

H. 4/1/97 *Norman Reed*
H. 4/3/97 *Do Pass*
FILED MAR 18 1997
H. 4/10/97 *Unfinished Business*
Kolenda

SENATE FILE 526
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO SF 371)

Passed Senate, Date 3-31-97 (P. 848) Passed House, Date 4/24/97 (P. 1524)
Vote: Ayes 47 Nays 0 Vote: Ayes 97 Nays 0

Re-passed Approved March 9, 1997
49-0 4/28/97
(P. 1498)

A BILL FOR

1 An Act providing for the establishment of a healthy opportunities
2 for parents to experience success-healthy families Iowa
3 program by the Iowa department of public health.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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S.F. 526

1 Section 1. Section 135.106, Code 1997, is amended by
2 striking the section and inserting in lieu thereof the
3 following:

4 135.106 IOWA HEALTHY FAMILY PROGRAM -- ESTABLISHED.

5 1. The Iowa department of public health shall establish a
6 healthy opportunities for parents to experience success
7 (HOPES)-healthy families Iowa (HFI) program to provide
8 services to families and children during the prenatal through
9 preschool years. The program shall be designed to do all of
10 the following:

11 a. Promote optimal child health and development.

12 b. Improve family coping skills and functioning.

13 c. Promote positive parenting skills and intrafamilial
14 interaction.

15 d. Prevent child abuse and neglect and infant mortality
16 and morbidity.

17 2. The HOPES program shall be developed by the Iowa
18 department of public health, and may be implemented, in whole
19 or in part, by contracting with a nonprofit child abuse
20 prevention organization, local nonprofit certified home health
21 program or other local nonprofit organizations, and shall
22 include, but is not limited to, all of the following
23 components:

24 a. Identification of barriers to positive birth outcomes,
25 encouragement of collaboration and cooperation among providers
26 of health care, social and human services, and other services
27 to pregnant women and infants, and encouragement of pregnant
28 women and women of childbearing age to seek health care and
29 other services which promote positive birth outcomes.

30 b. Provision of community-based home-visiting family
31 support to pregnant women and new parents who are identified
32 through a standardized screening process to be at high risk
33 for problems with successfully parenting their child.

34 c. Provision by family support workers of individual
35 guidance, information, and access to health care and other

1 services through care coordination and community outreach,
2 including transportation.

3 d. Provision of systematic screening, prenatally or upon
4 the birth of a child, to identify high-risk families.

5 e. Interviewing by a HOPES program worker or hospital
6 social worker of families identified as high risk and
7 encouragement of acceptance of family support services.

8 f. Provision of services including, but not limited to,
9 home visits, support services, and instruction in child care
10 and development.

11 g. Individualization of the intensity and scope of
12 services based upon the family's needs, goals, and level of
13 risk.

14 h. Assistance by a family support worker to participating
15 families in creating a link to a "medical home" in order to
16 promote preventive health care.

17 i. Evaluation and reporting on the program, including an
18 evaluation of the program's success in reducing participants'
19 risk factors and provision of services and recommendations for
20 changes in or expansion of the program.

21 j. Provision of continuous follow-up contact with a family
22 served by the program until identified children reach age
23 three or age four in cases of continued high need or until the
24 family attains its individualized goals for health,
25 functioning, and self-sufficiency.

26 k. Provision or employment of family support workers who
27 have experience as a parent, knowledge of health care
28 services, social and human services or related community
29 services and have participated in a structured training
30 program.

31 l. Provision of a training program that meets established
32 standards for the education of family support workers. The
33 structured training program shall include at a minimum the
34 fundamentals of child health and development, dynamics of
35 child abuse and neglect, and principles of effective parenting

1 and parenting education.

2 m. Provision of crisis child care through utilization of
3 existing child care services to participants in the program.

4 n. Program criteria shall include a required match of one
5 dollar provided by the organization contracting to deliver
6 services for each two dollars provided by the state grant.
7 This requirement shall not restrict the department from
8 providing unmatched grant funds to communities to plan new or
9 expanded programs for HOPES. The department shall establish a
10 limit on the amount of administrative costs that can be
11 supported with state funds.

12 o. Involvement with the community assessment and planning
13 process in the community served by HOPES programs to enhance
14 collaboration and integration of family support programs.

15 p. Collaboration, to the greatest extent possible, with
16 other family support programs funded or operated by the state.

17 q. Utilization of private party, third party, and medical
18 assistance for reimbursement to defray the costs of services
19 provided by the program to the extent possible.

20 EXPLANATION

21 This bill provides for the establishment of a healthy
22 opportunities for parents to experience success (HOPES)-
23 healthy families Iowa (HFI) program by the Iowa department of
24 public health. The program shall be designed to provide
25 services to children and families during the prenatal through
26 preschool years, and is intended to promote optimal child
27 health and development, improve family coping skills and
28 functions, promote positive parenting skills and intrafamilial
29 interaction, and prevent child abuse and neglect and infant
30 mortality and morbidity. The program may be implemented
31 through contracting with nonprofit organizations. The bill
32 requires the program to include a number of specific program
33 components.

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SENATE FILE 526

H-1835

1 Amend Senate File 526, as passed by the Senate, as
2 follows:

3 1. Page 3, by inserting after line 19 the
4 following:

5 "3. It is the intent of the general assembly to
6 provide communities with the discretion and authority
7 to redesign existing local programs and services
8 targeted at and assisting families expecting babies
9 and families with children who are newborn through
10 five years of age. The Iowa department of public
11 health, department of human services, department of
12 education, and other state agencies and programs, as
13 appropriate, shall provide technical assistance and
14 support to communities desiring to redesign their
15 local programs and shall facilitate the consolidation
16 of existing state funding appropriated and made
17 available to the community for family support
18 services. Funds which are consolidated in accordance
19 with this subsection shall be used to support the
20 redesigned service delivery system. In redesigning
21 services, communities are encouraged to implement a
22 single uniform family risk assessment mechanism and
23 shall demonstrate the potential for improved outcomes
24 for children and families. Requests by local
25 communities for the redesigning of services shall be
26 submitted to and subject to joint approval of the Iowa
27 department of public health, department of human
28 services, and department of education based on the
29 innovation zones principles established in section
30 8A.2."

By CARROLL of Poweshiek
FALLON of Polk
FOEGE of Linn
VEENSTRA of Sioux

LORD of Dallas
VAN MAANEN of Marion
MURPHY of Dubuque

H-1835 FILED APRIL 22, 1997

Adopted
4/24/97 (P. 1523)

HOUSE AMENDMENT TO
SENATE FILE 526

S-3746

1 Amend Senate File 526, as passed by the Senate, as
2 follows:
3 1. Page 3, by inserting after line 19 the
4 following:
5 "3. It is the intent of the general assembly to
6 provide communities with the discretion and authority
7 to redesign existing local programs and services
8 targeted at and assisting families expecting babies
9 and families with children who are newborn through
10 five years of age. The Iowa department of public
11 health, department of human services, department of
12 education, and other state agencies and programs, as
13 appropriate, shall provide technical assistance and
14 support to communities desiring to redesign their
15 local programs and shall facilitate the consolidation
16 of existing state funding appropriated and made
17 available to the community for family support
18 services. Funds which are consolidated in accordance
19 with this subsection shall be used to support the
20 redesigned service delivery system. In redesigning
21 services, communities are encouraged to implement a
22 single uniform family risk assessment mechanism and
23 shall demonstrate the potential for improved outcomes
24 for children and families. Requests by local
25 communities for the redesigning of services shall be
26 submitted to and subject to joint approval of the Iowa
27 department of public health, department of human
28 services, and department of education based on the
29 innovation zones principles established in section
30 8A.2."

RECEIVED FROM THE HOUSE

S-3746 FILED APRIL 24, 1997

Senate concurred 4/28/97 (p. 1493)

SENATE FILE 526

AN ACT

PROVIDING FOR THE ESTABLISHMENT OF A HEALTHY OPPORTUNITIES-
FOR PARENTS TO EXPERIENCE SUCCESS-HEALTHY FAMILIES IOWA
PROGRAM BY THE IOWA DEPARTMENT OF PUBLIC HEALTH.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 135.106, Code 1997, is amended by striking the section and inserting in lieu thereof the following:

135.106 IOWA HEALTHY FAMILY PROGRAM -- ESTABLISHED.

1. The Iowa department of public health shall establish a healthy opportunities for parents to experience success (HOPES)-healthy families Iowa (HFI) program to provide services to families and children during the prenatal through preschool years. The program shall be designed to do all of the following:

- a. Promote optimal child health and development.
- b. Improve family coping skills and functioning.
- c. Promote positive parenting skills and intrafamilial interaction.
- d. Prevent child abuse and neglect and infant mortality and morbidity.

2. The HOPES program shall be developed by the Iowa department of public health, and may be implemented, in whole or in part, by contracting with a nonprofit child abuse prevention organization, local nonprofit certified home health program or other local nonprofit organizations, and shall include, but is not limited to, all of the following components:

- a. Identification of barriers to positive birth outcomes, encouragement of collaboration and cooperation among providers of health care, social and human services, and other services to pregnant women and infants, and encouragement of pregnant

women and women of childbearing age to seek health care and other services which promote positive birth outcomes.

b. Provision of community-based home-visiting family support to pregnant women and new parents who are identified through a standardized screening process to be at high risk for problems with successfully parenting their child.

c. Provision by family support workers of individual guidance, information, and access to health care and other services through care coordination and community outreach, including transportation.

d. Provision of systematic screening, prenatally or upon the birth of a child, to identify high-risk families.

e. Interviewing by a HOPES program worker or hospital social worker of families identified as high risk and encouragement of acceptance of family support services.

f. Provision of services including, but not limited to, home visits, support services, and instruction in child care and development.

g. Individualization of the intensity and scope of services based upon the family's needs, goals, and level of risk.

h. Assistance by a family support worker to participating families in creating a link to a "medical home" in order to promote preventive health care.

i. Evaluation and reporting on the program, including an evaluation of the program's success in reducing participants' risk factors and provision of services and recommendations for changes in or expansion of the program.

j. Provision of continuous follow-up contact with a family served by the program until identified children reach age three or age four in cases of continued high need or until the family attains its individualized goals for health, functioning, and self-sufficiency.

k. Provision or employment of family support workers who have experience as a parent, knowledge of health care services, social and human services or related community

services and have participated in a structured training program.

l. Provision of a training program that meets established standards for the education of family support workers. The structured training program shall include at a minimum the fundamentals of child health and development, dynamics of child abuse and neglect, and principles of effective parenting and parenting education.

m. Provision of crisis child care through utilization of existing child care services to participants in the program.

n. Program criteria shall include a required match of one dollar provided by the organization contracting to deliver services for each two dollars provided by the state grant. This requirement shall not restrict the department from providing unmatched grant funds to communities to plan new or expanded programs for HOPES. The department shall establish a limit on the amount of administrative costs that can be supported with state funds.

o. Involvement with the community assessment and planning process in the community served by HOPES programs to enhance collaboration and integration of family support programs.

p. Collaboration, to the greatest extent possible, with other family support programs funded or operated by the state.

q. Utilization of private party, third party, and medical assistance for reimbursement to defray the costs of services provided by the program to the extent possible.

3. It is the intent of the general assembly to provide communities with the discretion and authority to redesign existing local programs and services targeted at and assisting families expecting babies and families with children who are newborn through five years of age. The Iowa department of public health, department of human services, department of education, and other state agencies and programs, as appropriate, shall provide technical assistance and support to communities desiring to redesign their local programs and shall facilitate the consolidation of existing state funding

appropriated and made available to the community for family support services. Funds which are consolidated in accordance with this subsection shall be used to support the redesigned service delivery system. In redesigning services, communities are encouraged to implement a single uniform family risk assessment mechanism and shall demonstrate the potential for improved outcomes for children and families. Requests by local communities for the redesigning of services shall be submitted to and subject to joint approval of the Iowa department of public health, department of human services, and department of education based on the innovation zones principles established in section 8A.2.

MARY E. KRAMER
President of the Senate

RON J. CORBETT
Speaker of the House

I hereby certify that this bill originated in the Senate and is known as Senate File 526, Seventy-seventh General Assembly.

MARY PAT GUNDERSON
Secretary of the Senate

Approved May 9, 1997

TERRY E. BRANSTAD
Governor