

Examples of substance use disorder treatment resources which Measure X could fund, which lack funding from other funders:

- **SUBSTANCE USE DISORDER (addiction) Counselor Workforce**
Shortage: Workforce retention grants to incentivize SUBSTANCE USE DISORDER (ADDICTION) Counselors to work in the field. Currently there is a drastic shortage, the County only allows fairly low wages in their Medicaid contracts which makes it difficult to retain talent. These grants could also include SUBSTANCE USE DISORDER (ADDICTION) Counselor education reimbursement as there are certain college level classes that have to be completed. The community colleges locally have programs that could potentially be funded to incentivize folks to enter the SUBSTANCE USE DISORDER (ADDICTION) counseling workforce. It is hard to quantify a funding allocation but these community college courses run approximately \$10,000 per person and expanding the workforce pool by at least 30 additional addiction treatment counselors would help existing providers with lean staffing levels make more of an impact by filling critical positions.
- **Recovery Housing:** There is a shortage of recovery housing and the costs are difficult for a newly recovering person to carry while their searching for employment. Recovery Housing funds which the County has historically allocated to fund one's stay in sober housing for about 3 months time is decreasing this next year. Measure X could enhance this and help get people in early recovery on their feet while they look for employment. Sober living homes have beds which usually cost approximately \$750 per person, per month, so if you were to fund 6 months of Sober Housing for a Contra Costa Resident and if that were done for *100 unique clients over one year's time the cost would be approximately \$450,000.*¹
- **Mental Health Support & Integration with SUBSTANCE USE DISORDER (ADDICTION) Treatment:** Medicaid funds for SUBSTANCE USE DISORDER (ADDICTION) treatment do not allow for the County to provide Addiction Psychiatry supports for our system of care. This is but one symptom of a fairly fragmented system which impacts the quality of patient care. For example, a patient with a co-occurring disorder (mental health diagnosis along with a SUBSTANCE USE DISORDER (ADDICTION) diagnosis) will access an SUBSTANCE USE DISORDER (ADDICTION) program and need help with their mental health, but County mental health resources are at capacity, appointment wait times are 4-6 weeks out, and the patient ends up being unable to engage in SUBSTANCE USE DISORDER (ADDICTION) treatment because their mental health is not yet stabilized with the right medications. Alameda County has fixed this problem by implementing a dedicated Addiction Psychiatrist for the SUBSTANCE USE DISORDER (ADDICTION) treatment network, allowing rapid access & support for providers when needed. These mental health professionals are expensive and not able to be funded by SUBSTANCE USE DISORDER (ADDICTION) Medi-Cal so Measure X would

¹ As a reference point, our Men's residential program 'Diablo Valley Ranch' serves ~ 350 men per year and approximately half of them are homeless and need recovery housing. There are at least 6 other residential treatment providers in Contra Costa as well with just as much of a need, so funding 100 residents per year is a small number and can potentially be increased.

potentially provide the tax revenues to enhance the SUBSTANCE USE DISORDER (ADDICTION) treatment system of care in this way. *These Addiction Psychiatrists cost approximately \$400,000 per year or more.*

- **Sobering Centers:** Various surrounding counties (Alameda, San Mateo, Santa Clara) have implemented Sobering Centers to help with public intoxication. These sobering center programs have been shown to decrease emergency services utilization, decrease officer booking wait times and break the cycle of repeat incarceration / repeat ED utilization for those with fairly severe SUBSTANCE USE DISORDER (ADDICTION) by linking them to the broader system of care. Measure X monies could be allocated to fund a program of this type and a downstream savings could be achieved in terms of emergency services & law enforcement resources. My understanding is that the community has not been very supportive of this model when it was proposed in the past, but now is the time to act given the unprecedented overdose rates, homelessness problem, etc. *These programs cost approximately \$1,500,000 per year depending on the scale and model* and should be run by community based organizations with a demonstrated history of running specialized programs such as these. Attached you will find a number of reports which measures the impact of Sobering Centers, including ones in the San Francisco & Santa Cruz regions.
- **SUBSTANCE USE DISORDER (ADDICTION) Provider Capital Expenditures:** Provider facilities are largely under-resourced as Medicaid dollars do not allow for the reimbursement of large capital expenditures. For example, roofs, foundations, etc. must be burdened by the owner of the facilities. Measure X facilities improvement grants could be allocated to make facilities safer & more inviting for the consumer. As an example, Capital improvement programs that offer *\$250,000* of renovations grant dollars to providers could help enhance the system of care and improve program safety, and can even be done in a 'matching grant' type fashion so that the provider / owner shares in the cost burden.