## WHAT THIS MEANS

COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION

- Overall funding decreases by 5%
- Population-based prevention funding eliminated
- Reduces funding for general services and early intervention (combined) by 20%
- Eliminates population prevention funding from county level and transfers this to the state for a competitive grants program under CDPH
- Eliminates a stand-alone requirement for counties to fund Innovations
- Reduces funding for FSPs from 39% to 35% and adds new EBP to fidelity requirements for children and adult services
- Workforce funding moves through the state
- Adds housing (new 30% set-aside)
- Adds substance use disorders (new requirement)

The combination of newly added responsibilities (e.g. required shift to housing, substance use disorder services, and evidence based practices to fidelity) and increased state control with less overall funding, will likely lead to fewer services for Californians.

**A new level of transparency:** In addition, Proposition 1 will require counties to report on and be held to a higher level of accountability for all funding sources: 1991 and 2011 realignment, BHSA, and other state and federal funding sources.

## **Other Proposition 1 Changes:**

- Counties must coordinate with Medi-Cal managed care plans' population needs assessment and the county public health needs assessment.
- Counties will be required to expand the array of stakeholders consulted in the three-year plan to newly include:
- 1. Cities
- 2. Public safety
- 3. Higher education partners
- 4. Early childhood organizations
- 5. Veterans
- 6. County social services

- 7. Child welfare agencies
- 8. Tribal and Indian Health Program designees
- 9. Labor representative organizations
- 10. Independent living centers
- 11. Regional centers
- 12. Emergency medical services

- 13. Area Agencies on Aging
- 14. Disability insurers
- 15. Continuums of care
- 16. Local health jurisdictions
- 17. Health care service plans.