

STORAGE NAME: h3377s1a.flc

DATE: March 12, 1998

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
Family Law and Children
BILL RESEARCH & ECONOMIC IMPACT STATEMENT**

BILL #: CS/HB 3377

RELATING TO: Children and families.

SPONSOR(S): The Committee on Family Law and Children and Representative Frankel and Representative Lynn

COMPANION BILL(S): SB 1660

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) Family Law and Children YEAS 8 NAYS 0
 - (2) Health Care Standards and Regulatory Reform
 - (3) Children and Family Empowerment
 - (4) Governmental Rules and Regulations
 - (5) Health and Human Services Appropriations
-

I. SUMMARY:

Creates F.S. 383.145, the Healthy Families Florida program, a voluntary program to promote the health of newborns and their families. Provides for coordination with existing community-based family support service delivery systems. Specifies that the program requirements include critical elements of the Healthy Families America model. Creates the Healthy Families Florida Advisory Committee and specifies duties of the committee. Requires the Department of Children and Families to contract with The Ounce of Prevention Fund of Florida to implement Healthy Families Florida. Specifies selection criteria for grant funding. Requires departments to seek a Federal waiver to secure Title XIX matching funds. Provides an effective date of July 1 of the year in which enacted.

II. SUBSTANTIVE RESEARCH:

A. PRESENT SITUATION:

In 1996 - 1997, the Department of Children and Family Services identified 68,551 children as abused or neglected. Many children who die from abuse or neglect in Florida are under 4 years of age, and over half are under two years of age. The Florida Governor's Task Force on Domestic and Sexual Violence reports that this in part reflects the physical vulnerability of younger children and also their lack of ability to obtain potentially helpful social services. Drug exposed infants, toddlers, and pre-schoolers endangered by chemically involved parents are the fastest growing foster care population.

The National Committee to Prevent Child Abuse reports that home visitation programs can be successful in addressing a host of poor childhood outcomes such as failure to thrive, lack of school readiness, and child abuse. Families receiving this type of intensive home visitor service also show other positive changes such as consistent use of preventive health services, increased high school completion rates for teen parents, higher employment rates, lower welfare use, and fewer pregnancies. Further the United States General Accounting Office has found that early intervention programs that used home visiting show that this strategy can be associated with a variety of improved outcomes for program participants - improved birth outcomes, better child health, improved child welfare, and improved development- when compared to similar individuals who did not receive services. GAO Report to the Chairman, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, U.S. Senate: Home Visiting - A Promising Intervention Strategy for At-Risk Families; July, 1990.

The Healthy Families America initiative is a partnership between the National Committee to Prevent Child Abuse and Ronald McDonald House Charities. At its inception, Healthy Families America drew largely from the experience of the Hawaii Healthy Start Program. Healthy Families America is an initiative that promotes positive parenting and child health and development, thereby preventing child abuse and other poor childhood outcomes. It is reported by Healthy Families America that for every \$3 spent on prevention, there is a \$6 savings that might have been spent on child welfare services, special education services, medical care, foster care, counseling, and housing juvenile offenders. To ensure that all parts of the country can offer in-depth training and quality controls necessary for effective Healthy Families programs, the National Committee to Prevent Child Abuse has partnered with the Council on Accreditation of Services for Families and Children, Inc. to implement a quality assurance program for home visiting programs, called HFA credentialing.

Florida's Healthy Start program was enacted in 1991 to improve the status of Florida's mothers and babies through increased access to comprehensive, risk-appropriate maternity and well-child care. Healthy Start works through local coalitions and community-based systems of care. The Florida Healthy Start model was designed to deliver cost-effective health care services and incorporates universal screening of all pregnant women and infants, professional assessment of service needs, and referrals to health care and social service providers. There are now 30 Healthy Start coalitions around the state. Florida Statute section 383.011 requires the Department of Health to establish in each county health department a Healthy Start Care Coordination Program

in which a care coordinator is responsible for receiving screening reports and risk assessment reports; conducting assessments; directing family outreach efforts; and coordinating the provision of services.

The Healthy Families Program currently exists in five Florida counties; each is modeled after the Healthy Families America initiative. Extensive evaluations of the Pinellas and Orange County programs show that 97 - 98% of the families served were not involved in a report of abuse or neglect, 97% of families served did not have a subsequent pregnancy, and 95% of the families served for 6 months or longer showed appropriate or improved bonding with their babies. In Pinellas county, 95% of the families served were in compliance with medical visits and immunizations.

B. EFFECT OF PROPOSED CHANGES:

CS/HB 3377 creates the Healthy Families Florida program, a voluntary program for newborn children and their families. The purpose of Healthy Families Florida 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.

Delivery of services. -CS/ HB 3377 requires service delivery be community-based and collaborative.

Program requirements.- Requires Healthy Families Florida to provide for intensive home visits and include the specified critical elements of the Healthy Families America model, including initiation of services, service content, and selection and training of service providers.

Healthy Families Florida Advisory Committee. - Requires that Healthy Families Florida be developed, implemented, and administered by The Ounce of Prevention Fund of Florida. To assist and advise The Ounce of Prevention Fund of Florida, CS/ HB 3377 creates the Healthy Families Florida Advisory Committee. The advisory committee consists of 9 members, including the Secretary of Health, the Secretary of Children and Family Services, and 7 other specified members. The committee is responsible for defining the scope of the program, reviewing grant applications and recommending grant awards to the Board of Directors of The Ounce of Prevention of Florida, and developing measurable outcomes consistent with the established outcomes of the Healthy Families America Initiative.

Implementation. - Requires the Department of Children and Family Services to contract with The Ounce of Prevention Fund of Florida to develop, implement, and maintain Healthy Families Florida programs. The contract must cover the expenditure of all funds appropriated for Healthy Families Florida other than funds appropriated to the department for a contract manager. The Ounce of Prevention Fund of Florida is required to:

- (a) Implement a community-based Healthy Families Florida program using the criteria in this section.

- (b) Award community grants and determine requirements for local matching funds. Grants must be awarded using a weighted criteria based on population demographics, factors associated with child abuse and neglect, and other criteria developed by the Healthy Families Florida Advisory Committee. Matching funds may be in-kind or cash.
- (c) Develop a plan of implementation to equitably distribute funds.
- (d) Require the specified criteria for grant funding, including requirements to coordinate with existing programs, seek specified credentialing, use an approved assessment tool, provide outcome and performance data, and involve both parents when appropriate.
- (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.
- (h) Contract with evaluators to develop and implement an evaluation design for the program.
- (i) Provide for on-going technical assistance.
- (j) Develop and implement a quality assurance and improvement process for the program.
- (k) Evaluate the progress of the program and provide an annual report regarding the progress and achievement of designated outcomes.

Waiver. - Requires the Department of Health and the Department of Children and Families to work jointly with the Agency for Health Care Administration to seek a federal waiver to secure Title XIX matching funds for the Healthy Families Florida program.

Effective date - Provides that this act shall become effective July 1 of the year in which enacted.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

No.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

CS/HB 3377 requires the Department of Children and Family Services to contract with The Ounce of Prevention Fund of Florida to implement the Healthy Families Florida program, award community grants and determine requirements for local matching funds, evaluate and approve the grant applications, coordinate service delivery, identify qualified trainers, contract with providers to develop and implement an evaluation design for the

program, develop and implement a quality assurance and improvement process, and evaluate the progress of the program and provide an annual report regarding the progress and achievement of designated outcomes.

CS/HB 3377 also creates the Healthy Families Florida Advisory Committee, comprised of specified state officials and representatives from the public and private sector. The Advisory Committee is required to define the scope of the Healthy Families Florida program, review grant applications and recommend grant awards to the Board of Directors of The Ounce of Prevention Fund of Florida, and develop measurable outcomes for the program.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

(2) what is the cost of such responsibility at the new level/agency?

N/A

(3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

No.

b. Does the bill require or authorize an increase in any fees?

No.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

No.

4. Individual Freedom:

a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

Families who voluntarily participate will be supported toward self-sufficiency.

b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No. Healthy Families Florida is a voluntary program.

5. Family Empowerment:

a. If the bill purports to provide services to families or children:

(1) Who evaluates the family's needs?

In order to receive grant funding through Healthy Families Florida, communities must agree to use a standardized assessment tool consistent with the credentialing standards of the Healthy Families America Initiative and approved by the Healthy Families Florida Advisory Committee.

- (2) Who makes the decisions?

Healthy Families Florida is a voluntary program. Decisions regarding the implementation of the program are made by local communities who are responsible to The Ounce of Prevention Fund of Florida.

- (3) Are private alternatives permitted?

Service delivery pursuant to Healthy Families Florida must be community-based and collaborative. Program services are required to be 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. Community local lead planning and implementation agencies are required to collaborate with a variety of public and private organizations. Participation in Healthy Families Florida is voluntary.

- (4) Are families required to participate in a program?

No.

- (5) Are families penalized for not participating in a program?

No.

- b. Does the bill directly affect the legal rights and obligations between family members?

No.

- c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

- (1) parents and guardians?

As Healthy Families Florida is a voluntary program, parents must agree to participate, and have control over the extent of their participation.

- (2) service providers?

In order to be awarded community grants to implement Healthy Families Florida, local communities are required to meet stated criteria which may involve service providers.

(3) government employees/agencies?

The Department of Children and Family Services is required to contract with The Ounce of Prevention Fund of Florida to develop, implement, and maintain the Healthy Families Florida programs.

D. STATUTE(S) AFFECTED:

CS/HB 3377 creates Florida Statute section 383.145.

E. SECTION-BY-SECTION RESEARCH:

CS/HB 3377 creates the Healthy Families Florida program within available resources.

Section 1: Creates F.S. 383.145, which provides for the Healthy Families Florida program, a voluntary program for newborn children and their families.

Subsection (1) provides legislative findings and intent. 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.

Provides that the intent 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 will be filled.

Subsection (2) states that the purpose of Healthy Families Florida 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.

Subsection (3) provides for delivery of services. Requires service delivery to be community-based and collaborative. Requires program services to be 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. Requires that services be offered with the intensity and duration required to prevent child abuse and neglect and to improve child development and child health outcomes.

Subsection (4) provides for program requirements. Requires the program to provide for intensive home visits and include the following critical elements of the Healthy Families America model:

- Initiation of services:
 - Initiation of services prenatally or at birth.
 - Use of a standardized assessment tool to systematically identify those most in need of services.
 - Offering services on a voluntary basis, and using positive, persistent outreach efforts to build family trust.
 - Working with families to identify strengths and resources that can be mobilized to help resolve identified family concerns.

- Service content:
 - Offering services over the long term and intensively, with well-defined criteria for increasing or decreasing the intensity of service.
 - Providing culturally competent services.
 - 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.
 - Linking families to medical providers to ensure optimal health and development of children; timely childhood immunizations; well-child care that provides for developmental assessment and is consistent with the standards 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.
 - Providing families the opportunity to create neighborhood support systems to address mutual concerns and solve problems without external resources.
 - 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.

- Selection and training of service providers:
 - 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.
 - 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.
 - 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, infant care and development, and services available in the community.

- Ensuring that home visit providers receive ongoing weekly reviews and direct and intensive supervision.
- 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 services.

Subsection (5) creates the Healthy Families Florida Advisory Committee. Provides that the program 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. There is created the Healthy Families Florida Advisory Committee, which shall assist and advise The Ounce of Prevention Fund of Florida and assure coordination and collaboration with appropriate state agencies and public and private organizations. The advisory committee shall operate under the auspices of the Board of Directors of The Ounce of Prevention Fund of Florida. The duties of the Advisory Committee include developing measurable outcomes consistent with the established outcomes of the Healthy Families America Initiative, reviewing grant applications and recommending grant awards to the Board of Directors of The Ounce of Prevention Fund of Florida, defining the scope of the program, and generally advising The Ounce on the development, implementation, and administration of this program. The Board of Directors of The Ounce has the final approval of grant awards and contracts but may consider only those applicants recommended by the Advisory Committee. The Advisory Committee shall consist of nine members:

- the Secretary of the Department of Children and Family Services or the secretary's designee;
- the Secretary of the Department of Health or the secretary's designee;
- one representative of TEAM Florida;
- one representative of the Florida Coalition of Healthy Start Coalitions;
- two active board members of The Ounce of Prevention Fund of Florida;
- two community representatives who have direct experience and significant knowledge of the Healthy Families program, one of whom is to be appointed by the President of the Senate and one of whom is to be appointed by the Speaker of the House of Representatives; and
- one representative of the Family Source, Inc.

Subsection (6) provides for implementation. Requires the Department of Children and Family Services to contract with The Ounce of Prevention Fund of Florida to develop, implement, and maintain the Healthy Families Florida programs. The contract 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:

- Implement a community-based Healthy Families Florida program using the criteria provided in this section.
- Award community grants and determine requirement for local 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 criteria developed by 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 Board of Directors of The Ounce of Prevention Fund of Florida.

- Develop a plan of implementation to equitably distribute funds.
- Require the following selection criteria for grant funding:
 - 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 shall include, but are not 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, civic groups, business, other nonprofit organizations, and juvenile justice councils.
 - 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.
 - 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 prior to 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.
 - The program must complement and coordinate with Healthy Start and other home visiting and family support programs.
 - 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 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.
 - Each successful grant applicant must seek to be credentialed by the Healthy Families America Initiative. To continue qualifying for funding under this section, an entity must achieve these credentials within the specified deadlines articulated by the Healthy Families America Initiative and must maintain the credentials in good standing for the duration of program operation.
 - Each applicant community must agree to use a standardized assessment tool consistent with the credentialing standards of the Healthy Families America Initiative and approved by the advisory committee.
 - Each applicant community must agree to provide outcome and performance data in the format and at the frequency specified by The Ounce of Prevention Fund of Florida.
 - Each applicant community must identify local resources available for implementation.
 - Local assessment and planning for the program must be collaborative and include representatives from the entities that selected the local lead

planning and implementation entity. 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;
- * the determination and identification of local funds and resources that will support the implementation of the program.

- Each community 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 targeted area identified in the grant application.
- Implementation design must include service delivery strategies that, when appropriate, involve both parents who have shared parental responsibility, regardless of residential custody arrangements.
- Each community must develop mechanisms to identify and refer at-risk children ages 4 to 36 months, who were not identified before age 4 months, for other intervention services available in the community.
- Evaluate and approve the grant applications and the local implementation plans for service delivery.
- Coordinate service delivery with Healthy Start care coordination, as specified in the service delivery plans of the Healthy Start coalitions.
- Identify qualified trainers and training opportunities that will assure adequate opportunities for grantees and their communities to provide preservice and in service training. Funds for training may be incorporated into the grants.
- Contract with evaluators to develop and implement an evaluation design for the program.
- Provide for ongoing technical assistance and coordination to each community-based program.
- Develop and implement a quality assurance and improvement process for the program.
- Evaluate the progress of the program and provide an annual report regarding the progress and achievement of designated outcomes to the Governor, the President of the Senate, the Speaker of the House of Representatives, and other vested parties.

The Ounce of Prevention Fund of Florida may subcontract the performance of tasks or services described in this section.

Subsection (7) requires the Department of Health and the Department of Children and Family Services to work jointly with the Agency for Health Care Administration to seek a federal waiver to secure Title XIX matching funds for the Healthy Families Florida program. The waiver application shall include allowance to use new and existing general revenue and local contributions. Healthy Families Florida program services shall not be considered an entitlement under this waiver.

Section (2) provides an effective date of July 1 of the year in which enacted.

III. FISCAL RESEARCH & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

The Department of Children and Families, in conjunction with the Department of Health report that first year start-up costs amount to \$41,443.

2. Recurring Effects:

Figures for year one assume a nine month period; figures for year two through year four assume a 12 month period.

Year One: \$16, 114,934
Year Two: 46, 828,215
Year Three: 75, 308,453
Year Four: 107, 537,918

3. Long Run Effects Other Than Normal Growth:

N/A

4. Total Revenues and Expenditures:

Year One: \$16, 156,377
Year Two: 46, 828,215
Year Three: 75, 308,453
Year Four: 107,537,918

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

N/A

2. Recurring Effects:

Matching funds may be in-kind or cash as determined by the advisory committee with the approval of the Board of Directors of The Ounce of Prevention Fund of Florida.

3. Long Run Effects Other Than Normal Growth:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

Matching funds may be in-kind or cash as determined by the advisory committee with the approval of the Board of Directors of The Ounce of Prevention Fund of Florida.

2. Direct Private Sector Benefits:

Indeterminate at this time.

3. Effects on Competition, Private Enterprise and Employment Markets:

N/A

D. FISCAL COMMENTS:

The costing methodology is based on geographical targeting, incremental implementation over a period of four years, assumptions about participation, and serving families over a period of five years. The target population includes all parents of newborns not currently involved in the child protective system and living in targeted high-risk geographic areas who are at risk for child abuse and neglect based on a standardized assessment instrument.

Capacity to implement the program increases incrementally, with a goal of assessing 50% of total births at the end of the fourth year of implementation. For the first year of implementation, 20% of the total births will be selected within geographically targeted high-risk areas. An assessment is offered to 100% of the targeted area; it is estimated that 90% of the population will consent to an assessment. Of the 90% assessed, it is estimated that 25% will be assessed as at-risk, and 85% of those will consent to participate in the program. An estimated 25% of the population to be served is substance abusing and in need of specialized home visiting services. A 25% attrition rate per year is expected.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take any action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

The Department of Health has expressed concern that communities may develop individual screening processes, which could lead to a duplication of efforts already being expended by Healthy Start coalitions, and implementation of a parallel system of care. DOH reports that over 683,000 infants have received Healthy Start screening in the past six years. The department recommends that a single screening instrument be used to best ensure access to a continuum of services.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

Six amendments were adopted by the Committee on Family Law and Children on March 5, 1998.

Amendment #1: Removes everything after the enacting clause and inserts language as specified above.

Amendment #1 to Amendment #1: Specifies that linkages will be developed with existing community-based substance abuse services.

Amendment #2 to Amendment #1: Requires the Healthy Families Florida program to coordinate with Healthy Start and other home visiting and family support programs.

Amendment #3 to Amendment #1: Deletes the requirement that grant applicants must agree to use the Kempe Family Stress Checklist.

Amendment #4 to Amendment #1: Requires communities to 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.

Amendment #5 to Amendment #1: Creates the Healthy Families Florida program within available resources.

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DATE: March 12, 1998

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VII. SIGNATURES:

COMMITTEE ON Family Law and Children:
Prepared by:

Legislative Research Director:

Stephanie Olin

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