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BEFORE THE OHIO ASSOCIATION OF
COUNTY BEHAVIORAL HEALTH AUTHORITIES

- - -

OACBHA/ODMH FUND 408
FORMULA ROUNDTABLE MEETING
4/13/09 10:00

- - -

TRANSCRIPT OF PROCEEDINGS

- - -

Monday, April 13, 2009
10:00 a.m.
OACBHA
33 North High Street
Suite 500
Columbus, Ohio 43215

- - -

ANN FORD,
Registered Professional Reporter

- - -

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- 6 Eric Stewart, Hamilton County
- 7 Jacqueline Martin, (Via Telephone) Lucas County
- 8 Steve Hedge, Delaware-Morrow County
- 9 Karen Scherra, Clermont County
- 10 Rod Hollingsworth, Muskingum Area
- 11 Orman Hall, Fairfield County
- 12 Kirk Halliday, Erie-Ottawa County
- 13 Donald Anderson, ODMH
- 14 Susan Lewis-Kaylor, Franklin County
- 15 David Royer, Franklin County
- 16 Dalon Myricks, ODMH

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1 And so that has been scheduled, as I understand it. I'm
2 working, you know, this is working through attorneys. So but
3 that has been scheduled for next Monday at 10:00.

4 MS. LEWIS-KAYLOR: I'm sorry. I'm not getting it. What's
5 been scheduled?

6 MR. ANDERSON: The conversation about the hospital services
7 has been scheduled for next Monday at 10:00.

8 MS. SCHERRA: We weren't aware of that. So that's new for
9 us.

10 MR. ANDERSON: And, again, so we'll see how today goes. I'm
11 not sure how we want to handle Wednesday. But it's my
12 understanding that what got worked out with the attorneys on
13 Friday was that we would meet on Monday at 10:00 to go over the
14 hospital services, both those items.

15 MS. SCHERRA: Okay. Will we get that -- any information to
16 review before that time?

17 MR. ANDERSON: We can -- yeah. We can provide information
18 prior to that.

19 MS. SCHERRA: I think that would be very helpful.

20 MR. HALLIDAY: At least 24 hours would be good.

21 MS. SCHERRA: Yeah, just have a chance, rather than coming
22 in and seeing it cold.

23 MR. ANDERSON: Okay.

24 MS. SCHERRA: Okay.

25 MR. ANDERSON: Yeah. So we wanted to have the right people

1 here to talk about it. Dalon will be here on that day too, and
2 Jim and Carl will be here for that conversation.

3 MR. HEDGE: Also sounds like by the end of today we need to
4 figure out what we do on Wednesday then, do some developing of
5 joint agendas and so forth.

6 MR. ANDERSON: If we feel we need to have a meeting on
7 Wednesday.

8 MR. HEDGE: That's what I'm saying, by the end of today, it
9 sounds like we're still going until noontime today is what we
10 had scheduled.

11 MR. ANDERSON: Right.

12 MR. HEDGE: I think, Susan, you had the suggestion last time
13 we, within about 45 minutes before the end, we do a check and
14 see where we are.

15 The other agenda item I think we had on the last time was
16 talk about the federal stimulus money. We need to have the same
17 conversation, you know, how that plays with funding and the
18 overall support for folks in the community.

19 So that was the other agenda item I think we talked about
20 needing information before the meeting. So is that also
21 scheduled for Monday's agenda?

22 MR. ANDERSON: Yeah. I'm not sure exactly what you're
23 looking for when you want information about the federal stimulus
24 money. So if you could be more -- be a little bit more -- if we
25 can be clearer on that what you're looking for, we'll be glad to

1 provide it. But I know it's a topic. But what is it that you
2 feel you need in terms of information concerning the federal
3 stimulus money?

4 MR. HEDGE: Again, that's an item we can talk about before
5 we leave today, see where we need and get you clarification on
6 what specifically we're looking for.

7 MR. ANDERSON: Okay.

8 MR. HEDGE: Thank you.

9 MR. ANDERSON: The clearer we can be, the better.

10 MR. HEDGE: I agree with you.

11 MR. ANDERSON: We'll try to respond to whatever you're
12 asking for.

13 In terms of the Items I and II, we have done a little bit of
14 work that we would -- since our last meeting -- that we would
15 like to report back to you on.

16 Helen Anne has a handout here, and understand this is a work
17 in progress, but I think it does -- it is going to be helpful in
18 informing the conversation.

19 MR. HEDGE: Is there more coming around?

20 MS. SWEENEY: Yeah.

21 MR. HEDGE: Great. Appreciate that.

22 MS. SWEENEY: Yeah. It's Monday morning for me. I'll wait
23 until everybody's got a copy. Everybody have one? Okay.

24 What I did on Thursday morning, I got ahold of Dr. Holzer,
25 with the University of Texas Medical School, and he has updated

1 his study for every state and he has 2007 SMD/SED/SPMI
2 estimates. And I pulled down the whole way to estimate -- he
3 estimates his documentation, and that's what you have in front
4 of you. I haven't read the whole thing yet.

5 He also gave me a log-in and a password. And he and I have
6 been going back and forth because for some reason both ODMH's
7 and my own home browser aren't letting me into the site. So
8 we're trying to figure out what the technical problem is. And
9 what I'm logging into are his estimates by board area for each
10 one of the population. So I wanted to kind of get you that
11 information as I'm getting it so that you can kind of be reading
12 it at the same time that I am.

13 Also in the packet, kind of buried in here, are a list of
14 references of papers. I haven't gone to the state library yet
15 and got -- pulled them -- any of them down. I'm going to do
16 some of them. And as I get them, then they would also be
17 readily available, and I'll put them on a CD for all of you.

18 So I really can't answer any questions today quite about all
19 the methodology, but I think this will help you as you're
20 reading through it too.

21 And he is very much engaged in doing this by state by state.
22 SAMHSA is using his work across the country. The State of
23 California has accepted the methodology and is using it for
24 their own formulas for SMD/SED and SPMI. So I'm kind of looking
25 forward to getting into it and reading it.

1 MS. LEWIS-KAYLOR: Helen, just to be clear, as we read
2 through this, this work is new to you too, so this has not
3 influenced or impacted the work so far that you've done in the
4 formula at all?

5 MS. SWEENEY: Correct. And if you go to the bottom of that
6 very first page, the website is there. I actually went to the
7 estimation part of the page. And so you might want to go just
8 put that into your kind of like web search type thing right
9 here.

10 And there was more documentation than what I've done, but I
11 didn't peruse through it. I think it might just be talking
12 about because he's using like 2007 census numbers and things
13 like that. So I'm not exactly sure everything that's there.

14 So that's where I am with that.

15 MR. STEWART: If I can ask a question.

16 MS. SWEENEY: Absolutely. If I can answer it, I will.

17 MR. STEWART: And if you can't, you'll let me know.

18 MS. SWEENEY: Right. And then also like if you have a
19 question, I can actually write him questions too.

20 MR. STEWART: Right.

21 MS. SWEENEY: Okay.

22 MR. STEWART: I'm not that familiar with Holzer's work, but
23 I'm familiar with other's work in this area. And it looks like,
24 if I'm reading this correctly, and this is, again, my first
25 glance at this, he is taking into consideration, it looks like,

1 seven or eight different variables; is that accurate?

2 MS. SWEENEY: Yes.

3 MR. STEWART: So he has age, sex, and we don't have those in
4 the current model. Race was not in the current model, but it
5 was at one point, but it was a minority variable.

6 MS. SWEENEY: Yes.

7 MR. STEWART: But that was excluded from the most recent
8 proposals by the Department.

9 MS. SWEENEY: Right.

10 MR. STEWART: Marital status I don't believe was ever
11 considered --

12 MS. SWEENEY: No.

13 MR. STEWART: -- from the Department, so it's in Holzer's.
14 Education was similarly not considered but exists in here.

15 MS. SWEENEY: Uh-huh.

16 MR. STEWART: Poverty was considered, though it flipped back
17 to Medicaid, I think.

18 MS. SWEENEY: No. We went from Medicaid to poverty. We're
19 using the actual poverty estimates.

20 MR. STEWART: And then residence was not one that was
21 considered previously.

22 So there are at least five variables that Holzer gives
23 credence to that haven't been considered in the Department.

24 MS. SWEENEY: Right. And he actually -- that's how --
25 that's his basis for estimating the prevalence of the SMD/SED.

1 MS. SCHERRA: And I'm not an expert on this, but from what I
2 remember from before, he also looks at the interrelatedness --

3 MS. SWEENEY: Yes.

4 MS. SCHERRA: -- of those factors so that they're weighted
5 differently, and it's really trying to get a broad picture.

6 MR. ANDERSON: What you end up with, as I understand it, is
7 an estimate of prevalence for each county board area. Now, and
8 as I understand it, when we began to talk about this last week,
9 we were concerned that we were -- that the formula was using
10 incidence. And so this is -- if we went ahead with the Holzer
11 work and used that, we would then get a prevalence count.

12 Now, we're still looking at this. We haven't made a
13 decision to do this. But if we did, this -- and we wanted to
14 share with you -- share this with you so you understood what was
15 behind the prevalence estimates and how it gets calculated. So,
16 you know, if there is a decision to go to prevalence in the
17 mental as opposed to incidence, this is the basis for which that
18 would be done.

19 MS. SCHERRA: From --

20 MR. HALLIDAY: Were you saying, Helen, that you believe that
21 the board area by board area data using Holzer's formula could
22 be available now, that he's already done this, or is something
23 that would have to be done in the future?

24 MS. SWEENEY: If he has the estimates done, that's just what
25 I haven't been able to log in and get, and that's what he and I

1 are working through. And every time I put in the new log-in he
2 gives me and the password, I get bounced back out. So he's not
3 sure what's going on. And we tried it at my home, too.

4 MR. HALLIDAY: But the data is there?

5 MS. SWEENEY: Uh-huh.

6 MR. STEWART: At the county level.

7 MS. SWEENEY: At the county level we would have to just
8 aggregate it back to the board, but we're doing that anyway with
9 most of these things. It's for 2007 is his most current
10 estimate, too.

11 MS. SCHERRA: Just from my perspective, I know at our last
12 meeting, we talked a lot about what happened last summer. And I
13 wasn't part of that process and have some feelings about that.
14 But to me the prevalence goes back to all the work we did for
15 those four years back in '99, early 2000's. And there was clear
16 agreement that that was a strong factor to use. I think
17 everybody supported it. It felt like it was the right kind of
18 factor.

19 And certainly going back and using Holzer, which is what was
20 used before in the formula, at least for me personally feels
21 very, very positive. It feels the direction that we should be
22 going in. And it really does, I think, get at some of the big
23 issues and the range of factors in that prevalence estimate, I
24 think, also addresses some of the concerns we all had about what
25 factors were being used.

1 And then there's a very scientific formula, obviously, to
2 get it to the weighting and everything. So I think that's the
3 perfect direction to go in, quite frankly, because it really
4 does build on everything we had done before and had agreed to
5 before.

6 MR. HALLIDAY: I would like to associate myself with Karen's
7 statements. I agree that this is something we had gone through
8 before, we had finally managed to reach agreement on, and I
9 think using this as a basis is a logical way to proceed at this
10 point.

11 MS. SWEENEY: I also know one of your concerns was
12 separating the adults from the children. And his new data bases
13 do do that.

14 MR. JENKS: Helen, could you just -- you may not know the
15 answer to this question -- but could you clarify your statement
16 about California. If the model was used there, do you know how
17 it was used, the prevalence component, in terms of a weighting;
18 and then on what dollars that was disbursed, it was applied to,
19 at all?

20 MS. SWEENEY: Well, we actually have a call in to the
21 California Department of Mental Health to find out the person,
22 and he was on vacation last week. He's supposed to be back by
23 Wednesday, so I'll be able to get you that info.

24 (Off the record.)

25 MR. HALL: I was asking Don if ODMH was open to using the

1 Holzer formula to drive its funding formula decisions for 408.

2 MR. ANDERSON: And the answer to that is we are open to
3 that. We haven't made a decision to that, but we're open to
4 that.

5 MR. HALLIDAY: If the record could also point out that the
6 handouts were -- some of them were deficient. So be careful in
7 looking at the handouts, make sure the ones you have have both
8 sides copied and all pages.

9 MR. HEDGE: I guess this is a follow-up question. You
10 mentioned California. Has any other states or the federal
11 government used this as a model that they are -- being used or
12 proposed to use it?

13 MS. SWEENEY: It looked like in the documentation that
14 Washington State is also using this, too. So I was going to
15 kind of follow up with Holzer to see how Washington is using it.
16 And then I could ask him that question too.

17 MR. HEDGE: That would be helpful because I read the intro,
18 and it talked about how the federal fund came out for mental
19 health -- in mental health. And I assume that's the reason it
20 was developed, to look at distribution, not only within a state,
21 but maybe nationally. So that would be helpful information.

22 MS. SWEENEY: Oh, sure. And what I'll do is I'll put these
23 in e-mails so you can have the exact what he's saying.

24 MR. HALLIDAY: Good. Thank you.

25 MR. ANDERSON: Do you have everybody's e-mail? That's

1 something we probably ought to do is --

2 MS. SCHERRA: We can put a piece of paper --

3 MR. ANDERSON: -- put a list around so she can send this
4 documentation to you by e-mail.

5 MS. LEWIS-KAYLOR: It may be easier to send it to the Board
6 Association, so she can get it out to all of us.

7 MR. ANDERSON: That would be fine.

8 MR. HEDGE: The Department should have a master list of all
9 the board e-mails.

10 MR. ANDERSON: We do. We'll get it to the Board
11 Association. We'll try to get it to you.

12 MR. HALLIDAY: Good.

13 MR. ANDERSON: Do you want to talk about the other
14 conversation?

15 MS. SWEENEY: I called Jeff Caswell. He's a professor at
16 the School of Public Health at Ohio State University. He's an
17 economist. And he and I talked briefly on Thursday afternoon,
18 and I ran by the problem about the weighting that everybody was
19 trying to get to the bottom of.

20 And first of all, there's a hands-on research group called
21 HOPES, H-O-P-E-S. I always forget what the acronym stands for.
22 I've been -- off and on worked with him for about five, six
23 years. And he suggested that we talk to them. Their hands-on
24 researchers are through the School of Public Health. He's going
25 to go over and talk to the chair person today and see what kind

1 of arrangements can be made to have them talk about the weights.

2 Now, he did bring up one point that when we go to do this,
3 we've got to make it so that it can be replicated in the future.
4 So we've got to think about how to do all of that so that if all
5 of us were to kind of, you know, leave in the next five, ten
6 years, we would be able to pass it off, that people would
7 understand what the work was.

8 And so I'm going to kind of take his advice a little bit on
9 that and see what the researchers can come up with at HOPES.

10 MS. SCHERRA: Can I just ask specifically when you talk
11 about weighting in general, are you talking about the specific
12 factors you used or just --

13 MS. SWEENEY: Just in general.

14 MS. SCHERRA: How you would determine what is the best way
15 to weight factors for any kind of a formula type thing?

16 MS. SWEENEY: Yes. Exactly.

17 MS. SCHERRA: So do they have information specifically in
18 any way that relates to what we're doing with the formula or
19 this is just more generic that you would apply?

20 MS. SWEENEY: Sure. Not yet. Because he and I had talked
21 Thursday afternoon, and then when he gets the researchers
22 through HOPES, then we can sit down and start talking about the
23 formula.

24 MR. ANDERSON: So as you can see, this is a bit of a work in
25 progress, but we wanted to update you with where we were on it.

1 And it kind of sounds like we're heading in the right direction
2 in terms of these consultations from your point of view; is that
3 correct?

4 MR. HALLIDAY: Yes. From my standpoint, just as one member,
5 the big issue for me is still the \$31 million and the issue of
6 how to properly phase in to the more equitable solution that we
7 will come into. And that, I see, as a major stumbling block.

8 MR. ANDERSON: We will be able to talk about the \$31 million
9 hopefully next Monday, in fact, I'm hoping that gets worked in.

10 But is there anything else on the SMD count and the
11 prevalence and the formula itself that you want to tell us that
12 is of concern? I understand about the 31 million. But is
13 there --

14 MR. JENKS: Don, maybe just my reaction, I was not at the
15 last meeting, but -- and I am aware of the fact that I am the
16 only one in the room that was a part of last summer's System
17 Finance piece then, and not knowing all the objectives of the
18 Department, I guess the part that I'm concerned about is that
19 whole process we weren't real clear at the beginning. And as we
20 went through it, we had some concerns. And I think we tried to
21 describe them. But it feels like sort of we came out of that
22 process in what I would consider to be kind of a preliminary
23 phase. But it feels that someone sort of moved beyond the
24 preliminary phase, given it to Helen and said, go with it.

25 And it sort of didn't ever reach that level that the stuff

1 we did years ago, and I did it with you, Don, about the
2 principles and the 408 and the back in '02 and '01. I think if
3 Helen got something that was like this, these three or four
4 pages, it would have been easier.

5 My only concern is that that process last summer is getting
6 a lot of play. But at the time we went through it, we weren't
7 exactly clear what was going to be at the other end of the
8 tunnel. And it was hard because we asked those questions. I
9 asked them specifically. And the reaction was -- maybe fine --
10 was it's a little premature, Mike. You know, we're not quite
11 that far down. We never got a consensus document out of that
12 phase. All we really got was a consensus built on post-its.

13 And so it always felt like it was an incomplete stuff. And
14 then all of the sudden it kind of turned up as sort of the
15 touchstone or that foundational piece. And I think that part
16 just caused me some pause. And I say it only because I'm the
17 only one in the room that was there from the boards.

18 MR. ANDERSON: The only comment I'll make on that is that we
19 believe that we did reach consensus on the principles.

20 MR. JENKS: Yes.

21 MR. ANDERSON: As far as the variables are concerned, yeah,
22 that's -- we -- there was a listing of potential variables, but
23 there wasn't a process of going through and saying, okay, these
24 are the variables that we're going to use or that we agreed we
25 should use.

1 MR. JENKS: Right, because in a way the Department was real
2 clear it was too premature to do that. But then at the same
3 time, now we're at a point where we have quite a bit of
4 specificity. I don't know. I guess another way of saying it is
5 it's hard work. It takes a while to get there. And I think
6 it's helpful we do it together. I think the SMD piece is real.

7 MR. ANDERSON: There's an Item III on the agenda here. And
8 I don't know what -- why it's here. I don't know why it got put
9 on here because we didn't put it on here. It's called
10 Components of the Formula. And then the IV is the Possibility
11 of Alternative Components to The Formula.

12 Is there something about that that you want to tell us or
13 express to us? Especially because -- well, is there something
14 there that --

15 MS. SCHERRA: I think that generated out of trying to have a
16 better understanding of why the ones you chose were there and
17 how wedded you are to them and how much opportunity there is for
18 alternatives.

19 And I think the SMD/SED piece you've sort of already gone
20 there. I think you clearly want that recognized in the formula,
21 but you've looked at a very different way of getting to that
22 number, rather than using the count, going to prevalence. So I
23 think that was the -- sort of the basis of that conversation, if
24 that makes sense.

25 MR. ANDERSON: Okay.

1 MR. HALL: I think I'm really encouraged that you guys are
2 moving towards at least looking at Holzer. And the other thing
3 that I'm really encouraged about is the fact that Helen is
4 seeking consultation from an economist that has a background
5 with research. And I suspect that his work may end up being
6 more important than even Dr. Holzer's work because if he's a
7 health care economist, then he's accustomed to working on how to
8 move money around.

9 The other important piece here is the boards and the
10 Department have a long history of working together on how money
11 is to be distributed or redistributed. And so what happens --
12 what we end up with here is really just the starting point. You
13 know, we understand that there are going to be winners --
14 ultimate winners and losers in all this. And we need to be at
15 the table helping the Department to figure this out so we can
16 minimize the dislocation and the push back that you get back
17 from the boards.

18 If we can do that, if we can agree that once we're done this
19 week, you know, if we have those assets in place, Dr. Holzer's
20 formula, and the health care economist that has a credible
21 background in terms of helping move money around and minimize
22 dislocation, then let's make sure that we have a group working
23 on consultation basis with the Department and with your
24 consultants to make sure that there's broad agreement in the
25 field when we start moving dollars around and allocating

1 resources that you have.

2 MR. STEWART: I remain -- a big concern that we're trying to
3 accomplish, what sounds like an enormous amount of work in what
4 I think is a very tight timetable, and maybe you can speak to
5 that. I don't know if that's Don or Helen or who. But tell us
6 a little bit about what your thinking is in terms of
7 consideration for reformulating the reformulation.

8 MR. ANDERSON: Well, I don't know what, number one,
9 there's -- currently we have a distribution that's out there or
10 an allocation that's out there based on the 10 percent. I don't
11 know if it's possible to modify what's already out there in a
12 short time frame. Again, I just don't know the answer to that
13 question. But so it's possible that a decision could be that we
14 would not try -- if we couldn't do that, we wouldn't, but we
15 would commit to modifying what occurs after that.

16 MR. HALLIDAY: It should be made clear for the record, Don,
17 that, you know, there is considerable controversy on this
18 particular formula. And we don't want to be in the position of
19 saying, that, well, that we agree with this particular formula
20 when, in fact, we believe that that's not the case.

21 MR. ANDERSON: Well, I don't know what in terms of turning
22 it around, what's possible here.

23 MS. SWEENEY: In terms of substituting the prevalence
24 numbers, I don't think that will take much time and seeing how
25 that that's going along in the terms of the distribution.

1 The weighting, I think, will take considerably more time
2 because we really are bringing in people who are going to have
3 to get up to speed of what we're talking about. And that I
4 would have to kind of talk to them about, what's on their plates
5 and stuff like that.

6 But substituting the prevalence numbers once we have them in
7 and they're working okay, I don't see that as a major amount of
8 time.

9 MR. STEWART: I want to make clear, it's not my position
10 that I want to push the Department into making a change without
11 having the opportunity to be thoughtful and make sure that it's
12 accurate and meaningful. And that's part of my concern is that
13 we have established, at least it's my feeling that we've
14 established that there are some fairly significant weaknesses in
15 the formula that was used in which those allocations were
16 proposed.

17 And it bothers me that we are going to see a few million
18 dollars taken away from board areas this year based upon what I
19 consider to be flawed -- flawed formulas.

20 So I guess my question is is there a mechanism for holding
21 harmless those boards that are going to lose money as a result
22 of the use of this formula while at the same time being able to
23 somehow accomplish what the Department wants to accomplish,
24 which is to distribute some funding to board areas that they
25 feel there's a perception of inequity?

1 MR. ANDERSON: Well, that's something we can take back. I
2 mean, if that's a concern or that's a -- I mean, currently, the
3 Department is -- wants to go ahead with the 10 percent and may
4 be open to modifying that if we can in that time period in terms
5 of moving to prevalence, for instance, or whatever. But if we
6 can't, then I think certainly we're committed to working through
7 these issues over a period of time and to effect future
8 distributions.

9 MR. JENKS: Don, is a possible compromise or a place to be
10 because it seems odd to be trying to explain to legislators or
11 other people that we're using a formula that we don't feel very
12 good about, but we're going to change it, versus getting the
13 process rolling, giving Helen enough time for folks to do
14 things; and then as we enter into FY10, possibly being able to
15 do a mid-year modification? You would still be committed to
16 doing 10 percent of something. You would still be in the same
17 fiscal year. But let's take the next couple of months to -- we
18 know what the possible impact would be perhaps. Take the next
19 couple of months or whatever and to try to get it right and then
20 still do it in '10.

21 MR. HALL: That would really help from the standpoint of not
22 creating arbitrary winners and losers that are then going to --
23 that you're going to -- and then change kind of the rules the
24 following year and have another set of winners and losers in the
25 long term.

1 MR. JENKS: I'm fearful, too, that you're going to get some
2 boards that are going to have some push back when they begin to
3 hear more of this, there's going to be a lot of pushing back and
4 having to fight off criticisms, well, why did you use it if it's
5 not right? Why didn't you just get it right the first time?
6 Why didn't you just try to get it right?

7 And I think you avoid that both political and just board --
8 the Department dynamic if we remain committed to the 10 percent
9 concept that you want to see happen, and we remain committed to
10 doing it in the FY that you want to do it in; but we take this
11 process now and say, hey, we're refining it a bit. We're
12 working on it. We're trying to get it together, get it right.
13 It's important enough to get it right, so let's do it.

14 MR. ANDERSON: These are all ideas we can take back.

15 MR. HALLIDAY: Piggybacking on what Mike says, one thing --
16 one solution that goes along with that would be to at the
17 beginning of the budget establish a set-aside fund, call it an
18 equity fund, which will -- the money will be reserved, set
19 aside. But then at some later date once the process through
20 Helen and others is complete and we've had a chance to give
21 input to it, then that set-aside fund will be divided according
22 to whatever formula we come up with. So that allows us to do
23 both things at the same time, be reasonable and deliberate in
24 our decision as to the formula but also not have the money all
25 used up with something else before we are able to apply it. I

1 would like to suggest you at least put that on the table with
2 the folks that will have to provide the input into that.

3 MR. ANDERSON: Do you understand how that would work, Dalon?

4 MR. MYRICKS: Yes, I do. You would have to agree to the
5 dollar of change that's being seen, and you're pulling that off.

6 MR. HALLIDAY: There's a precedence for this. When
7 Millcreek Hospital was closed, the Department did exactly the
8 same thing, take a certain amount off the top of the 408
9 allocation in order to make that happen. And so we could look
10 back to see what the Department did in those days in terms of
11 squirreling the funds away and so forth.

12 MR. HOLLINGSWORTH: Or you could take some of the 505 that
13 you currently have unallocated that we talked about last time
14 and use some of that to at least start the process.

15 MR. HALLIDAY: I think these are all good ideas that need to
16 be considered. That's all I'm suggesting.

17 MR. ANDERSON: So what we're hearing you say is anything we
18 can do to kind of soften the blow until we can get --

19 MR. HOLLINGSWORTH: A good formula.

20 MR. HALLIDAY: The best data we can at this point.

21 MS. SCHERRA: I think coupled with softening the blow is
22 being able to defend what's being done. So that, again, as Mike
23 maybe mentioned, rather than saying we know it's flawed but
24 let's do it and then we're going to get better, to have some
25 rationale for what we're doing. I think that's much more

1 understandable to people. You can explain it a whole lot
2 easier. And it feels right. It feels like we're focusing on
3 the correct factors and not saying we're doing something just to
4 do something, which is what people are really struggling with
5 right now.

6 I think we need to be able to defend the variables that are
7 chosen, and the weighting, and the way the formula goes. And in
8 that way, it's easier to accept the change that happens to your
9 board, positive or negative, because it's built on a solid
10 foundation. And I think that's what's difficult for people
11 right now. That we all -- I think you've agreed that that
12 foundation is flawed.

13 I think you did the best you could do at that time without
14 going to outside sources. But clearly I think Helen has
15 indicated that there are resources out there we can tap into.
16 It's going to take a little time to get, but they are available.
17 And I think they are strong, it's strong work to be able to
18 bring to the formula. I think that makes all the difference in
19 the world, I think, in being able to understand it, accept it,
20 and plan accordingly.

21 MR. HALLIDAY: And to defend it to our constituents locally.

22 MS. SCHERRA: Right. Right.

23 MR. ANDERSON: Okay. That's helpful.

24 MR. HEDGE: And, Don, did I hear you say the Department is
25 still interested in moving -- using at least 10 percent shift,

1 but open to looking at different factors and weighting in
2 factors; is that what you were saying?

3 MR. ANDERSON: We're open, yeah, we're open to -- if we go
4 through this process and it produces a result that everybody is
5 comfortable with, then I think we're open to that.

6 MR. HEDGE: But, again, both on a 10 percent shift,
7 potentially, and then all the factors being used?

8 MR. ANDERSON: Well, all the 10 percent is is taking the
9 formula as it was -- as it is today and applying 10 percent of
10 it in fiscal year 2009.

11 MR. HOLLINGSWORTH: 2010.

12 MR. ANDERSON: 2010.

13 MS. SCHERRA: That was your reaction to our pace concern.

14 MR. ANDERSON: That was the pace. That's kind of where we
15 are today as a Department. And so I think the -- and that was
16 based on the notion that we are in a recession right now. And
17 as long as we're in a recession, there isn't -- you shouldn't be
18 making huge changes because of that.

19 But if we consider modifying the components of the formula,
20 we would still have to consider how quickly we put that in
21 place, whether -- I mean, there are two issues. There's the
22 components of the formula and how that's derived and how quickly
23 we put it in place that we have to deal with. I guess that's
24 where I'm getting to. And we're still committed today to, given
25 the formula that we have today, that we have proposed, putting

1 that in fiscal year 2010 at 10 percent.

2 But, again, and that's kind of the direction we want to
3 head, we want to move ahead with something. But if we can --
4 but we are open to modifying the formula based on this work. I
5 don't know if I can be any clearer.

6 MR. HEDGE: This is a follow up. Are you willing to
7 consider changing the 10 percent, of not doing 10 percent next
8 year?

9 MR. ANDERSON: Well, again --

10 MR. HEDGE: Are you committed to 10 percent shift --

11 MR. ANDERSON: That's our desire right now.

12 MR. HEDGE: So that is open also, that decision?

13 MR. ANDERSON: All decisions can be talked about. What we
14 need to do is get -- I think we need to hear from you in
15 terms -- and Mike just came up with a suggestion about pace, so
16 we'll take that back. That's another idea rather than put
17 the -- than do the -- do it on July 1, do it later in the fiscal
18 year. And that's something that we can certainly take back and
19 talk about and allow the work to get done. And then, as I
20 understand it, and then begin to implement it when the work gets
21 done. But don't just stick it on a July 1 time frame, we can do
22 it later.

23 MR. HALLIDAY: That makes sense.

24 MR. ANDERSON: That's a modification on that pace -- that's
25 a different way of approaching pace. Right. Yeah. But as it

1 stands today, we're in the 10 percent realm.

2 MR. HALL: Don, it seems to me that one of the problems that
3 we've had in the past is we kind of do work in silos. We've had
4 some really fine work done in the Office of Program Evaluation
5 Research. And then there are other pieces of work that have
6 been done in other departments. And then it all kind of gets
7 put together without maybe the level of consultation that we
8 need in order to make sure that it works the way that it really
9 needs to work.

10 So as you move forward, if you are able to engage somebody
11 with a background in health care economics and then Dr. Holzer.
12 The other critical piece, maybe 10 percent isn't the right
13 number. Maybe it's 5 percent. Maybe it's 15 percent. I'm sure
14 that Dr. Caswell is going to have some ideas about that.

15 What's really going to be critical, I think, is to make sure
16 that there are people from the association that are working with
17 you and your constituents so that we understand the rationale as
18 it changes, if it changes. And then we can kind of help push
19 the message out and also participate in the discussion as the
20 decisions are being made.

21 MR. ANDERSON: Yeah. I hear that. One of the things that
22 concerns me is that we're -- and this is -- this conversation --
23 the reason we're having this conversation in this form in this
24 way today is because of the attorneys getting together and
25 asking that we do it this way.

1 And so any ongoing process that occurs after that needs to
2 get worked out in that setting. And I hear what you're saying.
3 I really do. And we also need to concern ourselves with
4 involving our other stakeholders in this process, too, as a part
5 of that process.

6 But there is -- there is a follow-up action that can get
7 worked out and needs to get worked out with the attorneys
8 involved. This is, you know, this is -- it needs to get worked
9 out properly in that setting.

10 But I hear what you're saying. What I hear you saying is
11 that if there could be a group put together that worked with
12 this information as it gets developed, that would be very
13 helpful. So there should be an ongoing process where we really
14 got this stuff out and really try to consider the ramifications
15 of what we're doing.

16 MR. HALL: Maybe one more kind of comment around boundaries,
17 too. I think that there are a lot of issues from the standpoint
18 of constituent feedback that are -- there are -- there's
19 variable levels of feedback that you need to get from
20 constituents when you're dealing with clinical issues. Clearly,
21 the agencies in many respects take precedence over boards.

22 But when you're dealing with distribution of funds, boards
23 play a different role in the system than agencies and other
24 constituents.

25 And it's at some -- if we construct a process where the

1 group is so large and we have people who don't have proper
2 context participating in the decision, it could contaminate the
3 process or make it more difficult down the road. And I'm not
4 saying exclude those people or those constituents from the
5 deliberations, but just be really careful as you construct that
6 group or you could make the discussions that really need to
7 occur primarily between boards and the Department more difficult
8 than they need to be.

9 MS. SCHERRA: Just another comment on Mike's suggestion. I
10 know that you all liked when Precious summarized our issues as
11 the science, the pace, and the context. Waiting until halfway
12 through the fiscal year to make a change, I think, would answer
13 the context in that we have heard that clearly the revenues that
14 Ohio is receiving are not where they need to be, and there could
15 be additional cuts, whether they happen this fiscal year or
16 could be moved into next fiscal year. That would clearly give
17 us a better context for where the funding really is for '10 and
18 then allow that pace to adjust to that context.

19 You're clearly hitting the science piece. I think it may be
20 another reason to delay that so that we do really understand
21 what's happening as we move forward because we could come up
22 with something in the next few weeks and put it out and then
23 ODMH may end up with less money in '10 than we contemplate right
24 now, which could kind of throw things in a different direction.

25 So maybe that's just more support for thinking through that

1 option and having it make sense then again in the context of
2 what we're doing. And I appreciate you had mentioned the pace
3 issue with the 10 percent trying to be responsive to the
4 situation we find ourselves in. I think what we're learning is
5 it may be worse than we think. So that's just maybe another
6 argument towards that delay.

7 MR. ANDERSON: Okay.

8 MR. HEDGE: What I was going to pass around is a document
9 that was jointly developed and agreed to by the Department, the
10 boards, and also the constituent groups have pretty much signed
11 off on it.

12 This is kind of related, I think, on to what we had talked
13 about last time as far as the development over several years of
14 principles and then also the direction of the formula.

15 I think this really supports what we've just been talking
16 about as far as being prevalence based and also factoring in the
17 really other factor is really the cost of serving people in the
18 public system for severe, persistent mental illness. And that
19 kind of relates into a poverty working poor type of weighting
20 type of thing.

21 You can see that was the direction we jointly developed
22 years ago, we were jointly moving in that direction. It hasn't
23 changed in several years. This kind of supports this whole
24 notion of having a prevalence notion. And we actually, you
25 know, it even mentions Dr. Holzer in here, that scenario which

1 has actually been updated and approved and so forth. It's more
2 up to date than we're currently using.

3 And the other factor is a poverty working forward piece.
4 And you see back then we didn't really have the final touches of
5 what that would be. So it's really in line, I think, of what
6 we've been saying. This was a jointly agreed to
7 Department/board issue with the constituents knowing and kind of
8 signing off on this, having agreement to it.

9 So the other component -- this is multiyear, not the thing
10 we really haven't talked about -- any approach has to be
11 multiyear. And that's why I think there's questions about is it
12 10 percent, 5 percent? What happens the year after that, the
13 year after that, and the year after that?

14 This was a ten-year phase in. I think the same philosophy
15 has to be put on the table. This has to be looked at as a
16 multiyear approach so people can understand it. Also, as things
17 go up and down, you'll know relatively one year to the next
18 what's going to impact your area and the services to your
19 client.

20 I think that's the other thing that we have to have some
21 discussion or at least some agreement on. We need to have a
22 multiyear approach because I was going to ask the Department
23 based on the 2010 percent shift, what was the plan for 2011 and
24 beyond?

25 MR. ANDERSON: It was to have an additional 10 percent.

1 MR. HEDGE: For 2011 --

2 MR. ANDERSON: Correct.

3 MR. HEDGE: -- and beyond that?

4 MR. ANDERSON: And that would depend, I think, on the
5 situation that we find ourselves in at that point in time. But
6 the 10 percent was based on, okay, we're in a recession, and so
7 we didn't want to have to have too strong a move to the -- or
8 too strong of a change given that.

9 And as long as we're in kind of a recessionary period, I
10 think that was the approach; 10 percent in 2010, 10 percent in
11 2011. 2012 there's too many -- I think there would be too
12 many -- we just don't know what the situation would be then. So
13 there wasn't any kind of communication as to what we would do in
14 2012.

15 MR. HEDGE: Just, again, the thought -- my impression is
16 that you would go towards eventually 100 percent based on these
17 three factors that you were proposing?

18 MR. ANDERSON: Correct.

19 MR. HEDGE: 10 percent one year, 10 percent -- then you
20 would eventually over a period of time go to 100 percent --

21 MR. ANDERSON: Correct.

22 MR. HEDGE: -- using the same factors.

23 MR. ANDERSON: Correct. But still being open to taking a
24 look at the -- I mean the -- taking a look at improving the
25 formula too in that period. So we are open to improving the

1 formula today, tomorrow, and in the future as more information
2 comes available that can be applied to that.

3 So I think that there isn't this desire to not ever change
4 it. I think it needs to be dynamic. And as we can apply good
5 science to the formula, we ought to do that.

6 MR. HALLIDAY: 2010 census, for instance, that information
7 that could change substantially.

8 MR. ANDERSON: Well, I'm sure. Yeah.

9 MR. STEWART: I think it's important that the Department at
10 least start with a strong basis. And what I mean by that is it
11 would not be satisfying to me to just have the Department
12 currently modify one component of this. I strongly support the
13 idea of using some of Holzer's work in developing a
14 reformulation.

15 But just plugging his prevalence figures in, to me, doesn't
16 complete all the components of the formula. I understand this
17 is the process of negotiation. That to me would not be a
18 satisfying end to this.

19 If you're going to develop the reformulation, I think you
20 have to look at all the components and start strong and
21 understanding that in years in the future, there will be tweaks
22 that may want to be made as a result of changes or updated
23 information.

24 But I just want to be clear that it wouldn't be helpful, I
25 don't think, for us just to plug in a different prevalence

1 estimate and say that's it.

2 MR. ANDERSON: Okay.

3 MS. SCHERRA: Don, when you mentioned that you would
4 estimate that we would do another 10 percent in '11, and that
5 the plan would be to continue doing percentages, other than the
6 fact that you mentioned the unknown of '12, when you talk about
7 the unknown of '12, are you alluding to a new biannual budget,
8 the fact we wouldn't have stimulus at that point, and what that
9 would mean? Are you talking about the possible elevation of
10 Medicaid and that impact or both of those things or something
11 else?

12 MR. ANDERSON: And we don't know the economy either at that
13 point. So we have a lot of variables that are potential in 2012
14 that would have to, I think, weigh on that decision as to what
15 that would be, including we don't know how quickly this economy
16 is going to come back.

17 MR. HALLIDAY: If I hear you correctly, you're saying that
18 you are anxious to have this possible full partnership with the
19 boards and arriving at the best and most logical solution to
20 these problems?

21 MR. ANDERSON: Right. I think, and again, it gets -- I
22 think having a process that continues on beyond this two-week
23 period is something that needs to get worked in. I think that
24 what we are seeing, and I need to say this, we have created a
25 group called the Behavioral Health Transitions Workgroup. And

1 we would like to ultimately have all changes that affect the
2 system as a whole be worked through that group. You're a part
3 of that. And so if we're going to create a process here, that
4 at least it needs to be, I think, organized within the framework
5 of the Behavioral Health Transitions Workgroup, which you're a
6 part of.

7 So but, again, this is stuff -- these are things that need
8 to get worked out with the attorneys that are involved with this
9 because ultimately I think we do need to satisfy that -- this
10 got created because of that. I think it needs to -- we need to
11 resolve that, move on into a different place where these things
12 can get worked out. But in terms of working collaboratively
13 with you -- with the boards concerning the future or the design
14 of the formula, yes, I think so.

15 MR. HALLIDAY: I would just like to express my agreement
16 with Mr. Hall's viewpoint that although we certainly need to
17 consult with some of these other groups, the boards have
18 specific legal responsibilities that -- in statute that are not
19 shared by some of these other groups. And to put together a
20 group where this is not recognized is problematical, in my
21 opinion.

22 MS. SCHERRA: This may be a question for the hospital
23 meeting that we're going to have, but if we are talking about
24 the factors that will influence us by '12 and will affect the
25 formula, I do think we have to talk about the continued growth

1 of that hospital budget, particularly the forensic piece,
2 because again, that is going to affect the amount of the 408 to
3 be distributed.

4 So if we are going to start talking about the effect of
5 recession and Medicaid and things like that, we can't just talk
6 about what's happening this year. I think there has to be
7 planning done moving forward, and whether it is part of whatever
8 group we put together on the formula or it's a separate
9 grouping, we have to address that because that is going to,
10 again, affect the amount to be distributed.

11 And if we're talking about formulas being put in place that
12 affect how it gets distributed, we've got to start talking again
13 about the factors that are going to affect how much. And what
14 does that mean, again, back to the boards' statutory
15 responsibilities of whether or not we can carry out what we are
16 obligated to do.

17 MR. ANDERSON: Yeah. I think the folks from the Hospital
18 Services Division are going to be prepared to talk about that.

19 MS. SCHERRA: Okay.

20 MR. ANDERSON: And so we acknowledge that that is a concern.
21 And I think they have some information to share with you about
22 how they're approaching that concern, but then we can decide at
23 that point in time what needs to happen after that.

24 MS. SCHERRA: Okay.

25 MR. HEDGE: Helen, I want to go back to maybe a little bit

1 on the stuff Holzer -- I understand you haven't had a chance to
2 look at it detailed, but I think we asked before, maybe you
3 answered it -- will Dr. Holzer be able to give us or give you an
4 idea of how the weighting was done in the past years --

5 MS. SWEENEY: Oh, yes.

6 MR. HEDGE: -- in the components because obviously I see in
7 here it talks about poverty. And they use zero to 100 percent,
8 100 to 200 percent. It gets more into the things I think we
9 agreed to several years ago is looking at the working poor, that
10 they fit within those categories. They're not Medicaid
11 eligible, to use that terminology, but they bump up to -- they
12 have jobs, but they don't have the resources. And if that gets
13 into the most in need and so forth, that would be helpful to see
14 kind of how that fits in and how that is played out in his
15 factors here.

16 MS. SWEENEY: Oh, sure. Yes. I mean, he's more than
17 willing to walk through all of that.

18 MR. HEDGE: Good. I appreciate that.

19 MS. SWEENEY: Oh, no problem.

20 MS. SCHERRA: We seem to be at --

21 MR. HALL: I'm sorry. I just had a thought. I was rude. I
22 interrupted Steve's thought. It seems to me that -- I know I do
23 that. I hate it when I do that.

24 But because of the rather difficult arrangement that we're
25 all in in terms of having a court reporter, maybe an alternative

1 approach would be for us to meet briefly after this meeting as
2 the association committee and see if we can't formulate a group
3 of -- a small list of recommendations that then we can forward
4 to Don immediately. And then you guys could see whether or not
5 they're within the range of what you can live with. And we may
6 have after that next meeting a basis for agreement.

7 MR. ANDERSON: That would be good.

8 MS. SCHERRA: Have we hit everything on the agenda that you
9 wanted to hit?

10 MR. ANDERSON: Uh-huh.

11 MS. SCHERRA: Do our members have other things?

12 MR. HEDGE: I think the other thing we talked about needed
13 clarified between now and next time is the federal stimulus
14 money. It kind of fits in with the forensic stuff. We don't
15 expect it to be here after two years, how that's going to impact
16 the overall distribution and the pot of money to be available
17 for 408.

18 So I guess it's a combination of, first of all, how is it
19 distributed? Maybe you have the answer now. How was it
20 supposedly allocated based on the sheet we got in the 408
21 distribution or allocation sheets? And then what's going to be
22 the impact next year? And then after that, what's going to fill
23 the hole the stimulus money does not have?

24 MR. ANDERSON: How it was distributed?

25 MR. HEDGE: Yeah. What is the current formula?

1 MR. MYRICKS: I thought in the allocation guidelines, in
2 that section, it spoke about it being done on an 80/20, I think,
3 is how it states in the allocation guidelines that money was
4 distributed.

5 MR. HEDGE: I think Karen is checking the current --

6 MS. SCHERRA: Per capita 80 percentage of Medicaid as a
7 proxy for poverty 20.

8 MR. MYRICKS: And that was -- that's how that was done.

9 MS. SCHERRA: And 505 special will be distributed as
10 specified by ODMH. So that's for the base.

11 MR. MYRICKS: Yes.

12 MR. HALLIDAY: How closely, Don, have you folks looked into
13 the reporting requirements and the limitations on the federal
14 stimulus dollars? I'm a little bit uneasy that the bureaucracy
15 basically that put that together is the HUD bureaucracy, not
16 SAMHSA or Health Human Services. And there may indeed be
17 unpleasant surprises in the regulations that finally come down
18 that our system doesn't know how to deal with.

19 Do you have somebody on top of that to make sure that you're
20 not creating more problems -- might not be the case -- by using
21 federal stimulus dollars instead of some other combination of
22 general revenue and using more stimulus dollars more for
23 construction type projects in the state budget?

24 MR. ANDERSON: Yeah. The attorneys for the departments that
25 have the federal stimulus money and ODJFS are looking at that.

1 I'm assuming that sometime here soon there will be some
2 communication that would come out from the departments
3 concerning proper use of the federal stimulus money. But the
4 attorneys from ourselves, MRDD, ODJFS are evaluating that as we
5 speak.

6 MR. HALLIDAY: Just a word of caution as one who has -- I
7 guess my purgatory in a previous life -- worked with HUD
8 regulations, it's not a small factor to be in compliance with
9 them. So I would hope that the Department is firm in its input
10 to other parts of the state decision makers that expecting local
11 boards to gear up and become capable of handling the funds
12 according to strict HUD regulations is probably something that
13 could not happen in the short period of time.

14 MR. HEDGE: Is there still consideration of using the
15 stimulus money for the hospital cost versus the community cost
16 allocation?

17 MR. ANDERSON: No. The federal stimulus money, as we are
18 proposing it, would be for the community center.

19 MR. HEDGE: There is a prohibition to using for the
20 hospitals or that's a Department decision?

21 MR. ANDERSON: There's concerns about using the federal
22 stimulus money on the hospital side for a number of reasons,
23 including the potential just what you were talking about, the
24 potential it could have in terms of jeopardizing other monies,
25 such as DSH. So our position right now is to -- it would not be

1 a good idea to use that for the hospitals.

2 MR. JENKS: Is a fair follow-up question to ask, I think I
3 asked this last time, is how should we think about '12 with
4 respect to those stimulus dollars not being there?

5 MR. ANDERSON: Well, I think that's a huge issue that we as
6 a system face. I think when Sandy met with the board
7 association, when was that, on the 19th?

8 MR. JENKS: 19th.

9 MR. ANDERSON: Yeah. We talked about that, coming to grips
10 with that potential reality is something that we as a system
11 have to do. And I don't know that there are any easy answers.
12 I can't be glib -- that glib about saying, well, this is what
13 we're going to do about it. I mean, it's something that we as a
14 system are going to have to face. And so I don't know.

15 MR. JENKS: Maybe the way to restate it --

16 MR. ANDERSON: I don't have an easy -- there aren't any easy
17 answers to that.

18 MR. JENKS: Let me reframe it just slightly. Should we be
19 thinking that the challenges that we face are how does the
20 community deal with that much less money, and how do we do that
21 in collaboration with the Department; or is it the latter, which
22 would be how do we collaboratively deal with the fact that ODMH
23 as an entire entity that includes the communities will not have
24 that much money? Is that a fair question?

25 Right now, to be very blunt, right now it just stares out

1 with sort of a Neon light that in this allocation that goes to
2 communities that there's this stimulus money. And that doesn't
3 take a lot of math to figure out when it goes away, that's a
4 little number, a zero number.

5 And as you mentioned that there were reasons to not use the
6 money at the departmental operations level so that in a sense it
7 became more logical to look at it within the community
8 component.

9 So if I take your logic and use it the other way around, it
10 would seem reasonable to believe that at point down the road,
11 that we look at this thing as an entirety as opposed to
12 exclusivity to the community. But I don't want to get ahead of
13 the game.

14 If I know this is community dollars that I'm not going to
15 have, and I know that's the game, then I begin thinking very
16 differently about 24 months from now. If rather I see it as a
17 departmental issue that we need to be thinking about, how do we
18 work together and think about -- is it all going to be hit at
19 the community level or is it shared or how do we go there? And
20 it may be too premature to answer. It certainly is the kind of
21 discussions that we're having at our own local boards and with
22 our agencies right now.

23 MR. ANDERSON: The only thing I can say to that is we need
24 to have a very robust discussion about that kind of thing
25 because we as a system -- and I use the word system -- are

1 facing a pretty daunting challenge there. So I would suggest
2 that sooner rather than later we have those type of discussions.

3 MS. SCHERRA: Are we at the point to discuss whether or not
4 we need to meet Wednesday? I guess some of that might relate to
5 our getting you the list of kind of what's been discussed today
6 of what we might be recommending, and would you have enough time
7 to come back and talk with us about that on Wednesday? Or if
8 Monday is now going to be focused on those hospital and other
9 issues money wise, does that give us enough time at that meeting
10 also to look at all of that or where are we?

11 MR. ANDERSON: There are things that maybe we should give
12 some more time on Monday. But I would think that if you gave us
13 a list of some recommendations and then -- or your list,
14 whatever that is, it would -- I think, we would benefit by
15 having a little time to work through some of these other issues
16 around the work that Helen Anne's doing.

17 So I would suggest that getting back together on Wednesday
18 probably wouldn't be as fruitful as if we had the time to do
19 some more additional work and then come back on Monday. If that
20 would require us having a little longer meeting, why don't we
21 have a little longer meeting. It's a better use of time, I
22 think.

23 I'm hoping that this 20th date isn't -- if we don't get it
24 all done on the 20th, that there's a problem. But as we're
25 working towards answering questions that you do have, it just

1 feels like getting back together on Wednesday again for the sake
2 of getting back together on Wednesday is not as healthy as give
3 us a little time to work on some things and come back on Monday,
4 gives Helen Anne a little chance to do some of the work that I
5 think might be helpful to that conversation.

6 MR. HEDGE: Would an alternative be, obviously, if we follow
7 that logic, Don, don't meet on Wednesday, meet on the 20th, then
8 also have a meeting after the 20th to kind of synthesize
9 everything because we're going to receive a lot more information
10 on the 20th about hospitals and funding and so forth, maybe have
11 a follow-up meeting?

12 MR. ANDERSON: Oh, yeah. I don't think I'm speaking out of
13 turn here, but I'm fine with that. I think it makes sense.

14 MR. HEDGE: So I think if we can get consensus today that
15 after the meeting on the 20th, have a follow-up meeting to kind
16 of wrap things up, or if we decide to meet beyond that. But the
17 feeling right now is the Wednesday meeting is not going to be
18 productive, to give people chance to go back and view things and
19 give us a chance to put together our stuff. I don't know what
20 people's schedules are like, but it looks like the 20th, Monday
21 is --

22 MS. SCHERRA: Apparently that was set.

23 MR. HEDGE: Right.

24 MR. HALLIDAY: I think the one cautionary note is that these
25 allocations do have to get out. That was the whole idea of

1 having the 20th as our deadline for this group meeting. We can
2 go beyond that, but I think on the 20th, we ought to do
3 everything in our power to make the decisions necessary for the
4 fiscal year '10 allocations to be agreed upon or go out or
5 whatever. And if there are additional auxiliary things that go
6 beyond that, well, okay, there are lots of reasons to continue
7 meeting thereafter. But there was a reason for that date of the
8 20th, remember?

9 MS. SCHERRA: I think a big issue connected to that would be
10 if Mike's suggestion of a mid-year change in the formula would
11 be something that's acceptable, then you would distribute
12 beginning July 1 on just the old formula, which would mean you
13 would have to put out new guidelines.

14 MR. HALLIDAY: With an equity fund squirreled away
15 somewhere.

16 MS. SCHERRA: Right.

17 MR. HALLIDAY: Maybe if you could talk to the people you
18 have to and see if you can come back with a preliminary
19 commentary on whether that sounds like a useful idea, then that
20 would be helpful.

21 MR. ANDERSON: Well, I think if that's -- if you're putting
22 a list together in a few minutes, you know --

23 MS. SCHERRA: That's on the list.

24 MR. ANDERSON: Having the list would be helpful of what
25 you're recommending so we're dealing with -- so we're dealing

1 with something real.

2 MS. SCHERRA: So for Monday's meeting it would be the agenda
3 we had originally planned for today, your reaction to our
4 recommendations, Helen's follow-up on all the information she's
5 collecting. And we've already agreed that we would get
6 information ahead of time, what you can give us, so that we
7 would have something to look at and at least be prepared on
8 Monday.

9 MR. ANDERSON: Right.

10 MR. HALLIDAY: We'll give you our list of recommendations.

11 MS. SCHERRA: That will come out, that will be today.

12 MR. ANDERSON: That sounds good. Thank you.

13 MS. SCHERRA: Anything else?

14 MR. ROYER: What time will it be Monday?

15 MR. ANDERSON: Well, it's scheduled for 10:00.

16 MR. ROYER: Here or your place?

17 MR. ANDERSON: I think doing it here is a good idea
18 because -- if it's available.

19 MS. SCHERRA: Do we want to set a tentative date that we all
20 know works for us for the follow-up meeting rather than leave it
21 to just the attorneys because I can already tell you Monday is
22 going to be really problematic for me. I would prefer to have
23 something suggested that works for everybody.

24 MR. HEDGE: Let me ask on the 20th, Karen, if we started at
25 9:30, would that be better?

1 MS. SCHERRA: No. I have an 8:00 thing that I'm going to
2 have a really hard time moving, but I'll figure it out.

3 MR. HEDGE: Can we make it later?

4 MS. SCHERRA: I actually have another meeting at ODMH at
5 2:00.

6 MR. HEDGE: What if we meet at 11:00 on Monday?

7 MR. JENKS: It's not a real problem for people that have to
8 commute a long ways to start the meeting later. I'm not against
9 10:00 or 10:30.

10 MS. SCHERRA: We've also said we want to have extra time.

11 MR. ROYER: So Monday, April 20, is at 10:00.

12 MS. SCHERRA: Apparently. We were not officially notified
13 of that, but apparently ODMH was.

14 MR. ANDERSON: That's what we were told. That was to
15 accommodate some scheduling.

16 MR. HEDGE: The follow-up potentially would maybe be on
17 Wednesday the 22nd is what we're thinking?

18 MS. SCHERRA: I cannot do that.

19 MR. HALLIDAY: We have a major meeting at -- on the adult
20 care facilities issue with Terry.

21 MR. ROYER: How about Thursday?

22 MR. HEDGE: Jackie, are you on there?

23 MS. MARTIN: Thursday is good for me.

24 MS. SCHERRA: Have you been on all along?

25 MS. MARTIN: Yes.

1 MS. SCHERRA: We didn't know that. Kristen told us you
2 weren't going to be.

3 MS. MARTIN: No. No. No. No.

4 MR. ANDERSON: Hi, Jackie.

5 MS. SCHERRA: We apologize.

6 MS. MARTIN: It's okay. I've been listening.

7 MS. SCHERRA: Do you want to say anything? I feel really
8 bad.

9 MS. MARTIN: No. No. No. Go ahead.

10 MS. SCHERRA: Okay.

11 MS. MARTIN: Thursday is a perfect day.

12 MR. ANDERSON: 23rd, Thursday, at 10:00.

13 MS. SCHERRA: Liz, Cheri and I were obligated to the
14 Hospital Association meeting that day. So we'll have to let
15 them know that we cannot be there.

16 MS. HENRICH: Sure.

17 MR. HEDGE: Sounds like we've got two meeting dates set
18 then. The second one is tentative until we get feedback.
19 Sounds like we're finished.

20 MR. ANDERSON: We're finished.

21 - - -

22 And, thereupon, the meeting was adjourned at 11:20 a.m.

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C-E-R-T-I-F-I-C-A-T-E

I do hereby certify that the foregoing is a true, correct and complete written transcript of the proceedings in this matter, taken by me on the 13th day of April, 2009, and transcribed from my stenographic notes.

Ann Ford
Registered Professional Reporter
and Notary Public

My commission expires: 4-18-11.

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