

Protect the Public Safety of Our Communities Preserve Community Mental Health and Substance Abuse Funding

This year, like in so many recent years, the State of Florida is again between 'a rock and a hard place' – an economic downturn, high unemployment, low tax base, shortage of revenues and a large population with substantial needs for public services. Determined not to address the revenue side, the Legislature is again going to the same well that it has for many years. What services can we do without? What programs are most deserving? Is this really a role of government? Do we need to cut taxes? Do we need to build up state reserves? This approach to budgeting has put Florida near the bottom of the states in many areas that negatively affect the state's welfare, its future economic growth, its destination as a tourism site, the state of our children, and, the very future of the state. Unfortunately, answers are often found in political philosophies rather than research and sound 'dollars and cents' analyses of what makes a state prosperous, healthy, safe, and a destination for new industries and jobs. We are making withdrawals from, not investments in, our future.

There are just a few things that government must do, and there are many others that for a variety of good reasons it has chosen to do. But the three things it must do are protect the public health, safety and welfare of its citizens. Given this backdrop, I want to focus on just one vital area that is clearly being threatened this year. Serious questions are being raised in the Florida Senate about whether or not the state can simply rely on Medicaid for its mental health and substance abuse care and eliminate all or most of the mental health and substance abuse services administered by the Department of Children and Families.

First, Medicaid does not cover many severely and persistently mentally ill individuals because they either do not meet the overly restrictive federal disability criteria or they have incomes just slightly above the poverty income threshold that qualifies one for Medicaid. In addition, there are many mental health crisis, residential and support services that Medicaid does not cover, and substance abuse coverages are virtually non-existent.

The DCF mental health and substance abuse budget is approximately \$968 million; the mental health budget is \$764 million of that total. Nearly half (\$361 million) of this amount is spent on forensic, civil and sexual predator placements in state hospitals or contracted facilities. The other half is spent on essential community-based care: emergency care (crisis units, stabilization, and mobile crisis response - \$104 million); residential treatment (\$48 million); assertive community treatment teams serving those at risk of criminal justice involvement or state hospital placement (\$37 million); medical services (\$21 million); and medications (\$7 million).

Florida no longer funds services for persons with mild or moderate illnesses. What community-based funding there is (Florida ranks 49th among the states in mental health

funding and 35th in substance abuse funding) is devoted to providing critical services to individuals who are or could become a danger to themselves or others. Without DCF funding, our approach to public safety would be irreparably damaged. We would lose crisis stabilization units for those who are a danger to themselves or others and must be placed in a secure facility. We won't be able to offer placements to those who voluntarily seek care. We won't be able to provide safe and stable residential treatment for those needing longer periods of care. We won't be able to pay for essential medications that stabilize a person's mental illness. We won't be able to maintain people in the community at lower costs.

Although, the question right now is about what would happen if DCF funds were cut, the right question is can we afford any cut? The answer is no. Without question, what will happen are increases in state hospital placements, forensic commitments, hospital and emergency admissions, jail admissions, prison incarcerations, homelessness, and many more people that will pose a danger to themselves and their community. Lost would be our network of crisis services relied on by law enforcement and the courts. The Baker Act would become meaningless. We would lose all federal mental health and substance abuse block grant funds for failing to maintain even a semblance of a state treatment system. All result in more state spending. From a fiscal standpoint, cutting mental health and substance abuse programs makes no sense.

The House is looking at less harsh cuts to DCF behavioral health programs, but again no further cuts can be sustained. I doubt any law enforcement official, judge, county official, health professional, or jail administrator would say that we can afford any more reductions to publicly supported community mental health and substance abuse programs.

If we continue to ignore these programs, make further cuts, adding to years of neglect, the state will have failed its basic obligation to protect the safety of its citizens and its communities.

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