

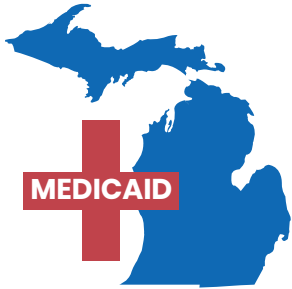
Ensuring a financially sound

# Public Mental Health System

for the future

## SOLUTIONS

*Our public mental health system's funding solutions are 30 years out-of-date. Together, we need to address the ancient funding issues to accommodate new behavioral health care changes, services, and risks.*



### Set Medicaid rates to match demands & costs.

Reflect the actual and projected growth in demand for and the real costs of providing the services.

### Make it so that Medicaid rates include contributions to risk reserves.

The contributions should be at a level sufficient for fiscal soundness of the public mental health system.



### Allow the public mental health system to hold sufficient risk reserves.

Increase the size of Prepaid Inpatient Health Plan (PIHP) risk reserves to a reasonable level and move to a shared CMH and PIHP savings model.



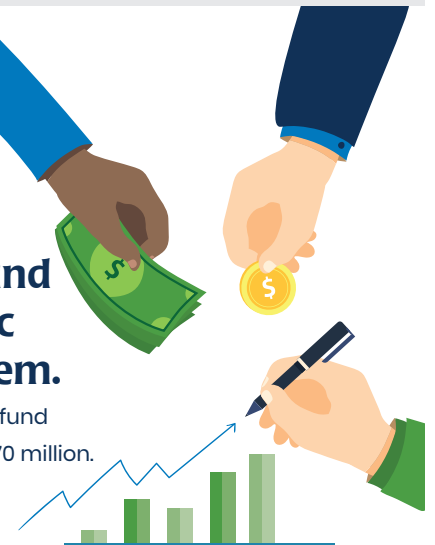
### Remove the local match draw-down obligation, Section 928 in the appropriations boilerplate.

This language earmarks the \$25.2 million local money given to CMH's by their counties to draw down additional Medicaid funds.



### Restore General Fund dollars to the public mental health system.

CMH's need a full year of general fund allocation to be a minimum of \$170 million.



COMPARISON BETWEEN RECOMMENDED INTERNAL SERVICE FUND LEVELS, MINIMAL LEVELS, AND CURRENT LEVELS (FY 2014 - FY 2017)

