

1989

Session Law 89-379

Florida Senate & House of Representatives

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H 1818 GENERAL BILL/CS/2ND ENG by Rules & Calendar; Health & Rehabilitative Services; Press; Frankel; Friedman; Hill; Davis; Tobin; Holzendorf; Bloom; Drage; Rush; Jennings; Ireland; Wallace; Gordon; Abrams; Simon; Lippman; Thomas; Jamerson; Lewis; Clark; Rudd; Gutman; Mackenzie; Smith; Long; Geller; Shelley; Healey; Campbell; Deutsch; Logan; Reaves; Roberts; Langton; Graber; Goode; Huenink; Mims and others (Compare CS/1ST ENG/H 31, H 115, H 542, H 727, CS/H 945, CS/H 1101, CS/H 1160, CS/H 1469, CS/H 1600, S 395, CS/S 676, CS/S 752, S 758, CS/1ST ENG/S 877, S 1037, S 1071, 1ST ENG/S 1364)

Early Childhood Assistance: creates Fla. Prevention, Early Assistance, & Early Childhood Act; provides a continuum of comprehensive services through H.R.S. Dept. & D.O.E. for high-risk pregnant women & high-risk & handicapped infants & children & their families; creates State Coordinating Council for Early Childhood Services; entitles pregnant or parenting teens to participation in teenage parent program, etc. Amends F.S. Effective Date: 07/06/89; except s. 25 on 10/01/89.

05/17/89 HOUSE Filed; Introduced, referred to Appropriations -HJ 517
05/22/89 HOUSE On Committee agenda—Appropriations, 05/22/89, 10:00 am, 21-HOB; Preliminary Committee Action by Appropriations: Favorable; Comm. Report: Favorable by Appropriations, placed on Calendar -HJ 598; Withdrawn from Calendar, referred to Rules & Calendar -HJ 565
05/23/89 HOUSE On Committee agenda—Rules & Calendar, 05/23/89, 1:30 pm, 413-C; Preliminary Committee Action by Rules & Calendar: Favorable as a CS
05/24/89 HOUSE Comm. Report: CS by Rules & Calendar, placed on Calendar -HJ 630; Placed on Special Order Calendar; CS read first and second times -HJ 619; Amendments adopted; Read third time; CS passed as amended; YEAS 99 NAYS 17 -HJ 620
05/25/89 SENATE In Messages
05/31/89 SENATE Received -SJ 623; Was taken up -SJ 644; Substituted for CS/SB 676 -SJ 645; Amendment pending -SJ 651
06/01/89 SENATE Placed on Special Order Calendar -SJ 686 & -SJ 827
06/02/89 SENATE Placed on Special Order Calendar -SJ 892; Was taken up -SJ 973; CS passed as amended; YEAS 34 NAYS 2 -SJ 991
06/02/89 HOUSE In Messages
06/03/89 HOUSE Was taken up -HJ 1521; Concurred; CS passed as further amended; YEAS 104 NAYS 2 -HJ 1538
06/03/89 Ordered engrossed, then enrolled
06/20/89 Signed by Officers and presented to Governor
07/06/89 Became Law without Governor's Signature; Chapter No. 89-379

NOTES: Above bill history from Division of Legislative Information's *FINAL LEGISLATIVE BILL INFORMATION, 1989 SESSIONS*. Staff Analyses for bills amended beyond final committee action may not be in accordance with the enacted law. Journal page numbers (HJ & SJ) refer to daily Journals and may not be the same as final bound Journals.

****AS PASSED BY THE 1989 LEGISLATURE****

STORAGE NAME: h1818f.his\lb\tc
DATE: June 13, 1989

**HOUSE OF REPRESENTATIVES
COMMITTEE ON HEALTH & REHABILITATIVE SERVICES
FINAL STAFF ANALYSIS & ECONOMIC IMPACT STATEMENT**

BILL #: CS/HB 1818

RELATING TO: Prevention, Early Assistance, & Early Childhood

SPONSOR(S): Rules and Calendar, HRS Committee, Representatives Press,
Frankel, Friedman, & Others

EFFECTIVE DATE: July 1, 1989 or upon becoming law, whichever occurs later

DATE BECAME LAW: July 6, 1989

CHAPTER #: 89-379, Laws of Florida

COMPANION BILL(S): SB 676(S), CS/HB 1469, HB 542, and HB 945

OTHER COMMITTEES OF REFERENCE: (1) Appropriations
(2) Rules and Calendar

I. SUMMARY:

A. PRESENT SITUATION:

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Five hundred babies are born daily in the State of Florida. In 1987, one in 13 of Florida's babies was born with low birthweight; and during that same year, one in seven children was born to a teenage mother. Florida's future is contingent upon the quality of care which is provided to all of these children, especially during the formative years from birth to age 5, to assist them in leading independent, productive lives. Many of these children need comprehensive integrated services because various risk factors impinge upon their normal healthy development. Such risk factors include: poverty, homelessness, inadequate health care, abuse, neglect and abandonment, various handicapping conditions, and parents, who are teenagers, substance abusers, criminals, or who are at-risk for AIDS.

Florida's statistics relating to its children are startling.

As of February 1989, 6,405 teenage mothers received their own Aid to Families with Dependent Children (AFDC) grant. They are the mothers to 8,503 children. Sixty-seven percent of families with children younger than six headed by mothers who gave birth as a teenager live below the poverty line. In Florida, 30 percent of young children live in poverty and one in three of Florida's children living below the poverty level is not eligible for Aid to Families with Dependent Children due to Florida's stringent eligibility requirements.

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Florida has the fourth highest teenage pregnancy rate in the country, and is one of only six states to show an increase in birth rates for girls aged 15 through 19. Every day in Florida, 96 teenage girls become pregnant. One-half of these pregnancies are aborted. Of the teenage girls giving birth, 50 percent have a second pregnancy within the subsequent 36 months.

Florida has the highest school dropout rate in the nation, with 36.4% of school children dropping out. Between one-half and two-thirds of teenage mothers do not complete high school. Ninety-eight percent never graduate from college.

The "children of children" are more likely than children generally to suffer developmental disabilities and to require hospitalization during their first year of life. These children are also five and one-half times more likely than are children generally to score below 70 on IQ tests at age four.

There are 50,000 poor children who are eligible for, but not enrolled in, Head Start. Fifty-one percent of children under the age of 6 years, and nearly 65 percent of school aged children have mothers who work outside the home.

The average age of first drug use is 12 years and nearly 1000 teens each month are admitted for substance abuse treatment. There were approximately 2500 drug exposed newborns reported in 1988 and it is projected that for 1989, 10,000 drug exposed newborns will be born.

These children, as well as all of Florida's children, have the right to grow up as healthy, well-nourished and well-loved children who are protected from abuse and neglect, who are safe from drug and criminal activity and who are provided with the education and training necessary to reach their individual potential.

Currently, Florida has some programs which are designed to meet these needs and to reduce or eliminate risk factors. These attempts by state and community agencies, by local governments and by private businesses do not go unnoticed. However, the need exists for better coordinated, more comprehensive services to be provided to children and their families on a statewide basis.

Part H of Public Law 99-457, recognizes this need for states "to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for handicapped infants and toddlers and their families". The Department of Education, as the designated lead agency for the administration of Part H, is currently planning for early intervention and prevention services for infants and toddlers.

Chapter 411, The Handicap Prevention Act of 1986, provides the statutory basis for prevention services to high-risk and handicapped children. It requires the Departments of Education (DOE) and Health and Rehabilitative Services (HRS) to use the

continuum of services, as outlined in this chapter, as the basis for intra-agency and interagency coordination, monitoring and analysis. Further, these departments are required to prepare a joint report on prevention and to submit it to the Legislature and the Governor. The Florida Developmental Disabilities Planning Council, established in s. 393.001, Florida Statutes, has current responsibility for monitoring the development of this joint report.

In addition to the planning requirements of Chapter 411, F.S., the prenatal care program, developmental intervention and parent support and training programs, foster grandparent and retired senior volunteer services to high-risk and handicapped children and the community resource mother or father programs are also included. Even though statutory authority exists for these programs, they have not been fully funded nor fully implemented.

Currently, there are some resource and referral systems for child care in the state; however, these are not coordinated nor are they available throughout the state.

Further, there is no system of recognition for child care facilities or family day care homes which exceed all licensing standards and provide services for high-risk and handicapped infants and toddlers. There are no incentives provided by the state to encourage existing facilities or homes to coordinate with social services, health services or education programs.

226 With regard to programs for teenage parents in the school system, as part of the Dropout Prevention Act of 1986, the Legislature required school districts receiving dropout prevention funds to establish teenage parent programs. Excused from this requirement are those school districts demonstrating that teenage parent programs are not needed within the school district either because existing entities are already meeting the needs of pregnant and parenting teenagers, or because the district is unable to offer the program.

As defined in the Dropout Prevention Act, "teenage parent programs" are educational programs "designed to provide a specialized curriculum and other services to meet the needs of students who are pregnant or students who are parents." The law, however, is short on specifics. It refers to a "special program" without describing what qualifies as special. Provision for support services such as child care, transportation, health care, and social services is implicitly acknowledged, though not explicitly required.

Forty-two of the sixty-two school districts funded through the Dropout Prevention Act operate a teenage parent program. The range of services provided varies. During the 1987-88 school year, approximately 3,300 teenage mothers and fathers participated in a teenage parent program. Statewide, there are an estimated 75,000 teenage mothers. Approximately 3,300 pregnant or parenting teens were served in a teenage parent programs during 1988-89.

In fourteen counties where Project Independence is being implemented for teenage parents, some combination of child care, transportation, health care, and social services are being provided to 1,100 teenage participants. Currently, however, teenage parents with children younger than three are not required to participate in the program as a condition to receiving AFDC benefits. During the 1988 session, the Legislature funded support services at \$1.8 million.

B. EFFECT OF PROPOSED CHANGES:

The first three sections of HB 1818 substantially revise Chapter 411, F.S., to provide a greater emphasis on prevention and early assistance to high risk pregnant women and high risk infants, toddlers, and preschool children and their families; to provide for greater emphasis on interagency and intra-agency strategic planning for this population; to provide for greater accountability of efforts through evaluation; and to provide for prototypes for service delivery models for the continuum of services for high risk infants and toddlers and their parents.

The bill does the following to Chapter 411:

1. Renames the chapter to provide a broader focus on prevention, early assistance and early childhood;
2. Divides the chapter into three parts for ease of understanding;
3. Moves program specific sections relating to community resource mother or father programs, developmental intervention and parent support and training programs, prenatal care, and foster grandparents and retired senior volunteer services to other sections of law, to make Chapter 411 a planning statute;
4. Adds definitions of case management, interdisciplinary team, prevention, strategic plan, infant or toddler, and drug exposed child;
5. Expands the definition of "high risk child" or "at-risk child" to include drug exposed child, handicapped child, a child surviving an accident resulting in a developmental delay, a child from a family whose income is at or below 100% of the federal poverty level or whose family's income level impairs the development of the child and a child who is placed in residential care under the custody of the state through dependency proceedings pursuant to Chapter 39;
6. Establishes a continuum of comprehensive services, including information and referral and case management;
7. Requires program evaluations, intra-agency and

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- interagency evaluations, and third-party evaluations;
8. Requires a prevention and early assistance strategic plan;
 9. Establishes an interagency coordinating council;
 10. Requires intra-agency and interagency coordination through the creation of Offices of Prevention, Early Assistance and Child Development within DOE and HRS; through a Memorandum of Interagency Agreement; and through a State Coordinating Council for Early Childhood Services;
 11. Requires the establishment of prototypes for services for high-risk infants and toddlers and their families; and

The legislation also adds the following sections to Chapter 402:

1. Creates Child Care and Early Childhood Resource Information Agencies to aid parents in finding care for their children; and
2. Creates Child Care Plus to recognize facilities and family day care homes that are going the extra mile in the provision of quality care for handicapped and high-risk children and to provide incentives for going the extra mile in coordination with local and state education, social services, and health services agencies.
3. Creates the Child Care Trust Fund for the purpose of providing a repository of funds to be used for reducing or eliminating the child care waiting list; promoting public-private partnerships for child care; expanding availability and enhancing quality of child care; and providing child care and early childhood program resource information services.

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The legislation provides for the establishment of the parents as first teachers programs in school districts interested in receiving grants for such and provides that community resource mother or father programs may also be established in areas where the school-based programs are not established or where those programs cannot serve all the needs of the community.

Committee Substitute for House Bill 1818 would expand and enhance programs and services for pregnant and parenting teenagers, and assure that they and their children are afforded the opportunity to participate in a teenage parent program. As used in s. 230.2316, "parent" would be restated as "mother or father," in recognition of the needs of both parents and involvement of two people.

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As a preventative measure, the legislation would make instruction in the consequences of teenage pregnancy and benefits of sexual abstinence a topic under a Life Management Skills course, a high school offering presently required for graduation.

Also, the legislation would direct DOE to revise curriculum frameworks to include building self-esteem and enhancing decision-making skills. School district implementation would begin in the 1991-92 school year.

Teenage parent programs would be defined to include provision for necessary ancillary services to include child care, transportation, health care, and social services. School districts would be able to use dropout prevention funds to meet these needs.

The Committee Substitute would tighten the exceptions to the requirement that all school districts receiving dropout prevention funds offer a teenage parent program. School districts would be excepted from offering a teenage parent program if:

1. there are no pregnant or parenting teenagers in the school district interested in participating in a teenage parent program;
2. the school district submits proof that the particular needs of pregnant or parenting teenagers interested in participating in a teenage parent program are being met through other agencies, entities or family members, including a description of needs and any relevant service agreements; or,
3. the school district submits proof that:
 - a. it is financially unable to meet the particular ancillary services needs of pregnant or parenting teenagers interested in participating in a teenage parent program; and,
 - b. the needed ancillary services are unavailable from the agencies or entities included on the community services inventory.

Consistent with s. 230.2316, pregnant or parenting teenagers would be entitled to participate in a teenage parent program.

To facilitate the coordination of available ancillary services to serve pregnant and parenting teenagers and their children, CS/HB 1818 would require school districts to inventory community services and programs related to implementation of dropout prevention plans.

Finally, CS/HB 1818 would amend s. 236.083, F.S., to provide transportation funds to school districts transporting pregnant or

parenting students and their children to school regardless of the distance.

C. SECTION-BY-SECTION ANALYSIS:

Chapter 411, Florida Statutes

Section 1. The Florida Prevention, Early Assistance and Early Childhood Act

Provides definitions.

Provides for a continuum of comprehensive services for high-risk and handicapped children and their families. The continuum also describes management systems and procedures for comprehensive services, including evaluation procedures and a plan for continuation of services.

Provides legislative findings with regard to program evaluation and an independent third-party evaluation. Requires internal evaluators within the Offices of Prevention, Early Assistance and Child Development to perform intra-agency and interagency evaluations. Requires the Department of Education in cooperation with the Department of Health and Rehabilitative Services to contract for the development and implementation of an independent third-party uniform evaluation design system and for evaluation of program implementation. Specifies the content of the uniform evaluation design system and of the evaluation reports.

Provides rule making authority for the HRS and the State Board of Education.

Section 2. Prevention and Early Assistance

Provides intent language which recognizes that some handicapping conditions can be prevented and if not prevented, then minimized by focusing efforts on high-risk pregnant women and high-risk and handicapped children.

Requires a prevention and early assistance strategic plan to be developed jointly by DOE and HRS. Requires the plan to be submitted to the President of the Senate, the Speaker of the House and the Governor by January 1, 1991. Specifies the contents of the plan. Requires the biennial review and revision of the plan. Specifies that the Offices of Prevention, Early Assistance and Early Childhood within HRS and DOE shall have intra-agency and interagency responsibilities in the development, the coordination and the monitoring of the plan.

Establishes an interagency coordinating council to advise the two departments on the development of the strategic plan and specifies that the Florida Developmental Disabilities Planning Council continue its role until the State Coordinating Council for Early Childhood Services, as required by this act, is created and assumes the responsibility of the interagency coordinating

council.

Creates an Office of Prevention, Early Assistance and Child Development within DOE, specifies the intra-agency and interagency responsibilities of the office and the relationship of this office to Part H of Public Law 99-457.

Creates an Office of Prevention, Early Assistance and Child Development within HRS and specifies the relationship of this Office with the program offices and the HRS service districts.

Requires the Commissioner of Education and the Secretary of HRS to prepare a joint memorandum of interagency agreement to implement the provisions of Chapter 411. Specifies some of the content of the memorandum to include staff responsibilities; relationship of existing councils, commissions, and task forces; and procedures for conflict resolution and for reviewing, amending and revising the memorandum. Requires the signed memorandum of interagency agreement to be submitted by January 1, 1990 to the Governor, the Speaker of the House and the President of the Senate.

Creates the State Coordinating Council for Early Childhood Services to ensure coordination among the various agencies and programs serving children from birth to five years, to facilitate communication and coordination, to maximize resources and to promote high standards for all programs serving young children. Specifies the membership and the appointment process, the terms, the organization, the duties and the reporting requirements of the council. A major function of this council is to serve as the interagency coordinator of the strategic plan.

Requires HRS to establish a minimum set of procedures for each preschool child who receives preventive health care through state funds. Requires that duplicative diagnostic and planning practices be eliminated to the extent possible.

Section 3. The Children's Early Investment Act

Provides intent language which recognizes the need for intensive comprehensive, integrated and continuous services for young children who are at-risk of developmental dysfunction or delay. Recognizes that these services should be directed to expectant mothers and infants, one-year olds and two-year olds, who because of economic, social, environmental and health factors, need these services.

Creates the Children's Early Investment Program, which coordinates a variety of resources to program participants. Specifies the goals and objectives of the program, which include increasing the percentage of children entering school who are ready to learn, reducing teenage pregnancies, reducing the number of drug-exposed newborns, reducing the crime rate, and reducing the school drop-out rate.

Provides that the Children's Early Investment Program should be directed to geographic areas where at-risk children and their families are in greatest need; specifies the criteria to be used for consideration for funding of the prototypes.

Requires the Department of Health and Rehabilitative Services to implement the Children's Early Investment Program through prototypes. Provides for the selection of the prototypes. Requires a third-party evaluation of the prototypes.

Chapter 409, Florida Statutes

Section 4. Florida Employment Opportunity Act

Provides legislative intent regarding the need for teenage recipients and teenage parent recipients of Aid To Families With Dependent Children (AFDC) to remain in or return to school. Requires that teenage recipients or teenage parent recipients of AFDC attend school as a condition of receiving AFDC. If recipients fail to remain in school or return to school, their AFDC grant could be reduced. Requires that every applicant or recipient of AFDC be informed in writing at the time of application and at the time of any action affecting his AFDC grant of his right to a hearing. Includes provisions for good cause for failure to attend school or participate in other training activities. Provides that teenage recipients or teenage parent recipients of AFDC shall not be sanctioned if they demonstrate good cause for not attending school or participating in employment and training activities. Prior to imposing the sanction, the department is required to make reasonable efforts to dissolve the dispute when a mandatory participant fails to meet program requirements. Reasonable efforts include oral and written notice to the AFDC grant recipient of intent to sanction as a result of the teenage recipients or teenage parent's failure to attend school or failure to participate in other employment and training programs. If reasonable efforts fail to eliminate nonattendance in school or nonparticipation in employment and training activities, the recipient is referred to assessment and provided support services. When an AFDC grant payee who is a custodial teenage parent, fails to participate or to comply with program requirements, HRS must appoint a protective payee. If noncompliance continues beyond 90 days, HRS shall remove the needs of the custodial parent from the AFDC grant according to federal and state law and regulations. Requires the department to conduct an investigation to determine the well being of the child. Upon compliance with program requirements, the needs of the custodial teenage parent or teenage recipient will be restored in the AFDC grant. HRS must apply for federal waivers no later than October 1, 1989 if necessary to carry out the provisions of this section. Prior to May 1, 1990 HRS shall file rules necessary to carry out the provisions of this section.

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Chapter 402, Florida Statutes

Section 5. Child Care and Early Childhood Resource Information

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Provides for HRS to establish a statewide child care resource and referral network, administered by the state's central agencies for subsidized child care or their designees.

Requires each HRS district to have at least one child care resource and referral agency but no county can have more than one.

Requires the following services to be provided by the child care resource and referral agencies:

1. Identification of existing child care and early childhood education services and development of a resource file of those services.
2. Inclusion of services such as family day care, public and private intervention programs, head start, prekindergarten early intervention programs, special education programs for prekindergarten handicapped children, services for children with developmental disabilities, full-time and part-time programs, before- and after-school programs, vacation care programs, parent education, and related family support services.
3. Provision of information in the resource file on the type of program, hours of services, ages of children served, number of children served, significant program information, fees and eligibility for services.

Establishes a referral process that recognizes the confidentiality rights of parents, but also responds to parental need for information.

Requires documentation of requests for service to be maintained by all child care resource and referral agencies.

Requires the provision of technical assistance to existing and potential providers of child care services that includes information on initiating new child care services, zoning, program and budget development and assistance in finding such information from other sources. Also, existing child care service providers may be provided information and resources to help maximize their ability to serve children and parents in their community.

Allows assistance to be provided to families in applying for various sources of subsidy including Title XX/SSBG subsidized child care, Head Start, prekindergarten early intervention programs, Project Independence, private scholarships, and the federal Dependent Care Tax Credit.

Provides for information and assistance to local interagency councils that coordinate services for prekindergarten handicapped children.

Section 6. Child Care Plus

Sets out additional child care quality standards which must be met by a child care facility or a family day care home in order to be considered as child care plus. Allows these facilities to apply for a child care plus grant to supplement the operational costs associated with the additional child care plus standards. Specifies the eligibility requirements for the grant applicants and requires that grants be submitted by March 1, 1990.

Section 7. Child Care Trust Fund

Creates the Child Care Trust Fund within the State Treasury to be administered by HRS for the expansion and enhancement of child care. Allows for the receipt of gifts, donations, and appropriations. Requires that funds not be expended by the end of the budget cycle revert to the trust fund.

Section 8. Child Care Facility and Family Day Care Home Trust Fund

Includes the definition of family day care home; renames the Child Care Facility Trust Fund to the Child Care Facility and Family Day Care Home Trust Fund and allows family day care home operators to apply for loans under this trust fund. Makes conforming changes to language relating to the procedures for the administration of the trust fund.

Section 9. Community Resource Mother or Father Program

Establishes the Community Resource Mother or Father Program for the purpose of demonstrating the benefits of utilizing community resource mothers or fathers to improve maternal and child health outcomes, to enhance parenting and child development and to support family integrity. Requires HRS to have Community Resource Mother or Father Programs operational in some counties by January 1, 1990. Allows HRS to contract with certain entities to carry out programs utilizing Community Resource Mother or Father Program. Defines a community resource mother or father. Includes the Community Resource Mother or Father Program under the jurisdiction of the state coordinating council for early childhood services. Requires preservice training and requires the assignment of a caseload, after completion of preservice training. Requires the development of a plan for each case and specifies the contents of the plan. Requires the county public health units to supervise the Community Resource Mother or Father Program and requires a longitudinal study of the effectiveness of the program. Allows HRS to adopt rules to implement this section.

Section 10. Foster Grandparent and Retired Senior Volunteer Services

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Establishes the Foster Grandparent Program and the Retired Senior Volunteer Services Program. Provides definitions and allows the department to adopt rules.

Chapter 383, Florida Statutes

Section 11. Prenatal Care

Requires HRS to provide a statewide prenatal care program for low income pregnant women; specifies the content of the program and requires the department to establish, by rule, the eligibility criteria for prenatal care when state funds are to be used.

Section 12. Developmental Intervention

Provides intent language relating to the establishment of developmental intervention and parent support and training programs at all Level III Regional Perinatal Intensive Care Centers. Provides definitions and program components for the program. Requires HRS to coordinate with DOE, the Offices of Prevention, Early Assistance and Child Development, and the State Coordinating Council for Early Childhood Services in the planning and implementation of this act. Requires the development of an evaluation system to examine the impact of the program.

Chapter 230, Florida Statutes

Section 13. Florida First Start Program

Creates the Florida First Start Program. Provides intent language which recognizes the need for a home-school partnership designed to give handicapped children at risk of future school failure the best possible start. Specifies that the program is for children ages birth to three years and shall be administered by school districts.

Allows school boards to submit a plan for conducting the Florida First Start Program. Specifies the procedures for submitting the plan and for approval of the plan. Requires the Commissioner of Education to conduct or to contract for a longitudinal study of the effectiveness of the First Start Program. Requires the Commissioner to monitor, at least annually, each district program to determine compliance with the district plan, and requires that the Department of Education provide technical assistance to ensure that each program maintains high standards of quality and effectiveness. Requires that participating school boards submit an annual report of its program. Includes the Florida First Start Program in the jurisdiction of the State Coordinating Council for Early Childhood Services. Specifies that funding for the Florida First Start Program shall be determined annually in the General Appropriations Act, and should be distributed in an

equitable manner based on certain criteria. Requires the State Board of Education to adopt rules to implement the Florida First Start Program. Repeals the section on July 1, 1995.

Sections 14 and 15. Provide repeals.

Section 16. Amends the teenage parent program requirements under the Dropout Prevention Act. Requires the educational curriculum to include instruction in the benefits of sexual abstinence and consequence of subsequent pregnancies. The content of parenting skills instruction would be fleshed out. Provides that ancillary services such as child care, health care, social services and transportation, as components of teenage parent programs. Exceptions to the current requirement that school districts offer teenage parent programs would be tightened.

Section 17. Entitles pregnant or parenting teenagers to participate in a teenage parent program.

Section 18. Revises the required content of life management skills courses to include instruction in the benefits of sexual abstinence and consequences of teenage pregnancy.

Section 19. Directs district multiagency coordinating councils to emphasize teenage parent programs in developing coordinated procedures for service delivery.

Section 20. Amends the definition of "comprehensive health education" to include topics such as the benefits of sexual abstinence and consequences of teenage pregnancy, with instruction offered in appropriate middle or junior high school courses.

Section 21. Directs DOE to revise curriculum frameworks to include building self-esteem and enhancing decisionmaking skills. School district implementation is to begin in the 1991-92 school year.

Section 22. Permits school districts to include in student membership counts for transportation funding purposes, pregnant or parenting teenagers, and the children of teenage parents, regardless of distance from school.

Section 23. Makes a necessary conforming change, requiring school districts to transport pregnant or parenting teenagers, and the children of teenage parents, as part of a teenage parent program.

Section 24. Extends the time for submission of the final report by the Task Force on the Future of the Florida Family from February 1, 1990 to April 1, 1990.

Section 25. Provides that minimum standards for child care facilities allow urban child care facilities to substitute indoor play space for outdoor play space under certain conditions.

Section 26. Amends s. 125.901, F.S., to expand the membership of the local juvenile welfare boards to ten members and to allow a designee of the HRS District Administrator to be a judge assigned to juvenile cases. The judge cannot vote or participate in the setting of ad valorem taxes under this section.

Section 27. Provides an effective date of July 1, 1989 or upon becoming law whichever occurs later, except that Section 25 shall take effect October 1, 1989.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects:

The following is an estimate of the non-recurring or first year start-up costs associated with implementation of the legislation:

Offices of Prevention, Early Assistance, and Child Development:

	<u>1989-90</u>	<u>1990-91</u>
<u>Department of HRS</u>		
Operating Capital Outlay needed for 15 positions, including \$30,000 for computers & printers		
12 professionals x \$1,265 = \$15,180; 3 secretary/clerkical x \$1,412 = \$19,416		
\$34,596 + \$30,000 = \$64,596	\$ 64,596	
<u>Department of Education</u>		
Operating Capital Outlay for 2 professionals & one clerical, including \$20,000 for computers & printers		
2 professionals x \$1,265 = \$2,530; 1 clerical x \$1,412 = \$1,412		
\$3,942 + \$20,000 = \$23,942	\$ 23,942	
SUBTOTAL	\$ 88,538	

Other areas might involve some OCO; but, at this time the amounts, if any, have not been determined. In the First Start and Community Resource Mother or Father Program, there might be some initial training costs for personnel. (These training costs might be absorbed by serving fewer families the first year.)

The Department of Education would incur an indeterminate expense in evaluating and revising curriculum frameworks as

required pursuant to sections 14-21 of the legislation.

TOTAL OPERATING CAPITAL OUTLAY \$88,538

2. Recurring or Annualized Continuation Effects:

Offices of Prevention, Early Assistance,
Child Development

Department of HRS

The staffing level is based on the comparable office existing in the Department of Education with the addition of evaluation staff and staff to assist with the Council for Early Childhood Services. The figures also provide for a salary 10% above base since this is how departmental budgets are developed to allow for hiring flexibility.

12 professional positions salaries
and benefits for 12 months = \$540,277;
3 clerical/secretarial positions for
12 months = \$51,953

Total 12 month funding for salaries &
benefits = \$592,953; however, positions
in the bill are 10 month funding

1989-90

Salaries and benefits \$ 494,127

Expenses for staff for 12 months
= \$110,196 (\$9,183/professional)
Funding for 10 months = \$91,830

Expenses \$ 91,830

Total HRS \$ 585,957

Department of Education

2 professional positions salaries
and benefits for 12 months = \$69,910;
1 clerical/secretary for 12 months =
\$16,717; however, positions are for
10 months the first year

1989-90

Salaries and benefits \$ 79,993

Expenses for staff for 12 months
= \$18,366 (\$9,183/professional)
Funding for 10 months = \$15,306

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Expenses	\$ 15,306
Total DOE	\$ 95,299
TOTAL OFFICES	\$ 681,256

STATE COORDINATING COUNCIL FOR EARLY CHILDHOOD SERVICES

1989-90

Travel & per diem for 27 member council for 8 two-day meetings	\$ 66,000
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PROTOTYPES FOR SERVICE DELIVERY MODELS FOR HIGH-RISK INFANTS
& TODDLERS

The funding for the prototypes depends upon the number of prototypes the Legislature decides to fund. The appropriations for the prototypes should consider that they not only have a good case management system, outreach, but also have the capability to provide services when they are not available. The legislation precludes the use of money for renovation or construction costs. Prototype funding is estimated to be approximately \$800,000 per prototype.

In addition to the direct prototype funding, it is estimated that approximately \$200,000 is needed at the state level for administration and monitoring and for funding the third-party evaluation that is mentioned in Parts I and III of Chapter 411 (Sections 1 and 3 of HB 1818).

If 6 prototypes (Note this number could be more or less depending upon the prototype proposals received or on the funding), then the cost would be \$4,800,000. When the costs for administration, monitoring and evaluation (all inclusive third party not just associated with prototypes) then the total cost would be \$5,000,000.

CHILD CARE AND EARLY CHILDHOOD PROGRAM RESOURCE INFORMATION

To fund a program in each district and to begin funding satellite programs and to match some private money given for a statewide coordinator the cost estimated by the Department of HRS is \$340,000. (private money is \$20,000 from American Express)(Note: \$100,000 is also being provided from the Federal Dependent Care Grant therefore with this state money a total of \$460,000 would be

available)

Child Care & Early Childhood Program
Resource Information \$340,000

CHILD CARE PLUS

There might some additional costs associated with providing a different license for persons wanting to be identified as "child care plus". The costs associated with the grant will be determined by the amount of money appropriated by the legislature to provide for grants to assist child care facilities and family day care homes in the payment of operations costs when they demonstrate that they are providing services above and beyond the state requirements with special emphasis on programs serving high risk infants and toddlers and with emphasis on coordination in efforts with education, health and social service agencies in the local area.

COMMUNITY RESOURCE MOTHER OR FATHER PROGRAM

The Community Resource Mother or Father Program is to be implemented within resources allocated for this purpose. The cost is, therefore, dependent upon the appropriation. The number of programs to be funded and the size of programs will be dependent both on the funding of this program and the funding and location of programs funded under the Florida First Start Act.

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FIRST START

Major expenses for the program would be for personnel, personnel training, and milage for home visits. These costs are estimated to be between \$500 and \$700 per family annually. It is projected that a participating school would serve at least 50 families. Program availability and participation depend upon the decision of the local schools to participate, the amount of funds made available for the program, and the desire of the families to participate.

TEENAGE PREGNANCY AND PARENTING

The fiscal impact would depend upon a number of factors, including the number of pregnant or parenting teenagers (and their children) participating in a teenage parent program, the level of support services needed to serve participants, the length of time participants are in the program, and the extent of private sector support and interagency collaboration. Based on assumptions, projections, and current data, the total estimated cost to fund this bill is \$8.3 million.

Education: For fiscal year 1988-89, each full-time equivalent student in a teenage parent program generated \$4,006, or \$1,098 more funds than did students enrolled in a basic grades 9-12 program. Based on a 1989-90 total grades 4-12 teen parent program FTE enrollment projection of 2,343, the approximate additional cost to fund educational services at the dropout prevention cost factor is \$3 million. Assuming a 100 percent increase in the projected number of FTE participating in a teenage parent program, the cost to fund educational services would create a fiscal impact to the state of an additional \$3 million, either in the form of new funding or as a reallocation of existing FEFP funds into dropout prevention. Assuming a more modest, and more likely, enrollment increase of 25 percent, the fiscal impact would be \$750,000.

Child care: Child care costs are currently funded from dropout prevention grant funds (\$750,000 for 1988-89), and through federal (Title XX, Social Services Block Grants--\$39 million for 1988-89) and state (General Revenue Fund--\$23 million) subsidies. The per infant child care cost varies according to population served. AFDC-eligible teen mothers receive a 100 percent subsidy for child care costs. For children from birth to 2 years of age, the subsidy is \$60 per week, or \$2,160 for a 36-week school year. "Working poor" (133% of federal poverty line) teen parents with children from birth to 2 years of age would be eligible to receive a sliding scale subsidy ranging from \$108 to \$1,530 per school year. Assuming a 100 percent increase in the number of mothers participating in the program, that each participant is the mother of only one child, that the state/federal percentage share of child care subsidies remains unchanged, and that 50 percent of the total program enrollment (including a 100 percent enrollment increase) consists of AFDC-eligible mothers, the cost to fund the state share of additional child care costs would be an estimated \$2.9 million.

Assuming an average subsidy of \$819 per year (\$22.75 per week for 36 weeks) for "working poor" teenage parents, and further assuming that such parents account for 25 percent of the total program participation (including a 100 percent enrollment increase), the estimated total state share to fund the subsidy would be an additional \$555,000.

The cost to fund child care could be reduced by 16 percent to account for the fact that the school day is shorter than the standard work day on which the subsidies are based. Therefore, to fund the child care needs of 75 percent of the total program enrollment would create a need for an estimated total additional \$2.9 million in state dollars.

If the Legislature expands the Prekindergarten Early Intervention Program, HRS-administered child care funds spent on three- and four-year-olds could be spent instead on children age three or younger. This could help cover an indeterminate amount of the estimated \$2.9 million in additional child care costs.

Transportation: The average per student transportation cost varies among districts. For example, the average cost in Dade County is \$734, in Polk \$267, and in Franklin \$561. Of the average total cost, the state funds roughly 27 percent in Dade County, 57 percent in Polk County, and 37 percent in Franklin County. Assuming a 100 percent increase in the number of teens participating in a teen parent program, and further assuming that none of the current program participants presently ride a bus, but that all would now do so, the total state share of additional transportation dollars (based on current state appropriation of \$213 per child transported) would be \$1.6 million.

Hillsborough County School District recently contracted for special transportation for teen parent program participants at a cost of \$216 per rider per school year. Applying this number to total program enrollment (including a 100 percent enrollment increase) would result in an state expense of \$794,000 if the state were to fully fund the \$216.

Broward County School District reports an annual expense of \$2,400 for transporting both mother and child to school.

These amounts do not include the indeterminate cost to transport infants to child care facilities, or mothers and infants to medical or social service agency appointments.

Health care: Assuming one nurse is assigned to a teen parent program for every 414 program participants (the national average ratio for guidance counselors to students), at an average annual salary of \$25,000, the total cost would be \$444,000. Currently, county health units provide health care services to the financially needy.

Social services: Assuming one social worker is assigned to a teen parent program for every 414 program participants (the national average ratio for guidance counselors to students), at an average annual salary of \$20,000, the total cost would be \$355,845.

3. Long Run Effects Other Than Normal Growth:

If both the incidence and condition of teenage mothers is

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improved, the state could realize tremendous savings in welfare benefits, health care costs, and unemployment compensation, and increased tax revenues generated by an expanded workforce.

4. Appropriations Consequences:

See above.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring or First Year Start-Up Effects:

Under the Florida First Start Program, if space is not available in the school building for the Parent Resource Center, the local school district might need to provide a relocatable building or incur other capital outlay expenditures.

School districts would incur an indeterminate cost in developing an inventory of community resources available to serve teenage mothers pursuant to sections 14-21 of the bill.

2. Recurring or Annualized Continuation Effects:

For sections 14-21, the fiscal impact to school districts depends upon the share of overall program costs assumed by the state. If the state assumes only 50 percent of total estimated costs, the school districts share would amount to an estimated \$4.15 million.

3. Long Run Effects Other Than Normal Growth:

Local governments would enjoy benefits similar to those enjoyed by state government if the number and condition of pregnant and parenting teenagers is improved. Benefits realized would be in the form of reduced demand for social services, and an increased number of local taxpayers.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None

2. Direct Private Sector Benefits:

Child care plus could assist private sector programs in the advertisement of their programs.

Child care and early childhood services information agencies could assist the private sector in letting the public know about vacancies, the existence of the program, etc. This program can also help the working poor in taking advantage of all available resources to assist in meeting their child care

needs, including taking advantage of the federal child care tax credit.

The private sector will benefit from having healthier, better educated children and from families who have improved parent-child bonding and parental involvement in the care and education of their children and families who have been able to improve the family economic situation and family stability. Both the current and the future work force will be better able to meet the demands of the private sector business community. The improved status of the consuming public will also be a boon to the growth of industry in Florida.

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

See the last paragraph above. Also, employment markets would be expanded. More and better educated pregnant or parent teenagers would be available to fill positions needed by business and industry.

D. FISCAL COMMENTS:

III. LONG RANGE CONSEQUENCES:

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Committee Substitute for House Bill 1818 is expected to remove the barriers that make it extremely difficult for pregnant and parent teenagers to return to school and complete their high school education. Future consequences for the parents include a greater ability to escape the cycle of poverty and deliver and raise healthy babies. Future consequences for state government include a reduction in paid-out welfare benefits and a more employable workforce.

The legislation is consistent with the following policies of the State Comprehensive Plan relating to education:

(1)(b)16.g.: "Identify and encourage policies which raise the expectations, performance, and motivation of socioeconomically and academically disadvantaged students."

The legislation is consistent with the following goal and policies of the State Comprehensive Plan relating to children:

(2)(a): Goal.--Florida shall provide programs sufficient to protect the health, safety, and welfare of all its children."

(2)(b)3.: "Provide training in normal child development and family relationship skills in public education programs at all levels."

(2)(b)5.: "Encourage prevention programs in schools and community centers to decrease the incidence of teenage pregnancy,

and provide programs to reduce the detrimental effects of teenage pregnancy."

The legislation is consistent with the following policies of the State Comprehensive Plan relating to health:

(6)(b)9.a.: "Provide a full continuum of care for pregnant women through health planning and program implementation"

(6)(b)9b.: "Provide every woman and child needing intensive perinatal services with such services."

(6)(b)10.e.: "Provide programs to prevent and reduce the incidence of teenage pregnancy and ensure the availability of programs to assist pregnant teenagers, including prenatal care, parenting skills, and follow-up after delivery."

The legislation is consistent with the following policies of the State Comprehensive Plan relating to governmental efficiency:

(21)(b)1.: "Encourage greater cooperation between, among, and within all levels of Florida government through the use of appropriate interlocal agreements and mutual participation for mutual benefit."

IV. COMMENTS:

This bill is consistent with the House Policy Statements, relating to the Safe Children initiative, as developed at the 1989-90 Legislative Issues Conference. Further, it is consistent with the mission statement of the HRS Committee which requires the determination of the needs of children and families at risk and how they can best be met.

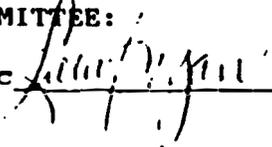
According to DOE, nearly every dollar of the FEFP dropout prevention funds for teenage parent programs are used to pay for educational services. These dollars are not being used to fund the special ancillary services--child care, transportation, health care, and social service--considered vital in reducing the barriers to retaining pregnant or parenting teenagers in school so they are able to take advantage of the specialized educational services being offered. A question to consider is whether dropout prevention dollars for teenage parent programs should only be funding smaller classes and specialized educational services or also funding needed ancillary services.

Teenage parent programs are viewed as an investment by many policymakers and researchers. The direct costs in welfare benefits alone is staggering. Each year, Florida state government pays out an estimated \$15 million in AFDC and medicaid benefits to families headed by teenage mothers. Including the federal share the total annual expenditures is \$44 million, or \$7,000 for each family headed by a teenager.

V. SIGNATURES:

SUBSTANTIVE COMMITTEE:

Prepared by:

Lillie Bogan/tc 

Staff Director:

Judy C. Justice 

SECOND COMMITTEE OF REFERENCE:

Prepared by:

Staff Director:

APPROPRIATIONS:

Prepared by:

Staff Director:

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REVISED: _____

BILL NO. CS/SB 676DATE: May 17, 1989Page 1

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

<u>ANALYST</u>	<u>STAFF DIRECTOR</u>	<u>REFERENCE</u>	<u>ACTION</u>
1. <u>Morton</u>	<u>Whiddon</u>	1. <u>HRS</u>	<u>Fav/CS</u>
2. <u>Stampelos</u>	<u>Smith</u>	2. <u>AP</u>	<u>Favorable</u>
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____

SUBJECT:

Children's Early
Investment Program

BILL NO. AND SPONSOR:

CS/SB 676 by
Committee on HRS and Senator
Weinstock

I. SUMMARY:

A. Present Situation:

There are numerous programs addressing the needs of at-risk infants and toddlers. These programs are provided through the Department of Health and Rehabilitative Services (HRS) in its Health Services, Children's Medical Services, Economic Services, Medicaid, Developmental Services, and Children, Youth, and Families Services. Additionally, there are many other programs based in local communities providing assistance to at-risk infants and toddlers.

However, the following statistics suggest the need for a coordinated intervention program. Five hundred babies are born in Florida every day. In 1987, one in seven children born in Florida was born to a teenaged mother, and one in 13 babies was born with low birth weight. In 1988, approximately 2,500 drug exposed newborns were reported, with estimates for 1989 reaching 10,000. Thirty percent of Florida's youngest children live in poverty. Florida's school dropout rate, one of the nation's highest, is one child in three. Nearly 1,000 teenagers each month are admitted to substance abuse treatment, representing about 20% of the need. In 1987, juveniles represented one in seven arrests in Florida.

For at-risk infants, young children and their families, there exists a lack of coordination of services and a lack of continuous intervention which is necessary to provide the wrap-around effect needed with extremely fragile and dysfunctional families. Studies have shown that intensive prevention and early intervention efforts pay off.

B. Effect of Proposed Changes:

Committee Substitute for Senate Bill 676 establishes the Children's Early Investment Program to encourage and assist an effective investment strategy for at-risk young children and their families so that they will develop into healthy and productive members of society. "Young children" is defined as infants, one-year-olds and two-year olds. The Children's Early Investment Program will provide intensive prevention and early intervention services, with the goal of reducing crime rates, developing a skilled and adequate work force, reducing costs of high-risk pregnancies and low birthweight babies, and reducing the rate of school dropouts. Those children identified as eligible for this program will be given priority for services to be received.

The program will initially target those geographic areas with the greatest need of services. These geographic areas shall be determined by the incidence rate of cocaine babies, children of AFCD mothers, children of teenage parents, low birthweight

babies and very young foster children. Within these targeted areas, locally developed programs offering flexible, comprehensive, intensive and coordinated services will be established to assist at-risk young children and their families in a variety of ways. Core services are to include adequate prenatal care, health services, infant and child care services, parenting skills training, education or training opportunities, and economic support. Additional services may include alcohol and drug abuse treatment, mental health services, housing assistance, transportation and nutrition services.

The Department is directed to evaluate and select the programs and sites to be funded initially with a deadline of January 15, 1990 for contracts to be awarded. Of the following prototypes, no more than one of each may be selected:

1. A program based in a county public health unit;
2. A program based in an HRS office;
3. A program based in a local school district;
4. A program based in a local board or council similar to a children's services council; and
5. A program based in a local, public or private, not-for-profit provider of services to children and their families.

CS for SB 676 states a deadline of January 1, 1993 as a completion date for programs to be implemented for targeted geographic areas, and that each program will provide services for these young children until the age of three.

CS for SB 676 requires the department to prepare an evaluation which will address design effectiveness, effectiveness of each delivery system, participant outcomes, cost-effectiveness, available services and recommended expansion strategies, including recommendations related to serving three-year olds as well as for geographic expansion. The first evaluation is due January 1, 1991 and each January 1 thereafter with an interim report due by March 1, 1990. A longitudinal study of participant outcomes, with reports at 5-year intervals, is also required.

II. ECONOMIC IMPACT AND FISCAL NOTE:

A. Public:

The Children's Early Investment Program could have a favorable impact on the public in light of the cost savings associated with other prevention and early intervention programs. An intended consequence of the program is to reduce the costs to society of high crime rates, teenage pregnancy, and school dropouts.

B. Government:

There is appropriated \$1,700,000 from the General Revenue Fund in Committee Substitute for Senate Bill 676 for the purpose of funding this program for fiscal year 1989-90. Costs for subsequent years would be subject to appropriation by the Legislature and the demonstrated success of the program.

III. COMMENTS:

None.

IV. AMENDMENTS:

None.