COUNTY OF SONOMA

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

SUMMARY REPORT

Agenda Date: 12/12/2023

To: County of Sonoma Board of Supervisors
Department or Agency Name(s): Department of Health Services
Staff Name and Phone Number: Tina Rivera 707-565-4774
Vote Requirement: 4/5th
Supervisorial District(s): Countywide

Title:
Mobile Support Team Regional Model Plan

Recommended Action:

A) Receive update on mobile crisis team regional plan submitted to the California Department of Health Care Services on October 31, 2023.
B) Adopt a resolution amending the Department Allocation List of the Department of Health Services position allocation list to add 19.5 full-time equivalent positions and delete 1.0 full-time equivalent position as detailed in the attached resolution to support the Mobile Support Team, effective December 12, 2023.
C) Adopt a resolution authorizing budgetary adjustments to the fiscal year 2023-2024 adopted budget, programming $3,330,483 to finance the costs associated with the requested position allocations and for the purposes of setting up the Mobile Support Team mandated by the California Department of Health Care Services. (4/5th Vote Required)

Executive Summary:
Sonoma County Department of Health Services ("DHS", or "the Department") has operated a Mobile Support Team (MST) program since 2012, but service was limited by the fact that MST did not operate 24 hours a day for 7 days a week. Notwithstanding this limitation, MST provided valuable service by responding to law enforcement requests for support on calls in which individuals may be experiencing a behavioral health crisis. Starting no later than December 31, 2023, the Medi-Cal Mobile Crisis Services Benefit will become a 24/7 service mandated by the California Department of Health Care Services (DHCS) to be operated by DHS. Provided with more robust funding through Federal Financial Participation in the Medi-Cal program, DHS will be able to expand its current MST program both in a 24/7 capacity and regional coverage.

Consistent with state department requirements staff submitted a Mobile Crisis Services Regional Plan for Sonoma County found on Attachment 3. The State has reviewed the plan and provided comments as of November 2023. Approval by the State is pending upon completion of staffing requirements and training requirements. As included in the Plan, in order to establish the expanded Mobile Support Team program supported by a 24/7 call center 1-800-746-8181 at the current Crisis Stabilization Unit site, DHS proposes 18.5 net new positions, a $923,800 from Measure O Crisis Services from the $13.5 million estimated June 30, 2024 available fund balance for associated capital expenditures and $2,406,683 from Measure O, Federal Financial Participation, and Mental Health Services Act to finance the costs associated with the requested position allocations. Attachment 4 to this Item shows the Expanded Mobile Support Team 3 Year Budget.

Discussion:
The Department of Health Services is working on the development and implementation of a Mobile Crisis Services Regional Plan for the county. The plan was submitted to the State in October 2023 and has many components and stages including the integration and coordination with current city, county, and provider mobile crisis programs and services, implement new California Department of Health Care Services requirements, creation of hotline and call center, community engagement and outreach, and the expansion in staffing of the teams and program. The following discussion will cover the regional plan submitted to the state with a projected launch date of December 31, 2023 with 24/7 response and call center.

Current Providers in Sonoma County

Currently there are 4 programs in the County providing crisis support services: operated by the County (Mobile Support Team), Santa Rosa (inRESPONSE), Petaluma, Rohnert Park and Cotati (SAFE), and Healdsburg (CORE). Health Services Mobile Support Team (MST), in partnership with Buckelew Programs and Petaluma People Services Center developed a Coordinated Crisis Collaborative to all communities in Sonoma County receive these critical services. Health Services partners with Buckelew Programs to support crisis intervention in the community of Santa Rosa, CA; and Health Services will partner with Petaluma People Services Center to provide crisis support services in the communities of Cotati, Rohnert Park, and Petaluma. Health Services will respond directly to behavioral health crises in the remaining cities, towns, and unincorporated areas of Sonoma County. These include: Sonoma and Sonoma Valley in East County; Sebastopol, Guerneville, Russian River, and the Sonoma Coast in West County; and Windsor, Healdsburg, Cloverdale in North County. Attachment 5 shows the number of dispatched calls for service occurred in Fiscal Year 2022-23. Here is a brief overview of the current programs provided in the county:

inRESPONSE

InRESPONSE of Santa Rosa, operated by Buckelew Programs, is a collaboration between DHS, the City of Santa Rosa, and partner agencies - Catholic Charities, Buckelew Programs, and Humanidad Therapy and Services. The teams are comprised of a licensed mental health clinician; a paramedic; and a homeless outreach specialist, and are supported by wrap-around support service providers. While inRESPONSE works in partnership with the Santa Rosa Police Department, the inRESPONSE team is unarmed and best equipped to support and provide mental health resources to individuals and families experiencing a crisis. inRESPONSE provides services seven days per week, 7:00 am to 10:00 pm, with plans to expand to 24/7 coverage in by the end of 2023. inRESPONSE can be reached by calling 707-575-HELP(4357). This line is answered by a police dispatcher who takes the call and dispatches the team.

SAFE

SAFE teams, operated by Petaluma People Services Center, operate in the communities of Petaluma, Cotati, and Rohnert Park. SAFE utilized a “CAHOOTS” type model of crisis intervention; whereas a team is comprised of two team members: one Emergency Medical Technician and one Trained Crisis Worker. SAFE also utilizes the services of one on-call Licensed Practitioner of the Healing Arts (LPHA). SAFE responds to crisis calls 24/7.

SAFE can be reached by calling 911 where an emergency dispatcher will answer and determine if the situation requires the SAFE team; first responders such as police, fire, or paramedics; or a combination of both. SAFE can also be reached at 707-781-1234 in Petaluma where you will reach a directory and can choose to speak with a 911 operator or a non-emergency staff member for help. Non-emergency response in Rohnert Park can

be reached at 707-584-2612, and in Cotati and Sonoma State University at 707-792-4611.

CORE

In Healdsburg, the CORE team, founded in 2020, is composed of a sworn officer and a licensed marriage and family therapist who will respond to homeless, mental health, parking and neighbor dispute related calls. The goal of the program is to improve community outreach, specifically within marginalized communities, mental health, and homeless call response, and to create a police culture centered around equity and fairness. DHS-MST coordinates with CORE and will answer calls for support from the CORE team and respond when appropriate and available. CORE receives calls through 911.

DHS Mobile Support Team

MST operates in the remaining regions of Sonoma County. The Behavioral Health Division of DHS has operated mobile crisis support teams since 2012. In the aftermath of the COVID pandemic, the commitment to maintain and build these teams was strengthened by the passing of the Measure O tax and the support of the Board of Supervisors to allocate funds to help DHS build and maintain these teams 24/7. The goal has been 24/7 but recruitment and retention staffing issues have challenged these efforts. Currently, DHS-MST consists of one team covering:

- Monday thru Friday - 12 pm to 10 pm
- Monday thru Sunday - Seven days/week - 7 am to 10 pm with inRESPONSE

Weekends and overnights are not covered currently. Sonoma County DHS Behavioral Health Division has struggled with staff vacancy (24% vacancy rate in August of 2023) and is working to improve recruitment. Recently passed salary increases, hiring incentive programs, job fairs, and recruitment strategies for difficult to fill positions will hopefully ameliorate recruitment efforts.

In order to implement a successful regionally expanded MST plan, collaboration with the existing patchwork of city programs and providers will be critical. DHS will partner with Petaluma People Services Center to provide crisis support services in the communities of Cotati, Rohnert Park, and Petaluma. In situations where the crisis exceeds acuity threshold requiring possible 5150 evaluation and intervention, DHS MST will provide additional crisis supports. The Department will respond directly to behavioral health crises in the remaining cities, towns, and unincorporated areas of Sonoma County. These include: Sonoma and Sonoma Valley in East County; Sebastopol, Guerneville, Russian River, and the Sonoma Coast in West County; and Windsor, Healdsburg, Cloverdale in North County. Meeting and workgroups with the programs and municipalities to expand on the collaboration and coordination will continue to work towards the goal of creating an integrated system between the programs and with the cities, providers, and county. Due to the intricacies of the differing types of programs, responses needed, and community location, an integrated system will take time to achieve.

New State Requirements

DHCS is requiring <https://www.dhcs.ca.gov/Documents/BHIN-23-025-Medi-Cal-Mobile-Crisis-Services-Benefit-Implementation.pdf> counties to provide mobile crisis services 24 hours a day 7 days a week as a benefit in the Medi-Cal program, and, except for certain identified counties, to be fully implemented by December 31, 2023. With approval of this Item the Plan will be implemented with operations beginning once full staffing is realized. Until staffing is full the County MST will work with other organizations and crisis response services to respond 24/7. Requirements by the State include:

- Identification of a single telephone number to serve as a crisis services hotline connected to the

dispatch of mobile crisis teams to receive and triage beneficiary calls

- Services provided at crisis location
- Available 24/7/365
- Multidisciplinary Team with at least one member able to deliver a crisis assessment
- At least one member trained to administer naloxone to reverse opioid overdoses
- Team able to ensure appropriate clinical support is available. At least one member is a Licensed Practitioner of the Healing Arts (LPHA) or a Licensed Mental Health Professional
- Prepared and always staffed to deliver all mobile crisis service components
- Responds to individuals of all ages
- Required training includes strategies to work effectively with children, youth, and young adults - including minor consent obligations and protocols for communication with parents, guardians, and other responsible adults
- Teams make a good faith effort to identify if the individual is a Tribal member, and to appropriately coordinate follow-up care
- Teams responding to an individual with intellectual and/or developmental disabilities ensure that natural supports are involved and consulted in the crisis response, if appropriate
- Responds within 60 minutes to urban, and 120 minutes to rural crisis calls
- Provides or arranges for transportation to appropriate level of care or treatment setting
- Maintains the privacy and confidentiality of care recipients' information in accordance with ALL Federal and State laws and regulations
- Complies with all applicable cultural competence and linguistic requirements
- Responds without Law Enforcement accompaniment unless special safety concerns warrant inclusion

The Crisis Hotline Call Center

To meet the State requirement of establishing a single telephone number to serve as a crisis services hotline, the Sonoma County Mobile Support Team will operate a Crisis Hotline Call Center at 1-800-746-8181. This number has been one of the call numbers used by the public to access the Crisis Stabilization Unit for many years and is a number known to the community to use for crisis supports. The Crisis Hotline Call Center will operate as a county-wide resource that will closely interface with other crisis teams and hotlines. It will also operate as the dispatch center for an in-person response from MST. All calls for services for MST to respond in the field will go through the call center and the dispatching process. The crisis hotline call center will have two staff per shift to take calls 24 hours a day and 7 days a week. The call center will take the call, triage the call, and dispatch or transfer to the appropriate party. The call center will be co-located at the Crisis Stabilization Unit (CSU) site and Behavioral Health Access at 2225 Challenger Way, Santa Rosa, CA 95407.

MST field teams will respond to anyone of any age in Sonoma County in need of behavioral health crisis support. They may include those under the influence of a substance, experiencing hallucinations, contemplating self-harm, or otherwise needing immediate support for mental health symptoms. MST will also

conduct follow-up over the phone or in person.

MST will also respond to all calls that are not an emergency without law enforcement. If there is a current threat to the individual or others or a concern of violence or weapons, then MST will co-respond with law enforcement. Other calls that will require a co-response are calls where a crime has been reported or a welfare check.

The Crisis Hotline Call Center will have 2 staff per shift assigned to take calls 24/7. All MST staff will be cross trained to cover the call center.

DHS will attempt to staff the teams with linguistic diversity so that our response teams reflect the needs of the community to the greatest extent possible. If it is impossible to provide services in client preferred languages via staffing, we do have a contract with Language Link to provide interpretation services in over 240 languages and dialects 24/7. Language Link is particularly helpful for languages that are not widely spoken in our area, for which it can be difficult to find staff who are fluent speakers.

Plan implementation costs of $573,800 include the investment in a call-center phone system for furniture, fixture & equipment, and conversion of office space all funded with Measure O Fund Balance.

Coordination with EMS & Transportation

MST does not have a formal role for Emergency Medical Services (EMS) but the SAFE team and inRESPONSE do. MST will utilize EMS for support with transportation when it is the appropriate method for someone going to an emergency room.

SAFE team, which is operated by Petaluma People Services, has a staffing model that includes one Emergency Medical Technician that is hired through their agency. The inRESPONSE staffing model includes one City of Santa Rosa Fire Department Paramedic on the response team.

All county teams will be able to transport beneficiaries to health centers, Crisis Stabilization Unit, and Emergency Departments. For the safety of beneficiaries and team members, the vehicles will have a secured area in which beneficiaries will be transported.

The decision to transport someone will depend on the following factors: the individual's safety during transportation given their mobility, whether they require medical transportation, and their willingness to cooperate and be transported. Discretion on when to transport will be with the crisis team and consultation will always be available.

If an individual is not appropriate for transportation by the mobile crisis team, the mobile crisis team will be responsible for coordinating alternative transportation that may include law enforcement or ambulance.

Currently, MST utilizes law enforcement for transportation based on the law enforcement co-response program. Under the new model, the team will no longer solely do co-response and will have vehicles with a secured passenger area to transport beneficiaries. The county may use law enforcement to support transportation in emergent situations where it is not safe for the beneficiary or the mobile crisis team.

Purchasing of 5 vehicles to respond to calls in rural areas and transporting clients is requested at a cost of $350,000 funded with Measure O Crisis Services Fund Balance.

Community Engagement for the New Regional Plan

DHS works daily with numerous community partners who will be instrumental in sharing feedback regarding our mobile crisis response countywide. The Department relies on trusted partners like NAMI and Buckelew

Family Service coordination to broadcast to family members and clients about services available and how to access them. With the County's large Spanish-speaking population, DHS relies on our relationships with Latino/a/x service providers like Latino Service Providers and Humanidad Therapy and Services.

The Department's specific communications plan for these new expanded services is still in development. DHS plans to develop a new logo, marketing materials, and a media calendar that will include the use of social media, local news outlets, billboards and radio spots. The Department is also currently developing a new broad community engagement plan that will utilize five new Community Health Worker positions to provide culturally responsive, authentic engagement with residents, particularly in the most marginalized communities in the county.

DHS will be using the dispatch and triage tools provided by the state and the assumption is that they have been vetted for cultural appropriateness. In addition, DHS conducts data collection and analysis to see if we are reaching all populations in the county. This includes collecting demographic and geographic (zip code) information at each encounter to the fullest extent possible. In Sonoma County, zip code data can reveal significant information about socioeconomic groups and some information about cultural communities being reached by our services.

EXPANSION OF MST TEAMS

To provide mobile crisis support 24/7, DHS will need to expand their teams and add more staff. The Call Center will require, at a minimum, two staff assigned to respond to calls. In addition, the field teams will also need to be increased to meet the county-wide need effectively. DHS-MST will also need to add vehicles for their teams to facilitate field visits and transport clients when necessary.

Field Team Composition

The Mobile Support Team's composition is in accordance with DHCS requirements for the Medi-Cal Mobile Crisis Services Benefit. DHCS requires at least two staff for each MST field team. Teams are comprised of one Licensed Practitioner of the Healing Arts (LPHA) and one non-licensed provider-type, or another combination of the two.

The Department's staff who meet the LPHA definition are:

- Behavioral Health (BH) Clinician/Clinician Intern and BH Clinical Specialist
- Psychiatric Registered Nurses
- Psychiatric Technicians
- Licensed Vocational Nurses

DHS staff meeting the non-licensed provider-type definition are:

- Alcohol and Other Drug Services (AODS) Counselor
- Senior Client Support Specialist/Peer (SCSS/SCSS-P)

The Response Team Shifts will consist of one 8-hour PM shift and two 10-hour AM and overnight shifts. Staffing for each shift will consist of 2 AODs Counselors, 1-2 SCSSs, and 1-2 SCSS-Ps. The Call Center will have two 12-hour shifts (day and overnight) with 1-2 AODS Counselors, 1-2 SCSSs, and 1 SCSS-Ps. All of the job classes will be cross trained in both mobile response and the call center to support in staffing in the case of shortages or call outs. The call center will need to coordinate with 988, 911, FURS, and other agencies along with dispatching the mobile crisis team.

MST will dispatch a 2-member non-licensed provider-type team to a lower-level crisis call including those that do not appear to need a 5150 assessment. These will include in-person follow-ups to prior crisis calls. MST will dispatch the LPHA and non-licensed provider-type team to calls that may need a 5150 assessment or a law enforcement co-response. The Nocturnal, i.e., over-night shift team will be staffed with 2 non-licensed provider-types- any class - who will have access to an LPHA via telehealth. If a higher level of care is needed in the field after consultation with the LPHA or in case of emergency, law enforcement will be activated. If additional supports are needed on any call, the BH Clinical Specialist will be available for telehealth and possibly in field support.

Currently the MST is staffed with 13.5 Full Time Equivalent Employees (FTE) and need 18.5 additional FTEs to operate 24/7 response and call center teams. DHS is requesting the addition of 19.5 new FTEs and deletion of 1.0 FTE. These positions and duties include:

6.0 FTE AODS Counselor IIs - Deescalate and administer crisis assessments, drive and transport clients. Assist clients with safety plans and provide follow up. Uses call center triage tool, connect callers to appropriate location or dispatch mobile crisis team.

10.0 FTE Senior Client Support Specialists - Deescalate and administer crisis assessments, drive and transport clients. Assist clients with safety plans and provide follow up. Uses call center triage tool, connect callers to appropriate location or dispatch mobile crisis team. 4 of these positions will be peers who are Senior Client Support Specialists. Those who have lived experienced or family members who have navigated the mental health system.

1.0 FTE Administrative Aide - Primary duties will be to collect, assemble, analyze, and interpret data relating to departmental and municipal operations (i.e., Santa Rosa, Petaluma, Healdsburg) including policies, functions, organization, staffing, program evaluations, procedures, work output and workload, and effectiveness of equipment. Second, the Admin Aide will review, analyze, and interpret current legislations for MST program compliance. Finally, the incumbent will assist the MST program manager (client care manager) with resource scheduling for the 24-hour/7-day operations of both field staff and call-center staff.

2.0 FTE BH Clinical Specialists - Clinical Supervision to associates. Oversee and supervises AODS and SCSS staff weekly for staff moral and quality of client care of 12 staff. Provide as needed telehealth for mobile teams that respond without a clinician. Can do mobile response as team coverage. Administer crisis assessment. assess and author 5150 holds. Drive and transport clients. Provide clinical consultation.

0.5 BH Clinician - Deescalate and administer crisis assessments, drive and transport clients. Assist clients with safety plans and provide follow up and connection to resources. Assess clients for level of risk in field, administer 5150 assessments when appropriate and author when necessary.

Deletion of 1.0 FTE AODS Specialist - The AODS specialist position is currently unfilled and with the changing of the team the need for clinical supervision grows. The BHCS position falls in the LPHA category. This position will be able to consult both clinically but also with telehealth allowing for behavioral health to have more options in meeting the new DHCS regulations.

Staff Training

MST and Crisis Collaborative mobile crisis teams have developed a training plan as per required by the DHCS Mobile Crisis Services Implementation Plan. MST staff and Crisis Collaborative staff from participating community-based organizations (CBOs), such as Buckelew and Petaluma People Services Center have started taking the required Core trainings as well as the required Enhanced trainings. Our goal is to have all staff

trained in the required Core trainings by December 31, 2023. Core trainings include: Crisis Assessment, Trauma Informed Care, Crisis Safety Planning, Crisis De-escalation and Intervention Strategies, and Harm Reduction. MST has developed a tracking system and a training tracking sheet is included in appendix. MST staff and participating Crisis Collaborative staff from Buckelew and Petaluma People Services Center will be expected to complete the five required enhanced trainings: Culturally Responsive Crisis Care for Diverse Communities; Co-Occurring Disorders/Responding to SUD Crises; Culturally Responsive Crisis Care for Tribal Communities; Culturally Responsive Crisis Care for Children, Youth, and Families; and Culturally Responsive Crisis Care for Individuals/Families with Intellectual and Developmental Disabilities-Adult.

ADDITIONAL CONSIDERATIONS

- **Medi-Cal Certification of Providers.** Buckelew Programs, operates inRESPONSE and Petaluma People Service Center, operates SAFE. These providers will need to become certified Medi-Cal providers. DHS' Quality Assurance and Performance Improvement team will initiate the Medi-Cal certification process which generally takes 3 to 6 months. Petaluma People Service Center has been a Medi-Cal provider in the past. Buckelew is a Medi-Cal provider. Both agencies therefore are familiar with the Medi-Cal regulatory process making the way for a smooth and rapid certification process.
- **Staffing challenges**. 24/7 staffing requirement presents a challenge with the current staffing levels.
- **Coordinating the Call Center.** Coordinating the Call Center to ensure we don't lose crisis calls as we hand off from the various jurisdictions receiving the calls is a priority. The Call Center will be processing calls from all over Sonoma County, including calls from areas supported by the SAFE and inRESPONSE teams. Both SAFE and inRESPONSE have established call numbers and protocols already in place for receiving and dispatching these calls. The Call Center/Hotline workgroup will be working to streamline our call processes. There is some concern about the timing involved between the Call Center and recipients at SAFE and inRESPONSE. The Crisis Collaborative created a "hotline/countywide integration Mobile Crisis workgroup" that meets two times per month to review and streamline communication protocols between the Crisis Hotline Call Center, SAFE, inRESPONSE, and dispatch and law enforcement partners.

The implementation of the Medi-Cal Community-Based Mobile Crisis Intervention Services benefit will be completed in the following stages. Upon approval of the budget for the MST expansion, DHS will proceed with plans to recruit and hire for the new positions to staff the MST, prepare and outfit the Crisis Hotline Call Center, and purchase the vehicles. The Crisis Hotline Call Center and the purchase of vehicles will be completed by December 31, 2023. Filling the required staffing positions will be a challenge due to the current recruitment environment and the vacancy rate. Because many of the new positions being added to the already existing teams are non-Licensed Practitioner of the Healing Arts staff, recruitment and hiring are expected to be smoother and timely. Recruitment and hiring of new staff is expected to be completed in 2024.

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: Assess and determine the most appropriate community response program to

respond to individuals in the community experiencing a psychiatric emergency, including an analysis of whether to expand the Mobile Support Team, and bring a recommendation.

Racial Equity:

Was this item identified as an opportunity to apply the Racial Equity Toolkit?
No

Prior Board Actions:
On May 16, 2023 the Board A) Received an update on mobile crisis teams in Sonoma County. B) Authorized the Director of Health Services, or designee, to execute funding agreements with Sonoma State University and the cities of Cotati, Rohnert Park, Petaluma, and Santa Rosa for continued support of mobile crisis services for a total amount not-to-exceed $1,514,440 through June 30, 2024; and C) 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 (amounts to be determined) that incorporates existing mobile crisis teams and integrates requirements of the California Department of Health Care Services Medi-Cal Mobile Crisis Unit benefit.

On September 20, 2022 the Board A) authorized the Director of Health Services, or designee, to execute a revenue agreement with Advocates for Human Potential, Inc. (state contractor) to accept revenue to support local mobile support team programs in the amount of $2,498,898.69, including $1,929,788.69 for infrastructure through June 30, 2025 and $569,120 for limited direct services through February 14, 2023, and to execute amendments and modifications to said agreement; B) authorize the Director of Health Services to execute funding agreements with the cities of Cotati, Rohnert Park, Petaluma, and Santa Rosa for a total amount not-to-exceed $2,248,787 through June 30, 2025; and C) adopted a resolution authorizing budgetary adjustments to the fiscal year 2022-2023 adopted budget to program funding available to support the Crisis Care Mobile Units Program in the amount of $1,829,099.

On October 26, 2021 the Board A) accepted a staff report on Mobile Support Team (MST)/CAHOOTS Programs; B) allocated a one-time investment of $428,000 to Cotati/Rohnert Park and Petaluma each and $85,887 to Santa Rosa to assist those jurisdictions in developing their MST program for a total of $941,887, and authorized the Interim Director of Health Services to enter into funding agreements with the jurisdictions; and C) directed staff to lead collaborative evaluation in January - December 2022 of all mobile crisis support programs using evaluation criteria suggested, and determine path forward for most sustainable and successful model to adapt and scale countywide.

FISCAL SUMMARY

Expenditures	**FY23-24 Adopted**	**FY24-25 Projected**	**FY25-26 Projected**
Budgeted Expenses		$4,081,708	$4,183,537
Additional Appropriation Requested	$3,330,483		
Total Expenditures	**$3,330,483**	**$4,081,708**	**$4,183,537**
Funding Sources			
General Fund/WA GF			
State/Federal	$3,330,483	$4,081,708	$4,183,537

Fees/Other			
Use of Fund Balance			
Contingencies			
Total Sources	**$3,330,483**	**$4,081,708**	**$4,183,537**

Narrative Explanation of Fiscal Impacts:
The expansion of the Mobile Support Team will be $923,800 in year 1, or FY 2023-2024. Appropriations will be used for Furniture, Fixture & Equipment, capital expenditure of a fleet of five vehicles and the conversion of current office space into a call center where a staff of sixteen will be housed. In addition, requested appropriations for 19.5 FTE (net 18.5 FTE) staffing costs for FY 2023-2024 for 7 months is $2,406,683.

Program and start-up costs will be paid for primarily (i.e., at least 50%) by Medi-Cal's Federal Financial Participation (FFP) with rates carved-out specifically by DHCS for Mobile Support Teams throughout the state. The remaining balance will be matched by Measure-O funds as planned and MHSA (Mental Health Services Act) funds. No additional local county match is required.

Ongoing costs for the expanded MST program will be funded by Medi-Cal's Federal Financial Participation (FFP) and matched with Measure O Crisis Services and MHSA funds with an amount of $4,081,708 in FY 2024-25.

Staffing Impacts:			
Position Title (Payroll Classification)	**Monthly Salary Range (A-I Step)**	**Additions (Number)**	**Deletions (Number)**
Alcohol and Other Drug Services Counselor II	$6,798.79 - $8,261.52	6.00	0.00
Senior Client Support Specialist	$6,409.20 - $7,788.44	10.00	0.00
Administrative Aide	$5,965.68 - $7,249.26	1.00	0.00
Behavioral Health Clinical Specialist	$8,458.05 - $10,279.07	2.00	0.00
Behavioral Health Clinician	$7,896.27 - $9,597.27	0.50	0.00
Alcohol and Other Drug Services Specialist	$7,271.87 - $8,838.95	0.00	1.00

Narrative Explanation of Staffing Impacts (If Required):
N/A

Attachments:
Attachment 1 - Budget Resolution
Attachment 2 - Personnel Resolution
Attachment 3 - Mobile Crisis Services Regional Plan for Sonoma County Submitted to the State
Attachment 4 - Expanded Mobile Support Team 3 Year Budget
Attachment 5 - Dispatched Calls in Fiscal Year 2022-23

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

None