The Florida Senate

Interim Project Report 98-66 *November 1998*

Committee on Children, Families and Seniors Senator Tom Rossin, Chairman

TEEN PREGNANCY PREVENTION INITIATIVES IN FLORIDA

SUMMARY

The National Vital Statistics System reports that the teenage birth rate declined steadily between the years 1991 and 1995. In 1991, the national average birth rate for teenagers, ages 15 to 19 years, was at 62.1 (per 1000 young women); in 1995 that rate was at 56.8. The U.S. General Accounting Office recently reported that families started by teenagers received an estimated $39 billion in federal assistance in fiscal year 1995 through programs such as Aid to Families with Dependent Children, Medicaid, Food Stamps, and others. Studies have shown that the children of teen mothers are at a greater risk for low birth weight, lower cognitive scores, and school failure. Teen mothers graduate high school at a lower rate as compared to all teen women. In 1995 nearly half the teen mothers were white and most were aged 18 to 19 (about 60 percent) and unmarried (78 percent). About one in five teens who gave birth already had one child.

From 1991 to 1995, Florida's teen pregnancy rate dropped from 68.8 (per 1000) to 61.6. The negative correlations associated with teen pregnancy, as reported above, are applicable to Florida teen mothers as well. The purpose of this report, therefore, is to provide descriptive information on Florida's current efforts to reduce the incidence and impact of teen pregnancy. Data on all related programs in Florida are summarized and appropriations are given, where possible. Several "promising strategies," as determined by the federal Department of Health and Human Services, are highlighted. Recommendations include encouraging a Legislative appropriation for the ENABL (Education Now and Babies Later) program, enhancing evaluative measures on local collaborative initiatives and efforts, and increasing the presence of nurses in middle and high schools.

BACKGROUND

The recent decline in teenage birth rates is reportedly attributable to numerous factors, according to a 1995 National Survey of Family Growth. Such factors include a stabilization of the proportion of sexually experienced teenagers and teenagers' increased use of contraceptives at first intercourse, especially condoms. Despite this recent decline in the teen birth rate, teen pregnancy continues to be a significant problem in this country. Most teen pregnancies are unintended (about 66 percent). Infants born to teen mothers have the highest infant mortality rates and are more likely to be born prematurely. These infants and, as they grow, children are also more likely to be poor. The National Center for Health Statistics reports that about 80 percent of the children born to unmarried high school drop-out teens are poor as compared to just 8 percent of the children born to married high school graduates aged 20 years and over. The March of Dimes reports that one in three teen mothers drops out of high school. With her education cut short, a teenage mother may well lack job skills, making it harder for her to find and keep a job.

Though minor parents actually represent a relatively small proportion of most welfare caseloads, research reported by the U.S. General Accounting Office indicates that a large percentage of teenage mothers eventually become welfare recipients. Consequently, teen pregnancy prevention is an important component of welfare reform. Under the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, for example, states are required to submit plans describing the "special emphasis" they will place on teen pregnancy as a part of their effort to prevent out-of-wedlock births. As well, the plan must outline statutory rape education programs. Teen parents are subject to Temporary Assistance for Needy Families (TANF) time limits. In addition, they are subject to stay-in-school and live-at-home provisions. In other words, states may not spend TANF funds on minor, unmarried, custodial parents who do not live at home or in an adult-supervised setting and who are not

participating in high school or other equivalent training programs. (Florida's efforts in this area are discussed in greater detail below.)

In addition to other federal welfare reform-related initiatives, the executive branch has initiated a National Strategy to Prevent Teen Pregnancy. This strategy is a comprehensive plan designed to prevent teen pregnancy and to encourage adolescents to remain abstinent. In August of 1997, under the federal welfare reform package, Congress appropriated $250 million over a five year period to promote abstinence. Each year $50 million will be awarded to states. Florida will receive $2.6 million per year, funding about 16 programs over the next five years. Programs must be abstinence only programs that engender collaborative community efforts. Abstinence only grants require a 75 percent match from the local communities seeking funding.

At the present time, Florida has a number of statutorily-based strategies and programs, required or authorized, which seek to reduce the teen pregnancy rate or enhance a prosecutor's ability to prosecute a statutory rape case in an effort to prevent teen pregnancy. There are also many local public and private sector programs and initiatives designed to combat the problem of teen pregnancy. Some of these programs have demonstrated success in helping teens to postpone sexual involvement and to prevent the first or repeated teen pregnancies. Others have demonstrated success in assisting teen mothers to continue their education and become self-sufficient.

Several state agencies have statutorily-based responsibilities related to teen pregnancy prevention. The Department of Health (DOH) is charged with reducing out-of wedlock and teen pregnancies and with delivering the broad-based school health services program. The Department of Education is responsible for providing health and sex education and with implementing teen parent programs or other similar drop-out prevention initiatives. Teen pregnancy prevention is targeted under the welfare reform laws, as well. The Department of Labor and Employment Security provides funding for local WAGES coalitions; each local coalition is required to have a plan for reducing teen pregnancy among current and potential welfare recipients.

METHODOLOGY

Senate Children, Families and Seniors Committee staff worked with staff from the following committees to compile data on current program and funding efforts in the area of teen pregnancy prevention: Committee on Health Care, Committee on Education, Committee on Commerce and Economic Opportunities, and the Committee on Ways and Means.

This report is designed to provide information on the state's programs; descriptions of activities are given and budget figures are included for each program, where possible. Statutory rape prevention efforts in Florida are discussed. Several federally identified "promising strategies" are highlighted.

FINDINGS

Florida Agency Efforts

The Florida Statutes contain a number of references to teen pregnancy prevention. To follow is a summary of Florida Statutory provisions relevant to teen pregnancy prevention, and related programs, primarily located in the Departments of Health and Education.

Section 230.23166, F.S., requires each district school board to provide a specialized curriculum and other services to public school students who are pregnant or who are parents. The law also requires child care for the students' children and is supported through the Florida Education Finance Program. The teenage parent program teaches the benefits of sexual abstinence and stresses the consequences of subsequent pregnancies. In 1998-1999, the teen parent and drop-out prevention programs for at-risk students were jointly funded at an additional rate based on the student's educational needs. (See line 117 General Appropriations Act (GAA).)

Section 232.246, F.S., provides the general requirements for high school graduation. Among the 24 credit hours required for high school graduation is the requirement that each student complete one-half credit in life management skills, which includes: consumer education, positive emotional development, marriage and relationship skill-based education, nutrition, prevention of human immunodeficiency virus infection (HIV) and acquired immune deficiency syndrome (AIDS) and other sexually transmissible diseases, the benefits of sexual abstinence and the consequences of teenage pregnancy, information and instruction on breast cancer detection and breast self-examination, cardiopulmonary

resuscitation, drug education, and the hazards of smoking. Courses are taken by all ninth or tenth grade students.

Sections 232.46 and 232.465, F.S., provide the parameters and circumstances under which properly trained non-medical school district personnel may perform health-related services on students. One provision stipulates that school district personnel shall not refer students to, nor offer students at school facilities, contraceptive services without the consent of a parent or legal guardian. To the extent that this subsection conflicts with any provision of ch. 381, F.S., (regarding public health) the provisions of ch. 381 shall control.

Section 233.061, F.S., requires school districts to provide instruction in comprehensive health education. Under the topic of family life, the instruction includes fostering an awareness of the benefits of abstinence as the accepted standard and stresses the consequences of teenage pregnancy. The decision about when and where to provide the instruction is a local one. Parental involvement is included in this decision.

Section 233.0672, F.S., specifies the content of school district health education instruction regarding AIDS. This section places the emphasis on abstinence from sexual activity as a certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases (including AIDS), and other associated health problems.

Section 240.2803, F.S., auxiliary enterprises, authorizes the university system to operate student health services; student health services are supported by student health fees. With some portion of university students being in their teenage years, the state university system does provide services which aid in the prevention of teen pregnancy. For example, in 1997 the Board of Regents reported that all student health centers provided family planning counseling at no charge to the student. Other services, such as gynecological care, pregnancy testing, and AIDS/HIV/sexually transmitted disease testing and counseling, are also offered.

Section 381.005, F.S., specifies the primary and preventive health services that must be provided by DOH as part of fulfilling its public health mission. Among these are school health services and family planning services.

Section 381.0051, F.S., the "Comprehensive Family Planning Act," provides for the right of access to services, prohibitions, powers and duties of DOH in the provision of such services, provision of maternal health, contraceptive information and services to minors (discussed in greater detail below), and the provider's right of refusal to render such services on the basis of religious or medical reasons.

In general, authority for providing family planning services to those teens in need of such services is derived from this section. The Department of Health and persons licensed to practice medicine under ch. 458 or 459, F.S., may provide maternal health and contraceptive information and services of a nonsurgical nature (application of nonpermanent internal contraceptive devices is not considered a surgical procedure) to any minor who is married, is a parent, is pregnant, or has the consent of a parent or legal guardian. Services may also be rendered to minors who may, in the opinion of the physician, suffer probable health hazards if such services are not provided.

In considering the provision of family planning services to a minor and in determining how to best meet her health care needs in light of the teen's family environment, county health department staff exercise their discretion based on each teen's situation. Including parents in the decision-making process is also discussed.

In the 1998-1999 GAA, family planning services are funded at $7.3 million (general revenue), $2.2 million (county trust fund), and over $5.4 million (federal trust fund). (See line 493, GAA.) The Department of Health estimates that about 30 percent of family planning clients are teens, a small percentage of whom are male.

Section 381.0056, F.S., is entitled the "School Health Services Act." This section authorizes DOH, in cooperation with the Department of Education, to administer the basic school health services program. The development of a biannual local school health services delivery plan is required. Mandated services to be addressed in the school health services plan include, in relevant part, a health appraisal; records review; growth and development screening; health counseling; referral and follow-up of suspected or confirmed health problems by the local county health department; county health department personnel to assist school personnel in health education curriculum development; referral of students to the appropriate health treatment (in cooperation with the private health community whenever possible); consultation with a student's parent or

guardian regarding the need for health attention by the family physician or other specialist when indicated; maintenance of records of health problems, corrective measures taken, and other such information as may be needed to plan and evaluate health programs (provisions in the plan for the maintenance of health records of individual students must be in accordance with s. 228.093, F.S.); and, finally, notification to local non-public schools of the school health services program including the opportunity for representatives of the local non-public schools to participate in the development of the cooperative school health services plan.

Section 381.0057, F.S., relates to funding for school health services and is commonly referred to as the comprehensive school health services program (CSHSP). Projects are co-designed by county health departments and local school districts and have three goals: (1) to promote student health; (2) to decrease student involvement in drug/alcohol abuse, suicide/homicide, and other forms of risk-taking behaviors; and (3) to reduce the incidence of teenage pregnancy. Program funds specifically target those school districts and schools where there is a high incidence of medically under-served high-risk children, low birth weight babies, infant mortality, or teenage pregnancy. The purpose of this funding is to phase in those programs which offer the greatest potential for promoting the health of students and reducing teenage pregnancy. Currently, there are 69 CSHSP projects in 264 schools; CSHSP is available to about 10 percent of Florida students. Each school district or school program that is funded under school health must provide a mechanism through which a parent may, by written request, exempt a child from all or certain services provided by a school health services program. In the 1998-1999 GAA, school health services are funded at nearly $17.2 million (general revenue), and $4.5 million (federal trust fund), an undetermined portion of which is spent on services relevant to teen pregnancy and teen pregnancy prevention. (See line 508, GAA.)

Since the inception of CSHSP (1990-91), DOH reports many positive results associated with this program including decreased student absenteeism, decreased teen birth rates, and improved outcomes for teen parents. For example, in 1995 DOH reported a total of 25,068 births to teen mothers (aged 15 to 19) in Florida. Of that number, only 1056 births were reported to students in CSHSP. Statewide, 6.3 percent of females in this age group gave birth while in CSHSP only 1.3 percent of students, grades six through 12, reportedly gave birth. Repeat teen births are often associated with increased levels of poverty and studies have shown that, without intervention, 25 percent of teens who have had one pregnancy will have a repeat pregnancy in two years. A 1995 University of South Florida evaluation of CSHSP, as reported by DOH, recorded a repeat birth rate of one per 1000 in CSHSP. By comparison, the repeat teen birth rate for Florida in 1995 was 22 per 1000. Finally, DOH reports improved birth outcomes associated with babies born to teens in CSHSP. Of the 1056 babies born to students in CSHSP, only 5.5 percent were low birth weight babies (as compared to the 9.6 percent state average).

Section 381.0057, F.S., also provides the guidelines for full-service schools under which county health department staff provide their services on school campuses as an extension of the educational environment. Services may include nutritional services, medical services, financial assistance, parenting skills training, counseling for abused children, and education for the students' parents or guardians. Funding may also be available for any other program that is comparable to other related program activities designed to meet the particular needs of the community. In addition to the merits of a program proposal, selection of a full-service school for funding will be based, in part, on a determination that the school or school district has a high incidence of medically under-served high-risk children, low birth weight babies, infant mortality, or teenage pregnancy.

Section 402.3026, F.S., provides additional statutory guidance on full-service schools. The Departments of Education and Health are to jointly establish full-service schools to serve students from schools that have a student population at high-risk of needing medical and social services. This determination is based on the results of demographic evaluations. The full-service schools must integrate the services that are critical to the continuity-of-care process and provide services to these high-risk students through facilities established on school grounds. Such services may include, in addition to services mentioned above, counseling for children at high risk for delinquent behavior and their parents. Again, a mechanism must be provided for parental request for exemption from some or all school health services. In the 1998-1999 GAA, full service schools are funded at over $11 million (grants and donations trust

fund), an undetermined amount of which is spent on teen pregnancy prevention. (See line 521A, GAA.)

Section 383.216, F.S., specifies Healthy Start Coalition activities, including the requirement for a community needs assessment. The community needs assessment is used as the basis for designing a plan of care based on issues identified as a priority need in the community. This plan, in many instances, involves specific interventions targeting teenage pregnancy prevention. Though no hard data are readily available reporting the actual number of coalitions which include this element in their service plan, teen pregnancy prevention is a high priority for Healthy Start. In the 1998-1999 GAA, Healthy Start is funded at over $3 million (general revenue) and nearly $2.4 million (federal trust fund), an undetermined portion of which is spent on teen pregnancy prevention. (See line 517, GAA.)

Section 409.905, F.S., specifies the mandatory services which must be provided under the state's Medicaid program. Family planning services are included among those which must be provided and include medically necessary services and supplies related to birth control and pregnancy prevention. Services include contraceptive management, patient education, counseling, and referral, as needed, to other social services and health care providers. These services are available to women of child-bearing age who qualify for Medicaid. Women with incomes up to 100 percent of the federal poverty level are generally eligible for Medicaid services. Pregnant women with incomes up to 185 percent of the federal poverty level are eligible for Medicaid. These pregnant women continue to be eligible for Medicaid services up to 60 days post-partum.

As an extension of the above-referenced services, ch. 97-263, Laws of Florida, directed the Agency for Health Care Administration to extend Medicaid family planning services for a period of up to 24 months following the pregnancy (for which Medicaid paid) to those women with incomes at or below 185 percent of the federal poverty level. This Medicaid waiver plan was recently approved by the federal Health Care Financing Administration and was implemented by AHCA effective September 1, 1998. One of the stated goals of this waiver is to reduce teen pregnancy by reducing the number of repeat teen births. The impact on this population has yet to be determined.

In the 1998-1999 GAA, family planning under Medicaid is funded at nearly $1.3 million (general revenue), over $11.4 million (medical care trust fund), and over $26 thousand (refugee assistance trust fund). (See line 241, GAA.) An undetermined amount is spent on the teen population.

Part IV of ch. 411, F.S., provides for the "Florida Education Now and Babies Later (ENABL) Act" and includes goals, implementation guidance, training, evaluation, and a teen pregnancy prevention community initiative. This program is for children and their families with a goal of reducing the incidence of childhood pregnancies by encouraging children to abstain from sexual activities and provides a multi-faceted, multi-agency, primary prevention, community health approach to educating and supporting children in the decision to abstain from sexual involvement. The program is designed to: reduce the incidence of childhood pregnancies, increase the percentage of children graduating from school and becoming more productive citizens, reduce the numbers of cocaine babies born in this state, reduce the crime rate among these children as they grow, reduce the school dropout rate in this state, and increase the basic skills and abilities of the future workforce. The Legislature has never allocated separate dollars for ENABL. The Department of Health has used previously designated family planning dollars to do the program.

WAGES

The Florida State WAGES plan includes strong components to address issues such as teen pregnancy prevention, family planning, and statutory rape. Among the current strategies are the ENABL plan, enhanced family planning initiatives, and language of the law, amended in 1996, to specifically target adult men who commit statutory rape. The State WAGES Board reports the following activities in Florida at this time:

- In September 1998 the State WAGES Board approved $1.5 million (three years' funding) to be distributed to a limited number of local WAGES coalitions for innovative teenage pregnancy programs. The Florida Network on Adolescent Pregnancy, Parenting and Prevention will issue requests for proposals. Money will be awarded for four or five demonstration projects sponsored by local WAGES coalitions working in collaboration with DOH. The intent of this initiative is to test a variety of comprehensive and holistic models. Each proposed demonstration project must include instruction in abstinence, school-to-work activities,

and a mentoring component, as well as curricula strategies, life options strategies, intensive strategies, and evidence of collaboration with other local entities. A strong evaluative component is associated with this funding.

- The State WAGES Board will ask all 24 local WAGES coalitions to designate one staff member for local coordination of teenage pregnancy prevention initiatives.

Additionally, local WAGES coalitions report the following initiatives on teenage pregnancy prevention:

- An administrative rule by the Department of Labor and Employment Security requires the Department of Children and Family Services to refer all pregnant teens or teen parents, regardless of WAGES eligibility, to the appropriate local WAGES coalition.

- All local WAGES coalitions must already have a teenage pregnancy prevention component for which they contract. Local administrative entities will evaluate the local initiatives, and the State WAGES Board will review these evaluations.

- The Department of Health tracks local WAGES coalition programs, initiatives, and grants in the area of teen pregnancy prevention and has compiled a list of local WAGES coalition programs and initiatives, as well as expenditures, in the area of teen pregnancy prevention. Examples of local initiatives include a teen clinic located in a mall, use of the "Baby Think it Over" dolls, education on postponing sexual involvement, sex education, and ENABL.

Statutory Rape Prevention in Florida

As previously mentioned, Florida's statutory rape law (s. 794.05, F.S.) was amended in 1996. Currently, if a person over the age of 23 engages in sexual activity with a person 16 or 17 years of age, the older person commits a second degree felony. (Other statutory provisions such as s. 794.011, F.S., sexual battery, s. 800.04, F.S., lewd and lascivious behavior, s. 827.04, F.S., contributing to the delinquency or dependency of a child, address issues relating to sexual battery and child abuse on children of all ages.)

Section 27.365, F.S., directs the Florida Prosecuting Attorneys Association to prepare an annual report regarding prosecution of specified sexual offenses when the victim of the offense was less than 18 years of age. The above-referenced statutory rape crime is one such crime reported. Staff reviewed this raw data, as reported by Florida's 20 judicial circuits, and determined that, in the year 1997, 3,702 of the specified crimes were initially charged. Of that number, 80 were for the crime of statutory rape, as defined at s. 794.05, F.S. According to DOH, however, several county health departments have reported that this law is neither consistently nor adequately enforced by many of the local law enforcement entities in Florida. Conversely, a resurgence of the term "jail bait" is said to be occurring among older men; fear of prosecution is seen as a positive deterrent effect associated with this law (although reports of this effect are anecdotal at this point).

The Hollywood T.E.E.N Society

The Carrera Model

The Hollywood T.E.E.N. Society is an example of a local teen pregnancy prevention program and is one that the Legislature chose to specifically fund in fiscal year 1998-1999. Hollywood T.E.E.N. is a project of the Carrera program and is sponsored by Planned Parenthood of South Palm Beach and Broward Counties. The Carrera Program is a unique teenage pregnancy prevention effort (the target population is 13 to 15 year old teens) that offers a comprehensive and holistic approach to the prevention of teenage pregnancy. Program components include educational components, instruction in family communication, youth development, and information on contraception and family planning. A strong evaluative component is associated with this program.

In 1998-1999, the Hollywood T.E.E.N. Society received an appropriation in the amount of $200,000. (Included at line 479, GAA.)

Promising Strategies

In 1996, the federal Department of Health and Human Services released a report which discussed the following five programs, all described as "promising strategies."

Children's Aid Society's Adolescent Pregnancy Prevention Programs

This comprehensive, multi-faceted program looks beyond sex education to the whole child, offering youngsters a variety of opportunities, a broad spectrum of services, and positive role models. The program is offered in ten New York communities and 17 cities across the country and targets youth, ages 10-20. While the primary goal of the program is to assist youth in avoiding unintended pregnancy and in making responsible sexual decisions, the seven major components of the program are: career awareness, family and sex education, medical and health services, mental health services, academic assessment (including help with homework), self-esteem through the performing arts, and fostering lifetime participation in individual sports activities. The Children's Aid Society has another program in Harlem which, in addition to the components listed above, guarantees youth in the program who successfully graduate from high school admission into New York City's Hunter College. For six of the New York City sites, early data show that participants have higher educational aspirations than those reported in national samples of high school students, have better outcomes four years after entering high school than do other New York City students, have substantially lower rates of alcohol use when compared to other adolescents in the same age group, and are less likely to be sexually active than the national average. Those who do eventually become sexually active are more likely to use contraception.

Teen Outreach Program

Using the life options approach, the Teen Outreach Program, sponsored by the Association of Junior Leagues and the American Association of School Administrators, combines curriculum-based, facilitator-guided, small group discussions with volunteer service. The goal of the program is to prevent early pregnancy and encourage school achievement. Issues addressed in small group discussions include: self-understanding, communication skills, human growth and development, parenting issues, and family interaction. Some health and sex education is included. Facilitators serve as mentors and link youth to volunteer activities in the community. This program is designed for youth, ages 11-19, and is located in schools throughout the U.S. and Canada. Early data show a reduction in teen pregnancy as well as in school suspension and drop-out rates.

Postponing Sexual Involvement

This program, mentioned in the text of this paper, focuses on abstinence and delayed sexual initiation. The goal of the program is to provide youth with basic factual information and decision-making skills related to reproductive health. Teenagers in the program gain the skills necessary to deal with social and peer pressures that may lead them into early sexual involvement. The curriculum, developed by the Emory University School of Medicine and Grady Memorial Hospital Teen Services Program, offers a clear message favoring abstinence and postponing sexual involvement, but also provides information about contraception. Youth, ages 13 and 14, are served in this program. Early findings indicate that, compared to non-participants, a significantly smaller proportion of youth participating in the program report being sexually active in a 12 and 18-month follow up period. Delayed first sexual activity is true for both male and female participants, though is particularly strong among females. Among those program participants who were sexually active, a higher contraceptive use was found.

I Have a Future

A life options and opportunity development approach, "I Have a Future" is a community-based intervention that uses a comprehensive set of activities to explain life options for high-risk youth living in public housing projects in Nashville, Tennessee. The focus of the program is on abstinence, the community, and self-esteem. The three parts of the program include: equipping adolescents with the basic information they need about health, human sexuality, and drug and alcohol use; providing a comprehensive array of adolescent health services (with a focus on abstinence and a very strong emphasis on parental and community involvement); and assisting young people to enhance their life options through activities that improve their job skills, self-reliance values, and self-esteem. Youth, ages 10-17, are targeted. The early findings among participants indicate that those who participated in the program had fewer pregnancies, higher self-esteem, few self-reports of delinquent behaviors, and a greater sense of a promising future. Also found are positive effects on intermediate outcomes, such as pro-social attitudes, sexual and contraceptive knowledge, self-esteem, perceived life options, and psychosocial maturity (as compared to youth from two other pubic housing projects).

Quantum Opportunities Program

A life options and opportunity development program, the Quantum Opportunities Program (QOP) was a four year demonstration project launched in 1989. The goal was to test the ability of community-based organizations to "foster achievement of academics and social competence among high school students" for low-income students entering the ninth grade. Locations were Philadelphia, Pennsylvania, Oklahoma City, Oklahoma, San Antonio, Texas, Saginaw, Michigan and Milwaukee, Wisconsin (which was later dropped from the study). At each site there were 50 students -- 25 randomly assigned to the project and 25 in the control group. Early findings indicate that this program resulted in significant improvements in the lives of participating youth over a two-year period. Specifically, QOP members were more likely to be high school graduates, more likely to be enrolled in secondary schools, less likely to drop out of high school, and less likely to have children. They were also more likely to be involved in community service, more hopeful about the future, and more likely to consider their lives a success.

RECOMMENDATIONS

Though ENABL is created in law and is ordered to be implemented, specific funds for the ENABL program have not been appropriated since its inception in 1995. According to the Department of Health, 56 of Florida's 67 counties have attempted to implement the ENABL program with DOH funds set aside for that purpose. Therefore, staff recommends that the Legislature consider funding the ENABL program in the upcoming session.

Many teen pregnancy prevention programs coordinate their efforts at the local level and these local collaborations are extremely varied from community to community and program to program. Proposals to modify the manner in which local communities collaborate seem unnecessary at this point. Staff is unable to locate, however, any real evaluative information regarding many of these efforts and programs (unless otherwise indicated in the body of this report) and recommends evaluative efforts be made to determine efficiency in spending.

As a means of reducing teen pregnancy rates, the Department of Health urges the expansion of the comprehensive school health services program to include a nurse in every school. Given the reported success of this program in the area of teen pregnancy prevention, staff supports the Department of Health recommendation and encourages legislative consideration of additional funding for this program.

Staff recommends further analysis on the effect the 1996 amendments to Florida's statutory rape law have had on reducing teen pregnancy.

COMMITTEE(S) INVOLVED IN REPORT ***(Contact first committee for more information.)***
Committee on Children, Families and Seniors, 404 South Monroe Street, 520 Knott Bldg., Tallahassee, FL 32399-1100, (850) 487-5340 SunCom 277-5340
Committee on Health Care
Committee on Education
Committee on Commerce and Economic Opportunities
Committee on Ways and Means, Subcommittees B and C

MEMBER OVERSIGHT
Senator Brown-Waite
Senator Holzendorf