

COMMUNITY ALLIANCE OF SARASOTA COUNTY

LEGISLATIVE ADVOCACY WORK GROUP

MEETING SUMMARY

October 5, 2004

Members Present: Elliott Metcalfe, Chair
Bill Broughton
Sarah Gorman
Lee Johnson
Jessica Petro
Dorothy Zech

Staff Present: Chip Taylor
Pauline Tracy

The legislative proposals received from the Community Alliance members were reviewed. The proposals included:

1. Medicaid Reform Section 1115 Super Waiver
2. Continuation funding for the Mothers and Infants Program
3. Mobile Crisis Response Unit funding
4. Fetal Alcohol Spectrum Disorder (FASD) Diagnostic and Treatment Center
5. Foster Parent Automobile Insurance Pilot Project
6. Healthcare, Housing and Transportation

After a lengthy discussion on each proposal, the Committee approved a motion to recommend to the Executive Committee that the first five proposals listed above be supported as the Legislative Proposals of the Community Alliance for 2005. (A summary of each can be found at the end of this document.)

It was also decided that the Mothers and Infants Program, Mobile Crisis Response Unit funding and the FASD Diagnostic and Treatment Center issues will be presented to the Substance Abuse and Mental Health Stakeholders' Consortium on October 11 to request their support.

The Sarasota Board of County Commissioners will meet on October 26 to choose their 2005 legislative priorities. This committee will recommend to the Executive Committee that representatives of the Community Alliance present the

5 proposals to the County Commission at that time and ask for their endorsement.

The local legislative delegation will hold their public hearing on November 4. Speakers need to sign up with Representative Reagan's office and will be allowed to speak for 5 minutes. Pauline Tracy will contact Annalee in Representative Reagan's office and reserve a time for Stewart and Elliott to address the delegation. Speakers who have materials for the delegation are asked to have 18 copies to their office by October 29.

COMMUNITY ALLIANCE OF SARASOTA COUNTY

LEGISLATIVE PRIORITIES FOR FY 2005

Medicaid Reform Section 1115 Super Waiver. Governor Bush has announced his intention for Florida to seek a Section 1115 “Super Waiver” from the federal Centers for Medicare and Medicaid (CMS) to reform the state’s Medicaid program. Specific details of the proposed waiver request have not been released for public review, and it is uncertain when the request will be submitted by AHCA to CMS for approval. Although the Governor has the authority to submit a waiver proposal to CMS without prior legislative review and approval, and CMS has the authority to approve a waiver proposal, sole approval from CMS does not give the state the full authority to change the Medicaid program. The Florida Legislature also has to grant approval of proposed program changes needed to implement the recommendations outlined in the waiver proposal.

A Section 1115 Super Waiver would dramatically reform the state’s Medicaid program: federal reimbursement levels would be capped, with the potential for severe cuts in services and eligible populations if five-year projections of costs and/or eligible recipients proved faulty. All four states which have been granted Section 1115 Super Waivers in recent years have since rescinded their actions.

Given the potential dire consequences for individuals and families with low incomes and resources, the Community Alliance opposes the submission of a Section 1115 Super Waiver proposal by the state without public vetting of the proposal and review and approval of the waiver request by the Florida Legislature.

As development of the Super Waiver proposal proceeds, the Community Alliance urges that reform of the state’s current Medicaid program be guided by the following principles:

- Oppose changes to the funding formula for the Medicaid Program between the federal and state government that would reduce the federal share to Florida;
- Oppose any legislation that would eliminate statewide application of mandatory or optional Medicaid services for eligible recipients;
- Support legislation that fully maintains and preserves critical mandatory and optional Medicaid services such as prenatal health care benefits and the Medically Needy program;

- Support legislation that allows the state to finance and promote the objectives of the Medicaid program without shifting additional costs to county government;
- Support legislation that provides flexibility at the local level for counties to actively participate in the state's efforts to reduce unnecessary nursing home placement by allowing counties to redirect their required Medicaid match to fund local health services or community-based care programs;
- Support legislative efforts to use intergovernmental transfers to help draw down additional federal funding without supplanting the state's share with local funds that have been certified to be federally matched, in addition to the state's contribution; and
- Oppose any legislative efforts to divert county funding for mental health services to managed care programs.

Mobile Crisis Response Unit. An analysis of Sarasota County's acute care system conducted by the Community Alliance in 2003 determined that there is a chronic shortage of crisis stabilization unit (CSU) beds in the county. The study confirmed that the County's designated Baker Act public receiving facility is running over capacity virtually every day. As a result, indigent patients are being diverted to private receiving facilities in both Sarasota and surrounding counties. When beds are not available at these facilities, the overflow of patients ends up in Sarasota Memorial Hospital's emergency room or in the county jail. The closing of G. Pierce Wood Memorial Hospital and Bon Secours Hospital's private receiving facility has exacerbated this situation. For the past two legislative sessions, the Alliance has made additional CSU beds for Sarasota County a legislative priority. However, the Legislature has not approved funding for any additional beds, and is unlikely to do so in the near future.

In order to relieve the pressure on the CSU and the other components of the acute care system, the Community Alliance supports the creation of a Mobile Crisis Response Unit for Sarasota County. This unit would be operated in conjunction with Coastal Behavioral Healthcare's Family Emergency Treatment Center and offer immediate intervention and treatment for individuals experiencing a crisis related to mental health and/or substance abuse issues. Mental health professionals will be able to respond to the site of an emergency to provide assistance and, when necessary, assist law enforcement officers in determining whether the individual in crisis should be admitted to the CSU facility for inpatient crisis stabilization. Intensive intervention and post-crisis follow-up services would be provided as needed. Based on similar models now operating throughout the country, the annual budget for the Mobile Crisis Response Unit is estimated to be \$500,000.

Fetal Alcohol Spectrum Disorder (FASD) Diagnostic and Treatment Center.

The Community Alliance supports funding for the development of a FASD Diagnostic and Treatment Center for young children and their families in Sarasota County. Many children with prenatal exposure to alcohol experience growth deficiencies, cognitive and behavioral problems, and developmental delays and eventually become involved with the juvenile delinquency system as they age. When compared with other drugs—including heroin, cocaine and marijuana—alcohol produces by far the most serious long-term neurobehavioral effects in the fetus. In fact, FASD is now the leading cause of mental retardation in children—and it is 100% preventable. The cost to American taxpayers for fetal alcohol syndrome is enormous—an estimated \$5 million per day. In Florida alone, the state spends an estimated \$79 million each year to provide special education and juvenile justice services to children aged 5-18 who are affected by FASD. An extraordinarily high number of young children in Sarasota County are at high risk for developmental and behavioral disorders due to FASD; a recent study reported that 42% of mothers in Sarasota reported use of alcohol during their pregnancy, compared with only 26% in Pensacola and 22% in Miami.

One of the key protective factors identified for children with FASD is early identification and intervention. However, diagnosing FASD is difficult and requires a team of skilled professionals trained in the areas of speech therapy, occupational therapy, mental health and medicine. The proposed FASD Diagnostic and Treatment Center would be developed by the Florida Center for Child and Family Development and will provide assessment and intervention services to children with FASD and their families, with the goal being to reduce disabilities and increase functioning. The target population will be young children involved in the child welfare system and mothers and infants in First Step of Sarasota's residential substance abuse treatment program. The FASD Center will also serve as a training site to train other core teams in the state to expand the program statewide. A minimum of 40 children and their families will be served each year and an additional 200-300 community professionals will receive training on FASD. The budget for this pilot project is estimated to be \$200,000 per year for three years. In addition, the Florida Center has submitted a proposal to Northrop Grumman through the FASD Center for Excellence to obtain federal funding to support this project.

Continuation Funding for Mothers and Infants Program. First Step of Sarasota's Mothers and Infants Program was created in 1995 to address the growing issue of drug-exposed newborns. Funded initially through the Department of Children and Families, the program provides residential treatment in a safe, secure environment for pregnant, substance abusing women with a goal of healthy, live births with no drug presence in the newborns. While awaiting the birth of their babies, women in the program receive intensive treatment for their addiction as well as vocational training and classes in

parenting and daily living skills designed to ensure a successful reentry into the community with stable housing and employment. The program has been remarkably successful, with 100% of the babies born to program participants being drug-free at delivery. The program's annual operating budget is approximately \$600,000, serving 18-20 clients with an average length of stay of eight months.

Despite its documented success, funding for the Mothers and Infants Program has been unstable in recent years. DCF funding for the program was lost in FY 2002 when Sarasota County was shifted from DCF's District 8 to the SunCoast Region. The program was able to secure continuation funding that year as a special project funded through the Department of Health. The following year, the Department of Health determined that the program was not consistent with the agency's core mission and reduced its funding by 50%. Sarasota County Government and the DCF Suncoast Region stepped in and awarded "one-time" contracts to First Step of Sarasota to enable the organization to continue the program. In FY 2004, DCF resumed funding of the Mothers and Infants Program; however, only one-half of the current funding for the program comes from recurring funds, while the other half is non-recurring funds.

Given the demonstrated results of the Mothers and Infants Program and its strong benefit/cost ratio, the Community Alliance believes that this program should have a stable funding base and supports legislation through which DCF would fund the program entirely with recurring funds.

Foster Parent Automobile Insurance Pilot Project. The Community Alliance supports a pilot project which would provide \$50,000 in state General Revenue funds to the Department of Children and Families for the purpose of reimbursing foster parents, residential facilities, or foster children who live independently for one-half of the increase in cost incurred when a foster child is added to an motor vehicle insurance policy. The pilot project would be limited to the DCF's SunCoast Region in FY 2005.

The increased cost of motor vehicle insurance for a foster child after that child attains a driver's license is currently borne by foster parents (or by the authorized representative of a residential facility, if that is where the foster child lives). This increase in the cost of insurance creates an additional barrier for the foster child in gaining independence and may limit the child's opportunities for obtaining employment. Under this proposal, the foster child would be encouraged to pay the other half of the increase in insurance costs. Legislation supporting this pilot project was introduced in the FY 2004 legislative session (CS for CS for SB 1058) and had strong support, but the bill died without final action at the end of the session.