Georgia Association of Community Service Boards, Inc.

2010 Legislative Agenda and Talking Points

The following are the 2010 legislative agenda and associated talking points as approved by the Board of Directors of the Association on October 20, 2010.

1. Seek Legislation Authorizing CSBs to Provide Healthcare Services.

   House Bill 228, the DHR Reorganization Bill enacted into law in the 2009 session of the General Assembly, authorizes CSBs to provide health services. The definition of health services in the bill is inadequate in that it merely provides for CSBs to contract with the Department of Community Health and the Department of Human Services without specifying the content of such contracts. Legislation is needed to strike the inadequate definition and replace it with a definition that more clearly defines health services. In addition to the revised definition, legislation is needed to authorize, but not require, CSBs to provide health services which, depending on the choice of the CSB, could range from medical screening of consumers currently served to creating a non-profit subsidiary eligible to apply for designation as a federally qualified health center (FQHC). A CSB's governing board would have to approve that CSB becoming a health care provider. The Georgia Primary Care Association and the Department of Behavioral Health and Developmental Disabilities are supportive of such legislation

2. Advocate for No Further Reductions in Funds Allocated to Community Mental Health, Developmental Disabilities, and Addictive Diseases Services.

   Given the difficult financial condition of the State of Georgia with state revenue continuing to decline each month when compared to the same month one year ago, new funding for community services is unlikely no matter how desirable or necessary. However, the state can never extricate itself from the poor conditions found in state hospitals only by increasing funding for those institutions. There must be no further budget cuts to CSBs and other community providers. This is a difficult argument to make when other deserving state programs are continuing to see their budgets reduced. Our argument must be that CSBs are part of the state's safety net for many of the most vulnerable Georgians, and that by experiencing no further reductions, CSBs will work closely with the new DBHDD to prevent unnecessary hospitalizations.

3. Support Appropriations Requests of the Department of Behavioral Health and Developmental Disabilities (DBHDD).

The upcoming 2010 session of the General Assembly is the first year the new department will come before the Appropriations Committees. The Association wants to be supportive of the new department, and support its requests for appropriations to address conditions in the state psychiatric hospitals, move residents in state hospitals into integrated community settings, and seek additional Medicaid waiver slots for individuals with developmental disability.

4. Encourage the Department of Behavioral Health and Developmental Disabilities to seek legislation authorizing licensure of crisis stabilization programs.

In the early 1990s, the then-Department of Human Resources began funding crisis stabilization programs as part of its Targeted Area Program for the Chronically Mentally Ill. Rather than seek statutory authority for licensure of these alternatives to psychiatric hospitalization, the Department amended its rules and regulations governing emergency receiving, evaluating, and treatment facilities to permit certification of crisis stabilization programs by the Department. In the late 1990s, the Georgia Hospital Association challenged the legal status of crisis stabilization programs and asserted that they should be subject to the certificate of need program of the Department of Community Health. The Department of Community Health later ruled that crisis stabilization programs could operate without a certificate of need if they were supported substantially with public funds and as residential programs did not hold themselves out as hospitals or call their residents "patients." The legal status of crisis stabilization programs remains unclear to this day. Other states, particularly Florida and Texas, have created crisis stabilization programs in statute as alternatives to inpatient hospitalization with authority to receive involuntary admissions. The Association encourages the Department of Behavioral Health and Developmental Disabilities to seek legislation to resolve the legal status of crisis stabilization programs.