

# Impact of Proposed MHSA Changes on Counties

Phebe Bell, Nevada County

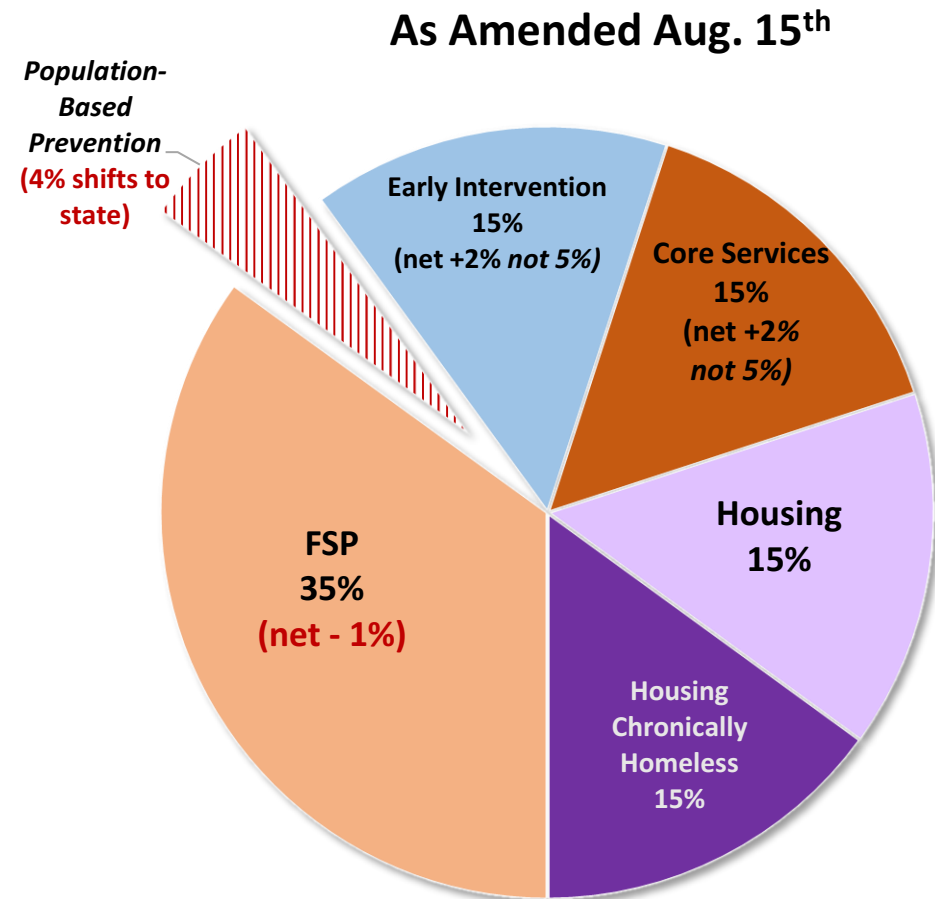
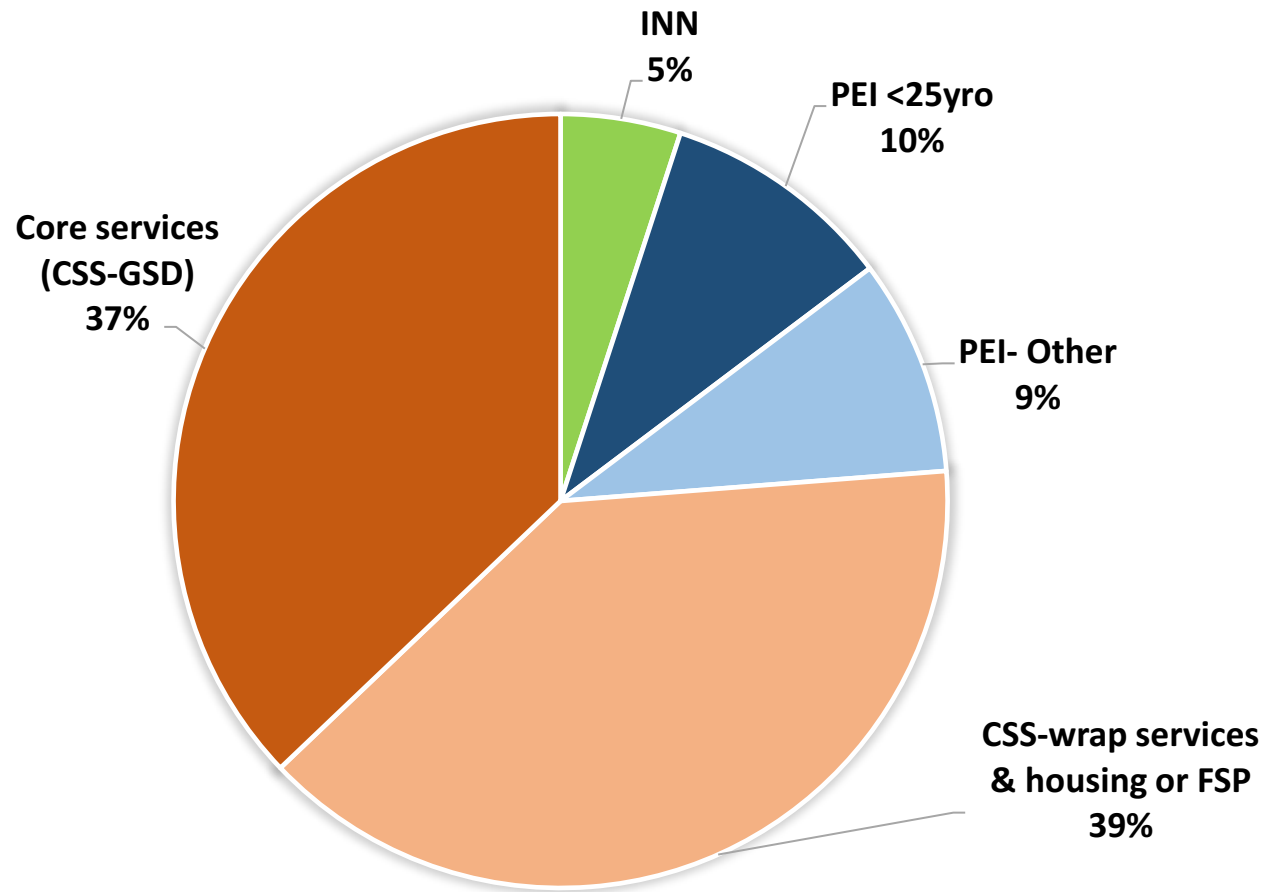
Behavioral Health



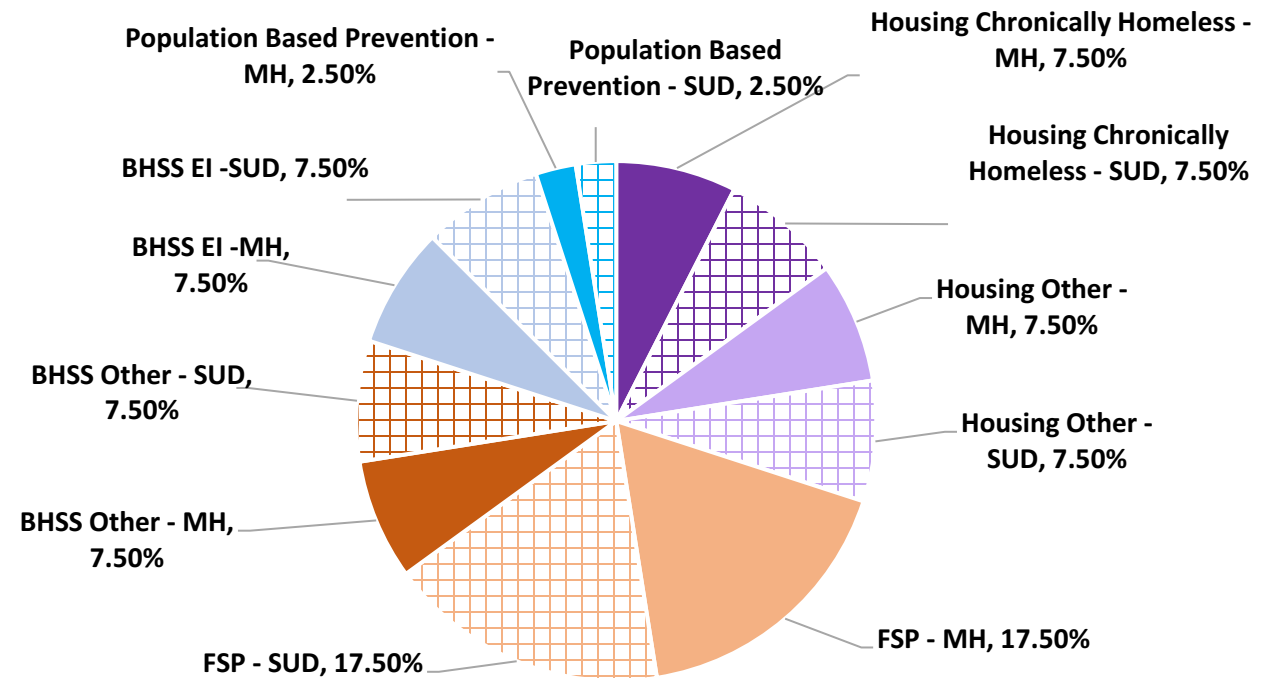
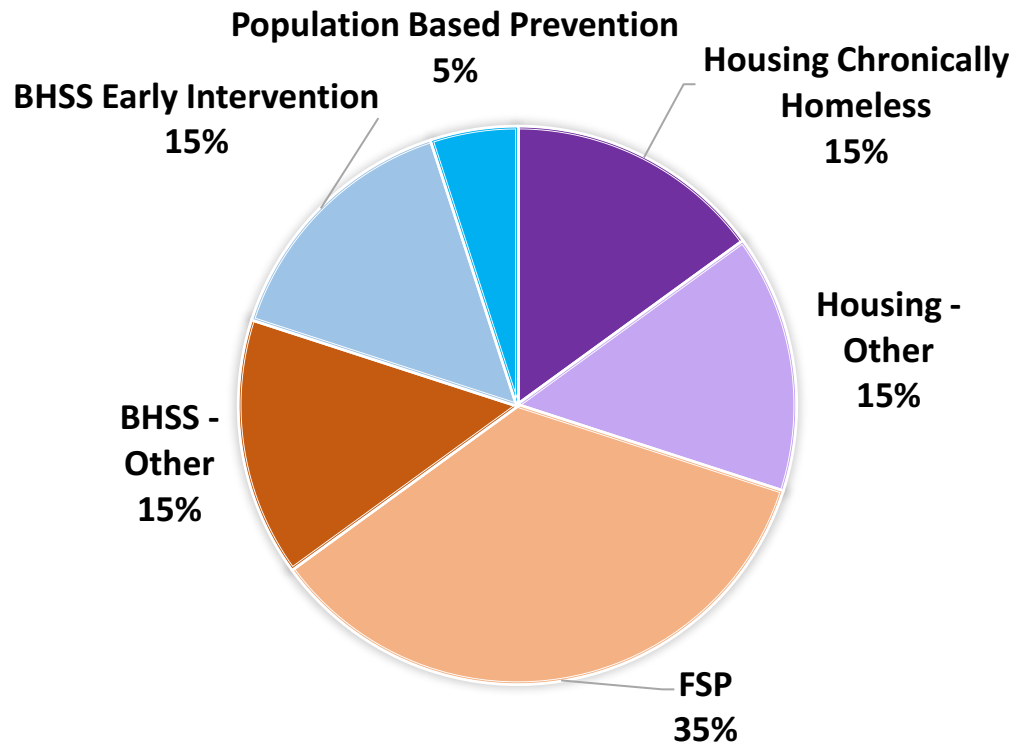
**NEVADA  
COUNTY**  
CALIFORNIA



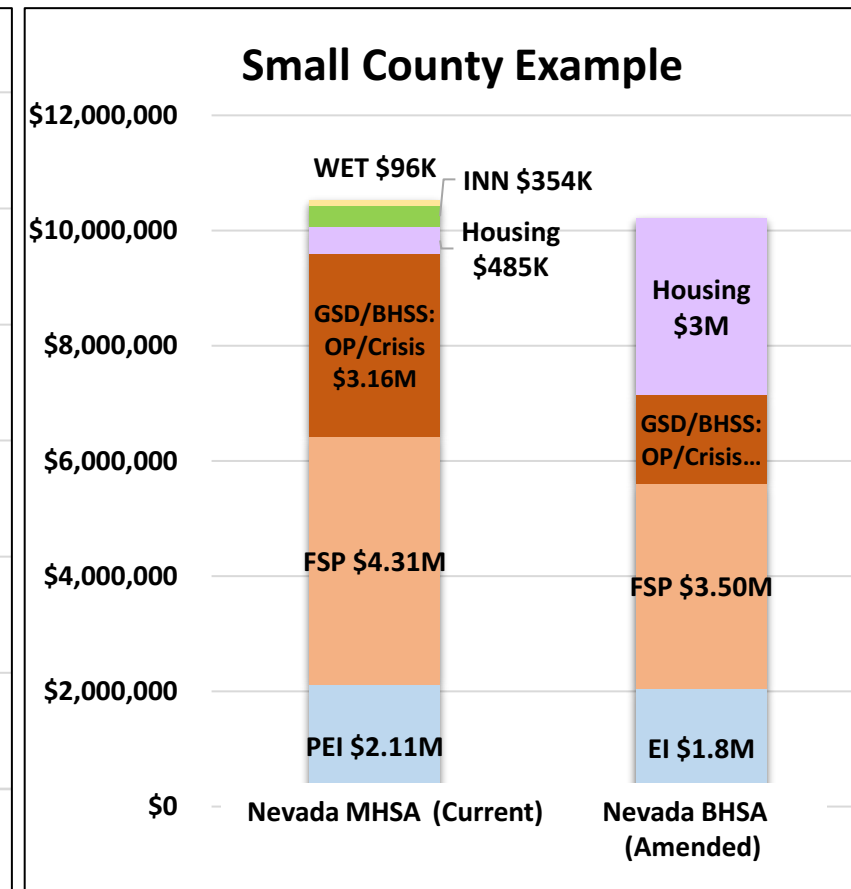
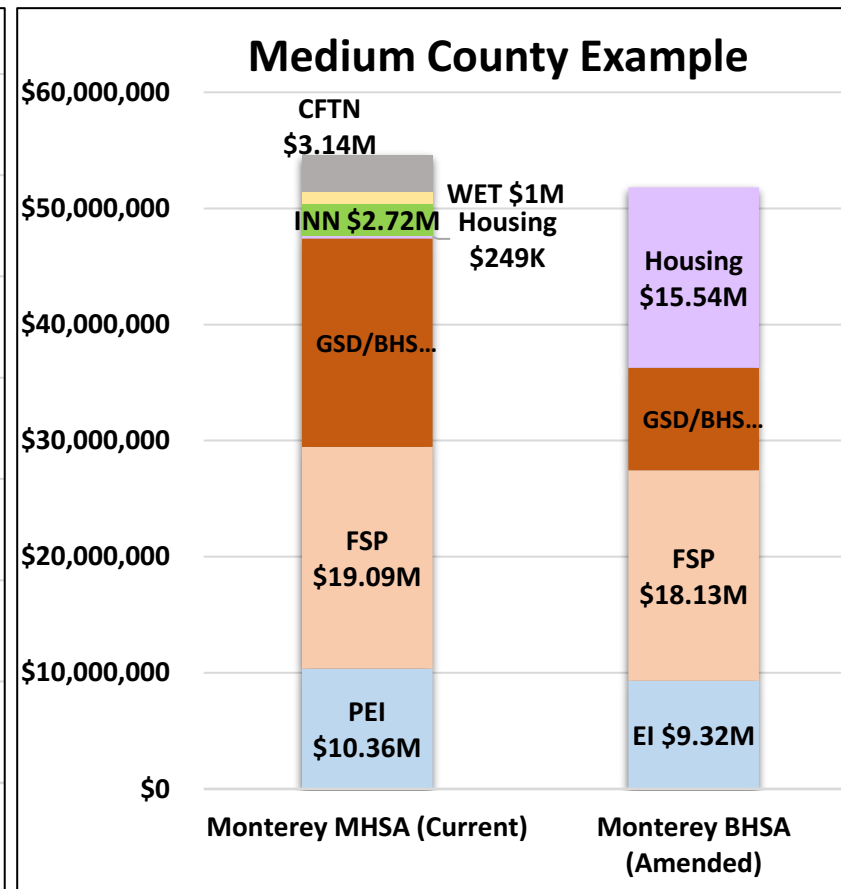
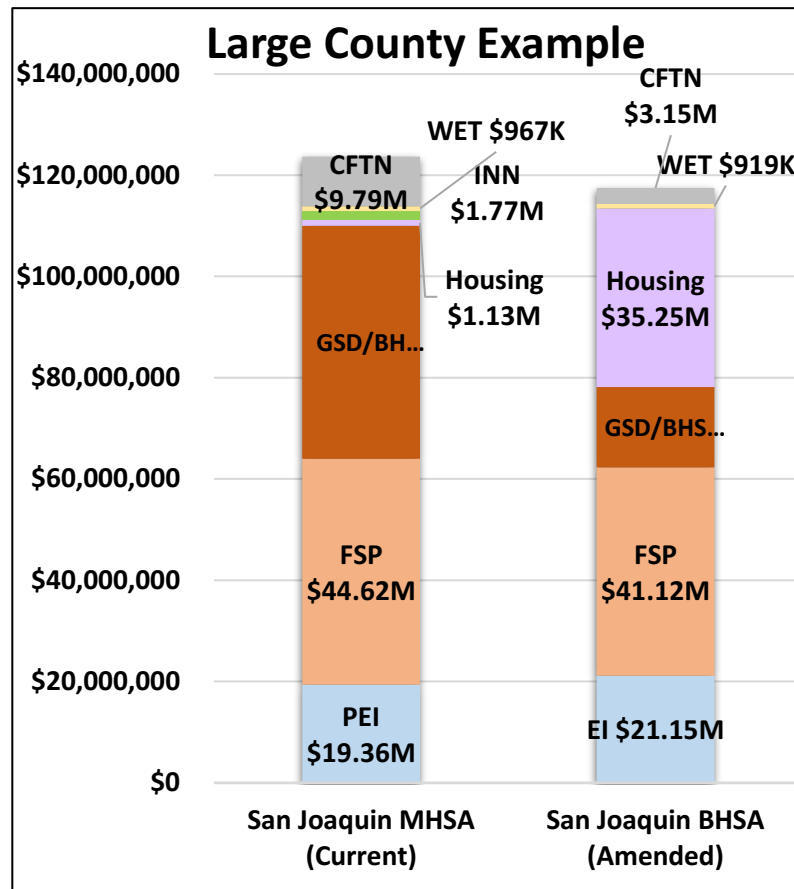
# MHSA Components vs. BHSA Categories



# Impact of Fund Shifts on Mental Health Services Funding



# SB 326 (Eggman) County Impact Analysis (large, medium, and small county)



# Overall Impacts



Loss of funding for core mental health outpatient, crisis, and recovery services from 46% (Nevada) to 69% (San Joaquin) and up to 80% statewide



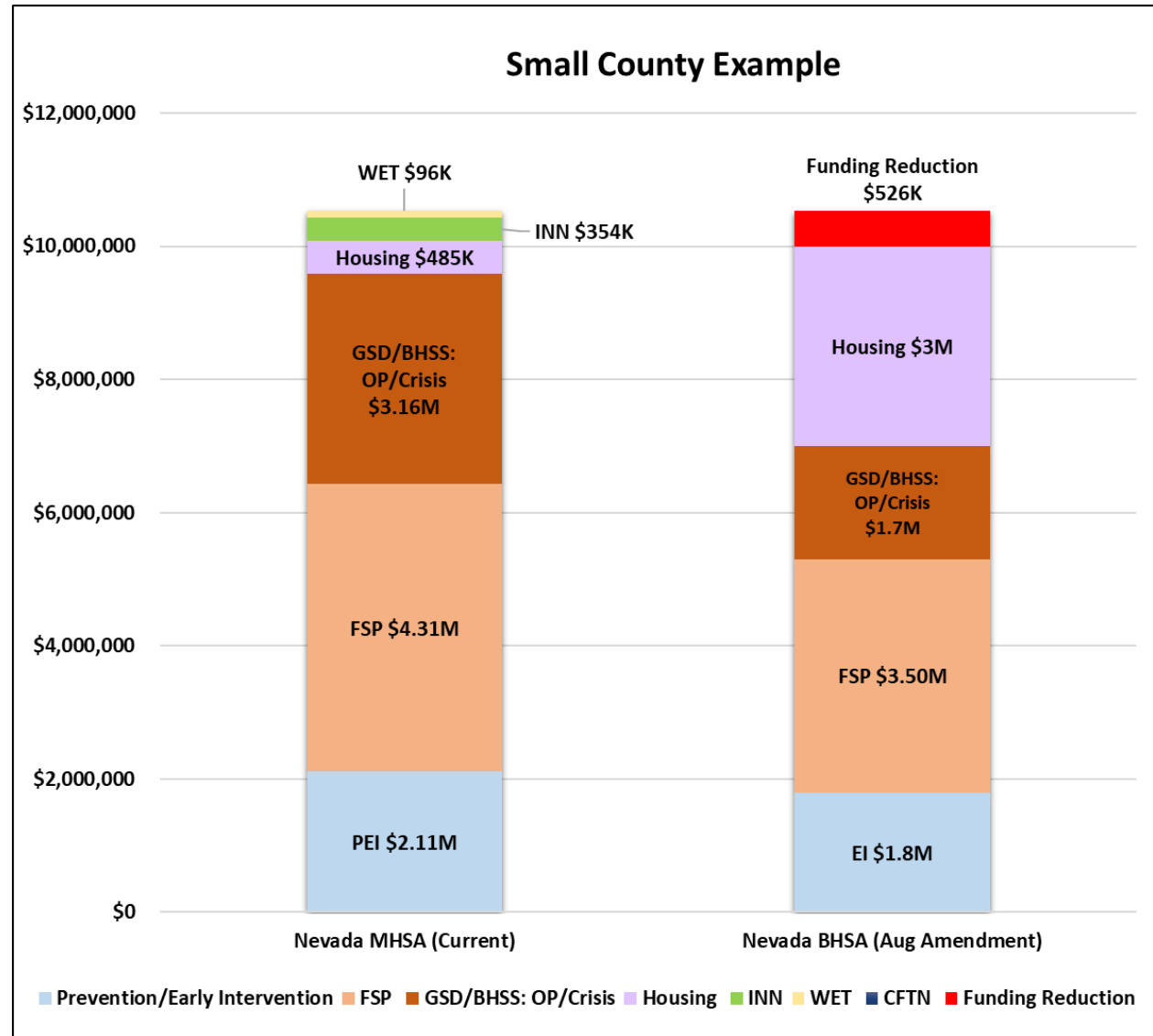
Most counties will need to eliminate funding for: Innovations, Capital Facilities and Technology Needs, and Workforce Education and Training programs



Loss in Federal Financial Participation (FFP) drawn down when MHSA funds are used as a source of non-federal share for Medi-Cal eligible services

# Nevada County Fiscal Impacts

- Reduces core services funded through GSD by 46%
- *Does not reflect impact of SUD requirements*
- Full Service Partnerships funding reduced by \$810,000
- Innovations and Workforce Education and Training would need to be completely eliminated
- Estimated loss of \$1.62 million in services due to Medi-Cal federal match (FFP)
- *Loss of \$310,000 in prevention funding due to shift to state*

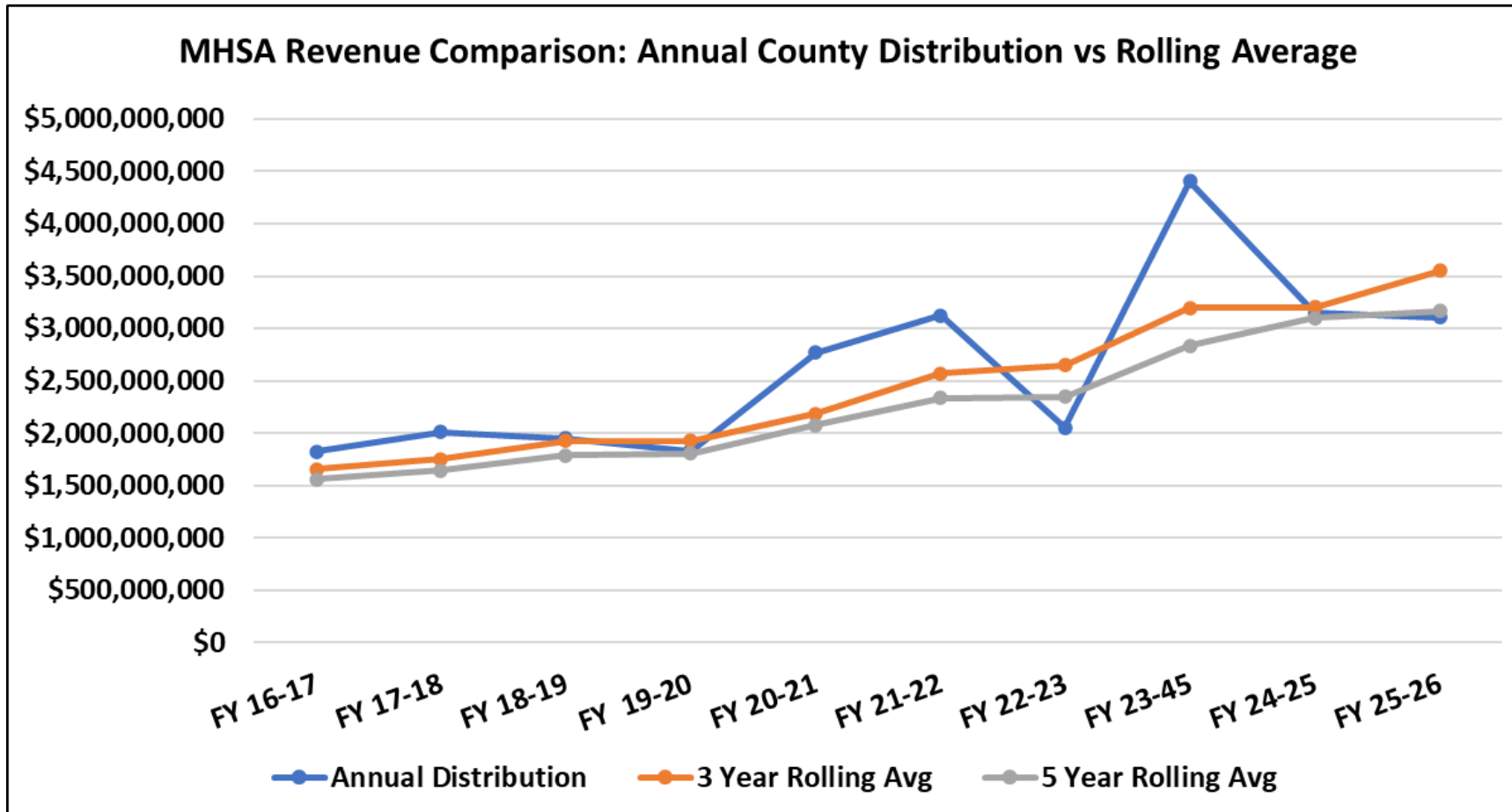


# MHSA “General Services Development” Funding Examples

- **Crisis intervention services** serving all ages such as:
  - Crisis stabilization units (CSU),
  - Crisis residential and treatment (CRT),
  - Crisis aftercare services
- **Core Outpatient services**
- **Recovery-oriented services** such as:
  - Peer-delivered services,
  - Adult wellness centers and
  - Youth drop-in centers,
  - Supported employment services
- **Outreach and Engagement Services**
  - Includes outreach to unhoused individuals
  - And outreach to individuals with serious mental illness
- Funding for Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN) and Prudent Reserves



# Volatility Smoothing: 5 Year Rolling Average





# Recommendations

Counties recommend the state work with counties to address:

- The **volatility** of the millionaires tax
- The significant drop in funding for **core mental health programs and services**, *along with prevention*
- **Realignment principles** require reimbursement for state mandates
- New vs redirected resources for **SUD services**
- Reimbursement for services provided to **commercial and managed care plan beneficiaries**

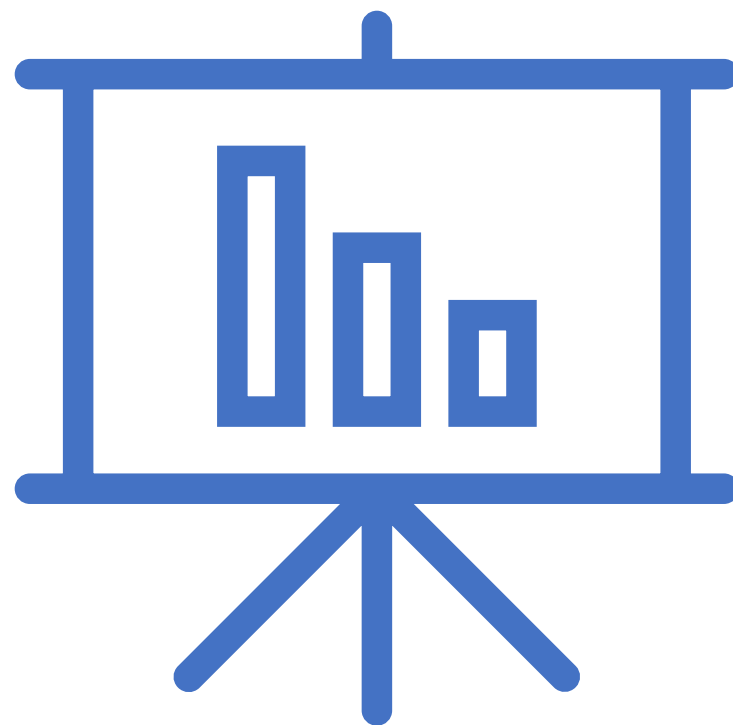




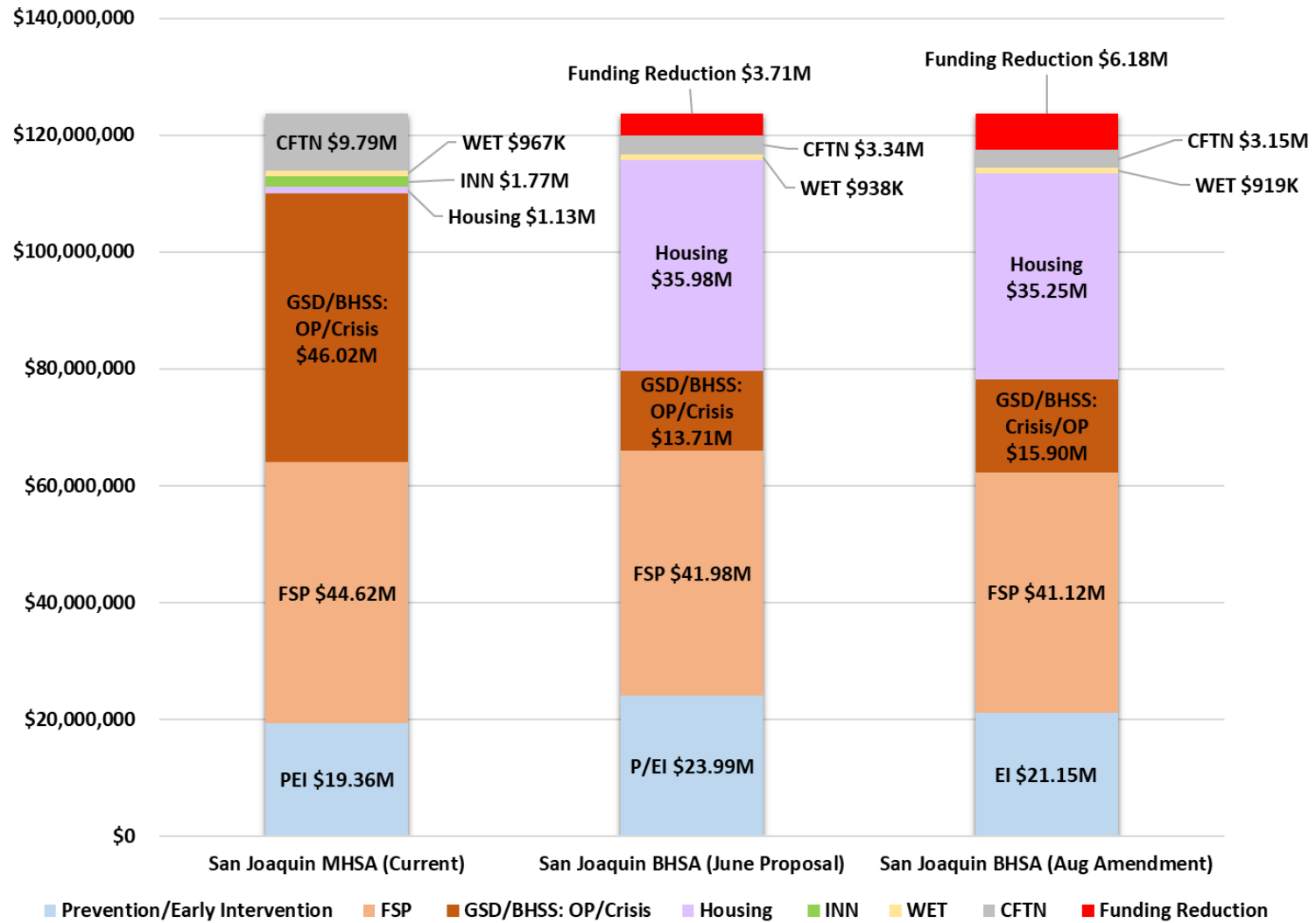
# Summary

- The MHSA is one of three major funding streams used to support the behavioral health safety net, and the state's most volatile
- MHSA funds are also a crucial source of funding for Medi-Cal services
- Shifting funds to pay for new priorities will have the biggest impact on the availability of funding for core mental health services like outpatient, crisis, and recovery services
- Counties will lose over \$1 billion in funding for mental health services

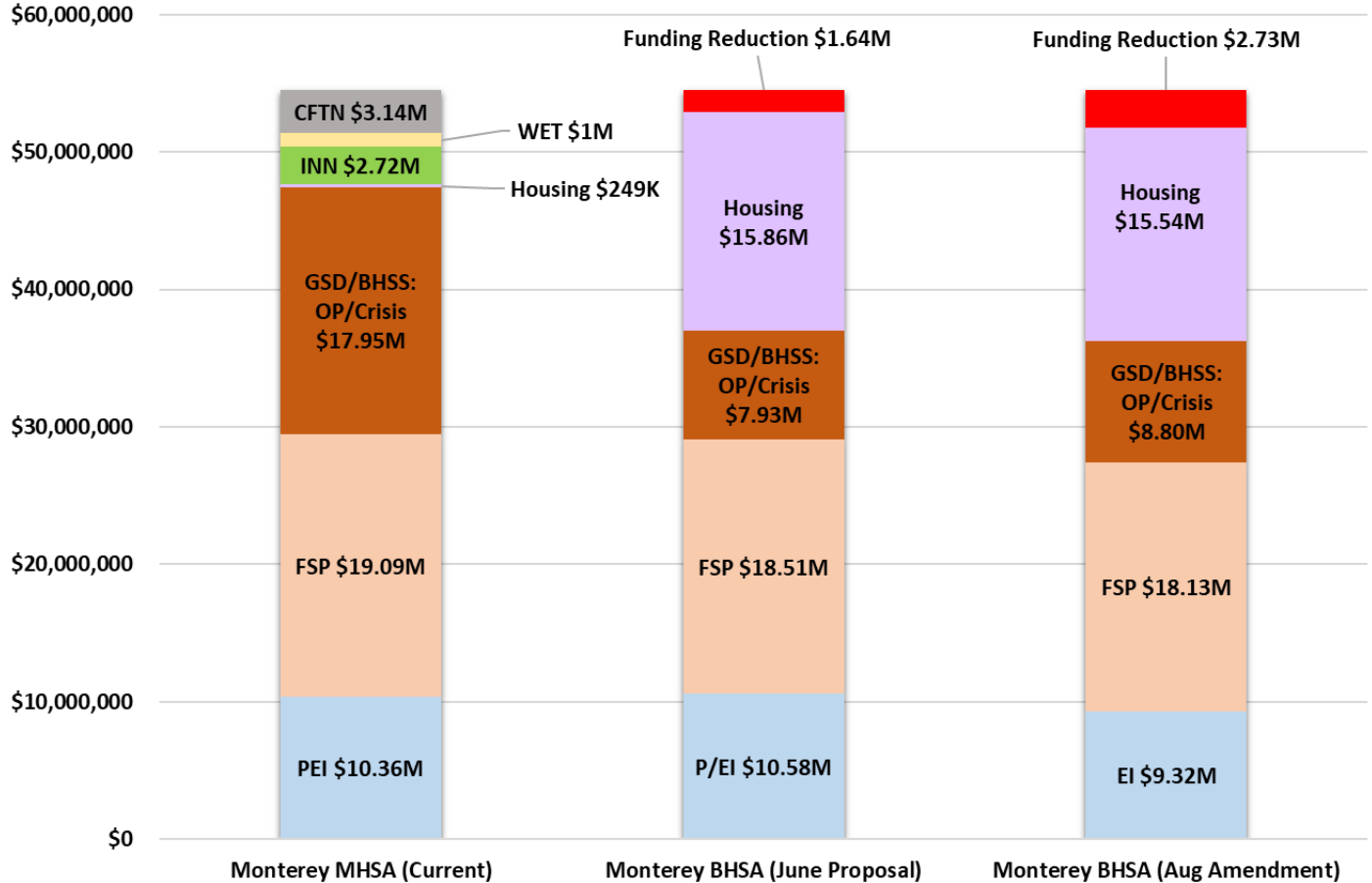
# Appendix: Sample Large and Medium County Examples



## Large County Example



### Medium County Example



■ Prevention/Early Intervention  
 ■ FSP  
 ■ GSD/BHSS: OP/Crisis  
 ■ Housing  
 ■ INN  
 ■ WET  
 ■ CFTN  
 ■ Funding Reduction