

Santa Clara County's mental health system has pushed the county's contribution to mental health programs far above statewide levels. State law calls for counties to put up ten cents in local funds for every 90 cents supplied by the state for mental health programs. Santa Clara County currently contributes more than three times the amount required by the state. Only San Francisco County contributes a greater share of local funds to its local mental health system.

In other counties, it's quite another matter. In San Bernardino County—the former place of employment for Bob Martinez, the county's new mental health bureau director—county supervisors routinely refused to put more resources into mental health than legally required.

Martinez, who took over from Ken Meinhardt last January, got off to a rocky start in his new post. Charged with overseeing the county's myriad programs for the mentally ill, including the jail's psychiatric facility, Martinez came to Santa Clara County with considerable experience. But critics charge it was the wrong kind of experience.

"In San Bernardino County," Martinez recalls, "the county supervisors never wanted to spend more than they were getting from the state." The result, he says, was a "seemingly endless need for cuts in local programs," that he, as director of the county mental health department, was forced to administer.

Martinez earned the wrath of the local mental health community when, weeks after assuming his post, he announced his plan to trim \$3 million from the county's already hard-pressed mental health programs. Martinez says he was buffaloes by the county executive's office. "We were expecting a \$71-million statewide cut," Martinez says, and that expectation led his boss in the county executive's office to direct him to prepare a plan to cut \$3 million.

Martinez's plan was rejected by the county supervisors on the very first day of budget hearings. "They were stupid cuts that we had no intention of agreeing to," Lofgren says.

"I was pleasantly amazed," says Martinez, who wants to make it clear that his first priority for Santa Clara County's mental health system was not to cut \$3 million. "It was a terrible way to get started," he says of the budget cutting plan, which antagonized virtually everyone, since he recommended cuts in both county-run systems and contract agencies. "It wasn't a great way to make friends."

Martinez says he has learned from the experience that "things happen differently here in Santa Clara County. There is much more support for mental health programs than I suspected."

In hopes of building a better relationship with the now fearful local mental health community, Martinez says he plans to adopt a more consultative management approach. In September, he brought together representatives from the county bureau, the mental health advisory board and the contract agencies to jointly plan the future of the local mental health system.

One of his priorities, Martinez says, will be to implement the reorganization goals outlined in the county's unfunded AB 3777 proposal. "All of those ideas," he says, referring to things such as the establishment of a primary treatment contact for each mental health client, better physical health screening for the mentally ill and more reliance on client self-help, "all of those things need to happen."

The jury is still out on Martinez, says Lofgren, though "there is a lot of hope" that he will have the administrative skills to heal a system that exists in name only. "We'll have to wait and see how he does," she says. "I've told him the only thing I won't tolerate is if he fails to inform us of the needs that are out there."

Experts agree that Santa Clara County's mental health system will have a troubled future until a more stable funding scheme is developed. "It's impossible for me to plan if I don't know how much money I will have next year," Martinez complains. "I don't even know how much money I will have this year."

Lofgren and Vasconcellos agree. They hope that changes in the state's Medi-Cal code might soon provide California with more federal funds for medical care to the indigent. Some states, like Missouri, already have changed their state regulations and are now receiving increased federal assistance for a variety of mental health programs. Essentially, the changes involve reclassifying a variety of mental health problems as physical maladies, thereby making the state eligible for reimbursement from Uncle Sam.

Officials in California estimate that up to \$1 billion could become available if the feds agree to state code changes similar to those already implemented elsewhere.

The feds, however, have repeatedly stalled California's attempts to rewrite the Medi-Cal code. The state Department of Finance has even hired a consultant to help figure out how California can satisfy federal regulations and take full advantage of the available federal monies.

"But every time we get close," says Ways and Means Committee consultant Gardner, "they change the rules on us and we go back to the drawing board." Gardner says she can't understand why the federal government is being so hard on California. "Maybe it's because they are even more broke than we are."