Lee County Board Of County Commissioners Agenda Item Summary

Blue Sheet No. 2005/4/3

1. ACTION REQUESTED/PURPOSE:

Authorize Chairman to sign the contracts for 2005-2006 funding for state mandated mental health services, substance abuse services and initial medical exams for allegedly abused children with Lee Mental Health Center, Inc. d.b.a. Ruth Cooper Center for Behavioral Health, Southwest Florida Addiction Services, Inc. and Children's Advocacy Center of Southwest Florida, Inc. respectively, as adopted at the final budget hearing on September 22, 2005.

2. WHAT ACTION ACCOMPLISHES:

Provides county funding for state mandated mental health services, substance abuse services and medical exams for allegedly abused children.

3. MANAGEMENT RECOMMENDATION:

Recommend Approval.

4. Departmental Category: 05					5. Meeting Date	10-18-2005
6. Agenda:		7. Requirement/Purpose: (specify)			8. Request Initiated:	
X	Consent	X	Statutes	394.76,	Commissioner	N/A
	_		-	39.304	_ =	
<u> </u>	Administrative		Ordinance		_ Department _	Human Services
	Appeals		Admin, Code	e	Division	N/A
	Public	X	X Other 65E-14.005		By: Ann Arnall, Deputy Director	
Walk-On			Laws of Flor	ida	1 line less	9/27/05

9. Background:

The Ruth Cooper Center will receive an amount not to exceed \$2,326,491, for the period beginning July 1, 2005 and ending June 30, 2006, of which none is required for match. \$1,970,375 of County funds will be used to purchase core services including adult and children's mental health services and adult and children's substance abuse services. \$356,116 will aid in the transition of acute care services from the Ortiz Avenue campus to the VISTA, where it will be used for first year operating costs, such as rent and utilities.

Southwest Florida Addiction Services, Inc. will receive an amount not to exceed \$1,354,355, for the period beginning October 1, 2005 and ending September 30, 2006, of which none is required for match. County funds will be used to purchase core substance abuse services for adults and children.

Children's Advocacy Center of Southwest Florida, Inc. will receive an amount not to exceed \$153,400 to pay for approximately 725 medical examinations at \$200 per exam and the cost of x-rays and labs at an average cost of \$700 per month.

Contracts will be routed for signature once prepared.

Funds are available in account strings:

FC5610100100.508210.155-Children's Advocacy Center of Southwest Florida, Inc.

FC5610100100.508210.165-Southwest Florida Addiction Services. Inc.

FC5610100100.508210.684-Lee Mental Health Center, Inc. d.b.a. Ruth Cooper Center for Behavioral Health

Human Services, State Mandated Programs, General Fund, Aids to Private Organizations

Attachment/ Statutes 394.76 and 39.304, FL Admin. Code Chapter 65E-14.005 10. Review for Scheduling: County Purchasing Department Human County Manager/P.W. Other **Budget Services** Resources Directo Attorney Director Contracts Analyst N/A N/A RK 15/6 RECEIVED BY Commission Action: COUNTY ADMIN: Approved Deferred Denied COUNTY ADMIN FORWARDED TO: Other

Select Year: 2005

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The 2005 Florida Statutes

Title XXIX
PUBLIC HEALTH

Chapter 394 MENTAL HEALTH

View Entire Chapter

394.76 Financing of district programs and services.—If the local match funding level is not provided in the General Appropriations Act or the substantive bill implementing the General Appropriations Act, such funding level shall be provided as follows:

- (1) The district administrator shall ensure that, to the extent possible within available resources, a continuum of integrated and comprehensive services will be available within the district.
- (2) If in any fiscal year the approved state appropriation is insufficient to finance the programs and services specified by this part, the department shall have the authority to determine the amount of state funds available to each service district for such purposes in accordance with the priorities in both the state and district plans. The district administrator shall consult with the planning council to ensure that the summary operating budget conforms to the approved plan.
- (3) The state share of financial participation shall be determined by the following formula:
- (a) The state share of approved program costs shall be a percentage of the net balance determined by deducting from the total operating cost of services and programs, as specified in s. 394.675(1), those expenditures which are ineligible for state participation as provided in subsection (7) and those ineligible expenditures established by rule of the department pursuant to s. 394.78.
- ¹(b)1. Residential and case management services which are funded as part of a deinstitutionalization project shall not require local matching funds and shall not be used as local matching funds. The state and federal financial participation portions of Medicaid earnings pursuant to Title XIX of the Social Security Act, except for the amount of general revenue equal to the amount appropriated in 1985-1986 plus all other general revenue that is shifted from any other alcohol, drug abuse, and mental health appropriation category after fiscal year 1986-1987 or substance abuse and mental health appropriation category after fiscal year 2000-2001, shall not require local matching funds and shall not be used as local matching funds. Local matching funds are not required for general revenue transferred by the department into substance abuse and mental health appropriations categories during a fiscal year to match federal funds earned from Medicaid services provided for mental health clients in excess of the amounts initially appropriated. Funds for children's services which were provided through the Children, Youth, and Families Services budget which did not require local match prior to being transferred to the Substance Abuse and Mental Health Services budget shall be exempt from local matching requirements. All other contracted community alcohol and mental health services and programs. except as identified in s. 394,457(3), shall require local participation on a 75-to-25 state-to-local ratio.
- 2. For the 2005-2006 fiscal year, notwithstanding the conflicting requirement of this paragraph or of s. 394.457, all other contracted community alcohol and mental health services and programs shall require local participation on a 75-to-25 state-to-local ratio. This subparagraph expires July 1, 2006.
- (c) The expenditure of 100 percent of all third-party payments and fees shall be considered as eligible for state financial participation if such expenditures are in accordance with subsection (7) and the approved district plan.
- (d) Fees generated by residential and case management services which are funded as part of a

deinstitutionalization program and do not require local matching funds shall be used to support program costs approved in the district plan.

- (e) Any earnings pursuant to Title XIX of the Social Security Act in excess of the amount appropriated shall be used to support program costs approved in the district plan.
- (4) Notwithstanding the provisions of subsection (3), the department is authorized to develop and demonstrate alternative financing systems for substance abuse and mental health services. Proposals for demonstration projects conducted pursuant to this subsection shall be reviewed by the substantive and appropriations committees of the Senate and the House of Representatives prior to implementation of the projects.
- (5) The department is authorized to make investigations and to require audits of expenditures. The department may authorize the use of private certified public accountants for such audits. Audits shall follow department guidelines.
- (6) Claims for state payment shall be made in such form and in such manner as the department determines.
- (7) The expenditures which are subject to state payment include expenditures that are approved in the district plan for: salaries of personnel; approved facilities and services provided through contract; operation, maintenance, and service cost; depreciation of facilities; and such other expenditures as may be approved by the district administrator. Such expenditures do not include expenditures for compensation to members of a community agency board, except the actual and necessary expenses incurred in the performance of official duties, or expenditures for a purpose for which state payment is claimed under any other provision of law.
- (8) Expenditures for capital improvements relating to construction of, addition to, purchase of, or renovation of a community substance abuse or mental health facility may be made by the state, provided such expenditures or capital improvements are part and parcel of an approved district plan. Nothing shall prohibit the use of such expenditures for the construction of, addition to, renovation of, or purchase of facilities owned by a county, city, or other governmental agency of the state or a nonprofit entity. Such expenditures are subject to the provisions of subsection (6).
- (9)(a) State funds for community alcohol and mental health services shall be matched by local matching funds as provided in paragraph (3)(b). The governing bodies within a district or subdistrict shall be required to participate in the funding of alcohol and mental health services under the jurisdiction of such governing bodies. The amount of the participation shall be at least that amount which, when added to other available local matching funds, is necessary to match state funds.
- (b) The provisions of paragraph (a) to the contrary notwithstanding, no additional matching funds may be required solely due to the addition in the General Appropriations Act of Substance Abuse and Mental Health Block Grant Funds for local community mental health centers and alcohol project grants.
- (10) A local governing body is authorized to appropriate moneys, in lump sum or otherwise, from its public funds for the purpose of carrying out the provisions of this part. In addition to the payment of claims upon submission of proper vouchers, such moneys may also, at the option of the governing body, be disbursed in the form of a lump-sum or advance payment for services for expenditure, in turn, by the recipient of the disbursement without prior audit by the auditor of the governing body. Such funds shall be expended only for substance abuse or mental health purposes as provided in the approved district plan. Each governing body appropriating and disbursing moneys pursuant to this subsection shall require the expenditure of such moneys by the recipient of the disbursement to be audited annually either in conjunction with an audit of other expenditures or by a separate audit. Such annual audits shall be furnished to the governing bodies of each participating county and municipality for their examination.

(11) No additional local matching funds shall be required solely due to the addition in the General Appropriations Act of substance abuse and mental health block grant funds for local community mental health centers, drug abuse programs, and alcohol project grants.

History.--s. 12, ch. 70-109; s. 1, ch. 70-439; s. 111, ch. 71-355; ss. 1, 2, ch. 72-386; s. 1, ch. 74-291; s. 11, ch. 76-221; s. 33, ch. 77-312; ss. 3, 5, ch. 77-372; s. 5, ch. 82-223; s. 18, ch. 84-285; s. 1, ch. 87-244; s. 26, ch. 87-247; s. 19, ch. 88-398; s. 27, ch. 88-557; s. 13, ch. 2000-349; s. 9, ch. 2005-71.

¹Note.--Section 9, ch. 2005-71, amended paragraph (3)(b) "[i]n order to implement Specific Appropriations 325, 327, and 336 of the 2005-2006 General Appropriations Act."

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Select Year: 2005

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The 2005 Florida Statutes

Title V

Chapter 39

View Entire Chapter

JUDICIAL BRANCH PROCEEDINGS RELATING TO CHILDREN

39.304 Photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child .--

- (1)(a) Any person required to investigate cases of suspected child abuse, abandonment, or neglect may take or cause to be taken photographs of the areas of trauma visible on a child who is the subject of a report. Any child protection team that examines a child who is the subject of a report must take, or cause to be taken, photographs of any areas of trauma visible on the child. Photographs of physical abuse injuries, or duplicates thereof, shall be provided to the department for inclusion in the investigative file and shall become part of that file. Photographs of sexual abuse trauma shall be made part of the child protection team medical record.
- (b) If the areas of trauma visible on a child indicate a need for a medical examination, or if the child verbally complains or otherwise exhibits distress as a result of injury through suspected child abuse, abandonment, or neglect, or is alleged to have been sexually abused, the person required to investigate may cause the child to be referred for diagnosis to a licensed physician or an emergency department in a hospital without the consent of the child's parents or legal custodian. Such examination may be performed by any licensed physician or an advanced registered nurse practitioner licensed pursuant to part I of chapter 464. Any licensed physician, or advanced registered nurse practitioner licensed pursuant to part I of chapter 464, who has reasonable cause to suspect that an injury was the result of child abuse, abandonment, or neglect may authorize a radiological examination to be performed on the child without the consent of the child's parent or legal custodian.
- (2) Consent for any medical treatment shall be obtained in the following manner.
- (a)1. Consent to medical treatment shall be obtained from a parent or legal custodian of the child; or
- 2. A court order for such treatment shall be obtained.
- (b) If a parent or legal custodian of the child is unavailable and his or her whereabouts cannot be reasonably ascertained, and it is after normal working hours so that a court order cannot reasonably be obtained, an authorized agent of the department shall have the authority to consent to necessary medical treatment for the child. The authority of the department to consent to medical treatment in this circumstance shall be limited to the time reasonably necessary to obtain court authorization.
- (c) If a parent or legal custodian of the child is available but refuses to consent to the necessary treatment, a court order shall be required unless the situation meets the definition of an emergency in s. 743.064 or the treatment needed is related to suspected abuse, abandonment, or neglect of the child by a parent or legal custodian. In such case, the department shall have the authority to consent to necessary medical treatment. This authority is limited to the time reasonably necessary to obtain court authorization.

In no case shall the department consent to sterilization, abortion, or termination of life support.

(3) Any facility licensed under chapter 395 shall provide to the department, its agent, or a child protection team that contracts with the department any photograph or report on examinations

made or X rays taken pursuant to this section, or copies thereof, for the purpose of investigation or assessment of cases of abuse, abandonment, neglect, or exploitation of children.

- (4) Any photograph or report on examinations made or X rays taken pursuant to this section, or copies thereof, shall be sent to the department as soon as possible.
- (5) The county in which the child is a resident shall bear the initial costs of the examination of the allegedly abused, abandoned, or neglected child; however, the parents or legal custodian of the child shall be required to reimburse the county for the costs of such examination, other than an initial forensic physical examination as provided in s. 960.28, and to reimburse the department for the cost of the photographs taken pursuant to this section. A medical provider may not bill a child victim, directly or indirectly, for the cost of an initial forensic physical examination.

History.--ss. 1, 2, 3, 4, 5, 6, ch. 63-24; s. 941, ch. 71-136; ss. 1, 1A, ch. 71-97; s. 32, ch. 73-334; s. 65, ch. 74-383; s. 1, ch. 75-101; s. 1, ch. 75-185; s. 4, ch. 76-237; s. 1, ch. 77-77; s. 3, ch. 77-429; ss. 1, 2, ch. 78-322; s. 3, ch. 78-326; s. 22, ch. 78-361; s. 1, ch. 78-379; s. 181, ch. 79-164; s. 1, ch. 79-203; s. 75, ch. 86-220; s. 24, ch. 88-337; s. 35, ch. 89-294; s. 2, ch. 95-185; s. 133, ch. 97-101; s. 71, ch. 97-103; s. 42, ch. 98-403; s. 10, ch. 99-168; s. 17, ch. 99-193; s. 6, ch. 2000-217; s. 83, ch. 2000-318.

Note.--Former ss. 828.041, 827.07(5); s. 415.507.

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- 4. Schedule of Bed-Day Availability Payments. This schedule ensures that bed-days paid for by the department on the basis of availability were not also paid for by a third-party contract or funds from a local government or another state agency for services that include bed-day availability or utilization.
 - (b) The schedules in subparagraphs (a) 1.-4. shall be based on revenues and expenditures recorded during the state's fiscal year.
- (c) When OMB Circular A-133 does not require an audit by an independent auditor, the contractor's chief financial officer, or if none, the executive director, shall prepare the schedules required in subparagraphs (a)1.-4., and these schedules shall be submitted to the department within 45 days of the end of the contract period.
- (3) The department will notify the contractor by certified mail, return receipt requested, of the amounts due the department resulting from an audit. Payment is due within 30 days of the date of receipt.
- (4) Nothing in this section shall preclude the department from performing its duties, including contract monitoring, to ensure that payments for services are made in accordance with the contract for services, the rules of the department, and applicable law.
- (5) The following special audit schedules and documents are hereby incorporated by reference, copies of which may be obtained from the Substance Abuse Program Office, Attn.: PDSA, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700:

(a) CF-MH 1034, Jul 2003 Schedule of State Earnings, consisting of a one-page form and one page of instructions
(b) CF-MH 1035, Jul 2003 Schedule of Related Party Transaction Adjustments
(c) CF-MH 1036, Jul 2003 Schedule of Bed-Day Availability Payments, consisting of a one-page form and one page of instructions
(d) CF-MH 1037, Aug 2003 Program/Cost Center Actual Expenses & Revenues Schedule, consisting of a two-page form and seven pages of instructions

(e) OMB Circular No. A-133, June 27, 2003

Audits of States, Local Governments, and Non-Profit Organizations

Specific Authority 394.74, 394.77, 394.78(1), (3), 397.321(5) FS. Law Implemented 394.74, 394.66(9), 394.76(5), 394.77, 394.78(3), 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.03, Amended 7-29-96, Formerly 10E-14.003, Amended 7-1-03, 12-14-03.

65E-14.004 Program Income.

- (1) Program Income. The following shall not be considered program income:
- (a) Revenues raised by a government contractor under its governing powers, such as taxes, special assessments, levies, fines, and fees.
- (b) Tuition and related fees received by an institution of higher education for a regularly offered course taught by an employee of the contractor.
- (2) Uses. For cost reimbursement contracts, program income shall be retained by the contractor and used in accordance with the approved operating budget.

Specific Authority 394.77, 394.78(1), 397.321(5) FS. Law Implemented 394.66(9), 394.77, 397.481 FS. History-New 2-23-83, Amended 2-35-85, Formerly 10E-14.04, Amended 7-29-96, Formerly 10E-14.004, Amended 7-1-03.

65E-14.005 Matching.

This chapter contains rules for satisfying State requirements for matching.

- (1) Allowable for Matching. With the exceptions listed in subsection 65E-14.005(2), F.A.C., matching requirements may be satisfied by any or all of the following:
- (a) Allowable costs supported by non-State or Federal grants incurred by the contractor during the effective period of the contract;
 - (b) The value of third-party funds and in-kind contributions applicable to the matching requirement period;
- (c) The value of volunteer services up to and including 10 percent of the total budget for the contractor's entire organization, when a contractor does not receive sufficient tax support from a public agency or where that support does not meet the 25 percent match requirement;
- (d) Costs supported by general revenue sharing funds under 31 U.S.C. 1221, except as otherwise provided by Federal statute; and
 - (e) Costs supported by fees and program income.
 - (2) Unallowable for Matching.
- (a) Costs paid for by another State, Federal or other governmental agency contract or grant except as provided by State or Federal statute.
- (b) Costs or third-party funds and in-kind contributions that are used to satisfy a matching requirement of another State contract or Federal grant.
 - (c) Expenditures of Medicaid Funds.
 - (d) Expenditures for services not related to the state-designated cost centers for substance abuse and mental health services.
 - (e) Unallowable costs specified in subsection 65E-14.017(4), F.A.C.

- (f) Income from sale of printed material, food, and books purchased with State funds.
- (3) Not Requiring Matching. The following contracted services and funds do not require local match:
- (a) Deinstitutionalization projects, which are defined as adult mental health programs in the following cost centers:
- 1. Residential-Levels I-IV;
- 2. Short-term Residential Treatment, except those acute care continuum programs supported with Baker Act funds and operated by a public receiving facility;
 - 3. Supportive Housing/Living;
 - 4. Case Management;
 - 5. Intensive Case Management; and
 - 6. Florida Assertive Community Treatment (FACT) Teams.
- (b) Children's Mental Health (100435) and Purchased Residential Treatment Services (102780) appropriation categories that were transferred to Alcohol, Drug and Mental Health from the Family Safety and Preservation Program.
- (c) Addition in the General Appropriations Act of alcohol, drug abuse, and mental health block grant funds for local community mental health centers. The original amount of Mental Health Block Grant budget that did not require local match is given in the 1985 Approved Operating Budget. The Mental Health Block Grant, however, has significantly decreased since 1985, and the amount that continues to not require match is equal to the proportionate decrease.
 - (d) Drug abuse service funding, as determined by the following calculations:
- 1. For the most recent 12-month period available, calculate the number of clients served by the contractor that present with primary, secondary, or tertiary alcohol or drug problems as specified in the substance abuse enrollment and admission data in the Department's Mental Health and Substance Abuse Data System.
 - 2. From the data, count the total number of persons presenting with alcohol as a primary, secondary, or tertiary problem.
 - 3. Divide the result in subparagraph 2. by the result in subparagraph 1. to arrive at the percentage of alcohol clients served.
 - 4. Subtract the result of subparagraph 3. from 1.00 to arrive at the percentage of drug abuse clients served.
- 5. Multiply the result in subparagraph 4. by the total amount of substance abuse funds in the contract to arrive at the amount that does not require match. Substance abuse funds in the contract are those appropriated to either the Community Substance Abuse Services or Children and Adolescent Substance Abuse Services appropriations, special categories 100618 and 100420, respectively.
 - (4) Calculating the Total Match Amount.
- (a) Add the amounts from paragraphs 65E-14.005(3)(a), (b), (c) and subparagraph 65E-14.005(3)(d)5., F.A.C., together and subtract that total from the total amount of the contract.
 - (b) Divide the result in paragraph (a) above by 3 to arrive at the total match amount required.
- (5) Records. Costs and third-party funds and in-kind contributions counting towards satisfying a matching requirement must be verifiable from the contractor's records. These records must show how the value placed on third-party in-kind contributions was derived.
 - (6) Special Standards for Third-party In-kind Contributions.
 - (a) Third-party in-kind contributions shall conform to allowable cost provision to satisfy a matching requirement.
- (b) When a third-party in-kind contribution is made at a reduced charge, the contractor's records must provide documentation as specified in paragraph (d), below, to verify that portion of the cost donated.
- (c). The values placed on third-party in-kind contributions for matching purposes shall conform to other appropriate sections of this rule.
- (d) Documentation of in-kind contributions. All third-party in-kind contributions must be documented. The following standards will be applied to all claims for in-kind match:
- 1. Service. A statement from the employer of the person who provided the donated service detailing the nature of the service, basis for computing cost of those services, dates and number of hours the services were provided and certification that the services were provided and certification that the services were not and will not be paid for by the contractor but were donated at no charge. This statement should be prepared on the letterhead stationery of the donor and signed by a responsible party of that organization.
- 2. Volunteers. A statement from the volunteer certifying that required services were performed for the contractor free of charge and the minimum training and experience requirements were net for the service performed. Time logs should be prepared and signed by the volunteer. In addition, a schedule should be prepared by the contractor which indicates the basis for establishing the value of these services.
- 3. Supplies. A statement from the person or organization donating the supplies detailing the description, condition and value of the supplies and a certification that the donor was not and will not be paid for the supplies. This statement should be on the letterhead stationery of the donor. If no letterhead is available, the statement should include the name, address and telephone number of the donor, and signed by a responsible party of that organization.
- 4. Use of equipment. A signed statement from the owner of the equipment detailing the description of the loaned equipment, responsibilities for repairs, maintenance and insurance, beginning and ending dates of the use of the equipment; the valuation of the use of the equipment and a certification that no payment has been or will be received for the use of the equipment. This statement should be on appropriate letterhead stationery.