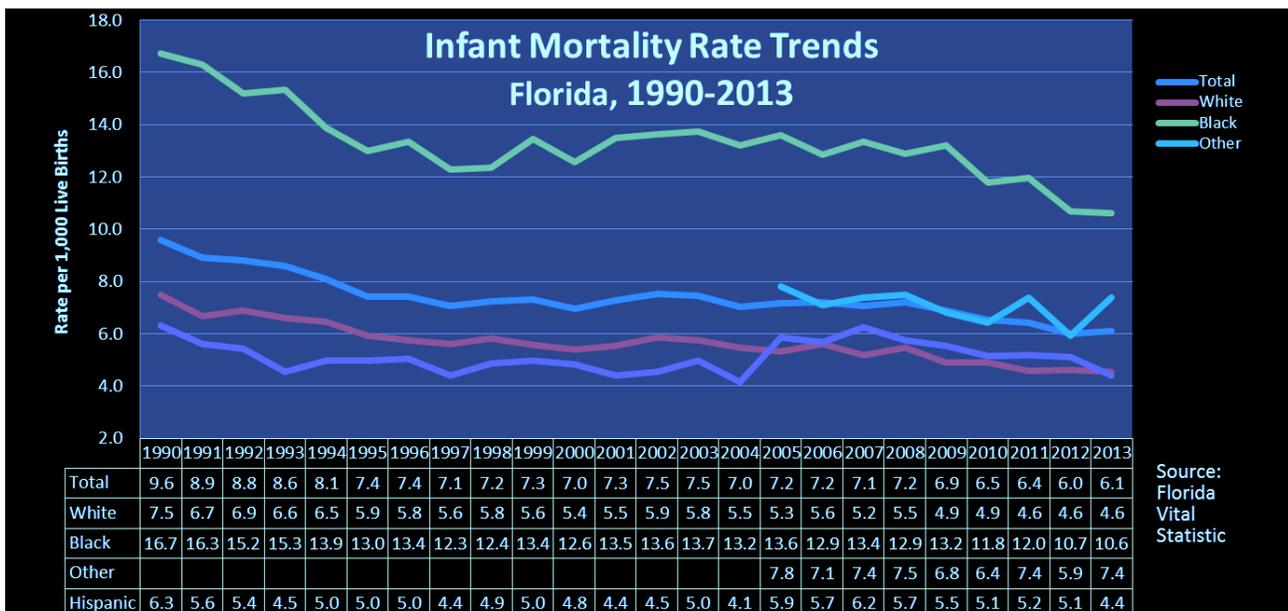




Addressing the Highest Risk Pregnant Women and Babies in Florida

Since the implementation of the Healthy Start legislation in 1991, strides have been made in maternal and infant health in Florida. Infant mortality, which serves as an indicator of general health in any community, went from 9.6 deaths per 1,000 live births (1990) to 6.0 per 1,000 live births in 2014. According to the OPAGGA policy notes released 8/7/15, the Infant Mortality rate in Florida has dropped 37.5% since 1990.



Screening pregnant women and newborns for risk in order to target resources where they are most needed has been a hallmark of the Healthy Start system. Healthy Start has successfully and incrementally increased our screening rates in Florida from 70% in 2000 to 94.5% in 2013.³

Despite these documented successes, challenges remain in premature births and health disparities and in equipping health care workers and others with skills to meet demands of serving the needs, of those most at risk, with evidence based programs.

On average, there are over 400,000 Healthy Start screens completed annually for pregnant women and babies, which represents over 90% of pregnancies and births statewide.

- Of those, in fiscal year 2014-2015, **166,339** of these screens identified risk factors necessary for referral to Healthy Start services by the medical provider.¹
- However our present statewide capacity only enables us to serve 21,104 high risk families.
 - Per Florida CHARTS FY 2013-2014
 - Level 1 prenatal = 25,775, infant = 19,997
 - Level 2 prenatal = 43,823, infant = 30,957
 - Level 3 prenatal= 11,614, infant = 9,490.

- Clearly, there are women in need who are not receiving services.

Some of those with the highest risk identified by Healthy Start include those with **post partum depression, (14.5%** of those screened), **smoking (10%** of those screened); **delayed access to prenatal care (22%)**; and those with **chronic medical needs or obesity (11%)**. In addition to these risks identified during pregnancy, the Healthy Start workforce served 2,543 women and infants who were identified as **substance involved** and 12,498 who used **alcohol** during pregnancy. In addition, **10.9% did not want to be pregnant** and 4,676 were under the age of 18. The percentage of **first time mothers was 33.8%**. Some of these families are involved in the child welfare system as a result of previous or recently identified child maltreatment, some which are often related to their risk factors.

Our system of care is designed to screen, make initial contact with families, conduct assessment of need, and triage families to the most appropriate intensity of care available in each community. This requires a programmatic infrastructure that can manage the capacity and volume of families required in a universal system of care. No family is turned away from services, though prioritizing the highest risk can be a challenging task for supervisors when the need and demand is so great. The volume and complexity of the caseloads for the direct service workforce continues to increase.

Based on the number of high level patients requiring outreach and linkage to specialty services and safety planning, we are requesting funding for the following:

- **\$3,190,000** for a total of 58 outreach staff serving 32 Coalition service areas. This will provide the ability to serve high risk in both urban and rural settings. This is based on a formulary comprised of birth cohort and data on Level 3 (highest risk) averages. **IMPACT:** Funding will expand capacity and the ability for Healthy Start programming to respond to private physicians, behavioral health centers, hospitals and other access points where pregnant women and infants may present for treatment. An additional 5,800 of our highest risk will receive the response, intervention, and linkage needed to effect more desired pregnancy and infant outcomes.
- **\$1,089,000** to provide for 22 Fetal and Infant Mortality Review Teams (an increase from 11) at a rate of \$60,000 per project (an increase from \$21,000 per project for the current 11 projects). **IMPACT:** Florida will expand its ability to convene medical professionals and better target financial resources based on this collaborative model developed by the American College of Obstetrics and Gynecology (ACOG).
- **\$129,000** for the implementation of a Workforce Learning Management System (LMS) to enhance the workforce's ability to manage diverse training activities, reduce cost among participating human service agencies, and promote sustained employability among the professional and paraprofessional workforce. **IMPACT:** Coordination of high quality effective training for over 1,100 direct service personnel throughout Florida's 67 counties.
- **\$350,000** to support statewide implementation and planning associated with the Nurse Family Partnership. **IMPACT:** Expansion of capacity for evidence-based intensive home visiting for first time mothers at risk for poor birth outcomes under the umbrella of the Healthy Start Maternal and Child Health system of care.