HRSA

Health Resources & Services Administration

Title V MCH Block Grant Program

FLORIDA

State Snapshot

FY 2022 Application / FY 2020 Annual Report

November 2021

Title V Federal-State Partnership - Florida

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2022 Application / FY 2020 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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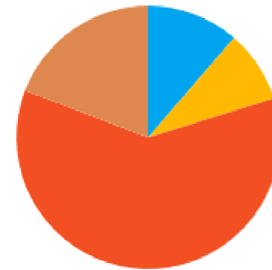
Funding by Source

Source	FY 2020 Expenditures
Federal Allocation	$19,837,392
State MCH Funds	$15,527,544
Local MCH Funds	$0
Other Funds	$106,092,392
Program Income	$33,592,386

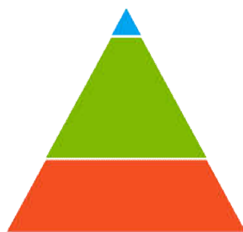
FY 2020 Expenditures



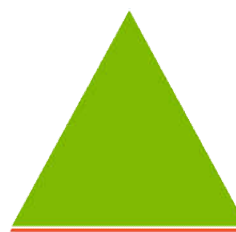
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$2,464,327	$502,982
Enabling Services	$10,856,888	$152,068,864
Public Health Services and Systems	$6,516,177	$2,640,476

FY 2020 Expenditures Federal



FY 2020 Expenditures Non-Federal



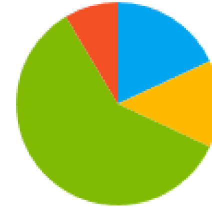
Percentage Served by Title V

Population Served	Percentage Served	FY 2020 Expenditures
Pregnant Women	100.0%	$31,595,023
Infants < 1 Year	100.0%	$24,145,283
Children 1 through 21 Years	64.0%	$103,865,872
CSHCN (Subset of all infants and children)	15.0%	$14,917,489
Others *	0.0%	$0

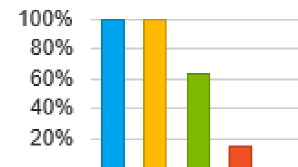
*Others– Women and men, over age 21.

FY 2020 Expenditures

Total: $174,523,667

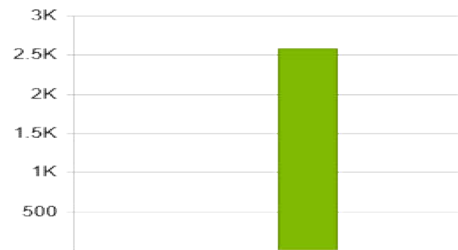


FY 2020 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	2,576
Other Toll-Free Calls:	0



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Promote safe and healthy infant sleep behaviors and environments including improving support systems, and daily living conditions that make safe sleep practices challenging. NPMs • NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding ○ ESM 5.1: The number of birthing hospitals that are Safe Sleep Certified	Continued	Perinatal/Infant Health
Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of- school activities in a safe and healthy environment. NPMs • NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) ○ ESM 3.1: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) • NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day ○ ESM 8.1.1: The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition. • NPM 8.2: Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day ○ ESM 8.2.1: The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition. • NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others ○ ESM 9.1: The number of students who participate in an evidence-based program that promotes positive youth development and non-violence intervention skills	Continued	Perinatal/Infant Health, Child Health, Adolescent Health
Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children. NPMs	Continued	Women/Maternal Health

<table>
<tr><td>
NPM 14.1: Percent of women who smoke during pregnancy
ESM 14.1.1: The number of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to Healthy Start clients
</td><td></td><td></td></tr>
<tr><td>Promote breastfeeding to ensure better health for infants and children and reduce low food security.

NPMs
NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months
ESM 4.1: The number of Florida hospitals achieving the Baby Steps to Baby Friendly hospital designation.
</td><td>Continued</td><td>Perinatal/Infant Health</td></tr>
<tr><td>Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.

NPMs
NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
ESM 1.1: The number of interconception services provided to Healthy Start clients
</td><td>Continued</td><td>Women/Maternal Health</td></tr>
<tr><td>Increase access to medical homes and primary care for children with special health care needs.

NPMs
NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
ESM 11.1: Number of DOH team members, providers (pediatric, family practice, and adult), families, family partners, and other partners serving CYSHCN in Florida receiving education or technical assistance about the patient-centered medical home model and relat
ESM 11.2: Percentage of caregivers of CYSHCN in Florida who perceive themselves as a partner in their child's care.
ESM 11.3: Percentage of providers in underserved geographic areas that received formal technical assistance through the UCF HealthARCH program that became designated patient-centered medical homes.
ESM 11.4: Number of Adult Care Providers/Practices that report accepting CYSHCN transitioning to adult care.
SOMs
</td><td>Continued</td><td>Children with Special Health Care Needs</td></tr>
</table>

• SOM 1: Percent of family satisfaction with access to care received in a patient-centered medical home and primary care for children that have special health care needs		
Increase access to behavioral health services SPMs • SPM 1: The percentage of children that need mental health services that actually receive mental health services.	New	Children with Special Health Care Needs
Improve dental care access for children and pregnant women SPMs • SPM 2: The percentage of low-income children under age 21 who access dental care.	Revised	Child Health
Address the social determinants of health that influence the relationship between health status and biology, individual behavior, health services, social factors, and policies. SPMs • SPM 3: The percentage of parents who read to their young child age 0-5 years	New	Child Health

Executive Summary

Program Overview

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

Title V programs serve a large, diverse population. Florida is the third most populous state in the nation, with an estimated population of 22 million people, of which 75.1% percent are white; 16.1 percent are black; and 5.7 percent are other races or two or more races. Of the total population by ethnicity, 25.6 percent are Hispanic. The racial, ethnic, and cultural diversity of Florida's population creates unique challenges as well as opportunities.

Priorities to meet the needs of the Title V population include the promotion of safe sleep behaviors, breastfeeding, and smoking cessation to reduce poor birth outcomes; encouraging children to be physically active; improving access to care for women; and dental care access for children and women. Priorities for CYSHCN include access to medical homes/primary care and improving access to mental health services for all children. Corresponding strategies and activities are intentionally inclusive in the areas of health equity, family partnership, transition, life course, workforce and essential public health services.

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

Strategies identified to address priority needs and selected performance measures are implemented through a variety of mechanisms, including statewide projects administered through the state health office, Schedule C funding through a statement of work with county health departments (CHDs), contracts with academic and university partners, Florida's Perinatal Quality Collaborative (FPQC), Healthy Start Coalitions, and other partners and stakeholders.

The Title V program plays an important role in supporting and ensuring comprehensive, coordinated, and family-centered services. These efforts begin with reviewing epidemiologic research and reports and collecting and studying data to ensure our efforts and decision making are data driven and factually relevant. The Title V program collaborates with other programs within the FDOH to ensure comprehensive, coordinated services are available to the people of Florida, particularly women, pregnant women, infants, and children (including CYSHCN). The Bureau of Family Health Services' MCH Section and the Office of CMS Managed Care Plan and Specialty Programs have primary responsibility for the Title V application and oversight of Title V activities.

Under the leadership of the State Surgeon General, the Title V program works with a diverse group of public and private partners across the state who make up Florida's public health system, including a range of stakeholders, such as state and local government agencies, health care providers, employers, community groups, universities and schools, nonprofit organizations, and advocacy groups. State examples include county health departments, the FPQC, the Agency for Health Care Administration (AHCA), the Department of Children and Families (DCF), the Department of Education (DOE), the Florida Hospital Association, the March of Dimes, and Healthy Start Coalitions. Partners on the national level include, the Association of Maternal & Child Health Programs, National Maternal Child Health Workforce Development Center, CityMatCH, Centers for Disease Control and Prevention (CDC), and the Association of State and Territorial Health Officers. CMS partnerships include the MCHB funded training programs at the University of Florida's Pediatric Pulmonary Center, the University of South Florida's Department of Pediatrics Adolescent Medicine and College of Behavioral & Community Sciences, the University of Miami's Mailman Center for Child Development, the Family Café, and the Family Network on Disabilities of Florida.

The CYSHCN program vision is that every child and youth with special health care needs has access to high quality, evidence-based, family-centered systems of care, regardless of health insurance type. To influence NOM 17.2, the percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system, the CYSHCN framework includes five key strategies: 1) Transform pediatric practices into patient-centered medical homes 2) Build the behavioral health integration capacity of pediatric primary care clinicians to identify and treat common behavioral health conditions 3) Address community integrated system building in Florida's diverse regions 4) Improve access and quality through contracts with specialty networks that have condition-specific expertise (e.g., diabetes, sickle-cell disease) 5) Collaboratively partner with CMS Health Plan, a Medical Managed Assistance Plan that serves children with medical complexities.

CMS continues to address the needs of CYSHCN and their families through population health strategies that strengthen the system

of care, especially for children with medical complexities. In the wake of COVID-19, children are behind on vaccines and have increased mental health needs, requiring increased program efforts to expand access to patient centered medical homes and access to mental health treatment. This includes ensuring that underserved areas, are prioritized for expansion. As foundational elements, the Standards for Systems of Care for Children and Youth with Special Health Care Needs, Version 2 and tasks that address identified CYSHCN priorities have been woven into the majority of the FDOH's CYSHCN contracts. This includes the implementation of quality of life measurement tools and how programs plan to use the resulting information for quality improvement activities. To engage multiple sectors and community partners to generate collective impact and improve social determinants of health, CMS' regional approaches include public health detailing, annual community assessments, and the formation of regional networks for access and quality.

Specific to its role as a health plan option for CYSHCN enrolled in Title XIX or Title XXI health insurance, CMS partnered with WellCare of Florida in February 2019. Approximately 91,000 CYSHCN have enrolled in this health plan built on the Standards for Systems of Care for CYSHCN. Children and families receive specialized care coordination services, as well as expanded benefits to address family needs and social determinants of health such as caregiver behavioral health services, non-medical transportation, over-the-counter stipends, swimming lessons, and home and grocery allowances.

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

The FDOH's ongoing efforts to address avoidable inequities, historical and contemporary injustices, and to eliminate health disparities, would not be possible without the leadership of our county health officers and the cooperation of our valuable partners at the federal, state, local, tribal, and territorial levels. Following is a discussion of our current priorities and corresponding performance measures and justification for selection through our statewide needs assessment process:

Domain: Women/Maternal Health
NPM 1: Percent of women, ages 18 through 44, with a past year preventive medical visit.
ESM 1.1: The number of interconception services provided to Florida's Healthy Start Program clients.
State Priority: Improve access to health care for women to improve preconception and interconception health, specifically women who face significant barriers to better health.
Significance: Women's health, at all ages of the lifespan and for those whose circumstances make them vulnerable to poor health outcomes, is important and contributes to the well-being of families. The Title V program focuses on preconception/interconception health, recognizing the importance of improving the health of all women of reproductive age to ensure better birth outcomes and healthier babies.

NPM 14.1: Percent of women who smoke during pregnancy.
ESM 14.1: The number of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to Florida's Healthy Start Program clients.
State Priority: Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children.
Significance: Smoking during pregnancy increases the risk of miscarriage, certain birth defects, premature birth, and low birth weight. Smoking is also a risk factor for sudden infant death syndrome (SIDS), as secondhand smoke doubles an infant's risk of SIDS.

Domain: Perinatal/Infant Health
NPM 4: A) Percent of infants who are ever breastfed, and B) Percent of infants breastfed exclusively for 6 months.
ESM 4.1: The number of Florida hospitals achieving the Baby Steps to Baby Friendly hospital designation.
State Priority: Promote breastfeeding to ensure better health for infants and children and reduce low food security.
Significance: There is a clear link to the state's priority to promote breastfeeding as a means of ensuring better health and reducing low food security. Breastfeeding is recognized as a major health benefit to infant and mother as well as an enhancement of maternal/child bonding.

NPM 3 Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).
ESM 3.1 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of- school activities in a safe and healthy environment.
Significance: Very low birth weight infants (<1,500 grams) are the most fragile newborns with a risk of death over 100 times higher than that of normal birth weight infants (≥2,500 grams). VLBW infants are significantly more likely to survive and thrive when born in

a facility with a level-III Neonatal Intensive Care Unit (NICU), a subspecialty facility equipped to handle high-risk neonates.

NPM5: A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate approved sleep surface, C) Percent of infants placed to sleep without soft objects or loose bedding. ESM 5.2: The number of birthing hospitals that are Safe Sleep Certified.
State Priority: Promote safe and healthy infant sleep behaviors and environments, including improving support systems and the daily living conditions that make safe sleep practices. challenging.
Significance: Sleep-related deaths, including suffocation, asphyxia, and entrapment; and ill-defined or unspecified causes of death, remain a concern for families in Florida. Focusing on a safe sleep environment can reduce the risk of all sleep-related infant deaths, including SIDS.

Domain: Child Health
NPM 8.1 and 8.2 : Percent of children ages 6-11 and adolescents ages 12-17 who are physically active at least 60 minutes per day.
ESM 8.1: The number of school districts that apply for the evidence-based Florida Healthy School District recognition State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.
Significance: Studies show that for many children, a decline in physical activity begins in middle school, but children who continue to be physically active through high school have a much better chance of being physically active adults. Focusing on children and adolescents to increase physical activity can have a tremendous impact on improving health throughout the lifespan.

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

SPM 3: The percentage of parents who read to their young child.
State Priority: Address the social determinants of health that influence the relationship between health status and biology, individual behavior, health services, social factors, and policies.
Significance: Encouraging parents to read to their child has a positive impact on children, including but not limited to, increased positive parenting, improvement in the parent-child bond, and improved language development in children.

Domain: Adolescent Health
NPM 9: Percent of adolescents, ages 12-17, who are bullied or who bully others.
ESM 9.1: The number of students who participate in an evidence-based program that promotes positive youth development and non-violence intervention skills.
State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.
Significance: To grow and develop in good health, adolescents need information, opportunities to develop life skills; and safe and supportive environments. They also need opportunities to meaningfully participate in the design and delivery of interventions to improve and maintain their health. Bullying is a serious detriment to a child's health, sense of well-being, safety, education, and emotional development; and greatly increases the risk of self-injury and suicide.

Domain: Children and Youth with Special Health Care Needs
NPM11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.
ESM 11.1: Number of FDOH team members, providers (pediatric, family practice, and adult), families, family partners, and other partners serving CYSHCN in Florida receiving education or technical assistance about the patient-centered medical home model and related topics that impact the health and wellness of CYSHCN.
ESM 11.2: Number of caregivers of CYSHCN in Florida who perceive themselves as a partner in their child's care.
ESM 11.3: Percentage of providers in underserved geographic areas that received formal technical assistance through UCF HealthARCH program that became designated patient-centered medical homes.
ESM 11.4: Number of Adult Care Providers/Practices that accept CYSHCN transitioning to adult care.
SOM: Percent of family satisfaction with access to care received in a patient-centered medical home and primary care for children that have special health care needs
State Priority: Increase access to medical homes and primary care for CYSHCN.
Significance: A patient-centered medical home (PCMH) provides accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective medical care. It is especially advantageous for CYSHCN as they require coordination of care between providers.

SPM 1: The percentage of children who need mental health services that actually receive mental health services.
ESM 1.1: Number of FDOH team members, providers, (pediatric, family practice, and adult), families, family partners, and community service providers receiving education or technical assistance about accessing or providing access to behavioral health services.
ESM 1.2: Number of providers that have initiated integrating behavioral health services.
ESM 1.3: Number of activities identified that support families in enhancing mental health protective factors and build resilience.
State Priority: Improve access to appropriate mental health services to all children.
Significance: Access to behavioral/mental health services is a priority need. Without early diagnosis and treatment, children with mental health conditions may have problems at home, school, and socially.

How Federal Title V Funds Complement State-Supported MCH Efforts

Federal Title V funding provides invaluable flexibility in how states are able to compliment state and other funding resources to meet the needs of their population. This allows states to determine what strategies to implement and what health concerns in their state to address. An example of this in Florida is investing in an Opioid Coordinator.

In 2018 Florida was awarded a grant from the Association of State and Territorial Health Officers (ASTHO) for the Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI). Through this grant, an Opioid Coordinator was hired. This coordinator came to the initiative with 20 plus years working in maternal and child health at the local and state level. The coordinator was able to make progress on initiatives and the FDOH was able to continue this momentum when the grant was over by using Federal Title V funding to support this position.

The MCH Section continues to convene partners to create networks that assist in funding collaborative work and support quality research about what works and what changes can be made at the systems level to improve health outcomes. This approach requires partnership with other funders and organizations able to make a difference on the issue in question on a larger scale. Scaling successful interventions is too big a job for any one funder to successfully take on.

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

The FDOH continues to successfully implement system changes through some of its partnerships with the Florida Perinatal Quality Collaborative (FPQC), Florida Hospital Association, Florida State University, University of Florida, Florida Association of Healthy Start Coalitions, Nurse Family Partnership, the Agency for Health Care Administration, Florida Department of Children and Families, Florida Department of Education,

MCH Success Story

Florida's Maternal Mortality Review Committee is a multi-disciplinary team that examines pregnancy-related deaths (PRD) to recommend and promote actions to address patient and community factors, provider and facility practices, and health system issues in order to prevent these deaths. PRD is a death during pregnancy or within one year of delivery from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition.

In contrast to the nation, Florida's pregnancy-related mortality ratio (PRMR) has decreased over the past decade with significant improvements in non-Hispanic Black and Hispanic women. In 2017, Florida's PRMR of 15.7 was lower than the national ratio of 17.3. Overall, the PRMR in Florida decreased 29% from 2009-2013 to 2014-2018 ($p<0.001$). For non-Hispanic Black women, the PRMR decreased 37% from 46.6 to 29.4 deaths per 100,000 live births over the same time period ($p=0.002$). Similarly, the PRMR decreased 42%, from 12.8 to 7.4 in Hispanic women ($p=0.04$). Although not significant, non-Hispanic White women decreased 8% from 15.8 to 14.5. Consequently, the Black-White disparity decreased from a value of 3.0 to 2.0. The most common underlying causes of PRD during the study period included: hemorrhage (21.1%), infection (15.4%), hypertensive disorders (11.8%), and other causes; the last three showed significant decreases in ratios over the two time periods (each $p<0.01$). Although not significant, the hemorrhage ratio decreased after a prior decade of increase.

There are several reasons for this improvement. First, Florida has a robust mortality review committee which comprehensively reviews all PRD based on good evidence to show that these committees strengthen public health surveillance. Florida's review committee identified hemorrhage and hypertensive disorders as prevention priorities and developed Urgent Maternal Mortality

Messages based on findings and trends and has distributed these to obstetrical providers and hospitals throughout the state. Additionally, the Florida Perinatal Quality Collaborative and other state partners have launched obstetric hemorrhage and hypertension quality improvement initiatives. Finally, national initiatives are addressing prevention and systems improvement to eliminate preventable maternal mortality. Ensuring a multi-disciplinary mortality review and using statewide resources in a multi-pronged approach has shown to be effective in decreasing Florida's PRMR.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Florida

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2020.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.