

Performance Note SB0083 - Partnerships for Healthy Communities

Sponsor: Sen. Millner, Ann



Performance Note Report

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Funding For:

New Services or Benefit

Public Benefit:

Purpose: The bill creates the Partnerships for Healthy Communities Grant Program. The grants are intended to improve long-term health outcomes for children through the formation of public-private partnerships that address the social determinants of health and use existing data to align and improve efforts focused on early childhood benchmarks for success.

Services: The following organizations or individuals can apply for and receive one-to-one matching grants: (a) a local health care provider; (b) a local community-based organization that facilitates access to housing, food, transportation, or other relevant services; (c) the Department of Health or a local health department; (d) a community-based early childhood organization; (e) two parent or legal guardian representatives from the target community; and (f) any other partner, including a mental health organization, if the partnership determines that the partner is integral to accomplishing the objectives of the program

Expected Outcome: Each grant recipient shall measure and report the measurement of data from at least two of the following categories: (a) premature births; (b) frequency of and quality of well-child doctor visits for children under age six; (c) frequency and quality, which includes the provision of appropriate interventions, of standard health screenings, including hearing and vision, for children under age six; (d) frequency, results, and quality, which includes the provision of appropriate interventions, of a validated developmental screening tool that: (e) rate of children under age six who are covered by a public or private health insurance plan; (f) number of emergency room visits for children under age six; (g) adherence to the state-approved immunization schedule; or (h) kindergarten readiness.

Implementations and Resources: The Governor's Early Childhood Commission may award Partnerships for Healthy Communities Grants that provide a one-to-one match and meet the other requirements of the program. That new commission would be created if a separate bill, HB 47, is enacted. The director of the Governor's Early Childhood Commission will be part of the Governor's Office and the commission staff will be part of the Department of Workforce Services. Those positions would have to provide support for the commission as it collects, reviews, recommends, and monitors grant awards. This bill, SB 83, provides \$2 million in ongoing funding for the grant program. That includes \$80,000 for administrative costs, which could include the cost of an independent evaluator.

How: Although these types of services are being provided by various organizations, this program will encourage additional private partnerships through one-to-one matching requirements and will also allow the commission to prioritize grants for unmet needs including through applicants who: (a) address one or more social determinants of health outcomes; (b) target a community need: (c) demonstrate that the partnership will align with community state-supported partnerships, including the Intergenerational Poverty Interventions Grant Program or the Partnerships for Student Success Grant Program, where they exist; and (d) provide data that explains the children's health needs in the target community.

Performance Measures

Goal

Title: Grant Goals and Outcomes

Description: All measures and targets will be established by the Governor's Early Childhood Commission, which hasn't been formed yet. Each grant has to identify and report on at least two of the following measures: (a) premature births; (b) frequency of and quality of well-child doctor visits for children under age six; (c) frequency and quality, which includes the provision of appropriate interventions, of standard health screenings, including hearing and vision, for children under age six; (d) frequency, results, and quality, which includes the provision of appropriate interventions, of a validated developmental screening tool that: (i) includes a social and emotional component; (ii) is designed to be completed by a child's caregiver; and (iii) is approved by the commission; (e) rate of children under age six who are covered by a public or private health insurance plan; (f) number of emergency room visits for children under age six; (g) adherence to the state-approved immunization schedule; or (h) kindergarten readiness.

Collection Method: Grant recipients are required to report metrics to an independent evaluator.

	2019	2020	2021
Target	0.00	0.00	0.00
Baseline	0.00	0.00	0.00

By rule, performance notes are provided by the governmental entity that will supervise the new agency or administer the new program. Performance notes are not written by the Office of the Legislative Fiscal Analyst.