

STORAGE NAME: h1731a.hcs

DATE: April 12, 1999

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE SERVICES
ANALYSIS**

BILL #: HB 1731

RELATING TO: Children and Families

SPONSOR(S): Rep. Bloom

COMPANION BILL(S): SB 1896 (i)

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

- (1) HEALTH CARE SERVICES YEAS 14 NAYS 0
 - (2) CHILDREN AND FAMILIES
 - (3) HEALTH & HUMAN SERVICES APPROPRIATIONS
 - (4)
 - (5)
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I. SUMMARY:

HB 1731 creates the Families First demonstration project, under the Department of Health, to provide for home visiting by nurses to first-time parents and their newborns. The purpose of such visits is strengthening families, improving newborn care skills, promoting normal child development, and improving child health outcomes. The bill provides for integration with existing programs, such as Healthy Start and Healthy Families Florida, and for links to other family preservation and support services in the community, and to medical providers. The bill directs the Department of Health to work with the Agency for Health Care Administration to seek a federal waiver to utilize Medicaid funding for the program. The bill provides for implementation of the demonstration project beginning January 1, 2000, subject to specific appropriation.

According to the Department of Health, the bill's fiscal impact is \$259,270 in Year 1, and \$350,008 in Year 2.

II. SUBSTANTIVE ANALYSIS:

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 2 years of age. The Florida Governor's Task Force on Domestic and Sexual Violence has reported 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 has reported 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 in its report entitled, "Home Visiting - A Promising Intervention Strategy for At-Risk Families; July, 1990," 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.

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.

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 32 Healthy Start Coalitions around the state. Section 383.011, F.S., requires the Department of Health to establish a Healthy Start Care Coordination Program in each county health department, 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 has existed in five Florida counties for some time. Each is modeled after the Healthy Families America initiative. Extensive evaluations of the Pinellas and Orange County programs show that 97-98 percent of the families served were not involved in a report of abuse or neglect, 97 percent 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 percent of the families served were in compliance with preventive medical visits and immunizations.

The Ounce of Prevention Fund of Florida is a not-for-profit corporation founded in 1989 to identify, fund, support, and evaluate programs and community initiatives to improve the development and life outcomes of children and to preserve and strengthen families. Their sources of funding include legislative appropriations, through contracts with state agencies, and private contributions. The Ounce of Prevention Fund is governed by a Board of Directors made up of leaders from business, industry, the professions, civic leaders, and child advocates. Currently the Ounce of Prevention Fund sponsors 35 programs and operates under an annual budget of over \$8 million.

Section 1 of ch. 98-175, L.O.F., codified as s. 409.153, F.S., 1998 Supplement, directed the Department of Children and Family Services to contract with a private nonprofit corporation to implement the Healthy Families Florida program; directed that the program work in partnership with existing community-based resources; specified that the program must be voluntary and required informed consent of the participants at initial contact; and prohibited the use of the Kempe Family Stress Checklist as an assessment instrument under the program. Section 2 of the 1998 enactment appropriated \$10 million from tobacco settlement receipts to implement the act. The program has been implemented by the Ounce of Prevention under contract with the department, and operates in targeted areas within 24 counties. Each of these projects is meeting their program objectives; however, none of the projects is sufficiently funded to provide services at the level and intensity required by many high-risk families.

Many Florida communities have home-visiting programs that are funded either locally or through federal grants or programs.

B. EFFECT OF PROPOSED CHANGES:

HB 1731 will create the Families First demonstration project, under the Department of Health, to provide for home visiting by nurses to first-time parents and their newborns. The purpose of such visits will be strengthening families, improving newborn care skills, promoting normal child development, and improving child health outcomes. The bill will provide for integration with existing programs, such as Healthy Start and Healthy Families Florida, and for links to other family preservation and support services in the community and to medical providers. The bill will direct the Department of Health to work with the Agency for Health Care Administration to seek a federal waiver to utilize Medicaid funding for the program. The bill will provide for implementation of the demonstration project beginning January 1, 2000, if a specific appropriation is provided.

According to the Department of Health, the bill's fiscal impact will be \$259,270 in Year 1, and \$350,008 in Year 2.

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?

Yes. The Department of Health is directed to implement a demonstration project for home visits to first-time parents.

(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?

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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?

No.

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

An argument could be made that at-risk families may not want a visiting nurse in their home. Such visits are optional, however.

5. Family Empowerment:

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

- (1) Who evaluates the family's needs?

The demonstration project provider and its nurses.

- (2) Who makes the decisions?

See #1 above.

- (3) Are private alternatives permitted?

The bill is silent as to whether the department will provide these services directly, or through a contract provider.

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

No. Participation is voluntary.

- (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?

N/A

- (2) service providers?

N/A

- (3) government employees/agencies?

N/A

D. STATUTE(S) AFFECTED:

The bill creates an undesignated section of law.

E. SECTION-BY-SECTION ANALYSIS:

Section 1. Provides for the Families First program. This section consists of the following subsections:

Subsection (1) provides for program creation, targeting first-time parents and their newborns with a birth facility visit, a home visit, and linkages to family supports. Goals and service delivery approach are stated for the program, including coordination with existing programs.

Subsection (2) identifies expected outcomes relating to newborn care, child development, well child issues, and information sharing.

Subsection (3) identifies critical program elements, to be provided via home visits using a nurse provider model. Addressed are visits and time frames for visits, family consent, community services,

linkages to medical providers, participating nurse selection, nurse core competencies, and nurse training.

Subsection (4) indicates special considerations relating referrals to necessary supports.

Subsection (5) provides for implementation of a single site demonstration project, with preference given to a site with a federal home visiting program or with targeted home-visiting funds. Specified duties are given to the Department of Health relating to a federal Medicaid waiver, in conjunction with the Agency for Health Care Administration, and implementation based on specific criteria and in collaboration with existing related programs.

Subsection (6) specifies criteria for implementation relating to: integration with existing programs, outcome and performance data, services to be delivered, evaluation, and quality assurance and performance improvement.

Subsection (7) specifies that the demonstration project be implemented effective January 1, 2000, subject to specific appropriation.

Section 2. Provides for the act to take effect upon becoming a law.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

	Year 1	Year 2
Non-recurring	\$ 42,192	-0-

2. Recurring Effects:

Staff (6 FTEs)	\$125,407	\$258,337
Expenses	91,671	91,671
Subtotal	\$217,078	\$350,008

3. Long Run Effects Other Than Normal Growth:

N/A

4. Total Revenues and Expenditures:

TOTAL	\$259,270	\$350,008
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The above numbers were generated by the Department of Health based on 6 months of implementation in year 1 as specified in the bill, with an annualized cost in year 2.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

None.

2. Recurring Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

Unknown.

2. Direct Private Sector Benefits:

Unknown.

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

Unknown.

D. FISCAL COMMENTS:

The bill anticipates an appropriation for the cost of the visiting nurses. The bill does not address the potential costs of the at-risk families who might need follow-up or ongoing care of various types, waiting lists for substance abuse services, or other support services that targeted families could be anticipated to need.

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

A. APPLICABILITY OF THE MANDATES PROVISION:

The bill does not require counties or municipalities to spend funds or take other action requiring expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

The bill does not reduce the authority that municipalities or counties have to raise revenues.

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

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

V. COMMENTS:

Without very careful collaboration and coordination, the services envisioned under this bill could easily duplicate those already underway by Healthy Start and Healthy Families Florida.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

N/A

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

Staff Director:

Phil E. Williams

Phil E. Williams

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