

CSC Programs & Services Committee Questions to Consider when Framing Initial Remarks

1. Provide a brief overview of services/programs you provide/lead/coordinate.

Dr. Mimi Graham, Director, Florida State University Center for Prevention & Early

Intervention Policy. The FSU Center began in 1989 under the direction of Governor Lawton Chiles, known as the “Children’s Governor” for his investment in advancing children’s policy issues. The FSU Center’s multidisciplinary team provides leadership in policy, service, and training around the critical time from pregnancy to age 3 known as *The First 1000 Days* and has a national reputation for excellence in trauma, home visiting, early learning, child welfare, infant mental health, juvenile justice, and teen mothers. As a non-profit public university, the FSU Center has a successful history of grants administration of more than \$100 million in federal, state, and local grants and contracts. Our vision is that *all children will have the best possible start in life, nurtured within stable family relationships and thriving in healthy communities*. We specialize in translating science into public policy and programs through model programs, curricula & training, and advocacy. Our current portfolio of initiatives include:

***FSU Model Home Visiting Programs:** A long history of excellence in home visiting starting with the federal Healthy Start Program in 1994: [FSU Early Head Start Program](#) serving expectant and low income families in Gadsden County since 1996; and the [Young Parents Project](#), an evidence-based intervention to improve social justice for court-involved pregnant and parenting teens who have experienced complex trauma and human trafficking beginning in 2007 in Leon & Miami Dade.

***FSU Home Visiting Training Institute & Curriculum:** A nationwide resource for home visiting training and best practices using our [Partners for a Healthy Baby curriculum](#) series to provide research-based guidance to improve pregnancy and early childhood outcomes for state health departments, Early Head Start, Healthy Families, Healthy Start, MIECHV home visiting programs, and the US military’s international New Family Support Program. Also nationwide virtual and live Breastfeeding Certification Trainings.

***FSU’s Infant Mental Health Training Institute:** Providing advocacy and a range of virtual, online and in-person educational opportunities for workforce development including: IMH 101 for community partners, IMH FSU graduate classes and Child Parent Psychotherapy, evidence based intervention for clinicians specializing in children ages 0-5 with trauma; and integrating

infant mental health across systems; most notably, building therapeutic “baby courts” enhance outcomes for maltreated infants and toddlers. [Infant Mental Health Training Institute](#)

***FSU’s 10 Components of Quality Infant and Toddler Care:** A research-based tool and training adopted by Florida’s Division of Early Learning in a multi-year initiative based on 30-year history improving the quality of infant toddler care at both state and local levels . [10 Components of Quality Infant and Toddler Care](#)

***First 1000 Days Florida:** Founding partner in building the [First 1000 Days Florida](#) statewide Initiative including advocacy, training and successful multidisciplinary conferences across priority areas of: maternal and child health, early intervention, infant and toddler care, and ACEs and resilience.

***FSU’s Trauma & Resilience Training & Certification:** Creating **trainings** across systems (judiciary, schools, healthcare, home visiting, etc.); **certifications** including [The FSU Trauma & Resilience Organizational Certification](#) ; and **resources** including: [Finding the Gold Within: Overcoming Adversity to Create A Happy Life](#) , [Showcase of Florida’s Cutting-Edge Trauma Initiatives](#) ; and [easy-to-use resources for health care professionals and parents](#).

Guided by the science and our passion, the trailblazing FSU Center optimizes the health and well-being of pregnant and parenting families of infants and toddlers by developing research-based curriculum and education, creating, and operating model programs, and providing state and national policy leadership for systemic change.

2. Frame your unique vantage point, what are the greatest prenatal/postnatal needs in Leon County?

In accordance with the CSC statute, the council is directed to determine “The special outreach efforts that will be undertaken to provide services to at-risk, abused, or neglected children. Procedures used for early identification of at-risk children who need additional or continued services and methods for ensuring that the additional or continued services are received.” The first step is looking at the needs and determining the high-risk children/families and linking with effective services.

Leon Pregnancy Needs: Source: FI Charts, 2021 and otherwise specified

- 2791 births in Leon 2021; 41.7% covered by Medicaid (1,159)
- 6.1% Late or no prenatal care (158); goals are for first-trimester entry in to care
- 54.6% births were to moms who were obese (24.2%) or overweight (30.3%) who are more likely to have complications during labor and birth, premature births, babies with birth defects and higher risk of developing heart disease, diabetes, and obesity later.
- 36.5% births with known pregnancy interval less than 18 Months, a risk factor for risk of neural tube defects, intrauterine growth retardation, and preterm birth.
- 8.1% births to moms with less than high school education (225)
- 37 moms smoked during pregnancy (1.3%)
- 102 births to moms age 19 and under
- Maternal mortality rate 179.8 per 1000 compared to Florida’s 39.3 rate (5 deaths)
- Leon LBW rate 11.3% 2017-19. Black IM is 2.5x higher than white women. 14.8% of black women had preterm births compared to 11.3% of white mothers (CAHS, 2020).
- Breastfeeding rates below the state rate, which is already below the national rate.
- Capital Area Healthy Start Needs Assessment (2020, page 45) ranked unmet needs that impacted pregnant women and infants in Leon County: 1. Housing, 2. Employment 3. Food security 4. Affordable childcare. Risks and issues negatively affecting pregnant women and children locally (June 2020): 1. Systematic racism, 2. Lack of resources, 3. Lack of healthcare coverage, 4. Lack of education.
- Infant mortality increased from 5.9 per 1000 in 2011 to 8.4 in 2019 with black infant mortality approximately 2 and one-half times that of the white rate 2017-2019 (Capital Area Healthy Start Needs Assessment, 2020).
- 17% Florida Mothers reporting less than optimal mental health (ZTT 2022 State of the Child- Florida)
- Perinatal mental illness is the number one complication related to pregnancy and after delivery. 17% of Florida moms report less than optimal mental health issue. 1 in 5 women & 1 in 10 men have a mental health complication during pregnancy or after childbirth ([FL Maternal Mental Health Collaborative](#))

Find data about SUD, ACEs, Food insecurity, trafficking pregnancies, Homelessness/housing for pregnant and new families.

Pregnancy	Issue	Data	Solutions
Substance Use Disorder	SUD waitlist for teens/pregnancy at Disc Village and other providers	Increasing use of marijuana while pregnant. Increasing deaths 19.7/10,000 and ER visits in Leon county due to drug overdose including opioids.	<ul style="list-style-type: none"> *Increase SUD services and clinicians *Outreach program to train additional providers *Trauma therapy to address underlying causes of SUD during pregnancy to prevent removal *Beds for mom/baby rehab services at Sisters in Sobriety.
Transportation	To and from clinic sites and for those enrolled in GED adult ed programs.		<ul style="list-style-type: none"> *Increase transportation vouchers for pregnant women to access services including medical and educational
Nutrition	WIC's Southside office is closed, increase in diabetes in Leon, no food services for GED programs for teens since Adult & Community Education School (ACE) is considered adult program.	30% of pregnant women in Leon were obese & 25% overweight (CAHS, 2020). Under age 18, 17.3% in 2020 have food insecurity in Leon	<ul style="list-style-type: none"> *Fund dietitian services in Southside at Bond *Transportation vouchers to WIC offices *Food for teens in ACE/GED program *Target healthy nutrition/obesity reduction in women of child bearing age
Prenatal Care	Racial disparities in birth outcomes have not improved over past 10 years attributed to lack of health care coverage, culturally competent care, and racism. (CAHS, 2020).	Black rates are higher for LBW, preterm births, lack of prenatal care, infant mortality (2.5x higher than white women (CAHS, 2020).	<ul style="list-style-type: none"> *Optimizing preconception care (health promotion addressing obesity, hypertension, diabetes and chronic disease <u>before</u> pregnancy *Increase access and quality of prenatal care including social determinants of health and cultural competent prenatal care *Increase home visitors, doulas and clinicians matched to client's race
Birth Doulas (trained professionals)	High rates of preterm birth, c/section births;	Less likely to require NICU admissions (5.9%) for their child than those who did	<ul style="list-style-type: none"> *Expand access to low or no-cost birth doula services with priority for families who have

<p>who provide informational, physical, and emotional support to expectant families before, during, and after childbirth)</p>	<p>low breastfeeding rates</p>	<p>not (11.4%) among other positive birth outcomes. Evidence shows that doulas are trusted members of the pregnancy care team, and that providing continuous labor support is key to increasing positive birth outcomes and patient experiences in a variety of birth settings. "Doula care can help address longstanding racial disparities in maternal health outcomes."</p>	<p>experienced or who are at high risk for poor birth outcomes or high infant/maternal mortality rates. *Improved culturally competent care by increasing minority health care providers *Craft outcomes to address Leon's gaps such as earlier prenatal care, higher breastfeeding rates, lower LBW, IM and maternal mortality. Source: ASPE, Doula Care and Maternal Health: An Evidence Review (2022).</p>
<p>Mental Health</p>	<p>Access to mental health services prior to, during & after pregnancy are limited (CAHS, 2020). Long wait for MH services for suicide, stillborn grief counseling, perinatal depression.</p>	<p>Perinatal mental illness is the #1 complication related to pregnancy and after delivery. 17% of Florida moms report less than optimal mental health issue. 1 in 5 women & 1 in 10 men experience a mental health complication during pregnancy or after childbirth. Currently at Bond, mental health appts booked thru July.</p>	<p>*Accessible, affordable and timely mental health services available prior to, during and after pregnancy. *Expand Compassion Moms group to more than 1x month *Provide free grief counseling for families with stillborn or newborn loss. *Expand telehealth options *Incentivize mental depression screens at well-child visits as recommended by AAP</p>

Postnatal and Children 0-5	Issue	Data	Solutions
Substance Use Disorder	SUD waitlist; Child welfare removal rate highest for SUD/NAS around baby's 12 months	37.5/10,000 rate of Neonatal Abstinence Syndrome infants in Leon- increasing	Increase SUD services and clinicians, outreach program to train additional providers *In-home services to PREVENT removal *Mom/baby rehab services to promote healing & bonding * Supports for Early Childhood Court for healing parent/child & stopping intergenerational SUD and trauma
Nutrition	WIC office is Southside is closed, ACE nutrition services not available to teens.	Under age 18, 17.3% in 2020 have food insecurity in Leon, and WIC office is Southside is closed, ACE nutrition services not available to teens	*Fund dietitian services in Southside at Bond *Transportation vouchers to WIC offices
Postpartum Doulas	Majority of maternal complications occur after discharge from the hospital including physical and mental health	Perinatal mental illness is THE #1 health complication related to pregnancy and after delivery (postpartum) in Florida.	Expanded access to low or no-cost birth doula services to be expanded for the first 6 weeks postpartum
Breastfeeding	Recommended 6 months of exclusive breastfeeding with continued breastfeeding for 2 years. WIC office is Southside is closed, TMH outpatient services are limited, private outpatient is costly.	79% of Leon women start breast feeding (below state average) at the hospital but drops to 40% by 6 months. Research shows that the majority of women discontinue due to lactation complications and inability to receive timely care. New mom at TMH and requested a lactation consultant and was not able to see someone for 48 hours after her C-section.	*Baby Café, a cost-effective evidence-based model free to community *HVs and doulas support breastfeeding *Expand availability of lactation consultants *Support and normalize breastfeeding through awareness events and media and digital campaigns, particularly in communities where disparities in breastfeeding rates exist
Diaper Bank	Current efforts are not reliable	Approximately 1/3 of U.S. families with young children are unable to afford the diapers necessary to keep their babies clean, dry, and healthy. This is a public health issue recognized as 'Diaper Need'	*Reliable, regularly scheduled diaper bank system which could also include feminine hygiene products for new mothers postpartum

Developmental Screenings	Expand the capacity of programs and/or fund new ones to host events more frequently and in more neighborhoods	20.1% Florida children aged 9-35 months who received a developmental screening using a parent-completed screening tool. National Survey of Children’s Health (2020-2021) compared to national rate of 34.8% NSCH 2020 21: NPM 6: Percent of children who received a developmental screening using a parent-completed screening tool in the past year, Florida (childhealthdata.org) .	*Expand parent awareness of developmental milestones from OBGYNs during pregnancy, Pediatricians during well-child visits, child care providers and child welfare. *Encourage ALL parents to use free Baby Navigator developmental milestones/surveillance/screening which also include autism screening. *Develop a public service campaign with a focus on early identification and intervention that contains the following messages: (1) developmental & socio-emotional milestones; (2) monitoring/screening across all domains; (3) importance & urgency of early intervention.
Early Intervention	Families have to navigate complex, multiple systems to access education and intervention services for their children with special needs. Eligibility limited to severe delays rather than prevention. Long waits for evaluations and services, shortage of providers, slow reimbursements, lack of trauma informed services,	Florida’s restrictive definition leaves out many children who could benefit from early intervention. Early Steps only serves 2.8% of children which means serving about 22% of children eligible for special education and missing 78%. (Department submits the 43rd annual report to congress idea). Complex system to transition school services. Other CSCs augment early intervention services to address children who could benefit but do not yet meet the strict criteria for delays.	*Identify and pursue additional funding opportunities for early intervention services and the training of trauma informed professionals. *Make the system easier to navigate. *Provide a visual roadmap and clear guidance of services and providers for first-time parents to assist in the navigation of this complex system of resources and support services
Quality Infant Toddler Care	Quality early learning programs improve language skills and help reduce the achievement gap to increase school readiness.	Lack of infant toddler care especially affordable quality care.	*Expand quality infant toddler childcare options *As required in CSC statute, identify efforts to provide services to “at risk, abuse or neglected children”

Data sources:

- [Capital Healthy Start Needs Assessment \(2020\)](#)
- Center on Budget and Policy Priorities- Diaper Insecurity Report (2021)
- Child Food Insecurity Rates (2020)
- [Closing the Black-White Gap in Birth Outcomes \(2010\)](#)
- Florida Charts Data (2022)
- Florida Maternal Mental Health Collaborative (2023)
- [ZTT State of Babies Book 2022](#)

3. What are the greatest barriers to accessing prenatal and postnatal supports in Leon County?

Capital Area Healthy Start Needs Assessment ranked unmet needs that impacted pregnant women and infants in Leon County: 1. Housing, 2. Employment 3. Food security 4. Affordable childcare. Risks and issues negatively affecting pregnant women and children locally (June 2020): 1. Systematic racism, 2. Lack of resources, 3. Lack of healthcare coverage, 4. Lack of education. (CAHS 2020, page 45)

4. Are the three recommendations presented (below) a step in the right direction? Should one be prioritized over the other? What is missing from the list?

Initial Framework Recommendations Resulting from Needs Assessment & Council Workshop:

Objective: Increase available supports to new and expectant moms/caregivers to ensure the healthy early development of our youngest population by expanding existing programs and investing in innovative ideas to reduce transportation and other barriers. Strategies:

- 1. Home Visiting:** Home-based delivery of evidence-based new parenting programs initiating in the prenatal period designed to improve access to health related resources, increase knowledge of child development, and promote positive parent-child interactions. Existing home visiting programs currently operate in Leon County (e.g., Health Families, Healthy Start, etc.). This Program would seek to expand the capacity of those programs to serve more families or enhance current service provision with additional supports as well as fund EBPs serving those not eligible for existing programs.

Recommendation: To be strategic, examine number of births and birth outcome data by census track to determine high need areas. Determine current HV capacity compared with additional HV slots are needed. Brehon has 128 HF slots with current availability. EHS has 12 HV slots. Young Parents Project has 15. PAT, NFP, other? Coordinate with existing HV programs to access capacity for expansion and new expansion funding from MIECHV. Note eligibility criteria, intensity, duration, and target outcomes vary by program. RFP should target program needs by

zip code/census track with outcomes data on key gaps in Leon (reducing poor birth outcomes and racial disparities, SUD, smoking, mental health complications).

- 2. Mobile Family Health Units:** Mobile delivery of needed family health services directly to underserved populations to include preventive health screenings, pediatric care, prenatal care, chronic disease management, dental care and vision care; funding includes the purchase, fitting and operation of at least four mobile units (e.g., bus, van, RV, and trailer) that can operate independently from or as extensions of an existing healthcare organizations.

Recommendation: Discussions with leaders in high need communities prefer expansion of trusted providers like Bond Clinic and Health Department rather than expensive mobile units. Mobile health units have been used in other states/communities and should be explored further before making such a huge investment.

- 3. Developmental Screenings:** Neighborhood-based comprehensive screening for children, 0-5, that rotates neighborhoods and is offered at least quarterly to ensure early detection and linkage to services to support the healthy development of all young children; screenings must engage child health providers in the screening, surveillance and follow up of services. Existing screening programs currently operate in Leon County (e.g., Help Me Grow, Whole Child Leon, ELCBB, etc.). This Program would seek to expand the capacity of those programs and/or fund new ones to host events more frequently and in more neighborhoods.

Only 20.1% Florida children aged 9-35 months received a developmental screening compared to 34.8% nationally; meaning that about 80% of children are NOT being screened. Early Steps only serves 2.8% of children which means we're serving about 22% of children eligible for special education and missing 78%. ([Source](#)). Interventions at age 10 won't be nearly as effective as interventions at age 2 during rapid brain growth from 0-3.

Developmental screenings are already offered quarterly across Leon County but only families with concerns come so a bigger net and more awareness is needed. Work with HMOs, hospitals, childcare, schools, United Way, and others to utilize PSAs, billboards, and other PR to expand parent awareness of developmental milestones including OBGYNs during pregnancy, pediatricians during well-child visits, faith-based community, Help Me Grow, Whole Child Leon, Department of Health, home visitors, child care providers and child welfare. Encourage ALL parents to use free Baby Navigator developmental milestones/surveillance/screening which also include autism screening to catch children with language and communication delays as well as autism earlier, which will be cost saving over time.

Screening is just the first part of identification which then demands the appropriate services to address the need. Currently, early intervention services are significantly delayed: Evaluations not occurring in required 45 days, months delays in services, shortage of providers, slow reimbursements, limited ASQ-SE/infant mental health screenings, children not getting needed EARLY intervention services and limited transitions to Part B school services. Other CSCs augment early intervention services to address children who could benefit but do not yet meet the strict criteria for delays.

Recommendation: Convene workgroup of current developmental screening efforts: Whole Child Leon, Early Steps, Healthy Start, Healthy Families, DOH, Tallahassee Pediatrics, Early Learning Coalition, First Words and Autism Navigator Program, Help Me Grow, Early Head Start, NWFL to drill down on needs and recommendations.

5. Starting with the end in mind, what would you like to see as a result of the investment in prenatal/postnatal?

Effectiveness of the services related back to addressing the needs assessment, cost effectiveness as required by statute, to determine which activities should be continued or eliminated.