

This bill amends sections 216.136 and 393.502 and creates section 14.275, Florida Statutes.

II. Present Situation:

Social Services Estimating Conference

Section 216.136, F.S., 1998 Supp., establishes an estimating conference process to provide an estimate and forecast of future caseloads for the purpose of providing information for planning and budgeting. A Social Services Estimating Conference relating to Florida's social services system, includes forecasts of social services caseloads, as the conference determines is needed for the state planning and budgeting system. Such official information includes, but is not limited to, subsidized child care caseloads mandated by the Family Support Act of 1988.

The Social Services Estimating Conference develops estimates and forecasts of the unduplicated count of children eligible for subsidized child care as defined in s. 402.3015(1), F.S.

The Executive Office of the Governor, the coordinator of the Office of Economic and Demographic Research, and professional staff who have forecasting expertise from the Department of Children and Family Services, the Senate, and the House of Representatives, or their designees, are the principals of the Social Services Estimating Conference.

Persons with Disabilities

Several agencies within Florida's governmental structure have statutory responsibility for providing services to persons with disabilities. Section 20.19, F.S., 1998 Supp., provides that the Department of Children and Family Services (department) serves persons with certain disabilities. The Developmental Services Program is assigned specifically to serve persons with a developmental disability as defined in s. 393.063, F.S., which includes a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

The Alcohol, Drug Abuse, and Mental Health program in the department serves persons with a mental illness as defined in ch. 394, F.S., or with a substance abuse impairment as defined in ch. 397, F.S.

A program office is established for each program that is responsible for establishing program standards and performance objectives; reviewing, monitoring, and ensuring compliance with statewide standards and performance measures; assuring that programs are implemented according to legislative intent and as provided in state and federal laws, rules, and regulations; developing and coordinating training for service programs; coordinating program research; identifying statewide program needs and recommending solutions and priorities; developing resource allocation methodologies; and compiling reports, analyses, and assessment of client needs on a statewide basis.

Section 20.19, F.S., 1998 Supp., also includes provisions for outcome evaluation and program effectiveness and provides for the secretary of the department (with input from the district administrators and the district health and human services boards) to develop a legislative budget request in accordance with s. 216.023, F.S.

Other departments under the executive branch of government involved in providing services to persons with disabilities include the Agency for Health Care Administration, Department of Elderly Affairs, Department of Labor and Employment Security, Department of Corrections, Department of Health, Department of Juvenile Justice, Department of Education, and Department of Veterans Affairs. For example, the Agency for Health Care Administration administers the Medicaid program that provides medical and related services to persons with disabilities and conducts various licensing and regulatory functions for facilities and programs serving this population. The Department of Labor and Employment Security provides employment or workforce assistance to persons with disabilities. The Department of Elderly Affairs coordinates community-based services to many elderly persons who have physical or mental disabilities. Coordinating services for persons with disabilities is problematic because of the large number of state agencies that are responsible for providing services to this population.

Family Care Council

Section 393.502, F.S., creates a Family Care Council in each service district of the Department of Children and Family Services. The council consists of nine persons recommended and appointed by the district health and human services board. One half of these members must be consumers who are family members or legal guardians of persons with developmental disabilities and at least one half of the members must be current consumers of developmental services. The department reports that there is some confusion on the implementation of this provision.

III. Effect of Proposed Changes:

Social Services Estimating Conference

The bill specifies that Medicaid caseloads will be included in the forecasts made by the Social Services Estimating Conference. The bill adds a new duty to the Social Services Estimating Conference of estimating the annual cost of providing home and community-based services for persons with developmental disabilities. The bill specifies that the Department of Children and Family Services and the Department of Education will provide information on caseloads and waiting lists for persons with developmental disabilities as they relate to persons eligible for or receiving services under the developmental services home and community-based waiver program. This estimate will include an annual increase based on the medical component of the consumer price index-urban.

Persons with Disabilities

CS/SB 1900 creates the Office of Disability Coordination within the Executive Office of the Governor and includes provisions for an executive director and an advisory board. The advisory board would be comprised of the Secretary of each of the following departments: Children and Family Services, Juvenile Justice, Corrections, Veterans Affairs, Elderly Affairs, Labor and Employment Security, and Health; the Commissioner of Education; and the Director of the Agency for Health Care Administration. If any agency head ceases to be an officer of the agency, the bill specifies that the agency deputy or the newly appointed agency head would fill the vacancy. The bill states that the Office of the Governor would provide staff which may come from

the agencies represented on the advisory board to provide either part-time or full-time support and services to the Office of Disability Coordination.

The Office of Disability Coordination would work with all entities that deal with people who have disabilities, have physical or mental impairments that substantially limit one or more major life activities, who have a record of such impairments, or who are regarded as having such impairments. The bill provides no other definition of “people who have disabilities.”

Responsibilities of the Office of Disability Coordination include functions such as collecting specified information on persons being served and persons waiting for services; consolidating, coordinating, and reducing regulatory functions; maximizing federal funding; collecting and disseminating budget information; evaluating outcomes and accountability measures and making programmatic recommendation to the member agencies; coordinating the implementation of state and federal policies; and convening agencies that serve people with disabilities to review agencies’ missions, services, activities, and funding capabilities.

The bill specifies that the Office would compile, maintain and disseminate information concerning met and unmet needs of persons with disabilities, names of providers that serve this population, costs of services, and the availability of services. The bill specifies that the Office of Disability Coordination should not maintain or duplicate data currently maintained by any other entity. It is unclear as to the nature and specifics of this information that the Office would collect and disseminate.

Most of the responsibilities of the Office of Disability Coordination are duplicative of the statutory duties of the Department of Children and Family Services as they relate to services for persons with developmental disabilities, persons with mental illness, and persons with a substance abuse impairment. The bill states that the staff who provide professional expertise and support to the Office of Disability Coordination will be provided by the department heads who comprise the advisory board. Other than the executive director and some support staff, the professional staff who would work in the Office of Disability Coordination have been involved in carrying out the statutory mandate of their agency. There could be a conflict if these staff persons are expected to review or critique an area or policy under the department’s statutory responsibility for which they have had a direct role in developing or implementing. The bill does not address how the Office of Disability Coordination would interface its activities with the department’s programs and service districts to accomplish a more efficient and better coordinated service delivery system.

The bill provides that the Office of Disability Coordination would serve as a clearinghouse for legislative budget requests and proposed policy changes. Section 216.023, F.S., states that the head of each state agency must submit a final budget request to the Legislature and Governor based on the agency’s independent judgment of its needs and consistent with prescribed budget instructions. The bill does not amend s. 216.023, F.S., to specify how the Office of Disability Coordination would fit into this prescribed process.

The bill specifies that the Office of Disability Coordination would evaluate outcomes and accountability measures and make programmatic recommendations to the member agencies, which could be duplicative of the role that the Office of Program Policy Analysis and Government

Accountability assumes in the performance based program budgeting process contained in s. 216.0166, F.S.

The bill specifies that the Office of Disability Coordination would produce an annual report by December 1, 2000, and on that date ever year thereafter, electronically or in writing, to the Executive Office of the Governor, President of the Senate, the Speaker of the House of Representatives, and other interested parties upon request. The report would document the progress made by the Office of Disability Coordination toward completing their responsibilities as specified in this bill, would include a description of the barriers preventing full collaboration among entities that serve people with disabilities, and would make recommendations on how to better serve persons with disabilities.

The bill specifies that before the 2001 legislative session, the Office of Program Policy Analysis and Governmental Accountability would conduct a comprehensive review of the Office of Disability Coordination on their progress toward achieving their established outcomes. The review would specify if it would be sound public policy to continue the Office of Disability Coordination and the consequences of discontinuing it.

The authority of the Office of Disability Coordination is limited. Its only real mechanism for change is to notify the Governor and the Legislature of an agency's noncompliance with its duties and the Governor may disqualify or suspend a noncompliant agency's ability to receive grants, awards, or funding. Its mission to stimulate coordination of services among the state agencies may be achieved more easily if the Office of Disability Coordination were strictly advisory. Also an advisory group may be of more value and able to provide better information to the Governor and the Legislature if the group included high functioning consumers of the agencies' services, family members of consumers, and contracted providers.

Family Care Council

Section 393.502, F.S., is amended to specify that each family care council would include a minimum of eight members and a maximum of 12 and at least three members would have developmental disabilities. The bill specifies that alternate members may be appointed by the district health and human services board from a list of names submitted by the family care council. Alternate members have full rights of membership but cannot vote and their presence would not count towards a quorum. A member who cannot attend a meeting must give his proxy vote to an alternate member.

Each family care council must submit an annual report to the district health and human services board and the Assistant Secretary for Developmental Services by September 1 of each year of its activities, expenditures of any state funds, and recommendations except that the 1999 report would be due December 1, 1999.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Medicaid Estimating Conference

According to the department and assuming the Legislature considers itself bound by the estimating conference numbers, this provision would require an estimated \$156.4 million of additional state general revenue for FY 1999-2000 for developmental services. This estimate is based on a projection of 20,730 persons with developmental disabilities seeking services in the waiver program and considers that \$117.6 of general revenue is available now as state match.

Office of Disability Coordination

The bill appropriates from the General Revenue fund to the Executive Office of the Governor for FY 1999-2000 the following: \$250,000 for start up expenses for hardware, software, and office equipment; and \$350,000 for operating costs for salaries, benefits, and travel expenses.

The provision in the bill that directs the Governor to provide staff support to the Office of Disability Coordination and provides that such staff “may come from agencies represented on the advisory board. . . to the extent required by the advisory board” could have a negative impact on these agencies.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
