



Measure O Discussion on Mobile Support Team (MST) and Local Cities' Mobile Crisis Response Programs October 26, 2021

	Expenditure Plan Category	Expenditure Plan Sub-Category	Recommended Actions	Board Decision 8/31
1.	Behavioral Health Facilities	Transitional Housing for individuals discharging from crisis services \$730,000	1. \$362,000 for competitively procured supportive services, for individuals who reside in new transitional housing. <ol style="list-style-type: none"> Hold funds for supportive services provided to transitional housing in new location(s) until funding for the facility is secured. Once property is secure, administer a request for proposals (RFP) for community provider to provide services. 2. \$208,000 (annual with adjustments for COLA, includes salary + benefits) to hire a Housing Manager in the Department of Health Services Behavioral Health Division to oversee transitional and supportive housing programs run by County (Mental Health Services Act (MHSA), No Place Like Home, etc.). 3. \$160,000 annually for three years to continue the Justice and Mental Health Collaboration Program (JMHP).	Item 1- Move \$362k to PHF for one year -Approved Item 2- Approved as recommended Item 3 – Approved as recommended
2.	Behavioral Health Facilities	Psychiatric Health Facility \$1,693,750	1. \$1,693,750 in Psychiatric Health Facility opening January/February 2022 <i>The department is actively exploring funding options to fund the \$1.5 million shortfall</i>	Item 1 – Approved as recommended. Year one \$2,055,750 includes \$362k from Trans.Housing.
3.	Emergency Psychiatric/Crisis Services	Mobile Support Team expansion & Crisis, Assessment, Prevention, and Education (CAPE) \$3,574,520	1. Distribute \$500,000 for one-time investments into the Cities’ Pilot MST Programs (by population) <ol style="list-style-type: none"> CAPE - Hold and monitor state and federal funding opportunities, and determine the best course of action MST – Hold and assess expansion pending results of state budget activities and success of implementation of city pilots 	On hold- send entire amount back to Ad-Hoc to work and bring back by end of calendar year.
4.	Mental Health & Substance Use Disorder Outpatient Services	Mental Health Services for Children and Youth \$805,000	1. Enter into 3 year contract with Santa Rosa Junior College \$805,000 to provide: <ul style="list-style-type: none"> Enhanced Diversity of Mental Health Provision Health Promotion Specialized Case Management Services Data & Performance Metrics 	Item 1 – Approved as recommended
5.	Mental Health & Substance Use Disorder Outpatient Services	Substance Use Disorder Services Expansion \$1,000,000	1. Address management shortage and administrative capacity in current system by adding 3 administrative/ management positions (\$686,000) to support significant expansion. Prepare for Organized Delivery System (ODS) Waiver in 2023 subject to Board Approval 2. Increase services to address community need and Early Periodic Screening Diagnosis Treatment (EPSDT) responsibilities by issuing an RFP and/or expanding existing contracts (\$314,000 annual Measure O funding as local match and approximately \$157,000 annual in Medi-Cal Federal Financial Participation) for Youth SUD services.	Item 1 & 2 – Approved as recommended
6.	Behavioral Health Homeless/Care Coordination	Behavioral Health Services for individuals who are homeless; Care Coordination for High Needs Homeless \$1,100,463	1. Allocate the first year of funding only (\$1,100,463) for the HEART program and revisit this allocation after stakeholder engagement with city partners and the Continuum of Care (COC), along with an assessment of outcomes for this program.	Item 1 – Approved as recommended for 1 year.
7.	Behavioral Health Homeless/Care Coordination	Behavioral Health Services for individuals who are homeless; Care Coordination for High Needs Homeless \$2,399,537	1. Allocate the first year of funding only (\$2,399,537) for the Behavioral Health Services for individuals who are homeless program, re-visit this allocation after more is known about CalAIM, and other funding sources coming available for these services and further collaboration with city partners and the Continuum of Care.	On hold – Send back to Ad-Hoc committee. Bring back with additional information regarding Cal-Aim.
8.	Transitional & Permanent Supportive Housing	Supportive Housing Pool \$500,000	Continue seeking feedback (including today’s workshop) CDC Funding - Bring to housing/homelessness partners & city managers for feedback Feedback received so far includes: <ul style="list-style-type: none"> Leverage funding for acquiring properties in partnership with cities 	On Hold- Continue to seek feedback. Potential funding for Emergency Housing Vouchers.

Staff Recommendation for One-Time Funding

DHS recommends investing a one-time amount of \$941,887 of Measure O funding in the 3 City Pilot programs:

City	Est Cost year 1	Start up Cost*	Request for fund	Staff Recommendation***
Cotati/Rohnert Park	\$1,295,174	\$178,000	\$500,000	\$428,000
Petaluma	\$1,322,234	\$178,000	\$500,000	\$428,000
Santa Rosa**	\$1,185,887	\$254,870	\$85,887****	\$85,887
Total:				\$941,887
<p>*Start-up included in Year 1 cost</p> <p>**Santa Rosa City contribution \$1.1m Year 1 - DHS Recommendation is also taking into consideration the potential in-kind contribution of DHS staff participating in SR program</p> <p>***Staff recommendation: Start-up cost plus \$250,000 for Cotati/Rohnert Park and Petaluma</p> <p>****Based upon preliminary budget \$85,887 was listed as shortfall for Santa Rosa program</p>				

Additional Funding & Collaboration

- The County of Sonoma has been conditionally selected to receive \$2,498,899 from the California Department of Health Care Services (DHCS) for the Crisis Care Mobile Units (CCMU) Program
- DHS will utilize the Health Policy Planning and Evaluation team (HPPE) to lead a collaborative evaluation of the County program and the cities' pilot programs as part of this joint award
- DHS is monitoring other state and federal funding opportunities to ensure that Measure O funds are available to address gaps in the system for expenditures not covered by other funding

Collaborative Evaluation of Mobile Support Programs

DHS Health Planning Policy & Evaluation unit to lead effort to design and implement:

- Shared data dictionary
- Shared data platform
- Program analyses to identify lessons learned, improve program quality & support expansion of more intensive mobile support services across cities & county

Evaluation Criteria for Mobile Crisis Response Programs

- The number of individuals served/impacted by each team
- Percent (%) treated and released, % referred to services in the community, % admitted to psychiatric hospital, % involuntarily admitted to hospital, % taken to the Emergency Department
- Average and median response time of each team
- Primary diagnoses of clients served
- Primary reason for dispatch (e.g. Risk of self-harm, risk of violence to others, other erratic behavior)
- % with co-occurring mental health and substance use disorder diagnoses
- Health insurance statuses of clients served
- Number of dispatches (Percent of all crisis calls (911 or other) resulting in team dispatch)
- Number of initial mental health or substance use calls routed through police to team
- Demographic data of clients served
- % of individuals who receive crisis follow-up care within 48 hours
- % of families engaged collaboratively in the crisis intervention process
- % of crisis encounters resolved successfully within two hours
- Satisfaction with services (how likely are they to recommend)
- Active time vs Down time (TS: I added this one based on comment during a meeting)

Sonoma County DHS Mobile Support Team (MST)

Established in 2012

Teams of 2 Behavioral Health Clinicians/Alcohol & Other Drug (AOD) Counselors respond to law enforcement requests for support

Currently designed to:

- provide services in the 5 County Districts
- 7 days a week
- 11 a.m. – 9 p.m.

Current Status:

- Operating in all but District 4 pending reassignment of District 2 staff, & expansion
- Operating M-F, 1 p.m. – 9 p.m. pending expansion
- Recruiting staff for expansion to District 4 & Sat/Sun all Districts

In FYs 18-19 & 19-20, MST answered 693 calls, serving 620 unique individuals in 1,679 encounters.

Contacts by cities & geographic regions in FYs 18-19 & 19-20*:

- Santa Rosa (inc SRJC) – 245
- Petaluma – 106
- Cotati/Penngrrove/Rohnert Park – 96
- Guerneville/Sebastopol – 76
- Sonoma – 25
- Windsor/Healdsburg – 20

***numbers do not reflect every call**

Follow up contacts included 926 or 55% of the encounters. A quarter of all contacts resulted in a 5150 hold.

Crisis Calls Received by Referral Source in FY 19-20

Referral Source	Total Calls	Total 5150s
College SRJC Santa Rosa Campus	1	1
County Child Protective Services	1	0
County SCBH Program	3	1
Health Center Russian River HC	2	0
Law Enforcement Cotati Police	13	4
Law Enforcement Healdsburg Police	2	0
Law Enforcement Petaluma Police	44	14
Law Enforcement Rohnert Park Police and Fire	19	6
Law Enforcement Santa Rosa Police	101	30
Law Enforcement SCSO Cotati/Penngrrove/RP	3	1
Law Enforcement SCSO Petaluma	2	1
Law Enforcement SCSO Sonoma Valley	11	3
Law Enforcement SCSO West County	32	13
Law Enforcement Sebastopol Police	16	5
Law Enforcement Sonoma County Sheriff's Office	38	15
Law Enforcement Sonoma Police	1	0
Law Enforcement SRJC Police Santa Rosa	2	0
Law Enforcement Windsor Police	4	4
Other	10	0
Other Self Referred	1	0
West County Community Services	1	0
Total	307	98

In FY 19-20, MST saw
270 unique
(unduplicated)
individuals in 759
encounters

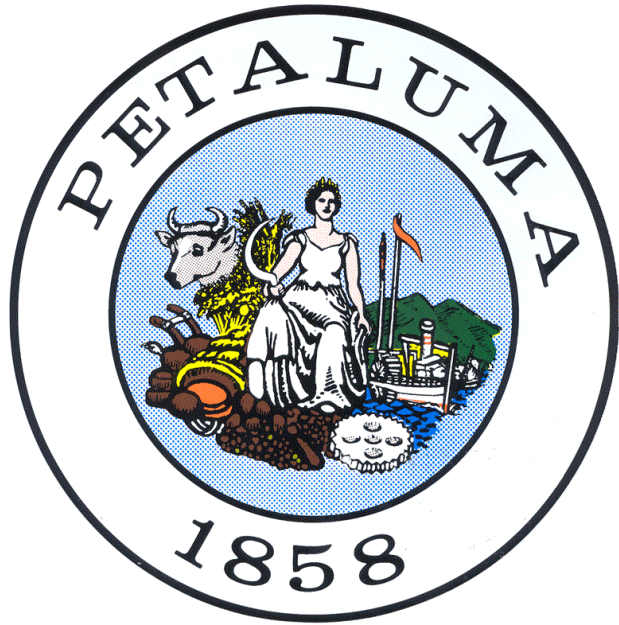
Next Steps for MST

Developing plan to modify MST to act as a first responder to calls that don't require law enforcement & provide transport as appropriate.

Next Steps:

- Continue recruitment for MST Expansion
- Add activities to current MST program, such as hospital emergency dept support
- Join Santa Rosa inRESPONSE program
- Begin planning for program modification in the geographic areas MST is active
- Partner with Santa Rosa, Petaluma, Rohnert Park & Cotati to establish a City/County Mobile Support Outcome & Evaluation Collaborative

City Pilot Programs



Specialized Assistance For Everyone (SAFE)

Program Goals

- Through the City of Petaluma's Partnership with Petaluma People Services Center the goal of the SAFE team is to address crisis response, prevention and intervention for our most vulnerable community members experiencing crises related to mental health issues, substance abuse issues and homelessness.
- The team is made up of specially trained civilian first responders, who respond to and proactively address calls for service that have traditionally (and unnecessarily) burdened law enforcement, emergency medical services and health care providers.



Structure and Operations

- SAFE began service in the field in July of 2021 currently serving within the city limits of the Petaluma.
- Hours of operation:
 - 12-hours 0900-2100 July – Sept
 - 18-hours 0700-0100 Sept – Oct
 - 24 hours 0500-0500 Current - Ongoing
- For 24-hour staffing, each role (crisis worker and para-clinician), is staffed with 5 positions. For a total of 10 employees.
- One program supervisor oversees the daily operations of the team and is available on-call as needed.
- SAFE is dispatched through Petaluma PD's Communication Center or by calling

707-781-1234





Data/Statistics

- In total SAFE team has handled over 700 calls for service since starting in July of 2021.
- SAFE is currently averaging 8 calls per 12-hour shift.
- The SAFE Team has completed over 80 transports.

SAFE team service calls by type:

- | | |
|-----------------------|--------|
| • Bandage changes | (<1%) |
| • Counseling requests | (8.5%) |
| • Public assists | (45%) |
| • Suicidal subjects | (<1%) |
| • Welfare checks | (45%) |



Estimated Budget/ Financial Offsets

- Approximated First Year Total Costs (Including Start-Up Costs)
\$1,322,234
- Estimated On-going Annual Cost
\$1.1M
- Hourly cost of SAFE is approximately
\$125/HR
- SAFE is anticipated to reduce costs and increase resource availability. For example, an intoxicated subject on average spends no less than 3 hours in the hospital at an average cost of \$4,379.



Successful Outcomes

- Assisted community members become medication compliant.
- Assisted community members secure housing at local shelters.
- Alleviated public safety responses stemming from calls from community members experiencing mental health issues and dementia.
- Connected community members with psychiatric services and assisted in deescalating incidents.





Additional information regarding the SAFE Team can be found at;
cityofpetaluma.org/safe
petalumapeople.org/

The SAFE Team can be requested by calling **707-781-1234**

Reimagining Our Response to Mental Health Crisis

- We are continuing to work toward our city-wide goal of transforming our response to those experiencing a mental health crisis.
- The Santa Rosa Police Department entered into a consulting agreement with the White Bird Clinic. This is the non-profit organization that runs the CAHOOTS Program in Eugene, Oregon.
- CAHOOTS (Crisis Assistance Helping Out on the Streets) is a mobile crisis intervention team which was established in 1989. This team has grown into a national model for other cities and counties to follow.
- The team focuses on trauma informed de-escalation and harm reduction techniques with the goal of diverting calls from the police and fire departments.

Reimagining Our Response to Mental Health Crisis

- CAHOOTS PLUS Model:
 - Licensed Mental Health Clinician
 - Paramedic versus EMT
 - Homeless Outreach Specialist
 - Wrap around support services
- Key partners in development of response team:
 - Santa Rosa Fire Department (Medical Response)
 - County of Sonoma Behavior Health Mobile Support Team (Mental Health Services)
 - Catholic Charities (Homeless Outreach)
 - Buckelew Programs (Wrap Around Support Services for mental health and substance abuse)

Scope of Services

- Persons needing immediate care or treatment of mental illness (when no weapons or violence is involved)
- Persons who are intoxicated or under the influence of a controlled substance (when no weapons or violence is involved)
- Welfare checks (when no crime is suspected)
- Basic medical care for suicidal or self harm calls or those who are disoriented or delusional and have harmed themselves
- Delivering emergency or death notifications
- Requests for mental health evaluation and transports, including prescription drug refill transports, and transportation to doctor's appointments related to mental health support
- Assisting those struggling with mental health stability with emergency shelter resources

Service Restrictions

- Our team members are not armed and do not perform any law enforcement duties.
- Our team members will not be sent to any service call that involves a crime, a potentially hostile person, a potentially dangerous situation, or an emergency medical problem.
- All calls must be within the city limits of the City of Santa Rosa.

Calls Received through Police Dispatch Center

- All calls received for the team will be evaluated by the Santa Rosa Police Department's dispatch team. Our dispatch team will carefully evaluate each call and work to deploy the appropriate resources, for the safety of our team.
- Our mental health team will carry radios and be dispatched to calls for service by the police dispatch team. This is modeling the same procedures as in Eugene, Oregon.
- We are taking extensive steps to train our dispatchers on how to properly evaluate each unique call for service.

New Team Name



Team Vehicle



Team Uniform / No Weapons



What Does Success Look Like?

- A better response model for those in crisis in our community
- More complete and holistic wrap around services focused on an upstream approach
- Calls diverted from the police and fire departments
- An increase in those in need calling for the services they so critically need to support themselves
- A diversion from our local emergency rooms so our emergency physicians can focus on critical care patients
- A decrease in jail bookings for mentally ill community members
- An improvement in the number of emergency shelter placements for those in need of mental health support or substance abuse care

Next Steps

- Phased three-year plan to reach full 24/7 response model may be expedited with outside funding opportunities

PROJECT TOTAL-10 hours/day at 7 days/week	\$ 1,149,766
City of Santa Rosa contribution-year 1	\$ 1,100,000
<i>Funding Gap-year 1</i>	\$ 49,766
<i>Total annual cost after year 1</i>	\$ 931,016

PROJECT TOTAL-17 hours/day at 7 days/week	\$ 1,965,124
City of Santa Rosa contribution-year 1	\$ 1,100,000
<i>Funding Gap-year 1</i>	\$ 865,124
<i>Total annual cost after year 1</i>	\$ 1,636,999

PROJECT TOTAL-24 hours/day at 7 days/week	\$ 2,778,482
City of Santa Rosa contribution-year 1	\$ 1,100,000
<i>Funding Gap-year 1</i>	\$ 1,678,482
<i>Total annual cost after year 1</i>	\$ 2,340,982

QUESTIONS?

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Recommended Actions

- Accept staff report on Mobile Support Team (MST)/Cahoots Programs.
- Allocate one-time investment of \$428,000 to Cotati/Rohnert Park and Petaluma each, and \$85,887 to Santa Rosa for a total of \$941,887.
- Authorize Interim Director of Health Services to enter into funding agreements of \$428,000 to Cotati/Rohnert Park and Petaluma each and \$85,887 to Santa Rosa to assist the jurisdictions developing their MST program for a total of \$941,887.
- Direct staff to lead collaborative evaluation in January – December 2022 of all MST programs using evaluation criteria suggested, and determine path forward for most sustainable and successful model to adapt and scale countywide.
- Adopt resolution adjusting the Department of Health Services fiscal year 2021-2022 final budget by increasing revenues and expenditures by \$941,887 to fund one-time investment to assist the jurisdictions developing their MST program.

Questions and Discussion
