

The Fiscal Year 2011 Budget: Final Provisions Affecting Young Children

Relying heavily on the infusion of federal funds, including the approval by Congress of an extension of the enhanced federal Medicaid match rate (FMAP), Michigan lawmakers finalized the fiscal year 2011 budget just days short of the new fiscal year. Unresolved is Michigan's structural budget deficit, so the next Governor and Legislature will face extraordinary challenges when they assume leadership in January of 2011. As the rest of the country begins to emerge from a deep recession, Michigan continues to struggle with one of the highest unemployment rates in the country, and an expected budget deficit in fiscal year 2012 of at least \$1.6 billion—with no expectation of significant new federal dollars to help balance the budget.

What does this mean for the Michigan's youngest and most vulnerable citizens? Budget cutbacks made in fiscal year 2011 come on top of deep cuts in prior years in the services families need to ensure that their children succeed in school and ultimately in the workplace. Last year, lawmakers closed a \$2.8 billion deficit in part by reducing child care subsidies for low-income working parents, cutting preschool programs for more than 2,200 low-income four-year-olds, and further reducing funding for proven family support programs such as the Nurse Family Partnership, the 0 to 3 Secondary Prevention program, and teen parent counseling.

In this year's budget, there were both wins and losses. Funding for the Great Start School Readiness program was partially restored, and districts can no longer use those funds for purposes other than early education. However, decisions were made that were detrimental to young children, including the elimination of the Child Care Enhancement program, the failure to take advantage of new federal health care dollars to expand eligibility for the state's MICHild program, and further cuts in community mental health services.

The continuing failure to invest in early education and care programs will have a negative impact on the state's economy and budget. Research shows that every \$1 invested in high quality early care and education services for low-income children reaps a return of more than \$17—a return on investment that has convinced leading economists of the importance of starting early. Further, a recent study shows that Michigan saved \$1.1 billion in 2009 alone because of investments made in the state's school readiness efforts over the past 25 years, with savings accruing from reduced costs related to K-12 education, child abuse and neglect, crime, public assistance and substance abuse. Below is a summary of some of the key early childhood provisions of the fiscal year 2011 state budget.

Great Start Readiness Program (GSRP): The Great Start School Readiness program is Michigan's state-funded preschool program for 4-year-olds at risk of school failure. Funds may be used for classroom programs (part-day or school-day), home-based programs, and parent education. Two

funding streams support the GSRP. School district funds are allocated by a formula based on need and the capacity of districts; and competitive funds are available to districts and community-based agencies.

Currently, the program provides per-pupil funding of \$3,400 to eligible school districts, Intermediate School Districts, or community agencies. Per pupil funding for the GSRP was flat for many years, forcing school districts and community organizations to absorb some of the costs of the program.

In fiscal year 2010, funding for the GSRP competitive program was cut by 50 percent (from \$15.2 million to \$7.6 million), eliminating slots for more than 2,200 children. In addition, in recognition of cuts in general per-pupil allotments, in fiscal year 2010, budget language was adopted that allowed districts to redirect GSRP funding to other school district needs. By the end of December of 2009, an estimated 10 percent of GSRP funds, \$8.2 million, had been redirected, leaving another 2,400 at-risk children without access to preschool. Even before these cuts were made, an estimated 35,000 Michigan children were eligible for state- or federally-funded preschool programs but unable to access them.

Fiscal Year 2011 Budget Decisions: The **Governor and the Senate** did not restore cuts made in the GSRP in fiscal year 2010, providing continuation funding of \$88.1 million for the School Aid portion of the GSRP, as well as \$7.6 million for the GSRP competitive program. The **House** restored funding for the GSRP competitive program (\$7.6 million), for total funding of \$15.2 million. The House also added language requiring that any additional lottery revenues resulting from new technology and “pull-tab” distribution of lottery games be used to fund school readiness programs.

Both the **Governor** and the **House** prohibited local districts from redirecting GSRP funds to other district needs. The **Senate** disagreed, and retained fiscal year 2010 budget language allowing GSRP funds to be used by districts for purposes other than early childhood education. While the **Governor** also removed budget language allowing districts to use GSRP funds for preschool and parenting education programs similar to those provided under the old ASAP-PIE program, the **House** and **Senate** agreed to give districts the discretion to invest GSRP funds in parent education and involvement programs.

Finally, the **Governor, Senate and House** agreed to a requirement that more than 75 percent (up from 50 percent) of the children participating in a GSRP program are from families with incomes of 300 percent of poverty or less, language reflecting new GSRP participant eligibility and prioritization guidelines adopted by the State Board of Education.

The final budget, P.A. 110:

- ✓ *Increases funding for the GSRP by \$2.6 million (\$1.3 million in both the School Aid and competitive programs), resulting in total funding of \$89.4 million for district programs and \$8.9 million for competitive programs. This reinstates 764 GSRP slots.*
- ✓ *Does not allow GSRP funds to be used for purposes other than early childhood education programs, but allows funds to be used for ASAP-PIE-type programming.*
- ✓ *Added the requirement that 75 percent of participating children be from families with incomes of 300 percent of poverty or less.*
- ✓ *Encourages districts to establish sliding fee scales.*

Great Parents/Great Start: The Great Parents/Great Start program provides grants to Intermediate School Districts (ISDs) to provide voluntary parent education and involvement programs. Through

coordination with local Great Start Collaboratives and community organizations, these funds can be used to leverage other dollars, and as “glue” for local collaborative activities.

Fiscal Year 2011 Budget Decisions: The **Governor, Senate and House** all provided continuation funding for the Great Parents/Great Start program at \$5 million.

The final budget, P.A. 110:

✓ *Continues Great Parents/Great Start funding at \$5 million.*

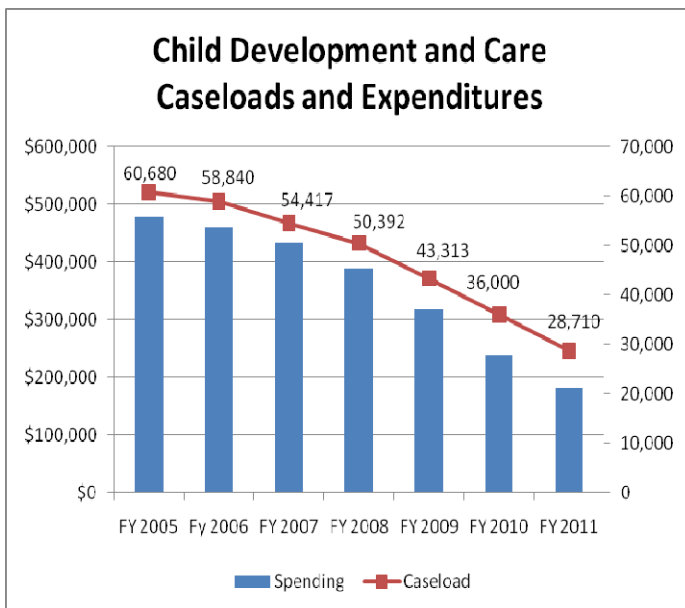
Great Start Collaboratives: Michigan currently has a statewide network of 54 Great Start Collaboratives and 68 Great Start Parent Coalitions supported by the Early Childhood Investment Corporation (ECIC). The collaboratives and coalitions have leveraged more than \$10 million in new public and private funds to build comprehensive early childhood systems, and are beginning to implement new projects based on community-wide strategic plans.

Fiscal Year 2011 Budget Decisions: The **Governor, Senate and House** provided continuation funding for local Great Start Collaboratives and Parent Coalitions through the ECIC at \$6 million.

The final budget, P.A. 110:

✓ *Continues funding for Great Start Collaboratives and Parent Coalitions at \$6 million.*

Child Care Subsidies: Michigan’s Child Development and Care program provides child care subsidies to: (1) public assistance recipients; (2) income eligible families (up to approximately 130% of the federal poverty line) with co-pays; (3) licensed foster parents caring for foster children; and (4) families in the protective services system because of confirmed child abuse or neglect. Low payment rates and eligibility levels for the child care subsidy program have persisted for over a decade, with Michigan’s income eligibility levels falling from 178 percent of poverty in 2001 to 130 percent in 2010.



Payments for child care providers have also remained very low, and as a result, fewer families have had access to licensed care. In 2010, payment rates were restructured resulting in small increases for some families, but reducing rates or ending payments for unlicensed relatives and aides who do not take advantage of training opportunities.

Caseloads for the child care subsidy program have fallen from 60,680 in fiscal year 2005 to an estimated 28,710 in the current fiscal year, reflecting reduced need or access to care, rate reductions and restructuring, and savings from quality assurance and fraud reduction policies.

Fiscal Year 2011 Budget Decisions: The **Governor** cut funding for child care services by a total of \$15.7 million, to reflect an anticipated drop in the number of families using care, for a total caseload of 33,000. The **House** included a reduction of

\$50.8 million in child care subsidies, with an anticipated caseload of 26,624, and removed budget language requiring fees for the licensing and regulation of child care organizations. The **Senate** adopted the Governor's caseload projections, and agreed with the House to remove the requirement for assessing licensing fees. The Senate also prohibited the use of state funds (\$200,000) for the Michigan Home Based Child Care Council, as well as for the collection of union dues; and required the DHS to impose a sanction policy for criminal or fraudulent behavior by providers related to payments.

The final budget: P.A. 190 of 2010:

- ✓ *Cuts funding for child care subsidies by \$42.7 million to fund 28,710 cases.*
- ✓ *Deletes budget language requiring the DHS to assess provider fees for the licensing and regulation of child care organizations.*
- ✓ *Rejects Senate language prohibiting the use of state funds for the Michigan Home Based Child Care Council, as well as the collection of union dues, but establishes new reporting requirements for the Council and the DHS.*
- ✓ *Requires the DHS to impose a sanction policy for criminal or fraudulent actions related to the child development and care program by January 1 of 2011.*

Child Care Quality Improvements: Michigan invests in child care quality improvements in the following ways: (1) the ECIC administers funds for child care quality improvements on behalf of the DHS based on community stakeholder quality improvement plans, and including a statewide network of 10 Great Start Regional Resource Centers, the Great Start Connect data base and resource center, professional development scholarships, training for relatives and aides, and research to support quality improvement and rating system pilots; (2) child care licensing and consulting activities; and (3) infant and toddler incentive payments.

Fiscal Year 2011 Budget Decisions: The **Governor, Senate and House** all provided continuation funding for child care quality enhancements through the Early Childhood Investment Corporation (ECIC) (\$14.6 million), a reduction from fiscal year 2009 spending of \$14.8 million. The **Governor, Senate and House** also retained a basic training requirement for all child care aides and relatives.

The final budget: P.A. 190 of 2010:

- ✓ *Provides continuation funding for child care quality enhancements through the ECIC at \$14.6 million—down from \$14.8 million in fiscal year 2009.*
- ✓ *Retains a basic training requirement for all child care aides and relatives, and reduces child care subsidy expenditures by \$12.1 million to reflect the estimated number of relatives and aides that will not complete the training in time, and will lose state subsidies for children in care.*

Zero to Three Secondary Prevention Program: The 0 to 3 Secondary Prevention program was an interagency collaboration between the Michigan Departments of Human Services, Education and Community Health. The program provided grants to communities for the prevention of child abuse and neglect. Among the services offered were home visits (64%); service coordination (27%); and parenting education, parent support groups and counseling (9%). In fiscal year 2009, services were provided to approximately 2,900 families in 47 Michigan counties.

At its peak in fiscal year 2001, \$7.75 million was appropriated through three state departments for the 0 to 3 Secondary Prevention program. Since that time, funding has been cut, with fiscal year 2010

funding falling below \$4 million in the Department of Human Services budget. In addition to cuts in 2010, administration of the program was shifted from the Children's Trust Fund to the Department of Human Services, and services were focused on children with involvement in the protective services systems in five urban counties.

Fiscal Year 2011 Budget Decisions: The **Governor, Senate and House** provided continuation funding of \$3.8 million in the Department of Human Services budget for the 0 to 3 Secondary Prevention program, but changed budget language relating to the administration and targeting of the funds, reflecting the shift that occurred in fiscal year 2010 from a competitive, statewide program through the Children's Trust Fund to the Department of Human Services, where funds are targeted to a limited number of urban counties.

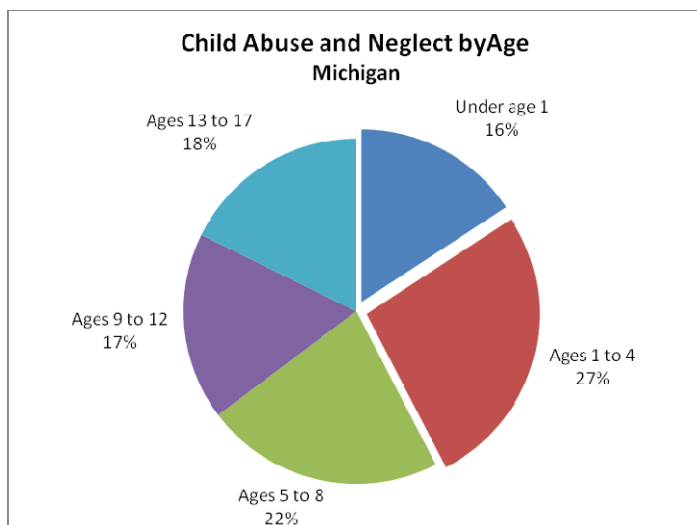
The **Governor** and the **Senate** did not restore funding for the 0 to 3 secondary prevention program in the School Aid or DCH budgets. Funding for the 0 to 3 Secondary Prevention program in both the School Aid and DCH budgets was vetoed by the Governor in fiscal year 2010. The **House** appropriated up to \$1.5 million for 0 to 3 Secondary Prevention programs in the School Aid budget, contingent on new revenues (specifically the elimination of the double deduction allowed for state income tax purposes for indirect costs incurred in oil and gas production). The House also included a \$100 placeholder for the 0 to 3 Secondary Prevention program in the DCH budget.

The final budget:

- ✓ *Provides a total of \$3.8 million for the 0 to 3 Secondary prevention program in the DHS budget.*
- ✓ *Eliminates language in the DHS budget related to the administration and allocation of 0 to 3 Secondary Prevention dollars, but retains language that: (1) allows the DHS to allocate the funds for services for at-risk children and families classified as category III or IV under the Child Protection law; (2) requires the DHS to demonstrate that the planned services are part of the community's family support strategy endorsed by the Community Collaborative, and where there is a Great Start Collaborative, that they are part of the community's Great Start strategic plan; and (3) requires a local match of 25 percent unless waived by the DHS.*
- ✓ *While the budget approved by the Legislature included the placeholder language for the 0 to 3 Secondary Prevention program in the DCH budget, that section of the bill was vetoed by the Governor.*
- ✓ *The Governor also vetoed the appropriation in the School Aid bill of up to \$1.5 million--contingent on new revenues--for 0 to 3 Secondary Prevention.*

Other Prevention Services: Over the last decade, programs to support at-risk parents and their young children have been cut and sometimes eliminated as Michigan has continued to struggle with its structural budget deficit. Included in the cuts were family preservation, child abuse and neglect prevention programs, family group decision-making, marriage and fatherhood initiatives, and teen parent counseling.

Fiscal Year 2011 Budget Decisions: The **Governor, Senate and House** increased funding for the Strong Families/Safe Children program from \$10.7 million to \$16.6 million (55%), with new funding to be used for pilot projects for intensive family services in five urban counties. The expansion is funded with one-time carry-forward federal Title IV-B, part 2 funding.



The **Governor** removed budget language permitting the Community Collaboratives to use the funding for prevention programs that meet standards agreed upon by the Collaboratives and county department offices. The **Senate and the House** differed from the Governor by retaining budget language permitting Community Collaboratives to use the funding for prevention programs. The **Senate** also restored funding for the marriage initiative (\$2.3 million), the fatherhood initiative (\$1.6 million), and teen parent counseling programs (\$3 million).

The final budget: P.A. 190 of 2010:

- ✓ *Increases funding for the Strong Families Safe Children program, from \$10.7 to \$16.6 million, using one-time carry-forward federal Title IV-B, part 2 funding. Budget language is retained permitting the Community Collaboratives to use the funding for prevention programs that meet standards agreed upon by the Collaboratives and county department offices.*
- ✓ *Includes budget language that permits the DHS to fund certain programs “if money becomes available,” including the marriage and fatherhood initiative and teen parent counseling. No funds were appropriated for those programs.*

Health Prevention and Promotion Programs: Cuts in local public health and maternal and child health services have been made over the last several years, including reductions in pregnancy prevention programs, prenatal care outreach and support, and infant mortality and lead poisoning prevention. The result has been that more than 30,000 low-income people are no longer able to access pregnancy prevention programs; Michigan continues to earn its worse ranking among the states on its infant mortality rate, largely drive by high rates for African American infants; and lead poisoning prevention contracts have been cut by between 30 and 45 percent.

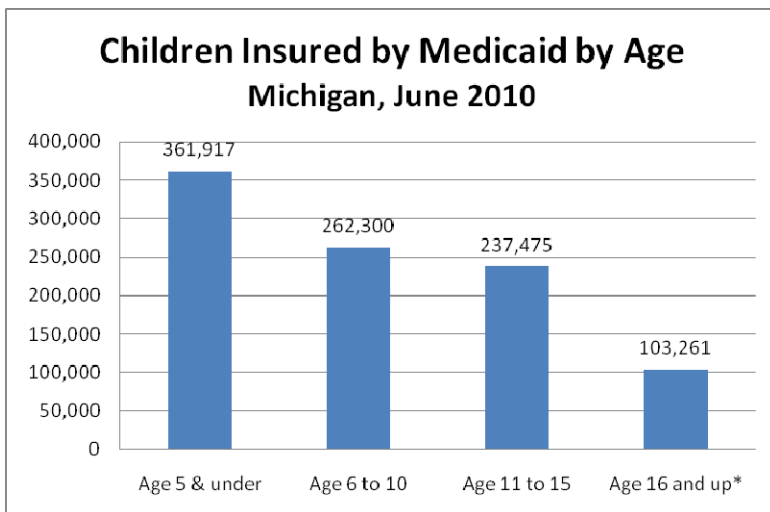
Fiscal Year 2011 Budget Decisions: The **Governor and the House** recommended a small cut (\$39,900) in the Healthy Michigan Fund (HMF) for fiscal year 2011. The Governor also included a cut of 7.7 percent (\$2.7 million) in funds for local public health operations. The **Senate** consolidated all HMF funding (eliminating appropriations for specific programs) and reduced total funding by another \$5 million (from \$10.9 million to \$5.9 million). The Senate budget gave the DCH authority to allocate remaining funds to local communities, but directed that priority be given to programs that serve children, including continuation funding for poison control and the Michigan Care Improvement Registry. Finally, the Senate restored a portion of the Governor’s proposed cut in public health operations, for a total cut of \$1 million. The **House** included continuation funding for local public health operations.

The final budget: P.A. 187 of 2010:

- ✓ **Reduces funding for Healthy Michigan Fund (HMF) programs through a \$39,900 cut in pregnancy prevention programs, rejecting deeper cuts adopted by the Senate. Included in the final HMF budget is continuation funding for immunization local agreements (\$1.75 million), Maternity Outpatient Medical Services (MOMS, at \$1.58 million), and school health education (\$500,000).**
- ✓ **Reduces local public health operations by \$1 million, from \$40.1 to \$39.1 million.**
- ✓ **Rejects Senate language placing a high priority for HMF funds on programs that serve children, including continuation funding for poison control and the Michigan Care Improvement Registry.**
- ✓ **Includes new budget language allocating \$50,000 for efforts to reduce the incidence of stillbirth.**
- ✓ **Includes a veto of language that would have allowed for up to \$1 million in prenatal care outreach and services delivery support funds be used for communities with high infant mortality rates (language that was also vetoed in fiscal year 2010).**

Medicaid Provider Reimbursements: In fiscal year 2009, over 1 million children, or 45 percent of all Michigan children, were enrolled in Medicaid or MICHild at some time, and young children are more reliant on public insurance. More than half of all Medicaid enrollees in the state are children, and *Medicaid caseloads for children in Michigan are growing faster than the national average.* More women are also relying on Medicaid coverage during pregnancy and delivery, with the percentage of total Michigan births covered by Medicaid rising from 27 percent in 1999 to 46 percent in 2009.

After many years of no increases in physician payments for Medicaid patients, a cut of four percent was adopted in 2005—in the face of rising health care costs. As a result, between 1999 and 2005, the number of physicians participating in the Medicaid program dropped from 88 percent to 64 percent. Reimbursement rates for some Medicaid providers were cut by 8 percent in fiscal year 2010, further jeopardizing access to care for many low-income children.



Fiscal Year 2011 Budget Decisions: The **Governor** recommended no further cuts in Medicaid rates, eligibility or covered services, contingent on the adoption of a 3 percent physician provider tax (known as the quality assurance assessment program or QAAP). The **Senate** rejected the provider tax proposal, and reduced reimbursement rates for physicians by an additional 4 percent—*exempting* primary care services, emergency services, and pediatric and obstetrical services. The **House** rejected any further cuts in Medicaid rates, eligibility or covered services, but also rejected the provider tax.

The House included budget language requiring the DCH to identify counties without sufficient obstetrical and gynecological services, and develop policy or fiscal solutions.

The final budget: P.A. 187 of 2010:

- ✓ *Rejects any further cuts in Medicaid payments to physicians.*
- ✓ *Includes budget language requiring the DCH to identify counties without sufficient obstetrical and gynecological services, develop fiscal and policy solutions, and provide the Legislature with a report by December of the current fiscal year.*

MiChild Eligibility and Services: MiChild is a health insurance program for children in low-income working families in Michigan. In September of 2010, 29,306 children were enrolled in MiChild, down from peak enrollment in 2004 when the program covered approximately 35,000 children monthly. However, because the majority of children applying for MiChild are found to be Medicaid eligible, the MiChild program has helped bring more children into the public system.

Recent changes in federal law permit Michigan to increase eligibility for MiChild and receive additional federal dollars, but the State's failure to generate the needed match (with 25 cents in state funding drawing down 75 cents in federal funding) has resulted in the State turning away as much as \$100 million in available federal funding.

Fiscal Year 2011 Budget Decisions: The **Governor, Senate and House:** (1) recommended no changes in MiChild eligibility or services; (2) included funding for increased provider payments for MiChild dental services as required by federal law; and (3) retained budget language requiring the DCH to continue a comprehensive approach to marketing and outreach for MiChild services. The **Senate** also shifted the MiChild program to Medicaid HMOs, a shift that was opposed by the House. The **House** included budget language requiring: (1) that children who meet the income criteria for the free school breakfast, lunch or milk programs are automatically enrolled in the MiChild program; and (2) that the DCH change MiChild program mental health provider rates based on the most recent data, and pay community mental health services programs rates sufficient to cover the costs of providing services.

The final budget: P.A. 187 of 2010:

- ✓ *Does not expand MiChild eligibility and services as now allowed under CHIPRA, but slightly increases funding for MiChild from \$50 million to \$53 million to cover expected increases in caseloads and utilization.*
- ✓ *Includes the federally required increase in payments for MiChild dental services.*
- ✓ *Rejects the shift of the MiChild program to Medicaid HMOs.*
- ✓ *Includes budget language allowing the DCH to explore automatic enrollment in MiChild of children who meet the income criteria for the free school breakfast, lunch or milk program; as well as language requiring the DCH to change MiChild mental health provider rates to cover the costs of services based on recent data.*

Child Care Enhancement Program (CCEP): The CCEP, which was formerly known as the child care expulsion program, was created in 1999 to serve high risk infants and toddlers experiencing social, emotional and behavioral problems in DHS child care settings. Early childhood mental health consultants coach and train adults to promote the social and emotional health and development of infants and toddlers in their care, and prevent expulsion and long-term mental health problems. An estimated 7,000 children are expelled from child care centers and preschool programs in Michigan every year. By comparison, less than 2,000 K-12 students were expelled in 2008-2009. A four-year evaluation of the CCEP shows improvements in young children's behaviors, and fewer disruptions in parents' work and

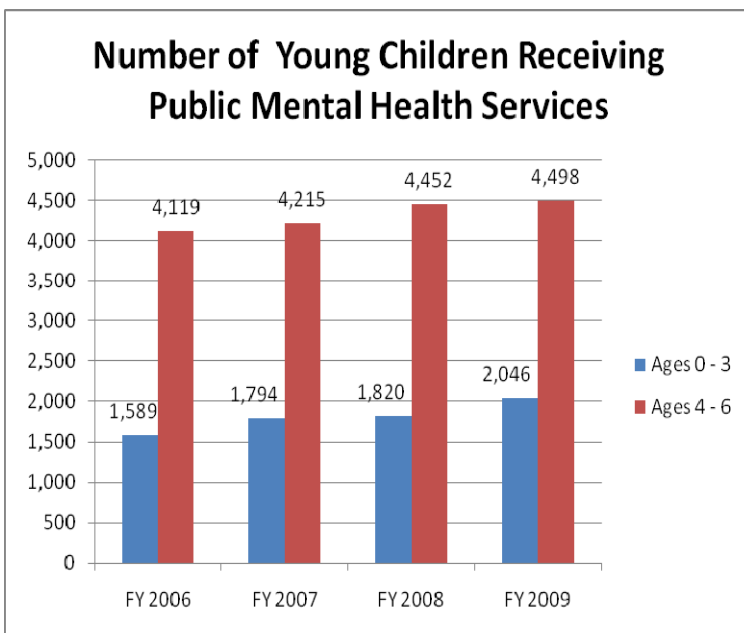
school schedules. In the current fiscal year, funding for the program was cut by 40 percent, reducing the number of projects from 16 to 12.

Fiscal Year 2011 Budget Decisions: The **Governor and the Senate** eliminated all funding for the CCEP (\$1 million). The **House** retained current year funding.

The final budget: P.A. 187 of 2010:
 ✓ *Eliminates funding for the CCEP.*

Community Mental Health Services: Research shows that between 10 and 14 percent of all young children birth through age 5 experience social, emotional and behavioral problems, yet most do not receive mental health services—even when their mental health conditions have been identified. In addition, it is well documented that maternal depression and other mental health conditions can have severe consequences for both mothers and their babies, affecting children’s cognitive development and behavior. In Michigan, 2,046 children under the age of 4 received public mental health services in 2009,

representing less than 1 percent of children in that age group, and well below estimated need. Another 4,498 children ages 4 to 6 received services.



Fiscal Year 2011 Budget Decisions: The **Governor and the House** recommended a cut in administrative funds for non-Medicaid community mental health services of \$3.8 million, a reduction of approximately 9 percent. The **Senate** included the Governor’s recommended \$3.8 million cut in administrative costs, but further reduced funding for non-Medicaid community mental health services by \$54 million or approximately 20 percent.

The final budget: P.A. 187 of 2010:
 ✓ *Included the \$3.8 million reduction in administrative costs recommended by the Governor.*
 ✓ *Further cuts services by \$1.6 million, for a total cut of \$5.4 million.*

Children’s Special Health Care Services (CSHCS): The CSHCS program provides services to children with special health care needs and their families. Included in the services are referrals for and coverage of specialty services, connections to community-based services, and service coordination. To be eligible, children must have one of more than 2,500 qualifying medical conditions. For children and families not eligible for Medicaid, MICHild or WIC, fees are charged based on income. Approximately 30,000 children were enrolled in CSHCS in November of 2008, including 1,018 infants under the age of one (3% of total eligibles), and 7,801 children between the ages of one and five (26%).

Fiscal Year 2011 Budget Decisions: The **Governor, Senate and House** expanded services to families at 300 percent of the federal poverty level beginning October 1, 2010. This expansion was originally planned to begin on October 1, 2009. The **Governor and Senate** eliminated funding for genetic counseling (\$40,000), and human growth hormone therapy (\$2 million), for Title-V (non-Medicaid eligible) families. The **House rejected** the Governor's and Senate's recommendation to eliminate funding for genetic counseling and human growth hormone therapy, restored funding for non-emergency transportation (\$1.18 million eliminated in fiscal year 2010), and inserted new language that would require the DCH to request that families complete a Healthy Kids application if DCH determines that a CSHCS enrollee is likely to qualify for Medicaid or MICHild. If the application is not completed within three months, the enrollee will be ineligible for participation in the CSHCS program.

The final budget: P.A. 187 of 2010:

- ✓ ***Expanded eligibility for services to 300 percent of poverty.***
- ✓ ***Eliminated funding for genetic counseling (\$40,000) for Title V (non-Medicaid) eligible families.***
- ✓ ***Retained funding for human growth hormone therapy (\$2 million) for Title-V eligible families, covering an estimated 118 children.***
- ✓ ***Restored funding for non-emergency transportation (\$1.18 million), which was eliminated in the fiscal year 2010 budget.***

Nurse Family Partnership Program: The Nurse-Family Partnership program is an evidence-based community health program for vulnerable mothers pregnant with their first child. Each mother is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits through her child's second birthday. Research shows that every dollar invested in Nurse-Family Partnership services can yield more than five dollars in return. The average parent helped is a teenager (median age of 18), unmarried (94%), and reliant on Medicaid (72%). Michigan programs served a much higher percentage of African American parents and infants (72% in Michigan versus 19.8% nationwide).

In fiscal year 2010, all state funding for Michigan's Nurse-Family Partnership program was eliminated. The cut affected programs in Berrien, Kent, Oakland, and Kalamazoo Counties, as well as Detroit. State general funds were used to support four programs, while Healthy Michigan Funds were used for the Kalamazoo program. In addition, local match funds and federal Medicaid dollars supported the programs.

Fiscal Year 2011 Budget Decisions: The **Governor and Senate** did not restore funding for the Nurse Family Partnership program (\$1 million). Funding was vetoed by the Governor in fiscal year 2010. The **House** included a \$100 placeholder for the Nurse Family Partnership program.

The final budget: P.A. 187 of 2010:

- ✓ ***Did not restore state funding for the Nurse Family Partnership program.***
- ✓ ***The Legislature included the placeholder language for the Nurse Family Partnership program, but the language was vetoed by the Governor.***