



Legislation Details (With Text)

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Title: Measure O Planning and Implementation Workshop
Sponsors:
Indexes:
Attachments: 1. Summary Report, 2. Attachment 1 - Budget Detail for Existing Programs, 3. Attachment 2 - Petaluma CAHOOTS Funding Request, 4. Attachment 3 - Rohnert Park S.A.F.E. Funding Request, 5. Attachment 4 - Measure O New-Redesigned Program Decision Matrix, 6. Presentation - Measure O Planning and Implementation

Date	Ver.	Action By	Action	Result
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To: Board of Supervisors of Sonoma County and Board of Commissioners of the Community Development Commission

Department or Agency Name(s): Department of Health Services and Sonoma County Community Development Commission

Staff Name and Phone Number: Leah Benz, 565-6614

Vote Requirement: Majority

Supervisory District(s): Countywide

Title:

Measure O Planning and Implementation Workshop

Recommended Action:

- A) Accept staff report on Measure O Planning and Implementation.
- B) Review options for investments to make for new or redesigned programs, and provide direction to staff.

Executive Summary:

On August 4, 2020 the Board of Supervisors adopted a resolution calling an election to submit to the voters of Sonoma County a proposed one-quarter cent sales tax measure entitled the "Mental Health, Addiction and Homeless Services Measure Transactions and Use Tax Ordinance," and ordering that the election be consolidated with the statewide general election to be conducted on November 3, 2020. The final election results for the November 3, 2020 election showed that the 2020 Measure O was approved by 67 percent of the voters. Pursuant to Revenue and Taxation Code 7285.5, the new one-quarter cent sales tax became operative as of April 1, 2021.

As part of the measure, the voters approved an expenditure plan for the sales tax. The expenditure plan had five categories with set allocation percentages per categories. The categories with percent allocations are Behavioral Health Facilities 22%, Emergency Psychiatric/Crisis Services 44%, Mental Health & Substance

Use Disorder Outpatient Services 18%, Homeless Behavioral Health/Care Coordination 14%, and Transitional & Permanent Supportive Housing 2%.

This report provides the Board with an update on Measure O Planning and Implementation efforts and provides information to support Board actions for the next steps in this process.

Discussion:

In June 2018 the need for expanded access to behavioral health and homeless services reached a crisis level in our community and region. The devastating wildfires of 2017 exacerbated an already strained health care delivery system, decimated over five percent of the county's housing stock, and increased the need for trauma-informed behavioral health services. Furthermore, the Department of Health Services budgetary crisis positioned our behavioral health safety net at risk of being severely harmed as the Department was faced with reducing services and programs due to inadequate funding. At the same time that more and more residents need treatment, budget shortfalls have forced drastic reductions to services. Lack of Federal and State funding has resulted in cuts to essential programs, such as early intervention programs serving children at schools and reductions in the number of beds available at facilities to serve those in a crisis. Additional funding is needed to ensure that those who need it most-children, veterans, seniors, those experiencing homelessness and people facing trauma or drug addiction-have access to the essential care they need. The Department of Health Services worked diligently on redesigning the County Behavioral Health system to focus on core mandated services centered on crisis stabilization. This work was essential for the sustainability of services to support the needs of the most vulnerable residents of the County, yet resources were not sufficient to meet the growing behavioral health needs of residents.

These compounding issues demanded creative approaches to generate additional revenue to support the needs of the most vulnerable residents of Sonoma County. Revenue measures in other jurisdictions demonstrated success in bolstering a system of care wherein public agencies partner with community-based providers to address the increasing need for behavioral health and homeless services.

In August 2019 Sonoma County hired Terris Barnes Walters Boigon Heath, Inc. (TBWBH) to conduct a feasibility study and develop a ballot measure. A sub-committee made up of key staff met from August 2019 until the measure was placed on the ballot in August 2020. The sub-committee worked with TBWBH, EMC Research, and Middlebrook Communications to determine the feasibility of a potential measure, conduct outreach to the community, and develop a measure that reflected voter priorities and matched the County's needs.

EMC Research conducted two polls to gauge voter opinion and ensured the final ballot measure reflected voter priorities and included a tax rate that was palatable to voters. EMC Research conducted a baseline voter opinion poll in August 2019 and a tracking survey in May 2020. Initial baseline polling indicated that support was strong, with 75 percent of likely voters supporting the potential ballot measure. Strong poll results lead the County to continue developing the measure and seeking feedback from the community. The tracking survey conducted in May 2020 confirmed that voter support remained strong and above the two-thirds threshold, even during the COVID-19 pandemic.

Staff and TBWBH conducted dozens of community meetings with local elected officials, local city staff, community organizations and community leaders to seek input and refine the expenditure plan that would eventually go to voters. The two-way approach to the meetings helped the County provide information to community leaders while also receiving valuable feedback. No one could have predicted the timing or

impact of the COVID-19 pandemic, as it caused new challenges and obstacles throughout the County. Stress, uncertainty, and feelings of hopelessness or fear related to the pandemic increased the need for reliable and available mental health services. This increased demand for help aligned with the goals of a ballot measure, helping bring awareness to the need for service expansion that a measure would provide. The final measure incorporated feedback from voters, community leaders, and organizations with a detailed expenditure plan to provide clarity on priorities for usage of the funds.

Once Measure O was placed on the ballot, a group of community leaders came together to launch the campaign to pass Measure O. The formalized *Committee to Support Sonoma County Behavioral Health and Homeless Services, Yes on Measure O* included a diverse group of stakeholders - local health professionals, elected officials, labor union members and leaders, Santa Rosa Junior College administrators, professors, and students, and other local community advocates. Thanks to fundraising efforts, the campaign received crucial donations from labor unions, hospitals, local organizations, and individuals. These funds allowed the Measure

O campaign to send targeted mail and implement digital advertisement and volunteer field programs.

In November 2020 Sonoma County passed Measure O to provide essential funding for mental health and homeless services with 68.07 percent of the vote. Measure O, a one-quarter cent sales tax, generates \$25 million each year for 10 years to help protect essential mental health and homelessness services and is one of just two measures for mental health and homeless funding in the state (Mendocino County's Measure B passed in 2017).

Expenditure Plan

The Measure O Sales Tax Ordinance identified five categories of services to be funded with the revenue: (1) Behavioral Health Facilities, (2) Emergency Psychiatric and Crisis Services, (3) Mental Health and Substance Use Disorder Outpatient Services, (4) Behavioral Health Homeless and Care Coordination, and (5) Transitional and Permanent Supportive Housing. The Expenditure Plan designates a set percentage of funding for each of the categories. The Board may adjust these allocations with a four-fifths vote.

Summary and Purpose of Ad Hoc

In January 2021, the Board created a Measure O Ad Hoc committee and appointed Supervisors Gore and Coursey to the Ad Hoc. The Measure O Ad Hoc Committee was formed to address the Department of Health Services' implementation of Measure O. The purpose of the Ad Hoc is to inform the Board of how Measure O funding will support the Behavioral Health budget in both existing and new programming, and discuss homeless services support as defined in the measure. The Ad Hoc committee is supported by staff from the Department of Health Services (DHS), the County Administrator's Office (CAO) and County Counsel.

There is no specific distinction in the Expenditure Plan between supporting ongoing services that have previously been backfilled with one-time funding in order to prevent cuts and developing new or enhanced services. The Ad Hoc committee reviewed the programs that historically have been faced with a funding gap for an understanding of the cause of the gap, previously instituted mitigation measures, and how the Measure O revenue could be utilized to stabilize program delivery. Through these discussions, the Ad Hoc recommended \$13,196,730 of Measure O Sales Tax revenue be allocated towards existing programs to continue to provide the critical services to those who need it most-children, veterans, seniors, those experiencing homelessness and people facing trauma or drug addiction to address reduction in services due to lack of Federal and State Funding. This allocation was discussed during the April Budget Workshops, and is included in the FY 2021-2022 Adopted Budget. The programs and funding amounts are detailed in Table 1.

Table1 - Expenditure Plan Categories and Recommended Uses - Existing Programs

Expenditure Plan Category/Programs	Category % of \$25 Million Total Funding Per Year	Recommended Program Funding (Annual Amount)	Remaining Funding (Annual Amount)
Behavioral Health Facilities	22%	\$3,076,250	\$2,423,750
Residential Care Facility (RCF) RCFs provide housing & services to individuals with Severe Mental Illness (SMI) who need additional social and behavioral health support to live in the community.		\$3,076,250	
Emergency Psychiatric/ Crisis Services	44%	\$7,425,480	\$3,574,520
Crisis Stabilization Unit (CSU) The CSU provides services to individuals in psychiatric crisis, to assist them to stabilize and return to the community or transfer to a psychiatric facility for ongoing treatment.		\$4,529,629	
Residential Crisis Services Crisis Residential Treatment facilities provide housing & mental health services to individuals who require longer-term services to stabilize & do not require a locked setting.		\$1,395,851	
Inpatient Hospital Services - Adult County Department of Health Services (DHS), as the Mental Health Plan, is required to provide inpatient psychiatric care to Medi-Cal beneficiaries on involuntary holds or otherwise in need of intensive psychiatric services.		\$1,500,000	
Mental Health and Substance Use Disorder Outpatient Services	18%	\$2,695,000	\$1,805,000
Mental Health Services at Children's Shelters DHS provides on-site mental health services to children who have experienced trauma living in the County Children's Shelter.		\$551,000	

Services to support Residential Care Facilities, Permanent Supportive Housing, and other Housing Individuals with mental health and/or Substance Use Disorder (SUD) needs who require in-home and community-based services to live successfully in the community. These services will support individuals provided with permanent supportive housing, which interrupts the cycle of homelessness.		\$2,144,000	
Behavioral Health Homeless/ Care Coordination	14%	-	\$3,500,000
Transitional and Permanent Supportive Housing	2%	-	\$500,000
Total	100%	\$13,196,730	\$11,803,270

The Measure O funding amounts for the existing programs included within the FY 2021-2022 Adopted Budget and a description of the programs are included below.

- Residential Care Facilities (\$3,076,250) provide housing and services to individuals with Severe Mental Illness (SMI) who need additional social and behavioral health support to live in the community. Approximately 357 individuals were served in FY 2020-2021.
- The Crisis Stabilization Unit (\$4,529,629) provides services to individuals in psychiatric crisis, to assist them to stabilize and return to the community or transfer to a psychiatric facility for ongoing treatment. Approximately 790 individuals were served in FY 2020-2021.
- Residential Crisis Services (\$1,395,851) or Crisis Residential Treatment facilities provide housing and mental health services to individuals who require longer-term services to stabilize and do not require a locked setting. Approximately 219 individuals were served in FY 2020-2021.
- The Inpatient Hospital Services - Adult (\$1,500,000) allocation is to provide inpatient psychiatric care to Medi-Cal beneficiaries on involuntary holds or otherwise in need of intensive psychiatric services as required of the County Department of Health Services, as the Mental Health Plan. Approximately 680 unique adult clients with 1067 inpatient stays were served in FY 20-21 (this is due to repeat admissions).
- Mental Health Services at Children's Shelters (\$551,000) provides on-site mental health services to children who have experienced trauma living in the County Children's Shelter.
- Services to support Residential Care Facilities, Permanent Supportive Housing, and other Housing (\$2,144,000) allocation is to help individuals with mental health and/or Substance Use Disorder (SUD) needs who require in-home and community-based services to live successfully in the community. These services will support individuals provided with permanent supportive housing, which interrupts the cycle of homelessness.

Attachment 1 includes the total cost and associated funding sources for each of the programs listed above.

Staff and the Ad Hoc committee have conducted outreach with various community groups to gather feedback and input on expenditure decisions. The Ad Hoc committee have met with one of the three-hospital system administrators in August, and plan to hold a group meeting with all three hospital administrators in the coming weeks. In addition, the Ad Hoc (Supervisor Coursey) and staff met with the Mayors and Council Members on August 12. In addition, Supervisor Coursey met with the Continuum of Care Board on July 28, and these groups were invited to attend this August 31 workshop to provide additional feedback as well. Feedback from community partners remains a high priority and will continue as long as the Measure is in place.

Options of Actions and Funding for New and Redesigned Programs

The Ad Hoc committee reviewed the remaining funding decisions, and how the Measure O revenue could be utilized to address unmet needs in the behavioral health and homeless systems of care. Through these discussions, staff recommends the following allocations, areas of outreach, and short and long-term investments to meet those needs. The programs and funding amounts are detailed in Table 2.

Table 2 - Expenditure Plan Categories and Recommended Uses - New and Redesigned Programs

Expenditure Plan Category / Programs	Remaining Funding Redesign/New Programs
1. Behavioral Health Facilities	2,423,750
Transitional Housing for individuals discharging from crisis services - Transitional Housing is a needed service for individuals who have high levels of mental health needs and do not have a long-term placement agreement.	730,000
Psychiatric Health Facility & Operations - There is a need for a local locked psychiatric facility to serve Sonoma County residents. This will ensure individuals access emergency psychiatric services more timely, at a cost savings to the County.	1,693,750
2. Emergency Psychiatric / Crisis Services	3,574,520
Mobile Support Team (MST) Expansion/ Crisis, Assessment, Prevention, and Education (CAPE) - MST accompanies law enforcement on calls to provide crisis intervention to individuals in psychiatric distress. CAPE provides crisis services to schools in Sonoma County.	3,574,520
3. Mental Health & Substance Use Disorder Outpatient Services	1,805,000
Mental Health Services for Children and Youth - Children and youth with mental health needs will receive services for prevention, early intervention and case management.	805,000
Substance Use Disorder Services Expansion - Expand Sonoma County Drug Medi-Cal Services to provide outpatient and residential treatment services to individuals with substance use disorders.	1,000,000
4. Behavioral Health Homeless / Care Coordination	3,500,000

Behavioral Health Services for individuals who are homeless - Individuals who are homeless or need mental health and substance use disorder services to successfully transition to housing in the community.	1,100,463
Care Coordination for High Needs Homeless - Care Coordination provides multi-disciplinary case management and other services to enable individuals who have been homeless to live successfully in permanent supportive housing in the community.	2,399,537
5. Transitional & Permanent Supportive Housing	500,000
Supportive Housing Pool - To help secure housing resources to service the homeless populations in the County.	500,000
Total	11,803,270

The Measure O Implementation next steps and potential funding amounts for the new and redesigned programs are included below.

Expenditure Plan Category: Behavioral Health Facilities (\$2,423,750)

Sub Category: Transitional Housing for individuals discharging from crisis services (\$730,000)

Transitional Housing supports individuals who have mental health and housing needs. In particular, individuals experiencing a psychiatric crisis, who make progress, but are not yet able to return to their homes safely, require a supportive transitional housing option. This allows individuals to step down from the CSU or crisis residential program, to a setting that offers appropriately less intensive, time-limited supportive services.

Additionally, enabling the timely “step down” of individuals opens CSU and crisis residential beds to others awaiting psychiatric stabilization services.

Proposed Actions and Expenditures (\$730,000):

- Secure grant funding through competitive application process of the State budget set-aside of \$750 million to build additional community behavioral health capacity to acquire property(s), or other grant funding for new transitional housing. Utilizing state funding for property leverages state and local funds, allowing the county to establish new transitional housing sooner and to maximize Measure O funding, which will sustain the project. Matching funding will be required, however the amount required is unknown at this time. Measure O/other DHS funding sources could serve as this match.
 - Dedicate \$362,000 annually of Measure O funding for competitively procured supportive services, for individuals who reside in new transitional housing.
 - 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.
- \$208,000* (annual with adjustments for COLA) 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.). DHS has a growing amount of BH housing resources, but does not have the administrative structure to monitor and maximize its use.

This position will address this need.
- \$160,000 annually for three years to Fund Probation’s request to continue the Justice and Mental Health Collaboration Program (JMHCP). JMHCP is a mental health pretrial release program for individuals whose mental illness has a primary relationship to criminal behavior, that has resulted in arrest and detention. Through this program, the Courts grant these individuals pre-trial release, to services that include assessment and discharge planning in the jail prior to release,

and a “warm handoff” to stabilization resources and mental health treatment in the community. The average length of stay in the JMHCP program is 141 days, and it has served an average of 61 individuals annually since 2019. Investment beyond the three-year period will be contingent on successful program outcomes, community needs and Board priorities.

The JMHCP is a successful program built on time limited grant funding. The requested funds will cover the Community Case Management component of the program, including expansion

Accepting this recommendation will sustain a program in which the county has invested.

*Staff cost is Salary and Benefits plus associated costs

Sub Category: Psychiatric Health Facility (PHF) (\$1,693,750)

There is a need for a local locked psychiatric facility to serve Sonoma County residents. This will ensure individuals access emergency psychiatric services more timely. The PHF will serve approximately 633 Sonoma County residents annually. Individuals in psychiatric crisis who do not stabilize within 24 hours under the care of the Crisis Stabilization Unit (CSU) must be transferred to a psychiatric facility for additional care. The state and county shortage of psychiatric hospital beds results in inappropriately long stays at the CSU and hospital emergency rooms and, frequently, individuals transfer out of Sonoma County away from support systems and service providers. The PHF will be the first such facility in Sonoma County and will offer 14 beds dedicated to local residents. It enables DHS to provide acute psychiatric services in a timely manner, improving treatment, and increasing the availability of CSU beds for others in crisis. Qualifying as a Medi-Cal facility, the PHF will offset county costs for adults (age 22 - 65) by approximately 50 percent by drawing down federal dollars for which many other hospitals are ineligible.

In May 2020 the Board delegated authority to the Director of the General Services Department to negotiate and execute a Master PHF Lease and Development Agreement with University Partners and Crestwood Behavioral Health, Inc. for the leasing, design, construction, and maintenance-operations of a PHF for the County at the former Valley of the Moon Children’s Center at Los Guilicos. The Master agreement addresses the urgent need in the County for guaranteed psychiatric beds and includes a ‘treatment bed/services’ agreement for Crestwood Behavioral Health, Inc. to use the property as a sixteen (16) beds PHF.

In July 2020 the County executed the Master PHF Lease and Development Agreement with University Partners and Crestwood Behavioral Health, Inc. The design and construction of the facility is expected to be completed by the end of December 2021, with a projected occupancy in January/February 2022.

The Department of Health Services is requesting to receive direction from your Board to negotiate an agreement with Crestwood Behavioral Health, Inc. for the operation of the Los Guilicos Psychiatric Health Facility and return to the Board for delegated authority to execute the agreement. We anticipate approximately \$2,534,000 in expenditures during fiscal year 2021-2022 based on an anticipated occupancy date of January 1, 2022 and approximately \$5,110,000 in annual expenditures thereafter. The funding for this agreement includes the Medi-Cal Federal Financial Participation (FFP) and the local match and is for the operations of fourteen (14) beds at an estimated rate of \$1,000 per bed/day beginning on January 1, 2022. The funding for fiscal year 2021-2022 will be adjusted proportionately based on the actual date of occupancy of the facility and the contractually negotiated rate per bed/day. The Department anticipates a budget shortfall of \$1.5 million annually for the local match beginning in fiscal year 2022-2023 and is actively seeking a funding source to close this funding gap.

The remaining two (2) beds will be assigned exclusively to Marin County clients under a separate agreement between Marin County and Crestwood Behavioral Health, Inc.

Proposed Action (\$1,693,750 annually):

- Move forward with for Psychiatric Health Facility to open January/February 2022
 - \$4.6 million has been invested (source: local hospitals, Inter Governmental Transfer-Sonoma county Department of Health Services). We anticipate that Marin County will make a proportional capital investment contribution upon Board of Supervisors approval expected at a later date this year.
 - 16 bed facility, beds are guaranteed fourteen (14) for Sonoma County and two (2) for Marin County
 - PHF will accept clients discharged from the CSU, and serve them until stabilized and transferred to long-term living or treatment arrangements
 - Enacting this recommendation ensures that the county will benefit from funds already invested in the PHF and follows through on commitments the County has made to the community to establish this facility in Sonoma County.

Alternate Options

- The Department is anticipating an annual funding gap of \$1.5 million annually for the proposed 14 beds in the Crestwood Facility beginning in FY 2022-2023. Staff will continue to explore funding options, but ultimately the County may need to reduce Sonoma County beds (from 14 to potentially 7) to fit within funding resources and work with Crestwood to assign the extra beds to other counties.
- Redistribute some of the Transitional Housing subcategory to address a portion of the gap of the PHF. As described above, staff is recommending that the Board allocation \$730,000 to the Transitional Housing subcategory. Reducing the amount will mean less funding for Transitional Housing services and programs.

Expenditure Plan Category: Emergency Psychiatric/Crisis Services (\$3,574,520)

Sub Category: Mobile Support Team (MST) and Crisis, Assessment, Prevention, and Education (CAPE) (\$3,574,520)

MST accompanies law enforcement on calls to provide crisis intervention to individuals in psychiatric and substance use disorder distress. CAPE would provide crisis services to high schools in Sonoma County. MST was established in 2012 and funded with Mental Health Services Act (MHSA), County General Fund and temporary grants. Current funding for MST consists of MHSA, County Discretionary Funding (for 3 years), Federal Financial Participation (Medical Administrative Activities, Utilization Review), and Grant Funding from the Triage program that will end in FY 22/23. During budget hearings of September 2020, the Board made a decision to expand the MST program to add the North County team and add Saturday/Sunday services to all teams using PG&E funding. Current Teams operate Monday through Friday from 1 pm-9 pm in the following

areas:

- Santa Rosa & Windsor (inc. SRJC Santa Rosa campus, unincorporated areas)
- West County (Guerneville, Forestville, Sebastopol, Graton, unincorporated areas)
- South County/Sonoma Valley (SSU, SRJC Petaluma, Petaluma, Cotati, Rohnert Park, unincorporated areas)

In fiscal years 2018-2019 and 2019-2020, MST answered 693 calls, serving 620 unique individuals in 1,679 encounters. Follow up contacts included 926, or 55 percent, of the encounters. A quarter of all contacts resulted in a 5150 hold.

Santa Rosa, Petaluma, Rohnert Park, Cotati and the County are initiating several pilots of new services and modifications to existing programs to expand and improve the availability of mobile mental health/behavioral health response services in Sonoma County. Additionally, the County is applying to the state for additional financial resources for MST infrastructure for cities at this time. It is prudent to set aside and hold these Measure O funds, monitor state and federal funding developments and take advantage of

upcoming opportunities to make the best use of Measure O support for these programs.

MST, while very valuable, is a discretionary program, not mandated by the state. The use of MHSA funds for MST is problematic in that these funds are not available to support mandated or core Mental Health Plan services, where service capacity is inadequate to meet community need mental health services for adults, who have severe mental illness, and children, who have serious emotional disturbance.

Proposed Actions:

- Hold funds for up to 12 months to monitor state and federal funding opportunities, and the development of city-based mobile crisis programs, and determine the best use of Measure O funding. This allows Sonoma County to make the most of Measure O funds by ensuring it is not used for expenses that can be covered by other sources, while leaving Measure O funds to address the gaps that remain.
- Consider one-time investments that support mobile crisis services without making long-term commitments of Measure O funding at this time. One-time investments could include vehicles, software, etc. Supporting one-time investments demonstrates commitment to mobile crisis services without creating an ongoing financial commitment that would not be prudent at this time. Funding could be distributed for cities that are launching Cahoots or similar type pilot programs. One option is to set aside \$500,000 from this category and distribute to cities who launch pilot programs based on population. The following chart is a sample distribution formula based on population.

City	Population *	% of Total	Amount per city based on population (\$)
Cloverdale	8,656	2.44%	12,215.60
Cotati	7,410	2.09%	10,457.21
Healdsburg	11,845	3.34%	16,716.01
Petaluma	60,520	17.08%	85,407.61
Rohnert Park	43,291	12.22%	61,093.53
Santa Rosa	176,753	49.89%	249,439.04
Sebastopol	7,674	2.17%	10,829.77
Sonoma	11,024	3.11%	15,557.39
Windsor	27,128	7.66%	38,283.83
Unincorporated	140,035	Not included	NA
Total	494,336		500,000.00

*Source: <https://www.census.gov/quickfacts/sonomacountycalifornia>
<<http://www.census.gov/quickfacts/sonomacountycalifornia>>

- CAPE - Monitor state and federal funding opportunities, and the development of city-based mobile crisis programs, and determine the best course of action. This ensures Sonoma County makes the most of Measure O funds by waiting for other mobile crisis support projects to develop and determining how new programs intersect with the need for mobile crisis services for schools.

Alternate Option

- Redistribute some or all of the unspent initial funding for MST/CAPE to Emergency Psychiatric/Crisis Services category to: Residential Crisis Services and Inpatient Hospital Services - Adult. This redistribution would reduce the need to find other funding sources to support placement of individuals in residential care facilities and inpatient psychiatric facilities, including the Sonoma County Psychiatric Health Facility (PHF), which opens in January 2022.
- Replace MHSA funding currently committed to MST to expand the Behavioral Health Division's core services and

address service capacity problems. Currently, we use approximately \$1.8 million of MHSA funding annually for the County's MST program.

Expenditure Plan Category: Mental Health and Substance Use Disorder Outpatient Services (\$1,805,000) Sub Category: Mental Health Services for Children and Youth (\$805,000)

Children and youth with mental health needs will receive services for prevention, early intervention and case management.

Proposed Action:

- The Department of Health Services is requesting to receive direction from your Board to negotiate an agreement with Santa Rosa Junior College (SRJC) for the following contracted services estimated at \$805,000 annually and return to the Board for delegated authority to execute the agreement. The estimated amount for fiscal year 2021-2022 would be prorated based on the actual start date of the contract. Services proposed to be provided through the contract include the following:
 1. Enhanced Diversity of Mental Health Provision: Hire permanent therapist positions to provide individual therapy and outreach to Latin/x and Black/African-American students. Hire seven unlicensed mental health trainees each year to provide therapy, provide a stipend higher than average for the region in order to attract trainees of color and skill. Provide mental health training for District Police department focusing on work with diverse populations. The SRJC Latin Community makes up 40% of students, with a makeup other demographic groups being similar to County demographics. SRJC does not currently employ any permanent therapists of color but does have 1.75 full-time equivalent temporary trainees of color.
 2. Health Promotion: Hire half-time Health Promotion Assistant to focus on work with student Veterans, faculty departments, and peer health educators during crises. Expand work on Sexual Assault and Domestic Violence and marketing mental health programs on campus.
 3. Specialized Services: Hire full-time licensed clinical social worker to provide case management services for Veterans, Homeless, and high-risk cases and half-time nurse practitioner with psychiatric experience to prescribe basic psychotropic medication.
 4. Performance metrics and data collection.

This project strengthens DHS's services for young adults, college students and veterans, including services specialized for racial and ethnic minority populations. SRJC's Fall 2018/19 enrollment was approximately 25,000 students. The total students reached by Student Health Services through any means that year was 11,300. Current SRJC enrollment is 19,000 students. Data from a survey of 1000 SRJC students from spring 2019 found that over the previous 12 months:

- 54 % of students felt things were hopeless
- 85% of students felt overwhelmed
- 14% of students seriously considered suicide
- 2% of students attempted suicide [Note: Extrapolating to the entire student population, this means that in 2018 approximately 500 SRJC students attempted suicide.]
- 25% were formally diagnosed with Depression
- 29% were formally diagnosed with Anxiety
- 16% were formally diagnosed with Panic Disorder

Sub Category: Substance Use Disorder (SUD) Services Expansion (\$1,000,000)

Expand Sonoma County Drug Medi-Cal Services to provide outpatient and residential treatment services to individuals with substance use disorders. This project establishes administrative infrastructure to support Measure O-funded expansion and preparation for an application to Department of Healthcare Services (DHCS) to join the Organized Delivery System (ODS) Waiver in approximately one year.

Measure O will increase SUD services directly supporting Youth SUD Services. The planning and RFP process will determine the number of clients to be served. DHS currently operates its SUD services within the Drug- Medi-Cal service system. An opportunity to join the Organized Delivery Services (ODS) is projected for some time in 2022. Moving from a Drug-Medi-Cal system to an ODS system will significantly expand the type and volume of SUD services available within the county. Increased investment of local funds will leverage significantly larger returns of state and federal funding for Sonoma County. While Sonoma County has needs for SUD services beyond what is currently provided across the demographic and service continuum,

the need for youth services stands out.

Proposed Actions (\$1,000,000):

Expand SUD service system:

Establish DHS SUD Program administrative infrastructure to improve and expand the SUD service system. Three administrative/management positions will support expansion (\$686,000 annual with adjustments for COLA).

- Prepare for Organized Delivery System (ODS) Waiver in 2022 or 2023. (Note: The decision to join the waiver is a policy decision of the Board and will be brought to the Board in the future for consideration). The current SUD Program infrastructure is not sufficient to support SUD Measure O expansion and is not adequate to plan and prepare DHS for an Organized Delivery Service (ODS) waiver application in 2022. Sonoma County is the only county of its size that has

not joined the ODS Waiver. Joining the ODS Waiver will significantly expand the SUD service system, and an increase in the investment of local funds will draw down additional state and federal funds to Sonoma County.

- 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. We will assess programs at three-year mark and bring findings to the Board for further consideration. While the overall Sonoma County SUD service system is inadequate to meet community needs, the shortage of youth services is particularly notable. In addition to prioritizing this community need, SUD services are an EPSDT entitlement for these Medi-Cal beneficiaries; therefore, expanding these services addresses this regulatory need as well.

Alternate Option

- RFP for SUD services for populations other than Youth SUD services. SUD services are in short supply for pregnant and parenting mothers, jail inmates and homeless populations. SUD services are largely non-existent for parenting fathers, older adults, emergency department patients, and the LGBTQ+, LatinX, immigrant, refugee and veteran populations. RFPs for services for selected populations would apply different service procurement strategies that would include varying emphases on outpatient, outpatient intensive, sober living environments, residential treatment and medication assisted treatment.

Expenditure Plan Category: Behavioral Health Homeless/Care Coordination (\$3,500,000) Sub Category:

Care Coordination for High Needs Homeless (\$1,100,463)

Care Coordination provides multi-disciplinary case management and other services to enable individuals who have been homeless to live successfully in permanent supportive housing in the community. The **Homeless Encampment Access & Resource Team (HEART)**, comprised of six full-time equivalent (FTE) staff, focuses on sheltering Sonoma County's homeless population. This cohort was established to respond to the Joe Rodota Trail encampment, the largest in the County's history. It was expanded in March 2020 to outreach and provide coordinated care to individuals living in encampments in the unincorporated parts of the county and the cities of Sebastopol, Cotati, Rohnert Park, Sonoma, Healdsburg, Cloverdale, and the Town of Windsor. The cohort provides integrated care management services to individuals with higher needs through IMDT (the Interdepartmental Multi-Disciplinary Team).

The HEART team has been instrumental in supporting the work of the IMDT and getting 512 individuals who were homeless into shelters and housing; they have had 6,545 outreach engagements; 177 permanent supportive housing placements; sheltered 335 individuals; and enrolled 578 homeless in case management. IMDT with HEART as the lead team have been deployed to 32 different encampments. Alexander Valley, Joe Rodota Trail/Roberts Road, West Robles, Howarth Park, County Administration Center (P26 lot), Jet Way, Cloverdale (Preston), Moscow Road, as well as the Guerneville Park and Ride. The remaining sites have varying levels of outreach, service provision, and connections to shelter but have not been cleared.

Proposed Action (\$1,100,463):

- Allocate the first year of funding only 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. This recommendation allows a Behavioral Health Homeless

program in which Sonoma County has invested to continue operations, while the county collaborates with city partners and the COC to develop mutually amenable longer-term investments of these funds.

Alternate Option

- An alternate option is to consider funding a contract for supportive services connected to the 250 +/- emergency housing vouchers (EHV). The Housing Authority was provided funding in the amount of \$535,000 for housing search services for emergency voucher recipients. The Community Development Commission and Continuum of Care Board released a request for proposal using Emergency Services Grant-COVID (ESG-CV) funding for wrap around services for EHV voucher holders. If additional wrap around services are needed for EHV voucher holders and/or for qualifying individuals living in transitional housing and/or supportive housing sites, Measure O funding from the Behavioral Health Homeless/Care Coordination expenditure plan category may be used to supplement these programs.

Sub Category: Behavioral Health Services for individuals who are homeless (\$2,399,537)

This category is for individuals who are homeless or need mental health and substance use disorder services to successfully transition to housing in the community. The Whole Person Care program, comprised of 11.50 full-time equivalent (FTE) staff, focuses on intensive outreach and case management to homeless or at risk of becoming homeless individuals with chronic and persistent mental health needs, chronic medical issues, substance use disorders, high utilizers of emergency medical services, frequent crisis mental health services, and criminal justice problems. In calendar year 2020 (Year 5 of Whole Person Care), 1,457 individuals were served through outreach and engagement and 154 of these individuals participated in Intensive Case Management. Services aim to stabilize individuals linking them to resources and housing, addressing mental health and medical needs, and reducing utilization of emergency medical, acute psychiatric, and criminal justice systems.

Proposed Actions (\$2,399,537):

- Allocate the first year of funding only 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. High Needs Homeless (HNH) services are currently funded through a state pilot program, Whole Person Care (WPC). Funding for the WPC pilot ends December 31, 2021. The state is replacing WPC services with an Enhanced Care Management (ECM) benefit to be managed by Partnership HealthPlan of California (PHC). DHS is in negotiation with PHC to provide ECM, and to continue to serve its current clients. Ideally, ECM funds will allow the DHS HNH program to continue operating. If not, DHS will redesign HNH to continue to serve this population in a coordinated manner with ECM. The determination of whether or not DHS is an ECM provider will be made between now and the end of the calendar year. The Department will prepare a staff report on the CalAIM statewide program and present it to your Board in Fall 2021.

Measure O funds could be used to cover High Needs Homeless (HNH) Team (the WPC team), which would be redesigned to provide services in a coordinated manner with ECM. Redesign will be in collaboration with cities, align with the Continuum of Care Homeless Strategic Plan, and the KPMG Report recommendations. This recommendation allows a BH Homeless program in which Sonoma County has invested to continue operations, while the county collaborates with city partners to develop mutually amenable longer-term investments of these funds.

Alternate Option

- An alternate option is to consider funding a contract for supportive services connected to the 250 +/- emergency housing vouchers (EHV). The Housing Authority was provided funding in the amount of \$535,000 for housing search services for emergency voucher recipients. The Community Development Commission and Continuum of Care Board released a request for proposal using Emergency Services Grant-COVID (ESG-CV) funding for wrap around services for EHV voucher holders. If additional wrap around services are needed for EHV voucher holders and/or qualifying individuals living in transitional housing and/or supportive housing sites, Measure O funding from the Behavioral Health Homeless/Care Coordination expenditure plan category may be used to supplement this program.

Expenditure Plan Category: Transitional and Permanent Supportive Housing Sub Category:

Supportive Housing Pool (\$500,000)

Two percent of Measure O revenue goes directly to the Community Development Commission via the Auditor Controllers;

currently estimated at \$500,000/year - for the Supportive Housing Pool.

Proposed Actions:

- Bring to housing/homelessness partners and city managers for feedback
- Potential to leverage funding for acquiring property in partnership with cities
 - Petaluma's City/County Home Key project
 - Healdsburg's indoor/outdoor City/County partnership
 - Santa Rosa/Rohnert Park have expressed interest

This recommendation allows the county to partner with cities to leverage a variety of funding sources to maximize the establishment of housing for individuals who are homeless or at-risk of homelessness.

Alternate Option

If remaining funding is available, consider funding wraparound services for those receiving Emergency Housing Vouchers (EHV) and/or for qualifying individuals living in transitional housing and/or permanent supportive housing sites.

Prior Board Actions:

On December 15, 2020 the Board A) Adopted a resolution to authorize the County Administrator to execute agreements with the California Department of Tax and Fee Administration for implementation of the local transaction and use tax on behalf of the County of Sonoma authorized by Sonoma County voters. B) Adopted a resolution to authorize the Examination of Transaction and Use (Sales) Tax Records and retain a consultant to assist with sales tax economic analysis and audit service. C) Authorized the Director of Health Services, or designee, to coordinate with the California Department of Tax and Fee Administration to execute any other necessary documents to proceed with the administration of the tax.

On August 4, 2020 the Board A) adopted an ordinance entitled the "Sonoma County Local Mental Health, Addiction and Homeless Services Measure Transaction and Use Tax Ordinance" imposing a countywide one-quarter cent special transactions and use tax (sales tax) in Sonoma County for Sonoma County behavioral health and homeless services pursuant to Revenue and Taxation Code section 7285.5; B) authorized the Department of Health Services to coordinate with the County Administrator to contract with the California Department of Tax and Fee Administration to administer the tax, if approved by voters; and C) adopted a resolution calling a special election to submit to the voters of Sonoma County a one-quarter of one percent (0.25%) sales tax measure entitled "the Sonoma County Local Mental Health, Addiction and Homeless Services Measure Transaction and Use Tax Ordinance" and ordering that the special election be consolidated with the statewide general election to be conducted on November 3, 2020.

On July 28, 2020 the Board adopted a resolution introducing a proposed ordinance imposing a countywide one-quarter cent transactions and use tax (sales tax) in Sonoma County for Sonoma County behavioral health and homeless services and waiving further reading.

On July 14, 2020 the Board A) received a report from staff on proposed November 2020 Sonoma County Local Mental Health, Addiction and Homeless Services Measure Transactions and Use Tax Ordinance, including polling results and draft expenditure plan; and B) directed staff to return on July 28, 2020 to introduce and waive further reading of a proposed ordinance imposing a one-quarter cent countywide transactions and use tax (sales tax) in Sonoma County for Sonoma County behavioral health and homeless services.

On May 19, 2020 the Board approved a Master PHF Lease and Development Agreement with University Partners, LLC for

the leasing, design, construction, and maintenance operations of a psychiatric health facility ("PHF") for the County at the former Valley of the Moon Children's Center at Los Guilicos.

FISCAL SUMMARY

Expenditures	FY 21-22 Adopted	FY 22-23 Projected	FY 23-24 Projected
Budgeted Expenses			
Additional Appropriation Requested			
Total Expenditures	0	0	0
Funding Sources			
General Fund/WA GF			
State/Federal			
Fees/Other			
Use of Fund Balance			
Contingencies			
Total Sources	0	0	0

Narrative Explanation of Fiscal Impacts:

Measure O is estimated to generate an additional \$25 million annually for the next 10 years of which will be managed by the Department of Health Services and the Community Development Commission in compliance with the Measure's Spending Plan.

The Department included revenue and expenditures appropriations totaling \$13,196,730 for the existing Measure O funded programs in the fiscal year 2021-2022 adopted budget.

For years two through ten of Measure O funding it is anticipated that cost of doing business increase will be included in budget development, which will include staffing costs, services and supplies, and contract costs. Measure O funds will be prioritized to cover these increase costs prior to new expenditures.

Staffing Impacts:

Position Title (Payroll Classification)	Monthly Salary Range (A-I Step)	Additions (Number)	Deletions (Number)
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Narrative Explanation of Staffing Impacts (If Required):

N/A

Attachments:

Attachment 1 - Budget Detail for Existing Programs

Attachment 2 - Petaluma CAHOOTS Funding Request

Attachment 3 - Rohnert Park S.A.F.E. Funding Request

Attachment 4 - Measure O New/Redesigned Program Decision Matrix

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

None