

Nov. 20 – MHA Committee Meeting Notes

Present: Sheri Perry, Erin Roylance, D.O., Marian Reitano

Staff: Rhonda Myers, Lynn Porter, Patti Waits, Nadine Carroll, Martha Pool

Guests: Miranda Zircher, Trisha Farrar, Tony Motta, Pat Marshall

Facilitators: Sandy Swanson, Erin Behn

The committee, facilitated by Sandy Swanson, was given an overview of needs assessment process. Sandy noted that there are a variety of ways to look at funding, including delivery method, age, funding source, severity, agency, and gender. Regarding future allocations, transportation, childcare and housing all come up as barriers to service that ADAMH funding could potentially help agencies address. Other services include paying/obtaining medicines, help for those uninsured or low-income households and access to psychiatrists. When it comes to the current budget, 55% of funding comes from levy, 31% from state and the rest from other sources. To look at funding by treatment, mental health receives 62% and AOD 38%. By population, 36% goes to youth, 64% goes to adults. 95.5% treatment versus 4.5% prevention. These ways do not actually encompass the diversity of services that agencies funded through the ADAMH Board provide.

Another way to look at things was presented: Services fall somewhere on a scale with the following levels: Crisis, Treatment (High Risk), Treatment (Moderate Risk), Intervention (Moderate Risk), Prevention. When looked at by population, those in Crisis were a very small group compared to the largest group needing Prevention. Yet when compared to the way we fund, those receiving most of the money were in crisis, and the least were receiving prevention, an inverse of the population measure.

Another way to look at funding is based on breadth versus depth of services. Breadth: Expand service offerings across tiers. Depth: Deepen service offerings within an established tier. Discussion among committee members did not yield any consensus on which way they preferred. There was also discussion on the barriers mentioned earlier and how these might be addressed. Another area of discussion concerned subsidized funding (sliding fee scale, cost of services more than Medicaid pays, insurance with huge deductibles and huge co-pays). Still another topic was unforeseeable needs and having reserves to meet such needs.

Sandy will work more on the breadth versus depth concept and bring back a more sophisticated model for the committee to look at next time which should help the committee weigh the pros and cons of moving funding in one direction or another.