HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

FLORIDA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Florida

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

MCH Director	CSHCN Director
Julie Crum, BSW Section Administrator, Maternal and Child Health Julie.Crum@FLHealth.gov (850) 558-9687	Joni Hollis, RN, MSN, CNL Bureau Chief, Director of Clinical Operations Joni.Hollis@FLHealth.gov (850) 841-8609

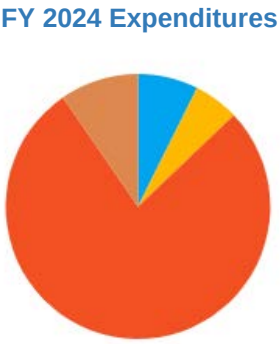
SSDI Project Director	State Family Leader
Savannah Zonka, MPH Training and Research Consultant Savannah.Zonka@FLHealth.gov (850) 558-9647	Linda Starnes Statewide Family Leader

State Youth Leader
No Contact Information Provided

State Hotline: (800) 451-2229

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	$20,541,077
State MCH Funds	$15,405,808
Local MCH Funds	$0
Other Funds	$215,845,885
Program Income	$26,748,116



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$1,340,782	$46,763,315
Enabling Services	$17,275,241	$221,357,097
Public Health Services and Systems	$1,925,054	$0

FY 2024 Expenditures Federal

FY 2024 Expenditures Non-Federal

Percentage Served by Title V

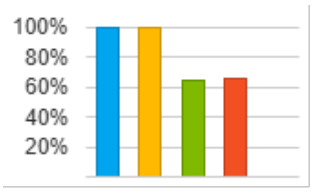
Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	$27,580,381
Infants < 1 Year	100.0%	$47,004,994
Children 1 through 21 Years	64.0%	$94,280,811
CSHCN (Subset of all infants and children)	66.0%	$117,870,248
Others *	0.0%	$6,005,043

*Others– Women and men, over age 21.

FY 2024 Expenditures

Total: $292,741,477

FY 2024 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Promote preventive, well-woman care SPMs • SPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year o SPM ESM 1.1: The percentage of interconception (Show Your Love) services provided to Healthy Start clients.	Revised	Women/Maternal Health
Promote early and adequate prenatal care SPMs • SPM 2: Percent of pregnant women who receive prenatal care beginning in the first trimester • SPM 5: Percent of women who smoke during pregnancy o SPM ESM 5.1: Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.	Revised	Women/Maternal Health

Promote postpartum care
 	
NPMs
• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV
  o ESM PPV.1: Percent of Healthy Start clients who receive interconception care (ICC) services
• Percent of women who were screened for depression or anxiety following a recent live birth - MHS
  o ESM MHS.1: Percent of postpartum Healthy Start clients who receive a referral for mental health services
	New	Women/Maternal Health

Ensure risk-appropriate perinatal care NPMs	Revised	Perinatal/Infant Health

• Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC
  o ESM RAC.1: Percent of maternity hospitals that have achieved Levels of Maternal Care verification through the FPQC initiative
  o ESM RAC.2: Percent of referrals made to doulas and other perinatal professionals among Telehealth Maternity Care Program enrollees who receive services from those professionals
  o ESM RAC.3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
  o ESM RAC.4: Percentage of birthing hospitals participating in perinatal quality collaborative projects.		

Promote breastfeeding for infants up to 6 months NPMs • A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF o ESM BF.1: Percent of birthing hospitals that teach breastfeeding mothers how to recognize feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers	Revised	Perinatal/Infant Health
Promote safe sleep strategies NPMs • A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS o ESM SS.1: Percent of birthing hospitals that are Safe Sleep Certified	New	Perinatal/Infant Health
Improve dental care access for women and children NPMs • Percent of women who had a dental visit during pregnancy - PDV-Pregnancy o ESM PDV-Pregnancy.1: Percent of trained health providers providing women with referrals to oral health professionals for dental visits in the past 12 months • Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child	Continued	Women/Maternal Health, Child Health

○ ESM PDV-Child.1: Percent of schools visited by a school-based dental program		
Prevent child and adolescent injuries and reduce hospitalizations SPMs • SPM 4: Rate of emergency department visits for non-fatal injury per 100,000 adolescents, ages 10 through 19	New	Child Health, Adolescent Health
Increase access to medical homes and primary care for all children, including children and youth with special health care needs. NPMs • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Increase the PCMH recognized provider-based measure of change by 2% yearly through use of the CMS Child Need Index Maps & Performance Dashboard to increase access to PCMHs in or near FL that are identified areas with moderate/high health care needs ○ ESM MH.2: Percentage of caregivers of CYSHCN in Florida who always perceive themselves as a partner in their child's care. ○ ESM MH.3: Percent of youth with special health care needs who report having successfully transitioned from pediatric to adult health care providers/practices. ○ ESM MH.4: Percent of PCMH pediatric providers located within the identified tracts of highest need, per the CMS Child Needs Index. • Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC ○ ESM TAHC.1: Increase the percent of children and youth with special health care needs, ages 12-17 years, who report that their doctor or other health care provider actively worked with them to gain skills to manage their health and health care, by 10% yearly ○ ESM TAHC.2: Increase the percent of youth who are 18 years or older with special health care needs and served by the Statewide Networks for Access and Quality, who report successful transition from pediatric to adult health care providers/practices, by 5% yearly	Revised	Child Health, Adolescent Health, Children with Special Health Care Needs
Improve access to appropriate mental health treatment for all children, including children and youth with special health care needs.	Revised	Adolescent Health, Children with Special Health Care Needs

NPMs

- Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT
  - ESM MHT.1: Number of QPR suicide prevention trainings for adults who interact with youth

SPMs

- SPM 3: Percent of children with special health care needs (expanded criteria) in Florida, ages 3 through 17, who express some degree of difficulty in access to mental health treatment or counseling that is needed
  - SPM ESM 3.1: Increase the percentage of primary care providers who report improved self-efficacy in integrating behavioral health services as part of the Florida Pediatric Behavioral Health Collaborative, by 10% yearly
  - SPM ESM 3.2: Increase the percent of all children and youth served through the Florida Pediatric Behavioral Health Collaborative, who screen positive for a behavioral health need and receive treatment recommendations, by 5% yearly

Executive Summary

Program Overview

The Florida Department of Health (Department) is responsible for administering the Title V Maternal and Child Health (MCH) Block Grant, encompassing the MCH and Children and Youth with Special Health Care Needs (CYSHCN) programs. These programs are within the Division of Community Health Promotion (CHP) and the Division of Children's Medical Services (CMS), respectively. Title V leaders in CHP and CMS have standing monthly meetings to coordinate efforts across all programs.

The Title V MCH Services Block Grant uses a performance measurement framework to develop program goals and objectives and tracks annual progress toward these metrics. The comprehensive five-year needs assessment framework logic model, and continual assessment during interim years, drive the Florida's Title V programs. The needs assessment involved collecting and analyzing both quantitative and qualitative data and engaging with internal and external partners. After determining current population needs, program capacity, and capacity of state and local partnerships, ten state priorities were selected. Eleven national performance measures (NPMs), four state performance measures (SPMs), and five standardized measures (SMs) were also chosen for programmatic focus. Strategies identified to address priority needs and selected performance measures are implemented through a variety of mechanisms, including statewide projects administered through the state health office, statements of work with county health departments, and performance driven contracts with partners.

The Bureaus of Family Health Services' MCH Section and CMS' Child Health Quality CYSHCN program have primary responsibility for the Title V application and oversight of Title V activities. Under the leadership of the State Surgeon General, the Title V program works with public and private partners across the state who make up Florida's public health system. State partners include county health departments, the Florida Perinatal Quality Collaborative (FPQC), the Agency for Health Care Administration, the Department of Children and Families, the Department of Education, state universities, health care systems, Florida Chapter of the American Academy of Pediatrics, the March of Dimes, and Healthy Start Coalitions. Partnerships also include Health Resources and Services Administration's (HRSA) MCH Bureau funded training programs at the University of Florida's Pediatric Pulmonary Center, the University of South Florida's MCH Leadership Training Program, and the University of Miami's Mailman Center for Child Development. Family and youth partnerships include the Family Network on Disabilities (Florida's Family-to-Family Health Information Center and Family Voices affiliate), and the National Alliance on Mental Health Illness Florida. Partners on the national level include the Association of Maternal and Child Health Programs, the National MCH Workforce Development Center, the Centers for Disease Control and Prevention, the Association of State and Territorial Health Officers, and the Substance Abuse and Mental Health Services Administration.

The CYSHCN program's vision is that every child and youth with special health care needs has access to high quality, evidence-based, family-centered systems of care. CMS works to address the priority needs of CYSHCN and their families, through population health strategies that are evidence-based or informed to improve health outcomes. To generate collective impact emphasis is placed on integrated service delivery systems, and collaborative, multi-sector approaches both necessary components to address the complex, multifaceted needs of CYSHCN. For example, to address the CYSHCN priority needs of access to a medical home and mental health services, evidence demonstrates that both a patient centered medical home (PCMH) and integrating behavioral health in primary care setting is crucial for CYSHCN because it provides coordinated, comprehensive and family-centered care that improves health outcomes and reduces fragmentation. Integrating behavioral health into primary care, allows for earlier identification and intervention of behavioral, emotional or mental health concerns, providing a holistic and comprehensive approach to care, with reduced stigma, and improved health outcomes.

The MCH Section prioritizes quality of care and access to services. The MCH Section works to protect, promote, and improve the health of all people in Florida, and specifically, to ensure Florida's mothers, children, and families thrive and reach their full potential. The identification, implementation, and evaluation of Florida's Title V priorities would not be possible without the leadership of the Department, county health officers, and the cooperation of our valuable partners at the federal, state, local, tribal, and territorial levels. Listed below are Florida's Title V priorities for 2026-2030.

1. State Priority: Promote preventive, well-woman care

Standardized Measure:

- Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Evidence-based Strategies:

- Collaborative care models
- Community partnerships
- Provider and patient education
- Home visiting

2. State Priority: Promote early and adequate prenatal care

Standardized Measure:

- Percent of pregnant women who receive prenatal care beginning in the first trimester.

Evidence-based Strategies:

- Collaborative care models
- Community partnerships
- Telehealth
- Home visiting
- Provider and patient education

- Mobile apps and technology

3. State Priority: Promote postpartum care

National Performance Measures:

- Percent of women who attended a postpartum checkup within 12 weeks after giving birth
- Percent of women who attended a postpartum checkup and received recommended care components
- Percent of women screened for depression or anxiety following a recent live birth

Evidence-based Strategies:

- Collaborative care models
- Community partnerships
- Telehealth
- Home visiting
- Provider and patient education
- Quality improvement initiatives

4. State Priority: Ensure risk-appropriate perinatal care

National Performance Measure:

- Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

Evidence-based Strategies:

- Provider education
- Patient education

5. State Priority: Promote breastfeeding for infants up to 6 months

National Performance Measures:

- Percent of infants who are ever breastfed
- Percent of infants breastfed exclusively through 6 months

Evidence-based Strategies:

- Patient education and promotion
- Father engagement
- Home visitor training
- Telelactation support

6. State Priority: Promote safe sleep strategies

National Performance Measures:

- Percent of infants placed to sleep on their backs
- Percent of infants placed to sleep on a separate approved sleep surface
- Percent of infants placed to sleep without soft objects or loose bedding
- Percent of infants room-sharing with an adult

Evidence-based Strategies:

- Patient education and promotion
- Father engagement
- Home visitor training
- Distribution of safe sleep resource

7. State Priority: Improve dental care access for women and children

National Performance Measures:

- Percent of women, ages 18 through 44, with a preventive dental visit during pregnancy.
- Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Evidence-based Strategies:

- Provider education
- Teledentistry
- School-based screenings and sealant program
- Preventive oral care outreach
- Patient education
- Community-school partnerships

8. State Priority: Prevent child and adolescent injuries and reduce hospitalizations

State Performance Measures:

- Percent of children, ages 0 through 9 years, with hospital admissions for non-fatal injury
- Percent of adolescents, ages 10 through 19 years, with hospital admissions for non-fatal injury

Evidence-based Strategies:

- Education and promotion
- Family engagement
- Home visiting
- Provider education

9. State Priority: Increase access to medical homes and primary care for all children and adolescents, including children and youth with special health care needs

National Performance Measures:

- Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
- Percent of children with and without special health care needs, ages 0 through 17, who have a personal doctor or nurse
- Percent of children with special health care needs, ages 0 through 17, who have family centered care.
- Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care.

Evidence-based MCH Strategies:

- Provider-school partnerships
- Care-coordination with home visiting
- Health literacy and parental engagement
- School-based health centers

Evidence-based CYSHCN Strategies:

- Promote and facilitate accredited Patient Centered Medical Home (PCMH) practice transformation with primary and specialty providers for CYSHCN.
- Enhance data utilization to support evidenced-based decision-making.
- Support evidenced based skill-based training in identified areas.
- Family-Professional partnerships at individual, community, and systems level.
- Promote awareness, encourage adoption of and implement evidence-driven youth-to-adult health care transition (HCT) Six Core Elements™ inclusive of quality improvement focused activities in health care systems serving CYSHCN.

10. State Priority: Improve access to appropriate mental health services, resources, and referrals for all children and adolescents, including children and youth with special health care needs

National Performance Measures:

- Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling

State Performance Measure:

- Percent of children and youth with special health care needs (expanded criteria) in Florida, ages 3 through 17, who express some degree of difficulty in access to mental health treatment or counseling that is needed.

Evidence-based MCH Strategies:

- Trauma training for professionals who work with adolescents
- Care-coordination with home visiting agencies
- School-based health centers
- Health literacy and parental engagement

Evidence-based CYSHN Strategies:

- Implement and sustain integrated behavioral health models in primary care.
- Develop and disseminate primary care behavioral health integration campaigns.
- Leverage work with existing and potential partners to increase the accessibility and utilization of needed behavioral health services.
- Support evidenced based skill-based training for workforce development with healthcare providers and families.
- Family-Professional partnerships at individual, community, and systems level.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Maternal and Child Health (MCH) Section and Children and Youth with Special Health Care Needs (CYSHCN) program in the Florida Department of Health (Department) continue to convene partners to assess the needs of the MCH system of care in Florida, including opportunities to leverage funds to support a strong public health infrastructure. Federal Title V MCH Block Grant funding complements state-led priorities and initiatives, such as Florida's Healthy Start Coalitions.

The Department contracts with 32 non-profit community agencies, known as Healthy Start Coalitions (Coalitions), for Florida's Healthy Start program. Coalitions establish public and private partnerships (this includes state and local government, community organizations, and MCH providers) for the provision of coordinated community-based prenatal and infant health care home visiting services. Florida's Heathy Start program serves pregnant women, and infants from birth up to age three, who score at-risk on the Department's universal prenatal or infant risk screen. Self-referrals and referrals provided by health care providers and other agencies are accepted by Florida's Healthy Start program. Father engagement activities were recently added to expand services provided by Florida's Healthy Start program. This includes providing individualized support to fathers to increase participation in services that strengthen family and child well-being. The goal of Florida's Healthy Start program is to reduce the occurrence of maternal and infant deaths, reduce the number of low birth weight and preterm births, and improve infant and toddler developmental outcomes.

Coalitions also facilitate the state's coordinated intake and referral system for home visiting programs offered in the state. The process, referred to as CONNECT, provides a one-stop entry point for home visiting programs and services. In fiscal year 2023-2024, CONNECT received 295,926 referrals, 47% of which were for prenatal clients and 65% were for infants and children. During that same time, 27,066 new mothers and infants were enrolled in Healthy Start home visiting services and 711 fathers were enrolled into the fatherhood program.

Implementation of Florida's Healthy Start program is a state-federal partnership, supported by both Title V MCH Block Grant and state funding. During fiscal year 2024-2025, the program received $29,555,341.00 in state general revenue funds and $4,485,431.00 in Title V MCH Block Grant funds.

MCH Success Story

Since 1991, Florida health care providers have been legislatively mandated by section 383.14, Florida Statutes, to provide the universal prenatal screen at every pregnant woman's initial prenatal visit. While the requirement to offer the screen exists, completion of the screen is voluntary. Since then, women have received the screen in paper form and often completed it in the physician's waiting room. Next, her provider reviewed and scored the screen to determine any health or pregnancy related risks. If a woman scored six or more, and consented, her doctor would make a referral to home visiting services with the intention to improve outcomes for her and her baby.

From there, Healthy Start staff collect the completed screens and take them to a county health department for entry into the Department of Health's (Department) electronic, Health Management System (HMS). HMS would verify the data and generated referrals to Well Family System. This is when the coordinated intake and referral process, also known as CONNECT, begins. This paper driven process averaged 33 days from the prenatal appointment to referral to services.

The Department identified an opportunity for improvement and modernization by moving the prenatal screen to an electronic format. The Department determined it would be beneficial to invest funding from the Title V Maternal and Child Health Block Grant toward this project to support linking pregnant women to home visiting services faster and improve birth outcomes.

In July 2024, Florida launched an electronic prenatal screen that allows providers to send pregnant women a direct link to complete the screening online before their appointment. At the first prenatal visit, the provider reviews the results with the woman. If she consents, her results are sent to CONNECT. Through the CONNECT process, she gets to select a home visiting program based on her needs. The digital process streamlines and personalizes care to improve pregnancy and birth outcomes. Preliminary results, show that linkage to services is occurring much faster, reducing the wait time from 33 days to 5 days.

The Department enlisted the assistance of our Healthy Start partners to assist prenatal care providers in registering facilities and answering questions about the process. The screen is not only easy to complete but reduces the wait time to connect to services. In addition, the electronic screen is removing the manual data entry process, which will improve data reporting and produce real time data collection.

The Department is pursuing a legislative rule change that will require prenatal care providers to use the electronic prenatal screen instead of the paper screen. The digital form has the same sixteen questions as the paper version, therefore collecting the same information. The paper version will be phased out.

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

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

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

List of MCHB Discretionary Grants

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