

**MEASURE O: COUNTY OF SONOMA
MENTAL HEALTH, ADDICTION AND
HOMELESS SERVICES**

Annual Report for Fiscal Year 2023-2024

ABOUT MEASURE O

By mid-2018, Sonoma County was in the midst of an overwhelming crisis, facing a dire need to expand behavioral health and homelessness services. The devastating wildfires of 2017 had destroyed over 5 percent of the county's housing stock, leaving thousands without homes and creating massive disruptions to local healthcare and social support systems. The fires compounded an already stretched healthcare system unable to keep up with demand for behavioral health services, as thousands of residents struggled with the trauma and stress of rebuilding their lives. At the same time, budget shortfalls had led to significant cuts in crucial services, leaving many in the community without adequate support or resources during a period of intense need.

In response to these growing challenges, a diverse coalition of community stakeholders, including healthcare providers, local leaders, nonprofit organizations, and residents, came together to address the urgent need for accessible, sustainable mental health and homelessness services throughout Sonoma County. After extensive planning, discussions, and advocacy efforts, this collaboration led to the creation of Measure O.

Passed with strong support from over two-thirds of Sonoma County voters in November 2020, Measure O introduced a quarter-cent sales tax dedicated to protecting and expanding essential mental health and homelessness services for the next 10 years. With the implementation of Measure O, Sonoma County now has an expenditure plan in place that generates approximately \$30 million annually, specifically directed to support critical needs across five key categories. This funding is helping to ensure that the county's most vulnerable residents have access to the mental health, housing, and community resources they need to recover, rebuild, and thrive.

Today, the Measure O expenditure plan provides support across five categories

- 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**
- 5. Transitional and Permanent Supportive Housing**

Even as Measure O services continue to grow, we have already seen the tremendous positive effects it is having in communities across Sonoma County.



sonoma county
DEPARTMENT OF HEALTH SERVICES



THIS REPORT MARKS THE THIRD FULL YEAR OF MEASURE O FUNDS BOLSTERING MENTAL HEALTH AND HOMELESS SERVICES IN OUR COMMUNITY.



I have been honored to serve as Chair of the Measure O Citizens' Oversight Committee these last three years. As we approach the end of the third year of Measure O we are beginning to see the fruits of our labor. By "our labor," I mean all of ours. The community pays for these added services for mental health, substance use, and homelessness through this modest sales tax.

In the middle of the pandemic, our Sonoma County residents chose to say, "Yes, we will tax ourselves to save lives and to improve the health and well-being of people in our communities. We will not shame people, rather, we will work to treat the whole person." No community, no county, no state has done enough to heal our nation from the powerful grip of mental illness, homelessness, and substance abuse, but Measure O helps us to improve our response to these issues at the local level.

As our economy has slowly improved after the pandemic, Measure O revenues have exceeded our expectations. While we originally projected to receive \$25 million annually, we are actually receiving \$32 million each year. We remain ever mindful that the public has entrusted us with these funds to make our community healthier and to literally save lives. If this committee could have a motto, ours would be: "Get the money out the door and onto the streets as quickly and efficiently as possible for programs like crisis services, housing the homeless, and helping people with mental illness or addiction."

When a loved one goes to the emergency department for a psychological crisis, they are experiencing a medical emergency--no different than a heart condition or any other health crisis. Without immediate and ongoing care, they may very well die. The hope of Measure O is that by investing in more crisis intervention services, we are preventing crises from occurring through ongoing care and case management.

Here are highlights of Measure O's ongoing impacts on our community:

- **Greatly expands the county Mobile Support Team and those of our partners throughout the county who attend, treat, and stabilize people who are having a behavioral health crisis.**
- **Increases housing for homeless individuals who need mental health care and help in transitioning to permanent housing.**
- **Provides hospital inpatient care and residential care services for those with mental health or substance use disorders.**
- **Supports the Crisis Stabilization Unit, which admits people who need support services, medication management, and connection to services for up to 24 hours. The unit is staffed with nurses, psychiatrists, behavioral health clinicians, and peer support specialists.**
- **Supports CAPE, a school counseling program that provides on-site intervention for students who are stressed, anxious, or depressed and connects them with community supports.**

We hope to continue these and other excellent programs that will enrich and strengthen the services available in our community.

When any one of us is affected by mental health issues, we all suffer as a community. And that is why Measure O is a miracle.

Shirlee Zane, Oversight Committee Chair

FUND BALANCE

In addition to the programs already up and running with Measure O funds, DHS is in the process of developing additional projects to further support the residents of Sonoma County. These new programs are paid for by the fund balance in each of the five areas covered by Measure O.

What is Fund Balance?

Fund balance is an accumulation of revenues minus expenditures. Any surplus revenues in excess of expenditures at the end of a fiscal year go into a fund within each category (Behavioral Health Facilities, etc.) included in the budget for the next fiscal year.

How is Fund Balance Used?

Fund balance is used only in the programs established by Measure O and cannot be transferred to the County General Fund or used for any other purpose. Expenditures for each fund are authorized through the annual budget. Funds in excess of budgeted expenses may be spent on other projects in that fiscal year that meet the criteria for that category, transferred to other Measure O categories, or set aside for multiyear special projects.

FY24-25 MEASURE O FUND BALANCE ESTIMATE

BEGINNING FUND BALANCE	\$33,352,581
BUDGETED MEASURE O REVENUE	\$32,865,501
TOTAL PROJECTED MEASURE O REVENUE	\$66,218,082
BUDGETED MEASURE O EXPENDITURES	(\$37,539,541)
PLANNED FUND BALANCE EXPENDITURES	(\$11,000,000)
TOTAL ESTIMATED MEASURE O EXPENDITURES	(\$48,539,541)
PROJECTED ENDING FUND BALANCE FOR FY24-25	\$17,678,541

FY25-26 MEASURE O FUND BALANCE PROJECTION

BEGINNING FUND BALANCE	\$17,678,541
PLANNED BUDGETED MEASURE O REVENUE**	\$32,000,000
TOTAL PROJECTED REVENUE	\$49,678,541
PROJECTED BUDGETED MEASURE O EXPENDITURES**	(\$32,000,000)
PROJECTED FUND BALANCE EXPENDITURES	(\$14,939,520)
TOTAL PROJECTED EXPENDITURES	(\$46,939,520)
PROJECTED ENDING FUND BALANCE FOR FY25-26	\$2,739,021

**Extrapolated from prior fiscal years

LOOKING AHEAD

Planned Fund Balance obligations for 2024-25:

Emergency Psychiatric & Crisis Services

+ \$2,700,000: Mobile Crisis Continuum Expansion

Mental Health & Substance Use Disorder Outpatient Services

+ \$2,200,000: Behavioral Health & Homelessness Community Solutions Notice of Funding Availability (NOFA)

+ \$4,100,000: Drug Medi-Cal Organized Delivery System Expansion (DMC-ODS)

Behavioral Health Homeless/Care Coordination

+ \$2,000,000: Behavioral Health & Homelessness Community Solutions Notice of Funding Availability (NOFA)

Planned Fund Balance obligations for 2025-26:

Behavioral Health Facilities

+ \$2,200,000: Psychiatric Health Facility (PHF) One time Funding Gap

+ \$160,000: Transitional Housing MOU with Probation Justice & Mental Health Collaborative Program

Emergency Psychiatric & Crisis Services

+ \$1,045,884: Mobile Support Team Expansion (Internal Staff)

+ \$1,883,636: Crisis Assessment Prevention and Education (CAPE)

+ \$5,000,000: Mobile Crisis Continuum Expansion

Mental Health & Substance Use Disorder Outpatient Services

+ \$4,100,000: Drug Medi-Cal Organized Delivery System Expansion (DMC-ODS)

+ \$550,000: Short Term Residential Therapeutic Program (STRTP) Valley of the Moon



A REVIEW OF YEAR 4 OF MEASURE O IN SONOMA COUNTY

Year 4 of Measure O has been the most exciting year to date! Several major programs that were in formation for the first two years have launched the Mobile Support Team’s countywide expansion and three valuable new programs for children and youth are all up and running and making positive differences in people’s lives. Last but not least, the Drug Medi-Cal Organized Delivery System, which will expand treatment services for those with substance use disorders, will launch by the end of the year. I’m very proud of the remarkable individuals and their excellent work that got us to this point. We’ve only just begun!

Jennifer Solito, *Interim Director, Department of Health Services*

MEASURE O CITIZENS’ OVERSIGHT COMMITTEE

What do they do?

- ✦ Provide transparency and ensure fiscal accountability.
- ✦ Review the receipt and expenditures of Measure O revenue, including the County’s annual independent audit in conjunction with the County’s budget process.
- ✦ Produce an annual oral or written report on its review, which shall be considered by the Board of Supervisors at a public meeting.
- ✦ Serve a three-year term and are eligible to be reappointed by their appointing body.

FY 23-24 OVERSIGHT COMMITTEE MEMBERS

Betzy Chavez
Gregory Fearon
Ben Ford
Kevin McDonnell
Shannon McEntee
Ed Sheffield
Shirlee Zane



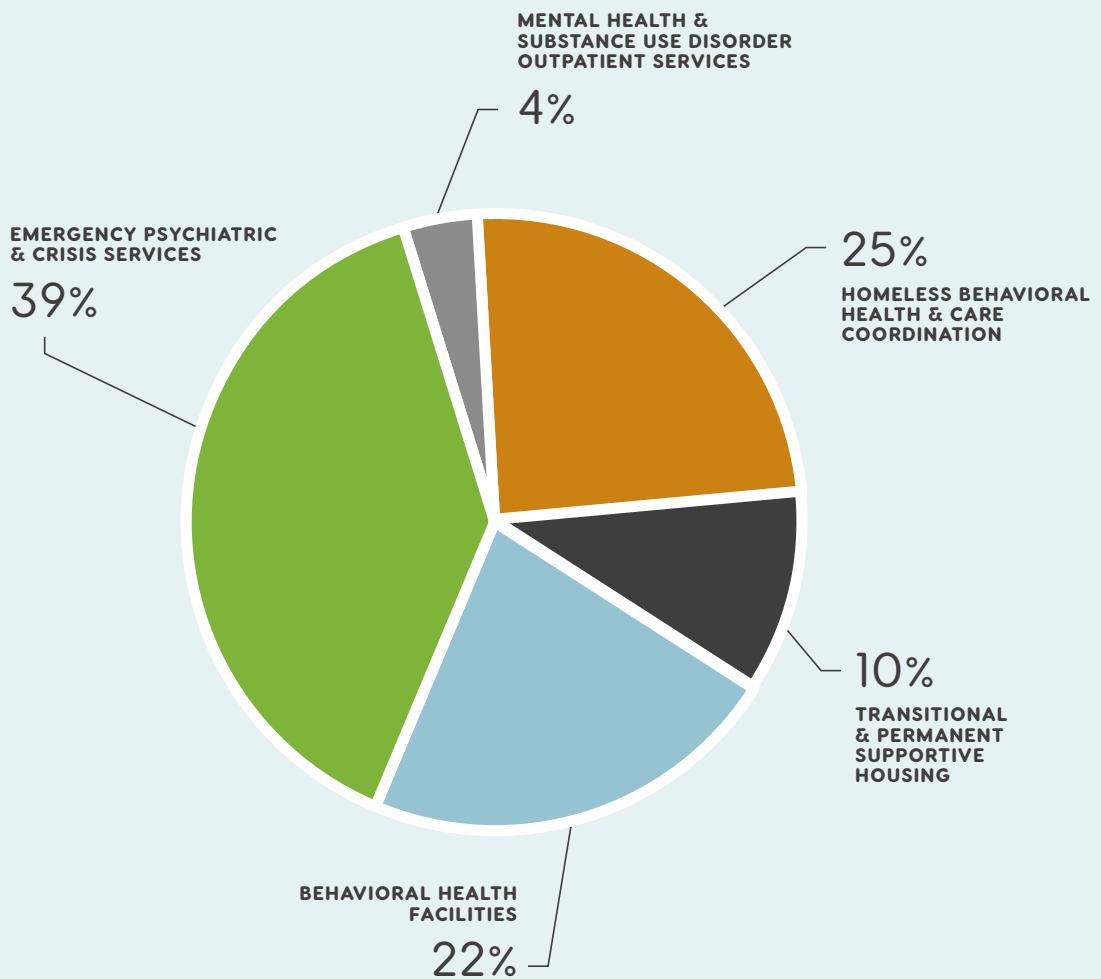
I’ve personally witnessed the fruits of the work funded by Measure O funding and am very grateful that the community at-large demonstrates their support by standing by and keeping Measure O funding alive and on-going. Since being on the Measure O Committee, I have benefited from learning about the funds and all the hard work invested by the county and partners. I am enthusiastic about the direction this committee is headed with all those involved.”

—**BETZY CHAVEZ, OVERSIGHT COMMITTEE VICE CHAIR**

FY 23-24

MEASURE O EXPENDITURES BY CATEGORY

\$31,944,761



MEASURE O EXPENDITURES BY SUBCATEGORY

BEHAVIORAL HEALTH FACILITIES

Program Support	\$61,291
Residential Care Facilities	\$6,420,995
Psychiatric Hospital Facility and Operations	\$266,854
Transitional Housing For Individuals Discharging From Crisis Services	\$306,399
Total Expenditures	\$7,055,539

EMERGENCY PSYCHIATRIC/CRISIS SERVICES

Program Support	\$126,356
Crisis, Assessment, Prevention, and Education (CAPE)	\$153,299
Crisis Stabilization Unit	\$4,143,175
Residential Crisis Services	\$55,348
Inpatient Hospital Services–Adult	\$6,281,973
Mobile Crisis Continuum Expansion	\$1,665,307
Total Expenditures	\$12,425,458

MENTAL HEALTH & SUBSTANCE USE DISORDER OUTPATIENT SERVICES

Program Support	\$8,181
Mental Health Services and Children’s Shelters	\$81,323
Mental Health Services for Children and Youth	\$888,193
Substance Use Disorder Services Expansion	\$363,675
Peer & Family Permanent Supportive Housing	(\$65,876)
Total Expenditures	\$1,275,496

HOMELESS BEHAVIORAL HEALTH/CARE COORDINATION

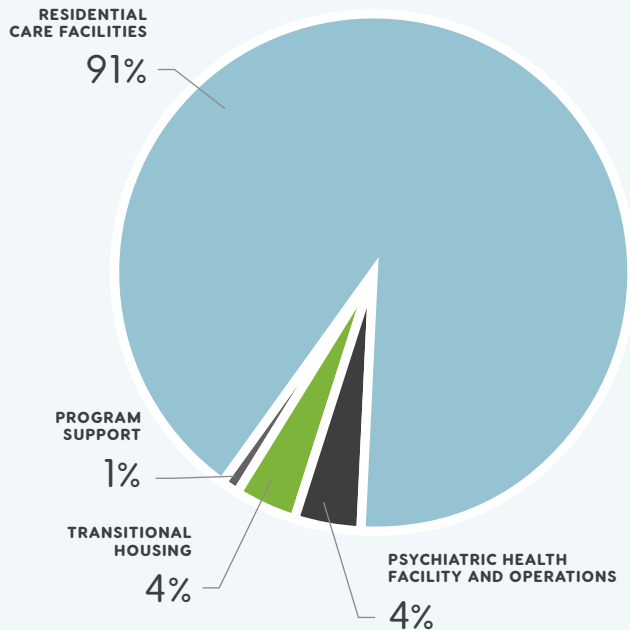
George’s Hideaway	\$1,400,000
Homeless Support	\$3,358,750
Behavioral Health Services for individuals who are homeless	\$1,478,260
Care Coordination for High Needs Homeless	\$1,605,642
Total Expenditures	\$7,842,652

TRANSITIONAL & PERMANENT SUPPORTIVE HOUSING

George’s Hideaway	\$2,800,000
Program Support	\$307,887
No Program Expenditures	\$237,729
Total Expenditures	\$3,345,616
Total Expenditures in All Categories	\$31,944,761

BEHAVIORAL HEALTH FACILITIES

\$7,055,539



MEASURE O FUNDING

Residential Care Facilities. \$6,420,995

Residential Care Facilities provide housing with three meals per day, medication distribution, 24-hour staffing, and various services to adults with Severe Mental Illness (SMI) who need additional social and behavioral health support to live in the community. The goal is to facilitate clients moving to the least restrictive and most independent level of care, so for many staying in an RCF is temporary, whereas for others they may need long-term stays in an environment with a lot of support.

MEASURE O IMPLEMENTATION. The Department of Health Services (DHS) contracts with approximately 18 Residential Care Facilities in and out of Sonoma County. Measure O funding allows clients to remain in this level of care as long as they need it. Without this funding, DHS would have to choose between clients losing their placement and cutting other services.

317
PEOPLE
HOUSED

FOR AN AVERAGE STAY OF

243
DAYS

SUCCESS SPOTLIGHT

“The funding that Measure O provides to the Sonoma County Mental Health population is profound. The opportunities for housing, case management, therapies, drug and alcohol treatments, psychiatric emergency services, and crisis assistance have improved since the implementation of Measure O. I have been a licensed administrator for a long-term mental health facility for 25 years. Services are crucial and I look forward to the future of continued and improved support for our residents.”

Heather Deghi, Country Gardens Residential Care Facility





Psychiatric Health Facility



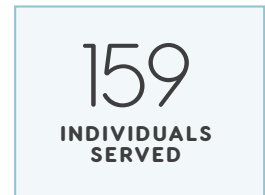
Residential Care Facilities

MEASURE O FUNDING

Psychiatric Health Facility and Operations \$266,854

A Psychiatric Health Facility (PHF) is a 24-hour inpatient facility that provides short-term hospitalization for adults 18 years of age and older with emergency psychiatric needs. Services offered within the PHF are at a more intensive level of care than what is available in an outpatient or urgent/crisis clinic setting.

MEASURE O IMPLEMENTATION. The Sonoma County Healing Center is a 16-bed PHF operated by Crestwood Behavioral Health and is one of only nine county-run PHFs in the state. The PHF allows clients to remain in the county rather than being placed elsewhere, which also reduces hospitalization costs and works directly with the Crisis Stabilization Unit (CSU).

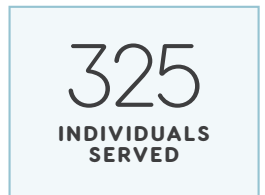


**Transitional Housing for Individuals
Discharging from Crisis Services \$306,399**

MEASURE O FUNDING

Transitional Housing helps 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 support permanent supportive housing, which interrupts the cycle of homelessness.

MEASURE O IMPLEMENTATION. Provides for a full-time Housing Coordinator within the Sonoma County Behavioral Health (SCBH) division. This position supports Sonoma County Behavioral Health, TeleCare, and Buckelew Case Workers in helping their clients get housed, including locating available beds in shelters, getting signed up for housing vouchers, and finding apartments. The Housing Coordinator is an access point for people to enroll in the Coordinated Entry system for clients receiving services from Sonoma County Behavioral Health. To provide continuity of care, the Housing Coordinator provides outreach support to community agencies, including West County Community Services, Community On the Shelterless (COTS), and Community Support Network to identify SCBH clients and coordinate access to housing. In addition, this position supports SCBH clients during the move-in process at various housing complexes.



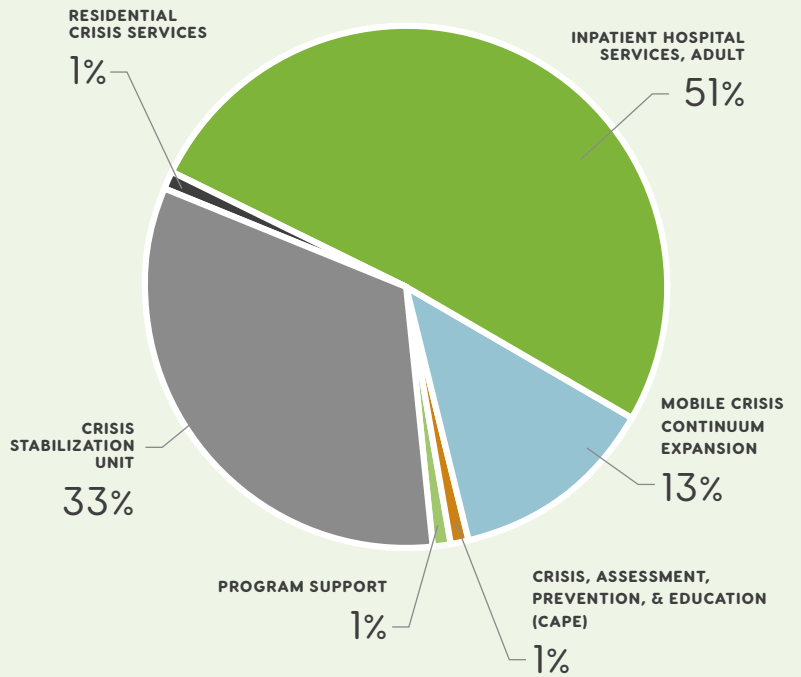
Program Support \$61,291

MEASURE O FUNDING

Miscellaneous expenses including administration, advertising, accounting, legal support, computer, phones, printing, permits, and rent.

EMERGENCY PSYCHIATRIC & CRISIS SERVICES

\$12,425,458



MEASURE O FUNDING

Crisis Stabilization Unit \$4,143,175

Crisis Stabilization Units (CSU) serve individuals in a mental health crisis whose needs cannot be met safely in residential service settings. CSUs admit individuals on a voluntary or involuntary basis when the person needs a safe, secure environment that is less restrictive than a hospital. The goal is try to stabilize the person and get him or her back into the community quickly.

988
INDIVIDUALS SERVED

MEASURE O IMPLEMENTATION. The Sonoma County Crisis Stabilization Unit (CSU) is open 24 hours/day, 365 days/year for individuals having a mental health crisis and to keep them (either voluntary or involuntary) for up to 23 hours and 59 minutes. Staffing includes licensed behavioral health clinicians, nurses, psychiatrists, and peer support specialists. Services include crisis assessment, crisis stabilization, medication support, peer services, connection to resources, and referrals. The CSU has three separate units: A locked, adult unit for individuals at serious risk, an unlocked unit for those in crisis who are willing to accept support and can safely be around others, and a locked unit for youth.

MEASURE O FUNDING

Residential Crisis Services. \$55,348

Crisis Residential Treatment Facilities provide housing and mental health services to adults who require longer-term services to stabilize in an unlocked setting. Clients stay for up to 30 days and are provided connection to treatment, housing, and a safe discharge plan in a trauma-informed, recovery-oriented, homelike setting. This setting prevents hospitalization, resolves client issues in their own community, reduces recidivism into crisis services, and connects clients to treatment at a lower cost (80-92% less expensive than inpatient), and is less restrictive setting than a psychiatric hospital.

208
INDIVIDUALS SERVED

MEASURE O IMPLEMENTATION. The Progress Foundation provides crisis residential treatment support to individuals experiencing a psychiatric crisis in a voluntary, centrally located setting. The programs work with individuals to identify and achieve their treatment goals while reducing costs and more restrictive resources. Upon discharge, individuals will have been connected to resources as needed, including housing, behavioral and physical health, and financial supports.



MEASURE O FUNDING

Mobile Crisis Continuum Expansion \$1,665,307

Mobile Crisis Teams provide rapid response, individual assessment and community-based stabilization to individuals experiencing a behavioral health crisis. Services utilize de-escalation and stabilization techniques to reduce the immediate risk of danger and subsequent harm, avoid unnecessary emergency care, psychiatric inpatient hospitalizations, and law enforcement involvement.

MEASURE O IMPLEMENTATION. In addition to the County Mobile Support Team, DHS partners with the city programs Specialized Assistance for Everyone (SAFE) teams (Petaluma, Rohnert Park, Cotati, the Sonoma State University campus, and inRESPONSE (Santa Rosa). It expands mobile crisis response for behavioral and mental health crises, substance use, or homelessness.

1929
CALLS RECEIVED

637 Dispatches
414 Without Law Enforcement

MEASURE O FUNDING

Crisis, Assessment, Prevention & Education \$153,299

MEASURE O IMPLEMENTATION. CAPE is a new program to connect schools to Behavioral Health staff. CAPE trains school staff in identifying students with behavioral health symptoms who would benefit from services and consults with schools on urgent behavioral health issues. Services are currently available in West County and Sonoma Valley. Over the next 2 years, 8 full-time program staff will be added expanding to north county schools in Cloverdale, Healdsburg, and Geyserville, to south county schools in Petaluma, Rohnert Park, and to Santa Rosa City Schools.

MEASURE O FUNDING

Adult Inpatient Hospital Services \$6,281,973

Provides treatment in a therapeutic environment for those in an acute psychiatric crisis. Teams provide 24-hour monitoring, treatment, and stabilization. Once stabilized, patients receive discharge planning for the next level of follow-up care and support.

MEASURE O IMPLEMENTATION. Santa Rosa Behavioral Healthcare Hospital provides inpatient psychiatric care to Medi-Cal beneficiaries and Sonoma County residents who are without insurance or are on involuntary holds or need intensive psychiatric services. This helps keep clients in their community. Measure O funds reduce high hospitalization costs, increasing available funding for preventive and outpatient services.

3782
**TOTAL
BED DAYS**

232
**INDIVIDUALS
SERVED**

MEASURE O FUNDING

Program Support \$126,356

Miscellaneous expenses including administration, advertising, accounting, legal support, computer, phones, printing, permits, and rent.

PROGRESS SONOMA/ HARSTAD HOUSE

(RESIDENTIAL CRISIS SERVICES)
EMERGENCY PSYCHIATRIC & CRISIS SERVICES

ANGELA (PSEUDONYM)

"If I can end up in this program, anybody could end up in this program," begins Angela, a current resident at Progress Sonoma. "I am college educated and I had what is considered a normal life with a marriage, a house and a job with a very good company."

Angela describes how her life changed drastically after a motor vehicle accident in 2008 led to an opioid addiction. Initially prescribed Vicodin for her injuries, her use escalated despite her concerns about addiction. Though eventually weaned off opioids, Angela's addiction had already taken hold, leading her to struggle with alcoholism.

At her lowest point, she contemplated suicide, even considering euthanizing her emotional support cat. "One night, I was talking with a friend over in Europe and telling her that I had pretty much reached my final straw, that I was finished with living. I took some pills and passed out. And then, when I woke up, I decided I had to seek help for myself. There was a knock on the door and I thought, 'Just go away, leave me alone.' When I looked out my bedroom window, there was a sheriff with an intervention team from Petaluma SAFE."

Once in treatment, Angela was connected to various resources that she had struggled to obtain on her own, but was no longer able to afford. She recognizes the importance of community support in her recovery, such as organizations like Progress Sonoma.

As Angela continues her recovery journey, she plans to move to Athena House, run by Buckelew Programs and also supported by Measure O, and then to a sober living environment. She hopes to eventually regain independence and move into her own apartment with her cat.

"I absolutely love this area. I've lived in Petaluma since 2001 and it's my home. I would love more than anything to be able to retire there."

MICHAEL, PROGRESS SONOMA CLIENT



MARCH, PROGRESS SONOMA CLIENT





Living room at Progress Sonoma



“I’m now connected with resources that I didn’t even know existed. I’m just so grateful.”

RENEE

Before coming to Harstad House, Renee was homeless and living in her car. At that time, she says, “I went through a serious mental health crisis and was terrified to leave my car. I ended up going to the hospital where they put me on a psychiatric hold and then recommended that I come here. If not for this place, I would have just been released and gone right back to being homeless.”

Renee describes the services she receives at Harstad House as an essential support system, providing her with medication, counseling services and help getting back on her feet. “I’m sleeping better. I do wake up several times a night, but I go to bed knowing that I’m safe and no one’s going to hurt me,” she says.

Renee plans to move into Opportunity House, a program offering a 60-day stay. Recognizing the importance of taking one step at a time, she doesn’t want to plan too far ahead. She hopes to eventually secure permanent housing, acknowledging this will take time.

Renee is grateful for the shelter’s free services, including food and housing, which have given her time and space to stabilize her life. She now feels much more at peace, knowing that she has a safe place to sleep and a plan for her future. Renee is immensely grateful for the community-based programs that fund her care, recognizing the significant role this plays in helping people like her regain stability and hope for the future.

MOBILE SUPPORT TEAM

EMERGENCY PSYCHIATRIC & CRISIS SERVICES

In 2012, Sonoma County launched the Mobile Support Team (MST) to address the growing need for mental health crisis support during 911 calls. Initially, MST responded to crisis calls alongside law enforcement, but as community needs evolved, this model became limiting. People increasingly sought mental health support without police involvement. Advocating for a shift, MST began moving toward a non-law enforcement model, only involving police when necessary for safety.

As Client Care Manager Wendy Tappan, who oversees the MST program, notes, “I think that approach started to become a barrier to services as community needs changed. People started to realize that they didn’t necessarily need to call law enforcement for a mental health crisis.” MST can choose to involve law enforcement when safety is a concern so that “no matter what level of acuity is happening, the individual is able to get a response,” says Wendy.

A 2022 state mandate aligned with MST’s goals by requiring that mobile crisis services be available to Medi-Cal beneficiaries without law enforcement involvement. MST expanded to offer 24/7 services, including transportation and a direct phone line for county residents, bypassing 911. Thanks to Measure O funding, MST’s services are available to all residents, regardless of insurance status, at no cost.

This new model is proving to be a tremendous success. Steve MacDonald, Alcohol or Drug Abuse Services Counselor and MST member since 2012, says, “I think the way the team operated before was excellent and was a much appreciated and effective tool. Now, they’re getting to talk to us instead of law enforcement first, which I think allays a lot of people’s concerns.”

Team members Kris Rouse, Senior Client Support Specialist, and Lauren Gamble, Clinical Intern, recently responded to a call for an individual with Stage 4 cancer who was in excruciating pain. She was desperate and considering suicide. “She was like, ‘I’m out’,” says Kris, “and we worked really hard to help the hospital social worker see the bigger picture. We asked them, ‘Please don’t release her tonight. She really, really needs help.’ When we went and saw her the next day and gave her a bouquet of flowers, she said it was the first time she felt hope in a very long time.”

In 2023, MST joined a regional collaboration with other mobile crisis teams, including SAFE and inRESPONSE, providing comprehensive coverage across Sonoma County. This collaborative model has been successful, ensuring that all areas of the county have access to mobile crisis services. MST has integrated well into these communities, building trust and providing essential mental health care. Wendy notes, “It’s good that those communities are happy with their teams because we, of course, want to partner with trusted entities.”

“We found ourselves in a unique position compared to other counties because other counties were just standing up their own programs for the first time,” Wendy adds. “Sonoma County is different because we have



“

I think the way the team operated before was excellent and was a much appreciated and effective tool. Now, they’re getting to talk to us instead of law enforcement first, which I think allays a lot of people’s concerns.”

—STEVE MACDONALD

Alcohol or Drug Abuse Services Counselor



cities that already had fully functioning and successful mobile crisis teams (inRESPONSE and SAFE). It made sense for us to look at these programs that were already successful in their communities and see how we could partner with them. We were able to start off at once with a force multiplier since we had other teams we could rely on while bringing everybody up to speed.”

The changes prompted by the state mandate have expanded MST’s reach and its mission of providing accessible and compassionate mental health care. MST’s leadership is optimistic about the future and the continued positive impact of the program. Wendy concludes, “I’m so proud of our team and the community has been incredibly supportive. I’m really excited about where this is going because this is just the beginning.”



WENDY TAPPON, CLIENT CARE MANAGER



KRIS ROUSE, SENIOR CLIENT SUPPORT SPECIALIST



LAUREN GAMBLE, CLINICAL INTERN

CRISIS ASSESSMENT PREVENTION AND EDUCATION (CAPE)

EMERGENCY PSYCHIATRIC & CRISIS SERVICES

The outcomes CAPE aims to achieve are ambitious, but essential. By addressing mental health issues in students early on, providing families with direct support and creating a more responsive school environment, CAPE's services help prevent tragic outcomes. According to Karin Sellite, Youth and Family Services Section Manager, "It makes sense for us to be partnering with schools and for us to have behavioral health staff there to help meet kids' needs as quickly as possible. We want to provide a crisis response so that all students are supported and safe at school."

While it's valuable to have community mental health services available, many families and students may not know how to navigate those systems or may face barriers in accessing them. Having behavioral health professionals right in the school helps bridge that gap.

At Sonoma Valley High School, one of the first schools to launch CAPE, school counselor Camille Garcia says, "We have a lot of families who don't have access to resources elsewhere. Santa Rosa may not seem very far away, but it is for some families."



“

We want to support parents and faculty members in getting better at identifying kids who need mental health support and get them connected to services sooner by being on site”

—KARIN SELLITE

Youth and Family Services Section Manager



CAPE office at Sonoma Valley High School

CAPE goes beyond crisis intervention and includes education and training for students, teachers and families. Building on the program's original framework, CAPE services have been expanded to include much needed substance use disorder (SUD) support, unavailable until now. Kalia Guerne, another Sonoma Valley High School counselor, cites the growing issue of students self-medicating with substances such as marijuana to cope with stress or anxiety. "We have students who are struggling with substance abuse whose needs were not getting met previously."

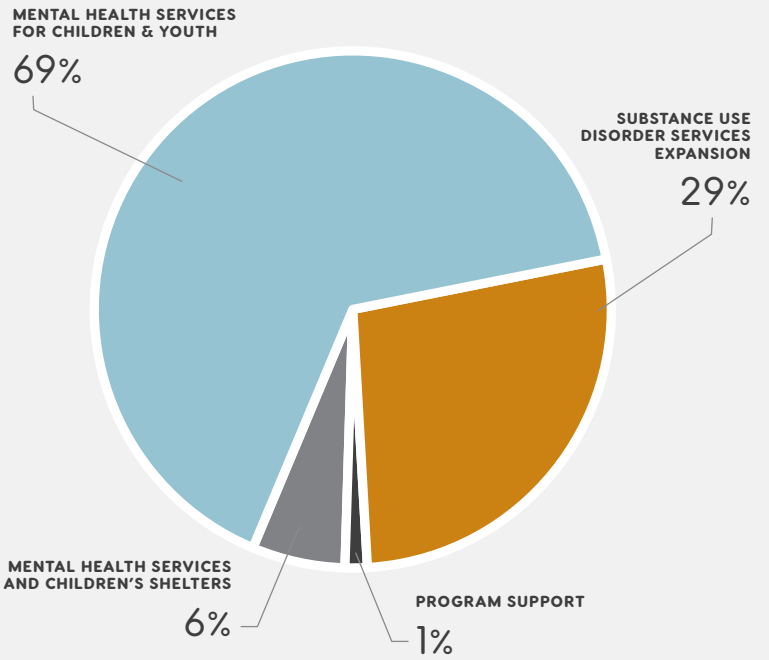
What difference does CAPE make? Karin says: "CAPE is full of stories from earlier years where, had we not intervened, students would have died. That sounds dramatic, but it's absolutely true."

In July 2024, the Sonoma County Board of Supervisors approved adding eight full-time program staff over the next 2 years, in addition to being fully staffed for the 2024–2025 school year for the current program. Additional staff allows CAPE to serve north county schools in Cloverdale, Healdsburg and Geyserville, as well as south county schools in Petaluma, Rohnert Park and Santa Rosa City Schools.

Whether through crisis response or through ongoing support and education, CAPE has a proven track record of changing—and saving—lives.

MENTAL HEALTH & SUBSTANCE USE DISORDER OUTPATIENT SERVICES

\$1,275,496



* PEER & FAMILY PERMANENT SUPPORTIVE HOUSING: **-\$65,876 (-5%)**
due to Federal Funds Participation reimbursement

MEASURE O FUNDING

Peer & Family Permanent Supportive Housing.(\$65,876)

Residential Substance Use Disorder (SUD) Treatment is non-institutional, non-medical, residential programs that provide rehabilitation services to clients with SUD diagnoses. Clients live on premise and are supported to restore, maintain and apply interpersonal and independent living skills and access community support systems including permanent supportive housing, which interrupts the cycle of homelessness.

MEASURE O IMPLEMENTATION. The **Helen Vine Recovery Center** is a 30-bed, co-ed residential withdrawal management and substance use treatment program that provides welcoming, recovery-oriented services to individuals with alcohol and drug addiction issues, as well as co-occurring psychiatric problems.

The Women's Recovery Services offers safe transitional housing for women and their children in three locations in Santa Rosa. Mothers may be able to bring up to two children (to age 12) into residence with them. Transitional homes—Sunrise House, Mission House and Hope House—provide a safe “lower level of care” shared residence for women with infants and young children.

AT HELEN VINE

29

INDIVIDUALS SERVED

AT WRC

24

INDIVIDUALS SERVED

Mental Health Services for Children and Youth \$888,193

MEASURE O FUNDING

Youth and Family Services provides outpatient mental health services to children and youth ages 0-20, including therapy, case management, rehabilitation, and medication support.

MEASURE O IMPLEMENTATION. Student Health Services at Santa Rosa Junior College (SRJC) provides counseling services imbedded with medical services, enabling easy warm handoffs in both directions. Measure O funds psychology trainees, a Spanish speaking full-time permanent therapist and outreach worker, and a nurse practitioner experienced in prescribing psychotropic medications. The Mental Wellness Program at SRJC uses a comprehensive approach to promote mental health and reduce stigma on campus.

COUNSELING PROVIDED TO

519

STUDENTS SERVED

1886

THERAPY SESSIONS



Staff at Valley of the Moon STRTP



MEASURE O FUNDING

Mental Health Services at Children’s Shelters \$81,323

DHS provides on-site mental health services to children who have experienced trauma who are living in the county’s Valley of the Moon Children’s Shelter.

MEASURE O IMPLEMENTATION. Temporary Shelter Care Facility (TSCF) is a 24-hour facility that provides no more than 10 calendar days of residential care and supervision for children and youth who have been removed from their homes as a result of abuse or neglect.

Short Term Residential Therapeutic Program (STRTP). After years of planning, the Valley of the Moon Children’s Center STRTP opened in July 2024. An STRTP is a type of group home. The program is designed to have youth stay from 3-12 months. It provides a level of care for young people who cannot remain in a home setting and need to be in a residential setting due to their high needs. Youth receive intensive treatment with staff who are trained in Trauma Informed Care.

MEASURE O FUNDING

Substance Use Disorder Services Expansion \$363,675

The County is expanding outpatient and residential treatment services to individuals with substance use disorders through the Drug Medi-Cal Organized Delivery System (DMC-ODS), which provides a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services.

MEASURE O IMPLEMENTATION. The Sonoma County implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) increases access to all levels of substance use treatment, more than doubles the number of individuals currently enrolled in residential treatment programs, and increases residential substance abuse and narcotics treatment programs. DMC-ODS also funds services and medically assisted treatment options not previously available under Medi-Cal.

Treatment Growth and Improvement. The Sonoma County DMC-ODS expansion went live in December 2024 and is projected to grow substance use treatment over the next 4 years, more than doubling those receiving treatment. More services by new and existing treatment providers and new will become available as the County provides a full network and continuum of services. Withdrawal management will come back to Orenda Center and open to eligible members. The joint requirements for DMC-ODS providers will increase funding amounts and recruit more skilled workers which will lead to better outcomes.

Treatment and Resource Connections. Expanded access to care coordination allows providers to be more hands-on while coordinating a wide range of services and connecting with community-based organizations to provide the best possible outcomes. Care coordination catches more individuals in a safety net of support who would otherwise fall through the cracks and be unable to access services.

MEASURE O FUNDING

Program Support \$8,181

Miscellaneous expenses including administration, advertising, accounting, legal support, computer, phones, printing, permits, and rent.

SANTA ROSA JUNIOR COLLEGE

MENTAL HEALTH SERVICES FOR CHILDREN & YOUTH

Funded by Measure O, Santa Rosa Junior College (SRJC) has expanded mental health services with 2 new therapists and 2 social workers, each focused on supporting underserved Latinx and African American students who historically have underutilized the college's mental health services.

According to Bert Epstein, manager of Student Health Services, approximately 40% of SRJC's students identify as Latinx, making access to culturally competent mental health and outreach services crucial for this group. The smaller African American student population needs dedicated outreach and therapeutic services to ensure these students feel comfortable accessing support.

The program's 2 social workers focus on helping students with essential needs. "So many students are dealing with multiple challenges," Bert says "Yes, they're in college and that's awesome, but they still struggle with paying for college and housing, and where to find food or transportation."

HERE'S A LOOK AT THE SERVICES EACH THERAPIST PROVIDES:



Joseph Hancock III
Therapist and Outreach Specialist

In his role at SRJC, Joseph provides a combination of consultation and therapy sessions tailored to student needs, with a focus on African American students.

He describes the diversity of program participants. "The college fulfills so many roles. You have academic college-bound students,

you have students studying vocations, you have people coming back to gain skills and some who just drop in to get better at something."

Joseph works with the Black Student Union on a program called "Walk It Out Mondays." He gives students and staff prompt cards with discussion questions. "Then," he explains, "we walk around the campus for 30 minutes and consider the implications of such things as isolation and loneliness, and really focus on interpersonal skills and developing a sense of belonging at the college."

With the program just getting into full swing, Joseph notes, "This role didn't exist previously, so there was no model for it. The more I interact with students, the more I understand what their needs are."



Carmen Quiroz
Social Worker—Basic Needs Liaison

With over a decade of experience in various capacities at SRJC, Carmen now focuses on managing basic needs for students. "For students who are either at risk of becoming homeless or who are already homeless, I can provide wraparound services on and off campus to find them permanent housing."

With a current caseload of nearly 30 students, Carmen notes that demand for the program grew rapidly. "We were supposed to fully launch the program during the 2024 fall semester, but we started piloting the program over the summer and hit capacity during that period."

Before these services were available, she says homeless students were rarely acknowledged, and instructors and staff were less aware of their struggles. "Instructors know the students are going through a lot and they want to be more thoughtful and supportive."

Carmen shares an early success story involving a woman who was homeless and living in a shelter after escaping domestic violence while still attending school. "She didn't have any support system at all. We were able to help her find a job and get into Permanent Supportive Housing. She's now working toward her associate degree and then maybe she'll transfer to another university. She wants to work in social services because she understands how difficult it is for people to get services."



**Carri Katonah, Social Worker–
Basic Needs Liaison**

Carri works closely with Carmen. Her caseload includes 20 students at the Santa Rosa campus. She works with a team made up of administrators, mental health professionals, and other support staff who meet weekly to respond to student concerns. When cases are more complex – particularly those that involve housing

– Carri steps in to provide added support.

She explains, “If someone has a concern about a student, whether it’s behavioral, mental health-related, or a basic need, then they can submit a report that goes to the core team. We meet once a week to determine who would be the best person to reach out and address the issue or connect with the student.”

The caseload is much more diverse than people realize. Carri says, “We think of college age as young adult, and while

I have students in that category, there are a lot of older adults, too, as well as foster youth or former foster youth, formerly incarcerated folks who come to us through the Second Chance program, and individuals who have struggled with substance abuse.”

Looking back at her time in this position, Carri is proud of one interaction in particular. “Two students who were a couple came to us in the beginning of the program. They were both homeless, one had been formerly incarcerated and was still on probation, and the other was newly pregnant. Through the HHIP program, we referred them for Transitional Housing support provided by our partner InterFaith Shelter Network, who helped them through the application process and subsidized their rent.”

Overall, Carri is gratified by the program’s offerings. “It’s been a nice surprise to see how many different people access the school and how many resources are here. It’s pretty incredible. Folks from all walks of life folks come to the JC and find a place to fit in. It’s definitely a very special thing.”



**Brijida (Brijit) Alemán, MA
Therapist and Outreach Specialist**

This outreach program actively engages Latinx students through direct services and culturally relevant programming, and specifically aims at helping non-English-speaking or bilingual students understand and access the resources available to them within the college environment.

Brijit cites the ESL Moves club as one key support mechanism, which was formed to support its members in participating in campus events and important conversations, such as speaking with other students about how they’re being served on campus and helping them navigate the system for resources such as financial aid and scholarships.”

By cultivating familiarity with these resources, the club empowers students, encouraging them to take advantage of the services available and helping their sense of belonging within the campus community. One barrier that many students face is adjusting to a new culture, Brijit says. “Latinx students who are in the nursing program, for example, find it difficult to be part of a predominantly Western, white way of learning when culturally and traditionally they are taught in different ways to heal and to serve. Their passion is to help and serve people who are ill or needing that kind of support.”

The program acknowledges these tensions and seeks to offer culturally sensitive guidance, recognizing the challenges of reconciling deeply ingrained cultural values with the requirements of professional environments. “That has definitely been a focus on campus for the last year or so,” says Brijit. “We have been moving toward being more mindful about how staff and faculty work with students. We now receive more professional development around person-centered work towards ensuring students feel understood

and supported by staff who share similar backgrounds or have been trained to be culturally responsive.”

In addition to internal support, the program actively seeks to integrate students into the broader community. By taking part in events hosted by local organizations such as Los Cien, which advocates for Latinx voices, students have opportunities to engage with community leaders, bolster their confidence, and witness firsthand their potential influence. Brijit explains, “We’re able to empower students by bringing them to the table to use their voices. They learn that they are valued, that what they are doing with their education, and by advocating for themselves can help them recognize the bigger picture when they are in bigger spaces. It’s incredible how their self-esteem is boosted just by being invited to the table.”

From empowering students to access resources and share their voices to challenging stereotypes and adapting services to be culturally responsive, the program illustrates a comprehensive approach to building inclusivity on campus.

“

I would like to say that the mental health services that I have received via Brijit at SRJC have been spectacular. Her support as a therapist, who can provide culturally relevant services as a Latina and Native woman, has been instrumental in helping me excel this semester at the JC.

–SRJC STUDENT

THE DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM

SUBSTANCE USE DISORDER OUTPATIENT SERVICES

The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a California program designed to provide organized substance use disorder (SUD) treatment for eligible Medi-Cal members. Thanks to our local Measure O dollars and additional state funding, this new program will also be able to serve individuals who are not enrolled in Medi-Cal. By aiming to enhance care quality and resource efficiency, coordinate with other care systems, and implement evidence-based practices, DMC-ODS offers a continuum of care model that emphasizes local control, accountability, and improved oversight.

The Sonoma County implementation of DMC-ODS went live in December 2024 after final approval was received from the state. The program will increase access to all levels of substance use treatment. This new program is expected to more than double the number of individuals currently enrolled in Residential Treatment programs. More work will be done by existing treatment providers and new treatment providers will become available as Sonoma County provides a full network and continuum of services.

Residential treatment, which previously depended on scarce resources, will now receive millions more in funding. Substance Use Disorder Services Section Manager Will Gayowski, who is leading the expansion, put it this way, "The biggest thing is we get to build more services than we have now and in higher volumes, we get millions more in state and federal funds to do it, and we can use Measure O funds to leverage that to help even more people."

The County expects a doubling of residential treatment episodes annually, from 340 to over 700, with additional plans to support care coordination and recovery services. This growth is anticipated to occur over the next 2-4 years. Will says this will lead to "more strategic discharge planning, helping people connect to resources for support in the community and getting them connected to their doctor or dentist. Same thing for recovery



“

We can use Measure O funds to help even more people. For example, one of the big opportunities with Measure O is for a youth residential facility for substance use treatment that is both licensed and certified. There's less than ten in the entire state of California. And we can do it for far less than the private sector.”

—WILL GAYOWSKI



services and post-treatment or post-incarceration relapse prevention support. We can build in additional recovery services on top of any of our existing levels of care to provide additional support.”

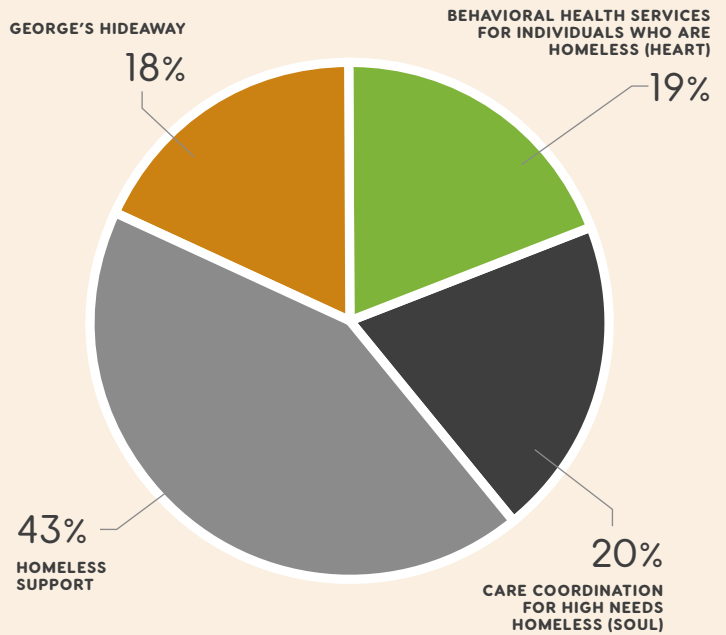
One major change involves collaborating more extensively with contractors and expanding partnerships, especially with limited-capacity facilities. With these new resources, the program staff cannot only renew existing contracts but also seek new partners to address the growing demand for residential care.

Very importantly, for the first time, the program will be able to address children and youth SUD needs. “One of the big opportunities thanks to Measure O will be the creation of a youth residential treatment facility over the next few years. There are fewer than 10 licensed and certified of these in the entire state of California,” says Will, “and we will have one in Sonoma County”.

Looking ahead, this expanded access to care will benefit not only insured individuals, but also those who are uninsured or underinsured. It will fill gaps for individuals who previously lacked access to treatment.

HOMELESS BEHAVIORAL HEALTH CARE COORDINATION

\$7,842,652



Behavioral Health Services for Individuals Who Are Homeless **MEASURE O FUNDING** **\$1,478,260**

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.

MEASURE O IMPLEMENTATION. The Finders. The HEART Team (Homeless Encampment Assistance and Resource Team) finds and helps resolve encampments. They find people. The team also oversees the mechanics of some of our interim housing sites, such as Eliza's Village. The Interdepartmental Multi-Disciplinary Team or IMDT (a care coordination, advisory team of subject matter experts of frontline staff across departments and programs) can adapt to different target populations by adding different health, social service, and justice system programs and services. The IMDT serves as the blueprint for how the department case manages various populations in need of collaborative care management.

<p>SOUL/IMDT</p> <p>101</p> <p>INDIVIDUALS SERVED</p>
<p>HEART</p> <p>179</p> <p>INDIVIDUALS SERVED</p>

Care Coordination for High Needs Homeless **MEASURE O FUNDING** **\$1,605,642**

MEASURE O IMPLEMENTATION. The Keepers. The SOUL Team (Solving Obstacles for Unsheltered Lives) helps keep people in housing once placed. They make sure they're ready for their next housing step, addressing other complex needs. The team works at County interim housing sites with existing clients, and with clients who are very recently housed in more permanent settings. Services include benefits help, workforce development and job referrals, mental health services, and substance use treatment services. It was expanded in March of 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.

George's Hideaway **MEASURE O FUNDING** **\$1,400,000**

The George's Hideaway project is a Permanent Supportive Housing (PSH) project near Monte Rio (see pg. 24 for details).



ELIZA'S VILLAGE

Eliza's Village is located on the old Juvenile Hall property east of Santa Rosa. With the help of Sonoma County Public Infrastructure, the Homelessness Services Division refurbished two buildings into single dwelling rooms. Each building holds 40 rooms, renovated bathrooms and showers, a large community room and a dining area. There is also plenty of outdoor space around the Village. This is just the beginning and many more improvements are still to come. Guests will be able to stay at the Village for six months. During the stay they will be provided with enhanced case management to prepare them to become more housing ready. Case managers will thoroughly document and substantially address the guest's needs and barriers. In the effort to reduce homelessness, the interim shelter of Eliza's Village provides a means of transitioning individuals from unsheltered to sheltered and continuing on to Permanent Supportive Housing.

Homelessness Support

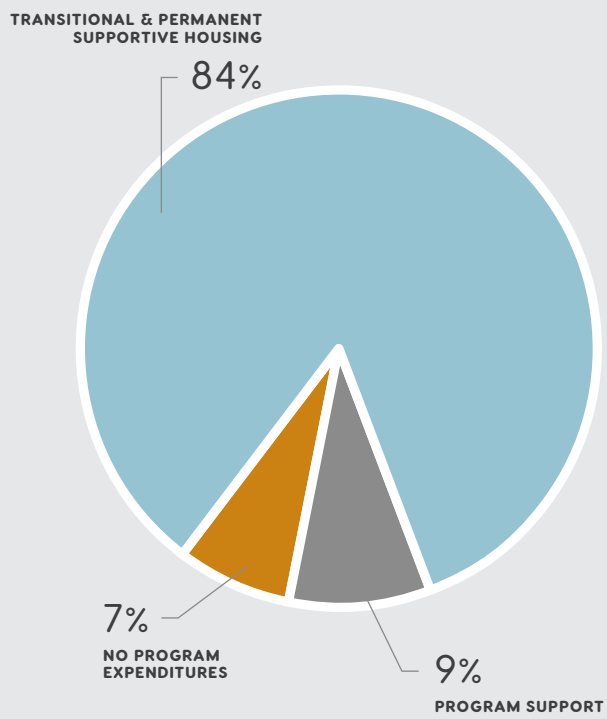
MEASURE O FUNDING

\$3,358,750

Funded nine homelessness projects covering emergency shelter, permanent supportive housing, street outreach, safe parking coordination, construction of tiny homes and included support for mental health and case management services. One highlight was a short-term sanctioned encampment in Rohnert Park that successfully placed residents into housing and shelter while expanding permanent supportive housing stock and interim shelter beds countywide with the other projects.

TRANSITIONAL & PERMANENT SUPPORTIVE HOUSING

\$3,345,616



Transitional & Permanent Supportive Housing

MEASURE O FUNDING

\$2,800,000

Transitional housing is a space for adults or youth to live while searching for a more permanent home. Transitional housing may include support for addictions, mental health, or other issues. These accommodations are meant to bridge the gap from homelessness to permanent housing by offering supervision, life skills, support services and/or education and training.

Permanent Supportive Housing (PSH) is a housing intervention with persons who are chronically homeless (homeless at least a year and with one disabling condition) receive housing combined with supportive services to help them maintain housing successfully. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services.

21

UNITS OF PERMANENT SUPPORTIVE HOUSING (PSH)

will be built using a prefabricated method, with each separate small unit having its own kitchen and bathroom.

MEASURE O IMPLEMENTATION. George’s Hideaway. The George’s Hideaway project continues to advance through the approval process. Several key milestones have been reach including the necessary permits for site preparation. The building permits for the main building that will house the community space/ navigation center on the ground floor and 9 of the permanent supportive housing units on the second floor and



studio units behind the main building have been obtained. Approval from the California Housing and Community Development Department has added Burbank Housing Development Corporation as the owner and operator of the facility and West County Community Services will be the service provider. The \$4.2M Measure O contribution has been used for the fees for these elements and the remaining funds will be used to pay for the construction of the housing units. When complete, the project will have 21 permanent supportive housing units and a resident manager’s unit.

MEASURE O FUNDING

Program Support

\$307,887

Final transfer of Community Development Commission Equity to the Department of Health Services..



Future site of George's Hideaway outside Guerneville

MEASURE O FUNDING

No Program Expenditures \$237,729

Enterprise Resource Planning System charges and deferring prior year Homelessness Accounts Receivables (AR) from the Homeless Encampment and Resource Team (HEART) program at year-end. This AR was deferred as it is still expected to be collectible.

FOR MORE INFORMATION ABOUT MEASURE O, PLEASE VISIT:

<https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/about-us/measure-o>



sonoma county
DEPARTMENT OF HEALTH SERVICES