



# Florida Behavioral Health Association

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## For Immediate Release

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### **The Florida Behavioral Health Association Urges Florida Legislature to Preserve Behavioral Health Funding**

**Tallahassee, Fla.**—The Florida Behavioral Health Association (FBHA) and its 67 community behavioral health providers are urging the Florida Legislature to preserve and protect critical funding for mental health and substance use prevention programs and services as they head into the 2021 legislative session that convenes in March.

“FBHA first wants to acknowledge and thank Governor DeSantis and so many of our elected officials for keeping behavioral health a priority, especially as we all find ourselves navigating through such unprecedented stress and uncertainty during the global COVID-19 pandemic,” said Melanie Brown-Woofter, FBHA President and CEO. “We also want to thank First Lady Casey DeSantis for her unwavering commitment and work spotlighting and championing behavioral health efforts on behalf of Florida’s families.”

Almost a year into the COVID-19 pandemic, access to these life-saving services is more important than ever and data clearly shows there has been an increase in the need for these services. Thanks to funding that FBHA received during the 2020 session, and due to the pandemic, community behavioral health providers were able to quickly pivot and offer Floridians telehealth appointments throughout the pandemic. In fact, rural community behavioral health centers have seen a 500% increase of clients accessing care through telehealth services.

Experts believe that the pandemic and its economic impacts will lead to a significant increase in substance use and mental health care disasters. A poll from [Kaiser Family Foundation](#) indicated that 53% of adults reported negative impacts on their mental health due to the pandemic.

In central Florida, drug overdose deaths [rose](#) a staggering 70% during the first three months of the pandemic, compared with the same time a year earlier.

Sadly, there has been an uptick in calls to mental health crisis lines since the pandemic began, Brown-Woofter said. Sixty-seven percent of FBHA’s community behavioral health providers reported that they saw an increase in their crisis line call volumes of people calling in an emergency, crisis situation. Furthermore, 65% of FBHA’s members reported an increase in the number of individuals reaching out for help.

Brown-Woofter added, that calls coming into our FBHA providers ranged from Floridians seeking assistance related to their school-aged children who were struggling with virtual learning, isolated seniors who were missing their family and friends, and those who were struggling with financial matters – all troubles that can lead to increased anxiety, depression and suicidal thoughts.

Funding from the Florida Legislature is used by FBHA’s community behavioral health care providers to treat those combatting mental health and substance use disorders, including people in who are in an emergency mental health crisis. These critical funds keep families safe and together.

If you or a loved one is in need of help, FBHA's member providers have their own mental health crisis helplines that can be found on our website at [www.floridabha.org/covid-19](http://www.floridabha.org/covid-19) or [here](#). Furthermore, the National Suicide Prevention Lifeline is 1-800-273-8255, for English and 1-888-628-9454 for Spanish.

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*The Florida Behavioral Health Association is a non-profit organization that provides statewide leadership on behavioral health policy and practice. FBHA supports member agencies offering services to those in need of mental health and substance use disorder assistance and support. Its members include a broad range of provider types, ranging from small specialty organizations to comprehensive treatment organizations with multiple locations within a geographic region. For more information, please visit [www.floridabha.org](http://www.floridabha.org).*

**Please note that while the testimonials below were provided with permission from real clients, in an effort to protect their privacy, their names have been changed. Thank you for understanding.**

(1) Ms. Johnson and her daughter, who live in the Jacksonville area, say they like telehealth appointments because they do not have to leave the house or take time away from work to complete any sessions. The client suffers from anxiety and the mother has a phobia of being in the public around other people. Utilizing telehealth, allows the client and mother to have that extra time to complete what they need to do prior to the telehealth contact. Due to the lack of the mother not having dependable transportation it also allows the client to continue this service as well. In addition to that, with COVID-19 still present, telehealth helps continue social distancing as well as lessen the risk of them coming in contact with someone who may have the virus or came in contact with the virus somehow.

The mother of the client said, "it helps take the stress off of me having to find transportation and sit at an appointment for an extended period of time."

Ms. Johnson states they will continue to engage in telehealth services for appointments as long as they are able to do so because it works for their schedule and mental health. If it is a possibility to continue after COVID-19 the mother and daughter would love to do so.

(2) "Samantha" is a 33-year-old female living in Live Oak. She said that the option to attend her appointment via Telehealth really helped. Samantha has Cerebral Palsy and suffers from Unspecified Bipolar and General Anxiety disorder. She experiences pain on a daily basis. Samantha's children were home for winter break, and she recognized her mental health instability when her and her mother got into a confrontation over the holidays. She was brave enough to reach out and ask for help. Samantha said, "If you can make the appointment Telehealth, then I can definitely be available." She was scheduled for services within three days of her biopsychosocial.

Telehealth proved to eliminate the barrier of childcare that she was facing. Samantha was relieved to know that her behavioral health center could meet her needs and work with her through Telehealth. Attending the appointment from the comfort of her home assisted in reducing anxiety and she had a more effective, client-centered therapeutic session.

(3) John, a twenty-year-old young man in a behavioral health outpatient program in the Tampa area, came into care after being frequently Baker Acted, and had difficulty managing his mental health. Through in-clinic therapy early in 2020, he was learning how to manage his moods, using coping skills and beginning to identify past trauma that was affecting his mental health. However, during the course of the initial COVID-19 closures, John and his family tested positive for COVID, and could not leave their home. John expressed heightened anxiety and inability to manage his moods, so his behavioral health facility promptly set him up for telehealth services.

He could still attend his medication appointments, therapy and do Case Management services, via Zoom. This allowed him to review and practice the skills he was learning, and become more confident to put them in place, in his everyday life. He went on to graduate from the AOT program and is now living in a dorm at a Florida University. He has decided to maintain services with the same behavioral health organization via Zoom, so he can do telehealth appointments with his psychiatrist and Case Manager who he has already formed relationships with.

(4) Lucas is a father of two children in the Daytona area, struggles with substance use and anger issues which ultimately led to the removal of his children. “Telehealth has been a great experience for me since I find it very easy to use. Telehealth is more convenient to me because there would be several sessions that I would have to miss due to work but instead I am able to video chat with my team while I am working in a different county. To be completely honest, I felt more willing to open up to my team in the beginning through video because I get a little nervous when meeting face to face. It helped to break the ice without the anxiety, and I am loving it overall being able to mix it up with face-to-face sessions and telehealth.”