

# STATE TITLE V BLOCK GRANT NARRATIVE

STATE: **FL**

APPLICATION YEAR: **2005**

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## **I. GENERAL REQUIREMENTS**

### **A. LETTER OF TRANSMITTAL**

The Letter of Transmittal is to be provided as an attachment to this section.

### **B. FACE SHEET**

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

### **C. ASSURANCES AND CERTIFICATIONS**

Assurances and certifications are on file in the state MCH program's central office. The assurances and certifications can be made available by contacting:

Bob Peck  
Florida Department of Health  
Bin A-13 (HSFFM)  
4052 Bald Cypress Way  
Tallahassee, FL 32399-1723

### **D. TABLE OF CONTENTS**

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

### **E. 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. Headquarters MCH staff review and evaluate coalition needs assessments, service delivery plans, and implementation reports and use this information in planning MCH programs.

To facilitate comment during development and after transmittal, an advertisement was placed in the Florida Administrative Weekly soliciting input. An additional advertisement will announce its availability to the public. We will also make the FY2005 application available over the Internet on our department website. To find applications from previous years, and to locate the FY2005 application when it is available, go to <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](http://www.doh.state.fl.us). On that page, go to the subject list pull down menu and click on maternal and child health. From there, click on the documents link, 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](http://www.myflorida.com) and clicking on the "Find an Agency" link under the Welcome to Florida logo, and then clicking on the link for health.

## **II. NEEDS ASSESSMENT**

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

### III. STATE OVERVIEW

#### A. OVERVIEW

Demographic and geographic characteristics of Florida create unique challenges. The south Florida region is primarily urban, with tremendous ethnic diversity. The Hispanic population continues to grow, particularly in the Miami-Dade area, which is predominantly Hispanic. Additionally, although areas of central Florida are experiencing massive growth, much of the growth is in the service industry, where typically few benefits are provided for workers and contributions to the tax base of counties are small. In addition to urban pockets of poverty, Florida has agricultural rural areas that are sparsely populated, have lower than average per capita income, and few health care providers and other support services. The undocumented citizen population continues to grow, especially in agricultural rural areas in the state. The health care issues for this group, because of their citizenship status and geographic location, create unique challenges for local communities. As in other states, the service delivery system in Florida has undergone immense change. The traditional fee-for-service provider relationship has given way to managed care systems with varying degrees of accessibility, and welfare reform has changed the support available for poor families.

Growth in the population of undocumented citizens, and the affect it has on the system of care, can be seen in the tremendous increase in the number of undocumented immigrant emergency room births in the last five years. In 1996 there were 4,556 emergency deliveries within this population, and that number remained fairly steady before increasing to 5,322 deliveries in 1999. In 2000, this number rose to 8,124 undocumented immigrant emergency room births, a very significant increase. Between 1990 and 1999, there was a net international migration in Florida of 640,109, with the largest gains in the following counties: Miami Dade (52.7 percent of total), Broward (14.1 percent) Palm Beach (7.5 percent), Orange (5 percent), and Hillsborough (4 percent). Net international migration is the difference between migration to an area from outside the United States (immigration) and migration from the area to outside the United States (emigration). It includes both legal immigration reported to the Immigration and Naturalization Service and estimated undocumented immigration from abroad.

/2003/ In 2001, there were 10,836 undocumented immigrant emergency room births, compared to the 8,124 reported above for 2000, a significant increase. These figures represent only the births paid for by Medicaid, and do not include delivery services that may have been covered by the hospitals. The cost for the Medicaid deliveries in 2001 was \$37.1 million.

***/2005/ The number of undocumented immigrant emergency births in Florida continues to rise. In 2002, there were 12,715 deliveries paid by Medicaid for women who were illegal aliens. In state fiscal year 2003 (between July 1, 2002 and June 30, 2003) there were 14,329 Medicaid deliveries, at a cost of \$53.3 million.***

***Florida is a multicultural state with complex growth and health care problems. Immigration and agricultural migration of foreign workers continue to contribute to Florida's challenge of meeting health needs of vulnerable populations. These populations, which tend to cluster in certain geographic areas, are often the most difficult to reach and contribute disproportionately to the health problems of pregnant women and children. Additionally, Florida, like many other states, experiences significant racial and ethnic disparity in health outcomes in the MCH population.***

***/2003/ The Department of Health is meeting the needs of various cultures in a number of ways, and it is the expectation that all services are provided with sensitivity and accommodation for cultural needs, beliefs, and mores. Individual programs provide training to staff and providers regarding cultural competence. Through the Racial and Ethnic Health Disparities Initiative "Closing the Gap," the department contracted with Florida A&M University to provide six cultural-competence training workshops around the state. The training was designed for county health department administrators/directors, supervisors, department heads, staff and contracted providers, and project directors/coordinators. It stressed the application of skills and knowledge necessary to work with culturally diverse individuals and communities and its***

**relevance in improving the health status of the individuals residing in Florida. James L. Mason, PhD., Assistant Professor of Social Work at Portland State University, conducted a six-hour workshop with managers from headquarters and county health department directors. In addition, Brenda Jarmon, PhD., provided cultural competency training to central office staff in Tallahassee in 2001. The Abstinence Education Program has also contracted with Dr. Jarmon for cultural competency training for staff and providers.**

**The population in Florida is projected to reach 17.3 million by the year 2010, a 9 percent increase from 2000. The greatest increases are projected in non-white populations and other ethnic groups, increasing the state's diversity. The white population is projected to increase by 13 percent, reaching 14.1 million, while the black population will increase by 21 percent for a total of 2.8 million. In ethnic categories, Asians are projected to increase by 39 percent, a projected total population of 365,000. The Hispanic population in Florida is expected to increase by 24 percent by 2010, reaching a population of 3.3 million.**

**/2003/ Census projections predict Florida will have a total population of 18.5 million by 2015, making Florida the third most populous state behind California and Texas.**

**Last year the Florida Legislature appropriated \$6 million dollars to begin addressing racial and ethnic disparity in six target areas. Infant and maternal mortality was one of the six areas. Projects were funded through a competitive bid process for a total of \$768,052. There were four projects funded for 19 months and four projects funded as one-time only projects. These projects are community-based organizations and consist of very diverse action plans. Project activities run the gamut from targeted case management to client health literacy assessment. It is hoped these projects will begin to provide understanding and direction for reducing racial and ethnic disparity.**

**/2003/ The legislature has appropriated another \$2.1 million for the next fiscal year to help reduce health disparities in the six health areas. The money will be put out via an invitation to negotiate process. We expect at least two new projects targeting the reduction of infant mortality will be funded, and that new contracts will start sometime in August 2002.**

**/2004/ During the 2002 legislative session, the Florida Legislature appropriated \$4.6 million dollars for the next fiscal year for projects with a primary focus of addressing racial and ethnic disparity in six target areas. Infant and maternal mortality is one of the six areas. Projects receiving funding are selected through a competitive bid process. There will be seven projects funded for a total amount of \$974,847. These projects are community-based organizations and consist of very diverse action plans.**

**/2004/ In addition to the \$4.6 million appropriation, the department has requested an additional \$2.1 million for the expansion of activities related to reduction of health disparities in infant mortality. If appropriated, the money will be put out through an invitation to negotiate process. We expect that at least two new projects targeting the reduction of health disparities in infant mortality will be funded, and that new contracts will start sometime in November 2003.**

**/2005/ In addition to the \$4.6 million appropriated by the 2003 legislature, the 2004 legislature appropriated an additional \$1 million; these funds will be made available through a grant application process. This appropriation will provide funding for one or two additional maternal and infant mortality projects that address racial and ethnic disparities. Oral health has been added as a seventh category, but no money has been allocated yet for this specific category.**

**/2005/ Florida was one of five states invited to participate in an Action Learning Lab on Racial and Ethnic Disparities in Perinatal Health Outcomes sponsored by the Association of Maternal and Child Health Programs. The purpose of this workshop was to help participants develop goals and implement strategies that hopefully will reduce racial disparity through lasting systems change. Comprised of both state and community health professionals, the Florida**

***workgroup is formulating strategies to increase local community participation and empowerment in health education, funding, promotion, prevention, and care access processes. This will be achieved by the implementation of community development standards and guidelines for Florida's Healthy Start program, county health department technical assistance guidelines, and a community development guideline template for non-governmental community-based organizations.***

***As Florida continues to grow and change, addressing the health care need of its citizens becomes ever more challenging. The state Title V director and the deputy secretary for Children's Medical Services (CMS) are recognized as innovative leaders in building a strong infrastructure and service delivery system for maternal and child health (MCH) services. The department has built a system of locally based providers, families and coalitions with informal as well as formal mechanisms for providing input into the status of health services delivery for families and children. These include the county health departments, Healthy Start coalitions, CMS regional offices, MCH and CMS staff, and various consumer representatives. Department of Health leadership continues to strengthen collaboration with Florida's traditionally black colleges and universities to ensure adequate representation of minority populations. Lastly, close collaboration with other major universities in Florida, including colleges of public health, medical schools and MCH-related foundations, also contributes information essential for setting priorities and determining the magnitude of importance of competing factors in the environment.***

## **B. AGENCY CAPACITY**

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. 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. Additional capacity is provided through the Department of Health 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; and PRAMS, 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.

School health is the primary delivery system for preventive and primary care services for children. School health mandates preventive health services in grades K-12 including record reviews; health, nursing and nutrition assessments; preventive dental program; vision, hearing, scoliosis, growth and development screening; and curriculum development for children in public and private schools.

Beginning in the fall of 2001, school nurses in full service schools addressed childhood obesity by initiating body mass index (BMI) screenings on all students in grades K, 3, 6, and 9. The school nurses emphasize key prevention strategies such as healthy eating behaviors, regular physical

activity, and reduced sedentary activity.

To address the education, training and availability of school nurses, initiatives have been implemented that will enable school nurses to access college credit courses and continuing education on the Internet. In addition, scholarships have been made available for school nurses to become certified in school nursing, a nationally recognized credential that speaks to a level of expertise in school nursing. To address the shortage of nurses, the School Health Program has initiated projects to recruit RNs and LPNs as volunteer school nurses. The volunteer school nurses do not replace paid school nurses; they supplement the services these nurses provide so school nurses are more available to provide needed school health services.

Coordinating and strengthening the health care system for children is also an important focus of the overall strategic plan for maternal and child health. Infant and child health issues that will be targeted are racial disparity in infant and child health outcomes, quality improvement, asthma, SIDS, fetal and infant mortality review, lead poisoning, shaken baby syndrome, school readiness/health component, day care, and immunizations.

Florida KidCare is the name of Florida's child health insurance "umbrella" program for uninsured children under age 19, providing affordable coverage based upon their needs and eligibility through KidCare Medicaid, MediKids, the Children's Medical Services Network including the Behavioral Health Specialty Care Network, or Florida Healthy Kids. As of September 2000, Florida insured over 1 million children in Florida KidCare programs. This represents a 34 percent increase since the program was implemented in April 1998. Florida KidCare is dedicated to ensuring all children eligible for or potentially eligible for Florida KidCare apply. Legislative changes to the Florida KidCare program helped ensure families who are eligible are afforded comprehensive health insurance coverage for their children. The Florida KidCare Program continues to provide outreach strategies designed to reach all families with children who are eligible or may be eligible for Florida KidCare. Outreach strategies include: statewide and targeted marketing using a multifaceted media campaign; outreach to families and community-based organizations provided by the 17 Regional Outreach Projects; information dissemination and public relations; various trainings to statewide and community organizations; a toll-free information line; family advocacy; and intensive outreach and special projects to reach underserved, uninsured populations. Program evaluation and quality improvement are key to ensure outreach activities are appropriately motivating the target population to apply, and assuring effective and seamless program implementation and operation. There are numerous statewide and community partners working together to ensure all families with children eligible for Florida KidCare are reached and encouraged to apply. Through these statewide and targeted community efforts, Florida KidCare continues to be successful in reaching, enrolling, and insuring children.

/2003/ The Children's Medical Services Behavioral Health Network works in conjunction with the Department of Children and Families to address the behavioral health needs for children 5-19 and between 101 percent and 200 percent of poverty. Medicaid-eligible children receive those services through Medicaid.

/2003/ As of February 2002, there were 1.3 million children enrolled in KidCare, a 69 percent increase since implementation of the program in April 1998.

***/2005/ On June 30, 2003, there were 1,507,513 children enrolled in the KidCare program, representing a 9.4 percent increase in the number enrolled on June 30, 2002, which was 1,365,732.***

***/2005/ In early 2004, the Florida Legislature enacted legislation, which was signed into law by the governor in March 2004, that provided funding for children who were on the Title XXI wait list through January 30, 2004 ? approximately 90,000 children. The new law also formally eliminates Florida KidCare outreach functions from the Department of Health; institutes new eligibility verification requirements; specifies that applications may only be accepted and***

**processed during no more than two open enrollment periods per year, thereby eliminating the accumulation of future wait lists; and requires mandatory disenrollments from two of the three Title XXI-funded Florida KidCare program components if enrollment and expenditures exceed appropriations.**

**/2003/ KidCare programs are currently open to all Title XXI eligible children. Whether there will be enrollment caps in the future will depend on the amount of state funds appropriated by the legislature for the KidCare program next year. Federal funds are available, but state funds are required to draw down the federal dollars. There are currently waiting lists for children who are not eligible for Title XXI, due to federal law that prevents SCHIP programs from covering dependents of career service state employees (except for Medicaid), and children that do not fit certain immigration status criteria. These are children who are financially eligible but cannot be covered unless the federal laws are changed, or unless only state or local funds are used to cover these children. A bill called the Silver Model is currently being considered at the state level that would allow counties and other local organizations to contribute local match to cover these non-eligible children.**

**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, but not necessarily by the county health departments 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, 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. Through an allocation methodology developed at the state level, MCH block grant funds are distributed to local Healthy Start coalitions for the support of building infrastructure and the provision of services to the MCH population.**

**The Children's Medical Services program provides children with special health care needs a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary, regional, and tertiary pediatric care. The CMS statewide, integrated system of care includes a network of services ranging from prevention and early intervention programs to primary and specialty care programs including long-term care for medically complex, fragile children. Patients may receive medical and support services through 22 CMS area offices staffed by private physicians, in local private physician offices or other health care organizations, through regional programs, hospitals, support services through 22 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. CMS, in coordination with Medicaid, has established 17 Children's Multidisciplinary Assessment Teams to staff the needs of children and families who require long-term care services. Long-term care services include medical day care, medical foster care, nursing home care, and in-home wrap-around services. All CMS services are provided through a panel of CMS consultant physicians who meet specific credentialing requirements to ensure quality pediatric care. The benefit package mirrors Florida's Medicaid range of services plus additional supporting services such as respite services, parenting support services, early intervention, genetic testing, and genetic and nutritional counseling.**

**/2004/ CMS, in coordination with Medicaid, has established 16 Children's Multidisciplinary Assessment Teams to staff the needs of children and families who require long-term care services.**

**/2005/ A new Children's Multidisciplinary Assessment Team (CMAT) was established in Sarasota and in Rockledge, bringing the total number of Teams to 18.**

***In 1996, the Florida Legislature passed legislation making the CMS Network (CMSN) available as a recognized managed care choice for Medicaid recipients who are required to choose a managed care option, i.e. Medicaid HMO or MediPass (managed fee-for-service). Medicaid children with special health care needs may choose the CMS Network as their health care choice if they meet medical screening criteria. Services are reimbursed directly by Medicaid on a fee-for-service arrangement. Each child has a primary care physician who provides or directs the care of the child and a CMSN Nurse care coordinator.***

***In 1998, the Florida Legislature extended CMS Network benefits to children with special health care needs who are enrolled in Florida's KidCare program for uninsured children through the Children's Health Insurance Program (Title XXI). This program is capitated and operates within enrollment limits established by the legislature. In addition, it includes a joint partnership with Children's Mental Health in the Department of Children and Families to provide coordinated physical and behavioral health care for school-age children with mood, psychiatric, or anxiety disorders, or severe emotional disturbance as established by the school system or substance dependence in the Behavioral Health Network.***

***In addition to the two CMS Network insurance products (Title XIX and XXI), the program maintains the original CMS Safety Net program for special needs children who may not be eligible for either of these programs.***

***Prevention programs are integral to the CMS service system and include the Regional Perinatal Intensive Care Centers (RPICC) that provide optimal medical care for high-risk pregnant women and sick/low birth weight newborns requiring neonatal intensive care unit services. Eleven regional centers provide a complete range of medical and medically related services for pregnant women and sick or low birth weight newborns. Additionally, community-based consultative obstetrical services for high-risk pregnant women are available at 13 satellite clinics. Participants in the program must be Medicaid eligible.***

***/FY2003/ In 2001, community-based consultative obstetrical services for high-risk pregnant women were available at 12 satellite clinics.***

***The Genetics Program provides services to help prevent the primary occurrence of genetic disease and the occurrence in subsequent pregnancies. Services are provided at Florida's three medical centers with outreach services available at CMS clinic locations. Through the Teratogen Information Service (TIS), health professionals are provided information on agents that are known or suspected to have an adverse effect on prenatal development of the fetus. Services include diagnosis, evaluation, counseling and laboratory testing.***

***/2005/ In FY2002-03, 1,694 CMS eligible clients received services from the Genetics Program. The Teratogen Information Service was discontinued in July 2003.***

***The Pediatric AIDS/HIV program includes services such as, but not limited to, evaluation, diagnosis, care coordination, nutrition counseling, permanency planning, assistance with transportation, and other support services. Infants and children with HIV/AIDS have access to a continuum of services through a network of nine HIV centers and CMS satellite clinics.***

***/2004/ 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 and 10 CMS satellite clinics.***

***Florida's Infant Screening Program is a statewide program, through which all newborns are screened for certain metabolic, congenital, and hereditary disorders prior to discharge from the birthing facility. Florida began screening all newborns for phenylketonurea in 1965. Since that time, four additional disorders have been added to the program, which include: congenital hypothyroidism, galactosemia, congenital adrenal hyperplasia and hemoglobinopathies. The***

**primary goals of the program are: (1) to ensure that all infants born in Florida are screened and that testing is processed within two weeks of birth; (2) to ensure that all affected infants receive appropriate confirmatory testing, counseling and treatment as soon as possible; and (3) to ensure that all affected newborns are placed into a system of care in a timely fashion. All disorders currently screened through the Infant Screening Program may result in death, mental retardation, or physical disability if they are not promptly diagnosed and treated. Early diagnosis and treatment allows these newborns to grow and develop normally.**

**The Child Protection Teams (CPTs) are medically directed, multidisciplinary teams available to supplement the Department of Children and Families Family Safety and Preservation program in assessment activities in suspected reports of child abuse and neglect. In January 1999, the authority for oversight of the child protection teams was placed under the direction of the Children's Medical Services program office. The Child Protection Teams function as independent consultative resources in their respective communities. There are 23 teams available throughout the state to provide specialized assessments and services to child victims and their families. Services provided may include: medical diagnosis and evaluation, medical consultation, specialized interviewing of suspected child victims, family psychosocial assessment, nursing assessment, psychological evaluation, and multidisciplinary staffing. The Sexual Abuse Treatment Program (SATP) also serves as a resource for the Department of Children and Families when the Child Protection Team assessment process identifies children and their families as needing sexual abuse treatment services. Services include group counseling and adjunctive family and individual counseling. The goal of this treatment component is to prevent further child sexual abuse from occurring.**

**/2004/ There are 22 teams available throughout the state to provide specialized assessments and services to child victims and their families. The Child Protection Teams provided 28,371 team assessments in state fiscal year 2001-02, and the Sexual Abuse Treatment Program served 1,520 children and their families.**

**/2005/ The Child Protection Teams provided 22,616 team assessments in state fiscal year 2002-03 and the Sexual Abuse Treatment Program served 1,121 children in addition to their siblings and families.**

**/2005/ Child Protection Programs (CPTs) supplement the investigations performed by Child Protective Investigators from local sheriff's office and from the Department of Children and Families Child Welfare and Community Based Care (previously known as Family Safety and Preservation).**

**/2005/ The CMS Telemedicine Program works in conjunction with the CPTs to provide medical examinations of alleged child victims who are located in remote areas. The CMS Telemedicine Network consists of two primary technologies:**

**A. Two-way interactive audio/video (medical-grade videoconferencing) systems. These are used in conjunction with peripheral devices (such as cameras or colposcopes) that provide real-time interaction between the physician at the hub site and both the patient and medical staff (e.g.; nurse) at the remote site.**

**B. Computer technologies for creating and storing digital images with secure forward (encryption and virtual private network or VPN capability).**

**The CPT doctor is located at the hub site, and has the capability of connecting to many satellite offices. A registered nurse at the satellite office operates the equipment so that the doctor at the hub site can view the alleged child victim's injuries and make an assessment. This program is working to expand its capabilities within and beyond its two current services areas. In FY 2002-2003, 175 telemedicine examinations were performed, constituting 31% of the total CPT medical examinations performed in these two areas.**

**CMS also oversees the Poison Information Center Network. Poison Information Centers, located in Tampa, Miami, and Jacksonville, provide information regarding poison exposures to**

**consumers and health practitioners throughout Florida. Poison prevention and management information is provided 24 hours a day through a toll-free number. During 2000, poison information specialists at the three centers handled approximately 165,000 calls. About 50 percent of the poison exposure calls involved children under age 6. Prevention education programs for consumers and health providers are offered by all poison centers in local communities. In 2000, more than 1,500 educational programs were provided throughout the state.**

**/FY2003/ During 2001, poison information specialists at the three centers handled approximately 173,000 calls. In 2001, more than 1,500 educational programs were provided throughout the state.**

**/2004/ During 2002, poison information specialists at the three centers handled approximately 175,000 calls. In 2002 more than 1,700 educational programs were provided throughout the state.**

**/2005/ During 2003, poison information specialists at the three centers handled approximately 171,014 calls. In 2003, more than 946 educational programs were provided throughout the state.**

**/FY2003/ In 2001, Florida received a federal demonstration grant to develop a Program for All-Inclusive Care for Children (PACC). This program will allow CMS children with life-threatening conditions to access hospice palliative and support services. It is a partnership between CMS, the Agency for Health Care Administration, and Florida Hospice and Palliative Care Association.**

**/2004/ An 1115 research and demonstration waiver was submitted to the Centers for Medicaid and Medicare on 09/04/01. Program implementation in eight pilot sites is scheduled for 2004. //2004**

**/2005/ PACC implementation training was completed in eight pilot sites for children with life-threatening conditions that are enrolled in the CMS Network through Title XXI and Title XIX. This is a research and demonstration project predicated on cost neutrality.**

**/FY2003/ The Infants and Toddlers Early Intervention Program is administered by CMS and is intended to enhance the development of Florida's infants and toddlers with disabilities and those who are at-risk for developmental disabilities. The Early Intervention Program is an umbrella program with three components: the Developmental Evaluation Program, the Individuals with Disabilities Education Act Part C Program, and services providers under Chapter 393, Florida Statutes, for children 0 to 36 months of age. This is a community-based, multidisciplinary, comprehensive, and family-centered program intended to support each family's ability to support their child's development. CMS contracts annually with 16 local and community-based organizations to serve as the local Early Intervention Program covering 15 service areas.**

**/2004/ The Florida Infants and Toddlers Early Intervention Program received a federal grant in 2002 from the Office of Special Education Programs in Washington, D.C. The focus of the grant is to provide quality personnel development focusing on promising research-based education and early intervention practices to improve outcomes for children with disabilities, age birth through 5.**

**/2005/ In 2003 additional funds were received from the Office of Special Education to expand grant activities to additional state universities. At the end of the federal funding cycle (September 30, 2004), the Department of Health and Education will sustain and expand the activities implemented through the federal grants through continued funding to the state university system.**

**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.**

## **C. ORGANIZATIONAL STRUCTURE**

The Florida Department of Health is directed by the Secretary, who is also the State Health Officer. The Secretary answers directly to the Governor. The Secretary is responsible for overall leadership and policy direction of the department including CMS. The Secretary is assisted by a Deputy Secretary for CMS, a Deputy State Health Officer, and a Deputy Secretary for Health. The Deputy State Health Officer is responsible for the Division of Family Health Services. The Division Director of Family Health Services provides leadership, policy, and procedural directions for Family Health Services, and the Chief of the Bureau of Family and Community Health is responsible for direction of

the MCH unit, school health, Title XXI outreach, abstinence education, and women's health. The Deputy Secretary for CMS is responsible for the provision of a family-centered, coordinated, managed system of care for children with special health care needs, and for providing essential preventive, evaluative, and early intervention services for children. These services are provided through the Division of CMS, the Division of CMS Prevention/Intervention and 15 local clinics.

/2004/ The Florida Department of Health is responsible for the administration of programs carried out with allotments under Title V (Section 509(b)). Many of these programs fall within the auspices of the Division of Family Health Services and The Division of CMS. 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. Other programs that fall under federal/state block grant partnership whose funding helps comprise the total budget include: Abstinence Education, WIC, the Child Care Nutrition Program, KidCare, the Breast and Cervical Cancer Program, the Sexual Violence Prevention Program, and various programs related to chronic disease.

/2004/ The Bureau of Family and Community Health (Division of Family Health Services) is responsible for many of the Title V activities related to pregnant women, mothers, and infants; and children. This primarily includes activities within the Office of Maternal and Child Health. Other offices contributing to these efforts include: Minority Health, School Health, Child and Adolescent Health, Abstinence Education, Women's Health, KidCare Outreach, and Family Planning. The Bureau of Network Operations (Division of CMS) is responsible for many of the Title V activities related to children with special health. This includes activities within CMS Network - Primary Care, Medical and Medically Related Service for CSHCN, Regional Perinatal Intensive Care Centers, High Risk OB Satellite Clinics, Genetics Program, Hematology/Oncology Program, Pediatric HIV/AIDS Program, Medical Foster Care Program, Children's Multidisciplinary Assessment Team, and the Brain & Spinal Cord Injury Program - Pediatric Component.

***/2005/ In July 2003, the Family Planning Program merged with the Office of Maternal and Child Health to form the Infant, Maternal, and Reproductive Health Unit. The purpose of this merger was to fully integrate women's healthcare through the preconceptional, prenatal, and interconceptional periods, to promote optimal health prior to and between pregnancies in order to help ensure positive birth outcomes.***

***/2005/ Florida KidCare outreach staff is no longer housed within the bureau. Although the state legislature eliminated KidCare outreach functions from the Department of Health in 2003, local organizations, communities, and the Florida KidCare partners continue to conduct outreach activities.***

***/2005/ Division of Family Health Services minority health activities were moved to the Bureau of Chronic Disease Prevention and Health Promotion. The department's Office of Equal Opportunity and Minority Health remains primarily responsible for minority health.***

## **D. OTHER MCH CAPACITY**

The Title V programs are distributed among the Division of Family Health Services and the Division of CMS. As of May 2001, there were approximately 25 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., Acting Division Director for Family Health Services, State Title V Director; Sarah Sherraden, R.N., M.S.N., Acting Bureau Chief, Family and Community Health; Cindy Lewis, R.N., M.P.H., B.S.N., Executive Community Health Nursing Director; Lynn Elliott, R.N., M.S.N., Registered Nursing Consultant Coordinator for the MCH unit; and Carol Graham, Ph.D., Associate in Research. Capacity is also provided through the 32 Healthy Start coalitions covering 66 of the 67 counties in Florida, and

partnerships with the private sector, the public sector, state government, local government, community alliances, and maternal and child health care providers. Additional capacity is provided through linkages with state and national workgroups and associations that provide for capacity building by enhancing current competencies for staff and technical assistance.

/2003/ Annette Phelps has since been named Director of Family Health Services. Cindy Lewis was named Bureau Chief of Family and Community Health, and Susan Bulecza, M.S.N., R.N., C.N.S., is the new Executive Community Health Nursing Director for the Office of Maternal and Child Health. Sarah Sherraden and Lynn Elliott are no longer with the department.

/2004/ Terrye Bradley, M.S.W., is now the Bureau Chief of Family and Community Health, and Betsy M. Wood, B.S.N., M.P.H., is now the Executive Community Health Nursing Director for the Office of Maternal and Child Health. Susan Bulecza and Cindy Lewis are no longer with the department.

As of December 2000, there were approximately 58 central office staff members in the Division of Children's Medical Services who perform duties for Title V funded programs. There were approximately 693 out-stationed staff members in the 22 CMS area offices located throughout the state. The senior level management employees include: John O. Agwunobi, M.D., M.B.A., Deputy Secretary for CMS and Deputy State Health Officer; Phyllis Sloyer, R.N., M.P.A., Division Director for CMS Network and Related Programs; and Michael Haney, Ph.D., Division Director for CMS Prevention and Early Interventions Programs.

/FY2003/ As of December 2001, there were approximately 63 central office staff. Approximately 688 out-stationed staff are in the 22 CMS area offices.

/FY2003/ In 2001, Dr. Agwunobi was named Secretary of the Department of Health. The position of Deputy Secretary for CMS is currently vacant until a replacement is recruited. Phyllis Sloyer, R.N., M.P.A., is the Acting Deputy Secretary

/2004/ S. Elizabeth Ford, M.D., M.B.A. was hired as the new Deputy Secretary effective April 21, 2003. Phyllis Sloyer, R.N., Ph.D. is the Division Director for the CMS Network and Related Programs. As of December 2002, there were approximately 67 central office staff and approximately 688 out-stationed staff in the 22 CMS area offices. /

***/2005/ There are approximately 85 central office staff and 709 out-stationed staff in the 22 CMS area offices. Some of the 22 CMS area offices have undergone regionalization and there are now 15 CMS Medical Directors who oversee operations in those offices.***

***/2004/ CMS continues to contract with the Florida Institute for Family Involvement (FIFI) to ensure family involvement, family centered care, family advocacy, and enhanced communication and collaboration. These activities are carried out by the 12 Family Health Partners (FHPs) who subcontract with FIFI. The CMS contract with FIFI requires that each Family Health Partner must be the parent or caregiver of a child with special health care needs. FIFI administrative staff, also contractually required to be parents of children with special health care needs, and the FHPs work with families to better understand their issues and needs, resolve conflict, and assist them in navigating the system of care while working in partnership with CMS professionals and Primary Care Physicians to ensure a family centered environment in all CMS offices***

***/2005/ In 2004 CMS partnered with the Florida Institute for Family Involvement (FIFI) to submit a grant to develop a CMS Youth Advisory Board. The grant was awarded and 6 youth applicants will be chosen to discuss and give input on CMS policies, procedures, and protocols particularly for youth transition related issues.***

## E. STATE AGENCY COORDINATION

The Department of Health provides or coordinates public health services through headquarters programs, county health departments, 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 Intervention 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% 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.

MCH programs are involved in work force development and other welfare reform activities through collaboration with the Department of Labor and Employment Security and the Department of Children and Families. Specific activities directed towards the MCH population include activities designed to reach out to children eligible for KidCare, and to target the prevention of primary and secondary teenage pregnancy and the reduction of unwed pregnancy.

The Department of Health works in partnership with the Department of Children and Families to implement 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 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 following are current university partnerships:

**Perinatal Data Center:** 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.

**/2003/ The Perinatal Data/Research Center** recently completed a project linking birth files with child abuse files and identified variables on the Healthy Start prenatal screening instrument that were associated with child abuse and neglect. The center is also working in collaboration with the University of South Florida Lawton and Rhea Chiles Center for Healthy Babies to assist with the data necessary to evaluate Florida's Healthy Start Medicaid Waiver.

**Outreach Childbirth Education:** This project creates a statewide regional system for delivering high quality, accessible childbirth and parenting education classes for low-income, low-literacy pregnant women, new mothers, and their partners. This project has established a training program for doulas to support low-income, low-literacy women, new mothers and their families prenatally and postpartum.

The Chiles Center oversees a Covering Kids program funded by the Robert Wood Johnson Foundation, which administers outreach pilot programs in five sites, to ensure that more children in need receive KidCare health insurance. The Chiles Center also administers the Federal Healthy Start project for the Tampa area.

University of South Florida College of Public Health: The department collaborates with the university by providing input and staff participation on an advisory board for the Public Health Leadership Institute of Florida.

Florida A&M University: The Institute of Public Health within the School of Pharmacy provides graduate training and research on health problems that disproportionately affect educationally and economically disadvantaged individuals. The department serves as a site for public health interns from this university.

The Florida State University:

The department contracts with the university for the provision of maternal and child health professionals.

College of Medicine: In the spring of 2001, FSU initiated classes in a new College of Medicine. The college will recruit and train primary care physicians to work with elder, rural, minority, and underserved populations. Students will serve a two-year rotation among existing hospitals and clinics across the state. The goal is to increase the number of physicians who practice patient-centered, community-based care.

The Department of Health's training of health care providers for efficient and unduplicated delivery of health care services is often provided in partnership with local Area Health Education Consortia (AHEC). The AHECs often serve as local community hosts of events handling registration and the coordination of CEU and CME credits.

In conjunction with the Florida Association of Healthy Start Coalitions and the Agency for Health Care Administration (the state Medicaid agency), the Department of Health pursued avenues to maximize funding for Healthy Start services for the MCH population. A Medicaid 1915 (b) (1) waiver for Healthy Start services was submitted as an amendment of the MediPass Waiver January 2001. This waiver will increase the percentage of Medicaid women screened for Healthy Start, decrease the unmet need for Healthy Start services for Medicaid-eligible pregnant women and children, increase the intensity of service provision as needed for risk appropriate care, and minimize overhead and service duplication through locally driven systems of care targeting those most in need.

/2003/ Implementation of the Healthy Start Coordinated System of Care for Pregnant Women and Children began with the signing of the Medipass Section 1915 (b) (1) waiver amendment on June 7, 2001. Together with Healthy Start coalitions and Healthy Start care coordinators throughout the state, maternal and child health staff were able to implement the waiver statewide July 1, 2001. With the successful completion of a pilot project for Medicaid simplified eligibility for pregnant women, the simplified eligibility form was also released statewide July 1, 2001. Under the provisions of the waiver, late entry into prenatal care by SOBRA (Sixth Omnibus Reconciliation Act) eligible women in Medicaid was addressed. As of October 1, 2001, eligible women are care managed through the state's new MomCare program. The MomCare program will ensure enrollment with a Medicaid provider, and hopefully help prevent the adverse birth outcomes and lack of follow-up with prenatal appointments many of these at-risk women experience. The MomCare program will also provide follow-up and referrals to other services, which will help these women have better birth outcomes in the future.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is 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, and

generates data for the planning and evaluation of prenatal health programs.

The Department of Health and the Department of Children and Families continue coordinated efforts to increase the proficiency of health care providers in recognizing and treating substance-abusing women and substance-exposed newborns, and in identifying and working toward resolution on issues impacting equal, continuous, and comprehensive prenatal and infant care for this high-risk population.

***/2005/ In collaboration with the Department of Children and Families and Healthy Families Florida, the Department of Health developed a brochure entitled "All Babies Need a Safe Place to Sleep" to emphasize the importance of a safe sleeping environment for all infants. A training was developed for home visitors and health care providers on the medical and investigative aspects of SIDS and the current recommendations for reducing the risk of SIDS and accidental suffocation. The purpose of the training is to provide home visitors with a good understanding of why a safe sleep environment is so important and suggestions for how to convey this information to families. The brochures have been distributed throughout Florida and have been very well received. The brochure has also been shared with other states.***

***/2005/ In an effort to promote healthy brain development and prevent infant mental health problems, the Florida Department of Health has increased the screening of pregnant and post partum women for depression. Four federal Healthy Start projects are providing routine screening for depression. DOH partnered with Florida ACOG to provide training to OBGYNs on screening and treatment for depression. The department is working with Medicaid to include routine screening for depression in managed care contracts.***

***The 2000 Florida legislature passed the Abandoned Newborn Law, which provides that a parent may anonymously leave a three-day old or younger infant at a hospital, fire station, or emergency medical services station without fear of prosecution for child abuse or neglect. This legislation mandates the Department of Health and the Department of Children and Family Services to develop a media campaign to inform the public of this new law.***

***/2003/ The Department of Health is actively involved in promoting public awareness of the abandoned baby initiative. Activities include a public service announcement currently running statewide on cable television, and radio spots in Tampa/St. Petersburg and Miami-Dade. Posters have been sent to regional offices of the Department of Children and Families, hospitals, and fire stations.***

***The Department of Health, along with other state agencies, continues their involvement with the Office of School Readiness. The main focus of School Readiness is to help all children enter school prepared to succeed and not just be "school ready." The concept is to ensure that all children are emotionally, physically, socially, and intellectually ready to enter school, and that they are ready to learn. The program also focuses on the crucial role of parents as a child's first teacher.***

***/2003/ The Florida Partnership for School Readiness is working in partnership with the Office of the Governor and the Department of Education on Just Read! Florida. Activities focusing on the readiness years include: 1) revising the Sunrise Skill Builder booklet; 2) expanding the utilization of the Heads Up! Reading Network; 3) publishing the adopted School Readiness Performance Standards for 3, 4, and 5-year-old children in a user-friendly format; 4) developing a statewide strategic plan for family literacy; 5) providing training and technical assistance; and 6) distributing a new parent guide.***

***/2005/ Read for Health began in March 2002 as a statewide addition to the department's delivery system. With early reading for children as the primary focus, Read for Health supports the Just Read, Florida! goal to have every Florida student reading at or above grade level by the year 2012. Currently 24 county health departments and Children's Medical Services clinical sites participate in the Reach Out and Read Program. This year, the department provided more***

**than 16,000 books directly to children through 24 clinic sites as part of its Read for Health initiative. The Division of Family Health Services published, printed, and has begun to distribute 50,000 Give Me 5 A Day! books to public libraries and schools across the state, as well as giving the book to individual children and families through the department's WIC programs. The books, which deal with good nutrition, are available in both English and Spanish, and designed for a pre-K to second grade level audience. In addition, the department secretary facilitates a quarterly book discussion with DOH employees who wish to participate, discussing books that generally focus on management and leadership. Also, a Read for Health newsletter is published each quarter that is disseminated to the 16,000 department employees via e-mail and is posted on the Read for Health website.**

**/2005/ A voter-approved amendment to the state constitution in November 2002 called for the creation of a Voluntary Pre-kindergarten Education Program to ensure all children had access to a pre-K program. A bill passed during this year's legislative session directs the Department of Education to administer the voluntary universal pre-kindergarten program and creates an Early Learning Advisory Council to advise the Agency for Workforce Innovation and Department of Education on early childhood education policy. The secretary of the Department of Health is a member of the council. The bill also creates Regional Child Development Boards that include participation of county health department administrators. Pre-K programs must obtain child health status information regarding immunizations and physical development, including appropriate vision and hearing screening and examinations. As of May 20, the bill still awaits signature by the governor.**

**The Federal Healthy Start projects are also sponsoring the development of training on depression for prenatal care and family practice providers. The focus of this training will be to increase the knowledge of physicians and nurses about the incidence of depression, risk factors for depression, symptoms of depression, and appropriate screening and intervention. The guidelines for the county health departments are being revised to include specific information on depression and suicide risk. Additional educational materials on depression will also be disseminated to all the county health departments and Healthy Start coalitions.**

**/2003/ A workshop on perinatal depression was developed and provided to the Healthy Start and Healthy Families Florida staff of the Gadsden County Health Department. This training is available to other health departments upon request. Guidelines on depression were developed and are in the review process. When finalized, they will be distributed to all the county health departments and Healthy Start coalitions.**

**/2003/ Department of Health staff members are collaborating with the American College of Obstetricians and Gynecologists (ACOG) on a project to further address maternal depression, to educate physicians on depression issues and help them make depression screening part of their daily practice. In addition to educational materials, the project will provide screening guidelines, questionnaires, and information on available resources, to help ensure women receive needed interventions to reduce the impact of maternal depression.**

**The Department of Health's Environmental Health Program and the MCH unit continue to work cooperatively to provide interagency coordination of lead poisoning issues. Quarterly reports of county-specific and statewide data, Analysis of Childhood Lead Poisoning Surveillance Data, from DOH Environmental Health and Statewide Services, is used to track trends and identify possible program needs.**

**/2003/ The Department of Health's Childhood Lead Poisoning Prevention Program and the MCH unit continue to work on lead poisoning issues. The MCH unit consults the quarterly and annual reports, containing county-specific and statewide screening data, to track trends and identify possible program needs. Lead program staff also provides other county-specific details to the MCH unit for county quality improvement visits.**

**An MCH nursing consultant works closely with the Florida Birth Defects Registry to address preventive strategies and interventions related to the MCH population. The Florida Folic Acid Council has been formed to specifically address issues related to the prevention of neural tube defects through the use of folic acid supplementation.**

**/2005/ DOH has partnered with the March of Dimes Florida Chapter to distribute multivitamins containing folic acid and provide preconceptional education to at-risk women that includes messages about the importance of folic acid. This was made possible when the Florida Attorney General's office received money through a class action lawsuit against vitamin companies for price fixing, and subsequently awarded a grant to the Florida March of Dimes for a vitamin distribution project for at-risk women. The Florida March of Dimes chapter plans to house the Vitamin Settlement Project Coordinator within our Division of Family Health Services; this will enable the project coordinator to easily reach at-risk populations accessible through DOH, such as clients being served through county health departments and Florida's Healthy Start coalitions.**

**Community education is also provided through the Osteoporosis Prevention and Education Program, which educates Florida citizens about the steps they can take to prevent this devastating disease. The program educates children and adults about the importance of building strong bones. Curriculums include the Bone Zone, which teaches children about the importance of building their bone bank, and Bone Builders, which stresses the importance of continuing to build strong bones.**

**Coordination with WIC includes collaboration regarding breastfeeding initiatives, coordination with Healthy Start, addressing nutrition issues such as folic acid to prevent neural tube defects, and general nutrition guidelines for inclusion in the Healthy Start standards. Coordination with the Family Planning Program includes work on reducing teen pregnancy, reducing subsequent births to teens, and abstinence education. Coordination with other grant programs administered outside of the Department of Health includes working with Florida's Federal Healthy Start projects in selected counties, Special Projects of Regional and National Significance (SPRANS) 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 CISS grants related to reproductive health and child abuse and neglect prevention.**

**Interagency coordination continues to be further enhanced by TEAM Florida. TEAM Florida was created in 1994 to address the coordination needed to implement the Family Preservation and Support Services Act. TEAM Florida members include individuals from the Department of Children and Families, the Department of Health, the Department of Education, the Department of Juvenile Justice, the Agency for Health Care Administration, the Department of Labor, and the Department of Community Affairs. Additional TEAM Florida members represent the state's Carnegie Starting Points grant, Healthy Families Florida, United Way of Florida's "Success by Six," the state association for the prevention of child abuse and neglect, and Healthy Start coalitions.**

**In an effort to increase health care access for the indigent population, the 1996 Florida Legislature established the Primary Care for Children and Families Challenge Grant. The intent of this program is to provide matching funds to county governments to stimulate the development of coordinated primary health care delivery systems for low-income children and families. The program emphasizes volunteerism, cooperation, and broad-based participation by public and private health care providers. It functions as a partnership between state government, local government, and private sector health care providers. Unfortunately, in the fall of 2001, the Legislature reduced funding by 76 percent, substantially limiting the availability and potential impact of this program.**

***Ryan White grantees across the state have worked closely with the Department of Health to reduce the perinatal transmission of HIV. Local community-based AIDS organizations and consortia have formed collaborative relationships with Children's Medical Services offices to ensure affected pregnant women, infants, and children have access to integrated services and a coordinated system of care. There has been increased testing of pregnant women for HIV, and the vast majority of HIV-infected women are on combination therapy, including AZT, to reduce vertical transmission. Through the help of Ryan White, more providers are getting the message that all pregnant women should be tested for HIV, and that early testing provides a good chance of preventing perinatal transmission.***

***Community Health Centers play an important role in Florida's health care delivery system. There are 128 clinic locations, though not every clinic provides a full-range of services. Centers are located in 35 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 contact 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.***

## **F. HEALTH SYSTEMS CAPACITY INDICATORS**

HEALTH SYSTEMS CAPACITY IND. #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.

Activities to reduce childhood asthma discharges included education and prevention efforts through Healthy Start coalitions, county health departments and their school health programs to reduce asthma hospitalizations and rehospitalizations of children. Training and education improve the early identification of high-risk children and assist in establishing a medical home for children with asthma. The 2004 Regional and State Asthma Summit was held in April 2004. Participants, including the department's Division of Environmental Health, School Health Services, statewide health care agencies, medical and academic leaders, and community agencies, are focusing on asthma as a leading chronic disease in children. As an outcome of this summit, workgroups are collaborating with community partners to develop strategies to reduce hospitalizations and rehospitalizations in children.

HEALTH SYSTEMS CAPACITY IND. #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 ensures the public understands families may apply for and have their eligible children enrolled in Medicaid at any time. In addition, the Robert Wood Johnson Foundation Covering Kids project plans to implement special initiatives to work with hard-to-serve populations and leaders in minority communities.

HEALTH SYSTEMS CAPACITY IND. #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 whose family income is <200% of poverty are eligible for Medicaid, so information on all infants is included in HSCI#02.

HEALTH SYSTEMS CAPACITY IND. #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, 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. The department has also convened a statewide prenatal care service delivery workgroup. The workgroup's primary focus is to address the barriers women in the state face in accessing prenatal care.

#### HEALTH SYSTEMS CAPACITY INDICATOR #05 (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 0-1 whose family income is 185 percent of the Federal Poverty level and below are covered by Medicaid. Infants whose family income is between 186 percent and 200 percent of the federal poverty level are eligible for KidCare (Florida's SCHIP program). Children 1 to 6 whose family income is 133 percent of the Federal Poverty level or below are covered by Medicaid. Children 1 to 6 whose family income is between 134 percent and 200 percent of the federal poverty level are eligible for KidCare. Children 6 to 18 whose family income is 100 percent of the Federal Poverty level or below are covered by Medicaid. Children 6 to 18 whose family income is between 101 percent and 200 percent of the federal poverty level are eligible for KidCare. Pregnant women whose family income is 185 percent of the Federal Poverty level and below are covered by Medicaid.

#### HEALTH SYSTEMS CAPACITY IND. #07: 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. For the last couple of years, the department has allocated annually over \$800,000 to expand the infrastructure of county health department safety-net dental programs. Currently the capacity is increasing around 10 percent yearly. Since 1997, the capacity of our county health department dental programs has increased over 56 percent, from over 65,000 persons to around 103,000 persons. The majority of the persons served through our programs are Medicaid-enrolled children. We are currently in the process of developing a state oral health improvement plan for disadvantaged persons through broad-based input to facilitate the continued development of an integrated, coordinated oral health system between the public and private sectors. A major strategy of the plan will be to address improvements in the Medicaid program to improve utilization. The state plan development has been facilitated through the HRSA MCH-B Oral Health Collaborative Systems grant.

#### HEALTH SYSTEMS CAPACITY IND. #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. If the child is appropriate for CMS services, 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 followup.

## FORM 19: HEALTH SYSTEMS CAPACITY INDICATOR -- REPORTING AND TRACKING FORM

Infant Death Certificates: This linkage has been accomplished and extended during the project period to include 2001 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: This project is ongoing in collaboration with 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 Perinatal Data Center. Activities are ongoing for the evaluation of the Florida 1915(B) Healthy Start Medicaid Waiver

WIC Eligibility Files: These files are included in the year 2001 baseline dataset.

Newborn Screening Files: Work continues to link newborn metabolic screening data with the maternal and child health matched birth file. The Florida Healthy Start infant risk screening files have been linked to services files for the current matched file as noted above.

Hospital Discharge Survey Data: Access to this data has not yet been accomplished. Linkage to this data set requires formal interagency agreement between the Florida Department of Health and the Florida Agency for Health Care Administration. Efforts to link this data are ongoing. SSDI staff has worked with the Pregnancy Associated Mortality Review (PAMR) coordinator to begin the development of a proposal to create a linked file for birth, infant, and fetal death certificates and mother's hospital discharge files.

Birth Defects Registry: SSDI staff are working with the Florida's birth defects registry in the development of activities for the expansion to a more active surveillance in selected areas throughout the state. SSDI staff continues collaborative work with Birth Defects Registry staff to develop data linking and utilization strategies. The program areas met in April to discuss collaboration with the agreement that a next step will be to explore the potential for the inclusion of a birth defects "flag" to be included on the 2002 MCH Official Matched File.

Pregnancy Risk Assessment Monitoring System (PRAMS): Access to this dataset is now available to SSDI staff. During the reporting period, SSDI staff worked in collaboration with PRAMS staff to identify new collaborative projects. These will include the development of a PRAMS section for the Title V five year needs assessment and a qualitative analysis of PRAMS narrative data for inclusion in the needs assessment.

Youth Risk Behavior Survey (YRBS): Staff continues to work in collaboration with the School Health program and Department of Education to facilitate access to state specific YRBS data.

## **IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES**

### **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. In 1996, Florida Department of Health staff used needs assessments and indicator data to establish state priorities and identify 10 state performance measures that impact the target populations. In 2000, data on one of those measures indicated that the incidence had dropped to such a low rate that it was no longer necessary to track that measure. The nine state performance measures tracked are listed in Figure 4b.

### **B. STATE PRIORITIES**

Priority 1: To improve pregnancy outcomes. This priority addresses the need to decrease infant morbidity and mortality. This priority can be addressed in many ways, including adequate prenatal care, improved access to care issues, and increased education. (NPM# 1, 8, 11, 15, 18; SPM# 5, 6, 9, 10)

Priority 2: To prevent the incidence of disabilities for infants and children. Addresses the continuing need to provide adequate screening, testing, assessment, and services; to ensure infants and children receive the services they need to help them lead more healthy lives. (NPM# 1, 2, 3, 4, 5, 6, 7, 12; SPM# 1)

Priority 3: To improve access to care for the maternal and child health population. Includes addressing access to care in rural areas, where birthing centers are too distant and there is a lack of neonatal intensive care. (NPM# 3, 4, 13, 14, 17; SPM# 1, 8)

Priority 4: To decrease the infant mortality rate, particularly the non-white rate. The rate of non-white infant mortality in Florida has risen over the past two years and the white rate has declined, increasing the disparity. Non-white infants face a 2.3 times greater risk of dying in the first year of life. (NPM# 7, 8, 11, 13, 15, 18; SPM# 6, 9, 10)

Priority 5: To decrease the low birth weight rate. The low birth weight rate has remained fairly steady over the past five years. Infants with a low birth weight have a higher risk for health and developmental complications. (NPM# 15, 18; SPM# 5, 9)

Priority 6: To reduce the incidence of infections during pregnancy. Vaginal infections during pregnancy, including bacterial vaginosis and sexually transmitted infections such as chlamydia, have been shown to increase the incidence of low birth weight and very low birth weight deliveries. (SPM# 9)

Priority 7: To decrease the number of people who are uninsured. Assuring that more people, particularly pregnant women, infants and children, have adequate health insurance is an important factor in reducing the societal costs of inadequate care. Assuring that more are insured also relieves the burden and expense of treating uninsured persons in hospital emergency rooms. (NPM#13)

Priority 8: To reduce teen pregnancy and subsequent teen births. Addresses the need to reduce the birth rate and subsequent pregnancies for teenage women. (NPM# 8; SPM#4)

Priority 9: To reduce infant and child morbidity and mortality. This priority addresses the continuing need to reduce infant mortality and child morbidity. (NPM# 7, 8, 10, 11, 13, 15, 18; SPM# 6, 9, 10)

Priority 10: To improve the state's maternal and child health data capacity and capacity for epidemiological analysis. Addresses the need for improved evaluative capacity to ensure an effective focus for maternal and child health activities.

*/2005/ Ongoing activities include dedicated efforts to ensure that the capacity to collect, analyze, and interpret maternal and child health data exists at the local level. During 2003 staff worked in collaboration with the DOH Office of Health Planning, Data, and Evaluation to develop and implement a statewide data training event. The training included components of the "Silent Partners" curriculum developed by the Centers for Disease Control and Prevention, as well as sessions specific to Florida's maternal and child health data sets. The three-day statewide training was held in Orlando in June 2003. The training, targeted to Healthy Start Coalitions, included the following topic areas:*

*Pre-session: Overview of terminology and statistics  
CDC Silent Partners curriculum  
Introduction to Florida's internet data system: CHARTS  
Overview of the Florida Health Management Component (HMC) System  
Florida's Healthy Start reports  
IM and LBW Actual Vs Expected Analysis by County and Coalition  
Healthy Start Screening Analysis (Prenatal and Infant)  
Infant Mortality Health Problem Analysis Worksheets  
Florida's Pregnancy Associated Mortality Review (PAMR)  
Florida's Fetal and Infant Mortality Review (FIMR)  
How to Present Data to Your Community*

*All but two coalitions were able to attend the event. The optional pre-session provided an overview of maternal and child health terminology as well as an overview of basic data and statistics terminology. The training also included a presentation entitled "How to Present Data to Your Community" to assist in the dissemination and communication of analysis results to local communities. Evaluations from this event were overwhelmingly positive, many stating that it was the most useful they had attended. Increasing requests for technical assistance provide evidence that the event has indeed stepped up local data analysis activities. Future plans include the provision of this same event for county health departments.*

*Also in 2003, staff conducted a special infant mortality epidemiological review in one Florida county. There was a significant increase in infant mortality during the first six-month period of 2002 for this county. The county had historically experienced infant mortality rates that were lower than the state rate. Staff compiled extensive data analysis of the county fetal and deaths for the period 1998-2002. Birthweight specific mortality trends revealed shifts in mortality rates for both the low weight fetal deaths and normal weight infant deaths. The team used Geographic Information System (GIS) software to map all fetal and infant resident deaths for the county for 2002. The team also participated in an on-site case review of all available fetal and infant records for the same time period. This included records at birth facilities (including the regional perinatal intensive care center) and at the county medical examiners office. The team examined cause of death for the infant mortality using ICD-10 codes to compare trends over a three-year period. The team has provided preliminary findings to the community and to the Florida Healthy Start Coalition Association. The final report was provided to the community and has been presented at several statewide meetings and events such as Florida's Epidemiology Grand Rounds in December 2003. Key findings included the identification of a high-risk geographic area in the county; increased rates of congenital anomalies; increased maternal age in the death cohort; issues related to safe infant sleep; and the rejection of the hypothesis that the increase was due to misclassification on the vital records.*

## **C. NATIONAL PERFORMANCE MEASURES**

*Performance Measure 01: The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

### a. Last Year's Accomplishments

Florida statutes require that every infant born in the state must be screened before one week of age. Although parents have the option of refusing the test, almost all babies are tested. It is estimated that less than one percent of parents refuse to have their newborns participate in the statewide screening program. 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 endocrine and hematology/oncology specialty centers. Specialty referral centers provide confirmatory testing and treatment to patients identified through the Florida Newborn Screening Program. Genetic counseling, follow-up and nutritional counseling activities related to treatment and dietary management are included. Educational materials are distributed to all birthing facilities regarding the five disorders that are tested in the newborn metabolic screening.

In 2002, testing identified 2,241 babies with presumptive positive screening results. After confirmatory testing, 295 were found to have one of the five disorders. Case reports from CMS Referral Centers that provide data for 2003 are not yet available.

Enabling services 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. Specialty referral centers provide confirmatory testing and treatment to patients identified through the Florida Newborn Screening Program. Genetic counseling, follow-up and nutritional counseling activities related to treatment and dietary management are included. 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

Children's Medical Services, which administers the Newborn Screening Program in Florida, modified the specimen collection forms to incorporate the hearing information to record both the hearing and metabolic results. The data will be collected and reported together by the Newborn Screening Laboratory in Jacksonville to the submitting entities. Submitting entities are responsible for forwarding the information to the newborn's primary care physician to ensure that the medical home is informed of the results. All newborns identified through the Newborn Screening Program are medically eligible for the Children's Medical Services Network Program. These are population-based services.

### c. Plan for the Coming Year

It is anticipated that data for two additional screening questions will be added to the next report: the number of babies that did not receive a repeat screening test after the submission of an unsatisfactory initial specimen; and, the number of babies that were identified to have a presumptive positive screen but were lost to follow-up prior to confirmatory testing.

There are plans to explore alternative funding options to fund needed improvements and expansion to test additional disorders. CMS will continue to contract with specialty centers for appropriate referrals; provide genetic counseling, follow-up and nutritional counseling activities; and distribute educational materials continue to all birthing facilities.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

## a. Last Year's Accomplishments

Children's Medical Services (CMS) facilitated family support and contact so more families are involved in decision-making activities. The CMS mission, vision, goals, and services are available to the public on the CMS website and on printed materials and brochures. CMS families were included in developing policy, training, and in-service education, and customer satisfaction surveys to ensure the needs of their children were met. These activities took place at the CMS central office as well as in the 22 area offices throughout the state.

The CMS contract with the Florida Institute for Family Involvement included deliverables that ensured family-to-family support. CMS families were included in the development of policy, training, and in-service education, an enabling service activity. Satisfaction surveys for families of children who are enrolled in CMS Programs and for CMS providers were conducted through a CMS contracted provider.

A statewide CMS workgroup, representing both administrative and area office staff, was formed in 2003 to develop performance measures and indicators for the six CMS long-term goals that are based on the Maternal and Child Health Bureau's Key Outcomes. The first CMS goal, "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," reflects the national performance measure #2. The workgroup identified appropriate performance indicators and data sources for this CMS goal. Data sources for the support of this goal are performance indicators that include the satisfaction surveys conducted by the University of Florida Institute for Child Health Policy and CMS internal data sources. A pilot program was begun in six CMS area offices to test the performance measures and indicators that were developed for this goal, an infrastructure-building activity.

The CMS Network (CMSN) continued to contract with the Florida Institute for Family Involvement (FIFI) to ensure family centered care. FIFI subcontracted the family involvement, family centered care quality assurance, advocacy, and liaison responsibilities to 12 Family Health Partners (FHPs). FHPs worked with the families of children enrolled in CMS to assist them to better understand relevant issues, needs and available resources; resolve conflict, and assisted families in navigating the system of care. The Family Health Partners also worked in partnership with CMS staff and providers to ensure a family centered environment in all CMS area offices. FIFI conducted focus groups in each of the area offices and published a quarterly newsletter to keep families involved and informed of state and national issues that were relevant to children and youth with special health care needs and their families. The CMSN revised its mission, values, and vision with input from FIFI and all the CMS area offices to ensure they encompassed a family-centered focus.

## b. Current Activities

In FY2004, Children's Medical Services Network (CMSN) will be receiving satisfaction survey data results from its contract with the Institute for Child Health Policy (IHP). This year, a total of 2,276 families of children and youth with special health care needs who are enrolled in CMS were surveyed. This data will be analyzed within and between area offices and will also be compared with the SLAITS data for Florida. The final data report from IHP will be available in June 2004. The satisfaction surveys are conducted by telephone and reflect the questions used in the SLAITS for children with special health care needs. Calls were made to families whose children are served by each of the 22 CMS area offices throughout the state as well as to families of children served by the 12 contracted Primary Care Project providers, the Medical Foster Care Program, the Children's Multidisciplinary Assessment Team, and the Naples, Florida Title XXI program. The draft report indicates that a total of 91 percent of the families surveyed indicated that they were either very satisfied or satisfied with the benefits of the CMS program that serves their child. This infrastructure-building activity provides CMS with data that indicates the level of family and provider satisfaction.

The CMSN continues to contract with the Florida Institute for Family Involvement (FIFI) to ensure family participation and family-centered care. Family-to-family support and contact continues to be facilitated through the activities of the Family Health Partners who are assigned to each CMS area office. In February 2004, with financial assistance from CMS, FIFI sponsored Critical Partners, a statewide educational conference in Orlando. Over 200 participants attended to learn about and discuss the MCHB national key outcomes and how they were being implemented in Florida, half of which were youth and family members and half were professionals. Attendance by professionals included CMS administrative and area office staff, Florida Department of Children and Families administrative staff, and Florida Department of Education administrative staff.

Six CMS area offices are piloting the performance indicators and measures that were developed by CMS for the goal based on this performance measure. Final data compilation and analysis is anticipated by the end of the third quarter of this calendar year. Results will help CMS determine whether the performance indicators and measures can be applied statewide to all area offices or if they need revision.

### c. Plan for the Coming Year

CMS will continue to contract with the Institute for Child Health Policy to conduct the CMS Satisfaction Surveys of the families of CMSN enrollees and their providers to evaluate issues including access to health care and satisfaction with services. This activity allows CMS to gauge and ensure a high level of satisfaction from all of its customers. CMS will also continue to contract with the Florida Institute for Family Involvement (FIFI) to provide Family Health Partners in CMS area office to ensure family centered care and family-to-family support. Collaboration with FIFI will continue to ensure that CMS training, policies, and procedures are family centered.

Performance Measure 03: *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)*

### a. Last Year's Accomplishments

Infrastructure-building activities related to this performance measure include: data collection, satisfaction surveys, and performance measures to demonstrate the importance of a medical home; supporting initiatives in telehealth; and identifying potential or approved providers that serve CMS children with special health care needs and their families. Telehealth involves the use of telecommunication and information technology to provide clinical care to individuals at a distance, to provide professional education, consumer health education, public health research, and administration. Population-based services include helping families understand the uses of telehealth. These services have a direct effect on the population of children with special health care needs.

A statewide CMS workgroup, representing both administrative and area office staff, was formed in 2003 to develop performance measures and indicators for the CMS six long-term goals that are based on the Maternal and Child Health Bureau's Key Outcomes. The second CMS goal states that "All children who are enrolled in CMS Programs will receive coordinated, ongoing, comprehensive care within a medical home." The data required to support this goal includes the percentage of families who have made a primary care physician selection within 30 days of enrollment into the CMS Network, the number of patients enrolled in the CMS Network who have a care coordination plan completed within 45 days of enrollment and a completed child/family assessment, the number of patients who receive well child checks in accordance with the American Academy of Pediatrics guidelines, and the percentage of CMS Network

enrollees who have had their care plan goals addressed. The CMS Network continued to assign all children to a primary care physician during the enrollment process, thereby supporting their access to a medical home. This performance measure is included in the statewide CMS area office quality improvement reviews.

In the first quarter of FY2003, 97.7 percent of children enrolled in the CMS Network were assigned a primary care physician within 30 days of enrollment. Satisfaction surveys will again be carried out in FY2004 by the Institute for Child Health Policy that will indicate how families perceive their access to a primary care physician.

The electronic Child Assessment Plan (CAP) was developed to allow CMS care coordinators throughout Florida to develop an assessment and care coordination plan for each CMS enrollee. This electronic file should reduce the time that the documentation takes to create and also build a paperless file for each CMS enrollee.

#### b. Current Activities

CMS continues to apply infrastructure building activities to achieve data collection, satisfaction surveys, and performance measures to demonstrate the importance of a medical home to the health and well being of children with special health care needs. Support initiatives in telehealth and other innovative delivery systems are being maintained. CMS continues to identify potential or approved providers who serve CMS children with special health care needs and their families, a population-based activity, and continues to assist families to understand the uses of telehealth, an enabling service.

Six CMS area offices are piloting the performance indicators and measures developed for evaluating the medical home goal. The performance indicators and measures will be evaluated by the third quarter of 2004. Results of the pilot will be used to finalize the performance indicators, measures, and data collected so the system can be launched statewide next year.

The CMS electronic Child Assessment Plan (CAP), developed in 2003, provides CMS care coordinators the opportunity to develop and update the care coordination plan for each CMS enrollee through a new software program. The CAP system will provide enrollee data for analysis of assignment to a primary care physician within 30 days of enrollment. In the first quarter of 2004, 81.6 percent of new enrollees were assigned a primary care physician within 30 days of enrollment. The draft benchmark is 100 percent.

#### c. Plan for the Coming Year

The CMS Workgroup will continue to build on the major infrastructure building activities for 2005 as well as consider others that promote and ensure access of CMS enrollees to a medical home. Annual CMS area office quality improvement reviews will continue to monitor for documentation of a medical home for each CMSN enrollee.

CMS is contracting with the University of Florida to evaluate a medical home pilot project in Jacksonville, another infrastructure building activity. It is anticipated that this pilot will develop a stronger statewide commitment to the medical home concept by other CMS physician providers.

Annual CMS area office quality improvement reviews will continue to monitor for documentation of a medical home for each CMSN enrollee.

*whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

#### a. Last Year's Accomplishments

Infrastructure-building activities are conducted to increase the number of children with adequate insurance include utilizing quality of care measures for children enrolled in CMS Programs and for tracking health expenditures and costs of services. Identifying children at risk for and with special health care needs is a population-based activity. Collaboration and coordination with Medicaid and KidCare offices for enrollment strategies provides enabling services. The primary target of these activities is the children with special health care needs population.

A statewide CMS workgroup, representing both administrative and area office staff, was formed in 2003 to develop performance measures and indicators for the CMS six long-term goals that are based on the Maternal and Child Health Bureau's Key Outcomes. The third CMS goal states that "All children enrolled in CMS Programs and their families will have the resources to fund services within the guidelines of the CMS Program." The data that was determined to be appropriate performance indicators for this goal include tracking expenditures by funding source and category, allocated budget by category, and completion of the enrollment packet check list for each CMS enrollee.

Funding was not received to develop a new information and data collection system and the invitation to negotiate for this project was not developed. CMS continues to collect and analyze data on the CMDS system and the Child Assessment Plan that was developed in 2003.

#### b. Current Activities

Six CMS area offices are piloting the performance indicators and measures developed last year for evaluation of the CMS medical home goal. The performance indicators and measures will be evaluated by the third quarter of 2004. Results of the pilot will be used to finalize the performance indicators, measures and data collected so that the system can be launched statewide next year.

The electronic Child Assessment Plan is currently being piloted as well and data collected will provide data and information about enabling services for the health related needs and planning activities that are taking place for each CMS enrollee.

#### c. Plan for the Coming Year

The CMS workgroup will continue to communicate and collaborate with the Agency for Health Care Administration and KidCare. CMS will continue to identify children at risk for and with special health care needs, utilize quality of care measures, and track health expenditures and costs of services.

*Performance Measure 05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

#### a. Last Year's Accomplishments

Infrastructure-building activities conducted to increase the number of families reporting positively on this measure include: establishing and maintaining CMS programs that support all caregivers and partners; supporting children, teens, and young adults, and family leadership programs that identify families as leaders and potential leaders; promoting the use of

telemedicine; and supporting family organizations and initiatives as they engage families of children at risk for and with special health care needs in effective partnerships. These activities provide enabling, population-based, and infrastructure building services. The primary population served is children with special health care needs.

A statewide CMS workgroup, representing both administrative and area office staff, was formed in 2003 to develop performance measures and indicators for the CMS six long-term goals that are based on the Maternal and Child Health Bureau's Key Outcomes. The fifth CMS goal states that "CMS Offices will identify culturally competent, comprehensive community-based service systems for all children enrolled in CMS Programs and their families." The data required to support this goal includes the number of providers by specialty in the CMS Network, the number of CMS providers who are not actively participating in the CMS Network, the number of CMS providers who are not accepting new CMS patients, provider satisfaction (determined from the Institute for Child Health Policy Satisfaction Surveys), and source of new CMS Network referrals. Provider satisfaction is considered to be an essential key to providing population based services and tracking and analyzing this component of satisfaction is considered an important benchmark.

CMS conducted a statewide area office survey in 2003 to gather input from each nursing director on the current availability of specialty physician services and the waiting period to schedule appointments for these providers. The data was evaluated to determine potential application of telemedicine services to improve availability and access for underserved CMS enrollees.

#### b. Current Activities

The Florida Institute for Family Involvement (FIFI) continues to contract with the CMS Network to provide family centered care and family involvement. FIFI promotes and supports opportunities to identify and train children and youth with special health care needs and their families to be leaders and potential leaders in issues related to family centered care. FIFI conducted a "Partners in Leadership" conference for families of children with special health care needs, CMS and other Title V Region IV staff, and health care providers in February 2004. This was the second Florida family and provider conference FIFI sponsored and approximately 200 individuals attended. Half were family members and half were health and education professionals. FIFI plans to continue these annually so families of children with special health care needs continue to have opportunities for obtaining information and participating in leadership training.

CMS continues to contract with the University of Florida's Florida Initiative for Telemedicine and Education (FITE) Diabetes Project to provide access via telemedicine for children and youth with diabetes who are enrolled in the Daytona Beach CMS office with a University of Florida Gainesville endocrinologist and staff. CMS area offices continue to have dialogues with primary care physicians and specialty physicians to determine if there are opportunities to provide telemedicine to underserved populations. The data from the FITE program continues to document enhanced diabetes control for the CMSN enrollees who are served by it. A diabetes educational website for nurses has also been developed by the FITE program. By the end of the 2004 Fiscal Year, FITE will have completed production of a web-based introductory in-service on telehealth and telemedicine for all CMS employees.

This year the CMS Network has created a new position and identified a staff person to serve as the CMS Network Telehealth Coordinator. She will work with the CMS Telehealth Technology Unit to provide a nursing perspective to that unit's responsibilities. The application of this technology to direct health care services is relatively new for the CMS Network and there are many issues to address in the development of a telemedicine delivery system.

Six CMS area offices are piloting the performance indicators and measures developed for this goal. Because Florida has such a diverse cultural population, the term "culturally competent" was added to the CMS version of this goal. Area offices are meeting the challenge of serving this diverse population, many of whom have limited English proficiency. Analyzed results from the pilot project are anticipated by the end of the third quarter of 2004. These results will be used to finalize the performance indicators, measures and data collected so that the system can be launched statewide next year.

### c. Plan for the Coming Year

The CMS Workgroup plans to build on the activities listed above in 2004 for this performance measure. CMS continues to promote and support opportunities to apply telehealth and telemedicine technology for enrollees who have availability and access challenges to specialty care and physicians.

A CMS and University of Florida contract will provide funding to set up a telemedicine connection between Pensacola and the University of Florida, Jacksonville for echocardiograms. These will be conducted in Pensacola with real time direction and readings by the Jacksonville technician and physician. The equipment will also allow for teleconferences and teleconsultation. It is anticipated that it will begin to be used later this calendar year and will be fully established for patient services by 2005.

CMS will continue to contract with the Florida Institute for Family Involvement to ensure family-centered care is the basis for services CMS provides to its enrollees and their families.

*Performance Measure 06: The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

### a. Last Year's Accomplishments

Planning for the eventual transition of all teens and young adults with special health care needs to adult services, and coordinating and facilitating transition activities with each teen, were examples of enabling services provided to increase the percentage of teens ready to transition to adulthood. CMS continued to maintain a Transition Guide on the CMS Internet, a population-based activity, and participated in collaborative partnerships with community organizations and state agencies to support the New Freedom Initiative and the Healthy and Ready to Work Transition services and systems, an infrastructure based activity. The primary population served is children with special health care needs.

A statewide CMS workgroup, representing both administrative and area office staff, was formed in 2003 to develop performance measures and indicators for the CMS six long-term goals that are based on the Maternal and Child Health Bureau's Key Outcomes. The sixth CMS goal states that "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." The data required to support this goal includes the number of CMS enrollees identified for transition that show evidence of appropriate patient education and involvement with their medical care and the number of CMS enrollees identified for transition that received referrals to appropriate services during transition.

In FY2003, CMS contracted with the University of Florida's Institute for Child Health Policy to develop youth transition training materials to assist CMS staff in learning about the many issues and challenges youth face as they transition from pediatric-oriented to adult-oriented health care services.

CMS partnered with the Florida Institute for Family Involvement to write and submit a grant application to develop a CMS Youth Advisory Board so that CMS enrollees between the ages of 12 to 21 have a voice in CMS policies, procedures, and protocols, as well as to identify youth leaders who have special health care needs.

The CMS website, <http://www.cms-kids.com>, added Internet resources in 2003 on the topic of Youth Transitions, with state and national information on transition subjects including: education/vocation, self-determination and advocacy, federal laws and rights related to people with disabilities, legal issues of guardianship, health issues and social security, housing, recreation, assistive technology, transportation, volunteer opportunities, and resources and tools. CMS will continue to update and expand this information. A CMS Network representative attended meetings of local and state interagency workgroups, made up of educational and vocational professionals, who met to discuss youth transition issues and challenges.

#### b. Current Activities

CMS Network Care Coordinators continue to coordinate and facilitate transition activities, an enabling service. Transition activities are included in the electronic version of the CMS Child Assessment Plan (CAP). CMS anticipates the ability to track the successful completion of transition activities for each enrollee through the CAP system.

CMS maintains the Youth Transition section on the CMS Internet, an infrastructure-building activity. CMS continues to participate in collaborative partnerships with community organizations and state agencies to support the New Freedom Initiative and the Healthy and Ready to Work Transition services and systems, a population-based service.

Six CMS area offices are piloting the performance indicators and measures developed for evaluating the medical home goal. The performance indicators and measures will be evaluated by the third quarter of 2004. Results of the pilot will be used to finalize the performance indicators, measures and data collected so that the system can be launched statewide next year.

CMS and the Florida Institute for Family Involvement were awarded the grant applied for in 2003 to form a CMS Youth Advisory Board. Applications were developed, with the assistance of community and agency partners and distributed by CMS care coordinators to youth enrolled in CMS statewide. Five Youth Advisory Board members were selected in April 2004 and plans are currently being made for the first face-to-face meeting, tentatively set for July 2004. This infrastructure building service activity provides a tremendous opportunity to obtain the input of the youth who are served by CMS so that they are involved in the direct health care services, enabling services and population based services that CMS provides to them.

CMS contracted with the University of Florida's Institute for Child Health Policy for a Youth Transition Pilot which will result in the development of training materials for CMS staff and providers to assist them in understanding the issues and challenges of youth with special health care needs who will be transitioning from pediatric-oriented to adult-oriented health care services. It is anticipated that the application of these training materials will provide future infrastructure building services to enable CMS area office care coordinators to better serve this population.

#### c. Plan for the Coming Year

The CMS Workgroup plans to continue building on the activities listed above in 2005 for this performance measure. CMS plans to renew its contract with the Institute for Child Health Policy for data that will indicate how prepared CMS enrollees are to transition from pediatric-oriented

to adult health care services and what information and services they require to ensure their success in this process. It is anticipated that focus groups for youth with special health care needs and their families will be conducted and also for pediatric and adult health care providers to determine their perspective on issues related to health care transition for youth with special health care needs in Florida.

It is anticipated that the newly formed CMS Youth Advisory Board will continue to provide CMS with ideas for the development of youth transition materials, policies, protocols, and procedures related to this goal.

*Performance Measure 07: 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, and 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 not fully implemented for access with private health care providers; partnership with WIC not fully implemented for 2002/03; and the residual impact of the 2001-2002 national shortage of diphtheria, acellular pertussis and tetanus vaccine (DTAP).

During FY2003, 79.4 percent of 2-year-olds received four diphtheria, tetanus, pertussis; three polio; and one measles, mumps, rubella immunizations. The immunization registry is functional in all 67 county health departments and is being piloted in select private health care provider practices. In addition, the activities listed above were conducted during FY2003 in an effort to increase the immunization level for young children.

#### b. Current Activities

In FY2004, our plan to meet the goal of 90 percent of all 2-year-old children who are appropriately immunized includes: parent education activities; 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 that include an assessment of coverage levels and promotion of the Standards of Pediatric Immunization Practices; implementation of the immunization registry in both the public and private sector; continued implementation of the Vaccines for Children Program; and a statewide initiative to improve collaboration with stakeholders/partners in order to increase coverage levels in this target population.

The secretary of the Department of Health called for an increased emphasis on raising the immunization rate through an initiative called "85 by 05." County health departments were asked to develop a countywide plan for raising the immunization rate in their area. They were directed to reenergize their immunization programs, and to work with WIC, local medical societies, CMS, and others to develop then implement their plans.

### c. Plan for the Coming Year

Our objective for FY2005 is that 90 percent of 2-year-olds receive age-appropriate immunizations. The department will continue to implement the missed immunization opportunities policy in county health departments, to ensure young children receive immunizations in a timely manner. 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 health care providers implement the Standards for Pediatric Immunization Practices, and continue implementation of the registry (Florida Shots) in the private sector (infrastructure-building activities). 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.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

### a. Last Year's Accomplishments

During FY2003, the provisional birth rate for teenagers 15-17 was 22.4 per 1,000. Family planning, abstinence-only education, and comprehensive school health service projects share the responsibility of providing reproductive health care services to teenagers throughout the state. Family planning provided an array of services to teenagers beginning with preconceptional risk assessment, contraception, screening for sexually transmitted disease, and pregnancy testing. The program served 25,220 teenagers 15 through 17 years old last year.

An important initiative to curtail teenage births was the creation of special educational activities that highlighted the role of sexual abuse and coercive sexual practices by men, particularly older men. County health department's Family Planning units provide services that address males' responsibility in teenage pregnancy while educating males about sexual abuse.

The abstinence-only education program currently funds 23 public and private projects that provide services to youth age 9-18, their parents, and community members. Local projects served 16,127 teenagers 15-17 during FY2003. Abstinence-only education services are provided through in-school and out-of-school programs. Projects reinforce the abstinence message through counseling, peer mentoring, home visits, rallies, and other activities. Every project incorporates a plan for identifying and referring sexually abused youth and victims of domestic violence.

Along with services, the abstinence-only education program provides a statewide media campaign entitled "It's Great to Wait." The center of the campaign is the annual "It's Great to Wait" regional conferences, which use a strategy that encourages participants to recognize abstinence until marriage as the healthiest choice for teenagers. Another important component is [www.greattowait.com](http://www.greattowait.com), an abstinence-only education website.

During the 2002/2003 school year, 46 of the 67 county health departments operated comprehensive school health services projects in 289 schools, while serving 219,000 students in 289 high-risk communities with high teen birth rates. Comprehensive school health services programs are designed to reduce predisposing risk factors associated with school failure, teenage births, welfare dependency, violence, crime, and other health and psychosocial

problems. They provided 2,308 pregnancy prevention classes to 45,441 students, and aftercare services to parenting students that enable 93 percent of teenagers to return to school after giving birth.

The conclusions of the third party evaluation of Florida's Family Planning Waiver Program were that the waiver had a positive impact on subsequent birth rates and Medicaid costs for women who chose to utilize family planning services, particularly teenagers. The avoidance of a second birth by a teenager is highly correlated with a reduction in poverty, increased high school graduation rates, and reduction in child maltreatment.

## b. Current Activities

Preventing teenage births is a critical component of the Department of Health's mission of promoting health and preventing disease. Although the department incorporates a continuum of services that address reproductive health care for teenagers, there is no single approach to preventing teenage births that is appropriate for every teenager. All programs that provide sexual reproductive health care to teenagers emphasize abstinence as the first line of defense, and the only 100 percent effective way to prevent teenage births.

Comprehensive family planning services are available in all 67 counties through county health departments and local contract providers. Priority is placed on serving low-income individuals who are at risk of unintended pregnancy. Clients are charged on a sliding-fee scale, based on their income and family size. There is no charge to clients with incomes up to 100 percent of the poverty level.

In addition to providing an array of family planning services, the department is collaborating with the Agency for Health Care Administration in revising the Medicaid Family Planning waiver program. The waiver program is designed to reduce infant mortality, unintended pregnancies, and repeat births in 15 to 19-year-olds by increasing the utilization of family planning services following a pregnancy.

The fiscal agent for Medicaid will mail an application to women who have had a pregnancy-related service following the loss of Medicaid coverage. Recipients will have to complete an application and meet eligibility requirements in order to receive extended benefits. The county health departments will be responsible for reviewing the completed applications and determining eligibility for extended family planning coverage.

Along with providing abstinence education activities, 24 abstinence projects encourage parental participation as an important part of service delivery. Studies show that teenagers who are close to their parents are more likely to remain abstinent and avoid other risk behaviors. To further this effort, the "It's Great To Wait" regional conferences have been redesigned to include a parent component that teaches parents how to communicate with youth about abstinence.

In 46 counties, comprehensive school health services projects provide pregnancy prevention classes, case management, and aftercare services that enable parenting teens to return to school and graduate. Local projects coordinate service activities with county health departments, abstinence programs, school district health educators, county health departments, Healthy Start programs, Healthy Families Florida home visitors, school district teenage parent programs, and case managers from the Florida Department of Children and Families. The program continues to stress the importance of preventing unintended births, while providing information and services that reduce sexually transmitted disease through screening and treatment.

### c. Plan for the Coming Year

Family planning, abstinence education, and school health programs are critical components of the Florida Department of Health's plan to reduce the birth rate for teenagers 15 through 17 years old in FY2005. County health departments will continue to develop and improve pregnancy prevention strategies for teens through the quality improvement process. County health departments, local contract providers, Healthy Start programs, Healthy Families Florida programs, and other providers and agencies that provide maternal and infant care services will inform postpartum women about the extended family planning services. These providers will have access to applications and client information brochures to distribute to teens to increase awareness and use of family planning services under the special Medicaid program.

Family planning waiver services will resume in the coming year. County health departments, local contract providers, Healthy Start programs, Healthy Families Florida programs, and other providers and 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 client information brochures to distribute to teens to increase awareness and use of family planning services under the special Medicaid program. It is anticipated that their will be a reduction in the number of subsequent births for teens that access and utilize family planning services. If for some reason the teen is not eligible to participate in the waiver program, family planning services can be provided under the department's Title X program.

Abstinence education will continue to focus on the management of locally funded projects in providing abstinence-only education. The media campaign, which will be greatly enhanced and expanded in the coming year, will target the main population centers throughout the state. The regional conferences will bring nationally renowned abstinence speakers to several regions across the state. In addition, the program will offer a series of abstinence educator training workshops to expand the number of persons in the state trained to teach abstinence-only curricula.

During FY2005, the comprehensive school health services projects will provide a broad range of services that will direct programmatic activities to improving the lives of teenagers and their families. The goal of these activities will be to enable teenagers to develop to their fullest potential and establish productive lives.

Comprehensive school health services projects will work collaboratively with county health departments, district health educators, healthy start programs, and the Department of Children and Families to promote optimal health, including physical, emotional, and psychological development among teenagers, with special focus on addressing the health and social consequences associated with teenage pregnancies and sexually transmitted diseases.

*Performance Measure 09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

#### a. Last Year's Accomplishments

Activities conducted to increase the number of children receiving protective sealants include: promoting the development of school-based sealant programs; promoting increased sealant utilization in county health department safety net programs; developing and maintaining sealant promotional material on an Internet site; and promoting the development of a surveillance system for sealant utilization on permanent molars of third and ninth graders. These activities are primarily infrastructure building services.

Studies show that 60 percent of the decay in permanent teeth of children is on first molars, in pit and fissures where fluoride is least effective. The appropriate use of sealants and fluorides

has the potential to eliminate decay in the permanent teeth of children. This indicator relates to population-based preventive services, but is also impacted through direct care services.

Presently, data for this specific indicator are not available. Until survey capabilities are developed, an estimate of the number of Medicaid-enrolled 8-year-olds that receive sealants on their permanent first molars is monitored as well as the number of children that receive sealants through county health department safety net programs. Medicaid estimates indicate a decreasing trend in the percent of Medicaid 8-year-olds that are receiving sealants on their permanent first molars. There is also a decreasing trend in the annual utilization rates for children age 6 to 8. The number of children receiving sealants in county health departments increased 20 percent from FY2002, reaching over 24,000 children in FY2003.

#### 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 some sealant promotional material are now available on the program's Internet site. The Public Health Dental program received and is the process of utilizing a HRSA grant to develop a State Oral Health Improvement Plan for the Disadvantaged. Legislative budget requests are submitted annually to establish a statewide sealant program for third and seventh graders and a regional-based surveillance system using the Association of State and Territorial Dental Directors' Basic Screening Survey Model.

#### c. Plan for the Coming Year

The program will continue to promote the development of school-based sealant programs through the departmental quality improvement process and coordination with school systems. HRSA grant funding will be used to continue the process of developing a State Oral Health Improvement Plan for Disadvantaged Persons and to coordinate implementation of the recommendations and objectives. The 2004 Legislature added oral health as one of seven priority areas to address racial and ethnic disparities through the state "Closing the Gap" grant, reinstated the Adult Medicaid Denture Program, and provided additional funding to expand several community-based dental projects. Through these new initiatives along with the department's reducing oral health disparities initiative and primary care funding to support county health department infrastructure expansion, incremental progress will continue to expand access to low-income and minority populations. The state legislature approved a small increase in funding, which will allow a small increase in access to dental care for FY 2004-2005. The program will continue to pursue funding for a statewide sealant program and a surveillance system, as opportunities arise. As resources permit, specific webpages for sealants will be developed for the Internet and for distribution as appropriate.

*Performance Measure 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. Public awareness is raised through the distribution of public safety announcements. These activities provide both population-based and infrastructure-based services to the maternal and infant, children, and children with special health care needs populations. In addition, the Florida Department of Health, Office of Injury Prevention, received a Florida Department of Transportation grant that

funded the Florida Special Needs Occupant Protection Program. This program has three sites located in children's hospitals in Orlando, Tampa, and Miami. The program staff evaluates children with special health care needs to determine the appropriate child safety seat or restraint, and provides loaner special needs seats or restraints when necessary. The Department of Health is also the lead agency for SAFE KIDS Florida, part of the National SAFE KIDS Campaign, a nationwide effort to prevent injuries to children under the age of 14. SAFE KIDS Florida, through the eleven local SAFE KIDS coalitions and five state chapters within Florida, was active in child passenger safety by distributing child safety seats and launching public awareness campaigns.

During this fiscal year, we were able to meet our goal and continue to reduce the rate of deaths to children, ages 14 and younger, caused by motor vehicle crashes per 100,000 children. Activities during the reporting year included the activities listed above. In addition, during FY2003, the Office of Injury Prevention developed a four-hour presentation based on the National Highway Traffic Safety Administration's 32-hour Standardized Child Passenger Safety Training Program. This training on child passenger safety and special needs was developed for nurses and staff within the Children's Medical Services Network. The class includes a PowerPoint presentation with lecture, audience participation activities, hands-on demonstrations and educational handouts. The department distributed 250 CDs containing Radio Disney produced child passenger safety public service announcements to radio stations throughout Florida.

#### b. Current Activities

Our current activities include: working to expand the Special Needs Occupant Protection Program to a fourth children's hospital in Florida, evaluating special needs children to determine the appropriate child safety seat or restraint, and providing loaner special needs seats or restraints when necessary. We are establishing "enhanced" fitting stations that will provide evaluation services for children with special health care needs in areas where children's hospitals are not located. Special needs child safety seats or restraints are being purchased for use at the three children's hospitals and at the "enhanced" fitting stations. A four-hour training on child passenger safety and special needs is being provided to staff within the Children's Medical Services network and to staff within Healthy Start Coalition offices. Through the local SAFE KIDS coalitions and 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. The department is creating additional child passenger safety public safety announcements that will be aired on Radio Disney and other radio stations throughout Florida. We drafted the 2004-2008 Florida Injury Prevention Strategic Plan that will encourage evidence-based interventions to address motor vehicle injuries, a leading cause of death and injury among children in Florida.

#### c. Plan for the Coming Year

We submitted a concept paper to the Florida Department of Transportation to continue the Florida Special Needs Occupant Protection Program for FY2005. We intend to continue to function as the lead agency for SAFE KIDS Florida and to continue our work in the area of child passenger safety. We plan to finalize our state injury prevention plan and begin the plan's implementation. We will also continue activities listed above regarding evaluation of needs, provision of child safety seats or restraints, training, and public awareness activities.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

## a. Last Year's Accomplishments

Breastfeeding promotion and support activities, as a part of the WIC and Nutrition Services program, address enabling and population-based services. Populations served are pregnant women, mothers, and infants. Breastfeeding activities are conducted as a form of outreach for the WIC population and the population at large. By tracking breastfeeding rates within WIC, Florida can better gauge its progress with this objective. The WIC population has traditionally had the lowest breastfeeding rates, is considered high-risk, and approximately 50 percent of the infants born in the state are on the WIC program.

During FY2003, the WIC program purchased 480 single-user electric breast pumps for local WIC agencies to provide to WIC breastfeeding moms who are working or in school as a pilot project (enabling service). The purchase and distribution of breastfeeding equipment and aids for WIC mothers and babies helps to increase breastfeeding duration for this group, and can have an even broader effect when breastfeeding WIC mothers influence their friends and relatives to also breastfeed their babies longer. On May 31 2003, over 400 people attended a video teleconference co-sponsored by the DOH's Obesity Prevention and the WIC Programs. The audience for the teleconference included DOH nutritionists, nurses and other staff interested in providing breastfeeding support. As a follow-up to the conference, videotapes of the teleconference were sent to the WIC Coordinators and Nursing Directors throughout Florida. Networking between WIC agency breastfeeding coordinators assists staff in providing improved services to clients. In addition, the sharing of effective breastfeeding outreach activities and strategies that increase breastfeeding incidence and duration for WIC clients will, in the long-term, enhance disease prevention and promote improved health outcomes in the community. The WIC program coordinates with Healthy Start program staff to ensure Healthy start care coordinators offer breastfeeding information, education, and support to pregnant women in-need.

Hospital discharge data available to the Department of Health does not track breastfeeding data. A survey by Ross Laboratories indicates that 70.4 percent of all mothers in Florida are breastfeeding in the hospital, a slightly higher rate than our objective of 70 percent. This was accomplished, in part, by the activities that are discussed above.

## b. Current Activities

In FY2004, at least one statewide videoconference on breastfeeding is planned in by the obesity prevention program. The videoconference will focus on breastfeeding and obesity prevention. The videoconference will potentially reach 400 WIC and Nutrition county health department staff and community partners. Data will be collected over the coming year on the single-user breast pump project for working/school WIC moms. Other activities include: implementation of the Department's worksite breastfeeding policy; continued tracking of breastfeeding indicators for WIC; telephone conference calls for statewide WIC Breastfeeding coordinators; and procurement of breastfeeding equipment and aids, if funding is available.

The program continues to provide breast pumps and breast pump kits, so more women have access to the equipment they need to breastfeed successfully. We continue to monitor breastfeeding rates and the percentage of women in the WIC program who breastfeed. Monthly conference calls with WIC breastfeeding coordinators continue to be held to share breastfeeding promotion and support activities and ideas. The Healthy Start program continues to provide breastfeeding education and support.

## c. Plan for the Coming Year

For FY2005, emphasis will be directed to strategies and activities that help WIC mothers to continue breastfeeding, a population with traditionally low breastfeeding rates. We will continue to distribute breastfeeding equipment and information, and continue to track rates. The WIC

program and the Healthy Start program will continue to coordinate their efforts to see that more women and families receive the education and support they need.

Performance Measure 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. By measuring the percentage of newborns screened for hearing impairment before hospital discharge, the Department of Health can determine how well the hospitals are complying with the law. By identifying infants with hearing loss within the first 30 days of life, intervention services can be implemented that should help minimize any speech and language delays that might result. Enabling services conducted to increase the number of infants screened include the distribution of educational materials to obstetricians, pediatricians, family practitioners, midwives, parents, hospitals and early intervention providers regarding universal newborn hearing and the distribution of a family resource guide to families of children with hearing loss. Infrastructure-building activities included providing regional workshops and technical assistance regarding universal newborn hearing screening training for hospital screening personnel and surveying hospitals to provide statistical information regarding births and the number of babies that refer on the hearing screen. The primary population served is children with special health care needs. The newborn hearing program was combined with the newborn screening program that includes the metabolic screening program. Technical assistance regarding universal newborn hearing screening training for hospital screening personnel began in July 2003.

Birth hospitals are screening 98 percent of infants born in Florida for hearing loss. Educational workshops, seminars, videos and brochures were developed and provided to parents, hospitals and physicians regarding the importance of universal newborn hearing screening. Individual training is available to hospitals as needed to improve their hearing screening program.

#### b. Current Activities

Interactive CDs and a web-based training are being developed regarding universal newborn hearing screening techniques to improve the screening at Florida hospitals. A symposium will be offered in the fall of 2004 to share current information about newborn hearing screening with hospitals and providers. These are population-based services. Information developed for physicians were distributed in April 2004.

#### c. Plan for the Coming Year

Educational programs will be developed as needed for hospital screeners, physicians and parents. The federal funding for this program will need to be replaced with state dollars. Adding the newborn hearing screening results with the metabolic screening results on the metabolic specimen card should occur and facilitate the reporting by hospitals of the hearing screening information. We will continue to develop and distribute educational materials to obstetricians, pediatricians, family practitioners, midwives, parents, hospitals and early intervention providers regarding universal newborn hearing. We also continue to survey hospitals to provide statistical information regarding births and the number of babies that refer on the hearing screen. The newborn hearing screening results were combined with the metabolic screening results on the metabolic specimen card.

## Performance Measure 13: *Percent of children without health insurance.*

### a. Last Year's Accomplishments

The 2003 Florida Legislature eliminated state and federal funding for the Florida KidCare Outreach Program. Local communities and independent entities continued outreach activities, but without benefit of state or federal funds. The Robert Wood Johnson Foundation's Covering Kids grant, administered by the University of South Florida, also conducted local outreach activities in pilot sites.

The 2003 Legislature also funded a "no growth" budget, which resulted in the formation of a wait list for Title XXI-funded state children's health insurance. At its height, the Title XXI wait list was 100,433. Of the children on the wait list, 1,416 were children with special health care needs who met clinical eligibility requirements for participation in the Children's Medical Services Network, which is the state's Title V program for children with special health care needs.

In early 2004, the Florida Legislature enacted legislation, which was signed into law by the governor in March 2004, which provided funding for children who were on the Title XXI wait list through January 30, 2004 ? approximately 90,000 children. The new law also formally eliminates Florida KidCare outreach functions from the Department of Health; institutes new eligibility verification requirements; specifies that applications may only be accepted and processed during no more than two open enrollment periods per year, thereby eliminating the accumulation of future wait lists; and requires mandatory disenrollments from two of the three Title XXI-funded Florida KidCare program components if enrollment and expenditures exceed appropriations. The legislation exempts the CMS Network from mandatory disenrollment requirements and provides that the CMS Network may enroll up to 120 additional children a year outside of open enrollment periods based on emergency disability criteria.

In the absence of a statewide outreach initiative, and coupled with programmatic and policy changes, sustaining and increasing enrollment in the Title XXI-funded portion of the Florida KidCare program will be problematic.

The Florida Legislature enacted health insurance reforms that were recommended by the Governor's Task Force on Access to Affordable Health Insurance and the legislative task force on Affordable Health Care for Floridians. Some of the initiatives include statewide availability of flexible health benefit plans, pooled purchasing arrangements for small businesses and health savings accounts. Implementation of some of these initiatives may have a positive impact on extending affordable health insurance options to working families and children.

### b. Current Activities

The Florida KidCare partners are conducting regional meetings around the state to solicit public input in identifying policies and procedures needed to implement the programmatic changes required by the new law, which will include notification of open enrollment periods for the Title XXI-funded Florida KidCare program components. The CMS Program also is working on a methodology based on disability criteria to identify children who may qualify for the additional enrollment slots in the CMS Network outside of the regular open enrollment period. The program will convene a meeting of experts and practitioners to develop additional strategies for identifying and serving children with special health care needs in an environment of fewer Title XXI resources.

### c. Plan for the Coming Year

As part of the regional meeting process, the Florida KidCare partners are soliciting suggestions

and ideas for strategies to promote retention in the program. Due to new documentation requirements for proof of income and access to employer-based health insurance, a significant number of eligible enrolled children could lose their coverage if the families do not provide all required documentation at eligibility redetermination. Informal contacts with other states with documentation requirements found that as many as 30 percent of enrolled children could be disenrolled due to failure to provide required documents. Some early suggestions for avoiding that outcome have included the possibility of providing incentives such as coupons to families that complete the process. The CMS program also plans to engage its care coordinators and the Florida Institute for Family Involvement (FIFI) in assisting families with the eligibility reverification process.

Although the Department of Health's formal outreach function was eliminated, during FY2005 DOH/CMS staff will work with other Florida KidCare partners to provide statewide notification when there is a Title XXI open enrollment period. The department will also work with the KidCare partners to ensure the public understands that open and closed enrollment requirements do not apply to the Medicaid program, and that children who are eligible for Medicaid may be enrolled at any time. It is expected local outreach activities will continue through community-based organizations, the Robert Wood Johnson Foundation Covering Kids grant, and volunteer efforts.

The Department of Health will also work with the Agency for Health Care Administration and the Department of Children and Families to identify early Medicaid children who may qualify for the CMS Network; develop criteria for identifying children who may qualify for limited Title XXI-funded slots outside of open enrollment periods; and identify strategies to serve children with special health care needs for whom neither Title XIX nor Title XXI funding is available. It is expected that the need for services will exceed available funds in the safety net program; however, CMS staff will continue to offer care coordination and referrals to other community resources to families throughout FY 2004-05.

The Agency for Health Care Administration has contracted for an update of the 1998 Florida health insurance study. Preliminary projections of adult and child uninsurance, statewide and by area should be available by the end of 2004. This information will help the state analyze the early impacts of changes in the Florida KidCare program, as well as other initiatives, on child uninsurance in the state. The Florida KidCare partners also participate in the annual Florida KidCare Evaluation, which is required by federal and state law.

**Performance Measure 14:** *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

#### a. Last Year's Accomplishments

Although the state legislature eliminated Florida KidCare outreach functions from the Department of Health in 2003, local organizations and communities continued outreach activities and the Florida KidCare partners worked to ensure that the public understood that families may apply for and have their eligible children enrolled in Medicaid at any time. Data from the Agency for Health Care Administration indicate that the percentage of Medicaid-eligible children who received a service rose to 94.1 percent in FY2003, compared to 92.3 percent in FY2002.

#### b. Current Activities

The department's Child and Adolescent Health Unit applied for received federal funding, in December 2003, to assist with the development of a coordinated system of care for children age 0-5. The Early Childhood Comprehensive Systems Project will target children ages 0-5 and

children with special healthcare needs, to improve access to care and improve the health of infants and young children. This planning process will include representatives from multiple agencies and organizations. State and regional planning meetings will be held throughout 2004 and 2005.

It is anticipated that due to the use of the umbrella Florida KidCare program, which includes Medicaid for children as well as the Title XXI-funded program components, there could be an unintended drop in Medicaid enrollments as a result of the new documentation requirements and imposition of specific open enrollment periods. The Florida KidCare program partners are conducting a series of state and regional meetings to solicit public input about ways to ensure Florida families understand that closed enrollment and other new requirements for the Title XXI program components do not apply to the Medicaid program. In addition, strategies will be developed and implemented to ensure that accurate and understandable communications occur between state agencies and local entities that work with affected families.

The 2004 Legislature also enacted changes to the time frames that Medicaid beneficiaries have to make a voluntary selection of a MediPass primary care provider or a managed care plan. Effective July 1, 2005, Medicaid individuals will have 30 days in which to make a voluntary choice selection. After that, they will have 90 days to withdraw from the assigned provider and make another selection.

### c. Plan for the Coming Year

For FY2005, CMS will continue to participate in the state and regional planning meetings for the Early Childhood Comprehensive System Project.

The Florida KidCare partners will continue to work with community-based organizations, health care providers, and others to ensure that people understand that the Medicaid program is always open, and eligible children may be enrolled at any time during the year. In addition, the Robert Wood Johnson Foundation Covering Kids project plans to implement special initiatives to work with hard-to-serve populations and leaders in minority communities to make sure that they know Medicaid is available to eligible children year-round. These enabling services will be targeted to providing easy-to-understand, accurate information about the Medicaid program, and preventing loss of coverage among eligible children in the state.

The CMS program will use its area office staff and the Florida Institute for Family Involvement to ensure that Medicaid-eligible children with special health care needs are enrolled in the program. CMS also will work with the Department of Children and Families on including special needs questions in the initial Medicaid eligibility determination process and for eligibility redeterminations. The goal will be to identify early Medicaid-eligible children with special health care needs to inform their families about the CMS Network and the specialized health benefits it offers. If children are identified early and select the CMS Network before being subject to mandatory assignment, it can prevent breaks in continuity of care and ensure that the children are enrolled in a system of care that uses pediatric providers and specialists.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

### a. Last Year's Accomplishments

Florida's Healthy Start program provided outreach to high risk pregnant women by coordinating education, increasing access to prenatal care, and providing referral and follow-up to ancillary services. Healthy Start prenatal education and outreach efforts have been focused on smoking and drug use cessation, nutritional counseling, and psychosocial support. The program also provides a coordinated care approach to assure adequate prenatal care for each individual

woman. This past year the Florida Department of Health increased their emphasis on reducing vaginal infections in pregnancy and encouraging improvement in preconceptional and interconceptional health in all women of childbearing age. Technical assistance guidelines on these issues were updated and distributed to all county health departments.

Internal reorganization within the Division of Family Health Services included merging the Family Planning Program (formerly housed within Women's Health) 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 healthcare through the preconceptional, prenatal, and interconceptional periods, in order to promote optimal health prior to and between pregnancies to help assure positive birth outcomes.

In February 2003, the March of Dimes launched a five-year campaign focusing on prematurity by holding the Prematurity Summit in Tampa. The summit was attended by physicians, nurses, policy makers, researchers, and various other leaders in the field of maternal and child health. A 28-member advisory committee was established and includes four members from the Florida Department of Health. The goals of the campaign are to fund research to find causes of premature birth, increase education and awareness of risk factors and warning signs, and to expand access to health care coverage.

The Florida Department of Health Racial and Ethnic Disparity: Closing the Gap initiative provided funding for demonstration projects. There are also five Healthy Start Federally funded projects that are located in the areas that traditionally experience a high rate of negative perinatal outcomes. A major priority of these projects is to reduce racial disparities between white and black infants with regard to low birth weight, preterm delivery, and size for gestational age.

During FY2003, the rate of very low birth weight births remained at 1.6 percent, which did not meet the projected goal of 1.5 percent. This has also mirrored the leveling of the rate at the national level. Many efforts have been made nationally to reduce the rate, but few if any have been proven effective. Part of the problem may lie with the increasing number of women becoming pregnant by assisted reproduction techniques. These techniques mean a greater likelihood of having multiple babies, which are more likely to be premature or underweight.

#### b. Current Activities

The department is currently engaged in the following activities to reduce the rate of very low birth weight infants to 1.4 percent of live births. We continue our focus on Healthy Start prenatal care and care coordination services to pregnant women identified as at risk for poor birth outcomes. There is a statewide effort to increase the number of pregnant women offered the Healthy Start risk screening, and there are continuous efforts to improve availability and promote the use of family planning services to increase birth intervals and reduce teen birth rates. Collaborations between Healthy Start coalitions and community providers continue to improve public health infrastructure by analyzing local systems of care for maternal and child health populations. In areas of the state where racial disparities in birth outcomes are most marked, Healthy Start coalitions work with leaders and members of minority communities to develop targeted programs to reach out to minority pregnant women to ensure access to prenatal care and care coordination. Healthy Start coalitions also work statewide in prevention and cessation of smoking and drug use during pregnancy, as well as education on the prevention and early identification of maternal infections during pregnancy.

#### c. Plan for the Coming Year

In FY2005, the department will continue collaborative efforts identifying women at highest risk for poor birth outcomes. Healthy Start will continue to encourage increased screening rates and

continue to provide increased intensity and duration of services to high risk women through the Healthy Start Medicaid Waiver. Special focus will be on smoking and drug use cessation, reducing vaginal infections in pregnancy, and increasing preconceptional and interconceptional health. We plan increased collaboration with Department of Health's Division of Health Awareness and Tobacco to decrease smoking and second hand smoke exposure. We plan to continue our collaborative relationship with the March of Dimes in order to address prematurity in Florida. FIMR and PAMR data will continue to be used as a valuable tool to improve systems of care for pregnant women.

The Infant, Maternal, and Reproductive Health Unit has established an Infant Mortality Review Project. The purpose of the project is to provide technical assistance to communities related to infant mortality. The Department of Health county liaisons, (professionals who are assigned to provide technical assistance and consultation to Florida's 67 county health departments) along with the Healthy Start contract managers, Healthy Start coalitions, and CHD staff will comprise the team. The focus will be on birth weight specific mortality analysis, examining trends in cause of death, GIS mapping of low birth weight incidence and prevalence, and use of the official matched file (a file that allows for matching of Vital Statistics birth and death records with other data sets, such as Florida's Healthy Start screening data). Through this analysis we hope to gain more insight into very low birth weight births and prematurity.

Alternative prenatal care delivery methods, such as group prenatal care, will be piloted in various regions of the state to determine if the very low birth weight rates can be reduced by altering the method in which prenatal care is delivered. All of these efforts will help ensure women in Florida have the healthiest pregnancies possible, with a goal of reduction in the rate of very low birth weight infants.

**Performance Measure 16:** *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

#### a. Last Year's Accomplishments

During FY2003, county health department and school district school nurses and social workers provided assessment and referral of students to mental health services when students present with evidence of mental health issues, suicidal ideation or risk behaviors. These nurses and social workers also provided small group prevention-intervention activities to high-risk students and prevention health education classes to school classes and assemblies. Topics of the activities and education classes include suicide, mental health, alcohol and other drugs, violence, and conflict resolution.

During FY2003, the suicide rate per 100,000 for 15 to 19-year-olds decreased from 7.0 for 2002 to 5.1 for 2003. During 2003, county health department Comprehensive School Health staff referred 2,561 students to community-based mental health services. They also provided 2,819 mental health prevention-interventions to 29,306 students, 3,264 mental health education classes to 95,778 students, 244 suicide prevention-interventions to 1,320 students, 608 suicide prevention classes to 18,654 students, 1,372 violence prevention/conflict resolution interventions to 9,513 students, 3,281 violence prevention/conflict resolution classes to 102,360 students, 773 alcohol, tobacco and other drug prevention interventions to 15,772 students, and 6,710 alcohol, tobacco and other drug prevention classes to 196,311 students. The Florida Department of Health is a member of the Florida Suicide Prevention Taskforce that met throughout the year and created a Youth Committee to address the problem of suicide in those 24 years old and younger. Its goal is to reduce the incidence of suicide of Youth (24 & under) suicide in Florida by one third (from approximately 5.0 per 100,000 in 2005 to approximately 3.33 per 100,000 in 2010). The Florida Suicide Prevention Taskforce also coordinated a second Suicide Awareness Day at the state capitol in Tallahassee. Columbia University's Teen Screen has now been

implemented by the Hillsborough and Pinellas County school districts.

#### b. Current Activities

During 2004, school nurses and social workers from the comprehensive school health services project schools continue to refer students for community-based mental health services. These staff are also continue to provide prevention interventions and classes in mental health, suicide prevention, violence prevention, conflict resolution, alcohol prevention and drug prevention. Through the Governor's Taskforce on Suicide Prevention, Department of Health staff is working on the following objectives: (1) develop broad-based partnerships/collaboration for suicide prevention; (2) develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention; (3) develop and implement community/youth-based suicide prevention programs; (4) promote efforts to reduce access to lethal means and methods of self-harm; (5) implement training for recognition of at-risk behavior and delivery of effective treatment; (6) develop and promote effective clinical and professional practices (7) improve access to and community linkages with mental health and substance abuse services; and (8) improve and expand surveillance systems.

#### c. Plan for the Coming Year

During FY2005, school nurses and social workers from the comprehensive school health services project schools will continue to refer students for community-based mental health services. These staff will also provide prevention interventions and classes in mental health, suicide prevention, violence prevention, conflict resolution, alcohol prevention and drug prevention. It is anticipated that the Florida Suicide Prevention Taskforce will continue to meet and coordinate suicide prevention activities. School health nurses and social workers will be key in helping to identify and implement school health programs with the assistance of the Youth Suicide Prevention School-Based Guide, released during late 2003 by the Florida Institute of Mental Health at the University of South Florida. The guide is available on the Internet at the following address: [http://cfs.fmhi.usf.edu/StateandLocal/suicide\\_prevention/](http://cfs.fmhi.usf.edu/StateandLocal/suicide_prevention/). During 2005, school health social workers will be key players in helping school districts complete the District Safety and Security Self-Assessment Form 2002-2003 created by the Florida Department of Education, Office of Safe Schools, in response to the Safe Passage Act ? Section 1006.07 of the Florida Statutes. The form can be viewed at the following site: [http://www.firm.edu/doe/besss/safe\\_passage/2003doc/2002\\_best\\_practices\\_and\\_indicators.doc](http://www.firm.edu/doe/besss/safe_passage/2003doc/2002_best_practices_and_indicators.doc) . Duval County Health Department's school health program is also looking at the possibility of using Teen Screen to assess students at high risk for suicide. It is anticipated that Teen Screen will be implemented in schools in those counties where there are sufficient licensed clinical social workers or psychologists.

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

#### a. Last Year's Accomplishments

Infrastructure-building activities during the past year to increase the percentage of very low birth weight infants being born at a high-risk facility included: five of the Regional Perinatal Intensive Care Centers (RPICC) providing 12 high-risk obstetrical satellite clinics; RPICC staff at the 12 facilities provide a comprehensive high-risk obstetrical outpatient clinic; and RPICCs are monitored annually by physician consultants to ensure appropriate placement of neonates in the Level III NICUs. Enabling activities included the provision of yearly educational programs to the community health providers by RPICC staff. In addition, transportation was provided through a contract for neonates requiring care at a Level III NICU. The populations served are

pregnant women and infants.

During FY2003, 83.2 percent of very low birth weight infants were delivered at high-risk facilities. The goal of 90 percent was not reached, and there was a slight decrease from the 86.9 percent rate reported for 2002.

#### b. Current Activities

Infrastructure building services through the annual quality assurance monitoring of the RPICCs to ensure standards of care are being met. To ensure very low birth weight newborns are delivered and receive care at appropriate level hospitals, the following types of public health services continue to be provided through the RPICCs and by the RPICCs staff. Direct health care services are provided at the RPICCs (inpatient and outpatient) and through the 12 high-risk obstetrical clinics located at varying distances from the RPICCs. Enabling services are provided, including transportation for low birth weight neonates that require Level III NICU services at a RPICC. This service is provided by a contract with one of the RPICCs. Enabling services include an educational program offered by the RPICC staff to the community health providers. Infrastructure-building services are provided through the annual quality assurance monitoring of the RPICCs to ensure that standards of care are being met.

#### c. Plan for the Coming Year

The goals for FY2005 are to ensure that 90 percent of very low birth weight infants are delivered at the RPICCs, and to increase the number of high-risk obstetrical satellite in order to increase access of high-risk services for more women. RPICC staff will continue to provide services at satellite clinics, to decrease the number of low birth weight infants by providing easier access to high-risk maternal care and education. We will continue to provide educational programs to community health providers. We will continue to monitor RPICCs to ensure appropriate placement of neonates in the Level III NICUs. Transportation will still be provided through a contract, for neonates requiring care at a Level III NICU.

*Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

#### a. Last Year's Accomplishments

During FY2003, the percentage of infants born to women who received prenatal care in the first trimester increased to 85.9 percent (provisional). The rate was above the performance objective of 85.7 percent. The department worked 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. We worked with Healthy Start coalitions to promote awareness among providers that Medicaid pays additional reimbursement to providers who screen their clients for Healthy Start during the first trimester. Through the development of policies such as those aimed at preconceptional health, we promoted wellness among women of childbearing age and helped educate women on the importance of first trimester entry into care.

Quality assurance/quality improvement (QA/QI) visits to county health departments helped CHD staff identify systems issues that may act as barriers to first trimester prenatal care, and allow maternal and child health staff to provide targeted technical assistance and training to counties that have first trimester entry levels below the state average. Healthy Start coalitions also provided or facilitated a variety of enabling services, depending on local needs and resources, such as translation services, outreach, health education, family support services, case management, and coordination with WIC and Medicaid. All of these enabling services

served as supports to encourage and help women to 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 during FY2002, facilitates Medicaid coverage for prenatal care under the Sixth Omnibus Budget Reconciliation Act (SOBRA). 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 health related enabling services. We continued to ensure the statewide process of simplified Medicaid eligibility for pregnant women. Additionally, we worked 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.

The department has convened a statewide prenatal care service delivery workgroup. The workgroup's primary focus is to address the barriers women in the state face in accessing prenatal care.

#### b. Current Activities

The Florida Department of Health is currently engaged in the following activities to increase the percent of infants born to pregnant women receiving prenatal care beginning in the first trimester: We continue to work with Healthy Start coalitions to promote awareness among providers that Medicaid pays additional reimbursement to providers who screen their clients for Healthy Start during the first trimester. Through QA/QI visits to county health departments across the state, we continue to meet face-to-face with administrators, managers, and front-line staff and talk to them about local issues that may be presenting barriers to first trimester entry into prenatal care in their communities. This allows us to provide targeted technical assistance and consultation to communities as they work on infrastructure-building and maintenance activities to help ensure access to first trimester prenatal care. We continue with the MomCare program to assist pregnant women in obtaining prenatal appointments and following up on their medical care. We encourage the CHDs to provide Presumptive Eligibility for Pregnant Women, which allows immediate access to Medicaid services. We also are encouraging 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.

The Prenatal Care Service Delivery Workgroup is currently involved with taking an in-depth look at the issue of prenatal care access in the state. The Florida Department of Health is currently researching an alternative prenatal care model known as Centering Pregnancy. This group care model consists of assessment, education and support. It is gaining much popularity in clinics around the nation especially with those targeting high risk populations. This model encourages women to take an active part in their prenatal care and empowers them through self-help and support activities. The Florida Department of Health is looking to pilot some group prenatal care projects in the future. The focus will be on areas that have access to care barriers and low continuation of prenatal care.

#### c. Plan for the Coming Year

In FY2005, 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 targeting 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. This will be accomplished through continued QA/QI visits to counties, as well as through working in collaboration with Healthy Start coalitions statewide. We also plan to facilitate the implementation of the preconceptional health guideline for the county health departments. This guideline includes, but is not limited to, promotion of wellness among women of childbearing age and emphasis on the importance of educating women on the importance of entry into prenatal care during the first trimester. We also plan to continue the MomCare program and the simplified eligibility Medicaid application process statewide.

Through a collaborative relationship with the March of Dimes Florida Chapter, we will be placing a position within DOH's Division of Family Health Services to focus on preconceptional and interconceptional health. Naturally, part of this focus is the emphasis on educating women, prior to pregnancy, about the importance of accessing prenatal care during the first trimester when they do become pregnant.

We plan to gain greater insight into prenatal care access barriers through the prenatal service delivery workgroup. The focus will be on county specific issues and best practices around the state. Private and public systems of care will be examined.

**FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

**General Instructions/Notes:**

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

| NATIONAL PERFORMANCE MEASURE  | Pyramid Level of Service |                                     |                                     |                          |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
|   | DHC                      | ES                                  | PBS                                 | IB                       |
| 1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State. |                          |                                     |                                     |                          |
| 1. . Florida contracts with three genetic specialty centers for referral of patients with abnormal PKU and galactosemia test results.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Florida contracts with three endocrine specialty centers for referral of patients with abnormal congenital hypothyroidism and congenital adrenal hyperplasia test results.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Florida contracts with 10 hematology/oncology specialty centers for referral of patients with abnormal hemoglobinopathy test results.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Specialty referral centers provide confirmatory testing and treatment to patients identified through the screening program. Genetic counseling, follow-up and nutritional counseling activities (treatment and dietary management) are included. | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Educational materials are distributed to all birthing facilities regarding the five disorders that are tested in the newborn metabolic screening.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

|     |                          |                          |                          |                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| NATIONAL PERFORMANCE MEASURE   | Pyramid Level of Service            |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | DHC                                 | ES                                  | PBS                                 | IB                                  |
| 2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)                                       |                                     |                                     |                                     |                                     |
| 1. Family-to-family support and contact will be facilitated throughout CMS.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. CMS staff will produce and market materials that explain the CMS Mission, Vision, Goals and Services via their Web site, printed materials, and other forms of media and advertising.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Include CMS families in developing policy, training, and in-service education.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 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. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. CMS performance measures for this National Performance Measure are being developed and pilot tested for validity and reliability.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE   | Pyramid Level of Service |                                     |                                     |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | DHC                      | ES                                  | PBS                                 | IB                                  |
| 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)                                 |                          |                                     |                                     |                                     |
| 1. Demonstrate the importance of a medical home to the health and well being of children with special health care needs through data collection, satisfaction surveys, and performance measures. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Support initiatives in telehealth, and other innovative delivery systems, that are built on the CMS medical home.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Identify potential or approved providers that serve CMS children with special health care needs and their families.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Assist families to understand the uses of telehealth.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE   | Pyramid Level of Service |                                     |                          |                                     |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | DHC                      | ES                                  | PBS                      | IB                                  |
| 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) |                          |                                     |                          |                                     |
| 1. Collaborate and coordinate with Medicaid and KidCare offices to strengthen outreach and enrollment strategies.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Identify children at risk for and with special health care needs.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Utilize quality of care measures for children enrolled in CMS Programs.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Track health expenditures and costs of services.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE  | Pyramid Level of Service            |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   | DHC                                 | ES                                  | PBS                                 | IB                                  |
| 5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey) |                                     |                                     |                                     |                                     |
| 1. Establish and maintain CMS Programs that support all caregivers and partners.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Support children, teens, and young adults, and family leadership programs that identify families as leaders and potential leaders.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Promote use of telemedicine.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Support family organizations/initiatives as they engage families of children at risk for and with special health care needs in effective partnerships.                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Evaluate the potential benefit of telehealth and telemedicine services for CMS enrollees and their families.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE  | Pyramid Level of Service |    |     |    |
|---|--------------------------|----|-----|----|
|   | DHC                      | ES | PBS | IB |
| 6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey) |                          |    |     |    |
| 1. Plan for the eventual transition of all teens and young adults with  |                          |    |     |    |

|  |                          |                                     |                                     |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| special health care needs to adult services.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. CMS Network Care Coordinators will coordinate and facilitate transition activities with each teen beginning at age 12, to meet their needs.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Create and maintain a Transition Guide on the CMS Internet.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Create and maintain a CMS Youth Advisory Board staffed by CMS enrollees who are between the ages of 12 to 21 years of age.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE   | Pyramid Level of Service |                                     |                                     |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | DHC                      | ES                                  | PBS                                 | IB                                  |
| 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, and Hepatitis B. |                          |                                     |                                     |                                     |
| 1. Recommend all health care providers implement the Standards for Pediatric Immunization Practices.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Continue implementation of the registry (Florida Shots) in the private sector.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Implement/Continue missed opportunities policy for public and private health care providers.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Continue WIC/Immunization linkage.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Statewide initiative to improve collaboration with public and private stakeholders/partners in order to increase immunization coverage levels in this target population.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE  | Pyramid Level of Service |                                     |                          |                          |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
|   | DHC                      | ES                                  | PBS                      | IB                       |
| 8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.  |                          |                                     |                          |                          |
| 1. Teen pregnancy prevention classes, and case management and aftercare for students who give birth in Comprehensive School Health Services Projects.2. Conducting abstinence-only education classes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Conducting abstinence-only education classes   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                                     |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 3. Conducting statewide abstinence media campaign.                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Developing community and Department of Health program collaboration.            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Promoting consumer involvement.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Provision of confidential family planning counseling and education.             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. Provision of confidential family planning comprehensive contraceptive services. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE  | Pyramid Level of Service |                          |                                     |                                     |
|---|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
|   | DHC                      | ES                       | PBS                                 | IB                                  |
| 9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.             |                          |                          |                                     |                                     |
| 1. Promote the development of school-based sealant programs.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Promote increased sealant utilization in county health department safety net programs.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Develop and maintain sealant promotional material on Internet site.  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Promote the development of a surveillance system for sealant utilization on permanent molars of third and ninth graders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE  | Pyramid Level of Service            |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|   | DHC                                 | ES                                  | PBS                                 | IB                       |
| 10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.  |                                     |                                     |                                     |                          |
| 1. Evaluation of children with special health care needs to determine the appropriate child safety seat or restraint.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Provided loaner special needs seats or restraints when necessary.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Purchased 120 special needs child safety restraints to be used at the three children?s hospitals.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Conducted the four-hour training on child passenger safety and special needs at two offices (71 staff members) within the Children?s Medical Services network.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 6. Raised public awareness of child passenger safety through the public safety announcements aired on Radio Disney and other radio stations throughout Florida. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

| NATIONAL PERFORMANCE MEASURE   | Pyramid Level of Service |                                     |                                     |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | DHC                      | ES                                  | PBS                                 | IB                                  |
| 11) Percentage of mothers who breastfeed their infants at hospital discharge.  |                          |                                     |                                     |                                     |
| 1. Purchased and distributed 480 single-user electric breast pumps for local WIC agencies to loan to WIC breastfeeding moms who are working or in school infants as a pilot project in 16 selected WIC local agencies. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Purchased and distributed electric breast pump kits for use with local agency electric breast pumps.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. ?Infants Ever Breastfed? rates and ?Infants Currently Breastfed? rates and the ?Percentage of WIC Breastfeeding Women/Total Infants for WIC.?   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Purchased a copy of the two-part videos ?The Clinical Management of Breastfeeding? for staff education for each local WIC agency.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Sponsored monthly telephone conference calls for statewide WIC breastfeeding coordinators to share breastfeeding promotion and support activities and ideas.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Purchased the book Medications and Mother?s Milk for staff reference for each WIC agency.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. Breastfeeding education and support offered through Healthy Start.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. Co-sponsored a video teleconference with DOH Obesity Prevention on Predicting and Preventing early Breastfeeding Cessation.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9. Provided a copy of the video teleconference to each WIC Coordinator and Nursing Directors.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE   | Pyramid Level of Service |                                     |                                     |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | DHC                      | ES                                  | PBS                                 | IB                                  |
| 12) Percentage of newborns who have been screened for hearing before hospital discharge.   |                          |                                     |                                     |                                     |
| 1. Distribution of educational materials to obstetricians, pediatricians, family practitioners, midwives, parents, hospitals and early intervention providers regarding universal newborn hearing. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Providing technical assistance to all Florida birth facilities hearing screening personnel regarding newborn hearing screening.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Distribution of a family resource guide to families of children with hearing loss.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Surveying hospitals to provide statistical information regarding births and the number of babies that refer on the hearing screen.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

|     |                          |                          |                          |                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| NATIONAL PERFORMANCE MEASURE  | Pyramid Level of Service            |                                     |                          |                                     |
|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
|   | DHC                                 | ES                                  | PBS                      | IB                                  |
| 13) Percent of children without health insurance.   |                                     |                                     |                          |                                     |
| 1. Developing and implementing strategies to retain enrolled eligible children in the Florida KidCare program.                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Statewide notification of KidCare open enrollment.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Provide care coordination and other services to uninsured and underinsured families of children with special health care needs.      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Policy development and evaluation of effects of Florida KidCare program changes on Florida KidCare enrollment and child uninsurance. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE  | Pyramid Level of Service |                                     |                          |                                     |
|---|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
|   | DHC                      | ES                                  | PBS                      | IB                                  |
| 14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program. |                          |                                     |                          |                                     |
| 1. Increase public awareness of KidCare.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Make the application process for Medicaid more accessible.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Recruit community partners to assist in access and informational activities.                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Develop a child health strategic plan to strengthen the health care system for children.                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Increase focus on the eligibility process at county health departments.                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

| NATIONAL PERFORMANCE MEASURE | Pyramid Level of Service |    |     |    |
|------------------------------|--------------------------|----|-----|----|
|                              | DHC                      | ES | PBS | IB |
|                              |                          |    |     |    |

|   |                          |                                     |                                     |                                     |
|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 15) The percent of very low birth weight infants among all live births.   |                          |                                     |                                     |                                     |
| 1. Continue our focus on Healthy Start prenatal care and care coordination services to pregnant women identified at risk for poor birth outcomes.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Apply the knowledge gained from the Florida Birth Defects Surveillance System, including the Birth Defects Registry, to improve our system of care.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Increase the number offered Healthy Start risk screening, improve outreach efforts to increase first trimester prenatal care, and continue promotion of family planning services to increase birth intervals and to reduce teen birth rates. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Partner with the March of Dimes to reduce the rate of premature births in Florida.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Continue to use the valuable knowledge gained from Fetal and Infant Mortality Review (FIMR) and Pregnancy Associated Mortality Review (PAMR) projects to improve our system of care.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Increase collaboration among community providers and Healthy Start coalitions to improve local systems of care for our maternal and child populations.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Study factors related to racial disparity.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. Continue statewide interventions targeted at prevention and cessation of drug use during pregnancy.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9. Continue statewide interventions targeted at early diagnosis and treatment of bacterial vaginosis and prevention of other infections in pregnancy.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 10. Continue the Healthy Start Medicaid Waiver initiative to increase the intensity and duration of Healthy Start services.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| NATIONAL PERFORMANCE MEASURE  | Pyramid Level of Service |                                     |                                     |                                     |
|   | DHC                      | ES                                  | PBS                                 | IB                                  |
| 16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.   |                          |                                     |                                     |                                     |
| 1. Suicide prevention small group prevention-interventions and health education classes in Comprehensive School Health Services Projects.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Youth suicide prevention train-the-trainer workshops for gatekeepers.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Coalition building by the Florida Suicide Prevention Taskforce.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Utilization of proven mental health/screening programs.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Implementation research-based suicide prevention pilot projects.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| NATIONAL PERFORMANCE MEASURE  | Pyramid Level of Service |                                     |                                     |                                     |
|   | DHC                      | ES                                  | PBS                                 | IB                                  |

|  |                                     |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.  |                                     |                                     |                                     |                                     |
| 1. Regional Perinatal Intensive Care Centers (RPICC) staff from five of the RPICCs provides 12 high-risk obstetrical satellite clinics.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. RPICC staff at the 12 facilities provides a comprehensive high-risk obstetrical outpatient clinic.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. RPICC staff provides yearly educational programs to the community health providers.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. RPICCs are monitored annually by physician consultants to ensure appropriate placement of neonates in the Level III NICUs.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Transportation is provided through a contract, for neonates requiring care at a Level III NICU.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | Pyramid Level of Service            |                                     |                                     |                                     |
|  | DHC                                 | ES                                  | PBS                                 | IB                                  |
|  | NATIONAL PERFORMANCE MEASURE        |                                     |                                     |                                     |
| 18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.  |                                     |                                     |                                     |                                     |
| 1. Continue work through Healthy Start coalitions to encourage providers to see patients during the first trimester of their pregnancies.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Continue targeting 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.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Continue to promote the use of the preconceptional health guideline in the county health departments.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Continue the MomCare program.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Continue Presumptive Eligibility and Simplified Eligibility Medicaid application processes to expedite entry into prenatal care.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 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. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

D. STATE PERFORMANCE MEASURES

State Performance Measure 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 16 regional programs. The Early Intervention Program also provided enabling activities such as reducing caseload sizes; 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 services activities included exploring the evaluation of the current service delivery system; developing and implementing state policy and standards; designing a centralized system for provider enrollment, training, tracking, and management; initiating a comprehensive system of personnel development; and conducting quality assurance reviews and follow-up to ensure compliance with federal regulations and state policy. This measure was chosen because determining the percentage of potentially eligible children offered early intervention services is an excellent indicator of the effectiveness of our CSHCN system. The measure is related to the priority needs to prevent the incidence of disabilities for infants and children, and decrease the incidence of child morbidity. This measure is related to the outcome measures for reducing infant, neonatal, postneonatal and perinatal mortality. Preventing the incidence of disabilities for infants and children is a state priority. It addresses the continuing need to provide adequate screening, testing, assessment, and services to ensure infants and children receive the services they need to help them lead more healthy lives.

During FY2003, 95.3 percent of the estimated number of eligible Early Intervention Program infants and toddlers received services. Outreach, public awareness, training, and technical assistance were provided. Quality assurance standards and program policy were updated, disseminated, and implemented statewide. Infrastructure-building activities were begun for a centralized training, tracking and management system, and a Comprehensive System of Personnel Development. The Stakeholders Evaluation Process for the Early Intervention System was initiated.

#### b. Current Activities

The Early Intervention Program is engaged in the following to ensure eligible children receive services. A public awareness plan is being implemented to increase awareness of the Early Intervention Program and referral process and procedures. Activities in the plan include a new name and logo for the system, a name change from Early Intervention Program to Early Steps, revisions and increased dissemination of public awareness materials through enhanced accessibility and navigation of the website. This new name and look should increase the awareness level of the general public related to the purpose and goals of the Early Steps system.

The focus of how early intervention services are delivered in Florida is currently a major program initiative. Statewide policies on the design and implementation of a new service delivery system have been developed and disseminated for public input. As a result, a policy paper outlining Florida's new system has been finalized, disseminated and will be implemented July 1, 2004. Decisions regarding statewide use of selected evaluation and assessment instruments have been made and the requirement to use selected instruments will be implemented July 1, 2004. Current activities are underway to support this system change which includes curriculum development, statewide training and technical assistance, videoconferencing and web-based conference calls, public awareness activities and revisions to contracts, funding methodology and data system.

Current activities also include expansion of the Kindergarten through Age 21 Comprehensive System of Personnel Development in nine state universities to encompass a birth to five focus to provide pre and in-service training to providers in the Early Steps system. A centralized provider enrollment system is currently being implemented as well as a web based training and

tracking system to meet the federal requirements for personnel development for IDEA, Part C.

The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT), a federally mandated state council, is currently reviewing the eligibility criteria for Part C services in other states and will make recommendations to the State Program Office for changes to Florida's current eligibility criteria for Part C services. The changes in the service delivery system, use of selected evaluation and assessment instruments, increased focus on training and personnel development and the review of Florida's eligibility for Part C services will help ensure services in Florida are only provided to eligible children and their families.

A system evaluation of Early Steps is in the initial stages of development. A workgroup is meeting monthly to develop an evaluation plan by July 1, 2004 for the design and methodology of the evaluation process.

### c. Plan for the Coming Year

The goals for FY2005 are to continue to implement the infrastructure described under the state performance measures and the system evaluation for Early Steps. This includes ensuring federal requirements are being met and services are provided within the resources of the state, services are provided within natural environments, service coordinator ratio of 1/75 is reached, and a centralized system for provider enrollment and training and a Comprehensive System of Personnel Development is fully implemented. Enhancements to the family involvement infrastructure and data and reporting system as well as revisions to the Quality Assurance and Continuous Improvement Monitoring and Technical Assistance System within Early Steps is also planned for the upcoming year. Coordination with Medicaid, Insurance, the Department of Education, and other agencies to access funding to support increased numbers of children eligible for services will also continue. Partnership with the Department of Children and Families will be strengthened to prepare and plan for the implementation of the requirements of the Child Abuse Prevention and Treatment Act (CAPTA), which requires procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA).

## State Performance Measure 2: *The rate per 1,000 of hospital discharges of children due to dehydration. (discontinued)*

### a. Last Year's Accomplishments

### b. Current Activities

### c. Plan for the Coming Year

## State Performance Measure 3: *The percentage of pregnant women reporting domestic violence on the PRAMS survey.*

### a. Last Year's Accomplishments

During FY2003, the Department of Health technical assistance guidelines on domestic violence screening were scrutinized to ensure compliance of HIPAA through confidentiality and safety precautionary measures. The screening documentation form used in conjunction with

the technical assistance guidelines was revised into a flow sheet format, to decrease the number of forms necessary to screen a single patient. A separate grant was received to develop and coordinate multilevel train-the-trainer trainings for health department staff and local domestic violence center staff. The department conducted five regional trainings in April and May of 2004 on the revised technical assistance guidelines and forms, screening techniques, and domestic violence dynamics and definitions. The trainings include an exercise in which each county health department and domestic violence center develops a plan for situations in which a client requests immediate assistance and the abuser is onsite. Activities also included technical assistance for county health departments to address their participation in pregnancy associated mortality reviews to present a domestic violence perspective. Direct health care services in the form of domestic violence screening and counseling are delivered one-on-one between a health professional and a county health department client in a primary care clinic setting. Screening identifies clients in need of education, support, services, and referrals. Our technical assistance guidelines recommend that county health departments screen all pregnant women, as well as all female clients 14 and older, for domestic violence. Screenings take place throughout various programs within the health department. Results from a positive screening and subsequent comprehensive assessment and referral are coded to the statewide Health Management Component Reporting System in several areas, including immunizations, STDs, HIV/AIDS, TB, Hepatitis, WIC, family planning, improved pregnancy outcome, healthy start (county health department providers only), comprehensive child health (when age appropriate), comprehensive adult health, dental, and general personal health.

#### b. Current Activities

The Department transitioned the Domestic Violence Program into the Sexual Violence Prevention Program in May 2003. Statewide training, materials, and support continue to be provided to county health department staff. Train-the-trainers from each health department will train their coworkers in the domestic violence screening process and use of the screening form. Ongoing conference calls are being conducted to discuss systems of care related to domestic violence in their counties. Maternal and child health staff members continue to participate on Pregnancy Associated Mortality Review teams, presenting a domestic violence perspective during the review process. Intra-agency and interagency linkages are being sought out to encourage awareness of the program and incorporation of domestic violence intervention into several service delivery points.

The technical assistance guidelines are being revised based on feedback from administrative and county health department field staff. These proposed guidelines will address the unique issues that public healthcare systems must consider when implementing universal screenings. Once such challenge is the provision of multiple services in a single visit (i.e., one-stop medical care, from dental to WIC to family planning services, all in one location in a single visit-unlike most HMOs), and the impact this may have on clients who will be asked the same screening question more than once during the same visit. Feedback indicated that clients who utilized multiple services or came in one or more times per week on a regular basis, were feeling "coerced" into disclosing, or were no more likely to request assistance than those who had been asked less often. In addition, the screening form, DH3202, is currently undergoing a second revision based on feedback from attorneys and participants of the 2004 trainings.

#### c. Plan for the Coming Year

The department will continue to conduct trainings and conference calls and provide technical assistance and updated information to domestic violence liaisons, coding staff, nursing staff and health educators at county health departments. The program is seeking funding to conduct intensive training for county health departments and other community partners on domestic violence and its impact on the elderly and disabled (as defined by the term "vulnerable adult" in the Florida statutes); dating violence, sexual assault (including marital rape) and same sex

relationships; as well as other issues including human trafficking and refugee and immigrant victim services.

**State Performance Measure 4: *The percentage of subsequent births to teens age 15 to 19.***

**a. Last Year's Accomplishments**

Activities designed to reduce subsequent births to teens consist of small-group pregnancy prevention interventions, case management, family planning counseling and education services, comprehensive contraceptive services, abstinence education, peer education and mentoring, and collaboration with other programs that work to reduce teenage pregnancy. During FY 2003, the provisional data indicate that 16.1 percent of teenagers age 15 to 19 who had previously given birth had subsequent births, which is higher than the annual performance objective of 15.5.

A number of activities were conducted to address this issue. The statewide family planning program provided services at local county health departments and contract agencies to 52,923 teenagers age 15 to 19 during calendar year 2003. County health departments and local contract providers train and work to improve pregnancy prevention strategies for teens. An important initiative in the effort to curtail subsequent teenage births is special educational activities that highlight the role of coercive sexual practices by men, particularly older men. Local public and private family planning units provide services that address males' responsibility in teen pregnancy while educating males about coercive sexual behavior. The Healthy Start program provides universal risk screening for pregnant women and their newborn infants to identify those at risk for poor birth, health and developmental outcomes. Healthy start participants receive family planning counseling throughout their pregnancy. Healthy Start staff provides their clients with information on the various methods of birth control to assist them in making an informed decision concerning their preferred method of family planning.

Comprehensive school health services projects in 313 schools with high-risk populations provided prevention and intervention services for pregnant and parenting teens. Services included facilitated small group activities, case management, and care coordination to help students access appropriate support services, stay in school, return to school after delivery, and avoid subsequent births. Project staff worked closely with 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 Families. Workforce development activities include measures to help teens break the cycle of teen pregnancy and welfare dependence

The conclusions of the third party evaluation of Florida's Family Planning Waiver Program were that the waiver had a positive impact on subsequent birth rates and costs to the Medicaid Program for women who chose to utilize family planning services, particularly for teenagers. This is very significant since the avoidance of a second birth by a teenager is highly correlated with a reduction in poverty, increased high school graduation rates, and reduction in child maltreatment.

**b. Current Activities**

The statewide family planning program continues to provide services in all 67 counties. In addition to providing an array of services, the family planning program has received approval from the Center for Medicaid and Medicare Services to implement a revised family planning Medicaid waiver. Through the department's quality improvement process, the family planning

program assesses county health departments for teen accessibility and provides technical assistance on teen pregnancy prevention and program strategies for serving the teen population.

Comprehensive school health services projects continue operating in 46 counties, providing small group prevention and intervention services on pregnancy prevention, case management, and care coordination to prevent subsequent births to parenting students. To help accomplish this, projects continue to work closely with county health department Healthy Start programs, Healthy Families Florida home visitors, school district teen parent programs, abstinence programs, and case managers from the Department of Children and Families. The department's team that is working on a specific problem solving methodology to reduce repeat teen birth will complete a report with recommendations for the department and county health departments by the end of the fiscal year.

### c. Plan for the Coming Year

During FY2005, our plan to reduce subsequent births to teens 15 to 19 to 14.2 percent will include the provision of family planning services in all 67 counties, health education and health services at schools, Healthy Start services, and abstinence education 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 teen births. The comprehensive school health services projects will continue to operate in 46 counties to provide small group prevention and intervention services on pregnancy prevention, and case management and care coordination to prevent subsequent births to parenting students. These services will be coordinated closely with all programs and agencies as in past years. Collaboration will continue among department programs working with teens through the sharing of information and resources. Strategic planning efforts regarding teen pregnancy prevention and intervention will continue to be a priority.

Medicaid family planning waiver services will resume in the coming year. County health departments, local contract providers, Healthy Start programs, Healthy Families Florida programs, and other providers and 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 client information brochures to distribute to teens to increase awareness and use of family planning services under the special Medicaid program. It is anticipated that their will be a reduction in the number of subsequent births for teens that access and utilize family planning services. If for some reason the teen is not eligible to participate in the waiver program, family planning services can be provided under the department's Title X program.

## State Performance Measure 5: *The percentage of women reporting tobacco use during pregnancy.*

### a. Last Year's Accomplishments

Department staff developed and updated guidelines directing health care providers to counsel women of childbearing age and all pregnant women on the dangers of tobacco use. Training and technical assistance was provided on the Make Yours a Fresh Start Family program, and ACOG's Smoking Cessation During Pregnancy materials that train providers to counsel pregnant women and mothers to stop smoking. County health department and state health office staff monitored prenatal smoking indicators at the county level. Monitoring of compliance with Healthy Start Standards and Guidelines standards for tobacco cessation also occurred through data review, review of delivery plans and annual action reports, and Healthy Start coalition and county health department monitoring visits. Information on tobacco cessation and

secondhand smoke was forwarded to providers through onsite training, conference calls, site visits, meetings, and email communications. Maternal and child health staff worked with PRAMS staff on a PRAMS report on Trends in Cigarette Smoking Among Florida's New Mothers and Exposure of Infants to Tobacco Smoke. These infrastructure-building services have a positive effect on reducing prenatal tobacco use. Population-based services include mass media campaigns, brochures, and individual counseling offered through the Florida Quit For Life Line, 1-(877) U CAN NOW, a toll-free help line that provides information and counseling to help people quit smoking. These activities promoted the provision of tobacco cessation services and education on reduction of secondhand smoke by direct services providers including family planning staff, prenatal care providers and home visitors. In 2003, over 5,155 pregnant women and families of 2,194 infants received tobacco cessation services and information on reducing secondhand smoke through Healthy Start. The measure was chosen because tobacco use during pregnancy has been shown to increase low birth weight deliveries. This measure relates to the priority needs of reducing low birth weight and reducing infant mortality.

Provisional data for 2003 indicate that 8.1 percent of pregnant women reported tobacco use during pregnancy as indicated on birth certificates. This is lower than our FY2003 objective of 8.4 percent. Activities conducted during FY2003 include the monitoring, technical assistance, and provision of information described above. Trainings were conducted on the Make Yours a Fresh Start Family program. The Florida Quit For Life Line was expanded and promoted.

#### b. Current Activities

Activities described for FY2003 are also being conducted in the current year. Maternal and child health staff worked with PRAMS staff on a PRAMS Special Report: Infant Exposure to Secondhand Cigarette Smoke in Florida, 2000-2001. Department staff is forming a partnership with the Florida chapters of the March of Dimes, the American Association of Obstetricians and Gynecologists, Planned Parenthood, and the American Cancer Society to increase smoking cessation services and reduction of secondhand smoke activities among public and private sector prenatal care providers. Statewide training will be conducted on the Make Yours a Fresh Start Family program, and ACOG's Smoking Cessation During Pregnancy materials. We will add a substance abuse section to the Department of Health website. The website has been developed and after approval will be added to the Department of Health Internet site. The site will include web pages on tobacco cessation and reducing exposure to second hand smoke.

#### c. Plan for the Coming Year

During FY2005, we will continue the activities listed above. A study on the effectiveness of the Make Yours a Fresh Start Family model confirmed the effectiveness of that program. We will continue to provide technical assistance and support training opportunities for that initiative. The study indicated that work is needed to bolster tobacco cessation once the baby arrives. Staff will work on strategies to improve continuation of tobacco cessation after birth. We will continue to monitor smoking cessation activities statewide, continue to evaluate data showing the success of these activities and data on smoking rates in general, and provide technical assistance as indicated. We will also continue to maintain a list of tobacco cessation contacts for each county health department and Healthy Start coalition and provide the contacts with updates on tobacco cessation activities and resources. Department of Health staff is developing an interagency partnership including Planned Parenthood and the Florida Association of OB/GYNs to more fully engage private providers in effectively addressing prenatal smoking cessation with patients. The MCH unit will work with the department's Division of Health Awareness and Tobacco to develop new initiatives for reaching women who have not responded to current initiatives.

State Performance Measure 6: *The rate per 100,000 of reported cases of perinatal transmission of HIV.*

a. Last Year's Accomplishments

For FY2003, a total of 25 children under the age of 2 were reported to the Department of Health as having AIDS or HIV infection. This was a dramatic reduction from the 2002 number, which was 50. The collaboration of numerous agencies has contributed to lowering the rate of perinatal transmission. The Department of Health, Bureau of HIV/AIDS, has contracted with community-based organizations to conduct outreach to women at risk for delivering an HIV-infected or substance-exposed infant, and link them with needed services such as prenatal care. The Targeted Outreach for Pregnant Women Act (TOPWA) program currently serves 12 Florida counties. In addition, the bureau targets health care providers with education, training, and technical assistance through a contract with the Florida/Caribbean AIDS Education and Training Center. The AETC is also assisting hospital labor and delivery units to implement rapid testing for women of unknown HIV status.

The University of Florida released two reports based on studies commissioned by the Department of Health, Bureau of HIV/AIDS, to assess obstetric provider HIV testing and treatment practices, and policies and procedures related to HIV testing and treatment in Florida hospitals. Study results are being used to direct provider training and education projects by the AETC.

The department's Maternal and Child Health Unit also collaborated with the Bureau of HIV/AIDS to assist with revision of technical assistance guidelines and to promote the offering of universal HIV testing to all pregnant women at their first prenatal visit and again at 28-32 weeks gestation. The Healthy Start coalitions have been charged with encouraging women to access early prenatal care.

Through the collaboration efforts of the 14 Regional Perinatal Community Integration Meetings in 2002, awareness of HIV risk and need for early treatment was increased. Many communities in Florida have actively improved their outreach/education activities and are more aware of barriers to accessing care issues.

b. Current Activities

In April 2003, the CDC unveiled a new initiative to strengthen HIV prevention in the United States. This initiative, "Advancing HIV Prevention: New Strategies for Changing Epidemic", includes four key strategies: Making voluntary HIV testing a routine part of medical care, Implementing new models for diagnosing HIV infections outside medical settings, Preventing new infections by working with persons diagnosed with HIV and their partners, and Further decreasing perinatal HIV transmission.

The Florida Department of Health, Bureau of HIV/AIDS has developed a workgroup to address this initiative. The workgroup consists of four teams to address each of the four key strategies. The team members are representative of various organizations and agencies throughout the state. The Maternal and Child Health Unit continues to track and emphasize the requirement to offer HIV testing to all pregnant women accessing care at the CHD at their initial visit and again at 28-32 weeks. The Healthy Start coalitions are continuing to educate and increase awareness in the communities concerning the need for women to access prenatal care early in their pregnancy.

The workgroup will continue to implement the new CDC initiatives. In April 2004, the 14 Perinatal Integration Community Groups will reconvene to review "Best Practice Models" that have been implemented since 2002.

TOPWA Programs are continuing their outreach and care coordination efforts. They have expanded their programs into the correctional settings. Provider training and community education will continue to be provided through contracts with USF and the AETCs.

### c. Plan for the Coming Year

In 2005, the Department of Health will again consider proposing legislation that could call for routine prenatal HIV testing for all pregnant women, with the right of refusal, and statewide reporting of all HIV-exposed newborns. We will continue the various collaborative education/outreach projects. New focus will be placed on implementing rapid HIV testing in labor and delivery settings and increased provider awareness of the state requirement to offer HIV testing at the initial prenatal visit and again at 28-32 weeks.

## State Performance Measure 7: *The rate per 1,000 of hospital discharges due to asthma in children age 0-14.*

### a. Last Year's Accomplishments

Activities to reduce childhood asthma discharges included education and prevention efforts through Healthy Start coalitions, county health departments and their school health programs to reduce asthma hospitalizations and rehospitalizations of children. Training and education improve the early identification of high-risk children and assist in establishing a medical home for children with asthma. Increased identification of students with asthma resulted in an increase in the documented rate of school students with asthma from 39.9 per 1,000 to 49.8 per 1,000. The department provided technical assistance, asthma resources, information on Web links, health education training materials, patient brochures, and posters to Healthy Start coalitions, county health departments, and community partners. School Health Services provided school-based preventative and primary care services to students with asthma. The department started developing a child health strategic plan address early identification, diagnosis, and treatment of high-risk children more susceptible to asthma. Partnerships were developed with Environmental Health, School Health Services, the Environmental Protection Agency, and the CDC that address asthma reduction and asthma control.

In July 2003, the Department of Health, Division of Environmental Health submitted a grant proposal to the Centers for Disease Prevention and Control (CDC) to implement "Addressing Asthma from a Public Health Perspective." If Florida receives this award, it will facilitate intra and interagency coordination of a Statewide Asthma Plan that can address childhood asthma with a multifaceted approach. This would involve upgrading interagency asthma data collection mechanisms, remediation of environmental factors influencing indoor and outdoor air quality, pulmonary health education for both parents and their children, and interagency efforts to provide seamless care for children affected by asthma.

County health department outreach, case management, education, and insurance facilitation activities enabled more children to access preventive and primary care. The School Health Program provided care management, medication administration, child self-care education, and prevention. Asthma education initiatives utilized curricula such as "Open Airways" from the American Lung Association and "Tools for Schools" from the CDC. Populations served included infants, children, and children with special health care needs. Education of children and their families about asthma and asthma self-management continued to be an important initiative. Infrastructure-building services included supporting education and prevention initiatives through the provision of expertise, technical assistance, and guidance in childhood asthma management and care, and provision of asthma resources to community health care providers, schools, day care facilities, children, and families.

## b. Current Activities

The department collaborates with other agencies to reduce indoor and outdoor environmental factors that contribute to asthma in children. We work with the American Lung Association, the Allergy and Asthma Foundation, and other public/private agencies and organizations to raise public awareness of indoor and outdoor environmental factors that contribute to asthma in children. Policies are developed and implemented to identify, screen, diagnose, and treat childhood asthma. We continue to address lay public and health care provider education and training needs, and address indoor and outdoor air quality issues in the community. Staff serve on Community Health Advisory Boards that provided input to schools, childcare agencies, Head Start programs, and community agencies to raise awareness of childhood asthma, provide asthma education resources, and promote collaborative efforts to link children, families, schools, and health care resources.

The department is currently engaged in the following activities to decrease hospital discharges in children due to asthma. The 2004 Regional and State Asthma Summit is being held in April 2004. Participants, including the department's Division of Environmental Health, School Health Services, statewide health care agencies, medical and academic leaders, and community agencies, are focusing on asthma as a leading chronic disease in children. As an outcome of this summit, workgroups are collaborating with community partners to develop strategies to reduce hospitalizations and rehospitalizations in children. The School Health Program is coordinating the development of Nursing Guidelines for the Delegation of Care for Students with Asthma in Florida Schools. The guidelines workgroup is composed of physicians, university researchers, and providers of healthcare services to schoolchildren. This effort is the result of the demand for guidance in asthma management of students in schools where there may be insufficient or no onsite health professionals. These guidelines will help to ensure that all schools have the training and resources necessary to protect the health and safety of students with asthma. Adequate asthma management in schools will contribute to a reduction of child hospital admissions due to asthma. The department will continue to partner with state and national environmental health agencies in an effort to reduce airborne pollutants in homes, schools, and workplaces. We recognize that rehospitalization is an indicator of the health care delivery system's success in helping families and children manage and control asthma. Through our child health program, we are providing childhood asthma resources for Healthy Start coalitions and county health departments to educate their staff, health care providers, children, and families about the disease and how asthma is affected by environmental conditions.

## c. Plan for the Coming Year

In FY2005, we will continue to work through Healthy Start coalitions, county health departments, and their school health programs to promote childhood asthma education and prevention activities for children and their families. We will continue to partner with Department of Health Environmental Health staff and community agencies and organizations to help improve the early identification of high-risk young children with asthma, and promote the establishment of medical homes for children with asthma. We will continue to raise public awareness and educate the public that severe asthmatic attacks can be prevented through proper treatment and monitoring of the disease. This will be accomplished through continued outreach to children and families who are enrolled in Healthy Start, and incorporating asthma educational materials into Healthy Start care coordination activities.

Collaborative efforts will continue to support the provision of asthma education and asthma management education and training resources to health care providers in well and sick child clinics in the county health departments, to promote educational activities and help health care providers practice up-to-date asthma care in treating children with asthma. We will partner with

schools, childcare, and community agencies to further knowledge of asthma prevalence, prevention, causes, and risks. The School Health Program will continue to provide school-based asthma prevention and care management, publish the Nursing Guidelines for the Delegation of Care for Students with Asthma in Florida Schools, and provide statewide training in their use. We will continue to disseminate childhood asthma educational materials to direct health care providers and work with local community partners to support asthma educational efforts targeted to health care providers, children, and families. We will also continue to partner with Environmental Health and participate on a statewide level task force to address environmental conditions such as airborne pollutants, dust mites, mold, and second hand tobacco smoke.

**State Performance Measure 8: *The percentage of low-income children under age 21 who access dental care.***

**a. Last Year's Accomplishments**

Activities to meet this measure include: continued development of an integrated, coordinated oral health system; pursuit of grant funding; conducting Emergency Referral and Preventive Dental Projects; promoting increased access through county health department safety net programs; and promoting the integration of oral health education in WIC, Child Nutrition and other county health department programs, as appropriate. We also promote the start of oral health practices in infancy and appropriate use of fluoride products throughout early childhood; promote the development of community and school-based preventive and educational programs, and enhance the Public Health Dental Program Internet website.

Children in low-income families, children from racial and ethnic minority groups, and children with disabilities have 2-3 times the dental needs and minimal access to care compared to children from higher income families. Because dental caries is a chronic progressive bacterial infection that affects most every child and does not resolve over time in the absence of professional intervention, utilization of dental services is a good indicator of unmet dental needs. The main sources of dental care for children below 200 percent of the federal poverty level are publicly funded programs and volunteer programs.

This indicator measures access through private-sector Medicaid providers, county health departments, community health centers, dental schools, the Florida Dental Association's volunteer program Project Dentists Care, Healthy Kids, MediKids and Children's Medical Services. This measure directly relates to direct health care services and indirectly to the other three core public health services. It is through policy development, coordination of services, outreach, community and school-based preventive and educational programs, and information systems that adequate access will occur that significantly impacts improvement in oral health.

Activities conducted in FY2003 to meet this measure are in Figure 4b. There was a 12 percent increase in the number of children receiving care in 2002 compared to 2001. Data for 2003 are not yet available. This increase was accomplished by increases through county health department dental programs, community health center dental programs, Healthy Kids (Title XXI), MediKids, Children Medical Services, dental schools and volunteer program data. There was also a 12 percent increase in the number of children receiving care through county health department programs that was accomplished by increased capacity, improved performance, and improved support staffing ratios.

**b. Current Activities**

The Public Health Dental Program received a HRSA grant award in 2003 to develop a broad-based, comprehensive State Oral Health Improvement Plan for Disadvantaged Persons. MCH

Block Grant funding has allowed a second dentist to be hired to increase the program's ability to advocate for a statewide school-based sealant program, an outcome-based surveillance system, continued expansion of the county health department safety-net programs, fluoridation, and the continued development of an integrated, coordinated oral health system between the public and private sectors.

The program's Internet website was enhanced with pages to allow linkages with multiple dental resource sites and on-line ordering of Florida specific dental brochures and Brush Up on Healthy Teeth posters and flyers. Other important pages are included for water fluoridation information and sources of dental care for the indigent.

The QI process continues to be an important tool in promoting school-based sealant, fluoride mouthrinse, and education programs, and for increasing the treatment capacity of county health department dental programs. Improvements to the QI report are underway that will help county health departments better increase public awareness of oral health issues.

Presentations were made last year to statewide organizations concerned with the connection between oral health and birth outcomes and also the prevention of early childhood caries by beginning good oral health practices in infancy and the appropriate use of fluorides. The Public Health Dental Program collaborates with the Bureau of Women, Infants and Children and the Bureau of Child Nutrition Programs to provide information about early childhood caries prevention. Oral health resources have also been developed to assist training of childcare providers.

Dental professionals are encouraged to volunteer their services to the underserved and are extended state-sponsored sovereign immunity protection for those services when they enroll in the Statewide Volunteer Program. The Department of Health recently established a statewide dental volunteer coordinator to facilitate the public/private partnerships through Project: Dentists Care, Donated Dental Services and other volunteer programs.

### c. Plan for the Coming Year

Ongoing activities will continue. HRSA grant funding will be used to continue the process of developing a State Oral Health Improvement Plan for the Disadvantaged. The program will continue to advocate for a statewide school-based sealant program, an outcome-based surveillance system, continued expansion of the county health department safety-net programs, fluoridation, and the continued development of an integrated, coordinated oral health system between the public and private sectors. MCH funding will continue to support an additional staff member to help in these efforts. Integration of oral health into appropriate programs will continue to be promoted and the systemic connections to oral health will be reinforced. The Internet site will be enhanced with pages about sealants and educational resources. If resources permit, a protocol will be developed to promote the utilization of medical personnel in county health departments to provide primary prevention services for infants and toddlers, to identify oral diseases, and to make appropriate referrals.

## State Performance Measure 9: *The percentage of pregnant women screened by Healthy Start.*

### a. Last Year's Accomplishments

During FY2003, 51.2 percent of pregnant women were screened by Healthy Start. Florida's Healthy Start initiative provides for universal screening for pregnant women. This performance measure is used as an indicator for ensuring all pregnant women are offered the Healthy Start prenatal risk screening as required by Florida statutes. The Healthy Start screen identifies

environmental, social, psychosocial, and medical risk factors that make a pregnant woman more likely to experience preterm delivery or delivery of a low birth weight baby. Low values or downward trends in this measure indicate improvements need to be made to ensure pregnant women are informed about the risk screening process and are encouraged to consent to prenatal risk screening.

Healthy Start coalitions continued to identify and confront issues that may impact the screening rate, while the Department of Health provided technical assistance to coalitions based on screening trends. Some Healthy Start coalitions developed and implemented innovative strategies to increase screening rates, provided ongoing technical assistance to communities, and coordinated with the Healthy Families Florida program to reduce duplication of services. The department instituted a Healthy Start Coalition Progress Report and worked with the Healthy Start coalitions to identify and implement new strategies for improving the prenatal screening rates. The department also facilitated conference calls with the Healthy Start coalition community liaisons that provided outreach and education to prenatal health care providers regarding the benefits of the Healthy Start program as it relates to their patients and the importance of offering each patient the risk screen in a manner that encourages consent. The Healthy Start program was continuously marketed through brochures that are available in English, Spanish, and Creole.

Local county health departments continued to utilize the prenatal screening module to enter screening data locally, increasing timeliness of information in data reports. There are ongoing quality improvement activities for data accuracy, completeness, and timeliness that are critical to ensuring the validity of this performance measure. Reports are created for local CHDs to verify prenatal screening data received and to identify opportunities for process improvement.

Strategies to increase screening rates are shared between the Florida Department of Health, Healthy Start coalitions, and local county health departments through conference calls and face-to-face meetings. Infrastructure-building services include planning and evaluation of the Healthy Start screening instrument and its effectiveness that occur through the Healthy Start Screening Central Workgroup and the Screening Strategy Workgroup. Healthy Start coalition contracts continue to include a core outcome measure on the Healthy Start screening consent rate in addition to the Healthy Start screening rate.

## b. Current Activities

The department's Infant Maternal and Reproductive Health unit revised/redesigned the prenatal risk screening instrument as a part of its 2003-2004 strategic work plan of which increasing Healthy Start prenatal screening rates is a goal. Other strategies in the plan include development of a statewide screening marketing campaign; increasing knowledge, understanding, and utilization of Healthy Start screening data through ongoing analysis; and identifying/soliciting new partners to assist in the promotion of Healthy Start screening.

We continue to collaborate with the Healthy Start coalitions and Healthy Families Florida to identify innovative strategies to promote the importance of Healthy Start screening and the Healthy Start program through monthly and quarterly meetings. Coalitions employ community liaisons who provide Healthy Start prenatal screening outreach, training, and technical assistance to prenatal healthcare providers about the screening instrument. The department began holding bimonthly conference calls with the community liaisons for information sharing and continues to facilitate the Healthy Start Central Screening Workgroup and Healthy Start Screening Strategy Workgroup for the purpose of assessing current strategies used by all coalitions and making recommendations for possible statewide implementation. The department also continues to facilitate the monthly Healthy Start Meet Me Call, which provides an avenue of discussion for ideas and concerns about Healthy Start screening and the Healthy Start program.

The Healthy Start Screening Central Workgroup continues to meet, providing a forum for sharing updates on the Healthy Start prenatal screening instrument, related data and research and discussion of strategies for addressing trends of screening data. Healthy Start coalition contracts include this measure as a core outcome measure. The department continues to provide ad hoc data reports to the coalitions for trend analysis.

### c. Plan for the Coming Year

In FY2005, we will implement a statewide screening marketing campaign developed from data obtained via focus groups and surveys completed by coalitions with the community members and community liaisons/coalition staff, respectively. The department will continue to hold bimonthly conference calls with community liaisons for information sharing and problem solving, develop ad hoc reports for local use, and solicit additional partners to assist in the promotion of Healthy Start risk screening.

In FY2005, a uniform message regarding prenatal screening will be disseminated throughout the state to raise the awareness of health care providers, pregnant women, women of childbearing age, and their families of the importance of this screen. Data will be collected to measure the scope and effect of marketing, provider, and consumer education provided. Consumer education information and standard professional development information will be provided to local Healthy Start coalitions, county health departments, and other community partners. This effort will be funded, in part, through a contract between the Agency for Health Care Administration and the department.

The department will also continue to evaluate the Healthy Start prenatal screening instrument annually to ensure that the instrument is valid and reliable, and that it maintains a proportional sensitivity to the original screen. The department plans to reconvene the Statewide Screening Advisory group for considering revisions to the prenatal screening instrument as soon as analysis is available to suggest improvement to the instrument. In order to prepare for the Statewide Screening Advisory Group meeting, Infant, Maternal, and Reproductive Health evaluation staff members are gathering data to analyze the Healthy Families Florida questions that were added, to see if risk factors for child abuse are also risk factors for low birth weight and prematurity.

The Healthy Start Strategy Workgroup will continue to meet, review strategies, and identify recommendations for statewide implementation. New strategies that are proven effective will be shared on the monthly Healthy Start Meet Me Calls with care coordinators and coalitions. Healthy Start coalition contracts will continue to include a core outcome measure on the Healthy Start screening consent rate in addition to the Healthy Start screening rate.

## State Performance Measure 10: *The percentage of infants screened by Healthy Start.*

### a. Last Year's Accomplishments

During FY2003, 70.9 percent of all infants were screened by Healthy Start, which did not meet our objective of 74 percent. Florida's Healthy Start initiative provides for universal screening for infants. This performance measure is used as an indicator for ensuring that all families of infants are offered the Healthy Start infant risk screening as required by Florida statutes. The infant screen has proven to be a valid and reliable instrument for the prediction of postneonatal infant mortality (28-365 days). The Healthy Start screen identifies environmental, social, psychosocial, and medical risks factors that make an infant more likely to experience death in the postneonatal period. Low values or downward trends in this measure indicates that improvements can be made in the screening process to ensure families of infants are informed

about the risk screening process and are encouraged to consent to Healthy Start infant risk screening.

Healthy Start coalitions continued to explore possible causes for the decline in the infant screening rates, while the Department of Health provided technical assistance as needed based on screening trends. Some Healthy Start coalitions developed and implemented innovative strategies in an effort to increase screening rates. In addition, coalitions provided ongoing technical assistance to communities and coordinated with the Healthy Families Florida program to reduce duplication of services. The department developed a Healthy Start Screening Provider Progress Report and worked with the Healthy Start coalitions to identify and implement new strategies for improving the infant screening rate. The department also facilitated conference calls with the Healthy Start coalition community liaisons that provided outreach and education to birthing facility staff regarding the benefits of the Healthy Start program as it relates to their patients and the importance of offering the parent of each infant the risk screen in a manner that encourages consent. The Healthy Start program was continuously marketed through brochures that are available in English, Spanish, and Creole.

Strategies to increase screening rates are shared between the Florida Department of Health, Healthy Start coalitions, and local county health departments on conference calls and in face-to-face meetings. Many coalitions have developed public awareness materials to promote Healthy Start screening as beneficial for all infants. Infrastructure-building services include planning and evaluation of the Healthy Start Screening instrument and its effectiveness by the members of the Healthy Start Screening Central Workgroup and the Screening Strategy Workgroup.

#### b. Current Activities

The department's Infant Maternal and Reproductive Health unit revised/redesigned the prenatal risk screening instrument as a part of its 2003-2004 strategic work plan of which increasing Healthy Start infant screening rates is a goal. Other strategies in the plan include development of a statewide screening marketing campaign; increasing knowledge, understanding and utilization of HS screening data through ongoing analysis; and identifying/soliciting new partners to assist in the promotion of Healthy Start screening.

We continue to collaborate with the Healthy Start coalitions and Healthy Families Florida to identify innovative strategies to promote the importance of Healthy Start screening and the Healthy Start program through monthly and quarterly meetings. Coalitions employ community liaisons who provide Healthy Start prenatal screening outreach, training, and technical assistance to prenatal healthcare providers about the screening instrument. The department began holding bimonthly conference calls with the community liaisons for information sharing and continues to facilitate the Healthy Start Central Screening Workgroup and Healthy Start Screening Strategy Workgroup for the purpose of assessing current strategies used by all coalitions and making recommendations for possible statewide implementation. The department also continues to facilitate the monthly Healthy Start Meet Me Call, which provides an avenue of discussion for ideas and concerns about Healthy Start screening and the Healthy Start program.

The Healthy Start Screening Central Workgroup continues to meet, providing a forum for sharing updates on the Healthy Start prenatal screening instrument, related data and research and discussion of strategies for addressing trends of screening data. Healthy Start coalition contracts include this measure as a core outcome measure. The department continues to provide ad hoc data reports to the coalitions for trend analysis.

#### c. Plan for the Coming Year

In FY2005, we will implement a statewide screening marketing campaign developed from data obtained via focus groups and surveys completed by coalitions with the community members and community liaisons/coalition staff, respectively. The department will continue to hold bimonthly conference calls with community liaisons for information sharing and problem solving, develop ad hoc reports for local use, and solicit additional partners to assist in the promotion of Healthy Start risk screening.

The department will also continue to evaluate the Healthy Start prenatal screening instrument annually to ensure that the instrument is valid and reliable, and that it maintains a proportional sensitivity to the original screen. The department has plans to reconvene the Statewide Screening Advisory group for considering revisions to the prenatal screening instrument as soon as analysis is available to suggest improvement to the instrument. In order to prepare for the Statewide Screening Advisory Group meeting, Infant, Maternal and Reproductive Health evaluation staff members are gathering data to analyze the Healthy Families Florida questions that were added, to see if risk factors for child abuse are also risk factors for low birth weight and prematurity.

The Healthy Start Strategy Workgroup will continue to meet, review strategies, and identify recommendations for statewide implementation. New strategies that are proven effective will be shared on the monthly Healthy Start Meet Me Calls with care coordinators and coalitions. Healthy Start coalition contracts will continue to include a core outcome measure on the Healthy Start screening consent rate in addition to the Healthy Start screening rate.

**FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

| STATE PERFORMANCE MEASURE  | Pyramid Level of Service            |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | DHC                                 | ES                                  | PBS                                 | IB                                  |
| 1) The percentage of Part C eligible children receiving service.   |                                     |                                     |                                     |                                     |
| 1. Evaluate current service delivery system to improve services for infants and toddlers with disabilities and their families.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Provide ongoing outreach, public awareness and education.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Identify, evaluate and provide services to eligible infants and toddlers through contracts with 16 regional programs.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Reduce service coordination caseload size to no more than 1/75.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Develop and implement state policy and standards for providing services in natural environments, and implement a centralized system for provider enrollment, training, tracking and management. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Implement Comprehensive System of Personnel Development as required in the IDEA, Part C Federal Regulations.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. Conduct Quality Assurance Reviews and follow-up Corrective Action Plans to ensure compliance with Federal Regulations and State Policy.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. Provide advocacy, training and support services for families.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9. Coordinate with Medicaid, Insurance, Department of Education and other agencies to access funding and support for service delivery system.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10. Design and Implement statewide system evaluation for Early Steps.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| STATE PERFORMANCE MEASURE  | Pyramid Level of Service            |                                     |                                     |                                     |
|  | DHC                                 | ES                                  | PBS                                 | IB                                  |

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 2) The rate per 1,000 of hospital discharges of children due to dehydration. (discontinued) |                          |                          |                          |                          |
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| STATE PERFORMANCE MEASURE  | Pyramid Level of Service |                                     |                          |                                     |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | DHC                      | ES                                  | PBS                      | IB                                  |
| 3) The percentage of pregnant women reporting domestic violence on the PRAMS survey.   |                          |                                     |                          |                                     |
| 1. Recommended revision of the technical assistance guidelines on domestic violence screening to incorporate the National Consensus Guidelines on screening for domestic violence victims in a health care setting.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Revised the domestic violence screening documentation form for efficiency and ease of use based on recommendations provided by nursing staff in the field.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Created and implemented a universal screening code on domestic violence interventions to be utilized through the statewide Health Management Component Reporting System to measure the number of women who disclose domestic abuse at health departments. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Continuation of the train-the-trainer module to encourage local partnerships between county health departments and domestic violence centers, emphasizing procedures when a client discloses domestic abuse and requests immediate assistance.            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Participation in statewide MCH liaisons conference calls, CHD Director conference calls, and Family Planning conference calls to explore issues related to domestic violence in local county health departments.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

| STATE PERFORMANCE MEASURE  | Pyramid Level of Service |    |     |    |
|--|--------------------------|----|-----|----|
|  | DHC                      | ES | PBS | IB |
| 4) The percentage of subsequent births to teens age 15 to 19.      |                          |    |     |    |
| 1. Small group pregnancy prevention interventions in Comprehensive |                          |    |     |    |

|  |                                     |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| School Health Services Projects.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. School Health case management and care coordination in Comprehensive School Health Projects to enable parenting students to remain in school and graduate.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Provision of confidential family planning counseling and education services.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Provision of confidential family planning comprehensive contraceptive services.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Collaboration of Department of Health programs working to reduce teen pregnancy.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| STATE PERFORMANCE MEASURE  | Pyramid Level of Service            |                                     |                                     |                                     |
|  | DHC                                 | ES                                  | PBS                                 | IB                                  |
| 5) The percentage of women reporting tobacco use during pregnancy.   |                                     |                                     |                                     |                                     |
| 1. Provision of guidelines directing health care providers to counsel women of childbearing age and all pregnant women on the dangers of tobacco use.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Monitoring of prenatal smoking indicators by county health department and state health office staff.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Training and technical assistance on the Make Yours a Fresh Start Family program.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Forwarding information on tobacco cessation and secondhand smoke through conference calls, site visits, meetings, and email communications.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Monitoring of compliance with Healthy Start Standards and Guidelines standards for tobacco cessation.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| STATE PERFORMANCE MEASURE  | Pyramid Level of Service            |                                     |                                     |                                     |
|  | DHC                                 | ES                                  | PBS                                 | IB                                  |
| 6) The rate per 100,000 of reported cases of perinatal transmission of HIV.  |                                     |                                     |                                     |                                     |
| 1. Participating in a Statewide Perinatal Integration Meeting for coordinators of the 2002 community meetings, to share best practices and   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

|  |                          |                          |                                     |                                     |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| discuss ongoing barriers to care for pregnant women.   |                          |                          |                                     |                                     |
| 2. Collaboration with the Targeted Outreach for Pregnant Women with AIDS (TOPWA) Program.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Participation in a Bureau of HIV/AIDS work group to implement recommendations on further reducing perinatal HIV transmission based on the CDC's 2003 HIV/AIDS initiative. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Working with other state agencies to strengthen policies and procedures relating to perinatal HIV prevention and the development of appropriate operating guidelines.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Revised MCH HIV/AIDS technical assistance guidelines to incorporate the latest policies pertaining to the HIV testing of pregnant women and treatment guidelines.         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Collaboration with the STD program on follow-up of pregnant women testing positive for HIV.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Continued work with the department's MCH HIV Prenatal Screening Offer workgroup.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

| STATE PERFORMANCE MEASURE  | Pyramid Level of Service            |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | DHC                                 | ES                                  | PBS                                 | IB                                  |
| 7) The rate per 1,000 of hospital discharges due to asthma in children age 0-14.   |                                     |                                     |                                     |                                     |
| 1. Asthma education and prevention efforts through Healthy Start coalitions and CHDs school health programs to reduce asthma hospitalizations and rehospitalizations for children.       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Training and educational initiatives to improve the early identification of high-risk young children with asthma and assist in establishing a medical home for children with asthma.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Provision of technical assistance and supportive asthma resources and training materials to Healthy Start coalitions and CHDs.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Provision of childhood asthma educational web links, health education training materials and patient brochures and posters to Healthy Start coalitions, CHDs, and community partners. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Development of a child health strategic plan for Florida's children to address early identification, diagnosis, and treatment of children at high risk for asthma.                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Partnerships with Environmental Health, EPA, and CDC that address asthma reduction and asthma control.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| STATE PERFORMANCE MEASURE | Pyramid Level of Service |    |     |    |
|---------------------------|--------------------------|----|-----|----|
|                           | DHC                      | ES | PBS | IB |
|                           |                          |    |     |    |

|   |                          |                                     |                                     |                                     |
|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 8) The percentage of low-income children under age 21 who access dental care.   |                          |                                     |                                     |                                     |
| 1. Facilitate the continued development of an integrated, coordinated oral health system between the public and private sectors.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Conduct MCH funded Emergency Referral and Preventive Dental Projects.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Promote increased access through county health department safety net programs.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Promote the integration of oral health education in WIC, Child Nutrition and other county health department programs, as appropriate.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Promote the start of oral health practices in infancy and appropriate use of fluoride products throughout early childhood in conjunction with CDC's campaign, "Brush Up on Healthy Teeth." | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Promote the development of community and school-based preventive and educational programs.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. Develop Internet site to facilitate information exchange.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| STATE PERFORMANCE MEASURE   | Pyramid Level of Service |                          |                                     |                                     |
|---|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
|   | DHC                      | ES                       | PBS                                 | IB                                  |
| 9) The percentage of pregnant women screened by Healthy Start.  |                          |                          |                                     |                                     |
| 1. Healthy Start prenatal screening outreach to provide training and technical assistance for all prenatal healthcare providers.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Strategies to increase screening rates are elicited from county health departments and coalitions on the monthly Healthy Start meet-me-call.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Promotion of Healthy Start screening as beneficial for all pregnant women.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Healthy Start Screening Central Workgroup meetings to discuss revisions to Prenatal and Infant screening instruments.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Continuation of a joint Screening Strategy workgroup (DOH & Coalitions) to assess current strategies used by coalitions and make recommendations to the association for possible statewide implementation. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. The percentage of pregnant women screened by Healthy Start is specified as a core outcome measure in the Healthy Start coalition contracts as of July 1, 2002.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Conduct annual QA/QI monitoring of Healthy Start coalitions and county health departments, which includes review and discussion of percentage of women screened by Healthy Start.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

Pyramid Level of Service

| STATE PERFORMANCE MEASURE   | DHC                      | ES                       | PBS                                 | IB                                  |
|---|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 10) The percentage of infants screened by Healthy Start.  |                          |                          |                                     |                                     |
| 1. Healthy Start infant screening outreach to provide training and technical assistance for birthing facilities.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Strategies to increase screening rates are elicited from county health departments and coalitions on the monthly Healthy Start meet-me-call.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Promotion of Healthy Start screening as beneficial for all newborn infants.  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Healthy Start Screening Central Workgroup meetings to discuss strategies for addressing trends of screening data.  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Establishment of a joint screening strategy workgroup to assess current strategies used by coalitions and make recommendations to the association for possible statewide implementation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Conduct annual QA/QI monitoring of Healthy Start coalitions and county health departments, which includes review and discussion of percentage of women screened by Healthy Start.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

## E. OTHER PROGRAM ACTIVITIES

**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.

**Staff Development, Education and Training:** MCH staff develop 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.

**Shaken Baby Syndrome:** Department of Health staff provides technical assistance to county health departments in order to increase awareness of the dangers of shaking a baby. The department also distributes consumer and health care provider brochures and fact sheets to county health departments and others upon request. In 2002, Florida enacted legislation requiring hospitals, birthing facilities, or home birth providers to provide parents of newborns with written information explaining the dangers of shaking babies and young children.

**Fetal and Infant Mortality Review:** An information-gathering process that can 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.

**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. The Division Director for Family Health Services is the representative for the Association of Maternal and Child Health Programs (AMCHP) on the National SIDS and Infant Death Program Support Center Advisory Board.

**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. An outgrowth of this process has been requests for staff to become involved in national workgroups, such as the CDC/ACOG national workgroup addressing maternal mortality. Additionally, forms and procedures used in the PAMR process have been incorporated into guidance materials to be utilized by other states developing maternal mortality reviews.

**Pregnancy Risk Assessment Monitoring System:** The PRAMS project conducts population-based surveillance of selected maternal behaviors that occur during pregnancy and early infancy.

**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.

**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.

**Reach Out and Read:** an early literacy program that involves pediatricians and nurses supporting children's language and literacy development through various interventions. During well-child visits, children from 6 months to 5 years of age receive new developmentally appropriate books to take home. In addition, volunteers read to the children in the waiting room. At the same time, these volunteers are modeling techniques for parents to use with their children at home. The doctors and nurses follow up with stressing to parents the importance of reading aloud to their children.

**Family Planning Waiver:** The Department of Health collaborated with the Agency for Health Care Administration, to submit an application to the federal Health Care Financing Administration for a Medicaid family planning 1115(a) waiver in 1997. Approval for the waiver was granted in the summer of 1998 for the period of September 1, 1998, through August 31, 2003. The waiver extends eligibility for family planning services from 60 days to 24 months for all women in Florida with incomes at or below 185 percent of poverty level who have received a pregnancy related service paid for by Medicaid. In November 2003, Florida applied for a renewal of the waiver, and the waiver was renewed for a three year period.

**Early Childhood Comprehensive Systems (ECCS) Project:** The purpose of the ECCS 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. The project has two phases, a planning phase that last two years and an implementation phase that last three years. Florida has completed Phase I and will begin Phase II in August 2004.

**The 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 2003, there were 14,439 incoming calls to the Family Health Line, a significant increase compared to the 11,845 calls made in 2002.

## **F. TECHNICAL ASSISTANCE**

Florida has identified a need for technical assistance related to programs addressing non-white infant mortality and related factors. Our data indicate that Florida has a racial make-up in its birth population that is similar to New York, yet New York is able to achieve better outcomes for the non-white

population than Florida. We would like to understand the processes they are using to achieve these outcomes, and are requesting technical assistance from New York maternal and child health staff.

## **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 the forms.

### **B. BUDGET**

Federal funding through the Title V MCH Block Grant provides needed support to our statewide efforts. Of the \$20,994,684 budgeted as the expected federal allotment for 2005, \$7,382,886 is budgeted for preventive and primary care for children (35.2%), \$8,565,306 for children with special health care needs (40.8%) which meets the 30%-30% requirements. In addition, only 1,303,602 (6.2%) is budgeted towards Title V administrative costs, significantly less than the maximum of 10% requirement. Total state match for 2005 is \$333,257,155, which greatly exceeds the state's FY 1989 maintenance of effort amount of \$155,212,322. The sources of state matching funds include \$303,654,030 from state general revenue and the CMS Donations Trust Fund and \$29,603,125 from the Federal Grants Trust Fund and the Social Services Block Grant Trust Fund. Sources of other federal funds include the Preventive Health Services Block Grant; the Abstinence Education Block Grant; the Family Planning Block Grant; WIC, the USDA CACFP grant; Florida's Medipass Waiver; School Health Title XXI; TANF funding for abstinence education, teen pregnancy prevention, Ounce of Prevention, CMS, and school health; and a number of CDC grants for various initiatives in chronic disease. Other federal funds for children with special health care needs include funding for Part H, IDEA, Infants, and Toddlers; Early Hearing Detection and Intervention; and IDEA Part B. A complete list of other federal funds with their funding amounts is included on Form 2 and in notes for that form. Budget numbers for Florida are included on forms 2, 3, 4, and 5.

## **VI. REPORTING FORMS-GENERAL INFORMATION**

Please refer to Forms 2-21, completed by the state as part of its online application.

## **VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS**

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

## **VIII. GLOSSARY**

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

## **IX. TECHNICAL NOTE**

Please refer to Section IX of the Guidance.

## **X. APPENDICES AND STATE SUPPORTING DOCUMENTS**

### **A. NEEDS ASSESSMENT**

Please refer to Section II attachments, if provided.

### **B. ALL REPORTING FORMS**

Please refer to Forms 2-21 completed as part of the online application.

### **C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS**

Please refer to Section III, C "Organizational Structure".

### **D. ANNUAL REPORT DATA**

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.