

Plan for Assembly Bill 114: Plan for MHSA Dollars Subject to Reversion

Assembly Bill 114 (AB 114) went into effect on July 10, 2017, The Bill amended particular Welfare and Institution Code (WIC) Sections related to the reversion of Mental Health Services Act (MHSA) funds.

AB 114 implemented provisions concerning funds subject to reversion as of July 1, 2017. Funds subject to reversion as of July 1, 2017, are deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally allocated (WI Section 5892.1(a)). Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from Fiscal Year (FY) 2005-06 through FY 2014-15. By July 1, 2018, counties are required to have a plan to spend those funds by July 1, 2020 (WIC Section 5892.1(c)).

Every county must develop a plan to spend its reallocated funds and post it to the county's website. The county must submit a link to the plan to the Department of Health Care Services (DHCS) by July 1, 2018. Each county's Board of Supervisors (BOS) must adopt a final plan within 90 days of the county posting the plan to the county website.

Each county must submit its final plan to DHCS and the Mental Health Services Oversight and Accountability Commission within 30 days of adoption by the county's BOS. A county may not spend funds that are deemed reverted and reallocated to the county until the county's BOS has adopted a plan to spend those funds.

In addition, each county must comply with the following:

- The expenditure plan must account for the total amount of reverted and reallocated funds for all impacted FYs;
- The county must include the plan in the County's Three-Year program and Expenditure Plan or Annual Update, or as a separate update to the County's Three-Year Program and Expenditure Plan, and comply with WIC Section 5847 (a);
- Reallocated funds must be expended on the component for which they were originally allocated to the county;
- If reallocated funds were originally allocated to the INN component, the funds are subject to the requirements of California Code Regulations, Article 9, sections 3900-3935;

- The county must follow the stakeholder process identified in WIC Section 5848 when determining the use of reallocated funds; and

- The county must report expenditures of reallocated funds, by component, on its Annual MHSA Revenue and Expenditure Report.

A county may expend reallocated funds for an already approved program/project or use the reallocated funds to expand an already approved program/project provided the program/project is the same component as the component for which the funds were originally allocated to the county, which must be in compliance with applicable MHSA statutes and regulations.

If a county fails to prepare a plan and submit a link to the plan by the required deadlines, the county will be substantially out of compliance with MHSA. Per WIC Section 5899 (e), DHCS will work with the State Controller's Office to develop a process to withhold 25% of the county's monthly allocations from the Mental Health Fund until the county submits a link to the plan.

Department of Health Care Services
MHSA Funds Subject to Reversion by Fiscal Year by Component
FINAL

Riverside	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	\$ -					\$ -
FY 2006-07	\$ -			\$ 615,684		\$ 615,684
FY 2007-08	\$ -	\$ -			\$ -	\$ -
FY 2008-09	\$ -	\$ 22,530	\$ 2,225,326			\$ 2,247,856
FY 2009-10	\$ -	\$ 1,390,727	\$ 1,738,253			\$ 3,128,980
FY 2010-11	\$ -	\$ -	\$ 3,858,608			\$ 3,858,608
FY 2011-12	\$ -	\$ -	\$ -			\$ -
FY 2012-13	\$ -	\$ -	\$ -			\$ -
FY 2013-14	\$ -	\$ -	\$ 436,099			\$ 436,099
FY 2014-15	\$ -	\$ -	\$ 2,638,902			\$ 2,638,902
Total	\$ -	\$ 1,413,257	\$ 10,897,188	\$ 615,684	\$ -	\$ 12,926,129

\$ - No Funds Subject to Reversion
ARER expenditure data is not complete

Riverside County plans to spend reallocated funds for the following components:

PEI (Prevention and Early Intervention) – Any funds subject to reversion will be utilized to provide services already approved by Riverside County stakeholders in the MHSA 3-year Program and Expenditure Plan. There are 7 workplans directly related to PEI: Mental Health Outreach, Awareness and Stigma Reduction; Parent Education and Support; Early Intervention for Families in Schools; Transition Age Youth Project; First Onset for Older Adults; Trauma-exposed Services for All Ages; and, Underserved Cultural Populations. This PEI funding continues the commitment to provide training and technical assistance for the evidence-based and evidence-informed models that have

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been implemented as well as booster training related to those models and other PEI topic-specific trainings.

INN (Innovation) – Any reallocated funds from past years will be utilized on extending current Innovation plans and future Innovation plans that are approved by the MHSOAC. Riverside University Health System – Behavioral Health (RUHS-BH) worked on a collaborative Innovation plan (Inland Empire PsychPartners) that was motivated by stakeholder feedback for over a year; however, the plan was denied by the MHSOAC in November of 2016.

RUHS-BH is currently working to join the **Technology Suite** (a multi-county collaborative) and anticipates presenting the plan to the MHSOAC in FY 18/19.

In October of 2017, the MHSOAC approved a multi-county Innovations plan. “The Technology Suite” is a project initially proposed by Los Angeles and Kern counties, with the opportunity for other counties to participate. RUHS-BH is pursuing the possibility of being a part of the collaborative.

RUHS-BH is seeking approval from the MHSOAC to use Innovation Funds to join the technology-based project. This plan will bring interactive technology tools into the public mental health system through a highly innovative set or “suite” of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed.

Additionally, RUHS-BH is will be requesting an extension on a previously approved plan for an innovative approach to training peers who provide services to transition age youth (TAY) in FY 17/18.

In August of 2015, the MHSOAC approved the RUHS-BH TAY Drop-In Center plan.

RUHS-BH will be seeking approval from the MHSOAC to extend the plan due to a delayed start and unpredictable revenue streams.

The TAY Drop-In Center plan changes the culture of treating transition age youth by training peers who have had lived experience during the age of 16-25. Workforce development for transition age youth peers is necessary and impactful. The plan

focuses on developing and implementing TAY peer training curriculum within a dedicated space that will serve as a training hub, providing on-going development of TAY peer work skills by integrating TAY peers into an adapted evidence-based model serving TAY and their families, and incorporating interagency partners into the training hub to provide the opportunity for TAY peers to learn and practice their skills in an integrated way.

Also, during the initial operation of the CSEC Field Response Project plan, unplanned implementation barriers were encountered. RUHS-BH will request additional funding to address these barriers with newly proposed solutions.

In February of 2017, the MHSOAC approved the RUHS-BH CSEC Field Response Project plan. RUHS-BH will be seeking an additional funding approval from the MHSOAC to create alternative access points due to the barriers that commercially sexually exploited children (CSEC) face.

The CSEC Field Response Project plan combines an adapted Trauma-Focused Cognitive Behavioral Therapy model to effectively treat trauma with a field-based

approach designed to meet challenges of engagement unique to this population. This CSEC project aims to test an adapted evidence-based practice to determine if the adaptation delivered within a coordinated specialty care team model will, as a whole, improve outcomes for this population. Focused on using transition age youth peer survivors and parent partners to engage and support youth and families/caregivers, this project is an opportunity to learn about effective ways to deliver mental health treatment that would meet the needs for this vulnerable and challenging population of youth. Joining the Technology Suite, extending the previously approved TAY Drop-In Center plan, and creating new avenues to access for the previously approved CSEC Field Response Project plan, will utilize the Innovation reallocated funds. However, this forecast is subject to approval by the MHSOAC. If the proposed plans are not approved by the MHSOAC, RUHS-BH has other stakeholder-driven plans, in the community planning stage, to present to the MHSOAC in FY 18/19.

WET (Workforce Education and Training) – Any funds subject to reversion will be utilized to provide public behavioral health workforce development strategies already approved by Riverside County stakeholders in the MHSA 3-year Program and Expenditure Plan. There are five WET workplans that contain a total of 19 separate actions: Workforce Staffing Support; Training and Technical Assistance; Career Pathways; Internship and Residency; and, Financial Incentives. WET strategies involve the development of a diverse workforce that reflects the membership of Riverside’s unique communities and also the meaningful inclusion of people with lived experience as service providers. WET also takes an active role in educating our allied service providers such as law enforcement, academics, housing, social services, and primary health care so that no matter the course of healing or help seeking, people with mental health challenges will find a willing partner.