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DATE: April 23, 1998

**HOUSE OF REPRESENTATIVES
AS FURTHER REVISED BY THE COMMITTEE ON
HEALTH AND HUMAN SERVICES APPROPRIATIONS
BILL RESEARCH & ECONOMIC IMPACT STATEMENT**

BILL #: CS/CS/HB 3377

RELATING TO: Children and Families

SPONSOR(S): The Committees on Health and Human Services Appropriations and Family Law and Children and Representative Frankel and Representative Lynn

COMPANION BILL(S): CS/SB 1660

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

- (1) Family Law and Children YEAS 8 NAYS 0
- (2) Children and Family Empowerment YEAS 8 NAYS 0
- (3) Health Care Standards and Regulatory Reform YEAS 8 NAYS 0
- (4) Governmental Rules and Regulations YEAS 5 NAYS 0
- (5) Health and Human Services Appropriations YEAS 10 NAYS 0

I. SUMMARY:

CS/CS/HB 3377 requires the Department of Children and Families to contract with a private non-profit corporation for the purpose of implementing a program that provides assistance to families in an effort to prevent child abuse. The program is to be a partnership with existing community based home visitation and family support resources. The department is to contract with a non-profit corporation whose purpose is to identify, fund, support, and evaluate programs and community initiatives to improve the development of life outcomes of children and to preserve and strengthen families with a primary emphasis on prevention. The program will be voluntary for participants who voluntarily submit to an evaluation approved by the board of directors of the non-profit corporation. The written informed consent of participants is required prior to service delivery.

The bill contains an appropriation of \$5,000,000 from the Grants and Donations Trust Fund in the Department of Children and Family Services. The source of funds is tobacco settlement revenues.

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 as a result of abuse or neglect in Florida are under four 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 preschoolers 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.

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 six 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.

This bill requires Healthy Families to integrate and coordinate 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. In addition to Medicaid, the following programs have been implemented to address various issues involving families and children.

- **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 Family Builders Program**, authorized in Part IV of Chapter 415, F.S., is designed to assist families in meeting the special physical, mental, or emotional needs of their children and to develop skills and knowledge in the parent. This is a home based program with intensive home visitation and designed for families that have abused their child. The program's goal is to stabilize families in crisis so that further abuse can be prevented.
- Chapter 404.45, F.S., authorizes the establishment of a **community resource mother or father program** in 1990. The purpose of the program is to demonstrate the benefits of utilizing community resource mothers or fathers to improve maternal and child health outcomes; to enhance parenting and child development, including the educational enrichment of children through the promotion of increased awareness by mothers and fathers of their own strengths and potentials as home educators; to support family integrity through the provision of social support and parent education and training; to provide assistance to children at high risk for delinquent behavior and their parents; and to provide assistance to high-risk pregnant women and to high-risk or handicapped infants, toddlers, and preschool children and their parents.
- The **Florida First Start Program**, authorized by 230.2303, F.S., is intended as a home-school partnership designed to give children with disabilities and children at risk ages 0 to 3 years old the best possible start in life and to support parents in their role as the children's first teachers. The purpose of the program is to assist parents to achieve their own goals for education and self-sufficiency and to teach parents how to foster their child's development in the crucial early years of life. The program must assist school districts in providing early, high-quality parent education and support services that enable the parents to enhance their children's intellectual, language, physical, and social development, thus maximizing the children's overall progress during the first 3 years of life, laying the foundation for future school success, and minimizing the development of disabilities and developmental problems which interfere with learning.
- **Florida Healthy Kids**, was established in 1990 pursuant to 624.91, F.S.. Florida Healthy Kids is a nonprofit corporation organized to facilitate a program to bring

comprehensive health care services to children by using school districts or other agencies within the communities to create a pool of individuals eligible for health coverage. A goal for the corporation is to cooperate with any existing preventive service programs funded by the public or the private sector. In 1997, the State Children's Health Insurance Program was enacted as Title XXI of the Social Security Act to provide funds to states to enable them to initiate and expand the provision of child health insurance to uninsured, low-income children.

- The **Children's Early Investment Program**, created by 411.232, F.S., is designed for young children who are at risk of developmental dysfunction or delay and for their families. This program shall coordinate a variety of resources to program participants through a responsible agent for the child and the child's family. The services and assistance are designed to provide focus on the family and to be comprehensive. The programs and services offered are designed to enhance family independence and provide social and educational resources needed for healthy child development. The goal of the Children's Early Investment Program is to encourage and assist an effective investment strategy for the at-risk young children in this state and their families so that they will develop into healthy and productive members of society. The Children's Early Investment Program is designed to provide intensive early intervention to at-risk expectant mothers, young children, and their families in order that this state will invest now for a future in which the workforce is skilled and stable; in which crime rates are reduced; and in which the social and economic costs of high-risk pregnancies and low birth weight babies are reduced.

The following chart summarizes the major children's health programs.

Program/Short Description	Purpose	Eligible Groups
Children's Health Insurance Program under Title XXI (Florida uses the Florida Healthy Kids package)	To provide health assistance for uninsured, low-income children	Any child who is: <ul style="list-style-type: none"> • not eligible for Medicaid under Title XIX • not covered by creditable health coverage • eligible for food stamps • under 19 (<i>Note: The Florida Healthy Kids Program covers children ages 5 to 19 who are enrolled in public schools</i>) • is a U.S. citizen or qualified noncitizen • from a family whose income is equal to or less than 200% of the FPL
Florida First Start Program- At risk families receive monthly visits from trained parent educators, may attend monthly group meetings, formal educational and medical screening for the children, and referral services.	To assist parents to achieve their own goals for education and self-sufficiency and to teach parents how to foster their child's development in the crucial early years of life	Children with disabilities and children at risk of future school failure ages 0 to 3 years old including any child who has one or more of the following characteristics described in s. 411.202(9).
Community Resource Mother or Father Program - Qualified individuals who are able to identify with the target population will conduct home visits	To improve maternal and child health outcomes; to enhance parenting and child development, to support family integrity through the provision of social support and parent education and training	High risk pregnant women and high risk or handicapped infants, toddlers, and preschool children and their parents. 420.45, F.S., provides these programs to be established in areas where the Florida First Start Program is not operational or is not able to serve the entire population needs in the county.

<p>Healthy Start Florida - Provide for the screening of pregnant women and infants</p>	<p>To improve the status of Florida's mothers and babies through increased access to comprehensive, risk-appropriate maternity and well-child care. To improve birth outcomes through improved prenatal and perinatal care.</p>	<p>Pregnant women and their infants up to one year of age who are county health department clients with incomes at or below 185% of the federal poverty level.</p>
<p>Family Builders Program - Each family receives family preservation services for up to 4 months. Services will normally be provided in the family's home and community. Caseworkers are available by phone and on call for visits at all times during the period of service for the family.</p>	<p>To stabilize families in crisis so that further abuse can be prevented</p>	<p>Families that have abused their child or children as long as they meet eligibility requirements as established by rule and there is space available in the program.</p>
<p>Children's Early Investment Program- Services include provision of adequate prenatal care, health services, parental skills training, economic support, educational or training opportunities for the family as well as other services.</p>	<p>Encourage and assist an effective investment strategy for the at-risk young children in this state and their families so that they will develop into healthy and productive members of society.</p>	<p>Young children who are at risk of developmental dysfunction or delay and for their families.</p>
<p>School Health Program</p>	<p>Provide preventative health services including record reviews, nursing and nutrition assessments, dental, vision, hearing, scoliosis, growth and development screenings, as well as pregnancy prevention services.</p>	<p>Public school children in grades K-12</p>
<p>Primary Care for Children and Families Challenge Grant Program - Any county or counties may apply for a challenge grant</p>	<p>Provide primary health care services</p>	<p>Children and families with incomes of up to 150 percent of the federal poverty level.</p>
<p>Special Supplemental Nutrition for Women, Infants, and Children (WIC)</p>	<p>Provide nutrition education and counseling, breast-feeding promotion and support, health care and social service referrals and supplemental nutritious foods</p>	<p>Low to moderate income pregnant, breast-feeding and postpartum women, infants and children under five years of age.</p>
<p>Healthy Families Florida- A program based on intensive home visits to encourage interaction between families and children, enhance development of reading skills and school readiness, link families to medical providers, help families identify strengths, provide families opportunities to create neighborhood support systems, and handle substance abuse problems.</p>	<ul style="list-style-type: none"> • Strengthen families • Promote healthy childhood growth and development • Improve childhood immunization rates, well-child care, child health outcomes, school readiness, family self-sufficiency, parent-child interaction and, • Reduce the incidence of child abuse and neglect 	<p>Voluntary program for newborn children and their families. The services continue until the children reach 5 years of age. 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.</p>

B. EFFECT OF PROPOSED CHANGES:

The bill requires the Department of Children and Family Services to contract with a private non-profit corporation for the purpose of implementing a child abuse prevention program. The program is voluntary for participants who have voluntarily submitted to an evaluation approved by the board of directors of the private, non-profit corporation and requires the written informed consent of participants prior to service delivery. The program will work with existing community-based home visitation and family support resources to provide assistance to families in an effort prevent child abuse.

The effective date will be 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?

No.

(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?

N/A

- 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?

The community based provider will assess family needs based on written, informed consent.

- (2) Who makes the decisions?

Participation is voluntary.

- (3) Are private alternatives permitted?

Yes.

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

No.

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

The program is voluntary and families will not be penalized for declining to participate in the program.

- 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?

Parents must agree to participate, and have control over the extent of their participation.

- (2) service providers?

Participants must give consent before services are provided.

- (3) government employees/agencies?

The Department of Children and Family Services is required to contract with a private non-profit corporation to develop, implement, and maintain.

D. STATUTE(S) AFFECTED:

None

E. SECTION-BY-SECTION RESEARCH:

Section 1. Requires the Department of Children and Families to contract with a private non-profit corporation to develop a child abuse prevention program.

Section 2. Provides \$5,000,000 from the Grants and Donations Trust Fund from tobacco settlement revenues to fund the program.

Section3. 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:

None

2. Recurring Effects:

See fiscal comments.

3. Long Run Effects Other Than Normal Growth:

N/A

4. Total Revenues and Expenditures:

N/A

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

N/A

2. Recurring Effects:

N/A

3. Long Run Effects Other Than Normal Growth:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

Indeterminate at this time.

2. Direct Private Sector Benefits:

Indeterminate at this time.

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

N/A

D. FISCAL COMMENTS:

This bill provides \$5,000,000 from tobacco settlement revenues to implement the provisions of the bill.

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:

On April 8, 1998, CS/HB 3377 was reported unfavorably by the Committee on Governmental Rules and Regulations, pending reconsideration. On April 15, 1998, the Committee on Governmental Rules and Regulations reconsidered the vote on CS/HB 3377 and adopted a substitute amendment to the previously adopted strike-everything amendment and then adopted the bill as amended. The substitute amendment contains the following changes:

- Strikes the following legislative intent provision contained in the committee substitute: "parenting is a difficult responsibility, and most of the assistance available to Florida's families occurs after there is a problem, and often provides 'too little, too late'."
- Removes all references to "The Ounce of Prevention Fund" and inserts "private, nonprofit corporation."
- Provides for notification of services offered by the Healthy Families Florida program through an informational brochure, prohibits the use of an assessment tool, and requires that the voluntary nature of the program must be clearly stated on the informational brochure as well as on any subsequent application or paperwork completed by a participant.
- Caps administrative costs of contracts at 5 percent, provides a definition of "administrative costs", and limits the department's expenditures on contract oversight to \$100,000 annually.
- Provides that the contract between the Department of Children and Family Services and the private, nonprofit corporation shall be performance-based, include performance standards adopted by the Legislature, and must cover all expenditures appropriated to Healthy Families Florida other than funds appropriated to the department for contract management.
- Identifies several outcomes measures for the program and provides that OPPAGA and the department's inspector general shall work with the private, nonprofit corporation on program outputs, outcomes and unit costs.

- Provides that each successful grant applicant must be credentialed by the private, nonprofit corporation's board of directors rather than by the Healthy Families America initiative.
- Requires community grant applicants to have at least 4 years experience in providing services to children and families in the community.
- Provides the following disclaimer to be given verbally and in writing at the initial contact with the parent: *"Participation in the Healthy Families Florida program is voluntary. You are not required to answer any questions other than those required for birth registration and you have the right to decline participation in the program at any time."*
- Authorizes participants to receive a copy of all documentation relating to services provided to them, including copies of any applications or assessments.
- Provides that upon termination of an individual's participation in the program, service providers shall dispose of all records or documents relating to that individual and specifies that no information shall be disclosed to the Department of Children and Family Services except for the name and age of participants.
- Provides a structure for the Healthy Families Advisory Committee and stipulates that the advisory committee members shall be appointed after January 15, 1999. Each appointee shall serve a 2 year term.
- Directs OPPAGA to review the program and report its findings to the Legislature by June 30, 2002.
- Provides a sunset review and repeal of the program on June 30, 2003.

On April 23, 1998 the Health and Human Services Appropriations Committee passed a strike-all amendment which substantially changed the bill. A committee substitute was adopted. The Section by Section has been revised accordingly.

VII. SIGNATURES:

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Legislative Research Director:

Stephanie Olin

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AS FURTHER REVISED BY THE COMMITTEE ON CHILDREN AND FAMILY
EMPOWERMENT:

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AS FURTHER REVISED BY THE COMMITTEE ON HEALTH CARE STANDARDS AND
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David M. Greenbaum

AS FURTHER REVISED BY THE COMMITTEE ON HEALTH AND HUMAN SERVICES
APPROPRIATIONS:

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