



COUNTY OF SONOMA

575 ADMINISTRATION
DRIVE, ROOM 102A
SANTA ROSA, CA 95403

SUMMARY REPORT

Agenda Date: 8/26/2025

To: County of Sonoma Board of Supervisors

Department or Agency Name(s): Department of Health Services

Staff Name and Phone Number: Nolan Sullivan, 707-565-4774; Jan Cobaleda-Kegler, 707-565-5157

Vote Requirement: Informational Only

Supervisorial District(s): Countywide

Title:

Mobile Support Team/Sonoma County Mobile Crisis Services Continuum Update

Recommended Action:

Receive an update on Mobile Support Team/Sonoma County Mobile Crisis Services Continuum

Executive Summary:

This item gives an overview of each service model and an update on efforts to implement the Medi-Cal Mobile Crisis Services benefit in Sonoma County.

In 2022, the Department of Health Care Services (DHCS) notified county Mental Health Plans (MHPs) that effective December 31, 2023, they would be required to implement the Medi-Cal Mobile Crisis Services Benefit, providing 24/7 mobile crisis services to individuals experiencing a behavioral health crisis throughout Sonoma County. The implementation of the Medi-Cal Mobile Crisis Services Benefit would enable Sonoma County Department of Health Services (hereinafter, "DHS" or "the Department") to access funding through Federal Financial Participation in the Medi-Cal program. County MHPs were also required to implement a 24/7 call center with the capacity to field calls from all over Sonoma County and provide a non-police response to individuals in crisis. To meet these requirements, DHS planned to expand its existing Mobile Support Team (MST) program to provide 24/7 crisis response, develop and implement a 24/7 call center, and establish a regional coverage model.

On June 2, 2024, Sonoma County MST began providing 24/7 Medi-Cal Mobile Crisis Services Benefit, including the operation of a 24/7 crisis call center which can be accessed by dialing 1-800-746-8181. Planning efforts also included developing a Mobile Crisis Continuum to collaborate with regional stakeholders, city partners, and mobile crisis services providers to implement a regional model to coordinate the provision of the Medi-Cal Benefit in Sonoma County. The current Mobile Crisis Services Continuum consists of DHS's MST, Petaluma People Services Center's Specialized Assistance for Everyone (SAFE), and the City of Santa Rosa and Buckelew Programs' inRESPONSE. Healdsburg Police Department's Community Oriented and Equity (CORE) withdrew from participation of the Mobile Crisis Services Continuum because of implementation challenges associated with meeting DHCS requirements for Medi-Cal Mobile Crisis Services Benefit.

Discussion:

Medi-Cal Mobile Crisis Services Benefit Requirements

As of December 31, 2023, the DHCS benefit model requires a two-person crisis team consisting of at least one

licensed clinician and an alcohol or drug counselor and/or other mental health counselor. Additionally, the County must operate a 24/7 call center (accessed by calling 1-800-746-8181) with the capacity to field calls from all over the county and provide a non-police response to individuals in crisis.

Medi-Cal Mandate Implementation Update

Beginning in early 2024 and with the goal of implementing the Medi-Cal Mobile Crisis Services benefit by June 30, 2025, DHS initiated discussions with the cities of Santa Rosa, Petaluma, Rohnert Park, Cotati, and Healdsburg along with our mobile crisis services providers, SAFE and inRESPONSE. DHS encountered challenges throughout this implementation year, as several unforeseen complexities were identified which ultimately prevented both SAFE and inRESPONSE from being able to claim for Medi-Cal services by the planned deadline. Challenges include one crisis service partner dropping out of the Mobile Crisis Services Continuum; contracting delays; crisis service providers needing additional lead time to recruit, train, and credential new staff to support 24/7 coverage models; and navigating a change in leadership within the SAFE organization.

Despite setbacks, DHS believes continued partnership with cities and local crisis services providers have laid the groundwork for successful implementation within the first quarter of FY 2025-2026. Until then, DHS MST, SAFE, and inRESPONSE will continue to operate as integral partners of the Mobile Crisis Services continuum providing 24/7/365 crisis response services throughout our community.

Service Providers and Models

The three providers within Sonoma County currently use different operational models. Of these, Petaluma People Services Center's SAFE and Buckelew's inRESPONSE do not currently meet DHCS' requirements for reimbursement through Medi-Cal. For information about each of the models, please see Attachment 1.

Mobile Crisis Services Outcomes

Mobile support service models and data collection practices vary by program and jurisdiction. As a result, meaningful comparisons across programs are not possible until all services of the Mobile Crisis Services Continuum are fully integrated and documented within SmartCare, the County's centralized electronic health record system. DHS anticipates having all mobile crisis services integrated into SmartCare sometime during the first quarter of FY 2025-2026.

For a detailed breakdown of service calls, deployments, and diversions, see Attachment 2.

Funding

The FY 2025-2026 revised budget includes \$13,463,019 in funding through monthly taxpayer revenue received from the Mental Health Services Act (MHSA) and Measure O for mobile crisis services. The County MST covers the City of Santa Rosa when inRESPONSE is not operating as well as providing support for SAFE teams when the call acuity exceeds their operational capacity. County MST is the sole provider of coverage for the cities of Cloverdale, Healdsburg, Windsor, Sebastopol and Sonoma as well as all unincorporated Sonoma County.

MST is currently updating its data collection process to track services by address and determine whether they are provided in an unincorporated area or within a city jurisdiction. This transition will align with inRESPONSE and SAFE as they migrate to the same electronic health record system used by the County (SmartCare). The volume of MST services calls by city/region for each fiscal year is reflected in the chart found on Attachment 3:

Transitioning mobile crisis programs to 24/7, with a fully staffed call center and adequate clinician staffing, has significantly increased the funding required for MST. For highlights on the growth of DHS MST over the last

fiscal year, utilizing Measure O and Mental Health Services Act (MHSA) funding, see Attachment 3.

SAFE and inRESPONSE have also increased staffing to meet the current requirements and will continue to as they continue building out their Medi-Cal response. The Measure O investment in SAFE and inRESPONSE is outlined in the chart on Attachment 3.

Medi-Cal Billing and Claiming Projections

In 2024, DHS-Behavioral Health Division was placed on a corrective active plan by the Department of Health Care Services (DHCS) for delays in implementing the Medi-Cal Mobile Crisis benefit by January 1, 2024. Prior to resolving corrective action plan with DHCS, DHS was only able to claim Medi-Cal for crisis intervention services for the period of April 2024 - July 2024. On July 30, 2024, DHS received confirmation from DHCS that our corrective action plan was approved and considered resolved. As such, DHS was able to begin claiming for services provided under the new Medi-Cal Mobile Crisis Benefit. Initial Medi-Cal Mobile Crisis claiming projections for the Sonoma County MST program for FY 24/25 are estimated to be \$1,503,399 which is identified for August 2024 through June 30, 2025. Estimates for FY 2025-2026 remain flat, as billing Medi-Cal for SAFE and inRESPONSE has not yet commenced, and the timeline for when it will begin is currently uncertain as the onboarding requirements for each external provider, including site-certification, credentialing, and training required to begin billing is an intense process with many steps the teams are currently working through. To maintain a conservative and responsible forecasting approach, we have opted not to project potential increases at this time, even though growth is likely.

Because both SAFE and inRESPONSE programs have yet to begin to claim for Medi-Cal Mobile Crisis Services Benefit, it is difficult to project potential Medi-Cal revenue for both programs as not all calls for crisis services or subsequent encounters in the community will result in being able to successfully claim for Medi-Cal services. Reasons for this include type of insurance, inability to complete the entire crisis service, or locate the client, and calls to locations where crisis services are already being delivered, also known as locked out locations.

DHS anticipates both SAFE and inRESPONSE programs to complete the DHCS Medi-Cal certification process and begin to claim for the Mobile Crisis Services Benefit in FY 2025-2026 Quarter 1. Data on revenue projections for the entire Mobile Crisis Services Continuum should be available by year end. DHS will provide an update to the County Executive Officer on revenue generation from Mobile Crisis no later than September 30, 2026.

Future of Sonoma County Mobile Crisis Services Continuum

Providing Medi-Cal Mobile Crisis Services Benefit in Sonoma County is a state mandated obligation for Medi-Cal beneficiaries of county Mental Health Plans. Federal policy is creating a significant amount of uncertainty regarding impacts to Medi-Cal dollars and the future of Sonoma County Mobile Crisis Services Continuum in its current design will depend on developing a fiscally sustainable regional model while prioritizing funding available through the Medi-Cal Mobile Crisis Benefit. To achieve this, DHS will continue to lead efforts on supporting our Mobile Crisis Service partners, SAFE and inRESPONSE, in becoming Medi-Cal certified, allowing for claiming under the Medi-Cal Benefit. As more becomes known about the impacts of the federal budget changes, the model will evolve to maximize reimbursements and provide a more accurate projection of future revenue.

The regional crisis services needs of our community continue to change over time. Unifying the Mobile Crisis Services continuum under the Medi-Cal Benefit mandate will allow for consistent data collection and reporting

across the Mobile Crisis Continuum as metrics will be universal to the work being performed, regardless of region. DHS intends to continue to collect and report on data related to crisis calls, type of diversions, individuals demographics pertaining to race, ethnicity, age, gender, and deployments by city, region, and location in order to best identify changing needs and service gaps.

Over the next year, DHS will evaluate the fiscal sustainability of the current model and work with stakeholders, city partners, and mobile crisis services providers to identify improvements and modifications to ensure sustainability of the entire Mobile Crisis Services continuum. DHS will do this through established quarterly meetings held with partners to review data and share trends and best practices, as well as internally through monthly review of Medi-Cal claiming data and projections. The Director will return to the Board on or before 9/30/26 with the next annual update on the progress of the Mobile Crisis regional model, financial sustainability, and community-level outcomes.

Strategic Plan:

This item directly supports the County's Five-year Strategic Plan and is aligned with the following pillar, goal, and objective.

Pillar: Healthy and Safe Communities

Goal: Goal 1: Expand integrated system of care to address gaps in services to the County's most vulnerable.

Objective: Objective 3: Create a "no wrong door" approach where clients who need services across multiple departments and programs are able to access the array of services needed regardless of where they enter the system.

Racial Equity:**Was this item identified as an opportunity to apply the Racial Equity Toolkit?**

No

Prior Board Actions:

On July 22, 2025, the Board authorized the Director of Health Services to execute five funding agreements for Mobile Support Crisis Programs.

On December 12, 2023, the Board received an update on the mobile crisis team regional plan submitted to the California Department of Health Care Services on October 31, 2023.

On May 16, 2023, the Board received an update on mobile crisis teams in Sonoma County; authorized DHS to execute agreements with Sonoma State University and the cities of Cotati, Rohnert Park, Petaluma, and Santa Rosa for continued support of mobile crisis services; and directed staff to continue current program evaluation, and work with city and community-based organization partners to develop regional model for on-going Measure O funding that incorporates existing mobile crisis teams and integrates requirements of DHCS Medi-Cal Mobile Crisis Unit benefit.

On October 26, 2021, the Board accepted the staff report on MST/ Crisis Assistance Helping Out on the Streets (CAHOOTS) Programs; allocated a one-time investment of \$428,000 to Cotati/Rohnert Park and Petaluma each and \$85,887 to Santa Rosa to assist their MST program for a total of \$941,887; and directed staff to lead a collaborative evaluation in January - December 2022 of all mobile crisis support programs.

FISCAL SUMMARY

Expenditures	FY 25-26 Adopted	FY26-27 Projected	FY 27-28 Projected
Budgeted Expenses			
Additional Appropriation Requested			
Total Expenditures			
Funding Sources			
General Fund/WA GF			
State/Federal			
Fees/Other			
Use of Fund Balance			
General Fund Contingencies			
Total Sources			

Narrative Explanation of Fiscal Impacts:

There is no fiscal impact; this item is provided for informational purposes only.

The Fiscal Year 2025-2026 Board adopted budget, includes a total of \$13,463,019 in expenditures is allocated for MST services. Funding sources include \$6,386,332 from ongoing Mental Health Services Act (MHSA), \$46,000 in anticipated Federal Financial Participation (FFP) claimed reimbursement, and \$7,030,687 from Measure O. The federal policy landscape does create uncertainty around the Federal Financial Participation and Medi-Cal reimbursement estimates. As more becomes known about the potential impact to funding the mobile crisis programs, DHS will return to the Board with an update.

Staffing Impacts:			
Position Title (Payroll Classification)	Monthly Salary Range (A-I Step)	Additions (Number)	Deletions (Number)

Narrative Explanation of Staffing Impacts (If Required):

None

Attachments:

Attachment 1 - Mobile Crisis Service Providers and Service Models

Attachment 2 - Deployments, Service Calls, and Diversions

Attachment 3 - Funding Charts

Attachment 4 - Presentation

Related Items "On File" with the Clerk of the Board:

None