

Tab 1	SB 128 by Simpson; Services for Combat Veterans and Their Families
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The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS

Senator Sobel, Chair
Senator Altman, Vice Chair

MEETING DATE: Wednesday, September 16, 2015

TIME: 4:00—5:30 p.m.

PLACE: 301 Senate Office Building

MEMBERS: Senator Sobel, Chair; Senator Altman, Vice Chair; Senators Dean, Detert, Garcia, Hutson, and Ring

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 128 Simpson	Services for Combat Veterans and Their Families; Defining the term “combat veteran”; requiring that the Department of Children and Families establish the Florida Combat Veterans’ Care Coordination Program to provide combat veterans and their families with behavioral health care referral and care coordination services; requiring that the department contract with managing entities to enter into agreements with Florida 211 Network participants for such services, etc. CF 09/16/2015 MS AP	
2	Presentation on Early Childhood Development: Wansley Walters, Chair, Florida Children and Youth Cabinet Mimi Graham, Director, FSU Center for Prevention and Early Intervention Policy		
Other Related Meeting Documents			

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 128

INTRODUCER: Senator Simpson

SUBJECT: Services for Combat Veterans and Their Families

DATE: September 9, 2015

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Hendon	Hendon	CF	Pre-meeting
2.			MS	
3.			AP	

I. Summary:

SB 128 establishes the Florida Veterans' Care Coordination Program within the Department of Children and Families (DCF) to provide veterans and their families with behavioral health information and referral services. The new program will model the proof-of-concept pilot program begun in 2014 by the Crisis Center of Tampa Bay and the Florida Department of Veterans' Affairs. The program will be delivered through the Florida 211 Network. The bill appropriates \$2 million in recurring general revenue to DCF for the program and has an effective date of July 1, 2016.

II. Present Situation:

Florida 211

Section 408.918, F.S., establishes the Florida 211 Network, authorizing the planning, development, and implementation of a statewide network to serve as the single point of coordination for information and referral for health and human services.

A 211 network is a telephone-based service offered by nonprofit and public agencies throughout Florida and the United States that provide free, confidential information and referral services 24 hours a day, 7 days a week. The network helps callers identify and connect with health and human service programs that can meet a variety of needs, including food, housing, employment, health care, crisis counseling and more.¹ In Florida, services are available statewide through any cell phone provider as well as through landlines in all 67 counties by dialing 2-1-1.² In order to participate in the Florida 211 Network, a 211 provider must be fully accredited by the National

¹ Florida 2-1-1- Association, <http://www.211florida.org/> (last visited September 9, 2015).

² *Id.*

Alliance of Information and Referral Services or have received approval to operate, pending accreditation, from its affiliate, the Florida Alliance of Information and Referral Services.³

Veterans and Mental Health

Depression and Suicide Among Veterans

According to a 2008 study, between 5 and 15 percent of veterans who served in Iraq and Afghanistan returned with Post-Traumatic Stress Disorder (PTSD), and an additional 2 to 14 percent returned with major depression.⁴ PTSD attributed to combat has affected between 2 and 17 percent of all U.S. military veterans since the Vietnam War.⁵ In 2012, the United States Department of Veterans Affairs (USDVA) released a report detailing veteran deaths from suicide from 1999 to 2009.⁶ Over that ten-year span, veterans comprised approximately 22.2% of all suicides. In 2010, on average, 22 veterans committed suicide per day.⁷ In response to these trends, the federal government, through the USDVA, established programs to connect veterans to mental health services.

Mental Health Services for Veterans

For the purposes of USDVA health benefits and services, a person who served in the active military service and who was discharged or released under conditions other than dishonorable is a veteran and may qualify for USDVA health care benefits.⁸ Current and former reservists and National Guard members may also qualify for USDVA health care benefits if they were called to active duty by a federal order and completed the full period for which they were called or ordered to active duty.⁹

The USDVA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics, in addition, readjustment counseling services may be available at veteran centers across the nation.¹⁰ The goal is to support recovery and enable veterans who experience mental health problems to live meaningful lives in their communities and to achieve their full potential.

The Veterans Crisis Line (VCL) is a resource for veterans developed by the USDVA to connect veterans and current service members in crisis and their families and friends with information

³ Section 408.918(2), F.S.

⁴ Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery, at 433 (Terri Tanielian and Lisa H. Jaycox, Eds.) (2008), http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf, (last visited September 9, 2015).

⁵ Lisa K. Richardson, B. Christopher Frueh, and Ronald Acierno, *Prevalence Estimate of Combat-Related PTSD: A Critical Review*, 44 Australian and New Zealand Journal of Psychiatry, at 4-19 (January 2010), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891773/>, (last visited September 9, 2015).

⁶ Janet Kemp and Robert Bossarte, *Suicide Data Report, 2012*, Department of Veterans Affairs Mental Health Services Suicide Prevention Program, at 15, <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf>, (last visited September 9, 2015).

⁷ *Id.*

⁸ U.S. Department of Veterans Affairs, Health Benefits, Veterans Eligibility, <http://www.va.gov/healthbenefits/apply/veterans.asp>, (last visited September 9, 2015).

⁹ *Id.*

¹⁰ U.S. Department of Veterans Affairs, *Health Benefits* (2014), http://www.va.gov/HEALTHBENEFITS/access/medical_benefits_package.asp, (last visited September 9, 2015).

from qualified responders through a confidential, toll-free hotline, online chat, and text messaging service.¹¹ The VCL was launched in 2007 and over the course of the program has answered more than 1.6 million calls, engaged in more than 207,700 online chats, responded to more than 32,300 texts, and made more than 45,000 lifesaving rescues.¹² Over the span of the program the number of repeat callers has steadily increased, either reflecting a change in the type of help individuals are seeking or the expanding role the VCL is playing in the provision of mental health care for veterans.¹³

The Crisis Center of Tampa Bay Pilot Project

In 2014, the Legislature appropriated \$150,000 to the Florida Department of Veterans' Affairs (FDVA) to create a pilot project expanding existing Florida 211 services to veterans in Hillsborough, Pasco, Pinellas, Polk and Manatee counties.¹⁴ In August 2014, the Crisis Center of Tampa Bay expanded services to veterans through care coordination. Care coordination means veterans receive ongoing suicide assessment, continuous safety planning, and support for an extended period of time. The program aims to ensure veterans are not only receiving information on available services, but are also enrolled, accepted, and attending community based services. During state fiscal year 2014-2015, the program handled 1,135 calls from veterans and made 925 referrals to community mental health agencies, the VA, and other providers for service.¹⁵

III. Effect of Proposed Changes:

The bill creates s. 394.9087, F.S., to establish the Florida Veterans' Care Coordination Program (program) within the Department of Children and Families (DCF). The program must provide behavioral healthcare referral services to both veterans and their families based on the proof-of-concept pilot program conducted in 2014 by the Crisis Center of Tampa Bay and the FDVA. Behavioral health includes services for both mental health and substance abuse. The bill sets out the goals for the program to include:

- Prevent suicides among veterans;
- Increase the use of services; and
- Increase the level of USDVA funding.

The bill requires the DCF to establish care coordination teams to implement the program and provide information and referral services by expanding the services provided by the Florida 211 Network. The program must also meet the requirements specified in s. 408.913, F.S. The services must include:

- Peer support, crisis intervention and information and referral;
- Treatment coordination, including follow up care;
- Suicide assessment;

¹¹ Veterans Crisis Line, FAQs, <http://www.veteranscrisisline.net/About/FAQs.aspx>, (last visited September 9, 2015).

¹² Veterans Crisis Line, About the Veterans Crisis Line, <http://www.veteranscrisisline.net/About/AboutVeteransCrisisLine.aspx>, (last visited September 9, 2015).

¹³ *Id.*

¹⁴ Specific appropriation 595 of HB 5001, 2014-2015 General Appropriations Act

¹⁵ Crisis Center of Tampa Bay, 2015 End of Year Synopsis, on file with the Committee on Children, Families and Elder Affairs.

- Promotion of safety and wellness;
- Coordination of resources available to veterans; and
- Needs assessments, including safety planning.

The program must maintain records on the number of requests for services. The bill requires the program to follow up with veterans to see if they have acted on referrals for service and if they have received assistance. The program is required to develop communication strategies to inform veterans and their families of available services.

The bill appropriates \$2 million in recurring general revenue funds to DCF to implement the Veterans' Care Coordination Program in fiscal year 2016-2017.

The bill provides an effective date of July 1, 2016.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill appropriates \$2 million in recurring general revenue funds to the Department of Children and Families. The early treatment of veterans for behavioral health care would reduce costs to the local, state and federal government programs serving veterans.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 394.9087 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Simpson

18-00201-16

2016128__

A bill to be entitled

An act relating to services for combat veterans and their families; creating s. 394.9087, F.S.; defining the term "combat veteran"; requiring that the Department of Children and Families establish the Florida Combat Veterans' Care Coordination Program to provide combat veterans and their families with behavioral health care referral and care coordination services; requiring that the department contract with managing entities to enter into agreements with Florida 211 Network participants for such services; providing program goals; providing for the statewide delivery of services by program teams; requiring Florida 211 Network participants to collect data on the implementation of the program and submit such data to the department; requiring the department to submit a report on such implementation to the Governor and Legislature; providing an appropriation; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 394.9087, Florida Statutes, is created to read:

394.9087 Florida Combat Veterans' Care Coordination Program.—

(1) As used in this section, the term "combat veteran" means a wartime veteran as defined in s. 1.01(14).

(2) The Department of Children and Families, in

Page 1 of 5

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consultation with the Florida Alliance of Information and Referral Services, shall establish the Florida Combat Veterans' Care Coordination Program. The department shall contract with managing entities, as defined in s. 394.9082(2)(d), to enter into agreements with Florida 211 Network participants to provide combat veterans and their families in this state with dedicated behavioral health care referral services, especially mental health and substance abuse services. The department shall model the program after the proof-of-concept pilot program established in 2014 by the Crisis Center of Tampa Bay and the Florida Department of Veterans' Affairs in Hillsborough, Pasco, Pinellas, Polk, and Manatee Counties.

(3) The goals of the program are to:

(a) Prevent suicides by combat veterans.

(b) Increase the use of United States Department of Veterans Affairs' programs and services by combat veterans.

(c) Increase the number of combat veterans who use other available community-based programs and services.

(4) The program must be available statewide. Program services must be provided by program teams operated by Florida 211 Network participants, as authorized by s. 408.918. A Florida 211 Network participant may provide services in more than one managing entity's geographic area under a single contract.

(5) The program teams shall provide referral and care coordination services to combat veterans and their families and expand the existing Florida 211 Network to include the optimal range of veterans' service organizations and programs. Program services must include:

(a) Telephonic peer support, crisis intervention, and the

Page 2 of 5

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

18-00201-16

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59 communication of information on referral resources.

60 (b) Treatment coordination, including coordination of
61 followup care.

62 (c) Suicide assessment.

63 (d) Promotion of the safety and wellness of combat veterans
64 and their families, including continuous safety planning and
65 support.

66 (e) Resource coordination, including data analysis, to
67 facilitate acceptance, enrollment, and attendance by combat
68 veterans and their families in United States Department of
69 Veterans Affairs' programs and services and other available
70 community-based programs and services.

71 (f) Immediate needs assessments, including safety planning
72 and support.

73 (6) To enhance program services, program teams shall:

74 (a) Track the number of requests from callers who are
75 combat veterans or their family members.

76 (b) Follow up with callers or their family members to
77 determine whether they have acted on the referrals or received
78 the assistance needed, or if additional referral or advocacy is
79 needed.

80 (c) Develop and implement communication strategies, such as
81 media promotions, public service announcements, print and
82 Internet articles, and community presentations, to inform combat
83 veterans and their families about available United States
84 Department of Veterans Affairs' programs and services and other
85 available community-based programs and services.

86 (d) Document all calls and capture all necessary data to
87 improve outreach to combat veterans and their families and

18-00201-16

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88 report such data to the managing entity.

89 (7) Florida 211 Network participants shall collect and
90 submit data on the implementation of the program to the
91 department in the format prescribed by the department. The
92 department shall use such data to prepare a report for submittal
93 to the Governor, the President of the Senate, and the Speaker of
94 the House of Representatives by December 15, 2017. The report
95 must include:

96 (a) The number of calls received.

97 (b) Demographic information for each caller, including, but
98 not limited to, the caller's military affiliation, the caller's
99 veteran status, and if the caller is receiving services through
100 United States Department of Veterans Affairs' programs and
101 services or other available community-based programs and
102 services.

103 (c) The nature of each call, including, but not limited to,
104 the concerns prompting the call and the services requested.

105 (d) The outcome of each call, including, but not limited
106 to, the service referrals made and the organizations to which
107 the caller was referred.

108 (e) Services received as a result of each call.

109 (f) Followup by the program team, including, but not
110 limited to, the percentage of calls receiving followup and the
111 amount of time between initial contact and followup.

112 (g) The program's impact on each caller's quality of life
113 and on the avoidance of negative outcomes, including arrest and
114 suicide.

115 (h) Each caller's satisfaction with program services.

116 Section 2. For the 2016-2017 fiscal year, the sum of

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117 \$2,000,155 in recurring funds is appropriated from the General
118 Revenue Fund to the Department of Children and Families for the
119 purpose of implementing this act.

120 Section 3. This act shall take effect July 1, 2016.



Florida Children and Youth Cabinet

www.flgov.com/childrens-cabinet

Phone: (850) 717-9261

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Florida Children and Youth Cabinet Members

Wansley Walters
Chair

Secretary Elizabeth Dudek
Agency for Health Care Administration

Director Barbara Palmer
Agency for Persons with Disabilities

Secretary Mike Carroll
Department of Children and Families

Secretary Christina K. Daly
Department of Juvenile Justice

Commissioner Pam Stewart
Department of Education

Surgeon General John Armstrong, MD
Department of Health

Executive Director Alan Abramowitz
Guardian ad Litem

Director Rodney MacKinnon
Office of Early Learning

Director Zackary Gibson
Governor's Office of Adoption
and Child Protection

Justice Barbara Pariente
Designee of the Chief Justice

Senator Eleanor Sobel
Designee of the Senate President

Representative Gayle Harrell
Designee of the Speaker of the House

Berthy de la Rosa-Aponte
Designee of the Attorney General

Victoria Zepp
Designee of the Chief Financial Officer

Ellen Anderson
Governor's Appointee

Dr. Judy Schaechter
Governor's Appointee

David Lawrence
Governor's Appointee

Steven Uhlfelder
Governor's Appointee

Judge Sandy Karlan
Governor's Appointee

September 15, 2015

The Honorable Andy Gardiner
President of the Florida Senate
409 The Capitol
404 South Monroe Street
Tallahassee, FL 32399-1100

Dear Mr. President:

On behalf of the Florida Children and Youth Cabinet, I am writing to encourage you to make early childhood a top priority for the 2016 Legislative Session. Informed by Florida's Campaign for the First 1,000 Days, the Florida Children and Youth Cabinet voted unanimously during its August 27, 2015 meeting that the first 1,000 days of a child's life should be at the top of the state's priorities.

A major coalition of child-focused advocates, authorities and organizations across the state, Florida's Campaign for the First 1,000 Days is a research-driven, evidence-based public awareness and advocacy campaign to promote the critical development opportunities that exist for a child in his or her first timeframe of life. These are the years that represent 85 percent of a child's brain growth and are immensely important to a child's development.

The vision of the Florida Children and Youth Cabinet is that all children in Florida grow up safe, healthy, educated and prepared to meet their full potential. As a Cabinet that is tasked by the Florida Statutes with improving the lives of children through inter-agency communication and collaboration, the focus on early childhood development initiatives for the first 1,000 days from birth to age three is a step toward making sure that Florida's children thrive. There is not a serious human service crisis, including crime and adult incarceration, that could not be averted or improved by an emphasis on this stage of a Floridian's life.

Ample national research informs us that if we get those years right, chances are that the child will have momentum all of his or her life. Conversely, ground lost during that developmental period can often never be made up. Knowing that the first 1,000 days is the most cost effective time to lay the foundation for lifetime success, we ask for your leadership to enact legislation this session to move this pivotal issue forward.

On behalf of all the members listed on this page,

Wansley Walters
Chair



THE FLORIDA STATE UNIVERSITY

CENTER FOR PREVENTION & EARLY INTERVENTION POLICY

Improving Early Childhood Development with Quality Childcare

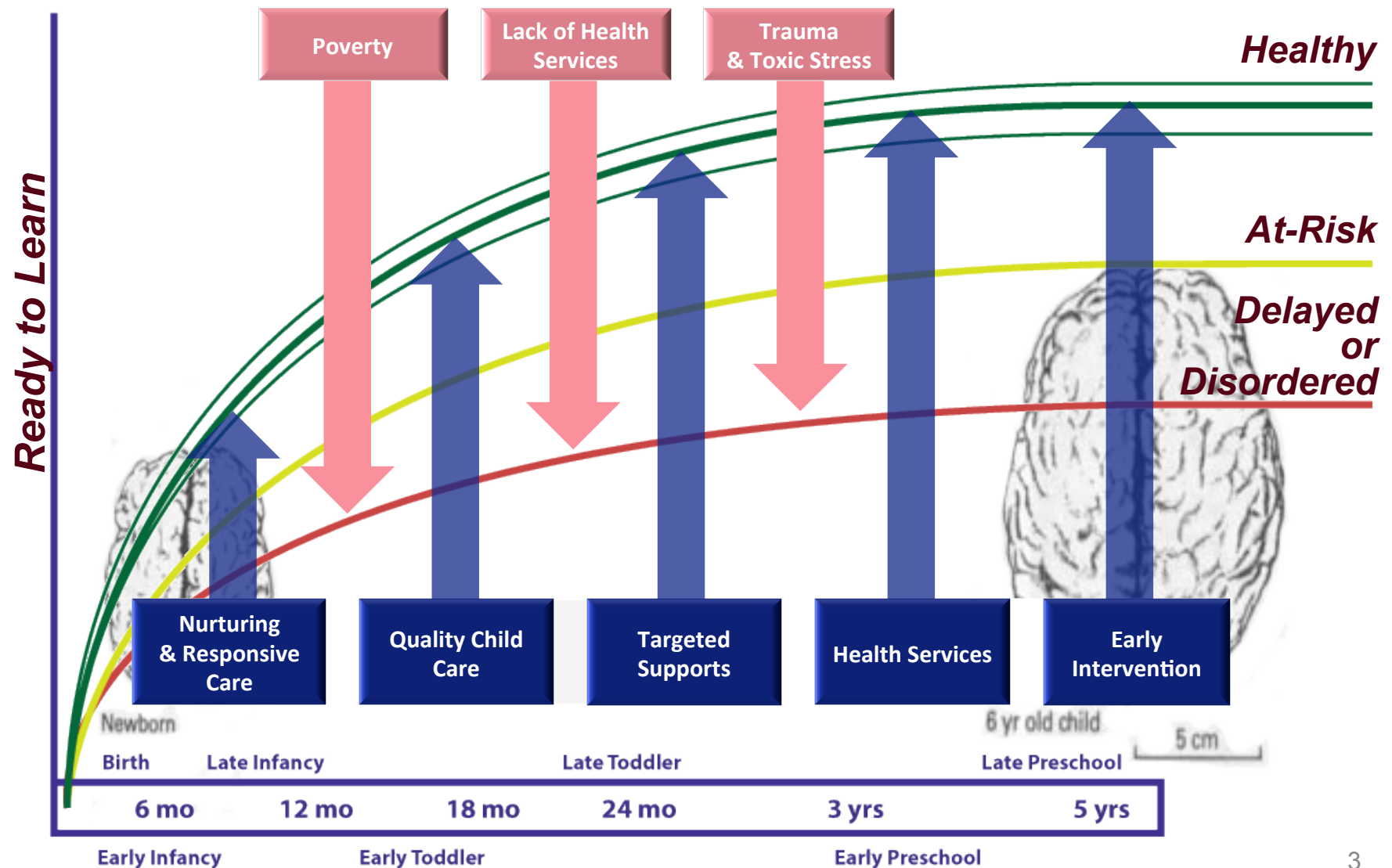
Dr. Mimi Graham, Director
FSU Center for Prevention & Early Intervention Policy

Presentation to Florida Senate Committee on Children, Families, & Elder Affairs
September 16, 2015

What kind of world do we want for Florida families?



Drivers of Developmental Trajectories



Many of Florida's Young Children Could Benefit from Quality Childcare

- In 2012, Florida had more than 1.1 million children ages 0-5 (Kid's Count Data).
- Poverty rate is 27% for Florida children under 5. (2013 Kid's Count Data and Child Welfare League of America, *Florida's Children 2015*).
- Of children ages 0-5 in Florida, 24,389 suffered maltreatment, and 17,499 were 0-3 (U.S. Department of Health and Human Services, *Child maltreatment 2013*.)
- Up to 1 in 5 will have mental health diagnosis by age 5 (CDC Mental Health Surveillance Among Children – United States, 2005-2011)
- 1 in 4 will have experienced trauma by school age (Child Trends. Adverse Childhood Experiences: National and State-Level Prevalence).

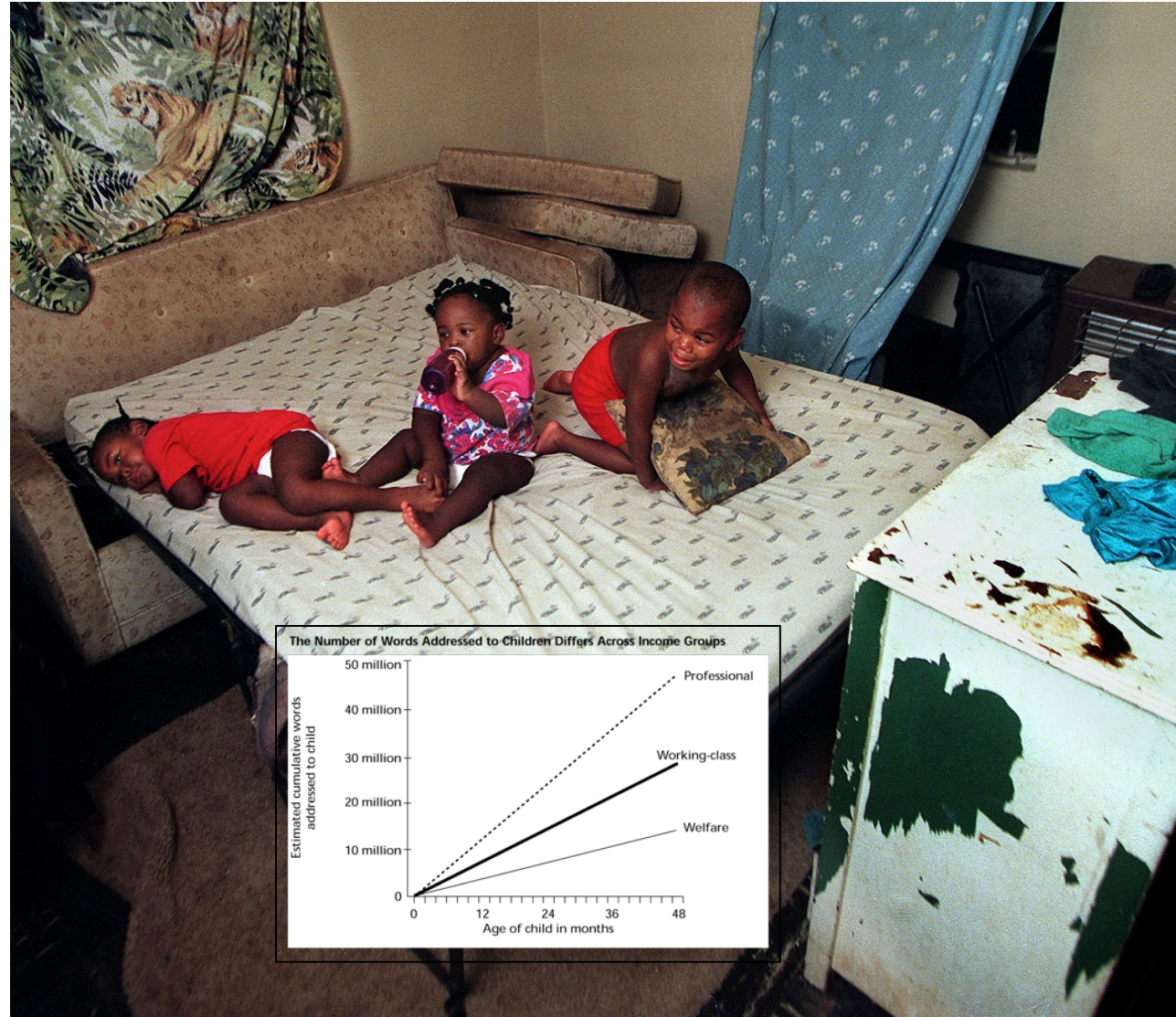


The Word Gap: Left Behind by Age 2

53% of Florida's infants and toddlers live at or near poverty.

By age 2, there is a 6-month gap between rich and poor families.

By age 4, poor children typically have been exposed to *30 million fewer words* than children in professional family.



Sources: Zero to Three State Baby Facts; Stanford study link: <http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html>; Hart & Risley; .

24,389 Maltreated Children 0-5 & subsequent problems

**Cognitive
Problems**

• 23 – 65%

**Speech
Delays**

• 14 – 64%

**Health
Problems**

• 22 – 80%

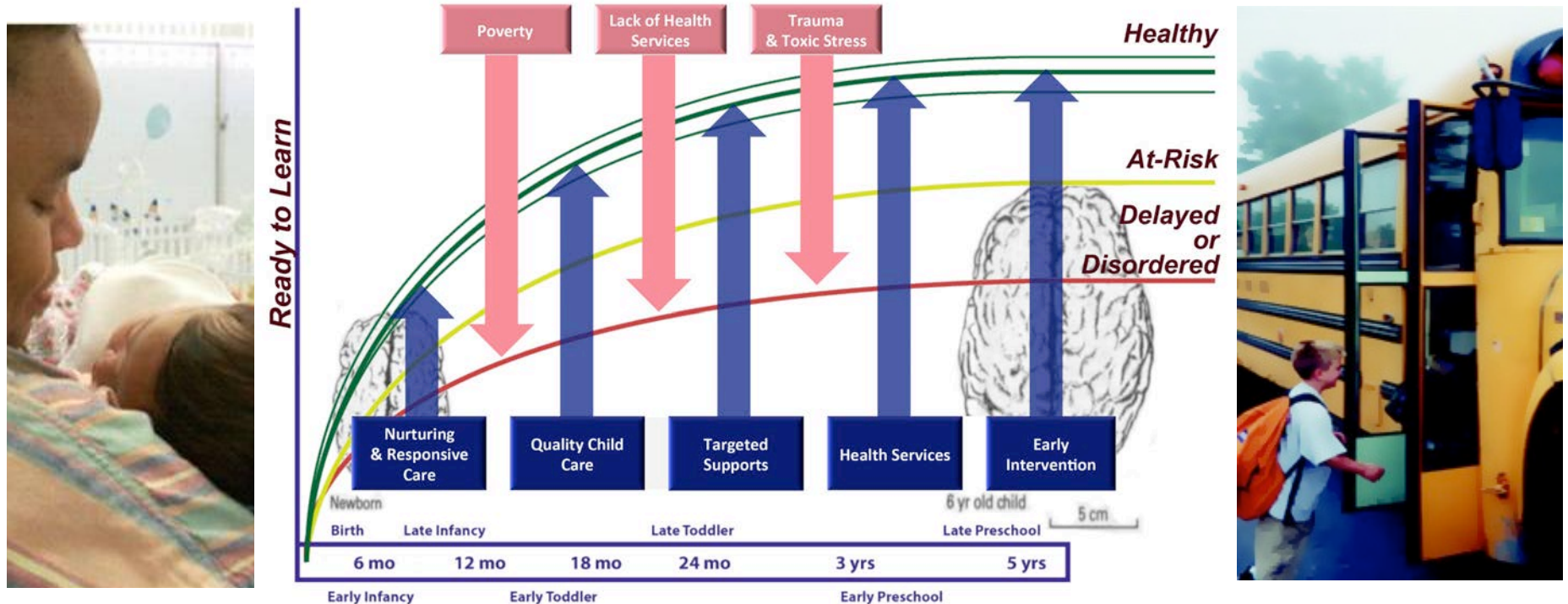
**Motor
Delays**

• 4 – 47%

**Mental
Problems**

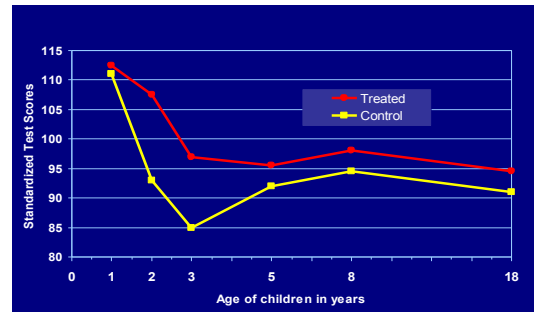
• 10 – 61%

Quality Childcare Can Change Developmental Trajectory



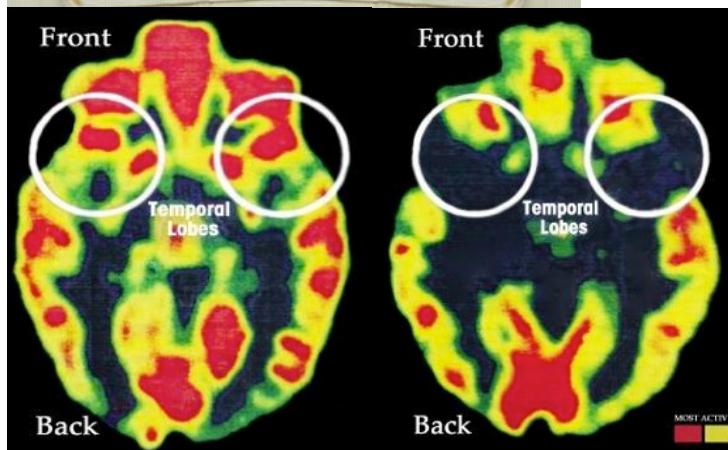
Enriched Early Education Programs

Can Improve Development & Overcome Maltreatment



McCormick, et al., 2006, *Pediatrics*

Miami Replication Study of High Quality Early Education (Infant Health & Development Program) Found Long-Term Benefits



Healthy Child

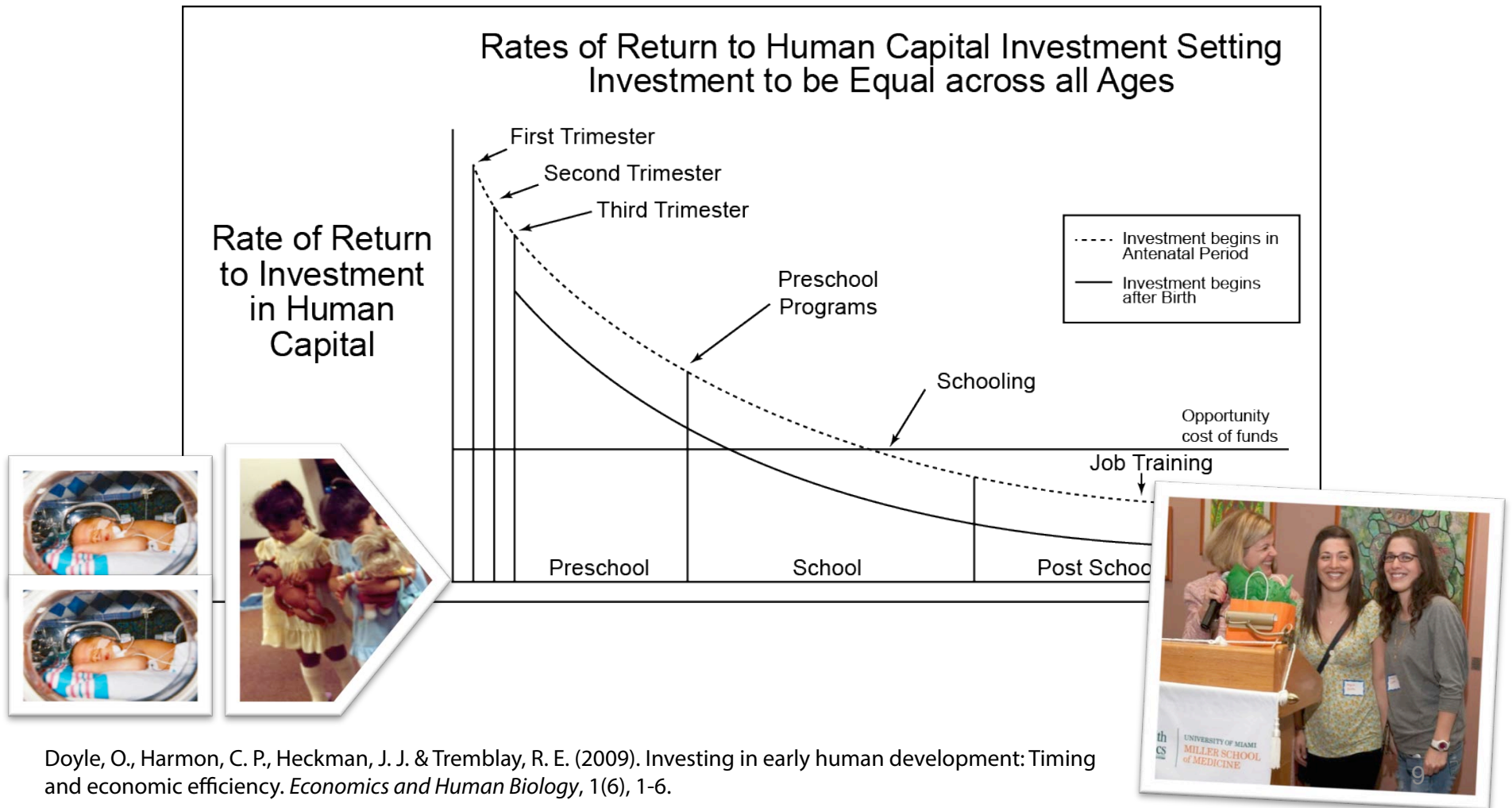
Neglected Child

Courtesy of Dr. H.T. Chugani, Children's Hospital of Michigan, Wayne State University



Quality Early Childhood Changed Trajectory

...Not Just For School Readiness But For Life Success



Doyle, O., Harmon, C. P., Heckman, J. J. & Tremblay, R. E. (2009). Investing in early human development: Timing and economic efficiency. *Economics and Human Biology*, 1(6), 1-6.

Significant Health and Education Benefits of High Quality Early Childhood Education

15 Months to 35 Years Old:

- Intelligence (IQ)
- Reading and math skills
- Academic locus-of-control
- Social Competence
- Years in school
- College attendance
- Earned 4 yr college degree
- Full-time employment
- Cardiometabolic health
- Return on Investment
- Mothers' education
- Mothers' employment



- Grade Repetition
- Special Education placement
- Teen Pregnancies
- Smoking & drug use
- Teen depression
- Welfare use
- Overweight/BMI
- Lower blood pressure

What Makes a High Quality Child Development Center?

- Small groups with well-trained teachers
- Low Adult/Child Ratios
- Parent engagement
- Enriched learning environments



10 Components of Quality Infant & Toddler Care

Foundations

1

SAFETY

Safe & Healthy Program Practices

Quality infant and toddler programs ensure the health and safety of children.

2

TRAINING

Staff Well-Trained

Programs train and support staff to meet the specialized needs of infants and toddlers.

3

ENVIRONMENT

Environments for Living & Learning

Nurturing environments promote feelings of security and competence for children during interactive caregiving routines and play.

Relationships

4

GROUP SIZE

Small Groups with Optimal Ratios

Low ratios and small groups enable teachers to devote more individual attention to children, thereby promoting secure attachments and intimate relationships.

5

CONTINUITY

Primary Caregiving & Continuity of Care

Teachers are assigned responsibility for primary caregiving and establish nurturing relationships with each child and family from infancy to age three.

6

RESPONSIVENESS

Active & Responsive Caregiving

Responsive teachers provide a secure base for infants and toddlers to develop emotional regulation and a healthy sense of self.

Language & Learning

7

CURRICULUM

Curriculum & Individualization

Curriculum for infants and toddlers happens within the context of relationships and individualized daily care routines and play.

8

LITERACY

Emerging Language & Literacy

Language acquisition and the development of literacy for infants and toddlers develop through frequent interactions, language-rich routines, and daily experiences with books.

Family Supports

9

FAMILY

Family Engagement & Cultural Continuity

Programs value families and their cultures as integral partners in guiding their child's development and future school readiness.

10

SUPPORT

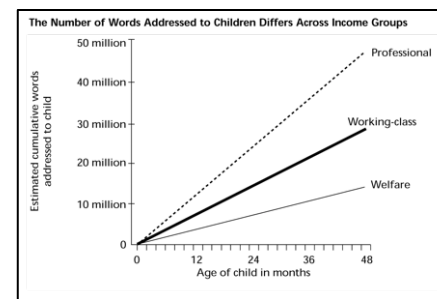
Comprehensive Support Services

Infants, toddlers, and their families are strengthened when programs help link them to needed community supports.

Staff Well-Trained in Early Childhood Development



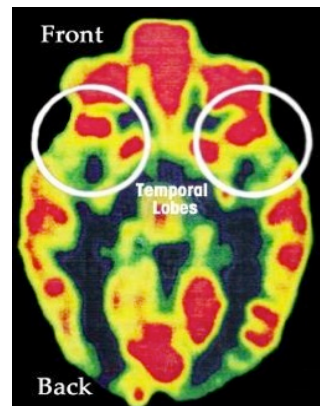
Well-trained staff understand the importance of talking & reading



Well-trained staff understand that children learn best through play



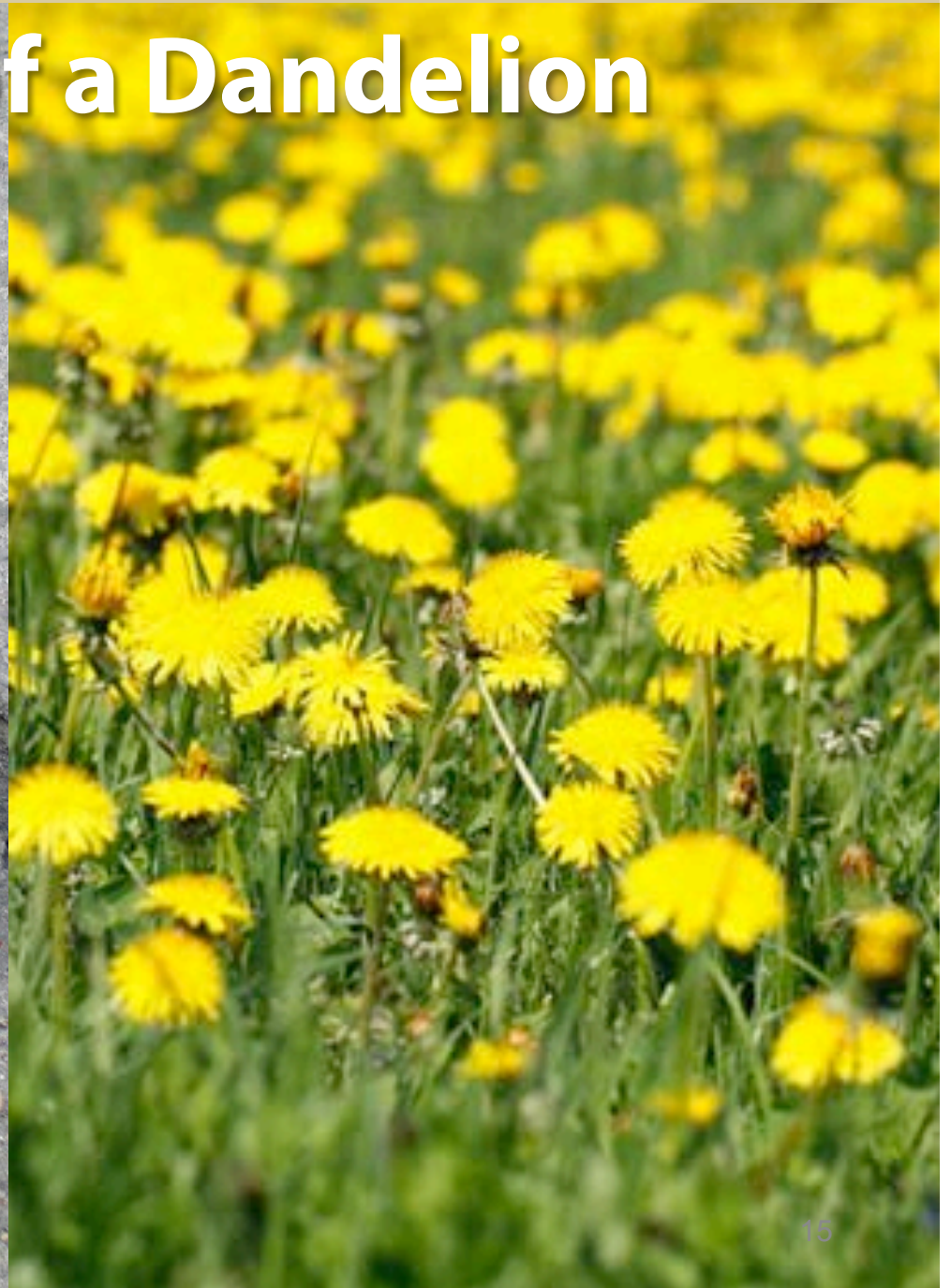
Well-trained staff understand that challenging behaviors often have underlying emotional needs.



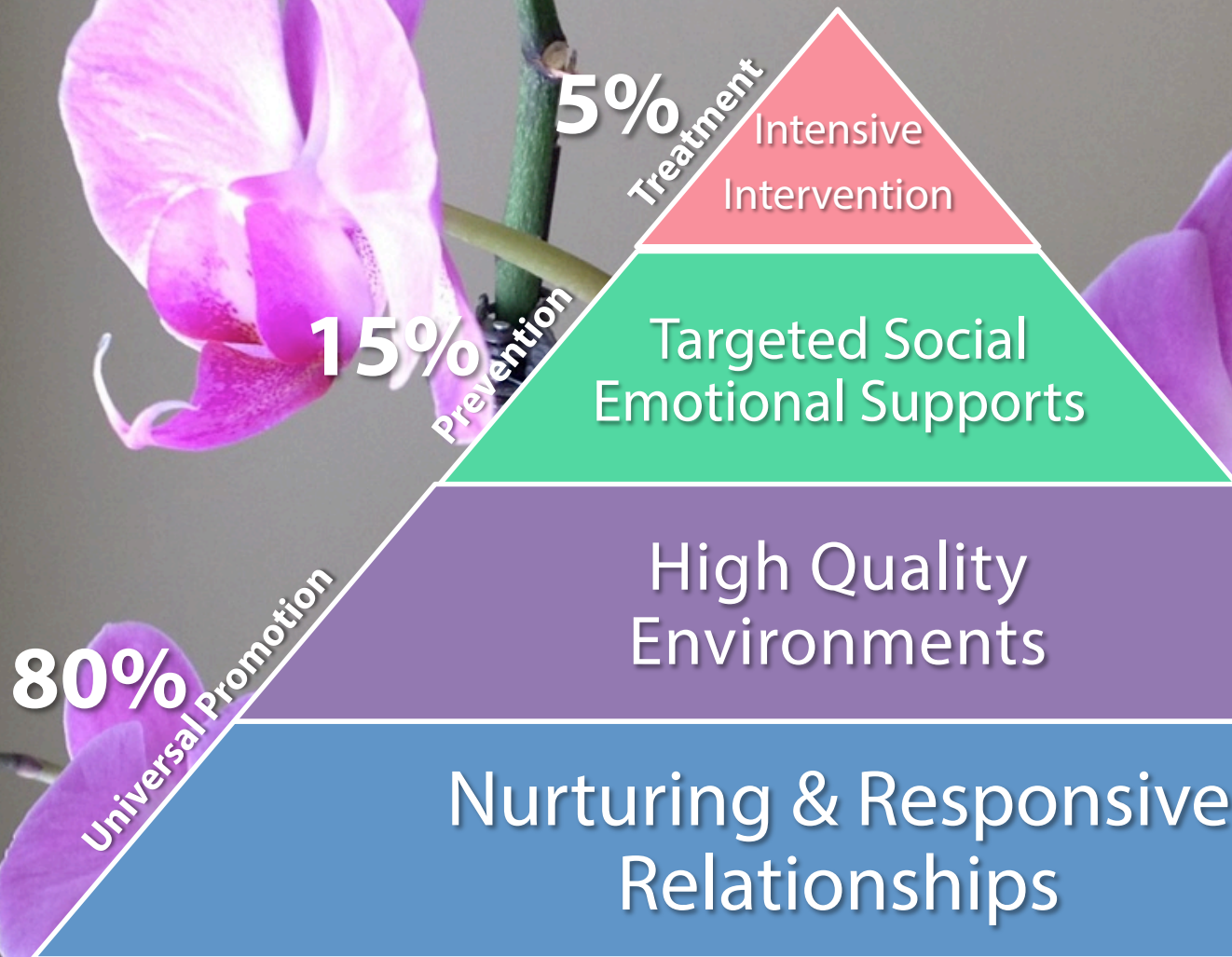
Most pivotal component of quality is the relationship between caregiver & child.



Hardiness of a Dandelion



Promoting Success



Ranking of State Child Care Center Regulations and Oversight (2013) rated **Florida's Child Care Standards** **Ranked 40th – Lowest in Nation**



No group size limit.



No diploma/GED required.



No pre-service training.



1 adult to care for 11
toddlers vs. 1:7 national ratio

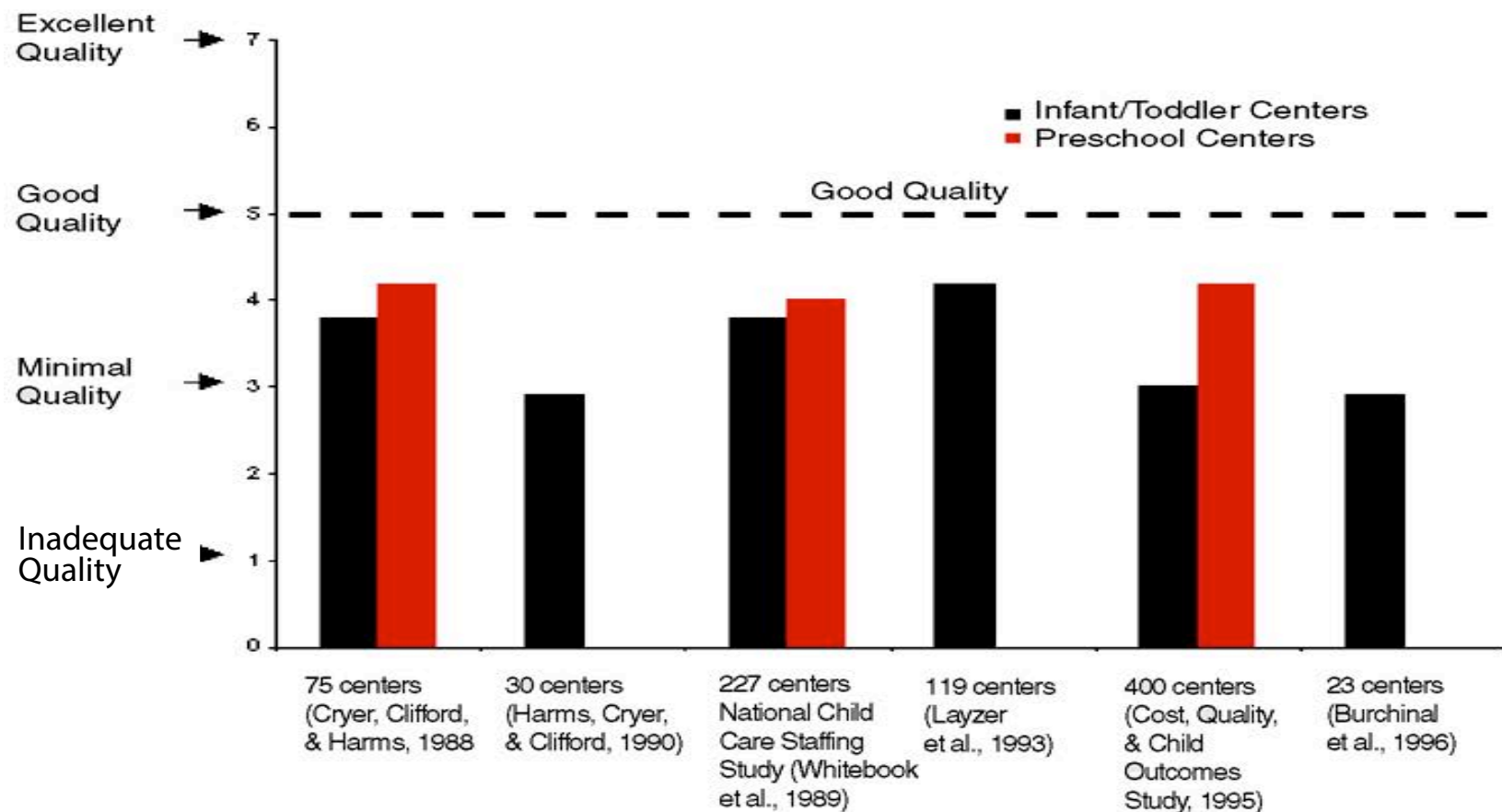


Background check requires
no child abuse or sex
offender registry checks.



Florida is one of only 8
states without a statewide
quality rating improvement
system

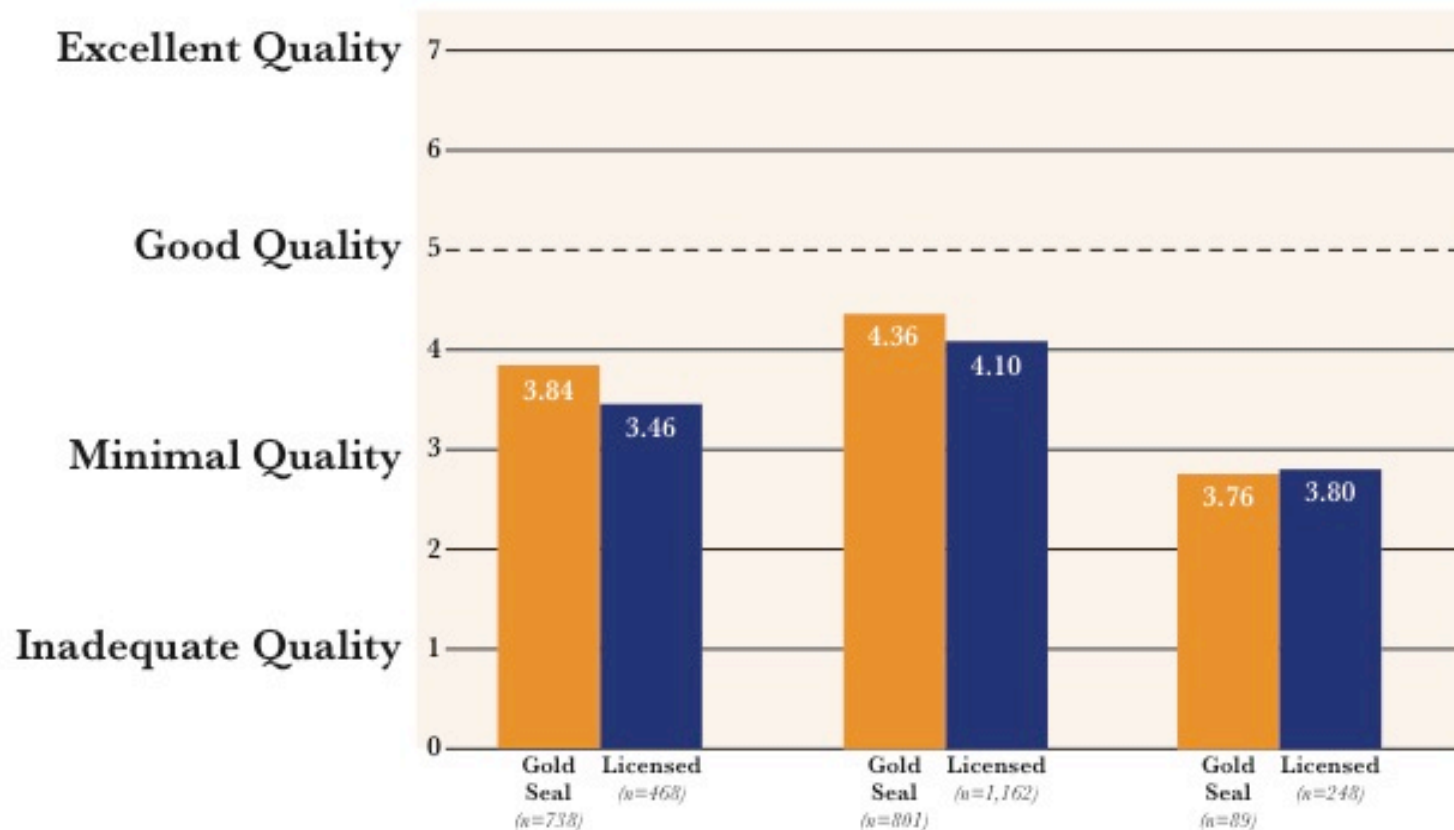
Infant Toddler Quality Consistently Lower than Care for Ages 3-5



National Center for Early Development & Learning. (1997). *Early Childhood Research & Policy Briefs: Quality in Child Care Centers*. Available at: www.researchconnections.org/childcare/resources/25951/pdf

Child Care Quality in Florida

Little Difference in Gold Seal vs. Licensed Care
Infant-Toddler much lower than 3-5 care



Source: Kalifeh, P. (2013). Florida Gold Seal Quality Care Program. Available at <http://www.researchconnections.org/childcare/resources/25952?author=Kalifeh%2C+Phyllis&paging.startRow=1>

Minimal Quality Statewide: Even In Florida's "Gold Seal" Centers



- Assessment of 1,760 child care programs across the state found that although Gold Seal programs scored modestly better on quality than non-Gold Seal programs, **overall program quality in the majority of programs was minimally adequate.**
- Only 19% of Gold Seal programs and 15% of non-Gold Seal programs provided learning activities with developmentally-appropriate curricula.
- 12% of the providers earning an enhanced rate were providing such poor quality that could be potentially harmful.
- **\$33 million** paid annually to supplement daily rates for Gold Seal providers for quality.
- Policies should be considered that align with more accurate indicators of quality to be considered Gold Seal. Of the 11 approved accrediting associations, only 4 demonstrate better quality than non-Gold Seal programs.
- Programs that fail to offer an established level of quality should not be participating in the school readiness program nor receiving quality supplements.

Opportunities in the Child Care Development Block Grant (CCDBG) Reauthorization

The State must determine standards for CCDBG providers that address:

- Group size limits for different ages
- Appropriate child-to-provider ratios, in terms of age of children
- Required qualifications for providers
- Training and professional development requirements
- Health & safety
- Background checks
- State Advisory Council on Early Care & Education
- Priority for high-risk children
- Considerations for social emotional & behavioral health

Note: CCDBG only pertains to subsidized care – standards should be applicable for all licensed childcare in Florida.

*The Child Care Development Block Grant Reauthorization
provides opportunity for QUALITY standards*

Recommendations



Criminal background checks of child abuse & sex offender registry for all staff.



Minimum age 18 with diploma/GED required.



20 hours pre-service training & 24 hours in service annually



1 adult for 8 toddlers; 1:12 three-year olds; 1:15 four-year olds



Group size limits at two times the adult-to-child



Each lead teacher has minimum of Florida Staff Credential

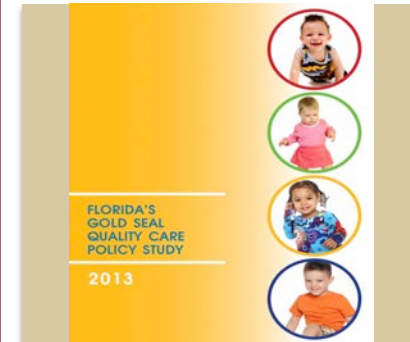
Recommendations



Reinstate State Advisory Council on Early Care & Education



Plan steps to statewide Quality Rating Improvement System



Reassess criteria for Gold Seal supplements to align with quality



Incentivize social emotional screening & supports



Close the achievement gap in Florida's Early Learning System & optimize outcomes for high-risk children

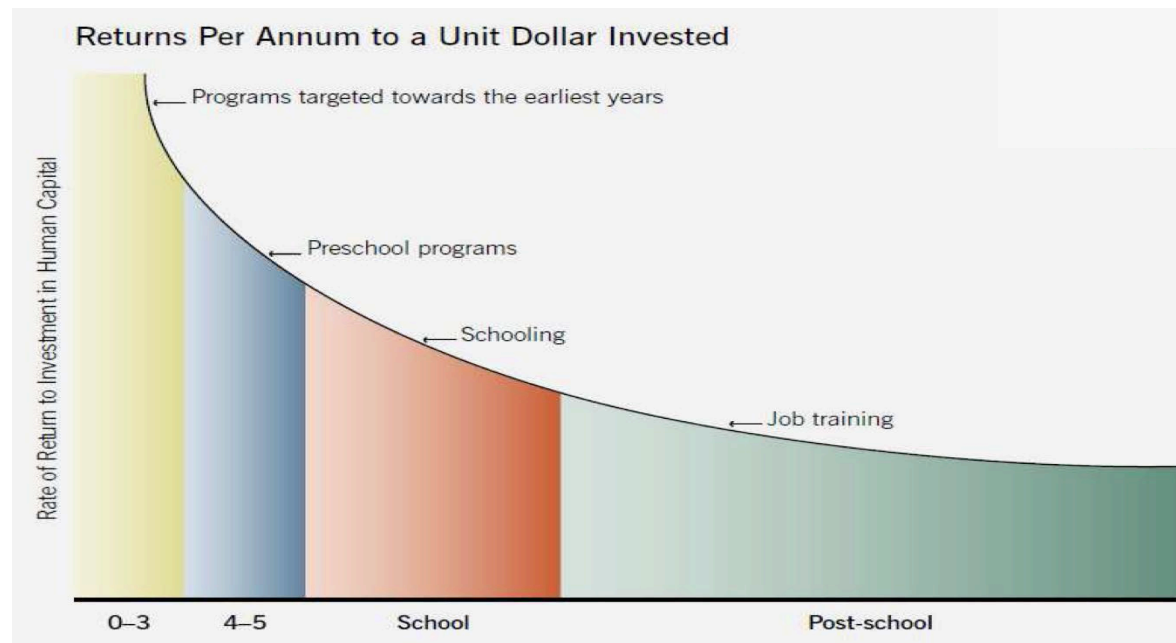


Use quality dollars to provide enhanced rate for quality centers serving high-risk children

**Moving to higher quality will require a substantial
but wise investment for Florida's future.**

“The highest rate of return in early childhood development comes from investing as early as possible. . . Starting at age three or four is too little too late. Efforts should focus on the first years for the greatest efficiency and effectiveness.”

Dr. James J. Heckman
Nobel Laureate in Economics,
University of Chicago

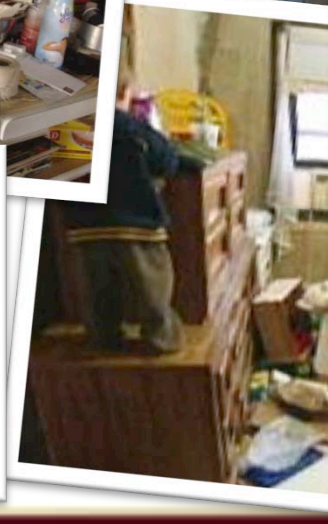
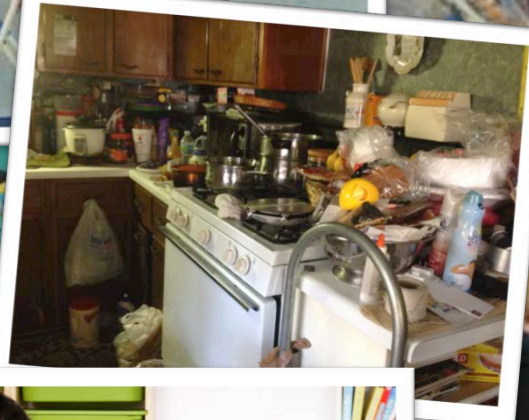
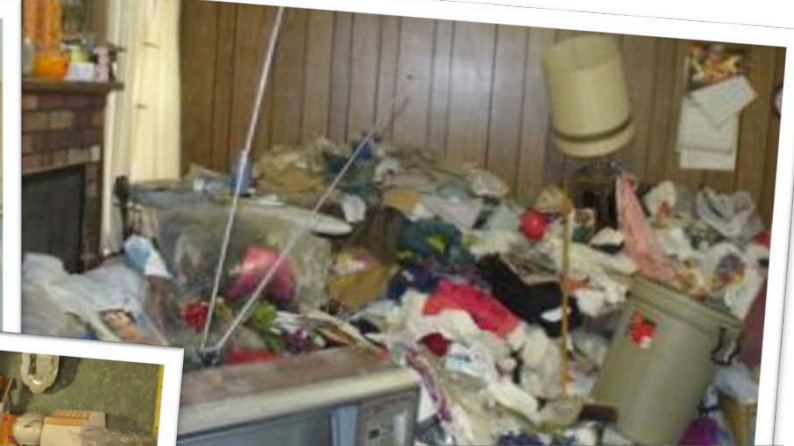


Make the Wisest Investments...

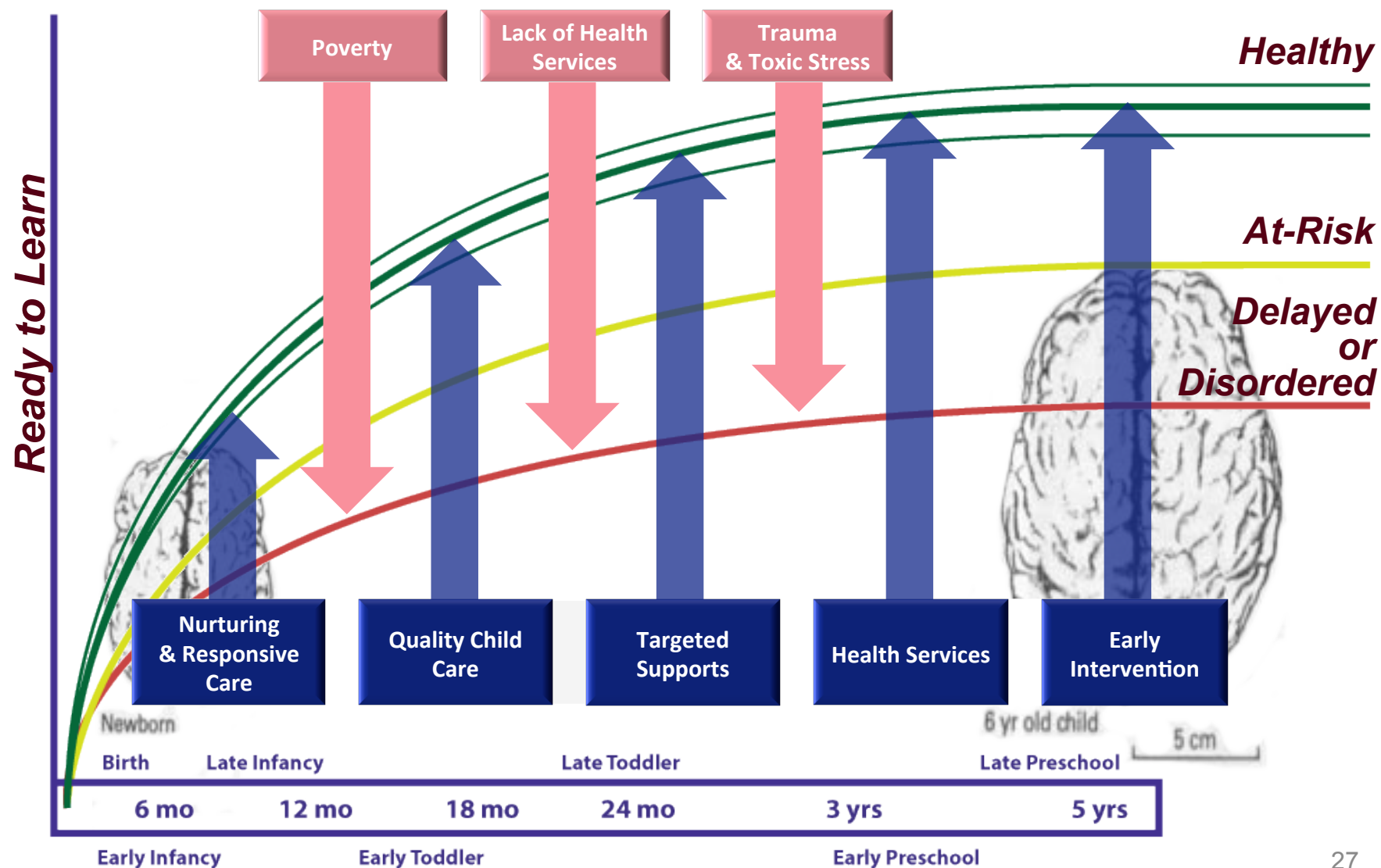
Consider “BRIGHTER FUTURE” Scholarships



Visit & Observe the Difference in Quality in Florida's Licensed Child Care Programs



Quality Childcare Can Change the Lifetime Trajectory



Mimi A. Graham, Ed.D.
mgraham@fsu.edu



Florida State University
Center for Prevention & Early Intervention Policy

Florida's Campaign for the

FIRST



DAYS

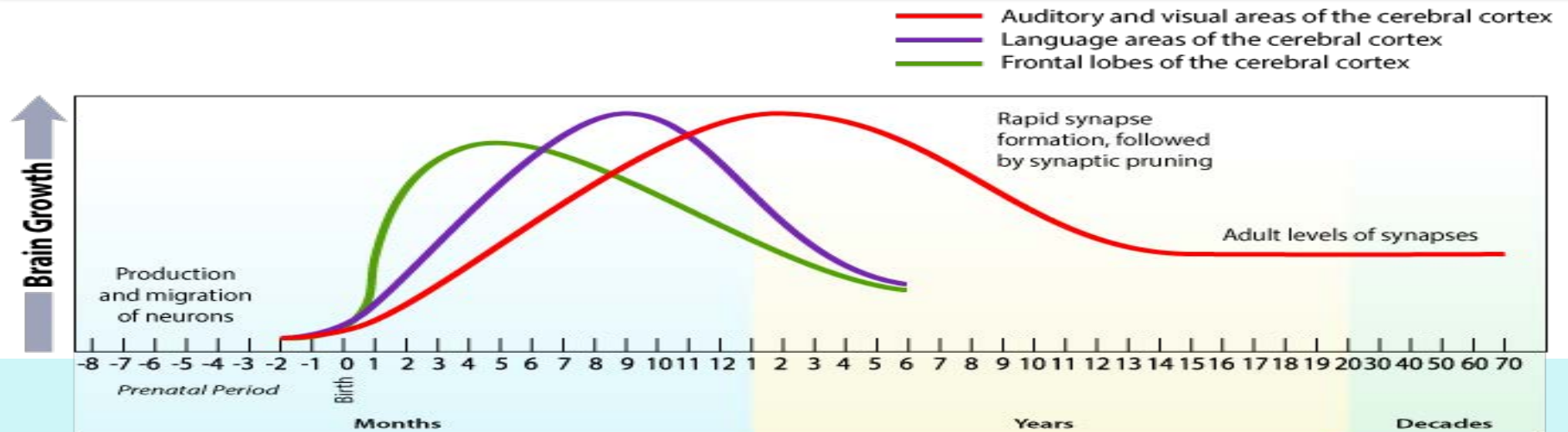
A Bold New Initiative to Support Expectant and New Families

August 2015

Florida's Campaign

- **A collaborative public awareness and advocacy effort** to draw attention to the importance of the critical years in a child's life – the first 1,000 days.
- To align all the children's groups and efforts under “one big tent” to have a collective impact in **advancing Florida's future with maximum efficiency and effectiveness.**
- To promote evidence-based, cutting-edge **policies and practices; comprehensive services; and adequate funding that supports and strengthens expectant and new families.**

The First 1000 Days: A Pivotal Time for Development



Before & During Pregnancy



Newborns & Infants



Toddlers

Florida's Pregnant Women: 219,905 births in 2014



**59% of births are
unplanned**



**30% get no
prenatal care**



**14.5% of mothers
experience
depression**



**35.5% smoke & nearly
10% drink while
pregnant**



**62% of all Florida births
paid by Medicaid**



**48% of teen girls in foster
care were pregnant by age 19**



**13,962 births to
teenagers**

Florida's Infants & Toddlers:

648,893 children aged 0-3 living in Florida



28% are at risk for developmental problems



Only 2% receive early intervention



31% are not fully immunized



7 of every 1,000 born addicted to drugs



Only 43% read daily



14% preterm



34% children in foster care <3



Only 23% get ⁵ developmental screening



53%

of Florida's Infants & Toddlers Grow Up at or near Poverty
They fare **worse** than peers on almost every indicator of health & well-being.



First 1000 Days: Best Chance to Turn Around





Policy Recommendations



1. Quality Childcare



2. Early Intervention



3. Medical Home with Mental Health Services



4. Baby Court & Child Welfare Linkages



5. Economic Supports



Policy Recommendation 1



**Expand affordable
& accessible high
quality infant
& toddler care.**

Working Mothers

62%

of Florida
mothers in
the labor
force have
infants.



Yet, quality infant care is often **unavailable & unaffordable.**

More than 58,000 children on WAIT LIST for subsidized childcare so their parents can work.

www.zerotothree.org/public-policy/state-community-policy/baby-facts/florida-baby-facts.pdf; Office of Early Learning.

Florida's Child Care Standards Rank

6th Lowest in Oversight & 40th Lowest in Standards in US



No group size limit.



No diploma/GED required.



No pre-service training.



1 adult to care for 11
toddlers vs. 1:7 national ratio



Background check requires
no child abuse or sex
offender registry checks.



Florida is one of only 8
states without a statewide
quality rating improvement
system

Source: *Ranking of State Child Care Center
Regulations and Oversight 2013*



Policy Recommendation 2



**Expand eligibility
& maximize the
impact of *early*
intervention during
the pivotal time of
rapid infant & toddler
development.**

First 1000 Days Is Optimal Time for Early Intervention

Yet...



**Only 23% get
developmental
screening**



**Only 2% receive
early intervention**



Policy Recommendation 3



Ensure families have a medical home & promote utilization of mental health services, especially for infant mental health and depression.

Maternal Depression

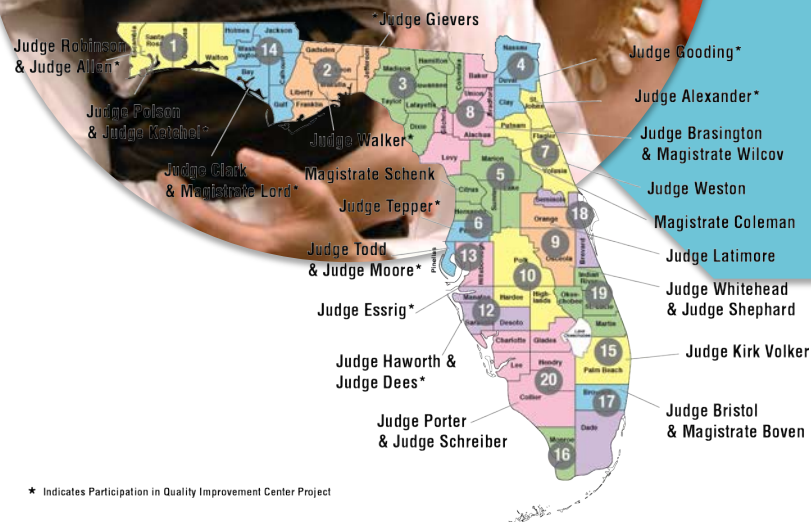
- 14.5% of Florida mothers experience depression; 4% of new dads.
- Associated with higher rates of prematurity & lower rates of breastfeeding.
- Negatively impacts maternal-child attachment & healthy child development.



Policy Recommendation 4



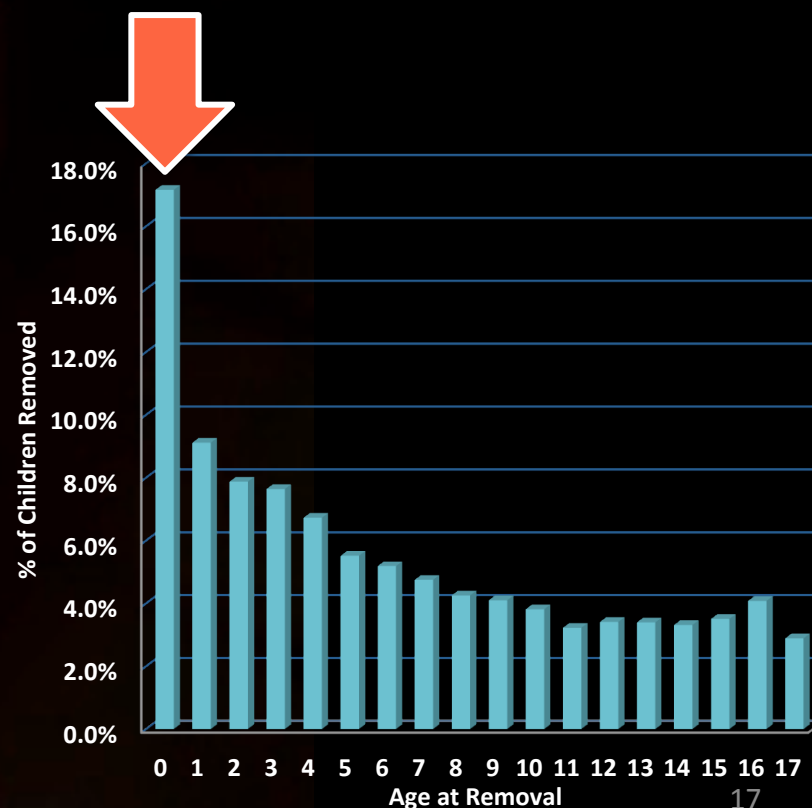
Improve outcomes for infants and toddlers in child welfare through Baby Court and linkages with early childhood systems.



First 1000 Days is most vulnerable time for child maltreatment:

**51% abused
are ages 0-5**

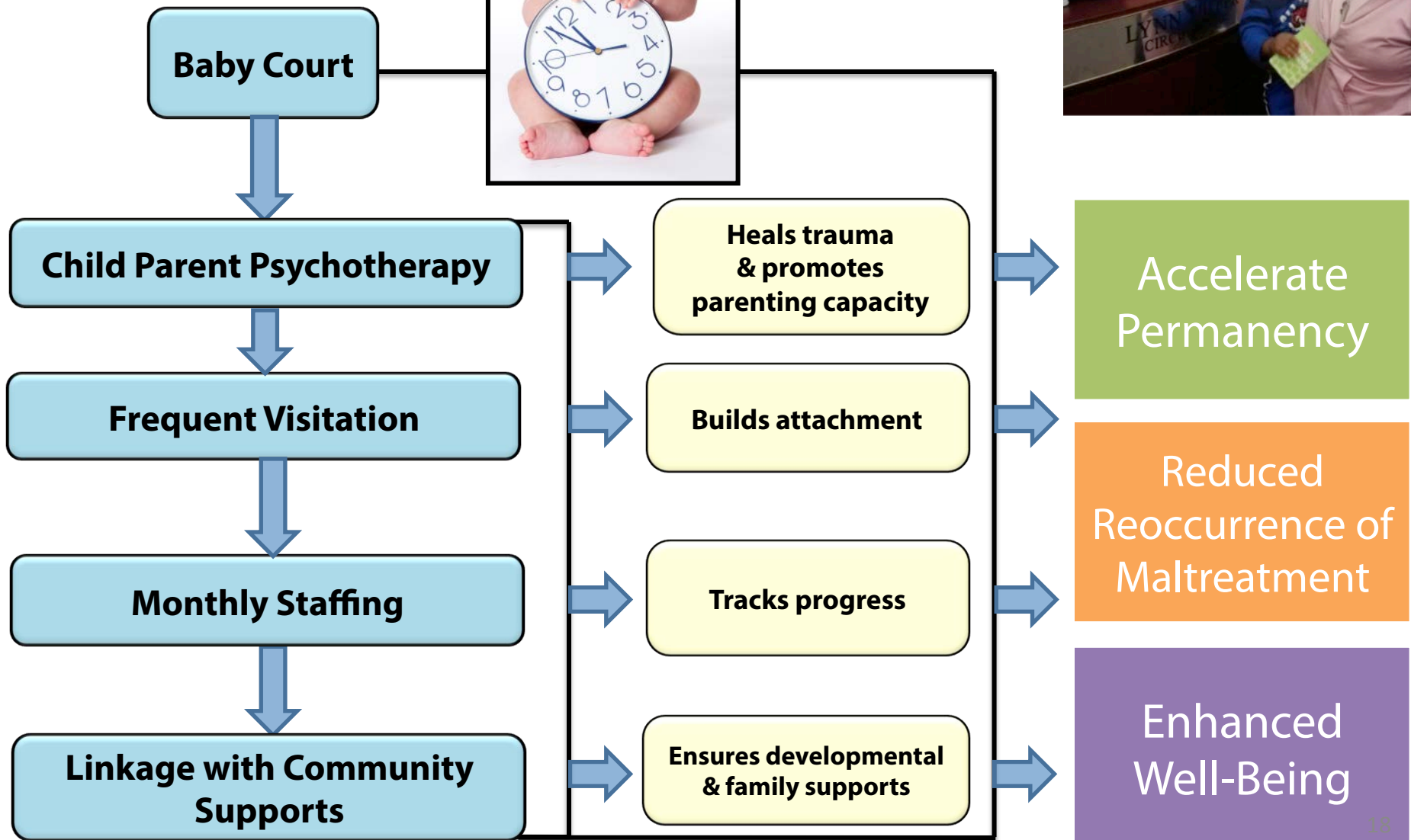
**6,480 Infants are
Florida's Largest Age Group**



Children's Bureau of the U.S. Department of Health and Human Services. (2014). *Child Welfare Outcomes 2009–2012: Report to Congress*. Washington, DC.

First 1000 Days

Best Time to Turn Around






Policy Recommendation 5



Support economic policies such as job training, education, and tax credits that promote stable, nurturing, and self-sufficient parents.

Working Family Tax Credits

United Way's Study of Financial Hardship



ALICE
ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED

HOME OVERVIEW REPORTS ABOUT US HOW TO HELP STORIES

United Way's Study of Financial Hardship

ALICE, a United Way acronym which stands for Asset Limited, Income Constrained, Employed, represents the growing number of individuals and families who are working, but are unable to afford the basic necessities of housing, food, child care, health care, and transportation.

Through a series of new, standardized measurements, United Way is quantifying the size of the workforce in each state that is struggling financially, and the reasons why. These measurements provide a broader picture of financial insecurity than traditional federal poverty guidelines.

Why ALICE Matters

ALICE workers are essential to the fabric of our society. ALICE works in jobs that are integral to our communities, from child care educators and home health aides to mechanics – all workers we rely on every day.

The future success of our communities is directly tied to the financial stability of ALICE households. When ALICE suffers and is forced to make difficult choices, we all face serious consequences.

ALICE: A Grassroots Movement

Building on a project first initiated in 2009 at United Way of Northern New Jersey, United Ways in several other states joined the United Way ALICE Project in 2014. This grassroots movement is gaining momentum in local communities across the country and several new Reports are in development. With significant press coverage, a fresh, nonpartisan, dialogue has started about the importance and fragility of ALICE across the country.

United Ways involved plan to use the Reports as the framework for their work in improving their residents' lives and strengthening their communities. Community partners including government agencies, nonprofits and corporations are also making use to this new data to improve the lives of ALICE families.

A project of United Ways in Connecticut, Florida, Idaho, Indiana, Iowa, Louisiana, Michigan, New Jersey, Oregon, and Washington

LIVE UNITED United Way

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Research shows that early income tax credit & other child tax credits help families at every stage of life:



Reduces low birth weight and improves infant & maternal health.

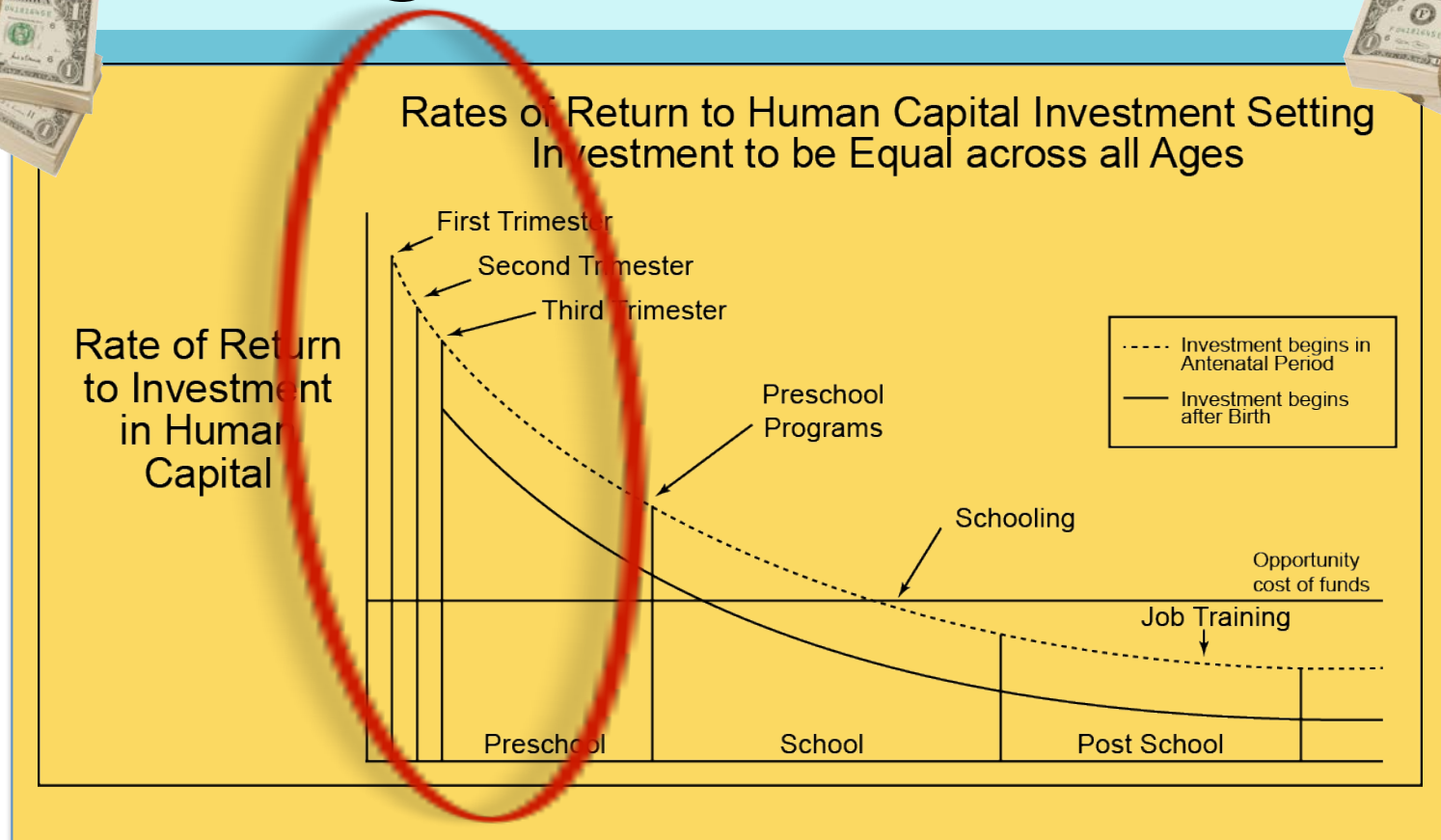


Enhances school performance.



Boosts college enrollment.

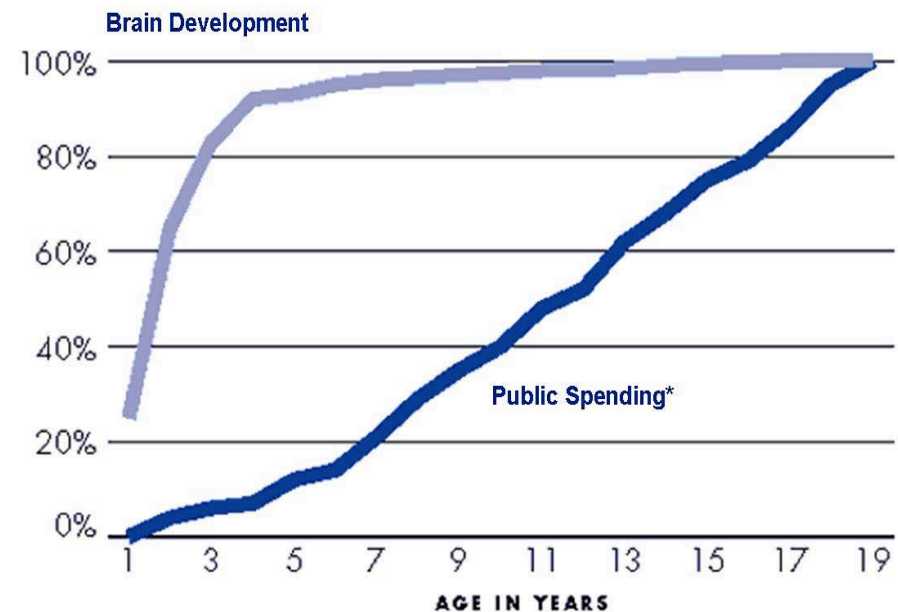
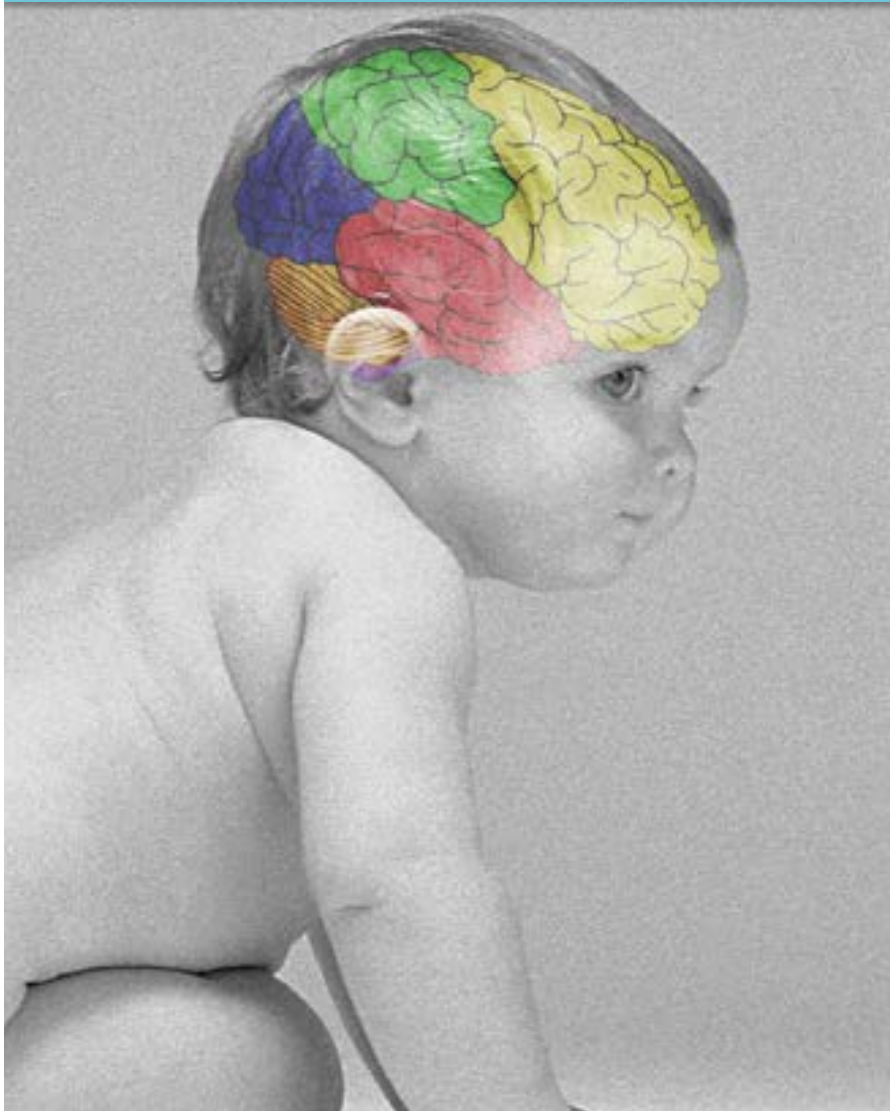
Investing in the First 1000 Days: The Highest Rates of Return



Note: The rate of return to investment in human capital is markedly greater when investments occur at younger ages. That is, while larger investments have been typically made in secondary education, higher education, job training programs, and remedial education, the rate of return is notably lower than if these same funds were invested in human capital formation during the infant/toddler and preschool years.

Doyle, O., Harmon, C. P., Heckman, J. J. & Tremblay, R. E. (2009). Investing in early human development: Timing and economic efficiency. *Economics and Human Biology*, 1(6), 1-6.

Disconnect Between Timing of Public Spending and Peak Brain Development

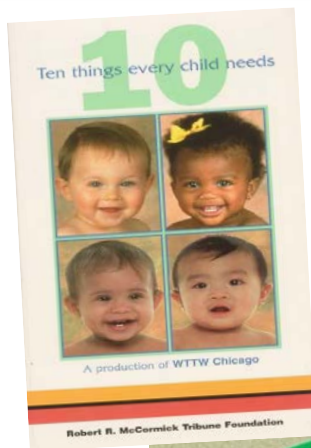


* Portion of total public investment in children being spent during indicated year in children's lives.

Rand Corporation

“You can intervene at age 10 and not get nearly same result as intervening at age 2.”

-Bruce Perry, MD





Florida Summit

October 21-23, 2015

**Palm Beach Convention
Center**

To register:

<https://www.eiseverywhere.com/ehome/first1000days/297047/?&>

