

The State of the States in Intellectual and Developmental Disabilities

Data Brief 2019 (1)



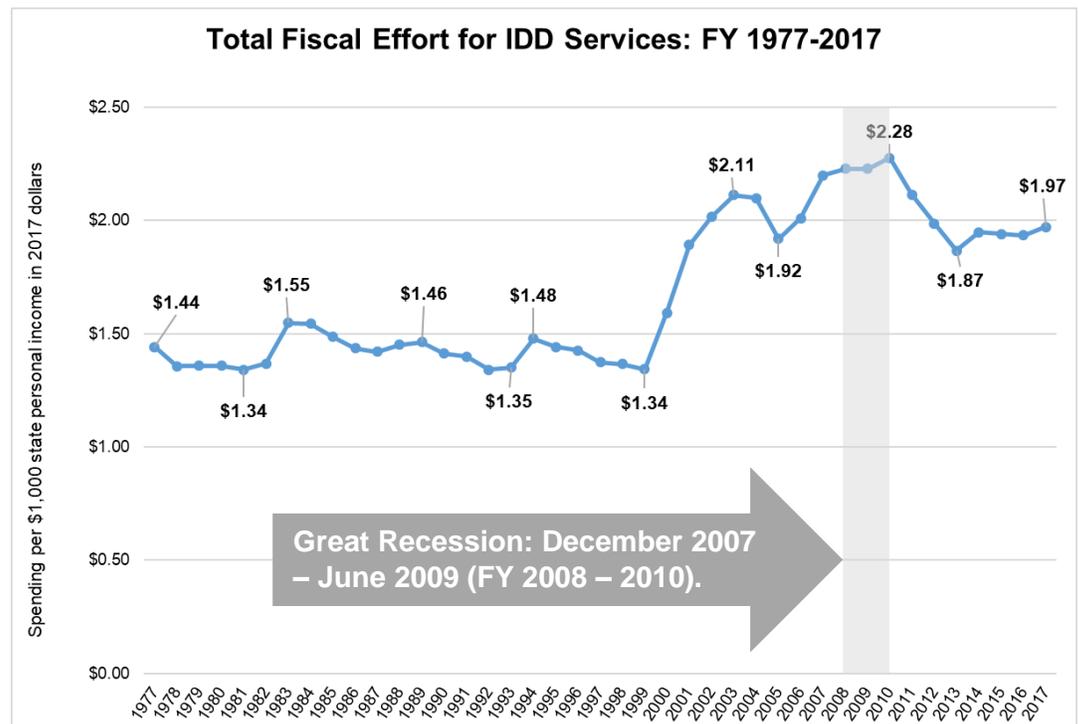
FLORIDA'S FISCAL EFFORT RANKS SECOND TO LAST FOR TOTAL IDD SPENDING

Amie Lulinski, PhD, Project Manager, The State of the States in Intellectual and Developmental Disabilities Project, University of Colorado

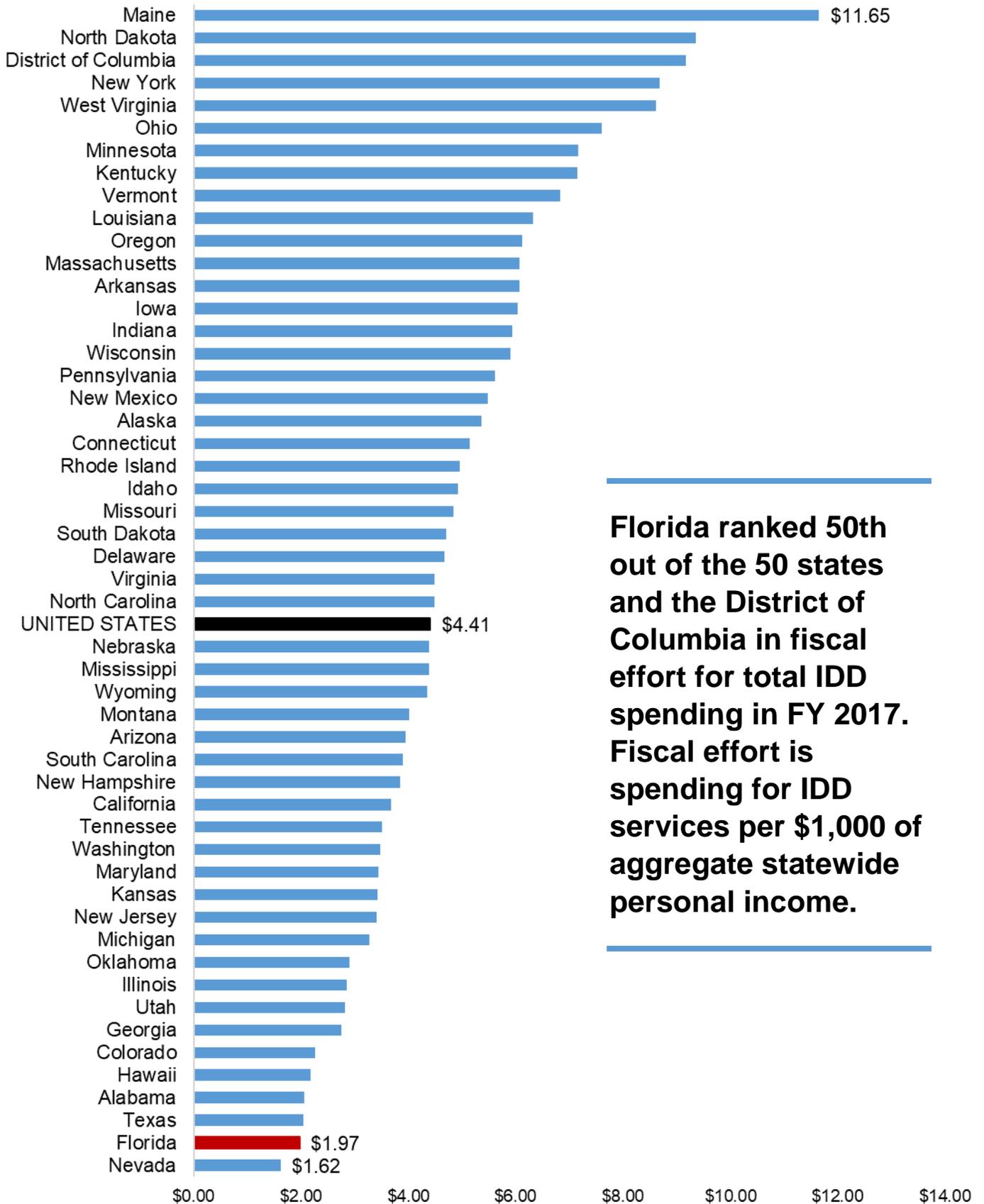
Valerie E. Breen, M.S.S.A., ACSW, Executive Director & Margaret J. Hooper, MSW, Director of Public Policy and Advocacy, Florida Developmental Disabilities Council, Inc.

Over the past 40 years (FYs 1977 – 2017) total adjusted spending for publicly funded programs for persons with intellectual and developmental disabilities (IDD) in the state of Florida have increased an average of 4.1% per year. Despite these increases, Florida ranks 50th out of the 50 states and the District of Columbia in terms of fiscal effortⁱ for total IDD spending in FY 2017 (see page 2 of this brief) despite having the 4th largest economy in the US.ⁱⁱ In fact, Florida's fiscal effort for total IDD spending in FY2017 is 3.1% lower than it was prior to the Great Recession.ⁱⁱⁱ

Fiscal effort for total adjusted IDD spending in Florida for FY 2017 remains below that of pre-Great Recession levels.



Fiscal Effort for Total IDD Spending by State: FY 2017

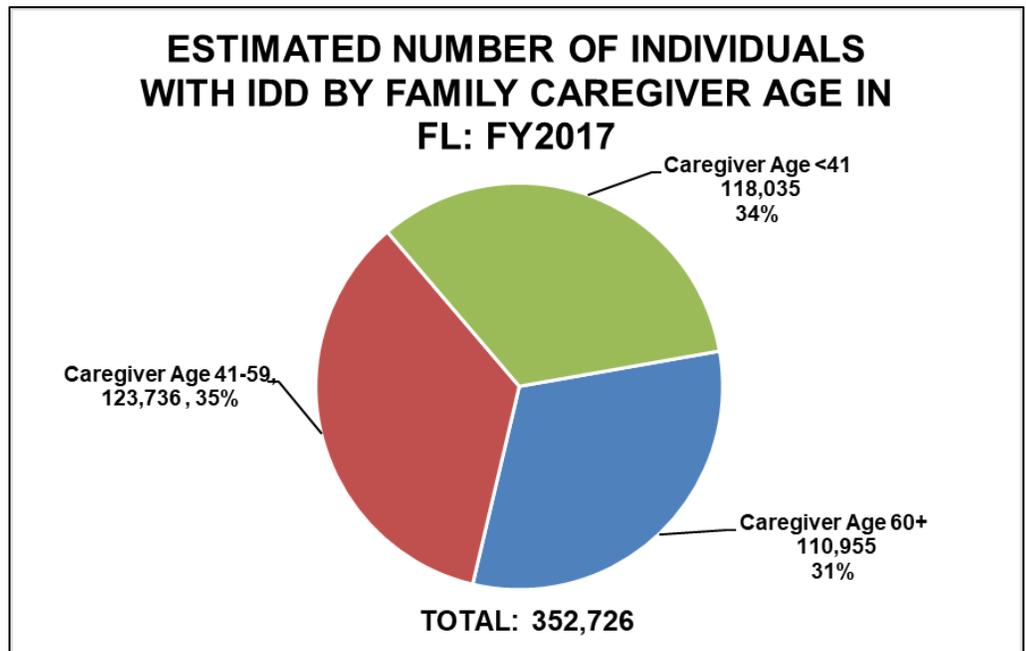


Florida ranked 50th out of the 50 states and the District of Columbia in fiscal effort for total IDD spending in FY 2017. Fiscal effort is spending for IDD services per \$1,000 of aggregate statewide personal income.

In 2017, Florida ranked as the third most populous state in the nation with nearly 21 million residents.^{iv} Of that 21 million, 25% (5.2 million) were estimated to be 60 years or older.^v Florida also ranks third in the nation in terms of the percentage of residents over the age of 60.^{vi}

In 2017, there were an estimated 472,644 people with IDD in the state of Florida, 75% (352,726) of whom live with a family caregiver.^{vii} Of the estimated 352,726 family caregivers, 31% (110,955) were over the age of 60 years. A recent survey^{viii} of Florida families confirms there is a growing number of aging caregivers; 32% of survey respondents indicated they were 60+.

In FY 2017, only 6% (19,463) of the 352,726 family caregivers who had a person with IDD living in their home received services from the Florida Agency for Persons with Disabilities. The number of these families receiving supports dropped 2.6% between FYs 2016 - 2017. In June of 2019, there were 21,661 individuals on a waitlist for IDD services.^{ix}



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- ★ **Florida ranks 3rd in the nation in both population and residents over the age of 60.**
 - ★ **75% of people with IDD in Florida live with a family caregiver and 31% of those family caregivers are over the age of 60.**
 - ★ **Only 6% of Florida's family caregivers received supports from the Florida Agency for Persons with Disabilities in FY 2017.**
 - ★ **There are 21,661 individuals on a waitlist for IDD services in Florida.**
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ⁱ Fiscal effort is spending for IDD services per \$1,000 of aggregate statewide personal income, allowing for comparison across states while controlling for state wealth.

ⁱⁱ Bureau of Economic Analysis (2018). Gross domestic product by state: Fourth quarter and annual 2017. Retrieved from: https://apps.bea.gov/newsreleases/regional/gdp_state/2018/pdf/qgdpstate0518.pdf

ⁱⁱⁱ Center for Budget and Policy Priorities (2019, June 6). Chart book: The legacy of the Great Recession. <https://www.cbpp.org/research/economy/chart-book-the-legacy-of-the-great-recession>

^{iv} United States Census Bureau (2017, December 20). Idaho is Nation's Fastest-Growing State, Census Bureau Reports. Retrieved from: <https://www.census.gov/newsroom/press-releases/2017/estimates-idaho.html>.

^v U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. Retrieved from: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

^{vi} Administration for Community Living (n.d.). Data-at-a-glance (State-level population estimates). Aging Integrated Database (AGID). Retrieved: https://agid.acl.gov/DataGlance/Pop_State/

^{vii} Based on Larson, S.A., Eschenbacher, H.J., Anderson, L.L., Taylor, B., Pettingell, S., Hewitt, A., Sowers, M., & Bourne, M.L. (2018). In-home and residential long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2016. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

^{viii} Kabot, S., Sherman, J., Breen, V., & Baker, A. (2019). iBUDGET Consumer Survey. Tallahassee: Florida Developmental Disabilities Council, Inc. www.fddc.org

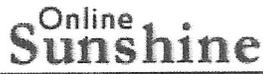
^{ix} Agency for Persons with Disabilities (2019, June 3). Individuals on the waiting list by priority group. ABC database. Tallahassee: Author.

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The State of the States in Intellectual and Developmental Disabilities Project is a national longitudinal comparative study of financial and programmatic trends in spending on supports and services for people with IDD in the United States. It is a Longitudinal Data Project of National Significance and receives funding from the Administration on Community Living. For additional information visit www.stateofthestates.org or email us at stateofthestates@cu.edu.



This brief was prepared in partnership with the Florida Developmental Disabilities Council, Inc. by The State of the States in Intellectual and Developmental Disabilities Project, University of Colorado.



Title XXIX
PUBLIC HEALTH

The 2013 Florida Statutes

Chapter 393
DEVELOPMENTAL DISABILITIES

Section 502
FAMILY CARE COUNCIL

393.502 Family care councils.—

(1) **CREATION.**—There shall be established and located within each service area of the agency a family care council.

(2) **MEMBERSHIP.**—

(a) Each local family care council shall consist of at least 10 and no more than 15 members recommended by a majority vote of the local family care council and appointed by the Governor.

(b) At least three of the members of the council must be consumers. One such member shall be a consumer who received services within the 4 years prior to the date of recommendation, or the legal guardian of such a consumer. The remainder of the council members shall be parents, guardians, or siblings of persons with developmental disabilities who qualify for services pursuant to this chapter.

(c) A person who is currently serving on another board or council of the agency may not be appointed to a local family care council.

(d) Employees of the agency are not eligible to serve on a local family care council.

(e) Persons related by consanguinity or affinity within the third degree shall not serve on the same local family care council at the same time.

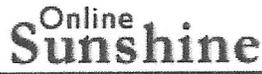
(f) A chair for the council shall be chosen by the council members to serve for 1 year. A person may serve no more than four 1-year terms as chair.

(3) **TERMS; VACANCIES.**—

(a) Council members shall be appointed for a 3-year term, except as provided in subsection (8), and may be reappointed to one additional term.

(b) A member who has served two consecutive terms shall not be eligible to serve again until 12 months have elapsed since ending his or her service on the local council.

(c) Upon expiration of a term or in the case of any other vacancy, the local council shall, by majority vote, recommend to the Governor for appointment a person for each vacancy.



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(4) **COMMITTEE APPOINTMENTS.**—The chair of the local family care council may appoint persons to serve on council committees. Such persons may include former members of the council and persons not eligible to serve on the council.

(5) **TRAINING.**—

(a) The agency, in consultation with the local councils, shall establish a training program for local family care council members. Each local area shall provide the training program when new persons are appointed to the local council and at other times as the secretary deems necessary.

(b) The training shall assist the council members to understand the laws, rules, and policies applicable to their duties and responsibilities.

(c) All persons appointed to a local council must complete this training within 90 days after their appointment. A person who fails to meet this requirement shall be considered to have resigned from the council.

(6) **MEETINGS.**—Council members shall serve on a voluntary basis without payment for their services but shall be reimbursed for per diem and travel expenses as provided for in s. 112.061. The council shall meet at least six times per year.

(7) **PURPOSE.**—The purpose of the local family care councils shall be to advise the agency, to develop a plan for the delivery of family support services within the local area, and to monitor the implementation and effectiveness of services and support provided under the plan. The primary functions of the local family care councils shall be to:

(a) Assist in providing information and outreach to families.

(b) Review the effectiveness of service programs and make recommendations with respect to program implementation.

(c) Advise the agency with respect to policy issues relevant to the community and family support system in the local area.

(d) Meet and share information with other local family care councils.



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(8) **NEW COUNCILS.**—When a local family care council is established for the first time in a local area, the Governor shall appoint the first four council members, who shall serve 3-year terms. These members shall submit to the Governor, within 90 days after their appointment, recommendations for at least six additional members, selected by majority vote.

(9) **FUNDING; FINANCIAL REVIEW.**—The local family care council may apply for, receive, and accept grants, gifts, donations, bequests, and other payments from any public or private entity or person. Each local council is subject to an annual financial review by staff assigned by the agency. Each local council shall exercise care and prudence in the expenditure of funds. The local family care councils shall comply with state expenditure requirements.

History.—s. 4, ch. 93-143; s. 94, ch. 99-8; s. 5, ch. 2000-139; s. 82, ch. 2004-267.



RECOMMENDATIONS FOR REDESIGN OF WAIVER

Family Care Council Florida (FCCF) consists of individuals with developmental disabilities and their families. Our goal is to educate all Floridians and empower these individuals.

We want to ensure the health and safety of those eligible for the Agency for Persons with Disabilities (APD) iBudget Florida Home and Community Based Services (HCBS) waiver.

Here are our recommendations regarding the redesign of the current waiver:

- We recommend not moving to managed care. Managed care could take up to 20% of the allotted waiver budget and there is no guarantee that a knowledgeable developmental disabilities workforce will be hired to support these individuals.
- We recommend training for Waiver Support Coordinators (WCS) and that they remain as such and not Case Managers. WSC know their individuals and can advocate for them. There is no advocacy in case management.
- We recommend that the focus of the waiver be person centered. A person's individualized services should take priority because one size does not fit all.
- We recommend that a 24-hour Mobile Crisis Team be implemented in order to reduce the overall costs of Extensive Intensive Behavior (EIB) group homes. This would offer crisis stabilization while allowing individuals to live in the least restrictive environment.
- We recommend that cost containment of the waiver redesign not hamper the health and safety of the individuals currently receiving services. Our individuals will not benefit from limited or reduced services.