Florida Senate - 1998

 ${\bf By}$ Senators Kurth, Myers, McKay, Brown-Waite, Turner, Klein and Latvala

	15-698B-98 See HB
1	A bill to be entitled
2	An act relating to children and families;
3	creating s. 383.145, F.S.; creating the Healthy
4	Families Florida program; providing legislative
5	findings and intent; providing purpose;
6	requiring integrated community-based delivery
7	of services; specifying program requirements;
8	providing responsibilities of the Department of
9	Health and the Department of Children and
10	Family Services; providing for development,
11	implementation, and administration of the
12	program; establishing the Healthy Families
13	Florida Statewide Board; specifying criteria
14	for community program grant funding; requiring
15	collaboration with existing community boards,
16	coalitions, providers, and planning groups;
17	authorizing contracts for training and
18	evaluation; providing for quality assurance;
19	providing for application for a federal waiver;
20	providing an effective date.
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22	Be It Enacted by the Legislature of the State of Florida:
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24	Section 1. Section 383.145, Florida Statutes, is
25	created to read:
26	383.145 The Healthy Families Florida programThere
27	is created the Healthy Families Florida program, a voluntary
28	program for newborn children and their families.
29	(1) LEGISLATIVE FINDINGS AND INTENT
30	(a) The Legislature finds that family well-being is
31	critical to a child's health and development, that parenting
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1 is a difficult responsibility, and that most of the assistance available to Florida's families occurs after there is a 2 3 problem, and often provides "too little, too late." Research has shown that comprehensive early home visitation programs 4 5 prevent child abuse, help develop positive parent-child б interactions, and help avoid future social problems. In 7 addition to addressing child abuse, such programs help to 8 ensure that families' social and medical needs are met and 9 that children are ready for success in school. The Legislature 10 finds that Florida needs broad implementation of such a 11 program to help identify families who need and desire assistance in establishing healthy relationships and 12 environments for their children. 13 It is the intent of the Legislature to establish 14 (b) the Healthy Families Florida program as a collaborative effort 15 that builds on existing community-based home visiting and 16 17 family support resources and will not duplicate the existing It is the further intent of the Legislature that services. 18 19 the program provide the needed intensity and duration of services that extend beyond those available through Florida's 20 Healthy Start initiative. By creating a Healthy Families 21 Florida program, a major gap in the existing continuum of 22 early childhood prevention and assistance services will be 23 24 filled. (2) PURPOSE. -- The purpose of the program is to 25 strengthen families; promote healthy childhood growth and 26 27 development; improve childhood immunization rates and well-child care; improve child health outcomes; improve school 28 29 readiness; increase family self-sufficiency; increase the 30 involvement of both parents with their children; and reduce 31 the incidence of child abuse and neglect, through a primary

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1 prevention approach that offers home visits and linkages to family supports for families and their newborn children and 2 3 continues until the children reach 5 years of age. (3) DELIVERY OF SERVICES.--Service delivery under the 4 5 program shall be community-based and collaborative. Program services shall be integrated and coordinated with services б 7 provided under Florida's Healthy Start program and other home 8 visiting and family support service delivery systems currently 9 in place in Florida communities. Services shall be offered 10 with the intensity and duration required to prevent child 11 abuse and neglect and to improve child development and child health outcomes. 12 (4) PROGRAM REQUIREMENTS. -- The program shall provide 13 for intensive home visits and include the following critical 14 elements of the Healthy Families America model: 15 Initiation of services. This element provides for: 16 (a) 17 Initiation of services prenatally or at birth. 1. 18 Use of a standardized assessment tool to 2. 19 systematically identify those families most in need of 20 services. 21 3. Offering services on a voluntary basis, and using positive, persistent outreach efforts to build family trust. 22 23 Working with family members to identify strengths 4 24 and resources that can be mobilized to help resolve identified 25 family concerns. Service content. This element provides for: 26 (b) 27 Offering services over the long term and 1. intensively, with well-defined criteria for increasing or 28 29 decreasing the intensity of the service. 30 2. Providing culturally competent services. 31

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1	3. Providing services that focus on supporting parents
2	and families, encouraging the interaction of both parents with
3	their children, and enhancing the development of all children
4	in the family, including school readiness and educational
5	development.
6	4. Linking families to medical providers to ensure
7	optimal health and development of the children; timely
8	childhood immunizations; well-child care that provides for
9	developmental assessment and is consistent with the standards
10	and periodicity schedules of Medicaid and the American Academy
11	of Pediatrics; and additional services, as needed. Children
12	who are eligible for Medicaid shall be referred for Early
13	Periodic Screening, Diagnosis, and Treatment (EPSDT) services.
14	5. Providing families the opportunity to create
15	neighborhood support systems to address mutual concerns and
16	solve problems without external resources.
17	6. Incorporating specialized services to accommodate
18	the needs of families with substance abuse problems. Staff
19	trained in providing substance abuse services will work with
20	these families to meet their unique needs.
21	(c) Selection and training of service providers. This
22	element provides for:
23	1. Weighted caseloads of not greater than 25:1 overall
24	and 15:1 for intensive services, for staff providing home
25	visits, as specified in the Healthy Families America model.
26	2. Selecting home visit providers based on the
27	provider's interpersonal skills; knowledge of community
28	resources; willingness to work with, or experience working
29	with, culturally diverse communities and families; and job
30	skills.
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1	3. Ensuring that home visit providers have basic
2	training in areas including, but not limited to: cultural
3	competency, substance abuse, reporting child abuse, domestic
4	violence, drug-exposed infants, child development, services
5	available in the community, infant care and development, and
6	parenting.
7	4. Ensuring that home visit providers have preservice
8	and ongoing training that is specific to their job
9	requirements.
10	5. Ensuring that home visit providers receive ongoing
11	weekly reviews and direct and intensive supervision.
12	6. Ensuring that home visit providers are qualified
13	community-based private, not-for-profit, or public
14	organizations that are credentialed by, are in the process of
15	being credentialed by, or have been granted affiliation with
16	the Healthy Families America Initiative and have strong
17	community support and the social and fiscal capacity to
18	provide the service.
19	(5) HEALTHY FAMILIES FLORIDA ADVISORY COMMITTEEIn
20	order to gain the efficiencies, advocacy, and broadbased
21	support of a public-private partnership, Healthy Families
22	Florida shall be developed, implemented, and administered by
23	The Ounce of Prevention Fund of Florida. The Department of
24	Children and Family Services shall be the conduit of funds
25	appropriated by the state to The Ounce of Prevention Fund of
26	Florida for Healthy Families Florida. The Department of
27	Children and Family Services shall contract with The Ounce of
28	Prevention Fund of Florida for purposes of developing,
29	implementing, and administering the Healthy Families Florida
30	program. There is created a Healthy Families Florida Advisory
31	Committee, which shall assist and advise The Ounce of
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1 Prevention Fund of Florida and assure coordination and collaboration with appropriate state agencies and public and 2 3 private organizations. The advisory committee shall operate under the auspices of The Ounce of Prevention Fund of Florida 4 5 Board of Directors. The duties of the advisory committee б include developing measurable outcomes consistent with the 7 established outcomes of Healthy Families America, reviewing 8 grant applications and recommending grant awards under this section to the Board of Directors of The Ounce of Prevention 9 Fund of Florida, defining the scope of this program, and 10 11 generally advising The Ounce of Prevention Fund of Florida on the development, implementation, and administration of this 12 program. The Board of Directors of The Ounce of Prevention 13 Fund of Florida has the final approval of grant awards and 14 contracts but may consider only those applicants recommended 15 by the advisory committee. The advisory committee shall 16 consist of nine members, including the Secretary of Children 17 and Family Services or the secretary's designee, the Secretary 18 19 of Health or the secretary's designee, one representative of TEAM Florida, one representative of the Florida Coalition of 20 21 Healthy Start Coalitions, two active board members of The Ounce of Prevention Fund of Florida, and two community 22 representatives who have direct experience and significant 23 24 knowledge of the Healthy Families program, one of whom is to be appointed by the President of the Senate and one of whom is 25 to be appointed by the Speaker of the House of 26 27 Representatives, and one representative of the Family Source, 28 Inc. 29 IMPLEMENTATION. -- The Department of Children and (6) 30 Family Services shall contract with The Ounce of Prevention Fund of Florida to develop, implement, and maintain the 31

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1 Healthy Families Florida programs. This contract must cover the expenditure of all funds appropriated for Healthy Families 2 3 Florida other than funds appropriated to the department for a contract manager and for expenses incident to that position. 4 5 The Ounce of Prevention Fund of Florida under this contractual б agreement shall: 7 Using the criteria set forth in this section, (a) 8 implement a community-based Healthy Families Florida program. 9 (b) Award community grants and determine requirements for matching funds. Community grants must be awarded in 10 11 accordance with weighted criteria based on population demographics, factors associated with child abuse and neglect, 12 and other appropriate criteria developed by the Healthy 13 Families America or the advisory committee. Matching funds may 14 be in-kind or cash as determined by the advisory committee 15 with the approval of The Ounce of Prevention Fund of Florida 16 17 Board of Directors. Develop a plan of implementation to equitably 18 (C) 19 distribute funds. 20 Require that the following criteria be used in (d) 21 selecting recipients of grant funds: 22 Each community must have a community-based lead 1. entity for planning and implementing the Healthy Families 23 24 program. This lead entity must demonstrate the support, integration, and collaboration of existing boards, coalitions, 25 planning groups, business, and consumers. These groups must 26 27 include, but need not be limited to, the following, if locally established: Healthy Start coalitions, local healthy families 28 steering committees, Success by Six, family preservation and 29 30 support planning entities, health and human services boards, 31 children's services councils, Head Start boards,

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1 prekindergarten early intervention councils, community child care coordinating agencies, school advisory councils, 2 3 substance abuse and mental health services boards, juvenile justice councils, civic groups, business, and other nonprofit 4 5 organizations. б Preference for grant awards must be given to 2. 7 existing community-based entities that have broad 8 representation and have the fiscal and administrative capacity 9 to implement the program. 10 3. Those community-based entities that have been 11 granted affiliation with the Healthy Families America Initiative by the National Committee to Prevent Child Abuse or 12 have been trained by the Healthy Families America Initiative 13 before July 1, 1998, and that meet the criteria set forth in 14 this section must be given preference, during fiscal year 15 1998-1999, for grant awards to fully serve their designated 16 17 service area. The Healthy Families Florida program must 18 4. 19 complement and be integrated with Healthy Start and other home visiting and family support programs. 20 21 5. One application per designated service delivery area is to be approved. A designated service area is a county. 22 However, the advisory committee, with the approval of the 23 24 Board of Directors of The Ounce of Prevention Fund of Florida, may grant a waiver of the designated service area which 25 results in reducing or enlarging the designated service area 26 27 as long as all other criteria set forth in this section are met and there remains only one Healthy Families Florida 28 29 provider within the new designated service area. 30 6. Each successful grant applicant must seek to be credentialed by Healthy Families of America. To continue 31

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1 qualifying for funding under this section, an entity must achieve these credentials within the specified deadlines 2 3 articulated by Healthy Families America and must maintain the credentials in good standing for the duration of program 4 5 operation. б 7. Each applicant must agree to use the Kempe Family 7 Stress Checklist or other standardized assessment tool 8 consistent with the Healthy Families America credentialing standards and approved by the advisory committee. 9 Each applicant must agree to provide outcome and 10 8. 11 performance data in the format and at the frequency specified by The Ounce of Prevention Fund of Florida. 12 9. Each applicant must identify local resources 13 available for implementation. 14 10. Local assessment and planning for the program must 15 be collaborative and must include representatives from the 16 17 entities listed in subparagraph 1., if locally established. During the planning phase, these entities, and others as 18 19 appropriate, shall participate in: a strength-based community assessment process that identifies existing home visiting and 20 21 family support services and uses existing needs assessments; the grant application and the development of a local 22 implementation plan for service delivery; and the 23 24 determination and identification of local funds and resources 25 that will support the implementation of the program. 26 11. Each applicant must show evidence that consumers 27 and families have been involved in the planning and development of the grant application and support the Healthy 28 29 Families Florida program in the designated service area 30 identified in the grant application. 31

1	12. Implementation design must include service
2	delivery strategies that, when appropriate, involve both
3	parents when they have shared parental responsibility,
4	regardless of residential custody arrangements.
5	13. Each community must develop mechanisms to refer
6	at-risk children between the ages of 4 months and 3 years, who
7	were not identified before the age of 4 months, for other
8	intervention services available in the community.
9	(e) Evaluate and approve the grant applications and
10	the local implementation plans for service delivery.
11	(f) Coordinate service delivery with Healthy Start
12	care coordination.
13	(g) Identify qualified trainers and training
14	opportunities that will assure adequate opportunities for
15	grantees and their communities to provide preservice and
16	inservice training. Funds for training may be incorporated
17	into the grants.
18	(h) Contract with evaluators to develop and implement
19	an evaluation design for the program.
20	(i) Provide for ongoing technical assistance and
21	coordination to each community-based program.
22	(j) Develop and implement a quality assurance and
23	improvement process for the program.
24	(k) Evaluate the progress of the program and provide
25	an annual report regarding the progress and achievement of
26	designated outcomes to the Governor, the President of the
27	Senate, the Speaker of the House of Representatives, and other
28	vested parties.
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30	The Ounce of Prevention Fund of Florida may subcontract the
31	performance of tasks or services described in this section.
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1	(7) WAIVERThe Department of Health and the
2	Department of Children and Family Services shall work jointly
3	with the Agency for Health Care Administration to seek a
4	federal waiver to secure Title XIX matching funds for the
5	Healthy Families Florida program. The waiver application shall
6	include allowance to use new and existing general revenue and
7	local contributions. Healthy Families Florida program services
8	shall not be considered an entitlement under this waiver.
9	Section 2. This act shall take effect July 1, 1998.
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12	LEGISLATIVE SUMMARY
13	Creates the Healthy Families Florida program, a voluntary program to promote the health of newborns and their
14	families. Provides for integration with existing
15	community-based family support service delivery systems. Specifies requirements relating to initiation and content of services and selection and training of service
16	providers. Provides for development, implementation, and
17	administration of the program through The Ounce of Prevention Fund of Florida, under contract with the Department of Children and Family Services, and the
18	Department of Children and Family Services, and the Healthy Families Florida Advisory Committee established under this act. Provides for locally matched grants.
19	Specifies criteria for community program grant funding. Requires collaboration with existing community boards,
20	coalitions, providers, and planning groups. Authorizes contracts for training and evaluation. Provides for
21	quality assurance. Requires the Department of Health, the Department of Children and Family Services, and the
22	Agency for Health Care Administration to seek a federal waiver to secure federal matching funds. Provides that
23	the program is not an entitlement.
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