



The Florida Senate

Interim Project Report 2000-17

September 1999

Committee on Children and Families

Senator Mario Diaz-Balart, Chairman

DEFINING PUBLICLY FUNDED MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AND PRIORITY POPULATION GROUPS

SUMMARY

Florida's "Community Alcohol, Drug Abuse, and Mental Health Services Act" contains provisions relating to priority population groups who must be served by the mental health and substance abuse publicly funded treatment systems. The Act also includes a system of comprehensive services supported with state and federal funds that consists of primary care services, rehabilitative services, and preventive services. These statutory provisions have not been revised since 1984 and need to reflect new, more reliable diagnostic techniques and treatment interventions both in inpatient and community settings. There is now a large scientific literature documenting the consequences of mental illnesses and substance abuse and the effectiveness of treatment and rehabilitation for mental illnesses, addictive disorders, emotional disorders, and the problems in functioning that result from each of these illnesses.

A review of these statutory definitions included a survey of the primary stakeholders who have an interest or involvement in Florida's publicly funded mental health and substance abuse systems; a review of the pertinent literature on treatment interventions; a survey of how other states define services and population groups in state law; and key informant interviews with state and national experts.

Based on the findings of this review, staff concluded that statutory definitions are needed in part IV of ch. 394, F.S., that at a minimum, define adults with serious and persistent mental illness, adults with substance abuse problems, adults at risk of mental health problems, and adults at risk of substance abuse. The comprehensive mental health and substance abuse services need to be revised to include the newer psychiatric medications and the support services that maintain recovery and stabilization in the community. Statutory provisions are needed that address prioritization of services, a sliding fee scale for persons who fall within a certain range of the Federal Income

Poverty Guidelines, and integrating the mental health and substance abuse systems with other community-based systems such as juvenile and criminal justice, local schools, child protection, general health care, and other specialty services. There is also a need for the Department of Children and Family Services to closely track the performance outcomes and outputs for the mental health and substance abuse programs mandated under s. 216.0166, F.S., and to study the correlation between service providers that are not achieving performance standards and their treatment services contractually funded by the Department of Children and Family Services and the Medicaid program. This report recommends that the Department of Children and Family Services and the district health and human services boards reinstate the district planning process for mental health and substance abuse services as required under s. 394.75, F.S. It is recommended that, as part of its review, the Commission on Mental Health and Substance Abuse be directed to determine the extent to which contractual mental health and substance abuse providers collect fees from clients who have the ability to pay for services and, if necessary, to recommend ways to strengthen the enforcement of this provision.

BACKGROUND

Part IV of ch. 394, F.S., is known as "The Community Alcohol, Drug Abuse, and Mental Health Services Act" and includes provisions for planning, defining, operating, financing, contracting, and managing the district alcohol, drug abuse, and mental health services delivery system. Florida's law plays a key role in determining how public resources are allocated for mental health and substance abuse treatment. However, the current Florida statutory scheme has significant gaps. It provides little guidance for prioritizing services and directing Florida's policy makers on the spending of limited

state resources. The statutes do not reflect the current state of knowledge regarding the effectiveness of mental health and substance abuse treatment in enabling people to recover from these illnesses.

The population served with state and federal funds is delineated in s. 394.75(4), F.S., and includes chronic public inebriates, marginally functional alcoholics, chronic opiate abusers, poly-drug abusers, chronically mentally ill individuals, acutely mentally ill individuals, severely emotionally disturbed children and adolescents, elderly persons at high risk of institutionalization, and individuals returned to the community from a state mental health treatment facility. Many of these client terms seem antiquated and are no longer used when describing client groups. Services to these population groups must be addressed in the district alcohol, drug abuse and mental health plan. The Department of Children and Family Services (department) no longer requires the service districts to complete district plans. The population groups specified in s. 394.75, F.S., were statutorily created in 1984 (ch. 84-285, L.O.F.) and there have been no revisions to the population groups even though the substance abuse treatment law (ch. 397, F.S.) was substantially rewritten in 1993 (ch. 93-39, L.O.F.).

Section 394.492, F.S., (created in ch. 98-05, L.O.F.) includes definitions for a child or adolescent with a serious emotional disturbance, an emotional disturbance, or at risk of an emotional disturbance. Section 397.93, F.S., (created in ch. 99-396, L.O.F.) includes definitions for children with substance abuse problems and at risk of substance abuse. There is no comparable definition for adults with serious and persistent mental illness or adults with substance abuse problems.

Section 394.675, F.S., defines the system of alcohol, drug abuse, and mental health services that are purchased with state and federal funds. Those services are categorized as primary care services (emergency stabilization, detoxification, inpatient, residential, and case management); rehabilitative services (outpatient, day treatment, and partial hospitalization); and preventive services (consultation, public education, and prevention). These service categories were statutorily created in 1984 (ch. 84-285, L.O.F.) and have not been revised.

Individuals become eligible in a variety of ways to receive mental health and substance abuse services paid partially or in full by the State. For example, an individual enrolled in Medicaid is eligible for mental health services available through the Medicaid program.

The Medicaid program in turn provides mental health and substance abuse benefits through various means (for example, mental health benefits are carved out in Districts 6 and 14 and provided by community mental health agencies and are administered through a variety of providers such as health maintenance organizations and community mental health agencies in other parts of the State). Other individuals, not in the Medicaid program, may become eligible to receive state-funded services through the application of statutory financial formulas. Still others are hospitalized in state hospitals through the courts.

The most recent estimates of the prevalence of serious mental illness in Florida suggest that approximately 5.4 percent of Floridians (approximately 544,798 people) living in households will experience serious mental illness in a 12 month period. It is estimated that when one considers individuals living in non-household situations (jails, hospitals, people who are homeless, nursing homes, etc.) the figure increases to more than 795,117. While these figures are estimates, they provide a sense of the pervasiveness of serious mental illness.

The Mental Health Program Office in the department estimates that based on current law, Florida's publicly funded mental health system is currently meeting approximately 21 percent of the treatment needs of children and adolescents and 12 percent of the treatment needs of adults.

Based on national data and on current law, it is estimated that 7.07 percent of Floridians (approximately 1,074,439 people) will experience a substance abuse problem in a 12 month period. The department estimates that Florida's substance abuse system is currently meeting approximately 22.7 percent of the treatment needs of children and 16.4 percent of the treatment needs of adults.

Section 394.74(3)(c), F.S., includes a provision for providers of mental health and substance abuse services to make every reasonable effort to collect fees from persons who are able to pay for services. Contracts with providers include a statement that the provider agrees to develop a fee schedule and a fee collection policy based on income and family size that must be approved by the department. The extent to which this policy is enforced and monitored is unclear.

The Commission on Mental Health and Substance Abuse was created in ch. 99-396, L.O.F.. The

Commission is charged with conducting a review and evaluation of the management and functioning of the publicly supported mental health and substance abuse systems in the department, the Agency for Health Care Administration and other departments administering treatment services. This includes a review of the planning, financial, and contracting systems and the funding responsibilities of local governments.

METHODOLOGY

A survey was conducted of 35 key stakeholders of mental health and substance abuse services asking them to review the current statutory provisions for priority population groups and comprehensive services specified in part IV of ch. 394, F.S., and to recommend statutory changes for defining the adult and child populations served with public funds and for developing a comprehensive services system that better reflects the needs of the clients and their families using the most effective community-based treatment interventions. A brief questionnaire was sent to the mental health and substance abuse commissioners in other states to learn about their statutory provisions in these areas.

Staff collected pertinent reports and recent clinical studies of treatment interventions and programs for persons with mental disorders, addictive disorders, and both mental illness and substance abuse problems (co-occurring disorders). Numerous telephone and face to face discussions were held with experts in mental health and substance abuse services in Florida as well as other states.

FINDINGS

Literature Review

A review of the current literature was conducted to determine the most effective treatment modalities and interventions for persons with mental illness, emotional disturbances, and/or substance abuse problems. There has been extraordinary progress in the last 20 years in the diagnosis and treatment of mental illness and addictive disorders. New, more reliable diagnostic techniques both in inpatient and community settings have dramatically improved our knowledge of the pervasiveness and consequences of mental illnesses. There is now a large scientific literature documenting the effectiveness of treatment and rehabilitation for mental illnesses, addictive disorders, emotional disorders, and the problems in functioning that result from each of these illnesses.

There also have been dramatic changes in the nature of the treatment and support system. The role of the state hospital as a long-term care facility has been reduced. For many reasons related to resources and focus, Florida's mental health system is not meeting the complex mental health needs of all Floridians who need services. We now realize that other human service systems must assist persons with mental illness as a part of their clientele. Many persons with mental illness and addictive disorders are likely to be found and treated in primary medical care facilities, prisons and jails, juvenile justice and educational settings, and in long-term care facilities such as nursing homes. These changes require that the statutory basis for mental health and substance abuse services be revised to better accommodate contemporary knowledge about mental and addictive disorders and the treatment response to them.

Recent research completed by the World Health Organizations and the World Bank show that mental illness and substance abuse have a severe impact on individuals and their communities and families. They estimate that major depression is currently the fourth most burdensome disease in the world, and will become the second most burdensome (following only heart disease) by early in the 21st century. The early onset of many mental illnesses, associated loss of productivity and the resulting burden often placed on families and the communities contribute to the global and national impact of mental illness. For example, children with severe emotional disorders have serious difficulties in successfully completing school, and present great challenges to their families. Elders may face severe depression, and in the absence of family or other care givers, may be placed in nursing homes, absent the provision of mental health and substance abuse treatment.

For many decades, mental health policy in the United States was based on an assumption that people with mental illness would not recover, and that long term confinement in hospitals was the most appropriate form of treatment. Those assumptions gradually have changed in the last two decades. Today, there is compelling scientific evidence that treatment for mental illness and substance abuse can reduce or eliminate the incapacitating effects of the illness, reduce risk to the individual and the public, and ultimately lead to recovery.

These advances in mental health and substance abuse treatment include significant improvements in medications, new knowledge about the effectiveness

of interventions such as assertive community treatment and wraparound services, and recognition of the key role that individuals can play in designing and taking responsibility for their own treatment. The application of this new, science-based treatment has important benefits not only for the individual but for the public in increased productivity, reductions in other health care costs, and decreased use of other public systems, such as the criminal justice system.

The past two decades have seen tremendous growth in the body of research literature showing that mental health and substance abuse treatment can be effective. Increasingly, studies on outcomes of services are being conducted, not just in laboratory settings, but in the real world. There is substantial evidence to support the value of intervening both directly with individuals having a wide range of disorders and indirectly with relevant features of their social environments.

A few examples illustrate the progress being made in children's mental health services:

- Childhood behavioral disorders affect the children, their families, and society for years to come. Services for children aim to keep them as much as possible at home, in school, and out of trouble. The research base has only recently begun to expand from the clinic to the real world, but there is strong early evidence that many treatments are efficacious.
- Selective preventive interventions with high-risk expectant mothers can result in healthier babies, reductions in child abuse and neglect, less emergency care, and stronger parental involvement.
- Numerous studies of outpatient psychotherapy show this type of treatment to be efficacious in addressing presenting problems.
- Stimulant medication treatment, alone or in combination with behavioral treatment, is effective with attention-deficit hyperactivity disorder.
- For children with severe emotional disturbance, comprehensive community-based services such as intensive case management where providers act both as brokers and as providers of direct services, can improve adjustment and behavior.
- Multi-systemic family therapy, an intensive, time-limited, home-based service that targets specific factors in a child's environment that contribute to

problem behaviors, increases parents' skills and results in substantial behavioral improvements.

- Therapeutic foster care, where children are placed with trained foster parents in private homes, can be more effective at a lower cost than traditional institutional placements.

The largest group of people receiving publicly supported services in Florida includes adults with severe and persistent mental disorders. Contrary to earlier ideas about mental illness, it has been shown that appropriate services can help people in this group resume satisfying and productive lives in the community. A central element in treatment effectiveness is medication, particularly the new agents with fewer disabling and disfiguring side effects designed to target specific problems of brain chemistry. As with disabling disorders in general healthcare, rehabilitation is another central element in recovery. Several types of effective services incorporate psychosocial rehabilitation techniques. Assertive community treatment is a comprehensive, community-based team approach for those with highest needs that significantly reduces the need for hospital-based services. Supported employment helps place people quickly in jobs and maintains them. Psycho-education helps families and consumers maintain a helpful family environment and reduces the need for professional treatment. Social skill training assists individuals in overcoming their illness-related difficulties in interacting with people and helps them adapt to ordinary social settings. A high proportion of people with mental illnesses also have substance abuse disorders; integrated dual diagnosis treatment provides the necessary and effective interventions for both disorders simultaneously.

Depression and anxiety disorders affect a high proportion of the population in all age groups, particularly the elderly, who are represented in unusually high numbers in Florida. Among all forms of illness, depression has been identified as being among the diseases causing the highest economic and social burden around the world. Only a small proportion of those affected by this illness currently receive treatment, resulting in unnecessary suffering, potential loss of life, and increased medical costs and lost productivity for society. However, there is strong evidence that depression can be treated effectively in adults, especially with one of the newer medications in combination with psychotherapy.

An example of recent research designed to improve the quality of mental health care, reduce costs, and broaden access to services was conducted by the Agency for Health Care Policy and Research and the National Institute for Mental Health. The Schizophrenia Patient Outcomes Research Team was funded to develop recommendations for the treatment of schizophrenia based on existing scientific evidence. Those recommendations support the use of antipsychotic medications including new atypical antipsychotic drugs (risperidone, olanzapine and quetiapine); adjunctive pharmacotherapies for anxiety, depression, and aggression/hostility; electroconvulsive therapy; psychological interventions; family interventions; vocational rehabilitation; and assertive community treatment or assertive case management. The range of vocational services recommended for persons with schizophrenia who meet certain characteristics (e.g., history of prior competitive employment, good work skills based on formal vocational assessment) includes prevocational training, transitional employment, supported employment, and vocational counseling and education services. Assertive community treatment should be targeted to persons at risk for repeated rehospitalizations or who have been difficult to retain in active treatment with more traditional types of services.

Substance abuse disorders are also widespread in the general population and are known to have negative impacts on society as well as individuals, most notably through destruction of family life, lost productivity, crime, and increased costs in the criminal justice system. Several modes of treatment are effective and can reduce these harmful consequences of abuse of both legal and illegal substances, especially if people remain in treatment for sufficient lengths of time. Outpatient, short-term inpatient, and residential treatments have been effective at reducing substance use in adults, with concomitant reduction in criminal activity, homelessness, loss of child custody, and suicidal behavior.

Several conclusions follow from the increasing body of outcome research in mental health and substance abuse treatment that was not available 15 to 20 years ago. First and most importantly, treatment works. A wide range of interventions can substantially reduce the disabling and harmful consequences of mental illness and substance abuse disorders on individuals and society. Second, effective interventions typically target not only the individual but contextual issues (family, work, etc.) that most directly affect the individual. Third, in order to provide the comprehensive treatment required for the most disabling disorders, services must address problems in an integrated way, providing continuity of care across

multiple systems over sufficient time. Singular, isolated treatments and service systems are less often seen as effective. Finally, in order to provide treatment cost-effectively, service systems must include adequate components for ongoing training and monitoring to ensure that services emulate models of demonstrated effectiveness.

Performance-Based Program Budgets-FY 1998-99

House Bill 4201 (General Appropriations Act for FY 1998-99) included performance outcome and output measures for children and adults with mental health and substance abuse problems. Those measures are indicators used by the Legislature to assess the performance of mental health and substance abuse programs and services for which the department contracts with community-based non-profit provider agencies. According to data from the department for FY 1998-99, the standards for two outcome measures (days spent in the community and average functional level) for adults with serious and persistent mental illness were not achieved when using the statewide average scores.

Survey Results

Out of 35 stakeholders who received the Senate questionnaire, a total of 26 questionnaires were completed. The majority of the respondents believe that the top priority group for receiving publicly funded treatment services are those who are experiencing an acute crisis due to mental illness or substance abuse impairment. Because statutory revisions were made during the 1998 and 1999 legislative sessions to ch. 394 and ch. 397, F.S., addressing children and adolescents with emotional disturbances or substance abuse problems, respondents did not identify major issues or problems with those statutory definitions or description of comprehensive services. Several suggestions were made for strengthening the definitions of children and adolescents at risk of an emotional disturbance or substance abuse problems.

Respondents voiced many concerns about the lack of statutory guidance for serving adults with or at risk of mental health or substance abuse problems. The following discussion summarizes the major suggestions by the respondents for identifying adults with mental health or substance abuse problems.

Adults With or At Risk of Mental Illness

Sixty eight percent of the respondents approve of the statutory definition of “mental illness” in s. 394.455(18), F.S., but suggest that the biological basis for mental illness needs to be added to the definition. Several respondents state that the current definition inappropriately allows the inclusion of a person with brain injury or neurological disorder.

Respondents suggested factors for identifying persons with serious and persistent mental illness. Persons:

- Meet the diagnostic classifications contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders. (79 percent)
Several respondents suggest that only the major mental disorders of a specified duration be considered as a criterion.
- Need psychotropic medications and monitoring on an ongoing basis. (50 percent)
- Had at least one prior admission to a state hospital, crisis stabilization unit, or inpatient unit. (29 percent)
- Are recipients of SSI or SSDI. (17 percent)
- Are diagnosed with both mental illness and substance abuse problems. (17 percent)
- Have serious impairment of psychological, occupational, or social functioning. (17 percent)
- Have had repeated misdemeanors correlated with mental illness. (8 percent)
- Are at risk of homelessness due to mental illness. (4 percent)

Respondents suggested factors for identifying persons at risk of mental illness:

- Family history of mental illness (63 percent)
- Substance abuse (58 percent)
- Victims of domestic violence, child abuse or neglect, or sexual abuse (38 percent)
- Chronic life threatening illness or significant body injury or physical illness (38 percent)
- Homelessness (33 percent)
- Death of a family member (21 percent)
- Chronic unemployment (17 percent)
- Victim of a crime or family member of a victim of a crime (13 percent)
- AIDS/HIV (13 percent)
- Poverty (8 percent)

Adults With or at Risk of Substance Abuse Problems

Several respondents suggested changes to the definition of “substance abuse impaired” in s. 397.311(16), F.S., to

clarify the correlation between substance abuse and “socially dysfunctional behavior.”

Respondents suggested factors for identifying adults with substance abuse problems:

- Substance abuse that includes recurrent use or use in situations that can be physically hazardous resulting in failure to fulfill major role obligations at work or home or resulting in arrests for substance-related disorderly conduct; driving an automobile or operating a machine when impaired by a substance. (70 percent)
- Substance dependence that relates to maladaptive patterns of use leading to increasing amount and frequency of use as well as increased time spent obtaining substances and getting over the effects of substance abuse while spending less time on other activities with continued use despite knowledge of consequences and a desire to cut down or control the use. (65 percent)
- Substance abuse related to situations of domestic violence. (9 percent)
- Frequent use of emergency rooms and inpatient care related to substance induced medical problems. (9 percent)
- More than two arrests for driving under the influence. (4 percent)

Respondents suggested factors for identifying adults at risk of substance abuse:

- Adults who are at risk by virtue of psychological or physiological factors may be predisposed to substance abuse (individual has a history of serious mental illness, family history of substance abuse or chemical dependency, spouse or significant other abuses substances or is chemically dependent). (77 percent)
- Adults who are at risk of relapse following periods of remission, particularly those in the early full and early partial stages of remission, as described in the DSM-IV. (77 percent)
- Adults who are at risk due to negative external social, relational, or environmental factors (employment situations with high incidence of substance abuse, adults in episodic crisis trauma, friends who are substance abusers, community access and norms that are favorable toward the abuse of substances). (68 percent)
- History of felony or misdemeanor offenses correlated with drug involved behavior. (9 percent)
- Two or more DUI offenses. (9 percent)
- Family violence or child abuse or neglect. (5 percent)

Eighty-three percent of the respondents believe that financial criteria should be established in ch. 394, F.S., for defining persons with mental health or substance abuse problems to receive publicly funded services. Seventy-six percent of the respondents believe that the following persons should be exempt from any financial responsibility: in emergency or crisis care, involuntary care (civil or criminal); disabled persons on SSI or SSDI; children placed with relatives, special adoptions, or under child protective services.

Most respondents believe that there should be a sliding fee scale for persons whose net family income is 150-249 percent of the Federal Poverty Income Guidelines to determine the amount that a client pays. Eighty-one percent of the respondents do not believe that a person's tangible assets such as real property should be considered in determining eligibility.

Special Population Groups

The respondents report that persons with co-occurring disorders and children with emotional disturbances who are under state supervision need special consideration by both the mental health and substance abuse systems.

The respondents suggest that the mental health system give special consideration to elderly persons who are mentally ill and homebound and the substance abuse system give special consideration to pregnant women who are substance abusers, substance abusers with HIV/AIDS or TB, intravenous drug users, and elderly persons with substance abuse problems.

Comprehensive Mental Health and Substance Abuse Services

Seventy percent of the respondents believe that mental health and substance abuse services should be specified and defined in law in order to provide a framework for a system of care and to ensure access and quality treatment. Ninety-six percent of the respondents agree with the primary care services as specified in current law but suggest adding the following services: medication management, mobile and in-home crisis, transitional housing, diversion, therapeutic group homes, outreach services, assertive community treatment, and intensive outpatient psychotherapy.

All respondents support rehabilitative services emphasizing access to basic health care and income maintenance as well as job related training and employment. Concerns were expressed about the lack of active individualized treatment in day treatment settings.

It appears to some respondents that day treatment services for persons with serious and persistent mental illness are not individualized and do not promote recovery. Respondents recommend that the following services be added: employment, supported housing, self-help/drop-in centers, intensive aftercare, vocational rehabilitation, job training, sheltered workshops, and support services for persons residing in an Assisted Living Facility.

Many respondents emphasized that the law should be strengthened in the area of preventive services in order to promote early detection and intervention programs and to reduce the risk of mental illness and substance abuse among populations. Family education, in-school programs, suicide prevention, and hotlines were supported by the respondents.

The respondents recommend the following new categories of treatment services: integrated mental health and substance abuse services, aftercare services for persons discharged from the criminal justice system, special services for family members who are victims of domestic violence and children who are victims of abuse or neglect, respite care, and support services for Assisted Living Facilities.

Survey of Other States

Thirteen Mental Health Commissioners in other states responded to the Senate survey. Of those who responded, seven states include statutory definitions of mental health treatment services provided with public funds and eight states define the clients served by the public mental health system. Most statutory provisions defining the clients served by the public system are general. However, the Minnesota comprehensive adult mental health act defines an adult with serious and persistent mental illness and includes housing services and other community supports as part of the comprehensive service system. Michigan's law specifies that priority for community mental health services must be given to persons with "the most severe forms of serious mental illness." None of the states responding have developed specific financial eligibility criteria to determine clients served by the state mental health system.

Thirteen Substance Abuse Commissioners in other states responded to the Senate survey. Of those responding, nine states include statutory definitions of substance abuse treatment services supported with public funds and seven states define the clients served by the public system. All definitions of services and

the population groups which are served are generally stated. Indiana states that financial eligibility criteria for receiving services is set at 200 percent of the Federal Poverty Income Guidelines.

RECOMMENDATIONS

- Develop, at a minimum, statutory definitions for adults with serious and persistent mental illness, adults with substance abuse problems, and adults at risk of mental health or substance abuse problems to be included in part IV of ch. 394, F.S.
- Rewrite s. 394.675, F.S., to describe and define Florida's comprehensive mental health and substance abuse service system of care designed to meet individual client needs. Include specific support services necessary to maintain recovery and stabilization in the community and an integrated treatment system for persons with mental illness and substance abuse.
- Require that the Department of Children and Family Services develop a comprehensive state plan for implementing a system of care identifying strategies for meeting the treatment and support needs of those clients with serious and persistent mental illness who are high users of the publicly funded mental health and substance abuse systems.
- Include statutory provisions that addresses access to services and prioritization of services.
- Add statutory provisions to part IV of ch. 394, F.S., for integrating the mental health and substance abuse treatment systems with local systems such as juvenile and criminal justice, local school districts, child protection, general health care, and specialty services to assure that appropriate services and interventions are available.
- Include statutory provisions in part IV of ch. 394, F.S., for the Department of Children and Family Services to develop a sliding fee schedule through administrative rule for the collection of fees from recipients of publicly funded mental health and substance abuse services whose income falls under a certain range of the Federal Poverty Income Guidelines.
- Direct the Department of Children and Family Services to review and report to the Legislature on the relationship between contractual mental health and substance abuse service providers who do not achieve the performance outcomes and outputs under s. 216.0166, F.S., and the community-based treatment services that they provide to clients pursuant to contracts with the Medicaid program and with the Department of Children and Family Services.
- Direct the Department of Children and Family Services under the auspices of the district health and human services boards to reinstate the district mental health and substance abuse planning process pursuant to s. 394.75, F.S.
- Direct the Commission on Mental Health and Substance Abuse to include in its review of the financing and contracting of services the status of contract providers collecting fees from clients who have the ability to pay for services and, if necessary, propose ways to strengthen the enforcement of this contractual provision.

COMMITTEE(S) INVOLVED IN REPORT *(Contact first committee for more information.)*

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MEMBER OVERSIGHT

Senators John McKay and Richard Mitchell