



## Behavioral Health

*Update to MHSA Three Year Program and Expenditure Plan*

# **Mental Health Services Act Plan to Spend Reverted/Reallocated Funds per Assembly Bill 114**

## Introduction and Overview

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Assembly Bill (AB) 114, which became effective July 10, 2017, amended Welfare and Institutions Code (WIC) Sections related to the reversion of Mental Health Services Act (MHSA) funds and implemented provisions concerning how the MHSA funds will be reverted and reallocated to the County of origin (WIC § 5892.1). Per WIC § 5892(h), funds allocated to a county that have not been spent for their authorized purpose within three years shall revert to the state. MHSA funds were disbursed to local counties during Fiscal Year (FY) 2005-06 through FY 2014-15 and are subject to reversion as of July 1, 2017.

On December 28, 2017, the Department of Health Care Services (DHCS) released Mental Health & Substance Use Disorders Services (MHSUDS) Information Notice (IN) No. 17-059 to California Counties to provide guidance concerning:

- The process DHCS will use to determine the amount of unspent MHSA funds subject to reversion as of July 1, 2017;
- The appeal process available to a county regarding that determination; and
- The requirement that by July 1, 2018, counties have a plan to expend the reverted funds by July 1, 2020.

IN 17-059 further instructs every county to develop a plan to spend any reallocated funds and post the Plan to the county's website. The Plan is to include:

- An expenditure plan to account for the total amount of reverted and reallocated funds for all FYs, as indicated in the applicable notice of unspent funds that was provided to the county OR in the final determination on an appeal;
- An overview of the Plan to Spend Funds as part of the County's Three Year Expenditure Plan or Annual Update, or as a separate update to the County's Three Year Program and Expenditure Plan, and comply with WIC § 5847(a);
- How the reallocated funds are going to be spent on the component for which they were originally allocated;
- Acknowledgment that the use of Innovation Component funds must be approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC); and
- An overview of the Community Program Planning process required as identified in WIC § 5848.

## Local Impact

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By July 1, 2018, DHCS is required to prepare a report to the Legislature identifying the amount of funds subject to reversion by county. Prior to releasing this report, DHCS is required to provide each county with the amount of funds they have determined are subject to reversion and a process for counties to appeal that determination.

San Bernardino County Department of Behavioral Health (SBC-DBH) received notice that Prevention and Early Intervention (PEI) and Innovation funds were at risk for reversion. SBC-DBH did not believe it had any funds subject to reversion to spend, and in accordance with the instructions received in IN 17-059, submitted a formal appeal to the Department of Health Care Services on January 23, 2018. The appeal included a detailed account of San Bernardino County's adherence to Department of Mental Health (DMH) Information Notice 09-16, a PEI Prudent Reserve Funding Request, the approval of the request from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the approved MHSA Agreement No. 07-77336-000 (contract) between the State and County that validates the actions taken by San Bernardino County, and direction from DMH concerning when the MHSA reversion timeclock begins.

SBC-DBH appealed the original reversion determination and in a letter dated March 09, 2018, SBC-DBH received an appeal determination from DHCS. The determination reported agreement that no Prevention and Early Intervention funds are subject to reversion. However, approximately \$2.7 million of Innovation funds have been identified by DHCS as reverted.

The identified Innovation funds subject to reversion total approximately \$2.7 million as follows:

<b>Fiscal Year Affected</b>	<b>Amount of reverted/reallocated funds</b>
<b>FY 08-09</b>	\$2,690,676.00
<b>FY 09-10</b>	No funds identified
<b>FY 10-11</b>	No funds identified
<b>FY 11-12</b>	No funds identified
<b>FY 12-13</b>	No funds identified
<b>FY 13-14</b>	No funds identified
<b>FY 14-15</b>	No funds identified

On July 9, 2018, San Bernardino County Department of Behavioral Health (SBC-DBH) received an additional notice from the Department of Healthcare Services that \$3,252,682.00 Capital Facilities and Technological Needs (CFTN) funds are at risk of reversion. In accordance with the instructions received in IN 17-059, the Department has submitted an appeal to the Department of Healthcare Services within the 30 day timeframe allowed. The appeal includes an account of San Bernardino County’s adherence to previous Information Notices issued by the Department of Mental Health (DMH) and the contract between the County and DMH indicating the fiscal years from which the CFTN funds was generated. The reversion period for CFTN funds is ten (10) years. The appeal decision is pending with DHCS at the time of this update.

The identified CFTN funds subject to reversion total approximately \$3.2 million as follows:

<b>Fiscal Year Affected</b>	<b>Amount of reverted/reallocated funds</b>
<b>FY 07-08</b>	\$3,252,682.00
<b>FY 08-09</b>	No funds identified
<b>FY 09-10</b>	No funds identified
<b>FY 10-11</b>	No funds identified
<b>FY 11-12</b>	No funds identified
<b>FY 12-13</b>	No funds identified
<b>FY 13-14</b>	No funds identified
<b>FY 14-15</b>	No funds identified

## Plan to Spend Reverted/Reallocated MHPA funds

Through the established stakeholder process, SBC-DBH has developed stakeholder supported Innovation projects to present for approval to the San Bernardino County Board of Supervisors and the MHPAC. The Innovation project development timeline is included as part of this Plan and will conform to the timelines and standards outlined in IN 17-059. Funds will be expended pending MHPAC approval for one, or both of the projects presented in this plan.

### INN EXPENDITURE SUMMARY

Expenditure Item*	Years to be Spent	Amount to be Spent	From Fiscal Year
<b>Innovative Remote Onsite Assistance Delivery*</b>	FY 18-19 thru FY 19-20	\$2,690,676.00	FY 08-09
<i>and/or</i>			
<b>Eating Disorder Collaborative*</b>			

\*Pending MHPAC approval.

The CFTN funds identified at risk of reversion are part of an existing, stakeholder approved, planned scope of work that supports Crisis Stabilization Programs, Crisis Residential Treatment programs, and the development of an Electronic Health Records system. This work has been previously approved by the Board of Supervisors and included as part of the San Bernardino County MHPA Three-Year Program and Expenditure Plan for FYs 2017/18 through 2019/20 and subsequent Annual Updates. Detailed information related to these stakeholder approved projects can be found in the MHPA Plan(s) posted at <http://wp.sbcounty.gov/dbh/admin/mhpa/>. Other than identifying the use of reverted AB 114 funds on the approved CFTN projects in the three year plan and subsequent annual updates, this plan does not change the previously approved scope of work or budgeted amounts.

### CFTN EXPENDITURE SUMMARY

Expenditure Item*	Years to be Spent	Amount to be Spent	From Fiscal Year
<b>Crisis Stabilization and Treatment Programs</b>	FY 18-19 thru FY 19-20	\$3,252,682.00	FY 07-08
<i>and/or</i>			
<b>Electronic Health Record</b>			

## Proposed Innovation Project Summary - Innovative Remote Onsite Assistance Delivery (InnRoads)

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The focus of the project will be the creation of an intensive, field-based engagement and treatment model that supports multidisciplinary/multiagency teams that meet, engage, and provide treatment to consumers and their families where they live within homeless communities. Simply put, this project will seek to disrupt the existing model of engagement and treatment that requires individuals to “come to” services and supports in favor of the creation of a system where the needed services and supports “go to” the individual in need, no matter where they are located within the geographically diverse San Bernardino County.

The InnROADs innovative model will be comprised of three main components:

- Pre-Engagement
- Engagement and Treatment
- Stabilization

InnROADs will test a multi-agency case management model to provide innovative outreach and engagement to individuals experiencing homelessness in San Bernardino County, thus further challenging the service model of several health and human services agencies. Teams will be stationed regionally throughout the county in conjunction with services provided by a Mobile Treatment Unit, possible treatment could include counseling, medication and basic physical health screenings.

### **PRE-ENGAGEMENT**

This phase will be the initial introduction of the InnROADs project into a specific homeless community. Incentives will be used by the engagement teams as a means to encourage future participation with engagement and physical/behavioral treatments by engendering the trust of individuals experiencing homelessness and the larger homeless community in which they reside. The incentives used for this project will be non-traditional and service-based. Many of the service-based incentives will be provided or coordinated by collaborating County agencies and community partners, to include faith-based organizations. Examples of service-based incentives include, but are not limited to: animal care services (such as grooming or vaccines), haircuts/barber services, health screenings (dental and eye care included), and access to mobile hygiene services. The ability to provide a service will be open to all County Departments and community partners and would only be limited by the identified needs of the homeless community and the individuals experiencing homelessness.

### **ENGAGEMENT AND TREATMENT PHASE**

Phase 2 of the InnROADs engagement model is the Engagement & Treatment Phase. Activities during this Phase will be handled by two different types of teams: 1) Mobile

Multiagency Engagement and Case Management Team, and 2) Mobile Treatment Unit. Teams will be trained in the use of the Listen-Empathize-Agree-Partner (LEAP) model of engagement. The LEAP model was specifically created to train behavioral healthcare professionals on how to quickly gain trust. LEAP focuses on transforming the relationship first so that later recommendations concerning treatment are trusted.

Activities in this phase will primarily be comprised of intensive “housing problem solving.” Housing problem solving (sometimes called “diversion” or rapid resolution) involves a conversation to explore a household’s current housing crisis, provides concrete problem solving advice, and is creative about housing options. This practice explores every available resource to keep the household housed or finding housing for those that are homeless. Much of the focus will be on treatment readiness and increasing system understanding so individuals can understand and make informed decisions about their “care path” and the additional supports that may be available to them.

The mobile case management model will link the individual experiencing homelessness and the appropriate treatments offered by the Mobile Treatment Unit. Individuals participating in the InnROADs project need not wait or leave their community to receive certain treatments. Location and times of mobile treatment will be coordinated by members from the Mobile Multiagency Engagement and Case Management Team. The goal of providing mobile treatment will be to have a dependable (as to times and locations) and consistent services. Stakeholder feedback and learning from previous Innovation projects has shown that reliability and dependability are key to increasing the trust factor within a community.

### **STABILIZATION PHASE**

The final phase of the InnROADs Engagement model is the Stabilization Phase. Individuals enter this phase once they are ready to be transitioned, via warm handoff, to the most appropriate case manager within the existing SBC-DBH system of care. The InnROADs teams will transition individuals to case managers who will be responsible for any long-term care coordination and permanent supportive housing placement. These hand-offs will be guided with the engagement teams in order to foster relationship building between the consumer, engagement team, and new case manager. To avoid returning consumers to the same system barriers that contributed to their initial isolation, these case managers will be responsible for developing a plan, with the consumer, that will address access barriers to care for those requiring ongoing medical and/or psychiatric care.

### **INNOVATION GUIDELINES**

The Primary Purpose of this Innovation Project is to increase access to mental health services to underserved groups.

This Innovation Project seeks to introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

The goal of every Innovation project is learning and, as such, each Innovation project establishes learning goals as part of the project design.

The learning goals for the InnROADs project are:

- 1 Does unconditional mobile services lead to increased participation in mental health services?
- 2 Does addressing basic needs help access mental health services?
- 3 Can working with communities of people without homes help build resiliency related to individual and community mental health issues?
- 4 Is there a relationship between basic needs, mental health needs and housing readiness?

This project is proposed as a five (5) year project.

The estimated annual budget for the first two years are approximately \$2.5 million each year, and years three through five at approximately \$4 million year each. Total estimated budget for this Innovation Project is approximately \$17 million over five years.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Estimated Budget</b>	\$2.5 million	\$2.5 million	\$4 million	\$4 million	\$4 million	\$17 million

This project is currently in development and DBH is working with the MHSOAC in order to present and gain approval at an upcoming MHSOAC meeting. Upon receiving further guidance through the MHSOAC's technical assistance process and guidance the fully developed plan will be posted for public comment, followed by a public hearing with the local Behavioral Health Commission and the plan will be presented to the local Board of Supervisors for approval.



## **COMMUNITY PROGRAM PLANNING – STAKEHOLDER ENGAGEMENT**

Beginning in January 2018, the SBC-DBH Innovation Team began the community planning process to develop the project outline for the InnROADs project. Ten stakeholder meetings were held between January 2018 and May 2018 at various time and locations in the community to ensure the broadest range of participation. SBC-DBH ensures diverse attendance by advertising these meetings using social media, press releases, other county departments, and an expansive network of known community partners and contracted vendors.

<b>InnROADs Summary</b>	
<b>Target population</b>	Homeless individuals living with a severe and persistent mental illness
<b>Project Length</b>	5 years
<b>Estimated 5 year budget</b>	Approximately \$17 million
<b>Primary purpose</b>	Increase access to mental health services to underserved groups.
<b>Innovative qualifier</b>	Introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

## Proposed Innovation Project Summary - Eating Disorder Collaborative

The focus of this project will be to develop a comprehensive flexible interagency model of interventions and services for those that have been diagnosed with an eating disorder. This project is potentially a collaboration with Riverside University Health Systems-Behavioral Health (RUHS-BH). This model will function similar to Full Service Partnerships (FSP), where any needed action will be taken, but will not be limited by the qualification criteria that currently exists for FSP programs. This model will also allow for access to needed treatment without being limited by the existing traditional benefit structures of Medicare and/or Medi-Cal, which can limit the availability of treatment for individuals that need specialized care. The high cost of eating disorder treatment can severely limit treatment options for individuals who have limited financial resources resulting in high rates of death for those with the lowest incomes even though the symptoms of an eating disorder are distributed equally across all levels of socioeconomic statuses. This model seeks to improve access to the needed treatment of an eating disorder across all socioeconomic levels.

In addition to providing better access to care, this project will increase the region's understanding of eating disorders in an effort help primary-care physicians identify, diagnose, and refer individuals with eating disorders earlier in the disorder's development. Early identification will allow the needed interventions to be made prior to the side effects of the eating disorder becoming physically debilitating. Earlier detection and treatment will also allow for less restrictive, and less expensive, treatment option to be available. Organization of this regional training model will require a regional coordinator for the Inland Empire (San Bernardino and Riverside Counties) to direct a multi-faceted, collaborative system of trainings that would include participation of two county behavioral health agencies, community partners, managed care plans, and primary-care physicians.

By utilizing a regional model (vs. a strictly single county model), this project seeks to overcome known workforce shortages within the mental health community by sharing and coordinating these resources at the regional level.

This project will increase access to mental health services and treatment for eating disorders to underserved groups by eliminating the financial barriers that prevent California's most vulnerable from having access to needed treatment for their disorder. Additionally, by including an innovative collaboration that will coordinate, share, and provide training on eating disorders to the entire Inland Empire region, those that need treatment will be identified by their primary-care physician sooner allowing the individual to participate in the least restrictive and less expensive forms of treatment.

## INNOVATION GUIDELINES

The primary purpose of this Innovation project is to increase access to mental health services to underserved groups.

This Innovation Project makes a change to an existing mental health practice/approach including adaptation for a new setting or community.

The goal of every Innovation project is learning and, as such, each Innovation project establishes learning goals as part of the project design. The learning goals for the Eating Disorder Collaborative are currently in development.

This project is proposed as a five (5) year project.

The total estimated budget for this Innovation Project is approximately \$10.7 million over five years. Annual budget expenditures start at \$1.9 million and gradually increase to \$2.5 million in year five.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Estimated Budget</b>	\$1.9 million	\$1.9 million	\$2.1 million	\$2.3 million	\$2.5 million	\$10.7 million

This project is currently in development and DBH and RUHS-BH are working with the MHSOAC in order to present and gain approval at an upcoming MHSOAC meeting. Upon receiving further guidance through the MHSOAC's technical assistance process and guidance the fully developed plan will be posted for public comment, followed by a public hearing with the local Behavioral Health Commission and the plan will be presented to the local Board of Supervisors for approval.

## COMMUNITY PROGRAM PLANNING – STAKEHOLDER ENGAGEMENT

Beginning in January 2018, the SBC-DBH Innovation Team began the community planning process to develop the project outline for the Eating Disorders project. Ten stakeholder meetings were held between January 2018 and May 2018 at various time and locations in the community to ensure the broadest range of participation. SBC-DBH ensures diverse attendance by advertising these meetings using social media, press releases, other county departments, and an expansive network of known community partners and contracted vendors.

Eating Disorders Summary	
<b>Target population</b>	Individuals diagnosed with an eating disorder.
<b>Project Length</b>	5 years
<b>Estimated 5 year budget</b>	Approximately \$10.7 million

<b>Primary purpose</b>	Increase access to mental health services to underserved groups.
<b>Innovative qualifier</b>	Makes a change to an existing mental health practice/approach including adaptation for a new setting or community.