

## LEGISLATIVE UPDATE

**TO:** Commission Members  
**FROM:** Virindia Doss, Executive Director *WD*  
**DATE:** January 9, 2017

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There is not a lot to report on at this early stage of committee meetings. We have presented the Commission's Recommendations to staff of the Senate Ethics and Elections Committee and the House Public Integrity and Ethics Committee, and we hope to meet with the Senate E & E Chair later this week.

I have attached the letter Commissioner Brady sent me regarding the Commission's recommendation to apply the ethics laws to companies performing government functions. He wanted me to make sure all of you had it, so you'd have a clear understanding of the backdrop for the proposal.

Regarding bills filed so far:

### **SB 126**

This bill, by Senator Steube, would allow the promotion or advancement of relatives who were already employed in some capacity by an agency, if the agency "uses a comprehensive application and hiring process that includes an independent promotional examination."

The need for this exception is not clear, as there is no across-the-board prohibition on the advancement of relatives in an agency under current law. Advancement is only prohibited if the authority for such advancement is *vested* in the official or his or her collegial body. The bill contains no definition of what would constitute a "comprehensive application and hiring process," or explanation of what is meant by an "independent promotional examination." As such, an agency head who cared to do so could create a policy and hiring/promotion process geared to the advancement of the relative.

### **PCB PIEC 17-01**

### **PCB PIEC 17-02**

### **PCB PIEC 17-03**

PCB PIEC 17-01 and PCB PIEC 17-02 are a draft bill and a Constitutional revision extending the prohibition on legislators and other state officers representing persons or entities before their former agencies from two years to six years after leaving office. PCB PIEC 03 is a bill related to local government ethics reform, but no draft of that measure has yet been released. These measures will be workshopped at the House Public Integrity and Ethics' January 12 meeting.

FLORIDA  
COMMISSION ON ETHICS

AUG 19 2016

RECEIVED

August 14, 2016

Daniel Brady  
1080 NE 95<sup>th</sup> Street  
Miami Shores, Florida 33138

ORIGINAL

Virlindia Doss, Executive Director  
The Florida Commission on Ethics  
P. O. Drawer 15709  
Tallahassee, FL 32317-5709

Dear Virlindia,

At the last meeting you had asked if there were any items which you would like to see as part of the Commission's 2017 legislative package, two issues that have come up before the Commission that have peaked my interest in a much broader issue. Both were requests for opinions, one from the Assistant Medical Director and the other, the request from the DCF contract manager moving to the Community Based Care Organization. Both of these opinions dealt with conflict of interest and involved "privatized" government functions.

In the social services area, as well as other parts of government, there has been considerable privatization. This is a trend that has been growing for years. Currently, two functions of the Department of Children and Families have been privatized. Child welfare, particularly foster care, has been moved from DCF to Community Based Care Lead organization. Community Mental Health (but not institutional care) has been moved to mental health managing entities. The Florida Department of Elder Affairs has delegated significant management responsible to Area Wide Agencies on Aging (Aging Resource Centers) for the management of community aging services funded with general revenue.

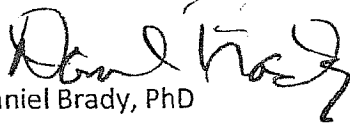
These entities are spread across the state and are private non-profit organizations, who to the best I can tell, appoint their own boards, hire their own staff and contract for significant amount of state money with local community providers.

To the best of my knowledge, they are not covered by the sunshine law, have fairly weak conflict of interest policies, and there is no financial disclosure for either members or senior executives. They allocate significant amounts of state and in some cases federal funding.

In Miami Dade and Monroe County they are: South Florida Behavioral Healthcare Network, Inc (mental health managing entity), Our Kids of Miami Dade County, Inc. (community based care lead agency) and the Alliance for Aging is Aging Resource Center. I had gone to the respective website and could not find: annual audits, 990 income tax returns, or minutes of meetings.

I would like to see the Commission advocate that these entities be moved under the Sunshine Law and the State of Florida Code of Ethics. I have attached the legislative authorization for each of the three types of organizations.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel Brady". The signature is fluid and cursive, with the first name "Daniel" and last name "Brady" clearly distinguishable.

Daniel Brady, PhD  
Commissioner

cc: Chris Anderson, Deputy Executive Director and General Counsel

**394.9082 Behavioral health managing entities.**

(1) INTENT AND PURPOSE.—

(a) The Legislature finds that untreated behavioral health disorders constitute major health problems for residents of this state, are a major economic burden to the citizens of this state, and substantially increase demands on the state's juvenile and adult criminal justice systems, the child welfare system, and health care systems. The Legislature finds that behavioral health disorders respond to appropriate treatment, rehabilitation, and supportive intervention. The Legislature finds that local communities have also made substantial investments in behavioral health services, contracting with safety net providers who by mandate and mission provide specialized services to vulnerable and hard-to-serve populations and have strong ties to local public health and public safety agencies. The Legislature finds that a regional management structure that facilitates a comprehensive and cohesive system of coordinated care for behavioral health treatment and prevention services will improve access to care, promote service continuity, and provide for more efficient and effective delivery of substance abuse and mental health services. It is the intent of the Legislature that managing entities work to create linkages among various services and systems, including juvenile justice and adult criminal justice, child welfare, housing services, homeless systems of care, and health care.

(b) The purpose of the behavioral health managing entities is to plan, coordinate, and contract for the delivery of community mental health and substance abuse services, to improve access to care, to promote service continuity, to purchase services, and to support efficient and effective delivery of services.

**409.986 Legislative findings and intent; child protection and child welfare outcomes; definitions.**

(1) LEGISLATIVE FINDINGS AND INTENT.—

(a) It is the intent of the Legislature that the Department of Children and Families provide child protection and child welfare services to children through contracting with community-based care lead agencies. The community-based lead agencies shall give priority to the use of services that are evidence-based and trauma-informed. Counties that provide children and family services with at least 40 licensed residential group care beds by July 1, 2003, and that provide at least \$2 million annually in county general revenue funds to supplement foster and family care services shall continue to contract directly with the state. It is the further intent of the Legislature that communities have responsibility for and participate in ensuring safety, permanence, and well-being for all children in the state.

(b) The Legislature finds that when private entities assume responsibility for the care of children in the child protection and child welfare system, comprehensive oversight of the programmatic, administrative, and fiscal operation of those entities is essential. The Legislature further finds that the appropriate care of children is ultimately the responsibility of the state and that outsourcing such care does not relieve the state of its responsibility to ensure that appropriate care is provided

**430.2053 Aging resource centers.**

- (1) The department, in consultation with the Agency for Health Care Administration and the Department of Children and Families, shall develop pilot projects for aging resource centers.
- (2) The purposes of an aging resource center shall be:
  - (a) To provide Florida's elders and their families with a locally focused, coordinated approach to integrating information and referral for all available services for elders with the eligibility determination entities for state and federally funded long-term-care services.
  - (b) To provide for easier access to long-term-care services by Florida's elders and their families by creating multiple access points to the long-term-care network that flow through one established entity with wide community recognition.
- (3) The duties of an aging resource center are to:
  - (a) Develop referral agreements with local community service organizations, such as senior centers, existing elder service providers, volunteer associations, and other similar organizations, to better assist clients who do not need or do not wish to enroll in programs funded by the department or the agency. The referral agreements must also include a protocol, developed and approved by the department, which provides specific actions that an aging resource center and local community service organizations must take when an elder or an elder's representative seeking information on long-term-care services contacts a local community service organization prior to contacting the aging resource center. The protocol shall be designed to ensure that elders and their families are able to access information and services in the most efficient and least cumbersome manner possible.
  - (b) Provide an initial screening of all clients who request long-term-care services to determine whether the person would be most appropriately served through any combination of federally funded programs, state-funded programs, locally funded or community volunteer programs, or private funding for services.
  - (c) Determine eligibility for the programs and services listed in subsection (9) for persons residing within the geographic area served by the aging resource center and determine a priority ranking for services which is based upon the potential recipient's frailty level and likelihood of institutional placement without such services.
  - (d) Manage the availability of financial resources for the programs and services listed in subsection (9) for persons residing within the geographic area served by the aging resource center.