

MAINE STATE LEGISLATURE

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m
R. O. S.

L.D. 540

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DATE: 5/2/95

(Filing No. H- 185)

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HUMAN RESOURCES

8

10 Reproduced and distributed under the direction of the Clerk of
12 the House.

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
117TH LEGISLATURE
FIRST REGULAR SESSION**

16

18

18 COMMITTEE AMENDMENT "A" to H.P. 405, L.D. 540, "Resolve, to
20 Implement the Recommendations of the Healthy Start Task Force"

22

22 Amend the resolve by striking out everything after the title
24 and before the statement of fact and inserting in its place the
24 following:

26

26 **Sec. 1. Healthy Start Pilot Project. Resolved:** That the Healthy
28 Start Pilot Project is established in the Department of Human
28 Services to provide in 3 geographically diverse locations a
30 community-based home visitation program that is preventative,
30 comprehensive, family-focused and universally available within
32 the project areas.

32

34

34 The Department of Human Services shall undertake a planning
36 process for the Healthy Start Pilot Project that must involve
36 consumers and providers of social services in the different
38 regions of the State and that must include consideration of the
38 resources that exist and that would need to be developed in
40 different pilot project areas and the feasibility of charging for
40 services.

40

42

42 The Department of Human Services shall administer a contract
44 program under which 3 pilot projects are funded. The following
44 are required elements of the contracts: consistent program
46 design; comprehensive and uniform training of personnel; and
46 systematic evaluation. The pilot projects must collaborate with
48 other entities in the community providing services to families in
50 order to expand on existing services.

48

50

50 All pilot projects must adopt the following Maine Healthy
50 Start Critical Elements.

COMMITTEE AMENDMENT

R. W. S.

COMMITTEE AMENDMENT "A" to H.P. 405, L.D. 540

1. Pilot projects must offer services on a voluntary basis to families in the projects areas.
- 2.
3. First-tier supportive services must be available to all new parents and include:
- 4.
- 5.
6. A. Community-level, home-based nursing services to attend to the newborn infant care issues;
- 7.
8. B. Outreach that provides periodic child health and development information and encourages families to seek out help as needed; and
- 9.
10. C. Use of any other existing family support outreach services in Maine communities.
- 11.
12. 3. Second-tier home visitor services must be offered to parents who need them and must be continued with frequency that matches the needs of the family.
- 13.
14. 4. Identification of needs must be done using a family stress checklist.
- 15.
16. 5. Pilot projects must accept families prenatally until children are 6 months of age and continue those services until the child is 5 years of age.
- 17.
18. 6. To encourage acceptance of 2nd-tier services when needed, outreach must continue for at least 3 months.
- 19.
20. 7. Services must be family-focused, promote healthy child development and assist the family toward self-sufficiency and full partnership with other families in enhancing family and community well-being.
- 21.
22. 8. Families must be linked to primary health care providers.
- 23.
24. 9. Pilot projects must complement existing community services, whether federally or state supported.
- 25.
26. 10. Home visitors must receive ongoing professional supervision and have limited caseloads.
- 27.
28. All pilot projects are for 4 years' duration, with the first contracts for each program to last 2 years. Administrative costs for each program are limited to 10% of the program cost for general administration. The cost of the evaluation is limited to 15% of the program cost. The Department of Human Services shall oversee all 3 projects and shall evaluate the projects and shall develop an evaluation plan for the projects prior to implementation.

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COMMITTEE AMENDMENT "A" to H.P. 405, L.D. 540

2 All pilot projects must match 25% of the contract amount
4 with community-based funding, which may be a combination of cash
6 and in-kind contributions of space, equipment, supplies, staff
8 time or services.

10 All pilot projects shall meet regularly with the other
12 projects and the Department of Human Services to share
14 experiences, coordinate efforts, plan for statewide expansion and
16 coordinate searches for outside funding to supplement any General
18 Fund appropriations for the last 2 years of their duration; and
20 be it further

22 **Sec. 2. Report. Resolved:** That the Department of Human
24 Services shall submit an interim report to the joint standing
26 committee of the Legislature having jurisdiction over human
28 resources matters and to the Executive Director of the
30 Legislative Council by January 1, 1997 and a complete report by
32 January 1, 1999; and be it further

34 **Sec. 3. Appropriation. Resolved:** That the following funds are
36 appropriated from the General Fund to carry out the purposes of
38 this resolve.

1996-97

**HUMAN SERVICES,
DEPARTMENT OF**

Health Start Pilot Project

32 All Other \$556,842

34 Provides for 3 pilot projects to administer
36 community-based home visitation programs.'

38 Further amend the resolve by inserting at the end before the
statement of fact the following:

FISCAL NOTE

1996-97

APPROPRIATIONS/ALLOCATIONS

46 General Fund \$556,842

48 This resolve includes a General Fund appropriation of
50 \$556,842 in fiscal year 1996-97 for the Department of Human
Services to establish the Healthy Start Pilot Project.

COMMITTEE AMENDMENT

RWS

COMMITTEE AMENDMENT "A" to H.P. 405, L.D. 540

2 The Governor's proposed supplemental, Part 2, budget also
4 includes \$556,842 in fiscal year 1996-97 for this same project.'

6 STATEMENT OF FACT

8 This amendment replaces the entire resolve. It adds a
10 planning process for the Healthy Start Pilot Project as the first
12 year activity. It funds the projects beginning in the 2nd year
14 of the biennium. It deletes reference to Hawaii and the Hawaii
16 Family Stress Checklist. It requires the Department of Human
Services to meet with the pilot projects regularly, to oversee
the projects and to develop an evaluation plan. It delays the
interim report date until 1997 and calls for a complete report by
January 1, 1999.