

2012 LEGISLATIVE PRIORITIES (BRIEF OVERVIEW)

MAINTAIN CURRENT FUNDING FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES WHILE RESTORING RECURRING GENERAL REVENUE FUNDING

In 2011 the Legislature maintained the 2010 funding levels for community mental health and substance abuse services for children and adults. In maintaining this funding the Legislature transferred \$43.1 million of recurring community mental health and substance abuse funding to non-recurring funding (\$3.6 million from Children's Mental Health, \$24.3 million from Adult Mental Health, \$7 million from Children's Substance Abuse and \$8.2 million from Adult Substance Abuse).

It is important that the 2012 legislature, at a minimum, maintain the current level of funding and restore the non-recurring funding including the Criminal Justice, mental health and Substance Abuse Reinvestment grants.

AMEND s. 409.906 F.S. (COMMUNITY MENTAL HEALTH SERVICES) TO INCLUDE MEDICAID TELEBEHAVIORAL HEALTH SERVICES

Telebehavioral health research demonstrates that services provided in this manner have distinct benefits for those who are either isolated by location or impairments, who are prone to miss appointments, or otherwise find accessing traditional behavioral health services difficult or impossible. Currently, Florida Medicaid Behavioral Health Care regulations do not authorize telebehavioral health care services.

The Legislature should amend s. 409.906 (8), F.S., to authorize telebehavioral health services within the scope of Community Mental Health Services that would allow for the delivery of all Medicaid community behavioral health services tele-electronically with limited exceptions.

ENACT LEGISLATION TO ASSURE MEDICAID MANAGED CARE INCLUDES A SPECIFIC SPECIAL NEEDS PLAN FOR INDIVIDUALS WITH PSYCHIATRIC DISORDERS

Individuals with severe and persistent mental illness including those with complex-medical conditions face unique and serious challenges in adapting to managed care. In order to offset negative effects of non-specific managed care plans the legislature should enact legislation that would establish a special needs plan to manage the care for Medicaid eligible adults with severe mental illness or children with severe emotional disturbance similar to the plan proposed in 2011 for persons with a developmental disability.

FUND SMOKING CESSATION PROGRAMS FOR INDIVIDUALS WITH SEVERE MENTAL ILLNESS

The legislature should amend s. 211(10) F.S. relating to the cigarette surcharge to allocate 1% of the revenue collected of the surcharge on cigarettes to provide community-based mental health and substance abuse providers the resources needed to implement tailored smoking cessation and support programs to persons with a mental illness. Individuals with mental illness have higher rates of chronic health problems and premature death compared to the general population due to long-term tobacco use. Most mentally ill individuals smoke and die from smoking-related diseases.

85% of addicts and alcoholics are smokers; 75% of those with severe and persistent mental illness are tobacco-dependent.

44% of all cigarettes consumed in the U.S. are consumed by individuals with a current mental disorder.

Smoking cessation is the single most effective step to lengthen and improve the lives of the SPMI population and no other health intervention could make such a difference.

MAINTAIN THE SUCCESS OF FACT TEAMS

The Legislature should allocate \$8 million to increase funding for Florida's Assertive Community Treatment Teams (FACT) to cover their actual costs. FACT teams on average, report an annual loss of \$30,000 to \$40,000 due to an increased cost of living that has impacted salary, medication, transportation, and housing costs making it increasingly difficult to retain quality staff and ensure full operations.

AMEND THE CRIMINAL BACKGROUND SCREENING LEGISLATION

The Legislature should fix unintended consequences resulting from the passage of SB1520 (2010) resulting in duplication and unnecessary costs and hiring delays.

Community mental health and substance abuse providers are being required to repeat fingerprinting and background/state clearance checks from every state agency where they provide a service to that state agency's client. For example a community mental health practitioner may provide clinical services to individuals who are served by DJJ, DOC, DOEA, AHCA, DCF, and DOE. Under the current enforcement of Senate Bill 1520 the practitioner is required to be re-fingerprinted and go through the clearance process by each state agency.

Not only is this time consuming and delaying treatment it is also costly in that each time the individual is fingerprinted it costs the individual or provider agency \$35 to \$50.

Legislation should be implemented to address the following:

- Allow for retention of FBI and FDLE fingerprints so that they don't have to be repeated;
- Share fingerprints across state agencies mandated to do criminal background checks;
- Require that the same process and criminal offenses apply across all state agencies
- Require all state agencies to accept the clearance of any other state agency or establish a lead agency to complete the clearance for all state agencies;
- Require the Department of Education under s. 1012.468 F.S. (The Jessica Lunsford Act) to accept fingerprinting conducted under ch. 435 F.S.;
- Clarify that individuals may be employed while waiting for clearance as long as they do not have direct contract with vulnerable individuals protected under Florida Statutes.

CRIMINAL JUSTICE REFORM

The state should initiate criminal justice reforms that include community based alternatives for individuals with special needs such as the mentally ill and drug dependent individuals while still providing for public safety such as the recommendations contained in the **TaxWatch**, Report and Recommendations of the Government Cost Savings Task Force for FY 2011-12.

Community alternatives should address public safety, provide relief to law enforcement, the county jails, the courts and prisons from persons who by virtue of their of their mental illness or substance use and the absence of adequate community services, are by default trapped in a cycle of arrest, incarceration and hopelessness.