COUNTY OF SONOMA

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

SUMMARY REPORT

Agenda Date: 8/18/2026

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 Crisis Regional Update

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

Executive Summary:
Sonoma County's Mobile Crisis Services continuum has grown from a collection of locally developed programs into a coordinated, countywide behavioral health crisis response system. Three primary programs (the County-operated Mobile Support Team, Santa Rosa's inRESPONSE, and the South County Specialized Assistance for Everyone program) now respond to thousands of calls annually, diverting individuals from emergency departments, law enforcement involvement, and higher levels of care.

In 2022, California established the Medi-Cal Community-Based Mobile Crisis Intervention Services Benefit as a mandatory service, requiring counties to meet new clinical, operational, and administrative standards. Sonoma County is actively transitioning its existing programs into this framework, which has significantly increased costs due to requirements for licensed clinicians, 24/7 coverage, standardized documentation, and expanded oversight.

To sustain these services within a constrained funding environment, the County has developed a three-year funding framework anchored by Measure O, the primary local funding source, supplemented by Behavioral Health Services Act (BHSA) funds and Federal Financial Participation through Medi-Cal billing. The County is also exploring additional reimbursement through private health insurance plans and working toward a Mobile Crisis steering committee to provide fiscal and operational oversight. The strategies discussed in this report are designed to ensure service continuity during this transitional period while positioning Sonoma County and its regional partners for long-term sustainability within the evolving State Medi-Cal framework.

Discussion:
Sonoma County’s Mobile Crisis Services continuum has evolved significantly over the past several years in response to growing behavioral health needs, local community priorities, and new State Medi-Cal requirements. What began as regionally developed crisis response models designed to address local gaps in service has become an increasingly coordinated countywide behavioral health crisis system intended to provide timely, community-based, non-law-enforcement response to individuals experiencing psychiatric, substance use, and behavioral health crises.

Currently, Sonoma County operates three primary Mobile Crisis response systems: the County-operated Mobile Support Team (MST), the City of Santa Rosa's inRESPONSE program, and the South County Specialized Assistance for Everyone (SAFE) program serving Petaluma, Rohnert Park, Cotati, and Sonoma State University. These programs were established at different times and through different local partnerships to address community-specific needs and have collectively become a critical component of Sonoma County's behavioral health and public safety infrastructure.

The Mobile Crisis Continuum now responds to thousands of calls annually and has significantly expanded access to behavioral health crisis intervention services throughout the County. These programs have helped divert individuals from emergency departments, law enforcement involvement, involuntary psychiatric holds, and other higher levels of care, while improving access to behavioral health support within the community. Prior to the development of these programs, many behavioral health crises were primarily addressed through law enforcement and emergency medical systems, often resulting in traumatic and/or costly outcomes for individuals, families, and first responders.

In 2022, the State of California established the Medi-Cal Community-Based Mobile Crisis Intervention Services Benefit as a mandatory Medi-Cal service. This action significantly expanded operational, clinical, and administrative requirements for counties and local providers. Sonoma County and its regional partners are currently transitioning existing Mobile Crisis programs into this State-mandated Medi-Cal framework, which requires multidisciplinary staffing models, licensed clinician access, standardized documentation, credentialing, quality oversight, and enhanced data collection and reporting capabilities.

This transition has substantially increased program costs across all Mobile Crisis systems. Key cost drivers include the requirement for licensed clinicians, increased number of staffing due to 24/7 coverage expectations, launch of 24/7 call center, implementation of SmartCare, electronic health record, mandatory staff trainings and credentialing, expanded supervision requirements, and increasing utilization by higher-acuity populations. These programs are no longer operating as pilot or demonstration projects, but rather as fully operational crisis response systems relied upon by communities throughout Sonoma County.

At the same time, the fiscal landscape for Mobile Crisis services remains uncertain. Earlier this year, the State considered proposals that would have shifted the Mobile Crisis Benefit from a statewide mandatory Medi-Cal service to an optional county benefit. While those proposals are not currently moving forward, the discussions highlighted the financial vulnerability of county-operated crisis systems and the need for ongoing sustainability planning. Sonoma County continues to participate in the Medi-Cal Mobile Crisis Benefit and remains committed to maintaining these services; however, the County must do so within a constrained funding environment, where ongoing uncertainty remains.

Measure O continues to be the primary local funding source supporting Mobile Crisis operations throughout the County. However, Measure O funding is finite, despite continued growth in operational costs and service demand. In response, DHS has developed a three-year funding framework intended to stabilize the mobile crisis continuum while maximizing available Federal Financial Participation (FFP) through Medi-Cal billing. Under this framework, both inRESPONSE and SAFE teams will be funded through fixed multi-year allocations, supplemented in certain cases with Behavioral Health Services Act (BHSA) funding to support the clinician staffing necessary for Medi-Cal compliance.

As part of this transition, both SAFE and inREPONSE have been actively working toward full Medi-Cal certification requirements and standardized data collection through SmartCare for the Mobile Crisis benefit. inRESPONSE completed this milestone on July 27th and it is anticipated that SAFE will do so as well by October

1. Sonoma County is also developing strategies to better identify and track service utilization by commercial insurance providers and other payers in order to explore additional long-term reimbursement opportunities beyond Medi-Cal.

To support transparency and regional coordination, DHS and local partners are also working toward establishment of a Mobile Crisis steering committee structure that would provide ongoing fiscal and operational oversight, review Medi-Cal revenue trends, support reinvestment planning, and help guide development of the future system model.

Over time, DHS intends to continue working collaboratively with regional providers, cities, and stakeholders toward a more coordinated and unified countywide Mobile Crisis system. While the exact long-term structure of that system is still being refined, the County's goals include reducing duplication, standardizing clinical and operational practices, having a standard data set for accurate reporting to all parties, creating a regional call center, maximizing available reimbursement opportunities, improving sustainability, and ensuring equitable access to crisis response services throughout Sonoma County.

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 August 26, 2025, the Board received an update on Mobile Support Team/Sonoma County Mobile Crisis Services Continuum.

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 ongoing Measure O funding that incorporates existing mobile crisis teams and integrates requirements of

Department of Health Care Services 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

Narrative Explanation of Fiscal Impacts:
There is no fiscal impact associated with this item. It is provided for informational purposes only.

The Fiscal Year 2026-2027 Adopted Budget includes $12,876,796 in appropriations for Mobile Support services. Funding sources include $3,275,630 from the ongoing Behavioral Health Services Act (BHSA), formerly the Mental Health Services Act (MHSA); $4,157,307 in anticipated Federal Financial Participation (FFP) reimbursement; and $5,443,859 from Measure O. The breakdown of the $12,876,796 in appropriations for the expenditures includes $8,260,983 for MST plus $3,015,813 for SAFE plus $1,600,000 for inResponse.

The evolving federal policy landscape creates uncertainty regarding the Federal Financial Participation and Medi-Cal reimbursement projections. As additional information becomes available regarding the potential impact on funding for the mobile crisis programs, DHS will return to the Board with an update.

Narrative Explanation of Staffing Impacts (If Required):
None

Attachments:
Attachment 1 - Presentation

Related Items “On File” with the Clerk of the Board:
None