

symptom of an overburdened public mental health system.”

Cutting both hospital and community services is a “double whammy,” said Glover. “Our system is getting out of balance.” Budget con-

straints are forcing some states to focus almost exclusively on consumers with serious mental illness, he said. Prevention and early intervention services are being trimmed as well.

Many of the people served by the mental health system are unemployed or uninsured and they often end up in a variety of service systems, all of which are being cut as

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MH providers, advocates work to lessen impact of state cuts

As states propose their budgets for fiscal year 2012, advocates and providers are holding rallies, writing editorials and meeting with state officials and the legislature to drum up support for mental health and come up with solutions.

Missouri: Community mental health centers across Missouri have witnessed a drop in funding of \$100 million over the past three years, said Tom Cranshaw, CEO of Tri-County Mental Health Services in Kansas City, Missouri. Gov. Jay Nixon recently released his proposal and House and Senate lawmakers still have to craft their budget. Although it's a little too early to predict the outcome, providers are prepared to advocate that no further cuts be made against the system, said Cranshaw. “In light of the strained economy, our goal is to recommend no further harm be done in funding for psychiatric services and substance abuse services,” he said.

“We hope to stem the tide from the cuts,” Cranshaw told *MHW*. Talks are focusing on implementing a managed care initiative to address the shortfall, he said. The fear among providers is that such a system “would increase utilization management requirements to a degree that would further limit access to needed care for our consumers.” Cranshaw said.

“It would reduce access to services and reduce reimbursement,” he said. We have quite a strong community-based mental health system of care,” he said. “A commercial managed care initiative, we believe, will be detrimental to our state.” Between now and May 1, Cranshaw said he hopes that legislators will craft a budget that is mutually acceptable to the House of Representatives, the Senate and the governor.

Florida: Florida is facing a projected \$3.6 billion budget deficit prompting the state legislature to consider funding the budget shortfall with cuts to vital community services, Bob Sharpe, CEO and president of the Florida Council for Community Mental Health (FCCMH) in Tallahassee, wrote in a local editorial. Medicaid funding for mental health and substance abuse care is a challenge, he wrote, because Medicaid does not cover severely and persistently mentally ill individuals. They either do not meet the overly restrictive criteria for federal disability, or their incomes are slightly above the below-poverty income threshold needed to qualify for Medicaid.

The Senate is proposing to cut all funding for non-Medicaid clients, including funding for residential care, said Karen Koch, vice president of the FCCMH. “A large portion of outpatient services will be impacted,” Koch told *MHW*. Case management services and outpatient counseling services would be eliminated, she said. The state's emergency crisis system would also be impacted, Koch said. The House, meanwhile, has not come up with its proposal. With budget deficits impacting most of the state's health and human services programs and rate decreases projected for Medicaid, it will be some time before they know the full impact.

California: Faced with an estimated \$25.4 billion deficit, Gov. Jerry Brown unveiled his proposal this month calling for borrowing Proposition 63 monies to fund community mental health services and realigning mental health programs from a state to a county responsibility (see *MHW*, Jan. 24). Under the proposal, local counties will be responsible for funding the programs with a new dedicated source to make up for the cost of the program. Last week, Disability Rights California held a rally to protest the governor's proposed \$750 million reduction to developmental services.

Colorado: The state is still reeling from damaging cuts of 30 percent to its behavioral health system in 2003 and 2004, said George Del Grosso, executive director of the Colorado Behavioral Healthcare Council, which comprises 17 community mental health centers and five behavioral health organizations throughout the state.

In the state's current budget proposal, community mental health services would be cut by 2 percent and Medicaid managed care would lose 4 to 5 percent, he said. Colorado's community mental health system is non-profit, he said. The proposed cuts are compounded by additional cuts through their contracts with local counties, cities and the school system, Del Grosso said. “They keep losing some funding from these other revenue sources.”

“We are working with state officials and the legislature to lessen the impact of the proposed budget cuts,” he said. “If cuts are made to the community mental health system the state will see at least as much or more elsewhere.”