

# Florida's Healthy Start - Who We Are

## HISTORY

The Florida Healthy Start program was created in 1991 to improve birth outcomes and support healthy child development. It included universal risk screening of pregnant women and newborns, care coordination, and wrap-around services including parenting, childbirth education, and smoking cessation. Legislation also expanded Medicaid coverage for uninsured pregnant women. The Florida Department of Health (DOH) was directed to establish the screening program and assist in establishing community-based Healthy Start Coalitions to promote the development of local systems of care for women, infants and families. Initial program design reflected best practices identified by the National Commission to Prevent Infant Mortality, the Institute of Medicine and other nationally recognized groups. Shortly thereafter, the Florida Association of Healthy Start Coalitions (FAHSC) was established by the coalitions for education, communication, coalition and program development and advocacy purposes. Since Healthy Start's inception, total infant mortality rates have declined significantly from 9.6 deaths per 1,000 live births in 1990 to 6.1 deaths per 1,000 live births in 2017.

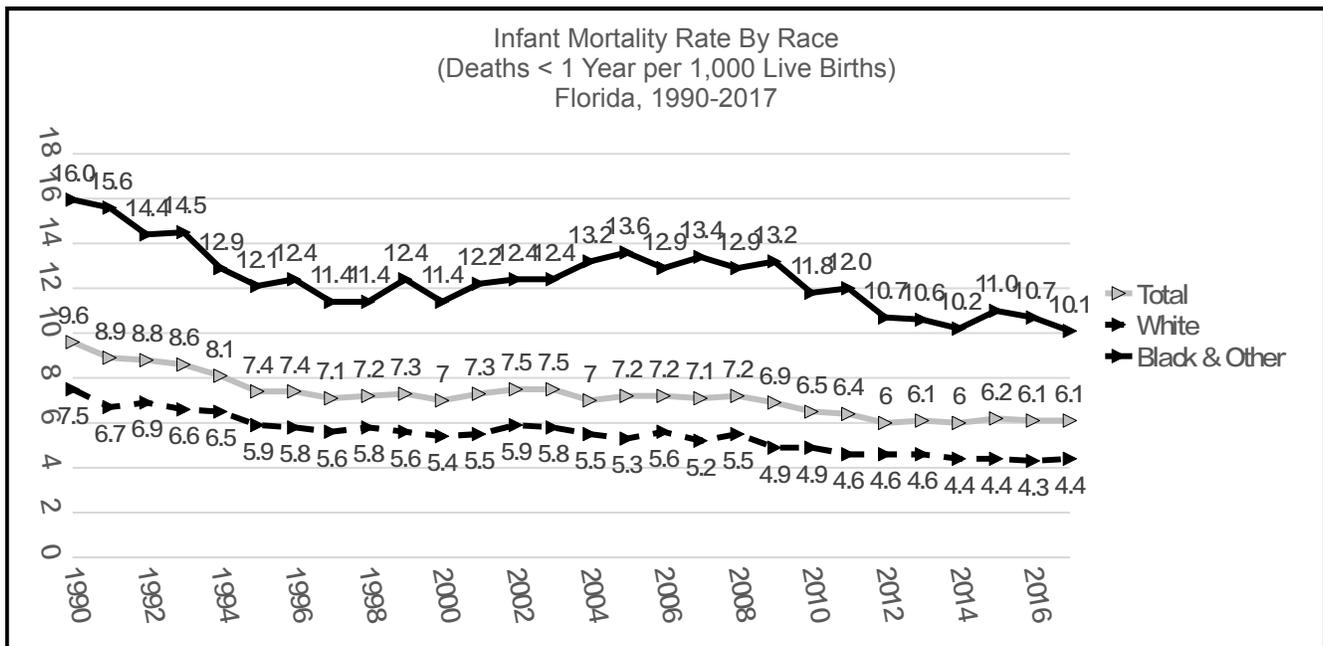


Figure 1 – Infant Mortality Rates in Florida 1990-2017, Florida Department of Health

## HEALTHY START MEDICAID WAIVER

In 2000, funding for the program expanded with additional state support and a Medicaid waiver designed to increase the services for participants at highest-risk of poor outcomes. In 1996, the Florida Agency for Health Care Administration (AHCA) approached DOH and FAHSC to work together on a new federal Waiver to increase intensity and duration of Healthy Start services for Medicaid pregnant women and infants and also special outreach to ensure early prenatal care and other services for Medicaid pregnant women (MomCare). After four years of work, the Healthy Start Waiver 1915b (now 1115 Waiver) was approved by the federal government and launched in the state in 2000-01.

Most recently, effective August 3, 2017 the federal Center for Medicare and Medicaid Services (CMMS) approved a five-year extension of Florida's Medicaid Waiver 1115 which included Healthy Start and MomCare services. Waiver language described outreach and case management to all Medicaid pregnant women and children identified by Healthy Start to be at risk for a poor birth outcome or poor developmental outcome. And included MomCare outreach and case management services for all women presumptively eligible and eligible for Medicaid under SOBRA.

## MEDICAID MANAGED CARE

In 2010, due to Medicaid Reform, the Florida legislature desired to have Medicaid clients handled by Medicaid managed care organizations (MCOs) to save tax money, and to protect against liability and fraud. No legislation

passed in 2010. Meanwhile, FAHSC members worked to have pregnant women protected in the potential change to Medicaid managed care by talking with the federal CMMS, the Florida legislature, and AHCA. FAHSC worked with the Florida legislature to have legislative language adopted that would protect the waiver and our expanded Healthy Start and MomCare waiver services. This proposed legislation would ensure there would be no duplication of services. In addition, Healthy Start would act to ensure quality outcomes in this coordinated arrangement with the MCO health plans.

In 2011, Florida Statute (FS) 409.975, “Managed care plan accountability” legislation passed and came into effect in 2014. In FS 409.975 (4) a-b, the “MOMCARE NETWORK” language mandated that an administrative services organization would represent all Healthy Start Coalitions in contracting with AHCA (as “the agency”) to carry out the Healthy Start and MomCare services of the waiver. It also mandates that the managed care plans are to coordinate with Healthy Start and thus protected against duplication. With this legislation the Healthy Start and MomCare Medicaid waiver portion of the program moved from DOH to AHCA in July 2014.

## PROGRAM EVOLUTION

With a goal of responding to emerging research and a commitment to increasing program impact on persistent challenges such as low birthweight and racial disparities, the Florida Association of Healthy Start Coalitions joined with the Florida Department of Health in 2009 to undertake a re-design of the program. This effort developed a consensus and understanding about the importance of strengthening the evidence-base of the program through both interventions and ongoing evaluation. Building on this foundation a comprehensive review of evidence-based programs<sup>1</sup> was conducted to identify a new Healthy Start service delivery model. Interventions addressing specific risks and protective factors associated with poor outcomes were examined in three categories: maternal health, infant health and pre- and inter-conceptional health. This rigorous review underscored the challenges and limitations of utilizing an existing evidence-based program for Healthy Start. No single program was identified that met Healthy Start’s scope, goals and legislative expectations. Additionally, no evidence-based programs were identified that address social determinants, racial disparities, life course factors and interconception care, despite research underscoring their impact on birth outcomes.

In 2013, FAHSC became the administrator for the state Maternal, Infant & Early Childhood Home Visiting (MIECHV) initiative. This program provides federal support to states to expand the delivery of evidence-based home visiting as part of an early childhood system of care. MIECHV provided a new framework for service delivery and community collaboration that includes many components of Florida Healthy Start. Coordinated intake using a community-based screening process, establishment of core competencies for staff, use of validated screening tools to determine risk, adoption of benchmarks to track performance, outcomes and impact, and Continuous Quality Improvement (CQI) are among the core principles of MIECHV relevant to Healthy Start redesign. MIECHV also offers potential resources for evaluating state-specific “promising practices.”

The Healthy Start service delivery model was impacted significantly in 2013 by Medicaid Reform and other organizational changes at the state level. There was a major shift in Healthy Start funding from state general revenue to Medicaid requiring new contracting mechanisms and the establishment of the Administrative Services Organization (ASO). This established the Healthy Start MomCare Network, Inc. as ASO. To support this effort, FAHSC secured DOH approval to utilize a new data system for Healthy Start services with its Well Family System (WFS).

This led to refinement of the program model and the creation of our own unique program in 2016 that would include prevention pathways for depression, interconception care, child development, substance abuse and intimate partner violence. Another part of the system of care would involve Coordinated Intake & Referral (CI&R), where a participant could choose between local diverse home-visiting programs. Healthy Start would act as the hub and along with the WFS algorithm help to guide the participant and establish a communication exchange with the chosen program. Also included are awareness of the social determinants of health and factors of racial health disparities and the impact on the lives of many. In some areas, Black infant mortality is three times as high as White infant mortality. FAHSC, along with the MIECHV program, supplied the research, planning, piloting and training needs. FAHSC in partnership with DOH and AHCA implemented these changes during the past two years. This work was expanded with the award of a federal Early Childhood Comprehensive Systems (ECCS) grant to FAHSC in 2015 focusing on place-based efforts to support child development using a collective impact and health equity approach.

The redesign of Healthy Start is an intentional response to the state’s new managed care environment. It moves

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<sup>1</sup> Each identified intervention was classified by level of evidence: Randomized controlled trials and an assessment of study quality such as Cochrane Reviews, US Preventive Services Task Force, or the Agency for Healthcare Research and Quality (level 1); Meta-analysis or systemic reviews of experimental studies in peer-reviewed journals (level 2), or Centers for Disease Control and Prevention recommendations based on national data and/or systemic reviews (level 3).

beyond the simple care coordination, assessment and referral provided by MCOs and offers education, support and risk- and evidence-based interventions. It supplements, rather than supplants, the clinical and enabling services provided by MCOs and their provider networks. Healthy Start Coalitions have built strong relationships with prenatal care providers, delivering hospitals and other organizations that will contribute to improvements in Healthcare Effectiveness Data and Information Set (HEDIS) performance measures and health outcomes.

## SUCCESS

Changes to the Healthy Start program and related MIECHV CI&R pilot programs have not gone unnoticed. In May 2018, AMCHP accepted the MIECHV CI&R pilot into the Innovation Station at the Promising Practice level. In addition to MIECHV, other recent FAHSC initiatives addressing women's health, safe pregnancies, and disparities in birth outcomes; included Safe Start, the 39 Weeks campaign, Show Your Love, the Black Infant Practice Initiative and the Preconception Health Practice Collaborative. In early 2018, background on Healthy Start initiatives was published by the American Public Health Association (APHA Press) in the book, "Moving Life Course Theory into Action – Making Change Happen."<sup>2</sup>

Florida's risk screening identification process; provision of risk-appropriate care; and access to timely prenatal and postpartum care; result in better birth outcomes, therefore saving lives and the costs associated with a poor birth outcome. Healthy Start currently touches more than half of all pregnant women and 40% of newborns in Florida, and has provided direct services to more than 50,000 at-risk pregnant women and 36,000 newborns annually. Local Healthy Start Coalitions lead efforts to develop responsive, community-based systems of care to address the unique needs and resources of their areas. The state invests general revenue and leverages Medicaid waiver funding to support Healthy Start. In addition, Healthy Start Coalitions raise and leverage other valuable funds to fill gaps in resources and meet assessed local maternal and child health needs.

Healthy Start's redesign acknowledges the pivotal role of the Healthy Start Coalitions in developing and implementing local systems of care based on universal prenatal and infant risk screening. Healthy Start's redesign, however, preserves the Healthy Start program as part of a comprehensive continuum of care that includes multiple programs, an array of evidence-based models and diverse services. Coordinated Intake & Referral reduces duplication and ensures at-risk families are enrolled in the programs most appropriate to their needs.

## PARTNERSHIPS

Credit for Florida's thirty-five percent drop in infant mortality and other successes goes to the Healthy Start program, the Healthy Start Coalitions, FAHSC, and its many statewide and national partners, and local supporters and volunteers, working for maternal and infant health. **Partners include Florida state agencies; among them,** Department of Health (DOH), Agency for Health Care Administration, Office of Early Learning, Early Steps, Department of Children and Families (DCF) and their Office of Prevention & Child Welfare, Substance Abuse Prevention, Project LAUNCH, Children & Youth Cabinet, DOH Pregnancy-Associated Mortality Review, and the DOH Fetal and Infant Mortality Review.

**And other organizations and advocacy groups in Florida, including** Healthy Families Florida, Florida Association for Infant Mental Health, Nurse Family Partnership, Ounce of Prevention Fund of Florida, Florida Children's Council, Florida SIDS Alliance, March of Dimes, Florida Perinatal Quality Collaborative, Florida Coalition Against Domestic Violence, First 1000 Days Coalition, Florida Head Start Association, Florida Maternal Mental Health Collaborative, Florida Association of Health Plans, The Children's Campaign, 4Generations Institute, Children's Movement of Florida, Florida Council for Community Mental Health, Florida Association of Early Learning Coalitions, the American College of Obstetricians and Gynecologists in District XII, Florida Pediatric Society, the Florida Legislature, the Florida Association of Children's Hospitals, and our many state universities and medical providers.

**National partners include;** the Association of Maternal & Child Health Programs (AMCHP), National Healthy Start Association, the Association of State & Territorial Home Visiting Programs, National Preconception Health & Healthcare Initiative, National Institute for Children's Health Quality, National Fetal & Infant Mortality Review, Every Women Southeast, Cribs for Kids, Center for Disease Control, Centers for Medicare and Medicaid Services, and the Health Resources and Services Administration (for MIECHV and the Collaborative Innovation and Improvement Network funding).  
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<sup>2</sup> Chapter 6: "Integrating Life Course Into Evidence-Based Home Visiting," by C. Brady and F. Johnson.