

# SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below.)

BILL: SB 1896

SPONSOR: Senator Silver

SUBJECT: Families First Program

DATE: April 17, 1999 REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Carter	Wilson	HC	Favorable
2.			FP	
3.				
4.				
5.				

## I. Summary:

Senate Bill 1896 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

This bill creates one undesignated section of law.

## II. 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.

### III. Effect of Proposed Changes:

**Section 1.** Provides for the Families First program, as created in 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 to referrals for 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 bill to take effect upon becoming a law.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Subsections 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

**V. Economic Impact and Fiscal Note:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

**FISCAL IMPACT ON THE DEPARTMENT OF HEALTH**

*(Source: Department of Health)*

ITEM	Year 1	Year 2
Non-recurring Effects	\$ 42,162	0
Recurring or Annualized Continuation Effects:		
6 Full-time equivalent positions (salaries & benefits)	188,110 (9 months)	\$258,337 (12 months with 3% increase)
Expenses	91,671	91,671
<i>Subtotal Recurring or Annualized Continuation Effects</i>	\$279,781	\$350,008
<b>TOTAL (Non-recurring and Recurring Effects)</b>	<b>\$321,943</b>	<b>\$350,008</b>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Amendments:**

None.

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This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.

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