

June 12 , 2008, LMHB budget meeting, Walker Room, Bauer Health Building

Members present: Marilyn Moyle, Robert Schelen, Martha Flammer, Rhonda Hensley, Carolyn Reiff, Irma Rodriguez, Hank Scherer, Marilyn Schwartz, Helen Thomson

Members excused: Mildred Braunstein, Robert Canning, Guille Libresco, Joanne Welty

Peter Brixie has resigned from the board.

Staff attending: Ed Smith, Rudy Arrieta, Mike Tucker, Dr. Leigh Harrington and Dr. Kevin Rosi.

Guests: Joann Turner, Leslie Carroll, Don Honey, Julie Honey, Laura Bibelheimer, Walter Shwe, Dave Hosseini, June Forbes

The meeting was called to order by Marilyn Moyle, chair, at 7:04 p.m.

Ed Smith, interim director of ADMH, gave an overview of the history of mental health funding before reviewing the current budget recommendations. The way California funds mental health programs is unusual, in that counties are given the responsibility. The Federal Government in general accepts no responsibility for funding mental health systems. Funding has fallen primarily to the states, especially here in California. In the 1990s Realignment (1/4 cent sales tax) was created to fund mental health. This does not work during an economic slowdown such as we have now.

When Ed came to Yolo County four months ago he learned that the county had given ADMH 14 million plus additional dollars during the past four years to fund mental health programs. He was shocked because in the 39 years he worked in Sutter/Yuba County the county did not give one dollar to mental health programs.

Ed addressed NAMI-Yolo's letter to the Board which requested that the LMHB not approve this budget. He explained that the budget reductions are based on the money there is to spend. This budget is what it is because we are out of money. For years ADMH has been running on extraordinary financing. This is no longer possible.

Ed then showed a power point presentation which was sent to all LMHB members and NAMI-Yolo representatives before this meeting explaining revenue, costs, staff costs, billing needs, total revenue/costs and variances.

The current 2007-08 deficit is \$4.1 million. This year (2008-09) \$2.7 million is available in one-time funds from MHSAs. This will not be available in 2009-10. This amount represents another 30+ staff positions. To retain these positions in 2009-10 the department must generate approximately \$3 million by increasing the number of Medi-Cal clients served, increasing revenue from all sources, decreasing the need for contracts, decreasing non-billable service units, and increasing staff productivity.

Discussion of the second document, which was e-mailed to LMHB and NAMI members before this meeting, revealed the frustration LMHB and NAMI members feel about these cuts. The document listed the cost of each salary classification and a list of cuts to each contract. It also included a comparison of the mental health budgets from 2007-8 and 2008-9 for core mental health and Mental Health Services Act.

One of the issues that became very clear is that the county has to assume more of the risk for clients who cannot pay than the contracted providers. This cannot continue if ADMH is expected to operate without a deficit. CBOs must share some of this risk as well.

Ed Smith explained that this is the first year of this process. All of the problems will not be solved this year. Hopefully, by the third year the system will be more stable.

The system needs to be changed. Billing needs to become more efficient. Staff needs to be more productive in terms of billable units. Clients need to be tracked more carefully and scheduled so that there are fewer no-shows.

Beamer Street, which was formerly used for dual diagnosis clients, will be closed. Clients who are not high priority may not be served. There is no way to provide services for everyone with no money.

Ed Smith will designate staff who will connect with LMHB members and others who have ideas or concerns about ADMH program changes.

Questions were asked about use of MHSA funds to expand programs and about the issue of supplantation. ADMH staff feels that this will not be an issue.

NAMI-Yolo members in attendance expressed concern about increasing numbers of phone calls from clients who are stressed and concerned about the future of their services, also shared reports about increased use of emergency room services by mental health clients.

Concerns were also expressed that county psychiatrists are being pressured not to prescribe expensive but necessary treatment because of budget concerns.

The impact of these cuts on individual programs and clients is not clear yet.

Ultimately the board voted to approve the budget and authorized the chair to write a letter to the Board of Supervisors with three requests. The letter is attached.

The meeting was adjourned at 9:30 p.m.