By the Committee on Children, Families and Seniors and Senators Kurth, Myers, McKay, Brown-Waite, Turner, Klein, Latvala, Harris, Rossin and Dyer

300-1773A-98

31

1 A bill to be entitled 2 An act relating to children and families; creating s. 383.145, F.S.; creating the Healthy 3 4 Families Florida program; providing legislative 5 findings and intent; providing purpose; 6 requiring integrated community-based delivery 7 of services; specifying program requirements; providing responsibilities of the Department of 8 9 Health and the Department of Children and Family Services; providing for development, 10 implementation, and administration of the 11 12 program; establishing the Healthy Families Florida Statewide Board; specifying criteria 13 for community program grant funding; requiring 14 collaboration with existing community boards, 15 coalitions, providers, and planning groups; 16 17 authorizing contracts for training and evaluation; providing for quality assurance; 18 19 providing for application for a federal waiver; 20 providing an effective date. 21 22 Be It Enacted by the Legislature of the State of Florida: 23 24 Section 1. Section 383.145, Florida Statutes, is 25 created to read: 26 383.145 The Healthy Families Florida program.--There is created within available resources the Healthy Families 27 28 Florida program, a voluntary program for newborn children and 29 their families. 30 LEGISLATIVE FINDINGS AND INTENT. --

1

CODING: Words stricken are deletions; words underlined are additions.

(a) The Legislature finds that family well-being is critical to a child's health and development, that parenting is a difficult responsibility, and that most of the assistance available to Florida's families occurs after there is a problem, and often provides "too little, too late." Research has shown that comprehensive early home visitation programs prevent child abuse, help develop positive parent-child interactions, and help avoid future social problems. In addition to addressing child abuse, such programs help to ensure that families' social and medical needs are met and that children are ready for success in school. The Legislature finds that Florida needs broad implementation of such a program to help identify families who need and desire assistance in establishing healthy relationships and environments for their children.

- (b) It is the intent of the Legislature to establish the Healthy Families Florida program as a collaborative effort that builds on existing community-based home visiting and family support resources and will not duplicate the existing services. It is the further intent of the Legislature that the program provide the needed intensity and duration of services that extend beyond those available through Florida's Healthy Start initiative. By creating a Healthy Families Florida program, a major gap in the existing continuum of early childhood prevention and assistance services will be filled.
- (2) PURPOSE.--The purpose of the program is to strengthen families; promote healthy childhood growth and development; improve childhood immunization rates and well-child care; improve child health outcomes; improve school readiness; increase family self-sufficiency; increase the

involvement of both parents with their children; and reduce the incidence of child abuse and neglect, through a primary prevention approach that offers home visits and linkages to family supports for families and their newborn children and continues until the children reach 5 years of age.

- matrices (3) DELIVERY OF SERVICES.--Service delivery under the program shall be community-based and collaborative. Program services shall be integrated and coordinated with services provided under Florida's Healthy Start program and other home visiting and family support service delivery systems currently in place in Florida communities. Services shall be offered with the intensity and duration required to prevent child abuse and neglect and to improve child development and child health outcomes.
- (4) PROGRAM REQUIREMENTS.--The program shall provide for intensive home visits and include the following critical elements of the Healthy Families America model:
 - (a) Initiation of services. This element provides for:
 - 1. Initiation of services prenatally or at birth.
- 2. Use of a standardized assessment tool to systematically identify those families most in need of services. Voluntary participation in this assessment must be clearly stated in the application and paperwork.
- 3. Offering services on a voluntary basis, and using positive, persistent outreach efforts to build family trust.
- 4. Working with family members to identify strengths and resources that can be mobilized to help resolve identified family concerns.
 - (b) Service content. This element provides for:

- 1. Offering services over the long term and intensively, with well-defined criteria for increasing or decreasing the intensity of the service.
 - 2. Providing culturally competent services.
- 3. Providing services that focus on supporting parents and families, encouraging the interaction of both parents with their children, and enhancing the development of all children in the family, including reading skills and school readiness.
- 4. Linking families to medical providers to ensure optimal health and development of the children; timely childhood immunizations; well-child care that provides for developmental assessment and is consistent with the standards and periodicity schedules of Medicaid and the American Academy of Pediatrics; and additional services, as needed. Children who are eligible for Medicaid shall be referred for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services.
- 5. Providing families the opportunity to create neighborhood support systems to address mutual concerns and solve problems without external resources.
- 6. Incorporating specialized services to accommodate the needs of families with substance abuse problems. Staff trained in providing substance abuse services will work with these families to meet their unique needs. Linkages will be developed with existing community-based substance-abuse services.
- (c) Selection and training of service providers. This element provides for:
- 1. Weighted caseloads of not greater than 25:1 overall and 15:1 for intensive services, for staff providing home visits, as specified in the Healthy Families America model.

- 2. Selecting home visit providers based on the provider's interpersonal skills; knowledge of community resources; willingness to work with, or experience working with, culturally diverse communities and families; and job skills.
- 3. Ensuring that home visit providers have basic training in areas including, but not limited to: cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, child development, services available in the community, infant care and development, and parenting.
- 4. Ensuring that home visit providers have preservice and ongoing training that is specific to their job requirements.
- 5. Ensuring that home visit providers receive ongoing weekly reviews and direct and intensive supervision.
- 6. Ensuring that home visit providers are qualified community-based private, not-for-profit, or public organizations that are credentialed by, are in the process of being credentialed by, or have been granted affiliation with the Healthy Families America Initiative and have strong community support and the social and fiscal capacity to provide the service.
- (5) HEALTHY FAMILIES FLORIDA ADVISORY COMMITTEE.--In order to gain the efficiencies, advocacy, and broadbased support of a public-private partnership, Healthy Families Florida shall be developed, implemented, and administered by The Ounce of Prevention Fund of Florida. The Department of Children and Family Services shall be the conduit of funds appropriated by the state to The Ounce of Prevention Fund of Florida for Healthy Families Florida. The Department of

Children and Family Services shall contract with The Ounce of Prevention Fund of Florida for purposes of developing, 2 3 implementing, and administering the Healthy Families Florida program. There is created a Healthy Families Florida Advisory 4 5 Committee, which shall assist and advise The Ounce of 6 Prevention Fund of Florida and assure coordination and collaboration with appropriate state agencies and public and 7 8 private organizations. The advisory committee shall operate under the auspices of The Ounce of Prevention Fund of Florida 9 Board of Directors. The duties of the advisory committee 10 11 include developing measurable outcomes consistent with the established outcomes of Healthy Families America, reviewing 12 grant applications and recommending grant awards under this 13 section to the Board of Directors of The Ounce of Prevention 14 Fund of Florida, defining the scope of this program, and 15 generally advising The Ounce of Prevention Fund of Florida on 16 17 the development, implementation, and administration of this program. The Board of Directors of The Ounce of Prevention 18 19 Fund of Florida has the final approval of grant awards and contracts but may consider only those applicants recommended 20 by the advisory committee. The advisory committee shall 21 consist of nine members, including the Secretary of Children 22 and Family Services or the secretary's designee, the Secretary 23 24 of Health or the secretary's designee, one representative of TEAM Florida, one representative of the Florida Coalition of 25 Healthy Start Coalitions, two active board members of The 26 27 Ounce of Prevention Fund of Florida, and two community representatives who have direct experience and significant 28 knowledge of the Healthy Families program, one of whom is to 29 be appointed by the President of the Senate and one of whom is 30 31 to be appointed by the Speaker of the House of

Representatives, and one representative of the Family Source, Inc.

- (6) IMPLEMENTATION.--The Department of Children and Family Services shall contract with The Ounce of Prevention Fund of Florida to develop, implement, and maintain the Healthy Families Florida programs. This contract must be performance-based, including at a minimum the performance standards adopted by the Legislature, and must cover the expenditure of all funds appropriated for Healthy Families Florida other than funds appropriated to the department for a contract manager and for expenses incident to that position. The Ounce of Prevention Fund of Florida under this contractual agreement shall:
- (a) Using the criteria set forth in this section, implement a community-based Healthy Families Florida program.
- (b) Award community grants and determine requirements for matching funds. Community grants must be awarded in accordance with weighted criteria based on population demographics, factors associated with child abuse and neglect, and other appropriate criteria developed by the Healthy Families America or the advisory committee. Matching funds may be in-kind or cash as determined by the advisory committee with the approval of The Ounce of Prevention Fund of Florida Board of Directors.
- (c) Develop a plan of implementation to equitably distribute funds.
- (d) Require that the following criteria be used in selecting recipients of grant funds:
- 29 <u>1. Each community must have a community-based lead</u>
 30 <u>entity for planning and implementing the Healthy Families</u>
 31 program. This lead entity must demonstrate the support,

14

15

16 17

18

19

20

21

22

2324

25

26

27

integration, and collaboration of existing boards, coalitions, planning groups, business, and consumers. These groups must 2 3 include, but need not be limited to, the following, if locally established: Healthy Start coalitions, local healthy families 4 5 steering committees, Success by Six, family preservation and 6 support planning entities, health and human services boards, children's services councils, Head Start boards, 7 8 prekindergarten early intervention councils, community child 9 care coordinating agencies, school advisory councils, 10 substance abuse and mental health services boards, juvenile 11 justice councils, civic groups, business, and other nonprofit 12 organizations.

- 2. Preference for grant awards must be given to existing community-based entities that have broad representation and have the fiscal and administrative capacity to implement the program.
- 3. Those community-based entities that have been granted affiliation with the Healthy Families America

 Initiative by the National Committee to Prevent Child Abuse or have been trained by the Healthy Families America Initiative before July 1, 1998, and that meet the criteria set forth in this section must be given preference, during fiscal year 1998-1999, for grant awards to fully serve their designated service area.
- 4. The Healthy Families Florida program must complement and coordinate with Healthy Start and other home visiting and family support programs.
- 5. One application per designated service delivery
 area is to be approved. A designated service area is a county.

 However, the advisory committee, with the approval of the
 Board of Directors of The Ounce of Prevention Fund of Florida,

may grant a waiver of the designated service area which results in reducing or enlarging the designated service area as long as all other criteria set forth in this section are met and there remains only one Healthy Families Florida provider within the new designated service area.

- 6. Each successful grant applicant must seek to be credentialed by Healthy Families of America. To continue qualifying for funding under this section, an entity must achieve these credentials within the specified deadlines articulated by Healthy Families America and must maintain the credentials in good standing for the duration of program operation.
- 7. Each applicant must agree to use a standardized assessment tool consistent with the Healthy Families America credentialing standards and approved by the advisory committee.
- 8. Each applicant must agree to provide outcome and performance data in the format and at the frequency specified by The Ounce of Prevention Fund of Florida.
- 9. Each applicant must identify local resources available for implementation.
- 10. Local assessment and planning for the program must be collaborative and must include representatives from the entities listed in subparagraph 1., if locally established.

 During the planning phase, these entities, and others as appropriate, shall participate in: a strength-based community assessment process that identifies existing home visiting and family support services and uses existing needs assessments; the grant application and the development of a local implementation plan for service delivery; and the

determination and identification of local funds and resources that will support the implementation of the program.

- 11. Each applicant must show evidence that consumers and families have been involved in the planning and development of the grant application and support the Healthy Families Florida program in the designated service area identified in the grant application.
- 12. Implementation design must include service delivery strategies that, when appropriate, involve both parents when they have shared parental responsibility, regardless of residential custody arrangements.
- 13. Each community must develop mechanisms to identify and refer at-risk children between the ages of 4 months and 3 years, who were not identified before the age of 4 months, for other intervention services available in the community.
- (e) Evaluate and approve the grant applications and the local implementation plans for service delivery.
- (f) Coordinate service delivery with Healthy Start care coordination.
- (g) Identify qualified trainers and training opportunities that will assure adequate opportunities for grantees and their communities to provide preservice and inservice training. Funds for training may be incorporated into the grants.
- (h) Contract with evaluators to develop and implement an evaluation design for the program.
- (i) Provide for ongoing technical assistance and coordination to each community-based program.
- (j) Develop and implement a quality assurance and improvement process for the program.

1 (k) Evaluate the progress of the program and provide an annual report regarding the progress and achievement of 2 3 designated outcomes to the Governor, the President of the 4 Senate, the Speaker of the House of Representatives, and other 5 vested parties. 6 7 The Ounce of Prevention Fund of Florida may subcontract the 8 performance of tasks or services described in this section. 9 (7) WAIVER.--The Department of Health and the 10 Department of Children and Family Services shall work jointly 11 with the Agency for Health Care Administration to seek a federal waiver to secure Title XIX matching funds for the 12 Healthy Families Florida program. The waiver application shall 13 include allowance to use new and existing general revenue and 14 local contributions. The Department of Children and Family 15 Services and the Agency for Health Care Administration may not 16 17 implement the federal waiver unless the waiver permits the state to limit enrollment or the amount, duration, and scope 18 19 of services to ensure that expenditures will not exceed funds appropriated by the Legislature or available from local 20 21 sources. 22 Section 2. This act shall take effect July 1, 1998. 23 24 25 26 27 28 29 30

1 2		STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR Senate Bill 1660
3		<u> </u>
4		Consider that the Healthy Davidies Duranes is succeed
5	_	Specifies that the Healthy Families Program is created within available resources.
6	_	Requires that services to families with substance abuse problems be linked with existing community-based
7		substance abuse services.
8	_	Removes the requirement that the Kempe Family Stress Clinic Checklist be used as the standardized assessment
9		tool in the criteria for selecting recipients of grant funds.
10		
11 12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25 26		
20 27		
28		
29		
30		
31		