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To: Lee County Legislative Delegation
From: Kevin Lewis, President/CEO
Re: Issues and Information for 2016 Legislative Session
Date: September 24, 2015

As we prepare for the 2016 Legislative Session, I want to thank you for your service in representing our community's diverse needs, and for soliciting input on key issues prior to the session.

There is growing awareness in all sectors of Florida as to the impact of untreated mental illnesses and substance use disorders. Increasingly SalusCare and similar organizations are being asked to respond to growing needs in child welfare, criminal justice and primary healthcare environments in addition to the existing mission of providing effective services to individuals impacted by mental illnesses and/or substance use disorders. Whether it's shooting deaths in Fort Myers, child welfare tragedies, or emergency room overcrowding – all are related to behavioral health disorders unidentified, untreated and impacting our community.

Today Florida ranks with the 2nd most uninsured residents in the nation. Add to that Florida is 48th (or perhaps 49th as data was not submitted for the most recent year compared) in per capita funding for mental health services. The national average for per capita funding is about \$120 per person, Florida's rate of funding is slightly less than \$40 per person.

At SalusCare we have worked to create greater access to behavioral healthcare, and work closely with the justice and court systems, the child welfare system and the primary healthcare system. One illustration is found in comparing July, 2014 to July, 2015 where SalusCare experienced a 30% increase in numbers served at our Cape Coral location – one that is pending expansion to allow even more people access to care. To do this SalusCare has sought and receives dedicated funding services to each of these target groups from diverse funders including the Department of Corrections, Department of Children and Families and Lee County Government.

Last legislative session a \$300,000 appropriation was sought and awarded to SalusCare to support a project to increase access to mental health services for children and adolescents. The project involves training local pediatricians to have increased skills and comfort in identifying and intervening with emerging behavioral health (attention deficit disorders, depression, etc) disorders, and integrating existing behavioral healthcare services with their medical management when appropriate. Bringing these systems closer together will enhance outcomes for patients and families, and increase access to care for patients and families for years to come – a prospect exciting to all involved. This project is supported by the Healthy Lee

initiative and the Lee Memorial Health System in addition to the Florida Legislature and is illustrative of the collaborations needed to respond to the growing needs in our communities.

Statewide the publicly funded behavioral health system operated under the Department of Children and Families received an increase last year which was mostly federal Block Grant funds that had been sent to Florida over a year ago. The resulting increase including \$22M in non-recurring monies and \$17M in recurring federal funds. What is important to understand is one-time monies have minimal impact on system capacity – we can't build system capacity and take it down based on what is turning out to be eight - plus months access to increased funding. The \$17M in recurring funding has more impact, but alone is inadequate to stabilize the system as nearly 80% of it is targeted to the substance abuse service system and only 20% is targeted to the mental health system – the most underfunded part of Florida's publicly supported behavioral healthcare system.

The publicly supported behavioral healthcare system is an infrastructure that is deteriorating due to the combination of reduced funding over time and significantly increasing demands. Our ability to recruit, hire and retain necessary professional staff is deteriorating, and is close to a crisis in many communities. The failure of the Hendry-Glades Behavioral Health system is an example of these conditions.

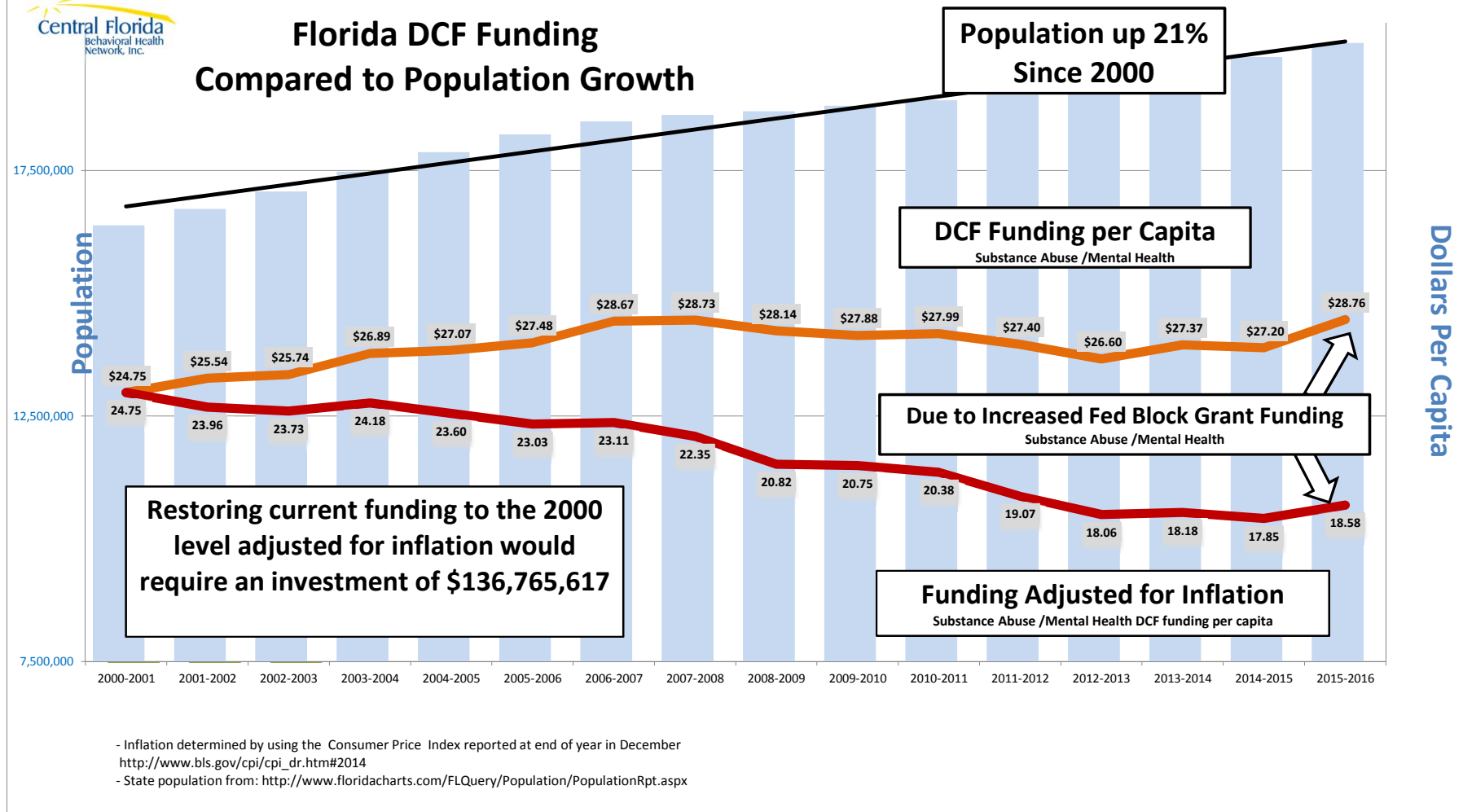
Requests for the 2016 Session

SalusCare may bring forward a specific request to continue to support the efforts to expand access to mental health care for children and adolescents by increasing linkages with the local pediatrician's and primary care providers trained this current year. This funding would support staff targeted at integrating the primary and behavioral healthcare systems, and support the work of developmental pediatricians in our company and community.

We will work with the legislature and our trade associations (Florida Alcohol and Drug Abuse Association and Florida Council for Community Mental Health) to bring forth a request for investments in Florida's behavioral healthcare system, to strengthen our capacity to respond to the growing needs in our and other Florida communities. Our industry is struggling to compete with other employers in recruitment and retention of our trained workforce – additional funding will be needed to address this critical issue. We strongly believe that the need is such that anything less will result in continued tragedies and costs incurred far beyond the needed investment.



Florida DCF Funding Compared to Population Growth



Restoring current funding to the 2000 level adjusted for inflation would require an investment of \$136,765,617

Due to Increased Fed Block Grant Funding
Substance Abuse /Mental Health

Funding Adjusted for Inflation
Substance Abuse /Mental Health DCF funding per capita

- Inflation determined by using the Consumer Price Index reported at end of year in December
http://www.bls.gov/cpi/cpi_dr.htm#2014
 - State population from: <http://www.floridacharts.com/FLQuery/Population/PopulationRpt.aspx>

Important Facts

In 2015 and 2016 Funding increased by \$39 million due increased Federal Block Grant Dollars
 \$22.5 million of this is non-recurring.
 If not replaced the percapita spending goes down to \$27.27 and Adjusted for Inflation goes down to \$17.34

SMHA Expenditures Per Capita

United States Average	\$120.56	Montana	\$173.59
Alabama	\$78.19	Nebraska	\$80.73
Alaska	\$310.01	Nevada	\$68.32
Arizona	\$221.27	New Hampshire	\$146.40
Arkansas	\$42.02	New Jersey	\$200.09
California	\$152.60	New Mexico	\$93.37
Colorado	\$88.41	New York	\$256.31
Connecticut	\$189.34	North Carolina	\$165.75
Delaware	\$106.04	North Dakota	\$96.37
District of Columbia	\$360.57	Ohio	\$73.13
Florida	\$39.55	Oklahoma	\$53.05
Georgia	\$46.54	Oregon	\$157.08
Hawaii	\$169.99	Pennsylvania	\$280.78
Idaho	\$36.64	Rhode Island	\$90.51
Illinois	\$80.43	South Carolina	\$59.75
Indiana	\$81.73	South Dakota	\$85.35
Iowa	\$134.46	Tennessee	\$77.40
Kansas	\$132.33	Texas	\$38.99
Kentucky	\$53.69	Utah	\$64.17
Louisiana	\$62.37	Vermont	\$239.84
Maine	\$346.92	Virginia	\$90.72
Maryland	\$164.11	Washington	\$113.57
Massachusetts	\$109.07	West Virginia	\$72.88
Michigan	\$119.23	Wisconsin	\$108.15
Mississippi	\$114.95	Wyoming	\$133.24
Missouri	\$86.75	Puerto Rico	\$22.97

Sources: National Association of State Mental Health Program Directors Research Institute, Inc (NRI), http://www.nri-inc.org/projects/Profiles/Prior_RE.cfm. Accessed 11/20/2012.

NOTES: 1). Medicaid Revenues for Community Programs are not included in SMHA-Controlled Expenditures; 2) SMHA-Controlled Expenditures include funds for mental health services in jails or prisons; 3). Medicaid Revenues for Community Programs are not included in SMHA-Controlled Expenditures. Children's Mental Health Expenditures are not included in SMHA-Controlled Expenditures; 4). Children's Mental Health Expenditures are not included in SMHA-Controlled Expenditures.