effective date.

An act relating to children's health; amending ss. 383.0112, 383.0113, 383.0114, and 383.216, F.S., relating to responsible fatherhood; postponing date of a statewide symposium; revising appointment of members of the Commission on Responsible Fatherhood; providing terms; providing for assignment to the Department of Health; providing for activities related to responsibilities of fathers and noncustodial parents under the WAGES Program; authorizing funding; providing for inclusion of certain programs in the plan of each prenatal

A bill to be entitled

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (g) of subsection (2) of section 383.0112, Florida Statutes, 1996 Supplement, is amended to read:

and infant health care coalition; providing an

383.0112 The Commission on Responsible Fatherhood; purpose; principles and responsibilities.—The purpose of the Commission on Responsible Fatherhood is to raise awareness of the problems created when a child grows up without the presence of a responsible father, to identify obstacles that impede or prevent the involvement of responsible fathers in the lives of their children, and to identify strategies that are successful in encouraging responsible fatherhood.

1 (2) RESPONSIBILITIES. -- In order to carry out the 2 purpose of this section and s. 383.0113, subject to the 3 availability of funds, the commission shall: 4 (g) Sponsor a statewide symposium on the issue of 5 responsible fatherhood no later than December 1997 1996. 6 Section 2. Section 383.0113, Florida Statutes, 1996 7 Supplement, is amended to read: 8 383.0113 Commission on Responsible Fatherhood; 9 creation; membership; powers and duties. -- There is created the 10 Commission on Responsible Fatherhood in the Department of Health and Rehabilitative Services. 11 (1) The commission shall consist of not more than 25 12 13 members, as provided in this subsection and subsection (2) 14 follows: 15 Eleven Seven members to be appointed by the (a) Governor. The appointments shall represent the various 16 17 organizations and individuals who have expertise in service 18 delivery in the area of responsible fatherhood. 19 (b) The executive director of the Florida Center for 20 Children and Youth or the director's designee. 21 (c) The executive director of the Florida Coalition 22 Against Domestic Violence or the director's designee. 23 (b)(d) A judge, to be appointed by the Chief Justice 24 of the Supreme Court to serve a 2-year term. 25 (e) A representative of Healthy Start, to be chosen by 26 the Florida Association of Healthy Start Coalitions. 27 (c)(f) Two members of the House of Representatives, to 28 be appointed by the Speaker to serve a 2-year term.

(d)<del>(g)</del> Two members of the Senate, to be appointed by

the President to serve a 2-year term.

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1	(h) A representative from the Florida Association of
2	Deans and Directors of Schools and departments of social work
3	from Florida colleges and universities.
4	(i) A representative of the Florida chapter of the
5	National Congress for Fathers and Children.
6	(j) A representative of Men Against Destruction,
7	Defending Against Drugs and Social Disorder (MAD DADS).
8	(k) A representative of the Family Law Section of The
9	<del>Florida Bar Association.</del>
LO	(1) A representative of the American Association of
L1	Retired Persons.
L2	(m) A representative of the Florida Chamber of
L3	<del>Commerce.</del>
L4	(n) A representative from the Florida Family Council.
L5	$\overline{(e)}$ Three additional members to be appointed by the
L6	other members of the commission based on specific needs $to$
L7	serve a 1-year term.
L8	(2) The following representatives of state agencies
L9	shall serve on the commission Technical assistance will be
20	provided to the commission by the following:
21	(a) The Secretary of <u>Children and Family</u> <del>Health and</del>
22	Rehabilitative Services, or the secretary's designee.
23	(b) The Commissioner of Education, or the
24	commissioner's designee.
25	(c) The Secretary of Labor and Employment Security, or
26	the secretary's designee.
27	(d) The executive director of the Department of
28	Revenue, or the director's designee. The designee shall have
29	experience with child support enforcement programs.
30	(e) The Secretary of Health, or the secretary's

31 designee. The designee must have experience with

community-based prenatal and infant health care coalitions as established under s. 383.216. A representative of The Parent Network of Florida.

(f) <u>The Secretary of Corrections, or the secretary's</u> <u>designee.</u> A representative of the Florida Network of Youth and Family Services.

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Per diem and travel expenses for the individuals providing technical assistance is to be provided from the budgets of those agencies.

- (3) All members of the commission, other than the Governor's appointments and the commission's appointments, must be appointed by July 1 of each year within 30 days after this section, s. 383.0112, and s. 383.0114 become law. The appointments of the Governor shall be made 30 days after the other appointments, to allow for the composition of the commission to be broadly reflective of the public. Any member may be reappointed. The chairperson and vice chairperson of the commission shall be appointed by the Governor and shall serve for 2 years. The commission is encouraged to appoint subcommittees, including regional subcommittees, that include citizens who are knowledgeable in a subject area but who are not members of the commission and who may not vote on the final report and recommendations of the commission, but may submit reports and recommendations for review by the commission and may be invited to testify to the commission by a member of the commission.
- (4) Members appointed by the Governor shall be appointed for 4-year terms. However, initial terms of less than 4 years may be utilized to ensure that no more than 9 members' terms expire during the same calendar year.

 (5) Terms of appointees who are serving on the commission on the effective date of this act shall expire June 30, 1997.

(6)(4) The commission shall hold its first meeting within 30 days after the appointments, except the Governor's and the commission's appointments, are made. Members of the commission shall serve without compensation but shall be allowed per diem and travel expenses, as provided in s. 112.061. Per diem and travel expenses of members of the commission employed by the State of Florida are to be provided from the budgets of those employing agencies. Members of the commission who serve as members of the Legislature are to be reimbursed from the legislative budget.

 $\underline{(7)}$  (5) The commission shall meet as the resources of the commission allow.

(8)(6) Subject to the availability of funds, the department of Health and Rehabilitative Services is directed to contract with one or more corporations, agencies, individuals, or governmental entities to accomplish the goals of s. 383.0112 and this section. The department of Health and Rehabilitative Services must ensure that the corporations, agencies, individuals, or governmental entities, either separately or together, are able to provide staff support services and must have the research ability to carry out the purposes and responsibilities of the commission.

(9) (7) The commission shall have the authority to apply for grants and accept private contributions.

 $\underline{(10)(8)}$  The commission is assigned to the department of Health and Rehabilitative Services for administrative and fiscal accountability purposes, but it shall otherwise

function independently of the control, supervision, and direction of the department.

 $\underline{(11)}(9)$  The Governor may remove any member of the commission for cause.

(12)(10) The commission shall develop a budget pursuant to the provisions of chapter 216. The budget is not subject to change by the department staff after it has been approved by the commission, but it shall be transmitted to the Governor along with the budget of the department.

Section 3. Section 383.0114, Florida Statutes, 1996 Supplement, is amended to read:

383.0114 Community-based programs to encourage responsible fatherhood.--

- (1) The community-based prenatal and infant health care coalitions established pursuant to s. 383.216 are permitted to establish and support community-based programs that encourage responsible fatherhood. Programs may be implemented in many areas of a community including, but not limited to, schools, hospitals, the workplace, and the courts.
- (2) In developing and coordinating the program and financial plan for the local WAGES Programs as specified in s. 414.028(4), the local WAGES coalition shall consider issues related to the responsibility of fathers to provide support to their children. Such consideration shall include, but not necessarily be limited to, activities related to:
- (a) Improved processes to establish paternity developed in cooperation with the Department of Revenue, the child support enforcement program, the healthy start coalitions, and the Department of Health.
- 30 (b) Work activities for noncustodial parents as
  31 described in s. 414.065(8). In addition to court-ordered

activities, the plan may include work activities that facilitate employment of noncustodial parents for whom a court order has not been issued.

(3) WAGES Program resources may be used for activities designed to encourage noncustodial parents to provide support to their children to the extent permitted by federal law and to the extent determined appropriate by the local WAGES coalitions, consistent with program and financial guidelines established by the WAGES Program State Board of Directors. Funding approaches which leverage other federal, state, or local funds, such as, but not limited to, workforce development funds, teen parent funding, and Healthy Start funds, are to be encouraged.

Section 4. Section 383.216, Florida Statutes, is amended to read:

383.216 Community-based prenatal and infant health care.--

(1) The Department of Health and Rehabilitative
Services shall cooperate with localities which wish to
establish prenatal and infant health care coalitions, and
shall acknowledge and incorporate, if appropriate, existing
community children's services organizations, pursuant to this
section within the resources allocated. The purpose of this
program is to establish a partnership among the private
sector, the public sector, state government, local government,
community alliances, and maternal and child health care
providers, for the provision of coordinated community-based
prenatal and infant health care. The prenatal and infant
health care coalitions must work in a coordinated,
nonduplicative manner with local health planning councils
established pursuant to s. 408.033.

- (2) Each prenatal and infant health care coalition shall develop, in coordination with the department of Health and Rehabilitative Services, a plan which shall include at a minimum provision to:
- (a) Perform community assessments, using the Planned Approach to Community Health (PATCH) process, to identify the local need for comprehensive preventive and primary prenatal and infant health care. These assessments shall be used to:
- 1. Determine the priority target groups for receipt of care.
- 2. Determine outcome performance objectives jointly with the department.
  - 3. Identify potential local providers of services.
- 4. Determine the type of services required to serve the identified priority target groups.
- 5. Identify the unmet need for services for the identified priority target groups.
- (b) Design a prenatal and infant health care services delivery plan which is consistent with local community objectives and this section.
- (c) Solicit and select local service providers based on reliability and availability, and define the role of each in the services delivery plan.
- (d) Determine the allocation of available federal, state, and local resources to prenatal and infant health care providers.
- (e) Review, monitor, and advise the department concerning the performance of the services delivery system, and make any necessary annual adjustments in the design of the delivery system, the provider composition, the targeting of

services, and other factors necessary for achieving projected outcomes.

- (f) Build broad-based community support.
- (3) Each prenatal and infant health care coalition shall identify and encourage community-based programs that promote successful strategies for involving responsible fathers in the lives of their children.
- $\underline{(4)}$  (3) Supervision of the prenatal and infant health care coalitions is the responsibility of the department. The department shall:
- (a) Assist in the formation and development of the coalitions.
- (b) Define the core services package so that it is consistent with the prenatal and infant health care services delivery plan.
  - (c) Provide data and technical assistance.
- (d) Assure implementation of a quality management system within the provider coalition.
- (e) Define statewide, uniform eligibility and fee schedules.
- (f) Evaluate provider performance based on outcome measures established by the prenatal and infant health care coalition and the department.
- (5)(4) In those communities which do not elect to establish a prenatal and infant health care coalition, the department of Health and Rehabilitative Services is responsible for all of the functions delegated to the coalitions in this section.
- (6) (5) The membership of each prenatal and infant health care coalition shall represent health care providers, the recipient community, and the community at large; shall

represent the racial, ethnic, and gender composition of the community; and shall include at least the following:

- (a) Consumers of family planning, primary care, or prenatal care services, at least two of whom are low-income or Medicaid eligible.
  - (b) Health care providers, including:
  - 1. County public health departments units.
  - 2. Migrant and community health centers.
  - 3. Hospitals.

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- 4. Local medical societies.
- 5. Local health planning organizations.
- (c) Local health advocacy interest groups and community organizations.
  - (d) County and municipal governments.
  - (e) Social service organizations.
  - (f) Local education communities.

(7)(6) Prenatal and infant health care coalitions may be established for single counties or for services delivery catchment areas. A prenatal and infant health care coalition shall be initiated at the local level on a voluntary basis. Once a coalition has been organized locally and includes the membership specified in subsection(6)(5), the coalition must submit a list of its members to the Secretary of Health and Rehabilitative Services to carry out the responsibilities outlined in this section.

(8)(7) Effective January 1, 1992, the department of Health and Rehabilitative Services shall provide up to \$150,000 to each prenatal and infant health care coalition that petitions for recognition, meets the membership criteria, demonstrates the commitment of all the designated members to participate in the coalition, and provides a local cash or

in-kind contribution match of 25 percent of the costs of the coalition. An in-kind contribution match may be in the form of staff time, office facilities, or supplies or other materials necessary for the functioning of the coalition.

(9)(8) Local prenatal and infant health care coalitions may hire staff or contract for independent staffing and support to enable them to carry out the objectives of this section. Staff shall have knowledge and expertise in community health and related resources and planning, grant writing, public information and communication techniques, organizational development, and data compilation and analysis.

(10)(9) Local prenatal and infant health care coalitions shall incorporate as not-for-profit corporations for the purpose of seeking and receiving grants from federal, state, and local government and other contributors.

(11)(10) The department of Health and Rehabilitative Services shall adopt rules as necessary to implement this section, including rules defining acceptable "in-kind" contributions.

Section 5. This act shall take effect upon becoming a law.

## HOUSE SUMMARY

Reschedules from December 1996 to December 1997 the date of a statewide symposium on responsible fatherhood sponsored by the Commission on Responsible Fatherhood. Revises membership of the commission. Provides for appointment to staggered terms, and provides for expiration of current members' terms. Provides for assignment of the commission to the Department of Health. Provides for activities under the WAGES Program related to the responsibilities of fathers and noncustodial parents, and authorizes funding. Directs the prenatal and infant health care coalitions to identify and encourage community-based programs that promote responsible fatherhood.