asthma surveillance and program evaluation; and works specifically to increase the number of childcare centers, schools, and hospitals that implement asthma management programs. Three separate peer networks (sometimes called communities of practice) are being established to facilitate the sharing of strategies among childcare center managers, school administrators, and hospital staff. Evidence has shown that training combined with peer support is an effective way to engage new partners and establish sustainable systems. Additional information on the Asthma Prevention and Control Program is available at: <http://www.myfloridaeh.com/medicine/Asthma/>.

HEALTH SYSTEMS CAPACITY INDICATOR #02: The percent of Medicaid enrollees whose age is less than one year who received at least one initial or periodic screen.

Local organizations and communities initiate outreach activities to increase awareness of the availability of Medicaid coverage for eligible children, and the Florida KidCare partners ensure the public understands families may apply for and have their eligible

children enrolled in Medicaid at any time. In addition, the Covering Kids Coalition is working to ensure that eligible low-income children apply for Medicaid coverage through Florida KidCare through collaboration with community, regional, and state organizations and Florida KidCare community coalitions.

HEALTH SYSTEMS CAPACITY INDICATOR #03: The percent of SCHIP enrollees whose age is less than one year who received at least one initial or periodic screen.

In Florida, infants up to age 1 year whose family income is at or below 200 percent of the Federal Poverty Level (FPL) are income eligible for Medicaid. For families with family income at or below 185 percent of FPL, the infant's coverage is financed by Title XIX of the Social Security Act. For families with incomes from 186 percent through 200 percent of the FPL, the infant's coverage is financed by Title XXI of the Social Security Act (CHIP), but the child is enrolled in Medicaid. The Agency for Health Care Administration collects data on the number of CHIP enrollees who receive at least one initial or periodic screen and shares that with the Department of Health.

HEALTH SYSTEMS CAPACITY INDICATOR #04: The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

The department works in collaboration with Healthy Start coalitions statewide to ensure an adequate infrastructure is in place for the provision of first trimester prenatal care and continuous care for all pregnant women. The MomCare program, implemented statewide during FY2002, facilitates Medicaid coverage for prenatal care under the Sixth Omnibus Budget Reconciliation Act (SOBRA). MomCare provides prenatal care choice counseling outreach, helps women access health care services, assists in follow-up of missed prenatal care appointments, and promotes coordination between prenatal care providers and supportive health related enabling services. MomCare sends a seven-month packet to all clients that includes information on the Family Planning Waiver. MomCare provides follow-up services as needed to recipients as well as a mandatory post-enrollment follow-up service to all recipients between the sixth and ninth month of facilitating access to family planning services, health care coverage for the infant and help choosing a pediatrician for the infant. Follow-up can be by telephone or by mail. We continued to ensure the statewide process of presumptive and Simplified Medicaid eligibility for pregnant women. Additionally, we work through the Healthy Start coalitions to implement strategies to remove barriers and improve access to care as well as develop solutions for increasing the first trimester entry rate.

HEALTH SYSTEMS CAPACITY INDICATOR #05A, B, C, and D (Medicaid and Non-Medicaid Comparison).

As expected, for all indicators on this form, the non-Medicaid population has considerably better outcome indicators than the Medicaid population. Please see form 18 for data.

HEALTH SYSTEMS CAPACITY INDICATOR #06 (Medicaid and CHIP eligibility levels):

Infants 0 to 1 whose family income is 185 percent of the Federal Poverty Level or below are income eligible for Title XIX-financed Medicaid. Infants 0 to 1 whose family income is between 186 percent and 200 percent of the Federal Poverty Level are income eligible

for Title XXI-financed Medicaid. Children ages 1 to 6 whose family income is 133 percent of the Federal Poverty Level or below are income eligible for Title XIX-financed Medicaid. Children ages 1 to 6 whose family income is between 134 percent and 200 percent of the Federal Poverty Level are income eligible for Title XXI-financed Florida KidCare (CHIP). Children ages 6 to 19 whose family income is 100 percent of the Federal Poverty Level or below are income eligible for Title XIX-financed Medicaid. Children ages 6 to 19 whose family income is between 101 percent and 200 percent of the Federal Poverty Level are income eligible for Title XXI-financed Florida KidCare (CHIP). Pregnant women whose family income is 185 percent of the Federal Poverty Level or below are income eligible for Medicaid.

HEALTH SYSTEMS CAPACITY INDICATOR #07A: The percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program.

The Florida KidCare partners continue to work with community-based organizations, healthcare providers, and others to ensure people understand the Medicaid program availability. The Covering Kids and Families project at the University of South Florida implemented special initiatives to work with hard-to-serve populations and leaders in minority communities to ensure that they promote the Florida KidCare message to eligible children year-round. These services are targeted towards providing easy-to-understand, accurate information about children's health insurance and preventing loss of coverage among eligible children in the state.

HEALTH SYSTEMS CAPACITY INDICATOR #07B: The percent of EPSDT eligible children aged 6 through 9 years who have received any Medicaid dental services during the year

Improving access to dental care for low-income persons below 200 percent of the federal poverty level is a priority of the department. Over the last several years, the department has funded initiatives to expand the infrastructure of county health department safety net dental programs. During 2011, three additional counties began to provide dental services, increasing the total number of Florida counties with dental programs to 53. A large majority of clients served through county programs are Medicaid-enrolled children, and during 2011 the number of Medicaid children receiving dental care through the CHDs grew from 112,848 in 2010 to 136,293, a 20.7 percent increase. A state oral health improvement plan for disadvantaged persons utilizes ongoing broad-based stakeholder input to facilitate the continued development of an integrated, coordinated oral health system between the public and private sectors. The state oral health coalition, Oral Health Florida, and numerous local coalitions work collaboratively to implement diverse strategies around prevention, education, and treatment.

HEALTH SYSTEMS CAPACITY INDICATOR #08: The percent of State SSI beneficiaries less than 16 years old receiving rehabilitation services from the State Children with Special Health Care Needs (CSHCN) Program.

When a family, who meets the financial eligibility criteria for SSI, applies for benefits, the application is sent to the Office of Disability Determination Services for a medical eligibility decision. After a medical decision is made, the information about the child, whether eligible or not eligible for SSI benefits, is sent to the CMS Program Office. The CMS SSA/SSI Liaison reviews the information about the child. The information about

the child is sent to the CMS office in the area where the child resides. An individual in the local CMS office contacts the child's family to find out if the child has a health care provider. If not, the family is invited to apply for services of CMS. When a child with mental illness applies for SSI benefits, the CMS SSA/SSI liaison sends the information about that child to the Children's Mental Health Program in the Department of Children and Families for follow-up.

HEALTH SYSTEMS CAPACITY INDICATOR #09A: The ability of States to assure that the Maternal and Child Health program and Title V agency have access to policy and program relevant information and data.

Infant Death Certificates: This linkage has been accomplished and extended during the project period to include birth records linked to the following:

- Fetal and infant death records
- Healthy Start prenatal risk screening data
- Healthy Start infant risk screening data
- Healthy Start prenatal services
- Medicaid participation
- WIC participation
- Census Tract Information

The data has been made available to county health departments and Healthy Start coalitions for analysis of outcomes in their area.

Medicaid Eligibility or Paid Claims Files: The project that links maternal Medicaid eligibility files to birth certificates is an ongoing collaboration of the Florida Agency for Health Care Administration; the Office of Planning, Evaluation, and Data Analysis; the University of South Florida Lawton and Rhea Chiles Center for Healthy Mothers and Healthy Babies; and the University of Florida's Maternal Child Health and Education Research and Data Center (MCHERDC). The actual linkage is completed by the MCHERDC and provides the information on Medicaid participation identified above. The project produces annually a Medicaid MCH Indicator Report. The University of Florida is also using this and other data to evaluate Florida's 1915(B) Healthy Start Medicaid Waiver.

WIC Eligibility Files: The maternal WIC eligibility files are linked to birth certificates as part of the Medicaid collaboration. This linkage provides the data listed under infant death certificates and is included in the annual Medicaid MCH Indicator report. The Department of Health is currently planning to evaluate the WIC linkage quality.

Newborn Screening Files: Newborn Screening data has been linked once to live birth certificates in 2004. This linkage identified that only a small percentage of live births are not receiving newborn screening. However, screening of every newborn is important. Plans are under development to integrate the data entry for live birth certificates and newborn screening at the delivery hospital to establish an ongoing process for identifying newborns who are not screened.

Hospital Discharge Survey Data: Ability to access to this data has been consistently available in recent years, but access can change over time. Once established for a user, is consistent. Direct access is limited to de-identified data without a special data

sharing agreement. Other parts of the Department do have access to identified discharge data.

Birth Defects Registry: SSDI staff continues to work closely with Birth Defects Registry staff to develop further data linking and utilization strategies. Increased awareness of Birth Defects Registry availability and access was achieved through convening a meeting of local and regional public health leaders, lead by SSDI staff. Plans are underway to develop a birth defects research data file that will allow this data to be more readily analyzed by internal and external partners including SSDI staff. Current plans exist to link this research data file to CDC's assisted reproductive technology clinic records, and other files already linked to birth certificates.

HEALTH SYSTEMS CAPACITY INDICATOR #09B: The ability of States to determine the percent of adolescents in grades 9 through 12 who report using tobacco products in the past month.

There are two surveys in Florida that can be utilized to determine the percent of adolescents who smoke: the Youth Risk Behavior Survey (YRBS) and the Florida Youth Tobacco Survey. We can access the results of the surveys, but the MCH program does not have direct access to the survey databases for analysis.

IV. PRIORITIES, PERFORMANCE, AND PROGRAM ACTIVITIES ANNUAL REPORT/ANNUAL PLAN

A. Background and Overview

The Government Performance and Results Act (GPRA - Public Law 103-62) requires that each Federal agency establish performance measures that can be reported as part of the budgetary process that links funding decisions with performance and related outcome measures to see if there were improved outcomes for target populations. Priorities and state performance measures have been established based on needs assessment activities.

B. State Priorities

State priorities were determined through the five-year needs assessment. That process indicated a need to focus on reducing risk factors that adversely affect outcomes for the maternal and child health population. The priorities also reflect an increased focus on reducing racial disparities. Priorities were determined using both quantitative and qualitative data, as well as the recommendations of our needs assessment advisory committee. Following is a list of the eight state priorities for Florida, and the performance measures they relate to.

1. Prevent unintended and unwanted pregnancies.
SPM#2 The percentage of births with inter pregnancy interval less than 18 months.
2. Promote preconception health screening and education.
SPM#3 The percentage of women having a live birth who received preconception counseling about healthy lifestyle behaviors and prevention strategies from a health care provider prior to pregnancy.

3. Promote safe and healthy infant sleep behaviors and environments.
SPM# 4 The percentage of infants not bed sharing.
SPM# 5 The percentage of infants back sleeping.
4. Prevent teen pregnancy.
NPM#8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.
5. Improve dental care access, both preventative and treatment, for children.
NPM#9 Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
SPM#7 The percentage of low-income children under age 21 who access dental care.
6. Increase access to medical homes and primary care for all children, including children with special health care needs.
NPM#3 The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.
7. Improve health care transition for adolescents and young adults with special health care needs to all aspects of adult life.
NPM#6 The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life.
8. Increase early intervention services for children with special health care needs.
SPM#1 The percentage of Part C eligible children receiving service.

C. National Performance Measures

NPM#1: The percent of screen positive newborns who received timely follow-up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

A. Last Year's Accomplishments

Florida statutes require that every newborn born in the state must be screened before one week of age. Although parents have the option to refuse the newborn screening test, it is estimated that most newborns participate in the screening process. This is a population-based service. All of the MCH population groups are served by this measure. Follow-up activities include contracts with genetic specialty centers for referral of patients with abnormal test results, and contracts with cystic fibrosis, endocrine, and hematology/oncology specialty centers. Specialty referral centers arrange for confirmatory testing and treatment for patients identified through the Florida Newborn Screening Program. Genetic counseling, follow-up and nutritional counseling activities related to treatment and dietary management are also included. Educational materials are distributed to all birthing facilities regarding the 34 disorders that are tested in the newborn metabolic screening plus information about hearing screening.

In 2010, testing identified 1,294 babies with presumptive positive screening results. After confirmatory testing, 415 were found to have one of the 34 disorders. Of the 415 confirmed cases, all of them received timely follow-up and treatment. Final data for 2011 are not yet available.

Direct Health Care Service activities provided by the department include referral of patients with presumptive positive test results to genetic specialty centers, endocrine specialty centers, and hematology/oncology specialty centers. Educational materials are distributed to all birthing facilities regarding the five disorders that are tested in the newborn metabolic screening. The previous two activities are population-based services.

B. Current Activities

The Florida Newborn Screening Program screens for 34 disorders, 35 including hearing. Entities that submit specimens for testing are responsible for forwarding the lab results to the newborn's primary care physician to ensure the medical home is informed of the results, but it is estimated that half cannot be forwarded because the hospital does not know who the primary care physician for the infant will be after hospital discharge. The Florida Newborn Screening Results (FNSR.Net) web-based program was developed for physicians and hospitals to access newborn screening results. In 2011, there were 2,327 registered users who accessed the site 74,968 times. This statewide outreach program is a population-based service. All newborns identified through the Newborn Screening Program with one of the disorders on the Recommended Uniform Screening Panel are medically eligible for the Children's Medical Services Network Program. Florida is currently in the process of purchasing for all birthing centers the Clinical and Laboratory Standards Institute Newborn Screening Collection notebook that contains approved guidelines and standards for follow-up, screening for low birth weight and sick newborns, proper collection technique, and cystic fibrosis. It also includes a video of proper specimen collection technique. It is anticipated this will improve the unsatisfactory specimen rate submitted by entities who collect and submit newborn screening specimens.

C. Plan for the Coming Year

Although delays prevented the linking of the electronic birth registration information with newborn screening in summer 2011, the project is back on track and the linking is expected to be completed by summer 2012. This will allow the vital statistics information to be uploaded nightly to auto-populate the newborn screening demographic fields and ensure accurate data reporting and also provide an accounting of each baby issued a birth certificate to also receive a newborn screening test. The Florida Newborn Screening Program is also currently implementing another web-based program for hospitals and providers to access and enter hearing screen results. These results will upload into the Newborn Screening data system nightly and ensure accurate reporting and timely follow-up. The Florida Newborn Screening Follow-Up Program will continue to contract with specialty centers for appropriate referrals; provide genetic counseling, follow-up, and nutritional counseling activities; and continue distributing educational materials to all birthing facilities. Severe Combined Immunodeficiency (SCID) testing is scheduled to begin in the 2012-13 state fiscal year pending final budget authorization.

NPM#2: The percent of children with special health care needs age 0-18 whose families partner in decision-making at all levels and are satisfied with the services they receive.

A. Last Year's Accomplishments

The University of Florida Institute for Child Health Policy continues to conduct satisfaction surveys, under contract, for the CMSN. Populations within CMS are identified for surveys to support internal and other performance improvement measures.

Surveys are aimed at describing and quantifying satisfaction and health-related quality of life for children enrolled in the CMSN.

In addition, CMS continues to collect data from each of the 21 area offices for its performance measures. The data is collected through the electronic records that are maintained for each CMS enrollee.

B. Current Activities

CMS is a partner with the American Academy of Pediatrics and the Florida Agency for Health Care Administration for the Pediatric Medical Home Demonstration Project. The project is a result of the Children's Health Insurance Program Reauthorization Act (CHIPRA) grant. A total of 20 pediatric primary care practices participate in the project. Core teams have been formed that participate in learning collaborations in 2011 and 2012. Parents serve as one of the four core team members. CMS sponsors the participation of the parents in the project.

CMS is conducting its annual family satisfaction surveys, as in the past, to continue describing and quantifying satisfaction and health-related quality of life for children enrolled in the CMSN.

C. Plan for the Coming Year

CMS will continue to participate with CHIPRA Pediatric Medical Home Demonstration Project as described above and support parent involvement. CMS will also continue to conduct satisfaction surveys with parents of CMS enrollees.

NPM#3: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

A. Last Year's Accomplishments

1. Medical Home Education and Training-Population-Based Services-CSHCN: CMS, the American Academy of Pediatrics (AAP), and the Center for Medical Home Improvement (CMHI) continued to expand the Medical Home Implementation Project throughout CMS and in the communities across the state. Physicians continued to partner with CMS in the project and incorporated CMS care coordination and quality improvement teams in their practices. Medical home practices were offered the opportunity to participate in webinars and receive technical assistance through CMS contracted providers. Technical assistance included practice improvement techniques, ongoing quality improvement initiative (working toward NCQA Medical Home Recognition), medical home care coordination, and ongoing program evaluation.

CMS continued to perform home visits for medical home clients, expansion of medical home research into private practices, and have placed CMS care coordinators in federally qualified health centers. Care coordination in the medical home includes participation in the quality improvement teams.

CMS is developing a strategic plan to provide direction for implementing medical home statewide throughout the CMS regions and contracted providers. CMS continued outreach and to recruitment of CMS pediatricians to participate in the statewide medical home plan.

2. Medical Home Outreach-Population Based Services-CSHCN

CMS continued the development of an accountable, comprehensive administrative claiming process and a comprehensive system of payment accuracy review. Statewide conference calls included the regional and area management teams.

3. Medical Home Community Supports-Infrastructure Building Services-CSHCN
CMS worked toward the implementation of a joint effort between Children's Medical Services (CMS), Department of Children and Families (DCF), Persons with Disabilities, and Juvenile Justice and their contract entities for comprehensive health care that is managed and coordinated by a medical home provider for children in out-of-home care (foster care, relative placement, non-relative placement). CMS and DCF hosted workgroups to focus interagency efforts on the needs of children in out-of-home care and development of a strategic plan for meeting the needs of this population.

B. Current Activities

1. Medical Home Education and Training-Population-Based Services-CSHCN
CMS participated with state and community partners in the Florida Pediatric Medical Home Demonstration Project. CMS facilitated parent partner participation in the training realizing that parents of CYSHCN are essential in developing a medical home project.

CMS medical home projects continued to recruit physicians, and develop partnerships with community resources and agencies.

2. Medical Home Outreach-Population Based Services-CSHCN
CMS began to implement an electronic accountable and comprehensive administrative claiming process and comprehensive system of payment accuracy and entered the design phase of the electronic care coordination documentation system. Decision Support and Information Technology: develop a comprehensive information system and determine the critical decision support functions and reports. Medical Services: improve our clinical services through the development of clinic standards, the development of medical homes throughout the state, newborn screening expansion, and enhancement of the Early Steps Program.

3. Medical Home Community Supports-Infrastructure Building Services-CSHCN
CMS continued to work toward the implementation of medical home with state agencies and their contract entities to ensure comprehensive health care that is managed and coordinated by a medical home provider for children in out-of-home care (foster care, relative placement, non-relative placement).

C. Plan for the Coming Year

1. Medical Home Education and Training-Population-Based Services-CSHCN
CMS will collaborate and participate with the national and state partners in the second phase of the Florida Pediatric Medical Home Demonstration Project.

CMS will continue to expand the implementation of medical home throughout the CMS regions. CMS will continue to recruit CMS pediatricians to participate in the statewide implementation plan. CMS medical home projects will continue to collaborate and develop partnerships with community resources and agencies. CMS will continue to provide care coordination support to pediatrician practices and Federally Qualified Health Centers.

2. Medical Home Outreach-Population Based Services-CSHCN

CMS will continue to implement the electronic accountable and comprehensive administrative claiming process and a comprehensive system of payment accuracy review for the CMS regions.

Decision Support and Information Technology: continue to develop a comprehensive information system and determine the critical decision support functions and reports.
Medical Services: improve our clinical services through the development of clinic standards, the development of medical homes throughout the state, newborn screening expansion, and enhancement of the Early Steps Program.

CMS begins the design phase of the new electronic health records and web-based care coordination system. Review of national performance measures will be incorporated into the requirements to provide accountability and measurable outcomes data collection and reporting.

3. Medical Home Community Supports-Infrastructure Building Services-CSHCN
CMS will continue to collaborate with interagency and state partners and their contract entities to ensure comprehensive health care that is managed and coordinated by a medical home provider for children in out-of-home care (foster care, relative placement, non-relative placement). Throughout the CMS regions, contracted providers are working with the Department of Children and Families and community partners to develop systems of care to provide medical home care for this vulnerable population.

NPM#4 The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey).

A. Last Year's Accomplishments

The U.S. Department of Health and Human Services Health Resources and Services Administration estimates that 14 to 19 percent of children in the United States have a special health care need (2010 HRSA National Survey of Children with Special Health Care Needs – 2007 Chartbook).

In state fiscal year 2010-11 (July 1, 2010- June 30, 2011), the Children's Medical Service (CM)S Network for children with special health care needs provided coverage to 63,708 Title XIX-funded and 36,165 Title XXI-funded unduplicated children. In addition, 10,988 unduplicated children received "Safety Net" services, state-funded limited services for children ineligible for Title XIX or Title XXI coverage, or whose private health insurance coverage is insufficient to meet the child's needs.

The Florida KidCare Coordinating Council, created by section 409.818(2)(b), Florida Statutes, includes a diverse membership that makes recommendations to improve the implementation and operation of the Florida KidCare program. Some of the council recommendations from the January 2012 report address fully funding the Florida KidCare program, including annualization needs, projected growth, outreach and increased medical and dental costs; implementing a medical income disregard for children with catastrophic illness who would otherwise qualify for Title XXI subsidies; implementing the state option Family Opportunity Act, and taking advantage of federal funding to cover otherwise eligible legal immigrant children, pregnant women, and public employees' children.

B. Current Activities

The Florida Healthy Kids Corporation continues support for community outreach campaigns targeting organizations whose memberships and clientele focus on families potentially eligible for Florida KidCare in collaboration with the partner agencies, which includes the Florida Department of Health.

As part of the federal CHIP reauthorization law, the U.S. Department of Health and Human Services awarded almost \$1 million to the University of South Florida Covering Kids and Families (CKF) Project to help find and enroll eligible children in Florida KidCare, and to promote retention, with special emphasis on racial and ethnic minority groups whose children are more likely to be uninsured.

In 2011, the Covering Kids and Families project received a CHIPRA Round II award to expand its outreach efforts.

DOH maintains the Florida KidCare website. Staff provides Florida KidCare information to families through Children's Medical Services, county public health departments, school health, and Healthy Start programs.

The Agency for Health Care Administration (AHCA) works with the CKF project to build partnerships and create community-based coalitions to promote and sustain Florida KidCare.

The Department of Children and Families provides materials and information to their community partners and uses direct mail techniques to contact families who do not qualify for Medicaid to encourage them to apply for Florida KidCare for their children.

C. Plan for the Coming Year

During the 2012 session, the Florida Legislature enacted language that allows income eligible children of state employees to enroll in Title XXI-funded Florida KidCare for the first time.

In 2012, Healthy Kids will launch a regional navigator project in 15 sites to provide targeted outreach to hard-to-reach populations. Navigators will receive payment per application approved or renewed and will have opportunities to earn incentives for exceeding regional goals.

In collaboration with other Florida KidCare partners, the Department of Health will continue to reach out to families with potentially eligible children and encourage them to apply for coverage. The department will also continue efforts at the state and local level to help eligible children retain their health care coverage.

NPM#5 The percent of children with special health care needs age 0 to 18 whose families report the community-based service system are organized so they can use them easily.

A. Last Year's Accomplishments

CMS area offices in various areas continued to provide specialty services through telemedicine. The clinics included neurology, genetics, nutrition, and dermatology in the southeast Florida area. The University of Florida continues to provide endocrinology and genetics consults and follow-up with other areas of the state through telemedicine.

Discussions continued to increase telemedicine clinics in areas where access to specialty care is hampered by distance required for travel or the wait time it takes to schedule an appointment and be seen by the physician.

CMS also used their video conferencing equipment statewide for regional meetings and educational presentations. This saved travel time and costs for CMS staff and medical directors.

The CMS on-line, web-based provider application process continued to decrease the time required for enrolling new providers. The on-line application process started during the summer of 2008 and has continued to be refined. Feedback from providers was very positive.

CMS continues to partner and collaborate with other agencies and organizations to help families navigate the system of care more easily. One example is the partnership with the Department of Children and Families where outreach has been provided to families who participate in the Medical Foster Care Program so that they are successful in caring for medically complex children.

B. Current Activities

The CMS activities support: caregivers and partners; children, teens, and young adults; family leadership programs; family organizations and initiatives, and promotes the use of telemedicine. These activities provide direct health care, enabling, population-based, and infrastructure building services.

The CMSN provides telemedicine services with access to specialty services in underserved areas of the state. Telemedicine specialty care services include endocrinology/diabetes care, genetics, nutritional counseling, neurology, and dermatology. Many parents report that telehealth services allow for better access to services, decrease cost and time for travel, and decrease wait times to see a specialist. CMS continues to use video conferencing equipment for CMS meetings and educational presentations to minimize travel time and costs whenever possible.

The Institute for Child Health Policy (ICHP), University of Florida, continues to conduct annual satisfaction surveys from randomly selected parents of CMS enrollees. Results indicated that 89 percent of the respondents had one person they thought of as their child's personal doctor or nurse.

CMS continues to collaborate with other agencies, including the Department of Children and Families, the Agency for Persons with Disabilities, and the Department of Education, to look at ways to ensure well organized and easy to access community-based service systems for children and youth with special health care needs and their families.

C. Plan for the Coming Year

CMS will continue gathering quarterly data reports from CMS area offices to measure and analyze success with its six goals on a community, regional, and statewide basis as well as in comparison with national data. ICHP will continue to conduct telephonic satisfaction surveys for CMS.

CMS will continue to provide telemedicine specialty clinics through two-way interactive video teleconferencing. The telehealth program benefits CMS children and families by

reducing travel time, costs, and inconvenience. Access to specialty care is improved by reducing wait times. CMS will continue to evaluate ways in which to expand telemedicine services.

CMS will continue to use the web-based provider application process to increase CMS Network provider participation.

NPM#6 The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence. (CSHCN Survey)

A. Last Year's Accomplishments

CMS enrollees from 12 to 21 years of age continued to receive information and resources related to transition from their care coordinator. This activity was documented in the child's CMS electronic records.

CMS continued to contract for transition related activities with the University of Florida Institute for Child Health Policy (IHP), the Jacksonville Health and Transition Services program (JaxHATS), and the Florida Health and Transition Services program (FloridaHATS). IHP, in collaboration with CMS, developed transition materials for CMS enrollees; provided transition technical assistance to CMS nurse care coordinators and social workers; and maintained on-line educational courses for CMS staff on transition topics. The JaxHATS program provided clinical services for 177 patients, 14 to 26 years old, in state fiscal year 2010-11. In addition to health related services JaxHATS provided or promoted skill building strategies to help patients achieve greater independence and decision-making skills; collaborated with schools, agencies, and community resources on transition related activities; and referred patients to specialty physicians and adult providers.

The FloridaHATS program provided leadership for three community-based healthcare transition task forces, and others that have been building such relationships, promoted their ability of providers to offer health services for adolescents and young adults; developed a directory of available primary care and specialty physicians around Florida for individuals who are transitioning from pediatric to adult providers; and developed informational brochures on health insurance.

CMS worked with FloridaHATS and the Florida Department of Juvenile Justice (DJJ) to up-date the DJJ on-line information for parents that explains how the Juvenile Justice system works and what to expect when a child or adolescent comes under their authority. The information included a section about how the DJJ screens for health history and their provision of health care services. The intent is to prevent delays or interruptions in health care needs and regimens. The statewide CMS Area Offices work with local DJJ staff to facilitate up-to-date medical records while following HIPAA and family consent documentation.

The CMS website maintains pdf files for health care transition related brochures as well as links to health care transition websites, including FloridaHATS, JaxHATS, the University of South Florida's Project 10, and the national center for health care transition, "Got Transition?"

B. Current Activities

The JaxHATS and FloridaHATS contracts remain active. These contracts provide CMS enrollees, families, and staff with a variety of health care services and resources related to all aspects of transition.

Each CMS Area Office has staff who are the Transition Liaisons for their office. Transition related information is sent by the CMS Statewide Transition Liaison to the Area Office Transition Liaisons for distribution to the other CMS staff. This is an effective way of sharing important transition information statewide within CMS.

CMS transition collaborative partners continue to include the Department of Education, the Division of Vocational Rehabilitation, the Agency for Persons with Disabilities, the Department of Children and Families, the Department of Juvenile Justice, and the Agency for Health Care Administration. CMS participates in the State Secondary Transition Interagency Committee (SSTIC) with those partners. Projects underway that are developed by the SSTIC include trainings and webinars to help teachers become more familiar with the health care aspects of transition and to help students, and their parents, prepare for their transition into adult life.

CMS participates in discussions with the Florida Association of Community Health Centers (FACHC), Florida Qualified Health Centers (FQHC), and FloridaHATS to ensure a smooth transition when CMS enrollees age out of CMS if they receive primary care services from a local FQHC.

C. Plan for the Coming Year

CMS will continue to work with the JaxHATS and FloridaHATS programs. FloridaHATS will continue to work with existing health care transition coalitions in Florida communities and collaborate toward building new ones. FloridaHATS will continue to conduct meetings of the Medical Advisory Committee to discuss health care transition issues with health care providers and promote community-based transition coalitions around the state. FloridaHATS and CMS will continue to work with the FACHC and the FQHCs toward developing more options for health care transition for adolescents and young adults with special health care needs.

CMS will also continue to participate in the SSTIC and collaborate with other state agencies and organizations to build health care transition options as well as participate in community-based transition-related activities, trainings, and other presentations.

NPM#7: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, Hepatitis B.

A. Last Year's Accomplishments

The following initiatives were designed to improve immunization coverage levels in 2-year-old children: the department's missed immunization opportunities policy; outreach clinics; linkages with WIC and CMS; community partnerships and immunization coalitions; coordination with Healthy Start and managed care organizations; promotion of the Standards for Pediatric Immunization Practices in the private sector; measurement of immunization coverage levels in public and private site reviews; outreach and increased enrollment in Medicaid and SCHIP; and continued implementation of the Vaccines for Children Program. Activities performed that impact this measure generally fall within the category of population-based services, offering disease prevention interventions to the

entire population. Changes in immunization rates of 2-year-old children can be attributed to the following: immunization registry implementation reaching more private health care providers and improved partnerships with WIC for 2010/2011 in all county health departments.

During CY 2010, 86.1 percent of 2-year-olds received four diphtheria, tetanus, pertussis; three polio; one measles, mumps, rubella; three Haemophilus Influenza B; three hepatitis B; and one varicella immunizations (4-3-1-3-3-1 series). The Bureau of Immunization shipped 4.7 million doses of vaccine to over 1,800 public and private healthcare providers. Florida SHOTS (statewide immunization registry) is functional in all 67 county health departments, for over 6,000 healthcare providers and includes over 579 partners who have uploaded 27 million records in 2011. Florida SHOTS is available for enrollment to private healthcare providers, schools, and licensed childcare centers. The registry includes approximately 13.2 million patient records. Additionally, the majority of school districts in Florida have schools that participate in the program.

B. Current Activities

In CY 2012, we continue activities to meet and surpass the state and national goal of 90 percent of all 2-year-old children who are appropriately immunized with the complete 4-3-1-3-3-1 series statewide. Specific activities include parent education; involvement of Healthy Start, immunization coalitions, and community partnerships; linkage with WIC, CMS and managed care organizations; identification of pockets of need for under-immunization; tracking immunizations in the health department; implementation of recall systems; public and private provider site reviews to assess coverage levels and promote the Standards of Pediatric Immunization Practices; increased enrollment of the registry in the private sector; continued implementation of the Vaccines for Children Program; and a statewide initiative to improve collaboration with stakeholders/partners to increase coverage levels in the target population. County health departments work with WIC, local medical societies, CMS, and others to develop/implement their immunization plans.

C. Plan for the Coming Year

Our objective for CY 2013 is that 90 percent of 2-year-olds receive age-appropriate immunizations. Outreach, promotion, and surveillance of rates will be utilized to support efforts in the private sector. The department will continue to coordinate with Healthy Start coalitions to increase parent education about the importance of childhood immunizations and encourage local community partnerships. We will continue to recommend that all healthcare providers implement the Standards for Pediatric Immunization Practices, and continue expansion of the registry (Florida Shots) in the private sector (infrastructure-building activities). The department will continue an active partnership with coalitions and service agencies. We will continue to implement the missed opportunities policy for public and private health care providers (population-based) and continue the WIC and CMS/Immunization linkage (enabling). We will continue to implement the statewide initiative to improve collaboration with stakeholders/partners in order to increase coverage levels in this target population.

NPM#8: The birth rate (per 1,000) for teenagers aged 15 through 17 years.

A. Last Year's Accomplishments

Provisional data for 2011 indicate a birth rate of 13.5 per 1,000 for teens 15 to 17, which is below the annual performance objective of 15 per 1,000. Family planning, positive youth development education and comprehensive school health service projects share

the responsibility of providing reproductive health care services to teens throughout the state. Family planning provided an array of services to teenagers beginning with preconception risk assessment, counseling, dispensing contraceptive methods when requested, screening for sexually transmitted disease, and pregnancy testing.

Florida statute authorizes the Department of Health to make comprehensive medical knowledge, assistance, and services relating to the planning of families and maternal health care available to citizens of childbearing age. The overall program goal is to improve the health of women and children by reducing unplanned pregnancies and promoting positive pregnancy outcomes. The program works to improve maternal and infant health; lower the incidence of unintended pregnancy, including teen pregnancy; reduce the incidence of abortion; and lower rates of sexually transmitted diseases, including HIV.

The Positive Youth Development Program is designed to enhance skills and improve the health status of adolescents and young adults through opportunities and programs developed in collaboration with families, communities, schools and other public and private organizations. The program provides a network of community-based support to help adolescents succeed as they move into adulthood by focusing on the assets of individual youth and their families. Sponsored programs will reinforce positive attitudes, healthy behaviors, and activities, as well as reduce risk-taking behaviors such as sexual activity, substance abuse, suicide, and behaviors that increase risk of unintentional injury and chronic disease.

Along with services, the Abstinence Education Program, as part of the *It's Great to Wait* campaign, sponsored a number of community outreach activities designed to increase public awareness about abstinence as the only 100 percent effective way to avoid teen pregnancy and sexually transmitted diseases. The media campaign consisted of enhancement of the interactive, hyper-media website at www.greattowait.com, and educator training classes held in major cities across the state, as well as radio, television, and print advertisement.

During the FY 2011 school year, 46 of the 67 county health departments provided Comprehensive School Health Services Programs in 547 schools, serving 410,038 students in high-risk communities with high teen birth rates. Comprehensive school health programs are designed to provide services that improve student health, reduce high-risk behaviors, and reduce teen pregnancy. The birth rate for comprehensive school health 6th – 12th grade females (11 to 18) was 6.4 per 1,000. This is accomplished through maintenance of high levels of school nursing services, including nursing assessments, referral and case management, health education classes, and prevention interventions. These projects provided 584 pregnancy prevention interventions to 5,702 students and 1,756 pregnancy prevention classes to 43,911 students. A total of 1,442 referrals were made for aftercare and support services coordinated through Healthy Start and school district Teenage Parent Programs. These services enabled 74.3 percent of parenting teens to return to school after giving birth. Both Healthy Start and Teenage Parent Programs provide these parenting teens with counseling to prevent repeat births.

B. Current Activities

The Teenage Pregnancy Prevention Tier 1 Grant is a five-year grant with \$3,565,351 awarded per year. The program is working with the University of South Florida, College of Public Health to implement the Teen Outreach Program (TOP) in 26 non-metropolitan counties within the public high schools in Florida. The University of South Florida is conducting a rigorous, experimentally designed evaluation over the five-year period of this grant. TOP is an evidenced-based program shown to reduce birth rates, school suspensions, and school drop-out rates amongst participants.

The Adolescent Health Program also received a Title V Abstinence Education Grant in the amount of \$2,601,681 per year for five years. The grant funds community-based organizations, faith-based organizations, and county health departments to conduct abstinence education activities in their communities. The funded providers are using evidence-based models, and they will be evaluated to ensure funds are spent correctly.

C. Plan for the Coming Year

Family planning, positive youth development education, and school health programs are critical components of the department's plan to reduce the birth rate for teens 15 to 17. County health departments, local contract providers, Healthy Start programs, Healthy Families Florida programs, and other agencies that provide maternal and infant care services will inform postpartum women about extended family planning services. These providers will have access to applications and information brochures to increase awareness and use of family planning services under the Family Planning Medicaid Waiver program. We anticipate a reduction in the number of subsequent births to teens who access and utilize family planning services.

The Positive Youth Development Program will continue to manage grants for locally funded projects that deliver positive youth development education. In the coming year, the marketing and media campaign will continue to focus on the marketing of the WAHI, www.teentruth.org, and target the main population centers in Florida. The WAHI technology produces web dialogues in which different segments are addressed in one medium and both message delivery and data collection happen to form a true two-way conversation with individual audience members. The goal of this project is to host an interactive conversation with youth, parents, and community leaders to increase healthy decision making and decrease high-risk behaviors.

The Comprehensive School Health Services projects will continue to provide pregnancy prevention classes, case management, and aftercare services that enable parenting students to return to school and graduate. These projects will continue to coordinate activities with local county health department abstinence programs, school district educators, county health department Healthy Start programs, Healthy Families Florida home visitors, school district teen parent programs, and case managers from the Department of Children and Family Services. Local county health departments will continue to facilitate access to services for youth, and continue to collaborate with other community agencies on teen pregnancy prevention in their communities. Programs within the department that serve youth will continue to develop strategies to reduce the rate of births to teens.

NPM#9: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

A. Last Year's Accomplishments

The Department of Health does not have data on the number of third grade children in Florida who receive sealants on permanent molars. In the absence of data, a proxy measure is provided for 2009 and after. For the numerator, it uses the total number of third graders (8-year-olds) who receive a sealant from a county health department plus the number of 8-year-olds who receive a sealant from a dentist in private practice paid by Medicaid. The denominator is the number of Medicaid-enrolled 8-year-olds during the year. Based on the reporting lag of Medicaid claims, data for 2011 is not available.

Until survey capabilities are developed, data better suited to this measure will not be available. The proxy data used here are incomplete for private providers in Medicaid managed care arrangements, and no sealant data were available from the community health centers. Thus, the 13.9 percent indicator in 2009 reflects further deficiencies.

B. Current Activities

The Public Health Dental Program continues to promote the development of school-based sealant programs and the early placement of sealants on permanent first and second molars in county health department programs. Links to sites to order sealant promotional material are available on the program's Internet site. A strategy contained in the state oral health improvement plan relates to increasing the number of children receiving sealants. A HRSA Grant to States to Support Oral Health Workforce Activities was awarded in 2009 through which an education and prevention specialist position was established. One of the initiatives being researched by this specialist is the development of school-based sealant programs, through the county health departments; four more counties were funded this fiscal year. The department's HRSA *Oral Health Workforce funding* also supported county health department infrastructure expansion and contractual service, allowing for increased capacity for dental sealants to low-income and minority populations.

C. Plan for the Coming Year

The program will continue to promote and financially support the development and expansion of school-based sealant programs through federal and state funding, the departmental quality improvement process, and coordination with school systems. HRSA grant funding will be used to continue the process of implementing the State Oral Health Improvement Plan and its recommendations and objectives. HRSA grant funding initiatives continue to augment the infrastructure of the Public Health Dental Program by the maintenance of an education and prevention specialist and a community water fluoridation specialist. Through the department's reducing oral health disparities initiative to support county health department infrastructure expansion, incremental progress will continue to expand access to low-income and minority populations. The Florida Department of Health Public Health Dental Program has completed production of a web automated interactive educational program which is available at www.mouthwiseflorida.com. This site allows the viewer to receive information about oral health for all stages of life: youth, teens, parents (caretakers) and dental professionals. The program is in English and Spanish. Resource links are included for further information. This messaging includes promotion of dental sealants.

NPM#10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

A. Last Year's Accomplishments

Activities to reduce child deaths in motor vehicle crashes include evaluation of children with special health care needs to determine the appropriate child safety seat or restraint and provision of loaner special needs seats or restraints when necessary. The Department of Health (DOH), Office of Injury Prevention, received a Florida Department of Transportation grant that funded the Florida Special Needs Occupant Protection Program. Nine program sites are located in children's hospitals in Orlando, Tampa, Miami, St. Petersburg, Gainesville, Ft. Myers, Hollywood, Pensacola, and Tallahassee. The Tallahassee site was added in 2011.

The DOH Office of Injury Prevention is the lead agency for SAFE KIDS Florida, part of the SAFE KIDS Worldwide Campaign, a global effort to prevent injuries to children 14 and under. Over 85 percent of children 14 and younger in Florida live in a county where Safe Kids 10 local coalitions and seven state chapters are operating. Florida's Safe Kids chapters and coalitions were active in child passenger safety by distributing child safety seats and launching public awareness campaigns. In 2010, the childhood unintentional injury fatality rate in Safe Kids counties was 30 percent lower than the rate in non-Safe Kids counties which corresponds to 104 fewer deaths than expected had the fatality rates been the same.

The motor vehicle crash data includes crashes that occur between automobiles and bicycles. The Office of Injury Prevention continued the Florida Bicycle Helmet Promotion Program through a Florida Department of Transportation grant. This program is designed to increase the helmet usage among children in low income households, rural counties, and in counties that experience a high incidence of bicycle-related injuries and death. This program provided over 17,000 bicycle helmets to approximately 100 community partners who fit and distributed the helmets within their community. The single most effective safety device available to reduce head injury and death from bicycle crashes is a helmet. Apart from the automobile, bicycles are tied to more childhood injuries than any other consumer product. Helmet use can reduce the risk of head injury by 85 percent and severe brain injury by 88 percent. If 85 percent of all child cyclists wore helmets every time they rode bikes for one year, the lifetime medical cost savings could total between \$134 million and \$174 million. (*Source – SAFE KIDS Worldwide 2007 Fact Sheet*). From 2003-2010, the hospitalization rate for non-fatal traumatic brain injuries sustained in bicycle crashes among residents ages 5-14 decreased 39 percent.

B. Current Activities

The Special Needs Program (SNP) expanded by one new program site in Tallahassee. This is the first non-children's Hospital in the SNP. The SNP trainers are working on completing the new training curriculum. Through the 10 local SAFE KIDS coalitions and seven state chapters, numerous car seat check-up events are conducted on an ongoing basis and during National Child Passenger Safety Week, National SAFE KIDS Week, and Buckle Up America Week.

Staff identified approximately 100 community partners for the Florida Bicycle Helmet Promotion Program, with a goal of at least one in each of the 67 counties in Florida. Over 22,000 bicycle helmets were purchased and distributed to the community partners, who will fit and distribute the helmets within their community.

The 2009-2013 Florida Injury Prevention Strategic Plan encourages evidence-based interventions to address motor vehicle injuries, a leading cause of death and injury among children in Florida. The Florida Injury Prevention Advisory Council, Strategic Plan Goal Team Leaders and Teams are an important part of Florida's plan implementation success.

C. Plan for the Coming Year

The Office of Injury Prevention submitted a concept paper to the Florida Department of Transportation to continue the Florida Special Needs Occupant Protection Program for the 2011-2012 Grant Year. The Office of Injury Prevention staff will continue to seek subject matter experts to review the new Special Needs Training curriculum. The Office of Injury Prevention intends to continue to function as the lead agency for SAFE KIDS Florida and to continue our work in the area of child passenger safety. Work will continue implementing the 2009-2013 Florida Injury Prevention Strategic Plan. A concept paper was submitted to the Florida Department of Transportation to continue the Florida Bicycle Helmet Promotion Program for the 2011-2012 Grant Year. The Office of Injury Prevention will continue activities listed above regarding evaluation of needs, provision of child safety seats or restraints, training, and public awareness activities.

NPM#11: Percentage of mothers who breastfeed their infants at six months of age.

A. Last Year's Accomplishments

The Department of Health provides breastfeeding promotion and support activities through a number of different programs including WIC and Healthy Start. Activities target both the population at large as well as specific subsets of the population, such as WIC or Healthy Start clients.

The Department of Health does not track breastfeeding data in the non-WIC population. Provisional data from the CDC National Immunization Survey, which tracks data by birth year, indicates that 39 percent of all infants in Florida were being breastfed at six months of age in 2008. Our WIC program tracks breastfeeding rates monthly and this data helps us assess our progress in improving breastfeeding rates during the year.

WIC continued participation in the U.S. Department of Agriculture breastfeeding peer counseling program. The Florida WIC Program is in its seventh year of receiving a USDA grant for the program. Funding from the USDA decreased slightly from the previous grant year in the spring of 2011. Services have been established or expanded to all 43 local WIC agencies to provide breastfeeding promotion and support above and beyond what the regular WIC grant could accomplish. From October 2010 to December 2011, the program provided 223,782 contacts through personal interactions and 15,384 group classes with 59,018 attendees.

All required local agency WIC staff completed the USDA sponsored "Grow and Glow" breastfeeding training by July 31, 2011. Portions of this training are mandatory for all newly hired staff.

The new *Loving Support© Through Peer Counseling: A Journey Together* curriculum was rolled out this past fall and winter across the country with "train the trainer" events in each of the seven USDA/FNS geographic regions. In October 2011, two state office Florida WIC staff people and three local WIC agency breastfeeding coordinators

attended training in Atlanta on using the curriculum/platform. Local agency staff will be trained in FFY 2012.

The Florida WIC program continued to sponsor the Florida breastfeeding coalition monthly conference calls. The state WIC program purchased and distributed World Breastfeeding Week kits to the local WIC agencies for use in promoting World Breastfeeding Week 2011.

The WIC program continues to promote the new national food packages and policies in support of exclusive breastfeeding.

The Department of Health requires that each county health department establish and adopt a written policy that protects, promotes, and supports breastfeeding as the preferred, normal method of infant feeding. Breastfeeding education and support is one of the services offered through the Healthy Start program.

The Florida Department of Health previously received funding from the American Recovery and Reinvestment Act for the Communities Putting Prevention to Work (CPPW) Program. As of March 2012, 52 percent of school districts (35 school districts) have adopted breastfeeding support policies. This funding source expired in May 2012.

B. Current Activities

Healthy Start, county health department, WIC and breastfeeding peer counseling staff continue to promote breastfeeding and assist mothers to successfully breastfeed. WIC continues to provide breast pumps and breast pump kits when funding is available, so more women have the equipment they need to breastfeed successfully.

WIC will continue to monitor breastfeeding rates and the percentage of women in WIC who breastfeed. Efforts to improve data collection and evaluation are ongoing. An evaluation of the breastfeeding peer counseling statewide initiative will be conducted using 2011 data.

WIC holds monthly conference calls with breastfeeding coordinators and peer counseling program administrators to share successful promotion and support activities. WIC provides updates on the calls attended by county health department staff, Healthy Start service providers and coalition staff, and MomCare advisors. Breastfeeding is one of the topics included in training provided by the IMRH unit. Representatives from DOH and the WIC Program have been appointed to the Florida Breastfeeding Coalition. The WIC breastfeeding coordinator participates in the Florida Network for Breastfeeding Support in the development of worksite breastfeeding support activities. WIC continues to participate in the U.S. Breastfeeding Committee calls and its affiliate Southeast Region calls. The WIC coordinator provides technical assistance to the CPPW program for policy development and training workshops.

C. Plan for the Coming Year

For FY 2012, WIC will focus on emphasizing strategies and activities that help WIC mothers to continue breastfeeding, a population with traditionally lower breastfeeding rates.

WIC will distribute breastfeeding equipment and information, as funding is available. WIC will continue the monthly conference calls with breastfeeding staff in the coming

year, as well as our efforts to collect, link, and validate breastfeeding data and statistics, monitor breastfeeding rates, and evaluate breastfeeding outcomes.

The WIC program will continue to monitor the new national food packages and policies in support of exclusive breastfeeding.

Breastfeeding peer counseling programs will be ongoing as long as funding is continued from the USDA Loving Support grant.

The updated *Loving Support*® *Through Peer Counseling: A Journey Together* curriculum will be required to be used for training all peer counselors hired after July 1, 2012.

A training overview on how to use the new curriculum platform will be provided through three WebEx trainings. Each training session will cover different sections of the *Loving Support*® *Through Peer Counseling: A Journey Together* curriculum. The breastfeeding coordinator and breastfeeding peer counselor coordinator from local WIC agencies will attend all three trainings. Each local agency will be sent two *Loving Support*® *Through Peer Counseling: A Journey Together* training notebooks: a WIC Managers notebook and a Training WIC Peer Counselors notebook. The notebooks include facilitator prompts, speaker notes, and handouts.

WIC and Healthy Start will continue to coordinate their efforts so more women and families receive the education and support they need. The Department of Health will continue to promote and support breastfeeding through both county health department policies and guidelines and through the WIC and Healthy Start programs. WIC will continue working with the Florida Breastfeeding Coalition on statewide breastfeeding activities. In addition, the WIC breastfeeding representative will continue assisting the Department of Health in developing worksite breastfeeding support policies in conjunction with the new national Administration of the Nursing Mother Provision of the Federal Patient Protection and Affordable Care Act of 2010.

NPM#12: Percentage of newborns who have been screened for hearing before hospital discharge.

A. Last Year's Accomplishments:

Section 383.145, Florida Statutes, mandates that all babies born in Florida have their hearing screened prior to hospital discharge or within the first 30 days of life. The program collects hearing results on all babies born in Florida through the metabolic specimen card and paper forms submitted to the State Laboratory and the Newborn Screening Program. Letters are sent to babies' physicians and the families whose babies refer on the hearing screen stressing the importance of the follow-up testing. Phone calls are made to families, physicians, and audiologists to facilitate the completion of hearing testing. By screening infants for a hearing loss within the first 30 days of life, intervention services can be implemented quickly, which helps minimize speech and language delays.

A number of accomplishments occurred during the previous year. Funding was secured for the next three to five years through two federal grants. The percentage of babies screened by one month of age, the percentage of babies diagnosed with a hearing loss by three months of age, and the percentage of babies enrolled in early intervention services by six months of age all increased. The percentage of babies lost to follow-up

or lost to documentation decreased. A total of 50 on-site training/technical assistance visits with hospitals, audiologists, and physicians were completed. A total of 36 different hospitals were recognized for excellent hearing screening data performance, primarily in the areas of low not reported and low not screened. Four statewide conference calls were held on various topics related to newborn hearing screening, including the *Role of Midwives in Newborn Hearing Screening*, *Changing Trends in Reimbursement*, *Cochlear Implants in Children*, and *Being #1 with Newborn Hearing Screening Data*.

In addition, there was an average of 50 participants for each call and positive feedback has been received on all of them. The *Florida Resource Guide for Families of Young Children with Hearing Loss* was revised and reprinted. A process for obtaining needed early intervention data from Early Steps was implemented. The number of audiologists skilled in providing pediatric services to infants increased from 70 to 86 in the past year. The flow for the data system was revised so parents of babies needing follow-up receive timely and sufficient calls and letters. A designated pediatric champion was utilized to educate physicians on appropriate hearing screening follow-up protocol. A mailing of parent educational materials to all WIC and Early Learning Coalition offices was completed. Staff participated in collaborative hearing screening efforts with two Early Head Start programs through national initiative called ECHO (Early Childhood Outcomes).

B. Current Activities

Activities during the current year included recognizing three hospitals a month for excellent data, distributing educational materials for parents, and providing on-site training and technical assistance. A pediatric champion was designated to educate physicians on appropriate hearing screening follow-up protocol. We developed a one page parent information sheet for OB/GYN's to download and provide to pregnant women. Data system enhancements were implemented to improve reporting capabilities. We are conducting statewide conference calls on the various topics related to newborn hearing screening, such as *Risk Factors of Hearing Loss in Children*. A customized video on the importance of retesting after not passing the newborn hearing screening prior to discharge was purchased.

C. Plan for the Coming Year

Plans for the coming year include continuing efforts to increase percentage of babies screened by one month of age, the percentage of babies diagnosed with a hearing loss by three months of age and the percentage of babies enrolled in early intervention services by six months of age. We will also work to further decrease the percentage of babies lost to follow-up/lost to documentation. The program will utilize a geographic information system to analyze regional data. In addition to hospitals, we plan to recognize audiology offices and local Early Steps offices with provider rewards. An online form for parents to complete as an alternative to calling or sending information will be developed and implemented. We plan to expand collaborative efforts with Early Head Start, Early Steps, and Healthy Start, provide parent educational materials to all Health Start Coalition offices, and improve linking capabilities with Vital Statistics.

NPM#13: Percent of children without health insurance.

A. Last Year's Accomplishments

The Department of Health continued to work throughout the year with the University of South Florida's Covering Kids and Families (CKF) Project, the Agency for Health Care

Administration, Department of Children and Families, Florida Healthy Kids Corporation, and a variety of public and private organizations to promote enrollment and retention in the Florida KidCare children's health insurance program.

The Florida KidCare partner agencies continued special outreach efforts targeted to newly uninsured children whose families lost private coverage due to job loss.

Administrative program enhancements to improve retention were a major focus again in 2011. The Florida KidCare partner agencies worked to identify activities that could be accomplished without legislative action. For example, families with cell phone numbers are able to sign up for text reminders about premium payments and make the payments electronically. Simplified administrative renewals also were introduced that created pre-populated forms from data matches for families to review and sign.

B. Current Activities

The Department of Health, Agency for Health Care Administration, Department of Children and Families, and the Florida Healthy Kids Corporation collaborate with the University of South Florida's Covering Kids and Families project and other entities to reach out to families whose children could qualify for Florida KidCare.

As part of the federal CHIP reauthorization law, the U.S. Department of Health and Human Services awarded almost \$1 million to the University of South Florida Covering Kids and Families (CKF) Project to help find and enroll eligible children in Florida KidCare, and to promote retention, with special emphasis on racial and ethnic minority groups whose children are more likely to be uninsured.

In 2011, the Covering Kids and Families project received a CHIPRA Round II award to expand its outreach efforts. Continuing its partnership with AHCA and Healthy Kids, Covering Kids projects held press conferences and participated in back-to-school events; added 47 new business partners to its existing 35 business partners; oversaw 18 "Boots-on-the-Ground" projects, and recruited and trained new partners. As part of its "CHIPRA II" grant focusing on school outreach, 19 district-wide school projects will establish sustainable enrollment and retention approaches. The English Language Learners component will focus on children enrolled in public school English as a second language program and their parents and children participating in Refugee Youth programs.

C. Plan for the Coming Year

The 2012 Florida legislative session ended in early March 2012. The bill that extends Florida KidCare subsidized coverage to income eligible dependents of state employees was signed into law by the Governor. The Florida KidCare program partners also continue to work on ways to improve administrative simplification that do not require legislative action.

NPM#14: Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

A. Last Year's Accomplishments

Data from FFY 2011 indicate 28.8 percent of children ages 2-5 who receive WIC services had a BMI at or above the 85th percentile. This was slightly above the goal of 28.7 but below last year's indicator of 28.9 percent.

The Florida Department of Health Bureau of WIC Program Services conducted a number of activities during FFY 2011 to continue to help reduce the number of children deemed overweight based on body mass index.

Nutrition kits continued to be developed to promote healthy lifestyles. Encouraging healthy breakfasts, sodium reduction and healthy eating were the topics this fiscal year. Included as part of these kits were lesson plans, English, Spanish, and Haitian/Creole flyers and training flipcharts, a recipe book using WIC foods, coloring sheets for children, posters, and bulletin board ideas.

The pamphlets, *Keeping A Healthy Balance in Children, Feeding Your Child Ages 2 to 5 Years*, and the *Daily Food Guide* were updated to include the new United States Department of Agriculture's MyPlate logo that replaced the Food Guide Pyramid.

A DVD from the Navajo Indian Tribe was distributed to local Florida WIC agencies for them to show children in their waiting rooms. The Navajo staff developed songs to go along with the children's books developed by the Florida WIC program and produced a DVD teaching children about healthy eating and exercise in a fun way.

The Florida WIC Program is in its seventh year of receiving a United States Department of Agriculture grant for a Breastfeeding Peer Counseling Program. This special grant allowed expanded breastfeeding promotion and support in all counties above and beyond what could be accomplished with the regular WIC grant. From September 2010 to September 2011, the percentage of WIC infants who were fully breastfed at 6 months increased from 12.8 percent to 13.8 percent.

The Florida WIC Program requires local WIC agencies to develop a biennial nutrition program plan and to choose an objective in each of the following areas: nutrition education, breastfeeding, and program administration. In the nutrition program plan for Federal Fiscal Years 2012-2013, a total of 21 local WIC agencies, which includes 35 counties, selected a nutrition education objective addressing obesity interventions for children 24 months and older.

Web-based training continued to be provided to new staff on client-centered counseling skills. Web-based training was also provided to all staff on new high risk nutrition education requirements for children.

B. Current Activities

A new federal WIC policy allowed states the option of extending the certification period for children from six months to one year. Many activities were completed this year to prepare for the February 2012 implementation of the one year certification for children in Florida. Policies were revised. New nutrition questionnaires were developed with the assistance of local agency nutrition staff. New training materials were developed. Computer changes were made to the WIC data system.

Preparations to implement the new required growth charts for children and revised anthropometric risks were also undertaken. Effective February 2012, the World Health Organization growth charts were required to be implemented for birth to 24 months of age. Also, WIC nutrition risks were modified to align with the new growth charts. Preparation for this included WIC data system changes, training information and materials development.

New nutrition kits have been or will be developed for this federal fiscal year. Limiting soda consumption, portion control and encouraging the consumption of fruits and vegetables will be the main messages.

C. Plan for the Coming Year

The Bureau of WIC Program Services will continue to develop and distribute more nutrition education kits for the next year. The nutrition themes will continue to encourage healthy lifestyles and overweight prevention.

Staff will also be involved in the implementation of the WIC data system modifications to allow Electronic Benefits Transfer (EBT) cards to replace WIC checks for clients to use in the store. EBT is an electronic system that automates the delivery, redemption, and reconciliation of WIC benefits.

NPM#15: Percentage of women who smoke in the last three months of pregnancy.

A. Last Year's Accomplishments:

Florida's 2009 PRAMS data is not yet available, so we cannot determine our progress on this goal since the last report. Behavioral Risk Factor Surveillance System data reveals that in 2007, a total of 53.6 percent of women smokers tried to quit smoking.

The department contracted with its partners, the Area Health Education Centers (AHEC), to deliver in-person tobacco cessation counseling to Florida residents and training for health care professionals and students based on the *Clinical Practice Guidelines for Treating Tobacco Use and Dependence*. The AHECs also trained on other skills for health care practitioners to successfully assess, evaluate, and treat tobacco use.

The department met quarterly with the Tobacco Education and Use Prevention Advisory Council to discuss program activities and receive advice on the overall operation of the program. Council members represent Florida's recognized experts in tobacco control and the department is grateful for the passionate commitment to the effort. The Bureau of Tobacco Prevention Program continued to work to protect people from the health hazards of using tobacco; to discourage use of tobacco, particularly among youth, by reducing the prevalence of tobacco use among youth, adults and pregnant women; reducing per capita tobacco consumption; and reducing exposure to environmental tobacco smoke.

The Tobacco Free Florida campaign continued its efforts to educate Florida residents on the negative health effects of tobacco through many creative venues, including securing high-profile collegiate and professional sports endorsements. This year the campaign incorporated the new "Be Free" campaign message. The campaign doubled its media budget buy, negotiating over \$19 million in added value media.

The Florida Quitline answers calls 24 hours a day, 365 days a year, and counseling appointments are available seven days a week. Telephone counseling is available in English and Spanish. Pregnant tobacco users who are ready to quit can receive eight counseling sessions. Self-help materials are also provided by mail. If callers prefer face-to-face counseling, they are referred to the Area Health Education Centers that provide smoking cessation services. In fiscal year 2008-2009, the Quitline served over 22,000 callers. This year the bureau's cessation services expanded to include offering free NRT through the 67 Florida county health departments and through Florida Area Health Education Centers. Through their extensive network of centers allied with the state's colleges of medicine, AHEC delivered face-to-face counseling services and trained the current and future health care workforce. During fiscal year 2008-2009, AHEC provided more than 7,000 Floridians with cessation counseling.

County health departments, Healthy Start coalitions, and Department of Health staff monitored prenatal smoking indicators and compliance with guidelines on counseling all pregnant women and women of childbearing age on the dangers of tobacco use and second-hand smoke. In FY 2009/2010, a total of 13,511 pregnant women and the parents or caregivers of 5,416 infants received smoking cessation services through Healthy Start.

B. Current Activities:

Healthy Start coalitions and county health departments continue to encourage pregnant women and new mothers to sign up for Text4Baby. Text4baby provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life. These messages focus on various topics including smoking cessation and secondhand smoke, and also connect women to additional resources.

County health departments, Healthy Start coalitions, and Department of Health staff monitor prenatal smoking indicators and guidelines on counseling all pregnant women and women of childbearing age on the dangers of tobacco use and second-hand smoke. Current research is shared during statewide conference calls.

The Every Woman Florida Initiative is aimed at raising awareness about the importance and benefits of being healthy prior to pregnancy, and focuses on promoting change at the individual, provider, and system level. It includes a social marketing awareness campaign, the development of a website, and addressing preconception health issues within a March of Dimes statewide, multidisciplinary workgroup. The website serves as an information portal for health tips, assessment tools, and printable education handouts on preconception health. A fact sheet on smoking can be obtained from the website that provides information on the risks of smoking while pregnant, the risks of secondhand smoke, and where to get help to quit smoking.

C. Plan for the Coming Year

During FY2012, we will continue to provide technical assistance and training on effective interventions for those who smoke. We will support training opportunities on *Make Yours a Fresh Start Family*, ACOG's *Smoking Cessation*, *A Clinician's Guide to Helping Pregnant Women Quit Smoking*, and promote other means found to be effective. We will continue to monitor smoking cessation activities statewide, evaluate data showing

the success of these activities and data on smoking rates in general, and provide technical assistance as indicated.

Family planning providers across the state screen their clients for the extent of tobacco use, and provide information on the Quitline, one-on-one counseling on smoking cessation, and referral for smoking cessation classes as resources allow or as indicated.

We will continue to encourage all health care providers to counsel women of childbearing age and all pregnant women on the dangers of tobacco use as well as the dangers of secondhand smoke. We will also continue to monitor compliance with the Healthy Start Standards and Guidelines for tobacco cessation.

NPM#16: The rate (per 100,000) of suicide deaths among youths 15-19.

A. Last Year's Accomplishments:

Final data for 2010 indicated a decrease in the teen suicide rate from the previous year, going from 6.8 per 100,000 in 2009 to 4.5 per 100,000 in 2010. There were 54 teen suicides among age 15 through 19 year-olds, compared to 82 the previous year. Provisional data for 2011 reflects a substantial increase to 6.4 teen suicides per 100,000, but has not been sufficiently validated to determine if this is a trend or just a spike in numbers.

During FY2011, registered school nurses and social workers provided school health services and health education to 410,039 students in the 547 schools participating in the comprehensive school health services programs, and continued to refer students for community-based mental health services. These registered nurses and social workers also provided prevention interventions and classes in mental health, suicide prevention, violence prevention, conflict resolution, alcohol prevention, and drug prevention.

The state legislated and funded Statewide Office of Suicide Prevention and the Suicide Prevention Coordinating Council continued to provide a centralized structure that integrate and coordinate the statewide suicide prevention effort and provide unified direction and strategies that can be implemented at the state and local levels. This includes a website that provide links to resources for the layperson and professionals that work with children and adolescents to prevent suicide. The website can be found at <http://www.helppromotehope.com/>

Success in youth suicide prevention depends heavily on provision of suicide prevention strategies and resources for both the adults and peers that interact daily with teens. To this end, the legislature amended section 1006.07, Florida Statutes, adding provisions that all instructional and administrative personnel have access to suicide prevention resources that have been approved by the Statewide Office for Suicide Prevention, and that personnel who choose to participate in suicide prevention training shall receive in-service credit hours as determined by each district school board.

Additionally, Florida's 2011 Annual Prevention Conference provided a presentation on Florida's suicide prevention plan and three Gate Keeper Training Workshops utilizing the question, persuade, refer (QPR) technique.

B. Current Year Activities

During FY2012, registered school nurses and social workers from comprehensive school health services programs will work with school staff and refer students for community-based mental health services. Staff will provide prevention interventions and classes in mental health, suicide prevention, violence prevention, conflict resolution, alcohol prevention, and drug prevention.

The Department of Health internal suicide prevention workgroup is meeting quarterly and coordinating the department's contribution to the Florida Suicide Prevention Coordinating Council.

C. Plan for the Coming Year

During FY2013, registered school nurses and social workers from the comprehensive school health services programs will continue to coordinate with school staff and refer students for community-based mental health services. They will also continue to provide prevention interventions and classes in mental health, suicide prevention, violence prevention, conflict resolution, alcohol prevention, and drug prevention.

The Florida Suicide Prevention Coordinating Council will continue to meet four times per year while planning and designing strategies to implement the Florida Suicide Prevention Strategy. Other initiatives planned are the 11th annual Suicide Prevention Day at the capitol on April 23, 2013.

The Department of Health's internal suicide prevention workgroup will meet quarterly to coordinate the Department of Health's contribution to the Florida Suicide Prevention Coordinating Council.

It is expected that during FY2013, health, mental health, education, and law enforcement professionals will work together on strategies to identify youth at risk for suicide so they can receive appropriate prevention and intervention services.

NPM#17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

A. Last Year's Accomplishments

Perinatal specialists including physicians, nurses, and ancillary staff at the 11 designated Regional Perinatal Intensive Care Centers provide comprehensive high-risk obstetrical outpatient clinics to enhance care for high-risk patients. Three of the Regional Perinatal Intensive Care Centers continue to provide obstetrical satellite clinics in eight rural locations. The provision of these services increases the probability that very low birth weight infants will be born at hospitals with level III neonatal intensive care units.

Children's Medical Services registered nurse consultants and physician consultants review and monitor the Regional Perinatal Intensive Care Center Programs annually to monitor quality of care for high-risk obstetrical patients and appropriate placement for neonates in neonatal intensive care units.

Other activities include the provision of yearly educational programs to the community health providers by Regional Perinatal Intensive Care Center staff. Many Regional Perinatal Intensive Care Centers also participate in the Florida Perinatal Quality Collaborative, whose first initiative is to promote no elective deliveries before 39 weeks. The populations served are high-risk pregnant women and low birth weight/sick infants.

During 2011, a total of 86 percent of very low birth weight infants were born at high-risk facilities. Florida continues to strive towards meeting the goal of 90 percent annually.

B. Current Activities

The CMS goal is to ensure that high-risk obstetrical patients and very low birth weight newborns receive care at appropriate level hospitals. The Regional Perinatal Intensive Care Centers continue to provide direct health care services including inpatient services, outpatient services, and satellite clinics in rural areas.

Regional Perinatal Intensive Care Centers provide educational programs to community health providers and serve as a referral source for underserved areas.

C. Plan for the Coming Year

The goal for the coming year is to support services to increase the percentage of very low birth weight infants who deliver and receive care at hospitals with level III neonatal intensive care units. Plans include continuation of high-risk obstetrical satellite clinics. Regional Perinatal Intensive Care Center staff will continue to provide services at their established outpatient clinics, and satellite clinics to enhance access to high-risk obstetrical maternal care and education.

Children's Medical Services will continue to monitor the Regional Perinatal Intensive Care Center programs to ensure appropriate placement of neonates in the Level III NICUs. The CMS RPICC consultants will identify delivering facilities that inappropriately deliver very low birth weight neonates, and encourage the establishment of linkages necessary to transfer high-risk obstetrical women to appropriate delivering facilities.

NPM#18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

A. Last Year's Accomplishments

Provisional data for 2011 indicate 80.4 percent of pregnant women received prenatal care in the first trimester. This rate was higher than the 79.3 percent reported in 2010, but still lower than the 2011 performance objective of 81 percent. We continue to experience an increase in the number of uninsured pregnant women and a decrease in providers of prenatal care across the state.

We have encouraged county health departments (CHDs) to offer Presumptive Eligibility for Pregnant Women (PEPW) or Simplified Eligibility for Pregnant Women to assist women with early entry. Until a final determination is made, PEPW allows women to be temporarily eligible for prenatal care coverage by showing only proof of pregnancy and completing a limited application. One issue we are seeing around the state is that our private providers are reluctant to accept the PEPW client until final Medicaid approval, thus delaying entry into care.

We worked with Healthy Start coalitions statewide to ensure an adequate infrastructure for the provision of first trimester prenatal care and continuous care for all pregnant women. We continue to work with the coalitions to promote awareness among providers that Medicaid pays additional reimbursement to providers who screen clients for Healthy Start in the first trimester. We developed policies that promote wellness among women

of childbearing age, and helped educate women on the importance of first trimester entry.

Performance Improvement visits to the CHDs helped staff identify barriers to first trimester prenatal care, and allowed our staff to provide focused technical assistance and training to counties with first trimester entry levels below the state average. Healthy Start coalitions provided or facilitated a variety of enabling services, depending on local needs and resources, such as translation services, outreach, health education, family support, case management, and coordination with WIC and Medicaid. All of these services help women access early prenatal care. In some communities there are few resources or options for prenatal care, especially for women who are uninsured and do not qualify for Medicaid. In these communities, the coalitions may provide financial support for the provision of direct health care services (prenatal care), as this is the only way these services are available to some of the women at highest risk.

The MomCare program, implemented statewide in FY2002, facilitates Medicaid coverage for prenatal care. MomCare provides prenatal care choice counseling, helps women access health care services, assists in follow-up of missed prenatal care appointments, and promotes coordination between prenatal care providers and supportive services. MomCare sends a packet to all clients that includes information on the Family Planning Waiver. We continued to ensure the statewide process of presumptive and simplified Medicaid eligibility for pregnant women.

B. Current Activities

We continue to work closely with the Healthy Start coalitions and the Department of Children and Families in addressing issues for women accessing Medicaid coverage for pregnancy, or accessing provider services once Medicaid has been approved.

We have implemented preconception health guidelines for the county health department clinics, Healthy Start programs, and with our family planning clinical staff. We continue to collaborate with the March of Dimes to promote preconception health and encourage women to access early prenatal care through the Every Woman Florida Initiative. With funding from the March of Dimes, the department implemented Every Woman Florida, a statewide preconception health campaign to promote the importance of being healthy prior to pregnancy as well as raise awareness on the importance of early access to care. A preconception health website was developed to supply resources and information for health professionals and the community to promote healthy behaviors and foster early access to care.

The department undertook a special analysis in 2009 to explore the availability of prenatal care within the county health department system and to identify areas of obstetrical provider shortage. Currently, 21 out of the 67 county health departments in the state do not offer prenatal services. Some Florida counties have no obstetrical providers or hospitals that offer delivery services.

C. Plan for the Coming Year

The Department of Health will continue to work with the Department of Children and Families and the ACCESS community network to educate providers who assist women in the Medicaid application process. Through MomCare, we continue to help pregnant women in obtaining prenatal appointments and following up on their medical care. We continue to encourage CHDs to provide presumptive eligibility for pregnant women,

allowing immediate access to Medicaid services. We will continue to encourage providers outside of the CHD to use the Simplified Eligibility Medicaid application. This streamlined process requires no face-to-face contact, reducing some of the stigma barriers in accessing Medicaid insurance.

We will continue to work through Healthy Start coalitions to encourage providers to see patients during the first trimester of their pregnancies, and we will continue to partner with the Healthy Start coalitions to implement strategies to remove barriers and improve access to care as well as develop solutions for increasing the first trimester entry rate. We will also continue focusing efforts toward counties with first trimester entry levels below the state average for special technical assistance, and develop and implement strategies to improve access to early prenatal care. We will accomplish this through continued quality improvement visits to counties, as well as through working in collaboration with Healthy Start coalitions statewide.

The focus will be on areas that have access to care barriers and low continuation of prenatal care. Through the Every Woman Florida initiative the department will continue to encourage women to be healthy and prepared for pregnancy, and identify activities that will decrease unplanned or mistimed pregnancies. The aim is to increase community awareness of the importance of prenatal care as well as assist women in developing a support network within their community.

NATIONAL PERFORMANCE MEASURES	Pyramid Level of Service			
	DS	ES	PBS	IB
1) The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.				
1. Florida contracts with three genetic specialty centers for referral of patients with abnormal PKU, Galactosemia, Biotinidase and other metabolic disorder test results.	X			
2. Florida contracts with three endocrine specialty centers for referral of patients with abnormal congenital hypothyroidism and congenital adrenal hyperplasia test results.	X			
3. Florida contracts with 10 hematology/oncology specialty centers for referral of patients with abnormal hemoglobinopathy test results.	X			
4. Florida contracts with 12 Cystic Fibrosis Centers for referral of patients with abnormal cystic fibrosis test results.	X			
5. Specialty referral centers arrange confirmatory testing and treatment to for patients identified through the screening program. Genetic counseling, follow-up and nutritional counseling activities (treatment and dietary management) are included.	X			
6. Educational materials are distributed to all birthing facilities regarding the 34 disorders that are tested in the newborn metabolic screening.			X	

<p>2) The percent of children with special health care needs age 0 to 18 whose families partner in decision-making at all levels and are satisfied with the services they receive. (CSHCN Survey) Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Family-to-family support and contact will be facilitated throughout CMS. 2. CMS staff will produce and market materials that explain the CMS Mission, Vision, Goals and Services via their website, printed materials, and other forms of media and advertising. 3. Include CMS families in developing policy, training, and in-service education. 4. A statistically significant number of Satisfaction Surveys will be obtained from children, teens, and young adults enrolled in CMS Programs or their families regarding the services received through CMS or a CMS contracted provider. 5. Data collection and analyses from each CMS area office for CMS Goals/Performance Measures on family partnering and satisfaction with services. 	X	X	X	X X
<p>3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey) Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Demonstrate the importance of a medical home to the health and well being of children with special health care needs through statewide data collection, satisfaction surveys, and performance measures. 2. Medical home interagency leadership and collaboration through workgroups and participation in the Florida Pediatric Medical Home Demonstration Project. 3. Health care transition services task force and formation of transition coalition. 4. Support initiatives in tele-health, and other innovative delivery systems, that are built on the CMS medical home. 5. Educate physicians and families on the benefits and use of tele-health. 6. Identify and recruit potential or approved providers to serve CMS children with special health care needs and their families with a focus on recruiting specialists and dental providers. 7. Development and design of third party administrator system. Research and development of care coordination module for statewide implementation in 2013. 8. Collaborate with other state agencies and community partners to provide services to children with special healthcare needs, foster children, and Medicaid beneficiaries in a medical home. 9. Educate CMS children with special health care needs on the benefits of medical home in the medical home projects. 10. Medical home community outreach opportunities to educate the public in general about medical home at CMS. 		X	X	X X X X X
<p>4.) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey) Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Collaborate and coordinate with Medicaid and KidCare offices to strengthen outreach and enrollment strategies. 2. Identify children at risk for and with special health care needs. 3. Utilize quality of care measures for children enrolled in CMS Programs. 4. Track health expenditures and costs of services. 		X X		X X

<p>5) The percent of children with special health care needs age 0 to 18 whose families report the community-based service system are organized so they can use them easily. (CSHCN Survey) Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Establish and maintain CMS Programs that support all caregivers and partners. 2. Support children, teens, and young adults, and family leadership programs that identify families as leaders and potential leaders. 3. Promote use of telemedicine. 4 Support family organizations/initiatives as they engage families of children at risk for and with special health care needs in effective partnerships. 5. Evaluate the potential benefit of telehealth and telemedicine services for CMS enrollees and their families. 6. Data collection and analyses from each CMS area office for CMS Goals/Performance Measures on community-based service systems. 7. Provision of a Pharmacy Benefits Program to CMS enrollees. 	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>
<p>6) The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence. (CSHCN Survey) Ongoing major activities.</p> <ol style="list-style-type: none"> 1 Plan for the eventual transition of all teens and young adults with special health care needs to adult services. 2. CMS Network Care Coordinators will coordinate and facilitate transition activities with each teen beginning at age 12, to meet their needs. 3. Create and maintain a Transition Guide on the CMS Internet. 4. Participate in a collaborative partnership with community organizations and state agencies to support the New Freedom Initiative and the Healthy and Ready to Work Transition services and systems. 5. Create and maintain a CMS Youth Advisory Board staffed by CMS enrollees who are between 12 to 21 years of age. 6. Data collection and analyses from each CMS area office for CMS Goals/Performance Measures on youth transition. 	<p>X</p> <p>X</p>	<p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>
<p>7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, Hepatitis B. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Recommend all health care providers implement the Standards for Pediatric Immunization Practices. 2. Continue implementation of the registry (Florida Shots) in the private sector. 3. Implement/Continue missed opportunities policy for public and private health care providers. 4. Continue WIC/Immunization linkage. 5. Statewide initiative to improve collaboration with public and private stakeholders/partners in order to increase immunization coverage levels in this target population. 	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p> <p>X</p> <p>X</p>
<p>8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Teen pregnancy prevention classes, and case management and aftercare for students in Comprehensive School Health Services Projects who give birth. 2. Conducting abstinence-only education classes. 3. Conducting statewide abstinence media campaign. 4. Developing community and Department of Health program collaboration. 5. Promoting consumer involvement. 6. Provision of confidential family planning counseling and education. 7. Provision of confidential family planning comprehensive contraceptive services. 	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>

<p>9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Promote the development of school-based sealant programs. 2. Promote increased sealant utilization in county health department safety net programs. 3. Develop and maintain sealant promotional material on Internet site. 4. Promote the development of a surveillance system to capture sealant utilization data on permanent molars of third and ninth graders. 	X		X	X
<p>10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children. Ongoing major activities:</p> <ol style="list-style-type: none"> 1. The Florida Special Needs Occupant Protection Program operated in nine hospitals (eight children's hospitals and one acute care) in Florida. 2. Evaluation of children with special health care needs to determine the appropriate child safety seat or restraint. 3. Provided loaner special needs seats or restraints when necessary. 4. Purchased 345 special needs child safety seats/restraints and 194 replacement parts to be used at the nine children's hospitals. (DOT GY 10-11). 5. Through the local SAFE KIDS coalitions and state chapters, conducted numerous car seat check-up events on an ongoing basis and during National Child Passenger Safety Week, National SAFE KIDS Week, and Buckle Up America Week. 6. Purchased over 22,000 bicycle helmets that were provided to community partners who fit and distributed the helmets within their community (DOT GY10-11). 	X X X	X X	X	
<p>11) Percentage of mothers who breast feed their infants at six months of age. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Tracked "Infants Ever Breastfed" rates and "Infants Currently Breastfed" rates and the "Percentage of WIC Breastfeeding Women/Total Infants for WIC." 2. Sponsored monthly telephone conference calls for statewide Florida Breastfeeding Coalition group to support coalition activities. 3. Sponsored monthly telephone conference calls for statewide WIC breastfeeding coordinators to share breastfeeding promotion and support activities and ideas. 4. Breastfeeding education and support offered through Healthy Start. 5. Breastfeeding peer counselor programs now active in 43 WIC local agencies. 6. Sponsored monthly telephone conference calls for peer counseling program administrators to share information and support. 7. Posted all breastfeeding education materials on the web for other Florida residents to use as well as other state agencies to adopt and use. The web site is www.FloridaWIC.org/ 8. Purchased and distributed World Breastfeeding Kits to local WIC agencies to assist in celebrating WBW in August 2011. 	X	X X	X	X X X

<p>11) Percentage of mothers who breast feed their infants at six months of age. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Tracked "Infants Ever Breastfed" rates and "Infants Currently Breastfed" rates and the "Percentage of WIC Breastfeeding Women/Total Infants for WIC." 2. Sponsored monthly telephone conference calls for statewide Florida Breastfeeding Coalition group to support coalition activities. 3. Sponsored monthly telephone conference calls for statewide WIC breastfeeding coordinators to share breastfeeding promotion and support activities and ideas. 4. Breastfeeding education and support offered through Healthy Start. 5. Breastfeeding peer counselor programs now active in 43 WIC local agencies. 6. Sponsored monthly telephone conference calls for peer counseling program administrators to share information and support. 7. Posted all breastfeeding education materials on the web for other Florida residents to use as well as other state agencies to adopt and use. The web site is www.FloridaWIC.org/ 8. Purchased and distributed World Breastfeeding Kits to local WIC agencies to assist in celebrating WBW in August 2011. 	X	X	X	X
<p>12) Percentage of newborns who have been screened for hearing before hospital discharge. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Distribution of educational materials to obstetricians, pediatricians, family practitioners, midwives, parents, hospitals and early intervention providers regarding universal newborn hearing. 2. Providing technical assistance to all Florida birth facilities hearing screening personnel regarding newborn hearing screening. 3. Reporting of hearing screen results on metabolic specimen cards submitted to the state laboratory. 4. Running data system reports to provide statistical information regarding births and the number of babies that refer on the hearing screen. 			X	X
<p>13) Percent of children without health insurance. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Ensure families are informed that they can apply for Medicaid using the KidCare application year-round. 2. Policy development and evaluation of effects of Florida KidCare program changes on Florida KidCare enrollment and child uninsurance. 3. Provide care coordination and other services to uninsured and underinsured families of children with special health care needs. 4. Statewide notification of KidCare open enrollment. 	X	X	X	X
<p>14). Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile. Ongoing major activities:</p> <ol style="list-style-type: none"> 1. Continue to encourage local WIC agencies to use prevention of overweight as a major nutrition education focus in their nutrition education and breastfeeding promotion efforts. 2. Continue to provide tools on healthy eating and physical activity for WIC families such as nutrition education materials, and nutrition education kits focusing on healthy nutrition. 3. Continue to translate all campaign materials and nutrition education materials into Spanish and Haitian/Creole. The Hispanic population has the highest percentage of overweight children on WIC. 4. Provide data to local WIC agencies each quarter which tracks the percentage of 2-5 year old WIC children who are $\geq 85^{\text{th}}$ percentile in each county. 5. Post all nutrition education kit information on the Intranet for other DOH staff in the state to use. 6. Post nutrition campaign materials and nutrition education materials on the Internet for Floridians to use as well as other state agencies to adopt and use – www.FloridaWIC.org 	X	X	X	X

<p>15) The percentage of women who smoke in the last three months of pregnancy. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Provision of guidelines directing health care providers to counsel women of childbearing age and all pregnant women on the dangers of tobacco use. 2. Monitoring of prenatal smoking indicators by county health department and state health office staff. 3. Training and technical assistance on the Make Yours a Fresh Start Family program and ACOG's Smoking Cessation During Pregnancy: A Clinician's Guide to helping Pregnant Women Quit Smoking. 4. Forwarding information on tobacco cessation and secondhand smoke through conference calls, site visits, meetings, and email communications. 5. Monitoring of compliance with Healthy Start Standards and Guidelines standards for tobacco cessation. 6. Promoting partnerships with public and private sector prenatal care providers to increase access to smoking cessation services and implement programs and policies supportive of prenatal smoking cessation and reduction of second hand smoke. 7. Educating the public about dangers of smoking during pregnancy and about the QuitLine using mass media. 8. Enhancing preconception identification of smokers and enhanced interventions. 			<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	
<p>16) The rate (per 100,000) of suicide deaths among youths 15-19. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Suicide prevention and small group prevention-interventions and health education classes in Comprehensive School Health Services Programs. 2. Youth suicide prevention train-the-trainer workshops for gatekeepers. 3. Coalition building by the Florida Suicide Prevention Coordinating Council. 4. Utilization of proven mental health screening programs. 5. Implementation of research-based suicide prevention pilot projects. 		<p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>
<p>17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Regional Perinatal Intensive Care Centers (RPICC) staff from three of the RPICCs provides 8 high-risk obstetrical satellite clinics. 2. RPICC staff at the 11 designated facilities provides a comprehensive high-risk obstetrical outpatient clinic. 3. RPICC staff provides yearly educational programs to the community health providers. 4. RPICCs are monitored annually by physicians and Children's Medical Services Central Office consultants to ensure the quality of care for high risk obstetrical patients and appropriate placement of neonates in the Level III NICU. 5. Identify hospitals that are inappropriately delivering low birth weight infants, to provide education and linkage to an appropriate facility for high risk mothers and infants. 	<p>X</p> <p>X</p>		<p>X</p>	<p>X</p>

<p>18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester. Ongoing major activities.</p> <ol style="list-style-type: none"> 1. Continue work through Healthy Start coalitions to encourage providers to see patients during the first trimester of their pregnancies. 2. Continue focusing special technical assistance for counties with first trimester entry levels below the state average, and develop and implement strategies to improve access to early prenatal care. 3. Continue to promote the use of preconception health guidelines in the county health departments. 4. Continue the MomCare program. 5. Continue Presumptive Eligibility and Simplified Eligibility Medicaid application processes to expedite entry into prenatal care. 6. Continue working through the Healthy Start coalitions to implement strategies to remove barriers and improve access to care as well as develop solutions for increasing the first trimester entry rate. 			X	X
		X		X
		X		X

D. State Performance Measures

SPM#1 The percentage of Part C eligible children receiving service.

A. Last Year's Accomplishments

Direct health care activities related to this measure include identifying, evaluating, and providing services to eligible infants and toddlers through contracts with 15 local Early Steps. Early Steps also provided enabling activities such as maintaining reduced caseload sizes; providing technical assistance and training to early intervention staff and providers; providing advocacy, training and support services for families; and coordinating with Medicaid and other agencies to access funding and support for the service delivery system. Population based services included providing ongoing outreach, public awareness, and education. Examples of infrastructure building activities included revision of Early Steps policies and guidance documents to ensure consistency with new requirements of the Individuals with Disabilities Education Act (IDEA) and state requirements, maintaining a centralized system for provider enrollment; collaborating with established systems for personnel development, especially with university Infant Toddler Developmental Specialist (ITDS) programs; maintaining the Early Steps Data System, and implementing quality assurance monitoring to assess performance and ensure compliance with federal regulations and state policy.

Preventing the incidence of disabilities for infants and children is a state priority. It addresses the continuing need to provide adequate screening, assessment, and services to ensure infants and children receive the services they need to help them lead more healthy lives.

In accordance with the 2004 reauthorization of the IDEA, Early Steps publicly reported on statewide and local Early Steps performance. A determination of each local Early Steps was made in accordance with the provisions of IDEA and to identify local Early Steps that meet requirements and those in need of some level of assistance or intervention to meet the requirements of IDEA.

Technical assistance from national and regional technical assistance sources was utilized to improve the state's performance on State Performance Plan (SPP) Indicator 1 (timely service delivery) and SPP Indicator 9 (timely identification and correction of noncompliance).

B. Current Activities

Monitoring and technical assistance is provided to local Early Steps (ES) to promote performance and to ensure services are provided in accordance with federal regulations and state policy. Local ES with identified noncompliance are required to develop a Continuous Improvement Plan to ensure compliance within one year. A system of child outcome measurement has been implemented to provide information on the extent to which enrollees demonstrate improved outcomes as a result of early intervention services.

In accordance with federal requirements, an annual performance report was submitted on February 1, 2012, which includes actual target data for July 1, 2010 through June 30, 2011.

The Florida Developmental Disabilities Council commissioned and financed an intricate study of the Early Steps system to identify opportunities to promote the sustainability of the service system in light of the current economic climate and elimination of ARRA funding after the current year. Various workgroups have been working on the 40 recommendations of the study. Many of the recommendations have been implemented.

C. Plan for the Coming Year

Early Steps will continue to implement the infrastructure and improvement activities described in the Florida Part C State Performance Plan. Recruitment and retention of a highly qualified work force to meet the service needs of eligible children will be a focus, with special emphasis on the Team-Based Primary Service Provider model of intervention and evidence-based intervention for Early Steps children and their families. The Strategic Plan Implementation Committee prioritized and assigned action steps to stakeholders in the Early Steps system to implement recommendations from the sustainability study. Work on recommendations will continue.

Florida's Early Steps system was awarded a CDC Learn the Signs. Act Early. implementation grant for the purpose of educating health and early care and education providers and parents about developmental monitoring and referral for early intervention services. Grant activities will be implemented between April and November, 2012.

SPM#2 The percentage of births with interpregnancy interval less than 18 months.

A. Last Year's Accomplishments

Florida's CHARTS data for 2010 indicated 36.9 percent of all births had an interpregnancy interval less than 18 months, with a provisional rate of 36.6 percent for 2011. The Family Planning Program, Healthy Start, MomCare, and community agencies provided an array of services to ensure new mothers have a method of contraception selected prior to the birth of the baby.

Florida statute authorizes the Department of Health to make comprehensive medical knowledge, assistance, and services relating to the planning of families and maternal health care available to citizens of childbearing age. One goal is to improve the health of women and children by reducing unintended pregnancies.

The Infant, Maternal, Reproductive Health (IMRH) Unit continues to work with Healthy Start Coalitions statewide to ensure an adequate infrastructure for the provision of first

trimester prenatal care and continuous care for all pregnant women. IMRH developed policies that promoted wellness among women of childbearing age and helped educate women on the importance of spacing pregnancies to have an interval between pregnancies of 18 months or longer.

The MomCare program, implemented statewide in FY2002, facilitates Medicaid coverage for prenatal care. MomCare provides prenatal care choice counseling, helps women access health care services, assists in follow-up of missed prenatal care appointments, and promotes coordination between prenatal care providers and supportive services. MomCare sends an information packet to all clients. The packet includes information on the Medicaid Family Planning (FP) Waiver.

B. Current Activities

The IMRH Unit implemented preconception health guidelines for the county health department clinics, Healthy Start coalitions, and with county health department family planning clinical staff.

The Healthy Start population of pregnant women and mothers of infants up to age 3 are counseled about the availability of family planning services to provide clients with the knowledge of where to obtain family planning services in order to ensure birth intervals are 18 months or longer (Healthy Start Standards and Guidelines, Chapter 5). Interconception counseling is provided as part of Healthy Start services.

In April 2011, a Family Planning Advisory Committee was created to assist the Department of Health in identifying the family planning Title X health priorities for the 2012-13 and 2013-2014 grant cycles. The advisory committee members were asked to identify potential family planning priority topic areas for the state to address. The primary priority topic areas identified were: unintended pregnancy and contraceptive use; access to family planning services; and the Medicaid Family Planning Waiver.

C. Plan for the Coming Year

The IMRH Unit will continue to focus efforts toward counties with a percentage of births with interpregnancy intervals less than 18 months that is higher the overall state percentage. The counties will be provided technical assistance to develop and implement strategies in reducing the percentage of births with interpregnancy intervals less than 18 months. The IMRH Unit will accomplish this through continued performance improvement visits to counties, as well as collaboration with Healthy Start coalitions, MomCare, and other community agencies that work with mothers and babies.

SPM#3 The percentage of women having a live birth who received preconception counseling about healthy lifestyle behaviors and prevention strategies from a health care provider prior to pregnancy.

A. Last Year's Accomplishments:

Staff within the Infant, Maternal, and Reproductive Health Unit monitored the provision of preconception health education and counseling services to all family planning clients during statewide performance improvement visits. We also provided Family Planning Waiver eligibility staff with training on preconception health issues.

We collaborated with the March of Dimes Florida Chapter to establish the Every Woman Florida Preconception Health Initiative, which was a statewide campaign to raise

awareness and increase knowledge of risk factors that could lead to adverse birth outcomes. This initiative was responsible for garnishing support from healthcare providers and promoting the integration of preconception education into their professional practices.

Through a statewide collaboration with public and private sector leaders in the maternal and child health community, we formed the Every Woman Florida Preconception Health Council. These advisory council members consisted of health insurance representatives, hospital providers, members of the Florida Obstetric and Gynecologic Society, academic institutions, public health agencies, and other community organizations. To prevent workload duplication, the Every Woman Florida Preconception Health Council was consolidated and merged into the March of Dimes Prematurity Workgroup.

We developed a social marketing campaign including the establishment and launching of the Every Woman Florida website. The webpage serves as an information portal to address the knowledge, attitudes, and behaviors of providers and consumers. We developed and distributed over 500 Every Woman Florida preconception health education and outreach toolkits statewide.

Staff collaborated on the development of *Preconception Health: An Issue for Every Woman of Childbearing Age in Florida*. This preconception health indicator report provides a comprehensive look at the status of preconception health among women of childbearing age. The report covers 10 different health areas or domains such as health care, chronic diseases, infections, and mental health. The report is intended to both educate health care providers and the public and to serve as a resource in planning strategies and activities to improve preconception health in Florida.

Additional activities included the Every Woman Florida Preconception Health presentation and distribution of toolkits to over 150 students at the Preconception Peer Educators Regional Training, on July 20-21, 2010, at Florida A&M University in Tallahassee. We also completed four of six grand rounds type presentations to health care providers at hospitals throughout the state, providing preconception education and outreach to over 250 providers and consumers. We provided a Every Woman Florida Preconception Health presentation at the Annual Community Baby Shower and distributed toolkits to over 75 participants

B. Current Activities:

Florida is participating in an AMCHP initiative aimed at strengthening preconception health through collaborative efforts of the Title V and Medicaid agencies. Current activities are centered on increasing the rate of postpartum visits as well as improving the quality and content of the visit to promote interconception health particularly for women with a history of adverse birth outcomes. We continue to incorporate and monitor the provision of preconception health education and counseling services to family planning clients during CHD clinic visits. We also provided Family Planning Waiver eligibility staff with training on preconception health issues.

We printed and distributed Florida's first preconception health indicator report and modules, *Preconception Health: An Issue for Every Woman of Childbearing Age in*

Florida, to be distributed statewide and at the National Preconception Health Conference in June 2011.

The department purchased multivitamins with folic acid to distribute to female clients of child-bearing age accessing services in CHD clinics. We distributed Positive Youth Development outreach materials to raise awareness about the importance of being healthy and preventing STDs before conceiving.

We continue to collaborate on the March of Dimes Preconception/Prematurity Workgroup regarding preconception health issues, and continue to promote Every Woman Florida Preconception Health Awareness Campaign and maintain and update the Every Woman Florida Website.

C. Plan for the Coming Year:

Staff will continue to collaborate on the March of Dimes Preconception Health/Prematurity Workgroup regarding preconception health issues. We will continue to promote Every Woman Florida Preconception Health Awareness Campaign, maintain and update the Every Woman Florida Website. We will also continue to incorporate and monitor the provision of preconception health education and counseling services during county health department family planning clinic visits. Additionally, we will continue to work with AMCHP initiative to promote collaborative efforts between Title V and Medicaid and improve preconception and interconception health care services for all women covered by Medicaid.

SPM#4 The percentage of infants not bed sharing.

A. Last Year's Accomplishments

In 2010, the State Child Abuse Death Review Committee findings showed that unsafe sleep continues to be one of the most prevalent causes of child neglect fatalities among Florida's children under age 5. In order to give communities more accurate information on SUIDs, the Department of Health collaborated with Florida medical examiners in an investigation of SUID deaths. Medical examiner, law enforcement, and hospital records of potential SUID cases in 2008 were abstracted to collect information about death circumstances and suffocation risk factors including sleep surface, bed sharing, non-supine sleep position, pillow use, and head covering. Of the cases reviewed, 54 percent of the 238 SUID cases were known to be bed sharing at the time of death. The study found that scene investigation practices and data collected varied widely. Many suffocation and SIDS risk factors were not assessed or noted during scene investigations.

A study using 2009 PRAMS data was also conducted by the Department of Health on pacifier use. The study found a low percentage of Florida mothers use pacifiers all or most of the time. Black women who bed share were the least likely to give pacifiers to their infants.

Quality assurance activities included a discussion of how Healthy Start and county health departments were providing information to parents on safe sleep recommendations.

B. Current Activities

After conducting a health problem analysis of contributing factors to SUID, specific strategies are being developed to address these risk factors. Strategies include training to WIC staff to encourage discussion of safe sleep practices with their clients, and training for Healthy Start and county health department staff on how to deliver SUID risk reduction education. Additional strategies include developing and implementing a survey of Florida hospitals regarding their safe sleep policies, and a survey of pediatricians and family practice physicians to assess their safe sleep education to parents. Strategies will be implemented and their outcomes evaluated throughout the remainder of the grant cycle.

The Department of Health collaborated with the Florida Ounce of Prevention to produce three public service announcements that warn white, black and Hispanic mothers of the dangers of accidental suffocation from bed sharing. These PSAs were televised throughout Florida for a three-month period.

Following the release of the revised AAP Expansion of Recommendations for a Safe Infant Sleeping Environment, the department revised their position statement on bed sharing. The department will develop messaging about breastfeeding and the dangers of bed sharing. DOH continues to share training opportunities such as the series of web-based seminars offered by the Association of SIDS and Infant Mortality Programs with Healthy Start staff and health care providers.

C. Plan for the Coming Year

Once the 2010 PRAMS data is available, all the risk and protective factors will be reviewed including breastfeeding, pacifier use, back sleeping, and not bed sharing. In addition, information from the 2009 SUID study will be utilized to conduct a cause of death study.

Implementation of strategies to reduce unsafe sleeping behaviors will be ongoing. The Department of Health will continue to provide training on risk reduction strategies based on the latest research finding.

SPM#5 The percentage of infants back sleeping.

A. Last Year's Accomplishments

In 2010, the State Child Abuse Death Review Committee findings showed that unsafe sleep continues to be one of the most prevalent causes of child neglect fatalities among children in Florida under age 5. In order to give communities more accurate information on SUIDs, the Department of Health collaborated with Florida medical examiners in an investigation of SUID deaths. Medical examiner, law enforcement, and hospital records of potential SUID cases in 2008 were abstracted to collect information about death circumstances and suffocation risk factors including sleep surface, bed sharing, non-supine sleep position, pillow use, and head covering. Of the cases reviewed, 38 percent of the 238 SUID cases were known to be sleeping in the non-supine position at the time of death. The study found that scene investigation practices and data collected varied widely. Many suffocation and SIDS risk factors were not assessed or noted during scene investigations. Findings were shared in a poster presentation at the MCH Epi conference.

In order to improve data collection, 10 trainings were provided during 2011 by the State Child Abuse Death Review Team to law enforcement and medical examiners on the use of the CDC SUIDI Investigation form. This training has led to significant improvements in the investigations by both law enforcement and Department of Children and Families protective investigators in many areas of the state.

Healthy Start coalitions developed special initiatives to reduce sleep-related deaths in their communities. A total of 18 Healthy Start coalitions provided cribs along with safe sleep education to parents in need. Examples of other special initiatives include the Safe Baby Curriculum developed by the Hillsborough Healthy Start coalition. This curriculum has been shared with other coalitions around the state. Another example is the LifeSong Program developed by the Brevard County Healthy Start Coalition. The coalition worked with the Faith Community to get information to congregants and the community about safe sleep. They distributed 5,000 fans to about 70 churches in the month of October and the pastors discussed the disparity in black infant deaths from the pulpit.

Quality assurance activities included a discussion of how Healthy Start and county health departments were providing information to parents on safe sleep recommendations.

B. Current Activities

After conducting a health problem analysis of contributing factors to SUID, specific strategies are being developed at the state level to address these risk factors with outcome measures to assess strategy effectiveness. These strategies include providing training to WIC staff to encourage them to discuss safe sleep practices with their clients as well as training for Healthy Start and county health department staff on how to deliver effective SUID risk reduction education. Additional strategies include developing and implementing a survey of Florida hospitals regarding their safe sleep policies and conducting a survey of pediatricians and family practice physicians to assess their safe sleep education to parents. A statewide SUID task force will be created to assist with implementation of specific strategies.

Training on SUID risk reduction for Healthy Start and county health department staff is in the process of being updated and will be available for on-line access. Information on the latest research findings is shared throughout the year through statewide conference calls. On-line training opportunities such as the series of web-based seminars put on by the Association of SIDS and Infant Mortality Programs are also shared.

C. Plan for the Coming Year

The Department of Health is in the process of redesigning the Healthy Start program to improve consistency of services throughout the state and ensure the use of evidence-based interventions. Safe sleep education and breastfeeding education and support are core interventions that will be included in the program redesign.

Once the 2010 PRAMS data is available, all the risk and protective factors will be reviewed including breastfeeding, pacifier use, back sleeping and not bed sharing. In

addition, information from the 2009 SUID study will be utilized to conduct a cause of death study.

The Department of Health will continue to provide training on risk reduction strategies based on the latest research finding and make staff aware of training opportunities through web-based seminars.

Implementation of specific strategies to reduce unsafe sleeping behaviors will be ongoing throughout the remainder of the grant cycle.

SPM #6 The percentage of teen births, ages 15-17, that are subsequent (repeat) births.

A. Last Year's Accomplishments

The family planning program provided services to 17,253 teens age 15-17 during 2011, with 42,956 visits and 221,058 services for this age group. The program provided a total of 237,814 services to 48,055 teens age 13-19. Provisional statistics indicate a decrease in repeat teen pregnancies, as the rate fell from 9.0 percent to 8.2 percent and the number of repeat teen pregnancies dropped from 486 to a provisional number of 385 in 2011.

A sexually transmitted infection family planning grant stressing preconception health, which included gonorrhea and chlamydia testing for women under the age of 26, was implemented in nine county health departments (CHDs) in January 2011. The nine CHDs electing to participate had high rates of gonorrhea and chlamydia. Clients under 26 received preconception health counseling, gonorrhea and chlamydia testing, and pregnancy tests. A total of 1,076 FP clients received preconception health services through the sexually transmitted infection project during 2011.

Teen pregnancy prevention materials were ordered and distributed to CHD staff. A total of 24,000 brochures for teens entitled IPlan were shipped to all 67 CHD family planning programs. We shipped CDC "The FACTS" brochures for pelvic inflammatory disease, gonorrhea, and chlamydia to the nine CHDs participating in the sexually transmitted infection project.

A training entitled *Teen Friendly Clinic* was offered during a statewide web-based seminar in December 2011. An additional all-day training was provided in Miami-Dade County entitled *Counseling the Adolescent Patient*. Both trainings were provided through the Title X Regional Training Center, Cicatelli Associates, Inc.

We awarded teen pregnancy prevention grants to Hernando and Martin counties in 2009 as Title X Special Initiatives. Five male projects provided family planning services and reproductive health education and outreach to teens and adult males. The counties awarded a male project in 2009 included Baker, Bay, Collier, Duval, and Orange. All seven projects were in the third year of a three-year funding cycle.

Billboard, poster, and bus shelter placement with the message "When you're a teenager, life is full of positives....Don't let a pregnancy test be one of them" surrounding a picture of a positive pregnancy test, continued through December 2011. The campaign officially

ended in November 2010, but many of the sites remained available until the sites were rented.

The Healthy Start population of pregnant women and mothers of infants up to age 3 were counseled about the availability of family planning services, to inform clients of where to obtain family planning services in order to delay repeat births. Healthy Start also offered interconception counseling as a Healthy Start service to encourage women to allow 18 months between delivery of a baby and a subsequent pregnancy.

The Adolescent Health Program was awarded two initiatives during 2011, the Teenage Pregnancy Prevention Project and the Abstinence Education Program. The Teenage Pregnancy Prevention Project utilized evidence-based curriculum in 24 non-metropolitan counties with notably high rates of teen pregnancy, school drop-out, and course failure. The facilitator was trained in the Teen Outreach Program, which was piloted in 48 schools with ninth grade students during the 2011-2012 school year. Approximately 8,700 students will be served by the end of the pilot year. The Abstinence Education Program released a request for application in March 2011 for county health departments and community based organizations to utilize evidence-based curriculum with youth ages 12-19 in settings that included schools, youth centers and community organizations. A total of 13 grantees were awarded and provided training in the Project AIM, *Making A Difference and Promoting Health Among Teens* curricula.

B. Current Activities

Reproductive health education, method counseling, and family planning services are provided to all teens requesting family planning services.

A statewide web-based training entitled *Education and Counseling Adolescents* was presented in March 2012. We encourage county health department staff to provide activities during Teen Pregnancy Prevention Month, which occurs each May.

County health departments and Healthy Start coalitions continue to provide Healthy Start services, including interconception care to reduce subsequent births in teens.

The Family Planning Program plans to purchase and distribute teen pregnancy prevention educational materials. The purchasing process will begin after the start of fiscal year 2012-2013 to ensure availability of Title X family planning funds.

Full implementation and evaluation for the Teen Outreach Program will begin during the 2012-2013 school year. An increase in participants is expected during the current grant year. For the *Making a Difference and Promoting Health Among Teens* curricula, we expect approximately 10,000 students to receive services during the 2011-2012 grant year.

C. Plans for the Coming Year

The plan to reduce subsequent births to teens age 15-17 includes the provision of family planning services in all 67 CHDS, including: pregnancy prevention counseling and contraceptive services, comprehensive reproductive health education, Healthy Start services, abstinence education, and school health services.

We will provide educational brochures attractive to teens to all 67 county health departments for the staff to distribute to teens in their area. We will encourage county health department to utilize FMMIS to identify teens that have lost Medicaid, and to identify the teens to school health nurses who can then individually address with the teen their eligibility for Medicaid family planning waiver services. County health departments, Healthy Start Coalitions, and agencies and programs involved in welfare reform will continue to educate and collaborate with other community agencies in reducing subsequent teen births.

County health departments, local contract providers, Healthy Start programs, Healthy Families Florida programs, and other agencies that provide maternal and infant care services will inform postpartum teens about available family planning services through the Medicaid Waiver. Youth not eligible to participate in the Medicaid family planning waiver will be provided services utilizing the department's Title X Family Planning Program. We plan additional web-based trainings to address the adolescent population in fiscal year 2012-2013.

The Adolescent Health Program's two initiatives, the Teenage Pregnancy Prevention (TPP) Project and the Abstinence Education Program, continue and will be in the third year of five funding years.

SPM#7: The percentage of low-income children under age 21 who access dental care.

A. Last Year's Accomplishments

Overall the percentage of low-income children under 21 who access dental care had remained virtually constant 2006 through 2009. Apparent small annual increases may reflect measurement error rather than actual change. However certain facets of oral health care have clearly improved with the increase in 2010. The number of children treated by county health department dental programs grew by nearly 12 percent in 2010 over the previous year reaching over 167840 children and another 15 percent in 2011 reaching 193766 children. This increase resulted from growth in the number of county dental programs and in the productivity of county health department dentists.

Recommendations of the state oral health improvement plan for disadvantaged persons facilitated by a HRSA Targeted Oral Health Services System grant are ongoing. This broad-based initiative has the potential to increase awareness of oral health issues collaboration and partnerships and to facilitate the continued development of an integrated coordinated oral health system between the public and private sectors.

Currently more than 77.9 percent of Florida's population obtains water from community systems that provide the benefits of fluoridation. Long-term benefits will reduce treatment needs and improve access to existing providers.

County health department program guidelines provide for continuing quality improvement activities an orientation and guidance resource for newly hired dental directors and a foundation for technical assistance inquiries.

The Public Health Dental Program hired a quality improvement coordinator to spearhead quality assessment and improvement efforts in the county health department dental programs.

B. Current Activities

We will continue activities outlined in the state oral health improvement plan. State forums to develop specific objectives and to increase awareness of the needs of specific population groups are currently underway. Through a HRSA Grant to States to Support Oral Health Workforce Activities a pool of funds has been created to help county health departments establish or expand dental facilities and services to implement or expand school-based sealant initiatives. Other initiatives include contracting with Special Olympics to train dental providers in working with special needs populations and screening athletes; working with the Florida Dental Association to utilize oral health educational materials in practice FCAT testing among third graders; and a contract with the University of Florida College of Dentistry for a training program for dental providers in the care of very young children to train medical providers to provide oral health prevention referral and education and to conduct oral health surveillance.

We developed an interactive social media website with targeted oral health messaging in English and Spanish for children teens parents and providers. We continue to emphasize the integration of oral health into all appropriate DOH programs through the development of protocols and implementation activities at the county level.

C. Plan for the Coming Year

Ongoing FY2012 activities include promotional activities to increase fluoridation. Under direction of the quality improvement coordinator the promotion of increased capacity through county health department programs and increased quality improvement activities will continue. Statewide assessments of county health department guidelines and records will continue and a schedule will be promulgated for onsite QI visits conference calls and technical assistance. Plans include the development of policy and technical assistance guidance on the use of fluoride varnish in dental and medical settings.

Through the department's *Reducing Oral Health Disparities* initiative and the workforce grants to support county health department infrastructure expansion incremental progress will continue to expand access to low-income and minority populations. The program will continue to advocate for an outcome-based surveillance system that is vitally needed to increase public awareness and to monitor the impact of activities on the improvement in oral health status.

STATE PERFORMANCE MEASURES	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percentage of Part C eligible children receiving service. Ongoing major activities. 1. Evaluate current service delivery system to improve services for infants and toddlers with disabilities and their families. 2. Provide ongoing outreach, public awareness and education. 3. Identify, evaluate and provide services to eligible infants and toddlers through contracts with 15 regional programs. 4. Maintain reduced service coordination caseload size at 1/65. 5. Develop and implement state policy and standards for providing services in natural environments, and implement a centralized system for provider enrollment. 6. A Continuous Improvement system that includes Quality Assurance monitoring, identification of noncompliance, technical assistance to help local programs achieve and maintain compliance, and implementation of sanctions for systemic noncompliance.	X	X		X

<p>7. Provide for an Early Steps Data System to maintain an electronic record of all children served and services provided.</p> <p>8. Provide advocacy, training and support services for families.</p> <p>9. Coordinate with Medicaid, Insurance, Department of Education and other agencies to access funding and support for service delivery system.</p> <p>10. Implement a child and family outcomes measurement system to determine the extent to which child and family outcomes are positively impacted by receipt of services through Early Steps.</p>		X		X X X
<p>2) The percentage of births with interpregnancy interval less than 18 months.</p> <p>1. Provide preconception and interconception care education and counseling to all clients seen in the family planning clinics.</p> <p>2. Provide education for family planning providers on the benefits and implementation of clients having reproductive life plans, as well as counseling techniques to encourage clients in developing individual reproductive life plan.</p> <p>3. Encourage county health departments to utilize the limited examination guidelines to initiate a contraceptive method without having to wait for a physical examination appointment.</p> <p>4. Provide emergency contraception at the county health departments.</p> <p>5. Encourage prenatal providers to discuss the contraceptive method that will be used following delivery by the eighth month of pregnancy.</p> <p>6. Ensure CHD clients (females and males) have access to and are informed about sterilization services.</p> <p>7. Market the availability of family planning services in isolated communities.</p>	X X X	X X	X X	X
<p>3) The percentage of women having a live birth who received preconception counseling about healthy lifestyle behaviors and prevention strategies from a health care provider prior to pregnancy.</p> <p>1. Promote and encourage the integration of comprehensive preconception health services for women into all health care settings.</p> <p>2. Encourage health care providers and staff to integrate preconception education into their professional practices.</p> <p>3. Promote the use of preconception health guidelines in the county health departments statewide.</p> <p>4. Work with Healthy Start Coalitions on the provision of preconception and interconception education and counseling services throughout the state.</p> <p>5. Provide preconception education and counseling as a component of any nursing assessments and counseling service provided.</p> <p>6. Provide ongoing preconception health outreach and education through the local Healthy Start coalitions and other partners.</p> <p>7. Monitor the provision of preconception health education and counseling services during clinic visits to all family planning clients.</p> <p>8. Distribute the Preconception Health Indicator Reports, report modules, and Every Woman Florida Preconception Health toolkits statewide.</p>	X	X X X	X X X	X X
<p>4) The percentage of infants not bed sharing.</p> <p>On-going major activities:</p> <p>1. Provide training on safe sleep recommendations and reasons why parents may not be following them.</p> <p>2. Technical assistance and training on how to talk with parents and caregivers about safe sleep issues.</p> <p>3. Provide information on safe sleep through conference calls, site visits, and meetings.</p> <p>4. Provide information about available written materials and DVDs on safe sleep.</p> <p>5. Provide training on screening and treatment for depression since depressed women are more likely to bed share.</p> <p>6. Provide training to law enforcement on death scene investigation.</p>			X X X	X X X
<p>5) The percentage of infants back sleeping.</p> <p>1. Provide training on safe sleep recommendations and the reasons why parents choose not to follow them.</p> <p>2. Technical assistance and training on how to talk with parents and caregivers about safe sleep issues.</p> <p>3. Provide information on safe sleep through conference calls, site visits, and meetings.</p>	X X		X	

4. Provide information about available written materials and DVDs for parents and caregivers on safe sleep. 5. Monitor compliance with guidelines for prenatal education regarding risk reduction for sudden unexpected infant death. 6. Share best practices. 7. Train law enforcement on death scene investigation.	X	X			X
6) The percentage of teen births, ages 15-17, that are subsequent (repeat) births. 1. Provide confidential family planning counseling, education and comprehensive contraceptive services. 2. Increase access to contraceptive services for teen mothers ages 15-17. 3. Increase the number of sexually active teens who receive reproductive health services at family planning clinics. 4. Reduce the proportion of pregnancies that were conceived within 18 months of a previous birth by providing preconception health counseling. 5. Provide individual and small group pregnancy prevention interventions with Adolescent Health Services, Teen Pregnancy Prevention Grants and Healthy Start Programs. 6. Provide School Health case management and care coordination in Comprehensive School Health Projects to enable parenting students to remain in school and graduate. 7. Collaboration of Department of Health programs striving to reduce subsequent teen pregnancy.	X		X X X		X X
7) The percentage of low-income children under age 21 who access dental care. Ongoing major activities. 1. Facilitate the continued development of an integrated coordinated oral health system between the public and private sectors. 2. Conduct community-based dental projects. 3. Promote increased access through county health department safety net programs. 4. Promote the integration of oral health education in WIC Child Nutrition and other county health department programs as appropriate. 5. Promote the start of oral health practices in infancy and appropriate use of fluoride products throughout early childhood in conjunction with the CDC's <i>Brush Up on Healthy Teeth</i> campaign. 6. Promote the development of community and school-based preventive and educational programs. 7. Update Internet site to facilitate information exchange.	X X		X X		X X X

E. Health Status Indicators

Data for all 12 Health Status Indicators are included on Forms 20 and 21. Following is a discussion of those indicators that are most relevant to our planning efforts.

HSI #01A. *The percent of live births weighing less than 2,500 grams*

Factors that may contribute to the risk of low birth weight and very low birth weight include mother's race, age, multiple birth, education, socioeconomic status, and substance use during pregnancy. Black infants are twice as likely as white infants to be born at a low birth weight, and black mothers accounted for 22.9 percent of resident live births in Florida in 2010. In 2010, 14.4 percent of all mothers had less than a high school education. A total of 154,946 mothers (7.0 percent) reported they smoked during pregnancy. There were 6,774 multiple births in 2010.

The Department of Health and its partners are engaging in a number of strategies to address both low and very low birth weight. We continue to promote prenatal smoking cessation through public awareness and the provision of classes, counseling and cessation methods as resources are available. We have expanded the WIC prenatal caseload, and increased the percentage of pregnant women whose delivery is paid for by Medicaid. We started new preconception health initiatives, and looked at more effective ways of providing prenatal care. We also strengthened our family planning efforts including our Medicaid family planning waiver.

In 2010, babies weighing less than 2,500 grams accounted for 8.7 percent of all live births, with a provisional rate of 8.7 for 2011. Low birth weight deliveries raise the risk of infant mortality, morbidity, and developmental disability, and also cause greater health care costs. The percentage of twins and multigestation pregnancies is no longer increasing in Florida and does not contribute to these recent trends. We have recently studied the increase in preterm and late preterm births, a major determinant of low birth weight. The following do not explain the increase in preterm delivery in Florida: multiple gestations, maternal age, maternal race, maternal ethnicity, parity, maternal education, or marital status. Approximately one-third of the increase in preterm births is related to Cesarean delivery.

HSI #01B. *The percent of live singleton births weighing less than 2,500 grams*

Same as HIS #01A above, except for the following data interpretation.

In Florida, singleton birth babies weighing less than 2,500 grams accounted 7.0 percent of all live singleton births in 2010, with a provisional rate of 6.9 in 2011. The difference between all births with low birth weight (8.7 percent) and singleton births with low birth weight (7.0 percent) in 2010 is attributable to multiple births. Studies have shown that more than half of twins and other multiples are born low birth weight. Previous increases in multiple births have been associated with older age at childbearing and an increase in fertility therapies.

HSI #02A. *The percent of live births weighing less than 1,500 grams*

Same as HIS #01A above, except for the following data interpretation.

The percentage of infants born very low birth weight in Florida has remained consistently at or near 1.6 percent since 2006. The risk of death in the first year of life for infants born with very low birth weight is more that 90 times greater than infants born at more than 2,500 grams.

HSI #02B. *The percent of live singleton births weighing less than 1,500 grams.*

Same as HIS #01A above, except for the following data interpretation.

In Florida the percentage of singleton infants born very low birth weight in Florida has remained at 1.3 percent from 2003 to 2010, and the provisional rate for 2011 is also 1.3 percent. The difference between all births with very low birth weight (1.6 percent) and singleton births with very low birth weight (1.3 percent) is attributable to multiple births.

F. Other Program Activities

Childhood Lead Poisoning Prevention Initiative: A Department of Health program through which the environmental health program works with county health departments to enhance their data collection and case management capabilities for following and treating children with elevated blood lead levels.

Comprehensive Child Health Services: Child health services are provided to children age birth to 21 in most of the 67 county health departments in Florida. Counties may also contract services to private providers or other agencies. Comprehensive child health services are designed to integrate preventive health services and health promotion while minimizing cultural, geographic and financial barriers to care.

Every Woman Florida: A preconception health initiative that increases awareness on the importance of good preconception health. One of the goals of this initiative is to improve the integration of preconception health within all clinical settings. Another goal is to ensure the health of women of childbearing age. The Every Woman Florida website serves as a portal for preconception information for both providers and patients. The Every Women Florida Preconception Health Council is responsible for guiding the integration of preconception care in clinical and public health practice throughout Florida.

Family Health Line: A toll-free hotline that promotes the importance of early and continuous prenatal and infant care. The hotline provides basic information on pregnancy and how to access prenatal care, infant care, family planning, WIC, drug abuse treatment, and other pregnancy-related services. The hotline also arranges referrals to private, public, and volunteer health promotion groups. During 2010, there were 12,194 incoming calls to the Family Health Line.

Fetal and Infant Mortality Review: An information-gathering process designed to identify deficiencies in the maternal and infant health care system. Through individual case review, local FIMR projects attempt to identify factors that may contribute to fetal and infant death.

Florida Folic Acid Coalition: The Florida Folic Acid Coalition (FFAC) was created in 1999 to ensure that women in Florida and their health care providers are aware of the benefits of folic acid in decreasing the risk of birth defects of the brain and spine usually referred to as neural tube defects. Comprised of public and private partners throughout the state, the group supports a wide range of educational activities that have contributed to documented increases in what health care providers and women of childbearing age know about folic acid. The coalition seeks to establish folic acid education as a routine and standard part of the delivery of preventive health care services, as well as increase awareness and education of the nutritional and health benefits of folic acid across the lifespan.

Pregnancy Associated Mortality Review: A population-based surveillance and selective case review process aimed at reducing maternal mortality in Florida. The PAMR project monitors trends in pregnancy-associated deaths, and identifies gaps in care, service delivery problems, and areas in which communities can facilitate improvements in the service delivery system for women.

Pregnancy Risk Assessment Monitoring System: The PRAMS project conducts population-based surveillance of selected maternal behaviors that occur during pregnancy and early infancy, in 35 states and the District of Columbia.

Reach Out and Read: An early literacy program that involves pediatricians and nurses supporting children's language and literacy development through various interventions.

Responsible Fatherhood Project: This project encourages fathers of children (age birth to 5) to become better fathers by making available resources, support, information and education. The project also seeks to increase awareness in the local community of the importance of fathers being actively involved with the care of their children.

Sexual Violence Prevention Program: The primary goals of the Sexual Violence Prevention Program (SVPP) are to provide statewide, integrated, primary rape prevention education; services to rape victims; county health department screening and assistance for domestic violence victims; and information on human trafficking. Additionally, the SVPP develops program and policy guidelines, responds to legislative issues, and manages a public awareness campaign called "Rape. Talk About It. Prevent It" comprised of radio and television public service announcements, and print media aimed to educate 10-24 year-olds about rape prevention.

Staff Development, Education and Training: MCH staff develops training materials targeted towards MCH providers. They provide ongoing training and technical assistance to increase skills needed to screen, assess, identify needs, coordinate and provide services.

State Early Childhood Comprehensive Systems (SECCS) Project: The purpose of the SECCS Project is to support state maternal and child health agencies and their partner organizations in collaborative efforts to strengthen the early childhood system of services for young children and their families. There are five focus areas of the project: access to medical homes, social-emotional development and mental health, parent education, early care and education services, and family support services.

Statewide Birth Defects Surveillance System: A system designed to reduce the impact of birth defects, investigate possible causative agents, disseminate information, and plan and evaluate the effects of interventions. Of added importance, the file linkage efforts used to develop the birth defects surveillance system also links other datasets to vital records that are used for other maternal and child health purposes. These linked file efforts are of importance because they address identified block grant priorities and are therefore supported by MCH Block Grant funding.

Sudden Infant Death Syndrome: The Department of Health oversees the professional support activities offered to people affected by SIDS. Activities focus on increasing the awareness of SIDS and providing the latest prevention information to health providers and trainers of secondary caregivers, such as childcare providers.

Voluntary Pre-Kindergarten: A program designed to prepare 4-year-olds for kindergarten and build the foundation for their educational success. The program allows a parent to enroll his or her eligible child (four years old by September 1 and residing in Florida) in a free VPK program.

G. Technical Assistance Needs

State performance measure 3, the percentage of women having a live birth who received preconception counseling about healthy lifestyle behaviors and prevention strategies from a health care provider prior to pregnancy. Request evaluation of the effectiveness our current counseling and education, and consultation on how preconception efforts might be strengthened and improved.

V. BUDGET NARRATIVE

A. Expenditures

There were no significant variations in expenditures in forms 3, 4, and 5 from previous years. Expenditure data for Florida is included on forms 3, 4, and 5.

B. Budget

Federal funding through the Title V MCH Block Grant provides needed support to our statewide efforts. Of the \$18,904,025 budgeted as the expected federal allotment for FY2013, \$5,793,377 is budgeted for preventive and primary care for children (30.6 percent), \$8,539,800 for children with special health care needs (45.2 percent) which meets the 30 percent requirements. In addition, \$1,725,039 (9.1 percent) is budgeted towards Title V administrative costs. Total state match for FY2013 is \$169,390,341, which exceeds the state's FY 1989 maintenance of effort amount of \$155,212,322. Sources of other federal funds include the SSDI grant, WIC, the USDA CACFP grant, the Preventive Health Services Block Grant, Florida's Medipass Waiver, and CDC grant awards. A complete list of other federal funds with funding amounts is included on Form 2 and the notes for Form 2. Budget numbers for Florida are included on forms 2, 3, 4, and 5.