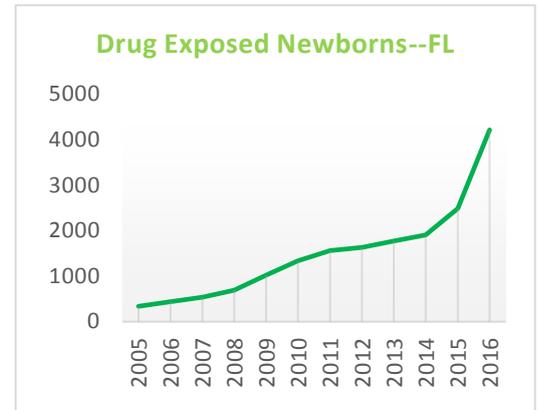




## ISSUE 1: Enhanced Services for Drug Addicted Pregnant Women and Drug-Exposed Infants

**Drug Exposed Newborns**--From 2005 to 2016, there were a combined total of 17,931 infants born diagnosed with Neonatal Abstinence Syndrome in Florida. The number has increased from 338 in 2005 to 4,215 in 2016. A coordinated effort is needed. Healthy Start is in a strategic position to intervene due to the infrastructure in place in local communities and our successful track record engaging the target population of at-risk pregnant women and infants.



Source: AHCA ICD 9 CM 779.5, 760.72, 779.5

**Family Engagement Specialists**--Healthy Start proposes to strategically place new Family Engagement Specialist positions across the state of Florida to provide outreach, education, and service coordination for pregnant women addicted to drugs and families with a drug-exposed newborn. This model is based on the successful project in Flagler and Volusia Counties where 97% of women accepting services had a completed assessment; 100% of women with a completed assessment had documentation of an individual plan of care; and 100% of infants had follow-up with a pediatric medical home.

The Family Engagement Specialist will engage mothers with drug exposed babies in the NICU, pregnant women on methadone treatment or other drugs, and women referred from obstetricians, pediatricians, and community organizations. She will have specialized training to utilize SBIRT (Screening, Brief Interventions, and Referral to Treatment), Seeking Safety, and Naloxone. The Family Engagement Specialist will connect the mother with treatment resources, and coordinate services with the treatment center, home visiting programs, DCF, Early Steps and medical providers. She will work with the mother to create a Safe Plan of Care for the baby and encourage the mother to participate in a home visiting program. If the mother declines participation in a home visiting program, the Family Engagement Specialist will also:

- Screen the pregnant woman utilizing the **Substance Use Risk Profile- Pregnancy Scale**. Re-screen at 36 weeks gestation and following pregnancy at the first visit following birth.
- Provide services using the evidence based **Substance Abuse (SA) Screening & Intervention Pathway**
- Use Motivational Interviewing, Screening and Brief Intervention and Referral to Treatment (SBIRT).
- Link the mother to community services, including a pediatric medical home.
- Provide education about substance exposed infants including special handling techniques, safe sleep, coping with crying, and infant safety for the family (or foster family, relative placement).
- Screen the mother for depression.
- Provide developmental screening for the infant, if not in Early Steps.
- After the baby is born, refer the mother to the Healthy Start Inter Conception Care program. If she declines, provide contraception education, encourage a LARC method, and connect the mother with community resources to obtain contraception.

**Healthy Start is in a unique, strategic position** to identify and engage mothers on drugs. Coalitions have the infrastructure in place to identify high risk clients including the universal risk screen, referrals from medical providers, and self-referrals by clients. We have experience with outreach/engagement of high risk pregnant women and infants. We are aware of community resources to support addicted pregnant women and their infants. We understand the impact of drug addiction on deaths and child removals in our communities. Many coalitions facilitate Substance Exposed Newborn Task Forces, Fetal Infant Mortality Reviews, and participate in local child death reviews.

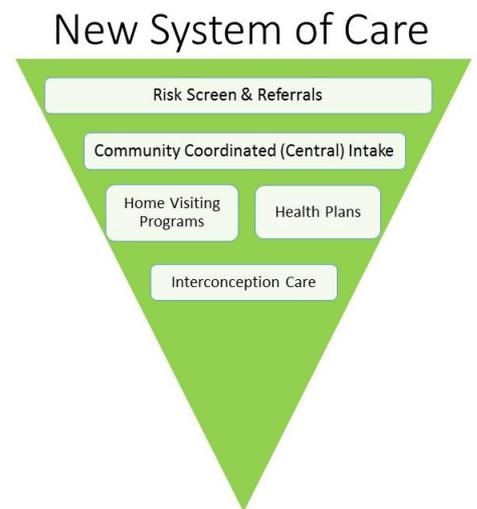
**We are requesting \$3.8 million** general revenue to provide new services to Florida mothers with drug exposed newborns and pregnant women addicted to drugs as described above.

**For more information, contact: Jim Bracher, Executive Director, JBracher@fahsc.org, (850) 999-6200 ext. 206**



## ISSUE 2: Newly Designed Healthy Start System of Care

Beginning July 2018, Healthy Start, at the direction of and in partnership with DOH and AHCA, will implement a newly designed Healthy Start model and system of care to achieve even greater impact on infant mortality, prematurity and healthy child development. The new system of care builds on our 25 years of experience and offers proven, targeted services for mothers and babies, leveraging community resources, integrating costly evidence-based interventions, and coordinating with Medicaid managed care plans. Additional funding will ensure Healthy Start has the resources required to more effectively serve those at greatest risk and produce measureable improvements in outcomes.



### The new coordinated (central) intake and referral

**infrastructure** will be implemented in each service area for all

programs that provide services for pregnant women and babies such as Healthy Start, Healthy Families, Nurse Family Partnership, Early Head Start, Parents as Teachers, etc. Families will be provided with a menu of programs they are eligible for and will have the option to select the ones they prefer. Intake workers will follow-up to see that families are then connected to the services they were referred to.

### The Healthy Start home visiting program now has standardized, evidence based screening and interventions

for depression, substance abuse, developmental and behavioural delays, and domestic violence. In order to have a better impact on birth outcomes, caseload sizes must be lowered. We will now be poised for a strong evaluation due to the state-wide standardization of the program, curriculum, training and data system.

### The new evidence based inter conception care program

will also be launched called *Show Your Love*. It is a national campaign by the CDC designed to improve the health of women and babies by promoting preconception health and healthcare. The campaign's main goal is to increase the number of women who plan their pregnancies and engage in healthy behaviors before becoming pregnant. For those women who don't want to start a family in the near future, the campaign encourages them to choose healthy behaviors and a contraception method so that they can be their best and achieve the goals and dreams they have set for themselves.

In final cost estimates, we identified \$14.5 million in cost-cutting options; however, we are still short \$13.5 million in annual funding. **IMPACT: If no additional funding is received, services for families will need to be triaged by cutting services to 7,400 high risk women and babies** (Reduction from an estimated 32,600 to 25,200 by serving Level 3 only in Healthy Start home visiting and Inter Conception Care).

**We are requesting \$7.18 million** in state general revenue. We will draw down an additional \$6.32 million in federal match for the Medicaid portion of services.

**For more information, contact: Jim Bracher, Executive Director, [JBracher@fahsc.org](mailto:JBracher@fahsc.org), (850) 999-6200 ext. 206**

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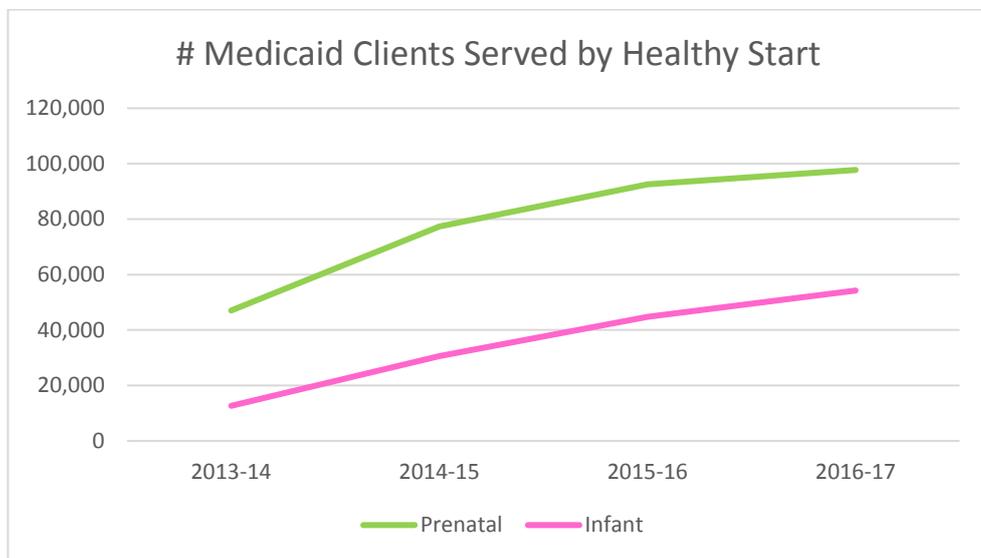


### ISSUE 3: Medicaid Funding Shortfall

**With more than \$7 million in unpaid services,** Healthy Start Medicaid funding has not been sufficient to meet the needs for at-risk pregnant women and babies each year since the beginning of MMA. We have a 3 year total of more than \$7 million in unpaid services provided by the Healthy Start Coalitions. The number of Medicaid-eligible pregnant women and infants served by Healthy Start has increased from 59,692 to 151,979 over the last 4 years with *no* increase in funding. Intensity and duration of services is important to achieve optimal outcomes; however, these have *decreased* because of the insufficient funding. Many Coalitions have used their local reserves and leveraged local funding to support the past shortfall, but for many, these resources have been depleted.

**Without the additional funding, approximately 5,500 pregnant women and infants will not receive services<sup>1</sup>.** The impact varies by Healthy Start Coalition region. 64% (20 of 32) of Healthy Start Coalitions will need to cut services and more than 61 service workers will be laid off.

**We are requesting \$1.3 million** in state general revenue, which will draw down an additional \$2.1 million federal Medicaid match to cover the shortfall for 2017-18 services.



<sup>1</sup> Estimate: 61 workers \* 45 caseload \* 2 caseload turnover per year.

<sup>2</sup> Healthy Start Care Coordination Executive Summary Reports; Total number of infants and pregnant enrolled in Medicaid who received a service.

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## Summary: Issues and Budget Request

### ISSUE 1: Enhanced Services for Drug Addicted Pregnant Women and Drug-Exposed Infants

Healthy Start proposes to strategically place new Family Engagement Specialist positions across the state of Florida to provide outreach, education, and service coordination for pregnant women addicted to drugs and families with a drug exposed newborn. This model is based on the successful project in Flagler and Volusia Counties. The Family Engagement Specialist will connect the mother with treatment resources, and coordinate services with the treatment center, home visiting programs, DCF, Early Steps and medical providers. She will work with the mother to create a Safe Plan of Care for the baby. Healthy Start is in a unique, strategic position to identify and engage mothers on drugs. Coalitions have the infrastructure in place to identify high-risk clients including the universal risk screen, referrals from medical providers, and self-referrals by clients. We have experience with outreach/engagement of high-risk pregnant women and infants.

### ISSUE 2: Newly Designed Healthy Start System of Care

Beginning July 2018, Healthy Start, at the direction of and in partnership with DOH and AHCA, will implement a newly designed Healthy Start model and system of care to achieve even greater impact on infant mortality, prematurity and healthy child development. The new system of care builds on our 25 years of experience and offers proven, targeted services for mothers and babies, leveraging community resources, integrating costly evidence based interventions, and coordinating with Medicaid managed care plans. The changes include: the new coordinated (central) intake and referral infrastructure; the new standardized, evidence based screening and interventions within our home visiting program; the new evidence based inter-conception care program; and enhanced coordination with the health plans. **If no additional funding is received, services for families will need to be triaged by cutting services to 7,400 high risk women and babies** (Reduction from an estimated 32,600 to 25,200 by serving Level 3 only in home visiting and Inter-Conception Care).

### ISSUE 3: Medicaid Funding Shortfall

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**The total GR Request for the 3 issues is \$12.28 million shared between ACHA and DOH** for Medicaid and non-Medicaid services. The breakout is below:

**1. Drug Exposed Newborns**

\$3.8 million general revenue DOH

**2. New Healthy Start System of Care**

\$3.24 million general revenue DOH

\$3.94 million general revenue AHCA

(\$6.32 million federal match)

**3. Medicaid Shortfall**

\$1.3 General Revenue AHCA

(\$2.1 federal match)

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