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

302-1911B-98

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1 A bill to be entitled An act relating to children and families; 2 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; specifying criteria for community program grant funding; requiring collaboration 13 with existing community boards, coalitions, 14 providers, and planning groups; authorizing 15 contracts for training and evaluation; 16 17 providing for quality assurance; establishing the Healthy Families Florida Advisory 18 19 Committee; providing for application for a 20 federal waiver; 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 27 is created within available resources the Healthy Families 28 Florida program, a voluntary program for newborn children and 29 their families. 30 LEGISLATIVE FINDINGS AND INTENT. --

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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. 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.
- 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.

(3) DELIVERY OF SERVICES.--Service delivery under the

- (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:
 - (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.

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- 2. Providing services that are sensitive and appropriate and that respect the cultural differences among participants.
- 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. The establishment of weighted caseloads may take into consideration 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.
- efficiencies, advocacy, and broadbased support of a public-private partnership, the Department of Children and Family Services shall contract with a private nonprofit corporation that is incorporated to identify, fund, support, and evaluate programs and community initiatives to improve the development and life outcomes of children and to preserve and strengthen families, with a primary emphasis on prevention.

 The corporation must be registered, incorporated, organized, and operated in compliance with chapter 617, and shall not be a unit or entity of state government. This contract with the private nonprofit corporation must provide for the development, implementation, and administration of the Healthy Families Florida program. This contract must be performance-based, including at a minimum the performance

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standards adopted by the Legislature, and 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 The private nonprofit corporation 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 recommended by the advisory committee. Matching funds may be in-kind or cash as determined by the advisory committee with the approval of the private nonprofit corporation's 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:
- 1. Each community must have a community-based lead entity for planning and implementing the Healthy Families Florida program. This lead entity must demonstrate the support, integration, and collaboration of existing boards, coalitions, planning groups, business, and consumers. These groups must include, but need not be limited to, the following, if locally established: Healthy Start coalitions, local healthy families steering committees, Success by Six, family preservation and support planning entities, health and human services boards, children's services councils, Head Start boards, prekindergarten early intervention councils,

community child care coordinating agencies, school advisory
councils, substance abuse and mental health services boards,
juvenile justice councils, civic groups, business, and other
nonprofit 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 are currently providing intensive home visiting services 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 submitted. A designated service area may be a county, any area within a county, or contiguous counties.
- 6. Each successful grant applicant must agree to be credentialed as directed by the private nonprofit corporation's board of directors. Credentialing must be based on the applicant's capacity to provide the critical elements of Healthy Families Florida as defined in paragraphs (4)(a)-(c). To continue qualifying for funding under this section, an entity must achieve these credentials within the specified deadlines articulated by the private nonprofit corporation and must maintain the credentials in good standing for the duration of program operation.

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- 7. Each applicant must agree to use a standardized assessment tool approved by the private nonprofit corporation's board of directors.
- 8. Each applicant must agree to provide outcome and performance data in the format and at the frequency specified by the private nonprofit corporation's board of directors.
- 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.
- 29 <u>13. Each applicant must identify mechanisms, programs,</u>
 30 <u>and services in the designated service-delivery area to refer</u>
 31 at-risk children between the ages of 4 months and 3 years, who

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1 were not identified before the age of 4 months, for other intervention services available in the community. 2 3 (e) Evaluate and approve the grant applications and the local implementation plans for service delivery. 4 5 (f) Work with the Department of Health and the 6 advisory committee to develop a single, integrated screening 7 and assessment process for Healthy Families Florida and 8 Healthy Start and referrals to other family supports by July 9 1, 2000. 10 (q) Coordinate service delivery with Healthy Start 11 care coordination. (h) Contract to develop and implement preservice and 12 inservice training. Funds for inservice training may be 13 14 incorporated into the grants. Contract to develop and implement an evaluation 15 design for the program. 16 17 (j) Provide for ongoing technical assistance and coordination to each community-based program. 18 19 (k) Develop and implement a quality assurance and improvement process for the program. 20 21 (1) Evaluate the progress of the program and provide an annual report regarding the progress and achievement of 22 designated outcomes to the Governor, the President of the 23 24 Senate, the Speaker of the House of Representatives, and other 25 vested parties. 26 27 The private nonprofit corporation may subcontract the 28 performance of tasks or services described in this subsection. 29 HEALTHY FAMILIES FLORIDA ADVISORY (6)

COMMITTEE. -- There is created a Healthy Families Florida

nonprofit corporation 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 private nonprofit corporation's 4 5 board of directors. The responsibilities of the advisory committee include developing measurable outcomes consistent 6 7 with the department's performance-based budget, outcomes, 8 measures, and standards; reviewing grant applications and recommending grant awards under this section to the board of 9 10 directors of the private nonprofit corporation; defining the 11 scope of this program; and generally advising the private nonprofit corporation on the development, implementation, and 12 administration of this program. The board of directors of the 13 private nonprofit corporation has the final approval of grant 14 awards and contracts but may consider only those applicants 15 recommended by the advisory committee. The advisory committee 16 17 shall consist of eleven members, including the Secretary of Children and Family Services or the secretary's designee, the 18 19 Secretary of Health or the secretary's designee, one representative of the department's Interagency Workgroup for 20 21 Children and Families, one representative of the Florida Association of Healthy Start Coalitions, two active board 22 members of the private nonprofit corporation, two community 23 24 representatives who have direct experience and significant knowledge of the Healthy Families Florida program, two 25 representatives from the business community, and one consumer 26 27 representative who has direct experience with the Healthy Families Florida program. The President of the Senate shall 28 29 appoint one community representative and one business 30 representative. The Speaker of the House of Representatives 31 shall appoint one community representative and one business

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      representative. The Governor shall appoint the consumer
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       representative.
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                 (7) WAIVER.--The Department of Health and the
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      Department of Children and Family Services shall work jointly
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      with the Agency for Health Care Administration to seek a
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       federal waiver to secure Title XIX matching funds for the
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      Healthy Families Florida program. The waiver application shall
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      include allowance to use new and existing general revenue and
       local contributions. The Department of Children and Family
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      Services and the Agency for Health Care Administration may not
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       implement the federal waiver unless the waiver permits the
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      state to limit enrollment or the amount, duration, and scope
       of services to ensure that expenditures will not exceed funds
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      appropriated by the Legislature or available from local
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      sources.
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                  Section 2. This act shall take effect July 1, 1998.
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                    STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR CS/SB 1660
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      CS/CS/SB 1660 deletes specific reference to the Ounce of Prevention Fund of Florida as the corporation determined to be the exclusive contract vendor for Healthy Families Florida.
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      the exclusive contract vendor for Healthy Families Florida. Instead, a general reference to a private, nonprofit corporation is provided which leaves the contract discretion to the Secretary of the Department of Children and Families. The advisory board is made purely advisory so that its duties are not intrusive of the operating responsibilities of the corporation's board of directors. The advisory board is increased in size from nine to eleven members. There is specific rather than general reference to credentialing requirements so as to eliminate ambiguities as to what is required of designated providers.
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