



## Legislation Text

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**File #:** 2023-0407, **Version:** 1

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**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:** Majority  
**Supervisory District(s):** Countywide

**Title:**

Mobile Support Team Update, Data Analysis, and Team Extensions

**Recommended Action:**

- A) Receive update on mobile crisis teams in Sonoma County.
- B) Authorize 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.
- C) Direct 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.

**Executive Summary:**

In November 2020, Measure O, a one-quarter cent sales tax for Mental Health, Addiction and Homeless Services, was approved by 67 percent of Sonoma County voters. Measure O sets aside 44 percent of revenue generated for the Emergency Psychiatric/Crisis Services category which includes the Mobile Support Team (MST) Expansion. Sonoma County Department of Health Services ("DHS", or "the Department") has operated the MST program since 2012. MST responds to law enforcement requests for support on calls in which individuals may be experiencing a behavioral health crisis. The MST program has expanded or retracted as funding has fluctuated; however, it has been the intention of Sonoma County to eventually serve all geographic regions with 24/7 mobile crisis services.

In response to community interest in expanded mobile crisis services, several cities within Sonoma County committed to establishing mobile crisis services, developing models consistent with the Eugene, Oregon, White Bird Clinic CAHOOTS program. (CAHOOTS stands for Crisis Assistance Helping Out on the Street.) The most significant innovation of the CAHOOTS model is that behavioral health and emergency medical service teams act as first responders to service calls that do not require law enforcement resources. The development of programs in Santa Rosa, Petaluma, Rohnert Park, and Cotati created additional opportunities for the Board of Supervisors' investment of Measure O funds in mobile crisis services, as well as development of other collaborative city/county efforts. The Board previously made an initial investment of Measure O funds in 2021 to support the development of these teams. This report provides the Board with an update on the existing mobile support teams as well as the development of collaborative efforts amongst the four cities and the county. This item also proposes that the Board authorize the Director of DHS to enter into funding agreements

to allocate a one-time investment of \$1,514,440 for fiscal year 2023-2024 for continued mobile crisis services.

The funding request includes the following: 1) \$500,000 to City of Petaluma for SAFE, 2) \$500,000 to Cities of Rohnert Park, Cotati, and to Sonoma State University for SAFE (Cotati at 16%, Rohnert Park is 78% and SSU is 6% of the award), and 3) \$514,440 to City of Santa Rosa for inRESPONSE.

#### **Discussion:**

A Mobile Support Team (MST) typically includes a trained crisis intervention worker or licensed mental health professional, an EMT or paramedic, and an outreach worker from a non-profit partner. An MST acts as first responders to service calls that do not require law enforcement resources and responds to calls for service that have traditionally largely been handled by law enforcement which has proven effective in reducing police mental health calls for service. They provide mobile interventions and assessments to individuals in crisis or experiencing a mental health breakdown. Based on their assessment, the MST will often transport individuals to an appropriate destination, such as a Crisis Stabilization Unit, a shelter, or a general hospital emergency department. The MST may also conduct a follow-up with individuals in person or by telephone. In addition, an MST will assist individuals in accessing services provided by government or local non-profits.

#### **Measure O**

In November 2020, voters approved Measure O, the Mental Health and Homeless Services quarter-cent sales tax. The expenditure plan outlines five categories with set allocation percentages. Measure O sets aside 44 percent of revenue for the Emergency Psychiatric/Crisis Services category. This includes support for Mobile Service Teams (MST). As a part of initial Measure O implementation, in 2021 the Board of Supervisors allocated implementation funding to help support two new mobile support teams: inRESPONSE in Santa Rosa and Specialized Access for Everyone (SAFE) in Petaluma/Rohnert Park/Cotati.

The inRESPONSE program is a partnership between the City of Santa Rosa, Buckelew Programs, Catholic Charities, and Sonoma County Behavioral Health. SAFE is run by Petaluma People Services Center (PPSC). SAFE began operations in Petaluma in 2021, expanding to Rohnert Park and Cotati in 2022 and to Sonoma State University in 2023. The inRESPONSE program began operating in January 2022. The programs share several objectives but differ in scope.

The inRESPONSE program focuses on primarily mental health calls that would otherwise be handled by law enforcement and provides dedicated homeless outreach. Teams are staffed with a licensed clinician from Sonoma County Behavioral Health's MST team (who can determine involuntary holds (5150)), an Emergency Medical Technician (EMT) and an Engagement Specialist from Catholic Charities Homeless Outreach Services Team (HOST). Follow up and system navigation services are provided by Buckelew Programs and Humanidad Therapy and Education Services. The inRESPONSE team primarily responds to dispatched mental health calls without police support but can request assistance. Law enforcement may also initiate a request for inRESPONSE services as additional support or to take-over a call where law enforcement is not needed. The inRESPONSE team is dispatched by 911 or by the non-emergency 575-HELP line utilizing standardized procedures and tools to determine appropriateness of services.

The SAFE program provides support services that traditionally were handled by law enforcement, it also provides an array of community services in conjunction with PPSC that ordinarily do not generate a police response. SAFE teams are staffed by a paramedic and a non-licensed Crisis Intervention Worker. Lacking a licensed clinician, SAFE must rely on police for 5150 determinations. The SAFE program is dispatched by 911 and a non-emergency line.

## Initial Outcomes

Both programs have achieved notable successes and have garnered tremendous community response and enjoy the strong support of local law enforcement. Rohnert Park/Cotati SAFE responds to over 140 calls per month and Petaluma nearly 300. Their focus is to “deescalate and refer” which seeks to avoid a law enforcement response while assisting individuals to access community supports and navigate public benefits while working with PPSC to provide follow-up services.

The inRESPONSE program had over 2700 calls for service in 2022, 65 percent of which were mental health related. Santa Rosa Police Department has seen a 16 percent decrease in mental health calls since implementing inRESPONSE, simultaneously increasing overall system response while reducing the number of involuntary holds. inRESPONSE has dedicated homeless outreach one day a week and currently operates 7 days a week with services available varying depending on the day. The overall goal is to have 4 units to operate 24 hours, 7 days a week.

The SAFE and inRESPONSE mobile crisis programs are funded by their respective cities with SAFE (Petaluma) receiving annual funding from a citywide sales tax and inRESPONSE receiving in-kind support in the form of staffing from Sonoma County Behavioral Health. In addition, both programs received a one-time Crisis Care Mobile Units (CCMU) grant from the Department of Health Care Services awarded in 2021. This request for additional Measure O funding would support ongoing operations for both programs for a period of one year while we further collaborative planning efforts to address countywide mobile support services, 24 hours per day, 7 days per week as required by new state mandates.

## Staff Recommendation for Measure O Funding in support of SAFE and inRESPONSE

Funding would support ongoing operations and increasing system navigation and outreach.

DHS staff have been working with the SAFE and inRESPONSE teams to determine needs for the coming fiscal year as a regional model continues to develop. Teams have recognized a gap in services often occurs after crisis response, when individuals need true system navigation to work on recovery. Along with operating costs, staff recommend a one-time investment of \$1,514,000 to SAFE and inRESPONSE Teams to also build out system navigation and outreach.

Funding recommendation breakdown:

- \$500,000 to City of Petaluma for SAFE
- \$500,000 to Cities of Rohnert Park, Cotati, and to Sonoma State University for SAFE (Cotati at 16%, Rohnert Park is 78% and SSU is 6% of the award)
- \$514,440 to City of Santa Rosa for inRESPONSE

DHS staff will return to the Board at a later date with a recommendation for a finalized regional, county-wide model to operationalize a Mobile Crisis Unit (MCU) funded with additional Measure-O tax receipts.

## Looking Ahead: New Medi-Cal Mobile Crisis Services Benefit

In December 2022, the California Department of Health Care Services (DHCS) established an MCU benefit pursuant to the American Rescue Plan Act of 2021. Counties will need to provide community-based mobile crisis intervention services to eligible Medi-Cal beneficiaries experiencing a behavioral health crisis 24/7/365. County behavioral health delivery systems are expected to have the benefit fully implemented by December 31, 2023. The stated goals of this new benefit are to:

- Provide rapid response, individual assessment and community-based stabilization to beneficiaries

experiencing a behavioral health crisis.

- Reduce the immediate risk of danger and subsequent harm.
- Avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.

DHCS will require mobile crisis teams to have the following components:

- Identification of a single telephone number to serve as a hotline connected to the dispatch of mobile crisis teams to receive and triage beneficiary calls, to help determine appropriate response and when to dispatch a mobile crisis team.
- Services provided by a multidisciplinary mobile crisis team.
- Teams must include a Licensed Mental Health Professional or LHPA and one other provider as defined by DHCS.
- Be able to deliver a crisis assessment.
- Trained to administer naloxone to reverse opioid overdoses.
- Have access to an individual who can prescribe medications for addiction treatment and psychotropic medications.

### Regional Collaboration

Sonoma County Behavioral Health has been working to expand the Mobile Support Team and create a regional model for the past several years. Collaboration with SAFE and inRESPONSE continues to evolve as the teams refine their services and protocols, and develop deeper relationships with law enforcement, hospitals, and CBOs. It is the goal of the department to continue the work of building a regional collaboration, incorporating the new DHCS requirements.

Staff will continue to determine the appropriate County MST program through examination of the following:

- Expand existing Behavioral Health Department MST staffing
- Establish MOUs with cities that have existing programs
- Outreach to hospitals and service providers
- Coordinate with local service providers for referrals and ongoing support
- Extend Medi-Cal billing support and data collection

### References:

Behavioral Health Information Notice No.: 22-064 -

<https://www.dhcs.ca.gov/Documents/BHIN-22-064-Medi-Cal-Mobile-Crisis-Services-Benefit-Implementation.pdf>

### 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 4: Reduce the County's overall homeless population by 10% each year by enhancing services through improved coordination and collaboration.

**Objective:** Objective 5: Continue to collaborate with local partners, including Continuum of Care, to advance planning and policies to address homelessness.

**Prior Board Actions:**

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**

<b>Expenditures</b>	<b>FY 22-23 Adopted</b>	<b>FY 23-24 Projected</b>	<b>FY 24-25 Projected</b>
Budgeted Expenses			
Additional Appropriation Requested		\$1,514,000	
<b>Total Expenditures</b>	<b>0</b>	<b>\$1,514,000</b>	<b>0</b>
<b>Funding Sources</b>			
General Fund/WA GF			
State/Federal			
Fees/Other			
Use of Fund Balance - Measure O Emergency Psychiatric / Crisis Services		\$1,514,000	
Contingencies			
<b>Total Sources</b>	<b>0</b>	<b>\$1,514,000</b>	<b>0</b>

**Narrative Explanation of Fiscal Impacts:**

Funding of the 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 will be funded through the use of Fund Balance in the Measure O Emergency Psychiatric/Crisis Services; that currently has an estimated fund balance of \$11.3 million as of June 30, 2024.

FY 23-24 Appropriations will be requested via Quarter 1 Consolidated Board Adjustments.

**Staffing Impacts:**

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

**Narrative Explanation of Staffing Impacts (If Required):**

N/A

**Attachments:**

Presentation

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

None