

STORAGE NAME: h3377.flc

DATE: February 27, 1998

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

BILL #: HB 3377

RELATING TO: Children and families.

SPONSOR(S): Representative Frankel and Representative Lynn

COMPANION BILL(S):

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

- (1) Family Law and Children
 - (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 integration 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 Statewide Board and specifies duties of the board. Requires the Department of Health and the Department of Children and Families 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:

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. - 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 Statewide Board. - Requires that Healthy Families Florida be developed, implemented, and administered by the Department of Health (DOH) and the Department of Children and Family Services (DCF), or their designees, in cooperation with other appropriate state agencies and public and private organizations. HB 3377 creates the Healthy Families Florida Statewide Board, which is composed of the Secretary of Health, the Secretary of Children and Family Services, and 11 members from other state agencies and public and private organizations, one of whom shall be a parent representative. The board shall be co-chaired by the two Secretaries, both of whom shall jointly appoint the other members. The board is responsible for defining the scope of the program, awarding grants to communities to implement the program, and evaluating the program's progress toward achieving measurable outcomes.

Implementation. - Requires the Department of Health and the Department of Children and Family Services, or their designees 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 using a weighted criteria based on population demographics, factors associated with child abuse and neglect, and other criteria developed by the Healthy Families Florida Statewide Board.

- (c) Require the specified criteria for grant funding, including requirements to integrate with existing programs, seek specified credentialing, use an approved assessment tool, provide outcome and performance data, and involve both parents when appropriate.
- (d) Evaluate and approve the grant applications and the local implementation plans for service delivery.
- (e) Enhance the Healthy Start postnatal risk screening, to include factors associated with child abuse and neglect.
- (f) Coordinate service delivery with Healthy Start care coordination, as specified in the service delivery plans of the Healthy Start coalitions.
- (g) Contract with providers to establish a statewide training program and to develop and provide preservice and in service training and ongoing technical assistance to each community-based program.
- (h) Contract with evaluators to develop and implement an evaluation design for the program.
- (i) Develop and implement a quality assurance and improvement process for the program.

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.

Rules. - Provides rule making authority for the Department of Health, with the concurrence of the Department of Children and Family Services. These rules may include criteria for provider selection, provisions for provider contracts and reimbursement provisions for data collection and reporting, and requirements for program design, program services, staff qualifications, service delivery, and state and local agency coordination.

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?

HB 3377 provides rule making authority to the Department of Health, with the concurrence of the Department of Children and Families to adopt rules to implement the Healthy Families Florida program.

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

HB 3377 requires the Department of Health and the Department of Children and Family Services 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, contract with providers to provide a statewide training program, contract with providers to develop and implement an evaluation design for the program, and to develop and implement a quality assurance and improvement process.

HB 3377 also creates the Healthy Families Florida Statewide Board, comprised of the Secretary of Health and the Secretary of Children and Family Services and 11 members from other state agencies and public and private organizations, one of whom shall be a parent representative. The Board is required to define the scope of the Healthy Families Florida program, award grants to communities, and evaluate the program's progress toward achieving measurable outcomes.

(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 the Kempe Family Stress Checklist or other

standardized assessment tool approved by the Healthy Families Florida Statewide Board.

(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 Healthy Families Florida Statewide Board.

(3) Are private alternatives permitted?

Service delivery pursuant to Healthy Families Florida must be community-based and collaborative. Program services are required to 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. 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 Health and the Department of Children and Families are responsible for implementing Healthy Families Florida, awarding community grants, requiring selection criteria for grant funding, coordination of service delivery with Healthy Start care coordination, and contract with providers to establish a statewide training program, to develop and implement an evaluation design, and develop and implement a quality assurance and improvement process.

D. STATUTE(S) AFFECTED:

HB 3377 creates Florida Statute section 383.145.

E. SECTION-BY-SECTION RESEARCH:

HB 3377 creates the Healthy Families Florida program.

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:

- (a)strengthen families;
- (b)promote healthy childhood growth and development;
- (c)improve childhood immunization rates and well-child care;
- (d)improve child health outcomes;
- (e)improve school readiness;
- (f)increase family self-sufficiency;
- (g)increase the involvement of both parents with their children; and
- (h)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 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. 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:
 - i) Initiation of services prenatally or at birth.
 - ii) Use of a standardized assessment tool to systematically identify those most in need of services.
 - iii) Offering services on a voluntary basis, and using positive, persistent outreach efforts to build family trust.
 - iv) Working with families to identify strengths and resources that can be mobilized to help resolve identified family concerns.

- Service content:
 - v) Offering services over the long term and intensively, with well-defined criteria for increasing or decreasing the intensity of service.
 - vi) Providing culturally competent services.
 - vii) 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.
 - viii) 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.
 - ix) Providing families the opportunity to create neighborhood support systems to address mutual concerns and solve problems without external resources.
 - x) 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.

- Selection and training of service providers:
 - xi) 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.

- xii) 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.
- xiii) 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, and services available in the community.
- xiv) Ensuring that home visit providers receive ongoing weekly reviews and direct and intensive supervision.

Subsection (5) creates the Healthy Families Florida Statewide Board. Provides that the program be developed, implemented, and administered by the Department of Health and the Department of Children and Family Services, or their designees, in cooperation with other appropriate state agencies and public and private organizations. For this purpose there is created a Healthy Families Florida Statewide Board of Directors composed of the Secretary of Health, the Secretary of Children and Family Services, and 11 members from other state agencies and public and private organizations, one of whom shall be a parent representative. The Board shall be co-chaired by the Secretary of Health and the Secretary of Children and Family Services. The members shall be jointly appointed by the two Secretaries. the board shall also be responsible for:

- xv) defining the scope of the program;
- xvi) awarding grants to communities to implement the program; and
- xvii) evaluating the program's progress toward achieving measurable outcomes.

DOH and DCF shall provide clerical and staff support as may be reasonably needed by the board for the proper performance of its duties, including but not limited to program development, technical assistance, and program monitoring. In the event of any statutory change to the structure or organization of DOH or DCF, the board shall be reconstituted for purposes of implementing this section, replacing original board members with the head of the new department or agency having the same or similar functions.

Subsection (6) provides for implementation. Requires the Department of Health and the Department of Children and Family Services, or their designees to:

- 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 using a weighted criteria based on population demographics, factors associated with child abuse and neglect, and other criteria developed by the Healthy Families Florida Statewide Board.
- Require the following selection criteria for grant funding:
 - xviii) Each community must select the local lead planning and implementation entity for the Healthy Families Florida program. Existing boards, coalitions, planning groups, and consumers shall be involved in selecting the lead entity. These groups shall include, but are not limited to, the following, if locally established: Healthy Start coalitions, local healthy families steering committees, 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, and juvenile justice councils.

- xix) When selecting the local lead planning and implementation entity for Healthy Families Florida, each community shall give preference to existing entities that have broad representation and have the fiscal and administrative capacity to implement the program.
 - xx) The program must build on and be integrated with Healthy Start and other home visiting and family support programs and must target geographic areas at high risk of child abuse and neglect.
 - xxi) One application per designated service delivery area shall be submitted for approval.
 - xxii) Each applicant community must agree to seek national Healthy Families America credentialing within 2 years after implementing the program.
 - xxiii) Each applicant community must agree to use the Kempe Family Stress Checklist or other standardized assessment tool approved by the Healthy Families Florida Statewide Board.
 - xxiv) Each applicant community must agree to provide outcome and performance data in the format and at the frequency specified by the board.
 - xxv) Each applicant community must identify local resources available for implementation.
 - xxvi) 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.
 - xxvii) 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.
 - xxviii) Implementation design must include service delivery strategies that, when appropriate, involve both parents who have shared parental responsibility, regardless of residential custody arrangements.
 - xxix) Each community must develop mechanisms to 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.
 - Enhance the Healthy Start postnatal risk screening, to include factors associated with child abuse and neglect.
 - Coordinate service delivery with Healthy Start care coordination, as specified in the service delivery plans of the Healthy Start coalitions.
 - Contract with providers to establish a statewide training program and to develop and provide preservice and in-service training and ongoing technical assistance to each community-based program.

- Contract with evaluators to develop and implement an evaluation design for the program.
- Develop and implement a quality assurance and improvement process for the program.

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.

Subsection (8) provide rule making authority to the Department of Health, with the concurrence of the Department of Children and Family Services. The rules may include criteria for provider selection, provisions for provider contracts and reimbursement provisions for data collection and reporting, and requirements for program design, program services, staff qualifications, service delivery, and state and local agency coordination.

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:

Local matching funds will be required based on criteria developed by the Healthy Families Florida Statewide Board.

3. Long Run Effects Other Than Normal Growth:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

Local matching funds will be required based on criteria developed by the Healthy Families Florida Statewide Board.

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:

N/A

VII. SIGNATURES:

COMMITTEE ON Family Law and Children:
Prepared by:

Legislative Research Director:

Stephanie Olin

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