



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**FLORIDA**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

### 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 FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

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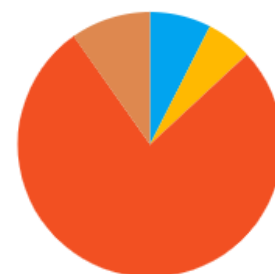
State Youth Leader
No Contact Information Provided

**State Hotline:** (800) 451-2229

### Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$20,283,393
State MCH Funds	\$15,212,545
Local MCH Funds	\$0
Other Funds	\$209,225,925
Program Income	\$26,587,457

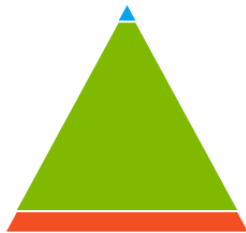
FY 2023 Expenditures



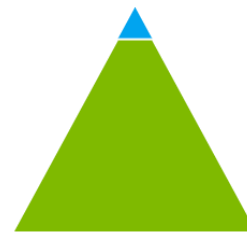
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,391,399	\$34,847,316
Enabling Services	\$17,124,546	\$216,178,611
Public Health Services and Systems	\$1,767,448	\$0

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



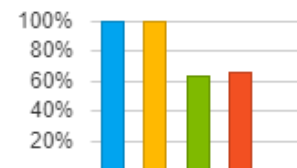
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$50,152,612
Infants < 1 Year	100.0%	\$31,327,623
Children 1 through 21 Years	64.0%	\$60,102,006
CSHCN (Subset of all infants and children)	66.0%	\$127,959,632
Others *	0.0%	\$0

FY 2023 Expenditures Total: \$269,541,873



FY 2023 Percentage Served



\*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Reduce infant mortality and morbidity.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS                             <ul style="list-style-type: none"> <li>○ ESM SS.1: The number of birthing hospitals that are Safe Sleep Certified.</li> <li>○ ESM SS.2: The percentage of birthing hospitals that are Safe Sleep Certified.</li> </ul> </li> </ul>	<p>Perinatal/Infant Health</p>
<p>Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of- school activities in a safe and healthy environment.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC                             <ul style="list-style-type: none"> <li>○ ESM RAC.1: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).</li> <li>○ ESM RAC.2: Percentage of birthing hospitals participating in perinatal quality collaborative projects.</li> </ul> </li> <li>● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child                             <ul style="list-style-type: none"> <li>○ ESM PA-Child.1: The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.</li> </ul> </li> <li>● Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day (Physical Activity - Adolescent, Formerly NPM 8.2) - PA-Adolescent                             <ul style="list-style-type: none"> <li>○ ESM PA-Adolescent.1: The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.</li> </ul> </li> <li>● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY                             <ul style="list-style-type: none"> <li>○ ESM BLY.1: The number of students who participate in an evidence-based program that promotes positive youth development and non-violence intervention skills.</li> </ul> </li> </ul>	<p>Perinatal/Infant Health, Child Health, Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>○ ESM BLY.2: The percentage of adolescents and teens, ages 11 through 19, who reported satisfaction on the positive youth development and non-violence survey.</li> </ul>	
<p>Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy                             <ul style="list-style-type: none"> <li>○ ESM SMK-Pregnancy.1: The number of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to Healthy Start clients</li> <li>○ ESM SMK-Pregnancy.2: Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.</li> </ul> </li> </ul>	Women/Maternal Health
<p>Promote breastfeeding to ensure better health for infants and children and reduce low food security.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF                             <ul style="list-style-type: none"> <li>○ ESM BF.1: The number of Florida hospitals achieving the Baby Steps to Baby Friendly hospital designation.</li> <li>○ ESM BF.2: Percentage 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.</li> </ul> </li> </ul>	Perinatal/Infant Health
<p>Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV                             <ul style="list-style-type: none"> <li>○ ESM WWV.1: The number of interconception services provided to Healthy Start clients.</li> <li>○ ESM WWV.2: The percentage of interconception (Show Your Love) services provided to Healthy Start clients.</li> </ul> </li> </ul>	Women/Maternal Health
<p>Increase access to medical homes and primary care for children with special health care needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH</li> </ul>	Child Health, Children with Special Health Care Needs

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>○ ESM MH.1: Number of partners serving CYSHCN in Florida receiving education or technical assistance about the patient-centered medical home model and related topics that impact CYSHCN .</li> <li>○ ESM MH.2: Percentage of caregivers of CYSHCN in Florida who always perceive themselves as a partner in their child's care.</li> <li>○ ESM MH.3: Number of Adult Care Providers/Practices that report accepting CYSHCN transitioning to adult care.</li> <li>○ ESM MH.4: Percent of youth with special health care needs who report having successfully transitioned from pediatric to adult health care providers/practices.</li> <li>○ ESM MH.5: Percentage of providers in underserved geographic areas that received formal technical assistance through the UCF HealthARCH program that became designated patient-centered medical homes.</li> <li>○ ESM MH.6: Percent of PCMH pediatric providers located within the identified tracts of highest need, per the CMS Child Needs Index.</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>● SOM 1: Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs</li> </ul>	
<p>Improve access to appropriate mental health services to all children.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: The percentage of children that need mental health services that actually receive mental health services.</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>● SOM 1: Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs</li> </ul>	Children with Special Health Care Needs
<p>Improve dental care access for children and pregnant women</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: The percentage of low-income children under age 21 who access dental care.</li> </ul>	Child Health
<p>Address the social determinants of health that influence the relationship between health status and biology, individual behavior, health services, social factors, and policies.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: The percentage of parents who read to their young child age 0-5 years</li> </ul>	Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Reduce maternal mortality and morbidity</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy                             <ul style="list-style-type: none"> <li>○ ESM SMK-Pregnancy.1: The number of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to Healthy Start clients</li> <li>○ ESM SMK-Pregnancy.2: Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.</li> </ul> </li> <li>● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV</li> </ul>	<p>Women/Maternal Health</p>

## 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 fall under the Division of Community Health Promotion (CHP) and the Division of Children's Medical Services (CMS), respectively. Title V leaders in CHP and CMS meet monthly to coordinate efforts across all programs.

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

The Bureau of Family Health Services' MCH Section and CMS Specialty Programs Bureau 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, the Florida Hospital Association, Florida Chapter of the American Academy of Pediatrics, the March of Dimes, and Healthy Start Coalitions. Partners on the national level include the Association of MCH Programs, the National MCH Workforce Development Center, CityMatCH, the Centers for Disease Control and Prevention, and the Association of State and Territorial Health Officers. CMS partnerships include the Health Resources and Services Administration 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 Café and its Youth Council, the Family Network on Disabilities of Florida, and the National Alliance on Mental Health Illness Florida.

The CYSHCN program vision is that every child and youth with special health care needs has access to high quality, evidence-based, family-centered systems of care. The CYSHCN framework for a well-functioning system of care includes five community needs-based initiatives: 1) transform pediatric practices into patient-centered medical homes (PCMHs); 2) build capacity with pediatric primary care providers to treat common behavioral health conditions; 3) support service delivery approaches that are better integrated, to meet the multiple care needs of families across the community, regions, and state; 4) improve access to and quality of care through specialty networks that have condition-specific expertise (e.g., cancer, sickle cell disease, behavioral health); 5) collaborate with managed care plans participating in Florida's Medicaid and the Children's Health Insurance programs, including those designed for CYSHCN.

CMS continues to address the needs of CYSHCN and their families through population health strategies that strengthen the system of care and prioritize expansion in underserved areas, especially for children with medical complexities, including increased mental health needs. CYSHCN priorities have been woven into the majority of the Department's CYSHCN contracts. Engagement of multiple sectors and community partners generate collective impact and improve broad social, economic, cultural, and environmental factors. CMS contracts with a vendor to operate the CMS Health Plan, a managed care plan designed for CYSHCN serving an average of 103,376 enrollees. Children and families receive specialized care coordination services, as well as expanded benefits to address family needs including broad social, economic, cultural, and environmental factors.

The MCH Section prioritizes quality of care and access to services, at a time when the need for care for the Title V population seems ever more prevalent. The MCH Section remains focused on the broad social, economic, cultural, and environmental factors where Floridians live, work, and play.

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 the Florida Title V priorities, including the justification for selection through our statewide needs assessment process.

#### **Domain: Women/Maternal Health**

State Priority: Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.

- NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year.
- ESM 1.2: The percentage of interconception (Show Your Love) services provided to Healthy Start clients.
- Significance: Women's health, at all ages of the lifespan and for those whose circumstances make them vulnerable to poor health outcomes, is important and contributes to the well-being of families. The Title V program focuses on preconception/interconception health, recognizing the importance of improving the health of all women of reproductive age to ensure better birth outcomes and healthier babies.

State Priority: Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children.

- NPM 14.1: Percent of women who smoke during pregnancy.
- ESM 14.1.2: Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.
- Significance: Smoking during pregnancy increases the risk of miscarriage, certain birth defects, premature birth, and low birth



weight. Smoking is also a risk factor for sudden infant death syndrome (SIDS), as secondhand smoke doubles an infant's risk of SIDS.

State Priority: Reduce maternal mortality and morbidity.

- NPM 14.1: Percent of women who smoke during pregnancy.
- ESM 14.1.2: Percentage of SCRIPT services provided to current tobacco users.
- Significance: Reducing maternal mortality and morbidity helps women remain healthy and active participants in the lives of their children and community at large.

**Domain: Perinatal/Infant Health**

State Priority: Promote breastfeeding to ensure better health for infants and children and reduce low food security.

- NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months.
- ESM 4.2: Percentage 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.
- Significance: This ESM helps capture individuals who breastfed at the hospital before discharge (i.e., ever breastfed). Although this measure cannot help quantify exclusive breastfeeding through six months, this measure can instead provide insight to the prevalence of breastfeeding patients who were taught, in the hospital, strategies to support continued exclusive breastfeeding through six months. Measuring it is important to show progress because observed increases in prevalence would indicate the success of statewide partnerships in improving breastfeeding initiation and exclusive breastfeeding, which in turn would help reduce associated adverse health outcomes (e.g., infant mortality) in Florida.

State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.

- NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).
- ESM 3.1: Percent of VLBW infants born in a hospital with a Level III+ NICU.
- ESM 3.2: Percentage of birthing hospitals participating in perinatal quality collaborative projects.
- Significance: Increasing the number of birthing hospitals that join the FPQC and could meet the Level III+ eligibility requirements can show progress in perinatal regionalization. The Department participates in and contracts with the FPQC which seeks to create an all-inclusive culture of cooperation and transparency across the specialties of obstetrics, neonatology, pediatrics, and all fields engaged in maternal and infant health care by bringing together the specific expertise of physicians, nurses, nurse midwives and all specialists involved with perinatal-related health care.

State Priority: Reduce infant mortality and morbidity.

- NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding.
- ESM 5.2: The percentage of birthing hospitals that are Safe Sleep Certified.
- Significance: Sleep-related deaths, including suffocation, asphyxia, and entrapment; and ill-defined or unspecified causes of death, remain a concern for families in Florida. Focusing on a safe sleep environment can reduce the risk of all sleep-related infant deaths, including SIDS.

**Domain: Child Health**

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

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

State Priority: Address the social determinants of health that influence the relationship between health status and biology, individual behavior, health services, social factors, and policies.

- SPM 3: The percentage of parents who read to their young child aged 0-5 years.
- Significance: Encouraging parents to read to their child has a positive impact on children, including but not limited to, increased positive parenting, improvement in the parent-child bond, and improved language development in children.

State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.

- NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day.
- ESM 8.1.1: The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.
- Significance: To grow and develop in good health, adolescents need information, opportunities to develop life skills; and safe and supportive environments. They also need opportunities to meaningfully participate in the design and delivery of interventions to improve and maintain their health.

### Domain: Adolescent Health

State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.

- NPM 8.2: Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day.
- ESM 8.2.1: The cumulative total of Florida school districts that have ever been awarded the evidence-based Florida Healthy School District recognition.
- Significance: To grow and develop in good health, adolescents need information, opportunities to develop life skills; and safe and supportive environments. They also need opportunities to meaningfully participate in the design and delivery of interventions to improve and maintain their health.
- NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others.
- ESM 9.2: The percentage of adolescents and teens, ages 11 through 19, who reported satisfaction on the positive youth development and non-violence survey.
- Significance: Bullying is a serious detriment to a child's health, sense of well-being, safety, education, and emotional development; and greatly increases the risk of self-injury and suicide.

### Domain: Children and Youth with Special Health Care Needs

State Priority: Increase access to medical homes and primary care for children with special health care needs.

- NPM 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home.
- ESM 11.2: Percentage of caregivers of CYSHCN in Florida who always perceive themselves as a partner in their child's care.
- ESM 11.4: Percent of youth with special health care needs who report having successfully transitioned from pediatric to adult health care providers/practices.
- ESM 11.5: Percentage of providers in underserved geographic areas that received formal technical assistance through the University of Central Florida's Health Advancing Resources to Change Health Care program that became designated PCMHs.
- SOM 1: Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs.
- Significance: A PCMH provides accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective medical care. It is especially advantageous for CYSHCN as they require coordination of care between providers.

State Priority: Improve access to appropriate mental health services to all children.

- SPM 1: The percentage of children that need mental health services that actually receive mental health services.
- SOM 1: Percent of families reporting not being frustrated in their efforts to obtain services for their child with special health care needs.
- Significance: Access to behavioral/mental health services is a priority need. Without early diagnosis and treatment, children with mental health conditions may have problems at home, school, and socially.

## How Federal Title V Funds Complement State-Supported MCH Efforts

The Maternal and Child Health (MCH) Section and Children and Youth with Special Health Care Needs (CYSHCN) programs 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 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 Healthy 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. During the 2022 Florida legislative session, Florida Statutes were amended to expand services provided by Florida's Healthy Start program to include father engagement activities. This includes providing individualized support to fathers to increase participation in services that strengthen family and child well-being. Priorities of Florida's Healthy Start program are 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 services such as education and support for childbirth, newborn care, parenting skills, child development, food and nutrition, mental health, and financial self-sufficiency. From July 1, 2023 through April 30, 2024, CONNECT completed 136,834 successful initial intakes (72,514 for prenatal clients and 64,320 for infants and children). During that same time, 37,137 prenatal clients and 28,855 infants and children were referred to home visiting programs. In addition, 10,760 prenatal clients and 11,537 infants and children received Healthy Start services.

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 2023-2024, 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

In Florida, a third to half of pregnancy-related deaths occur after the mother has been discharged home. Notably, 69% of these deaths are preventable, with a third involving a stand-alone visit to the emergency room before death. Postpartum women are also at higher risk of cardiovascular disease, stroke, postpartum depression, and other complications after discharge. As a key strategy to optimize postpartum care, the American College of Obstetricians and Gynecologists recommends an early postpartum visit for all patients within 3 weeks of giving birth.

The Florida Department of Health (Department) provides funding from the Title V Maternal and Child Health Block Grant to the Florida Perinatal Quality Collaborative (FPQC) to lead maternal and child health quality improvement initiatives in Florida's birthing hospitals. In January 2023, the FPQC launched the Postpartum Access and Continuity of Care (PACC) initiative. PACC strategies include increased practices to identify women with high risk of postpartum complications, education for women on warning signs, scheduling postpartum visits before discharge, and education to emergency room (ER) staff on postpartum complication warning signs and treatment.

The FPQC equipped hospitals with an evidence-based toolkit, supplemented by in-person training, coaching calls, and rapid data reporting, to support ongoing improvement. The initiative included 75 hospitals, covering 72% of Florida's birthing hospitals and 81% of births statewide. The following are key success metrics of the PACC initiative:

- Early postpartum visit scheduling increased from 34% to 55%.
- Education on the benefits of the early postpartum visit more than doubled from 39% to 85%.
- Education on postpartum warning signs increased from 88% to 95%.
- The percent of patients whose vital signs were assessed closer to discharge increased from 48% to 84%.
- Standardized verbal screenings implemented in ERs that ask women if they are either pregnant, or have been pregnant in the past year, increased from 17% to 70%.

Additionally, over 70% of the hospitals participating in the PACC initiative have:

- Enhanced operations through workflow optimization and staff education, including integration in the electronic health record.
- Improved ER and obstetric collaboration, with postpartum education for ER staff and streamlined obstetric consultations.

One of the recommendations of the PACC initiative is that a full set of vital signs be taken within two hours before discharge. In one of the participating hospitals, a patient was ready to be discharged, however, her blood pressure was elevated at her final check. The patient considered leaving against medical advice, however, her nurse and physician convinced her to stay. Within a few hours her condition declined, requiring care in the intensive care unit. Because of her final vitals check, her elevated blood pressure was discovered and treated. She recovered fully and was able to go home safely a few days later.

## 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 2023.

### [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.