



SONOMA COUNTY

MEASURE ○

Tax Dollars at Work

ANNUAL REPORT 2021-2022





Measure O was a historic victory for all of us in Sonoma County and the needs it aims to address touch every one of us. I am honored to have worked on the Measure O Ad Hoc committee and put this new local resource into action in meaningful ways that hopefully are making a difference.

—Supervisor Chris Coursey

About Measure O

In November 2020 Sonoma County passed Measure O to provide essential funding for mental health and homeless services. Measure O, a one-quarter-cent sales tax, passed with over two-thirds of the vote and generates \$25 million each year for 10 years to help protect essential mental health and homelessness services.

In June of 2018, the need for expanded access to behavioral health and homeless services reached a crisis level in Sonoma County. The wildfires of 2017 exacerbated an already strained health care delivery system, decimated the county's housing stock, and increased the need for trauma-informed behavioral health services. The COVID-19 pandemic caused new challenges and obstacles throughout the county. While more and more residents needed treatment, budget shortfalls forced drastic reductions to services. These compounding issues demanded additional revenue to support the needs of the most vulnerable residents of Sonoma County. A diverse group of stakeholders came together to create Measure O—local health professionals, elected officials, labor union members and leaders, Santa Rosa Junior College administrators, professors, students, and local community advocates.



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
5. Transitional and Permanent Supportive Housing

The Expenditure Plan designates a set percentage of funding for each of the categories.

Measure O funding has been in our county for more than a year now, and we're eager to share with you some of the important and healing work occurring because of the generosity of our community. While the effects of the COVID pandemic aren't over, there are still many successes taking place across Sonoma County due in large part to Measure O.

*This report offers
an accounting of
how funds were
spent in the first full
year of Measure O,
and where funds
are accruing savings
for future projects.*

A Message of Hope

To all of you involved in Sonoma County's Behavioral Health and Homelessness Measure O, let me begin by thanking you for your ongoing dedication and support. We couldn't do this without you!

As we prepare for another holiday season, still feeling the daily effects that COVID-19 has and continues to have on the citizens of Sonoma County, we truly have much to be grateful for as we reflect on what Measure O is accomplishing. We have had a dynamic and robust Ad Hoc Committee in Supervisors Chris Coursey and James Gore, a very involved Citizen's Oversight Committee chaired by Shirlee Zane, and county staff who work diligently to bring the services to the community that Measure O funds.

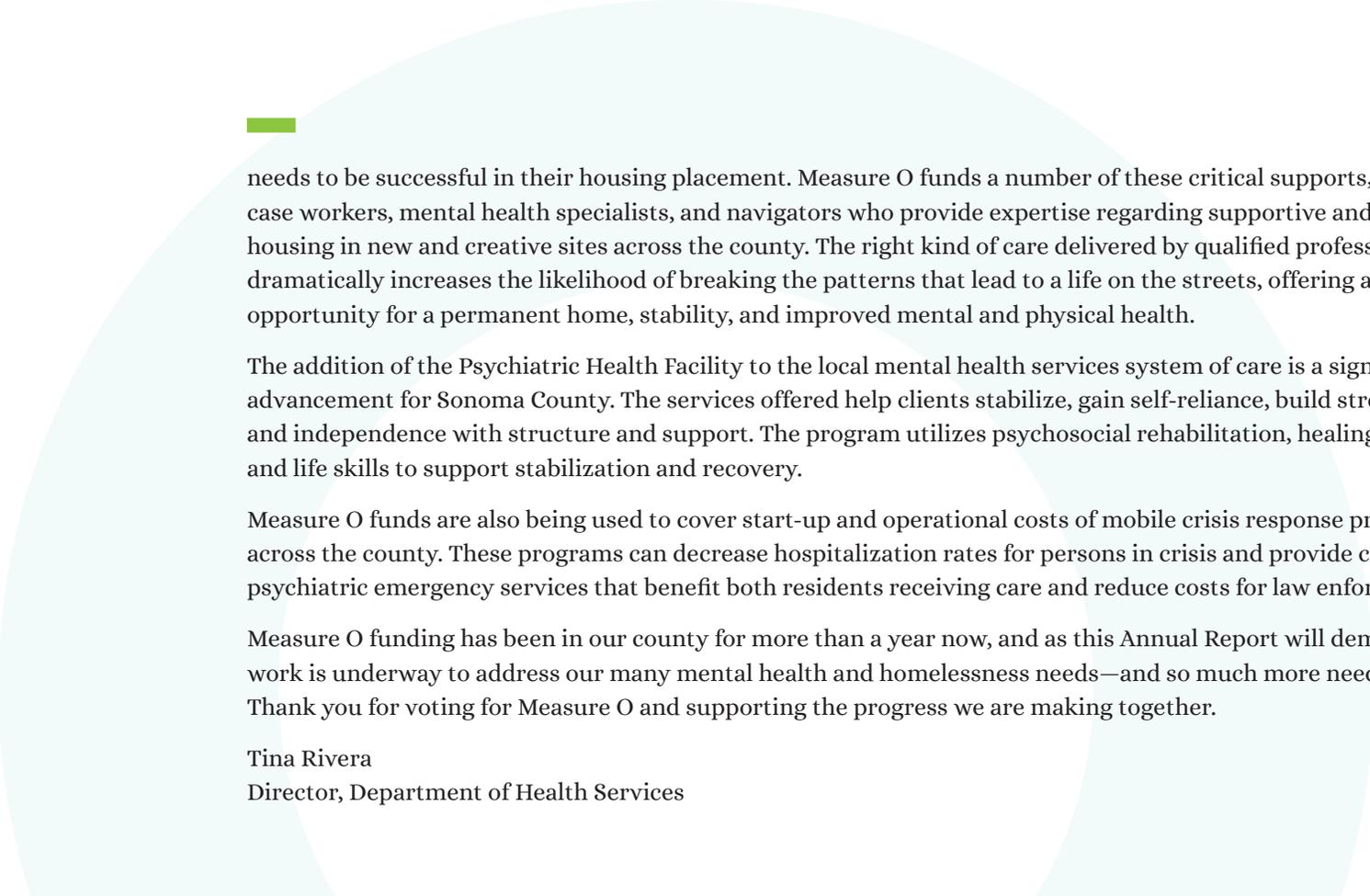
To assist with the implementation of Measure O, I am very pleased to announce that Jan Cobaleda-Kegler, PsyD, LMFT, has joined the Sonoma County Department of Health Services as the Behavioral Health Division Director. Jan brings her extensive experience in mental health practices, serving children, youth, adults, and families in a broad spectrum of community-based mental health treatment settings that include inpatient treatment, residential treatment, and specialty mental health.

We are still in awe of the compassion residents showed in November 2020, when Sonoma County voters approved Measure O with more than two-thirds of the vote, to expand access to services for mental health and homelessness countywide. This historic victory authorized a one-quarter cent sales tax, providing over \$25 million each year for 10 years and brings needed local services to individuals at times of greatest need. These funds are for the expansion and development of the following services: Residential Care Facilities; Transitional Housing; Psychiatric Health Facility and Operations; Mobile Crisis Support Teams and Crisis Stabilization Unit; Residential Crisis Services; Inpatient Hospital Services and Mental Health Services for children and youth. I am particularly excited about the progress we've made over the past year with support from Measure O and want to highlight some of the great work we've achieved.



Measure O aims to address the needs of our unsheltered, and braided with other state and federal resources, we are eager to see the impact of additional housing resources. For many who experience chronic homelessness, housing without personalized care and case management typically leads to poor outcomes. Any homeless system of care, including ours in Sonoma County, needs supportive housing units to help individuals with complex





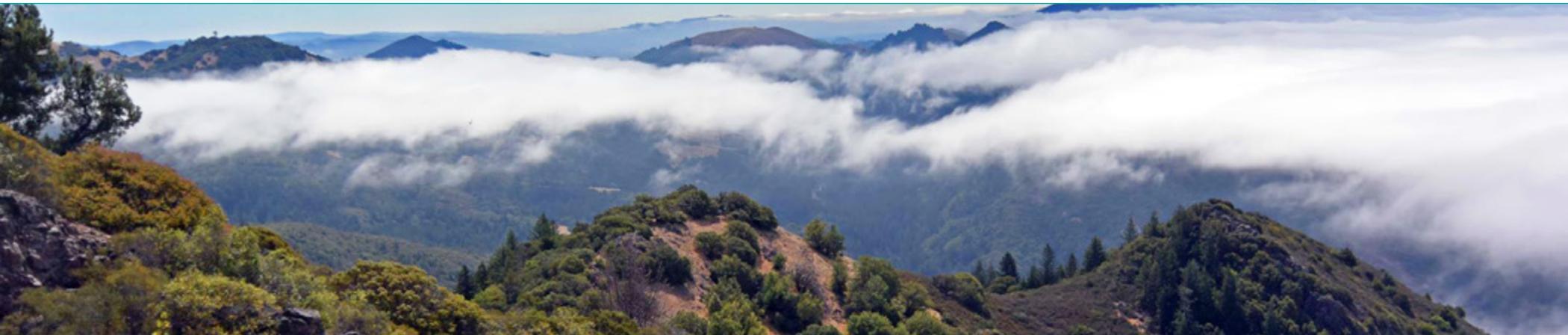
needs to be successful in their housing placement. Measure O funds a number of these critical supports, including case workers, mental health specialists, and navigators who provide expertise regarding supportive and transitional housing in new and creative sites across the county. The right kind of care delivered by qualified professionals dramatically increases the likelihood of breaking the patterns that lead to a life on the streets, offering a real opportunity for a permanent home, stability, and improved mental and physical health.

The addition of the Psychiatric Health Facility to the local mental health services system of care is a significant advancement for Sonoma County. The services offered help clients stabilize, gain self-reliance, build strengths, and independence with structure and support. The program utilizes psychosocial rehabilitation, healing arts, and life skills to support stabilization and recovery.

Measure O funds are also being used to cover start-up and operational costs of mobile crisis response programs across the county. These programs can decrease hospitalization rates for persons in crisis and provide cost-effective psychiatric emergency services that benefit both residents receiving care and reduce costs for law enforcement.

Measure O funding has been in our county for more than a year now, and as this Annual Report will demonstrate, work is underway to address our many mental health and homelessness needs—and so much more needs to be done. Thank you for voting for Measure O and supporting the progress we are making together.

Tina Rivera
Director, Department of Health Services



By the Numbers

Impact, Fiscal Year 2021-2022

Residential Care Facilities across the county provided **398** stays to **317** unique individuals

165 people were served at the Sonoma County Healing Center

Crisis Residential facilities served **240** unique individuals and had **280** admissions

110 unsheltered individuals served in Homeless Encampment Access & Resource Team (HEART)

5,268 crisis and response calls assisted by SAFE and inRESPONSE mobile crisis teams

Transitional housing services and coordinated case management were provided to **58** individuals through the Justice-Mental Health Collaboration Program

Acute Psychiatric Hospitals served **689** unique individuals and had **904** admissions

Crisis Stabilization Unit served **565** unique clients and had **818** admissions

102 children received crisis response mental health treatment at Valley of the Moon Children's Shelter

162 individuals received Behavioral Health services through Project Roomkey including **83** chronically homeless



Fiscal Overview*

Revenue

By Expenditure Plan Category as of June 30, 2022

Plan Category	Behavioral Health Facilities	Emergency Psychiatric & Crisis Services	Mental Health & Substance Use Disorder Outpatient Services	Behavioral Health Homeless & Care Coordination	Transitional & Permanent Supportive Housing	Totals
Measure O Sales Tax	\$5,414,176	\$10,828,352	\$4,429,780	\$3,445,385	\$492,198	\$24,609,890
Interest Income	\$16,040	\$33,340	\$ 17,426	\$13,810	\$1,973	\$82,590
Unrealized Gains & Losses**	(\$147,926)	(\$318,430)	(\$198,119)	(\$158,693)	-	(\$823,168)
Total	\$5,282,290	\$8,702,049	\$4,249,087	\$3,300,502	\$494,171	\$23,869,312

Expenditures

By Expenditure Plan Category as of June 30, 2022

Plan Category	Behavioral Health Facilities	Emergency Psychiatric & Crisis Services	Mental Health & Substance Use Disorder Outpatient Services	Behavioral Health Homeless & Care Coordination	Transitional & Permanent Supportive Housing	Totals
Intradepartmental Expenses	\$4,917,925	\$8,702,049	\$1,342,965	\$964,639	\$600,000	\$16,527,578
Total	\$4,917,925	\$8,702,049	\$1,342,965	\$964,639	\$600,000	\$16,527,578

*Numbers are rounded to the nearest dollar.

**Unrealized gains and losses are the potential profit or loss that would result from selling an investment.

Citizen's Oversight Committee

The Measure O Citizen's Oversight Committee was established by the Board of Supervisors in 2021 per the ordinance to do the following:

- 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 at a public meeting.

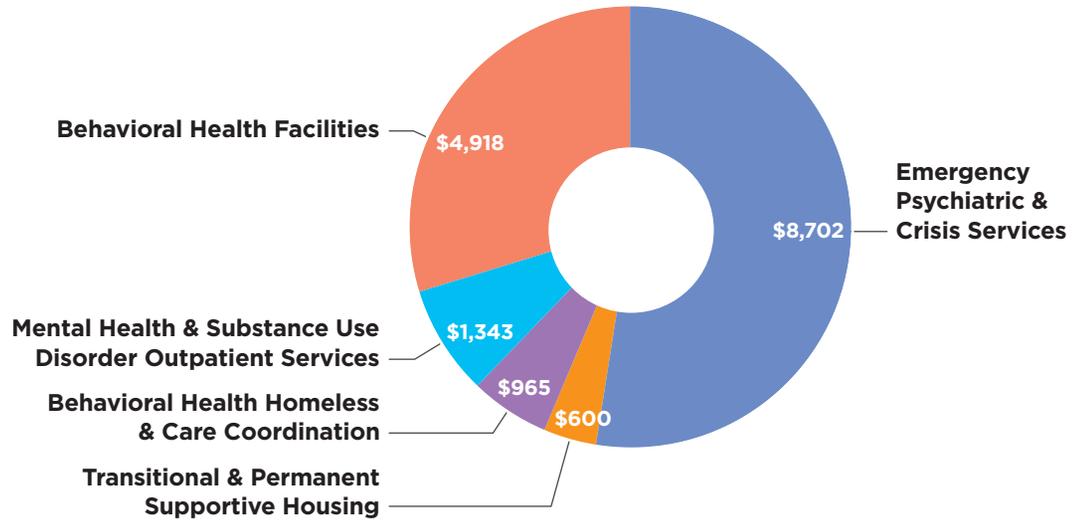
Members:

Ernesto Olivares
 Betzy Chavez
 Orlando O'Shea
 Gregory Fearon
 Shirlee Zane
 Ben Ford
 Kevin McDonnell



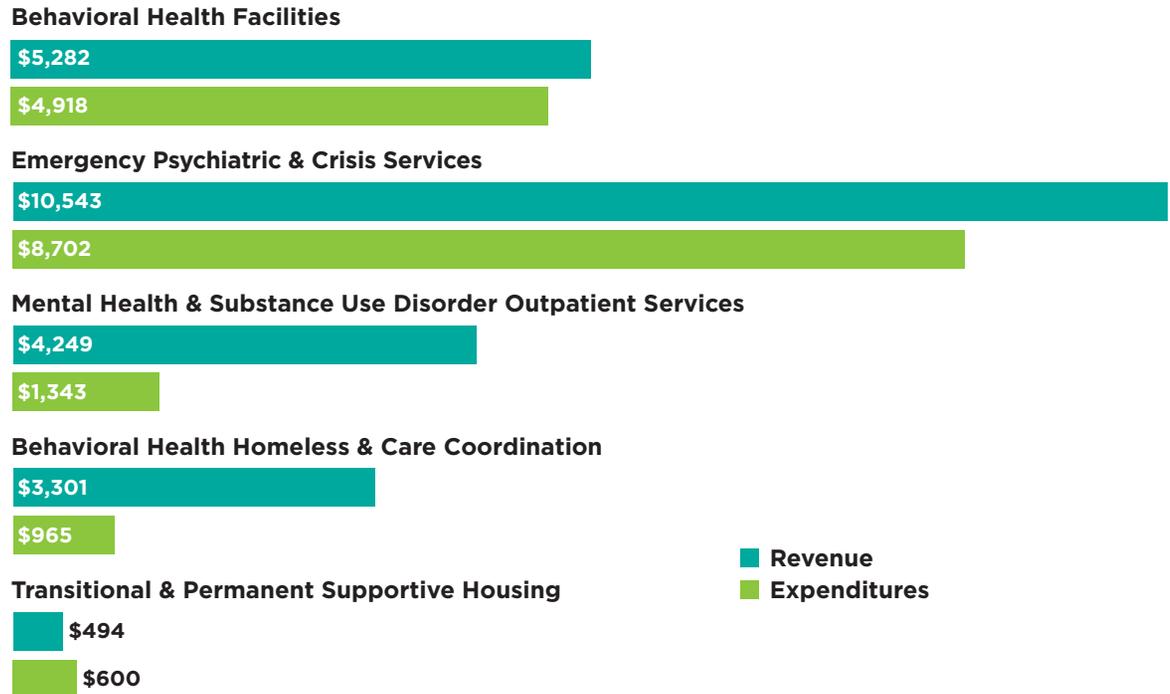
Total Expenditures by Category

In Thousands of Dollars



Revenue & Expenditures by Category

In Thousands of Dollars



Fund Balance

By Category as of June 30, 2022

Expenditure Plan Category	Behavioral Health Facilities	Emergency Psychiatric & Crisis Services	Mental Health & Substance Use Disorder Outpatient Services	Behavioral Health Homeless & Care Coordination	Transitional & Permanent Supportive Housing	Totals
Beginning Balance	\$1,550,463	\$3,100,927	\$1,268,561	\$986,659	\$140,954	\$7,047,564
Revenue	\$5,282,290	\$10,543,262	\$4,249,087	\$3,300,502	\$494,171	\$23,869,312
Expenditures	\$4,917,925	\$8,702,049	\$1,342,965	\$964,639	\$600,000	\$16,527,578
Ending Balance	\$1,914,828	\$4,942,140	\$4,174,683	\$3,322,521	\$35,125	\$14,389,298

Summary

Anticipated and Actual Measure O Expenditures by Category/Subcategory, Fiscal Year 21/22

Category/Subcategory	Anticipated	Actual ¹	Difference
1. Behavioral Health Facilities	\$5,500,000	\$4,917,925	\$582,075
1a. Residential Care Facility (RCF)		\$3,490,792	
1b. Transitional Housing for individuals discharging from crisis services		-	
1c. Psychiatric Health Facility & Operations		\$1,427,133	
2. Emergency Psychiatric & Crisis Services	\$11,000,000	\$9,039,646	\$1,960,354
2a. Mobile Support Team (MST) Expansion/ Crisis, Assessment, Prevention, and Education (CAPE)		-	
2b. Crisis Stabilization Unit (CSU)		\$5,698,431	
2c. Residential Crisis Services		\$168,798	
2d. Inpatient Hospital Services - Adult		\$3,172,416	
3. Mental Health & Substance Use Disorder Outpatient Services	\$4,500,000	\$1,305,184	\$3,194,816
3a. Mental Health Services at Children's Shelters		\$285,522	
3b. Mental Health Services for Children and Youth		-	
3c. Services to support Residential Care Facilities, Permanent Supportive Housing, and other Housing		\$1,001,043	
3d. Substance Use Disorder Services Expansion		\$18,619	
4. Behavioral Health Homeless & Care Coordination	\$3,500,000	\$964,639	\$2,535,361
4a. Behavioral Health Services for individuals who are homeless (IMDT)			
4b. Care Coordination for High Needs Homeless (HNN-HEART)		\$964,639	
5. Transitional & Permanent Supportive Housing	\$600,000	\$600,000	-
5a. Supportive Housing Pool/Homekey Cohort		\$600,000	

1. Expenditures were lower than anticipated mainly due to programs ramping up in this first full year of funding.

IMPACT, FY 21-22

565

individuals served at the
 Crisis Stabilization Unit

165

individuals served
 at the Sonoma County
 Healing Center

Psychiatric Health
 Facilities are more
 satisfactory and helpful
 for patients and their
 relatives, achieve
 clinically superior
 outcomes, and cost
 less than standard
 hospitalization.



Supporting the County's First Psychiatric Health Facility

Crisis Stabilization Unit and Sonoma County Healing Center—Continuum of Care

In Sonoma County, the greatest obstacle to getting patients in mental health crisis out of Emergency Departments (EDs) once medically stable is that the Department of Health Services' Crisis Stabilization Unit (CSU) beds are often overwhelmed and unavailable to take new patients. The CSU provides 24-hour-a-day, seven-day-a-week crisis intervention, assessment, medication, and up to 23 hours of supportive care for individuals in an acute mental health crisis. This vitally important 16-bed facility has long been impacted by the inability to discharge clients within 24 hours as required, because there were no in-patient facilities in which to transfer them. The root cause of this problem was the shortage of psychiatric in-patient beds. Publicly and privately operated psychiatric inpatient facilities are in short supply in and around Sonoma County, as is the case across the state and nation. Measure O funding has been a huge win for turning this problem around here in our community.

In May 2020 the Board of Supervisors approved the Department of Health Services (DHS) to establish a Psychiatric Health Facility (PHF) called the Sonoma County Healing Center.

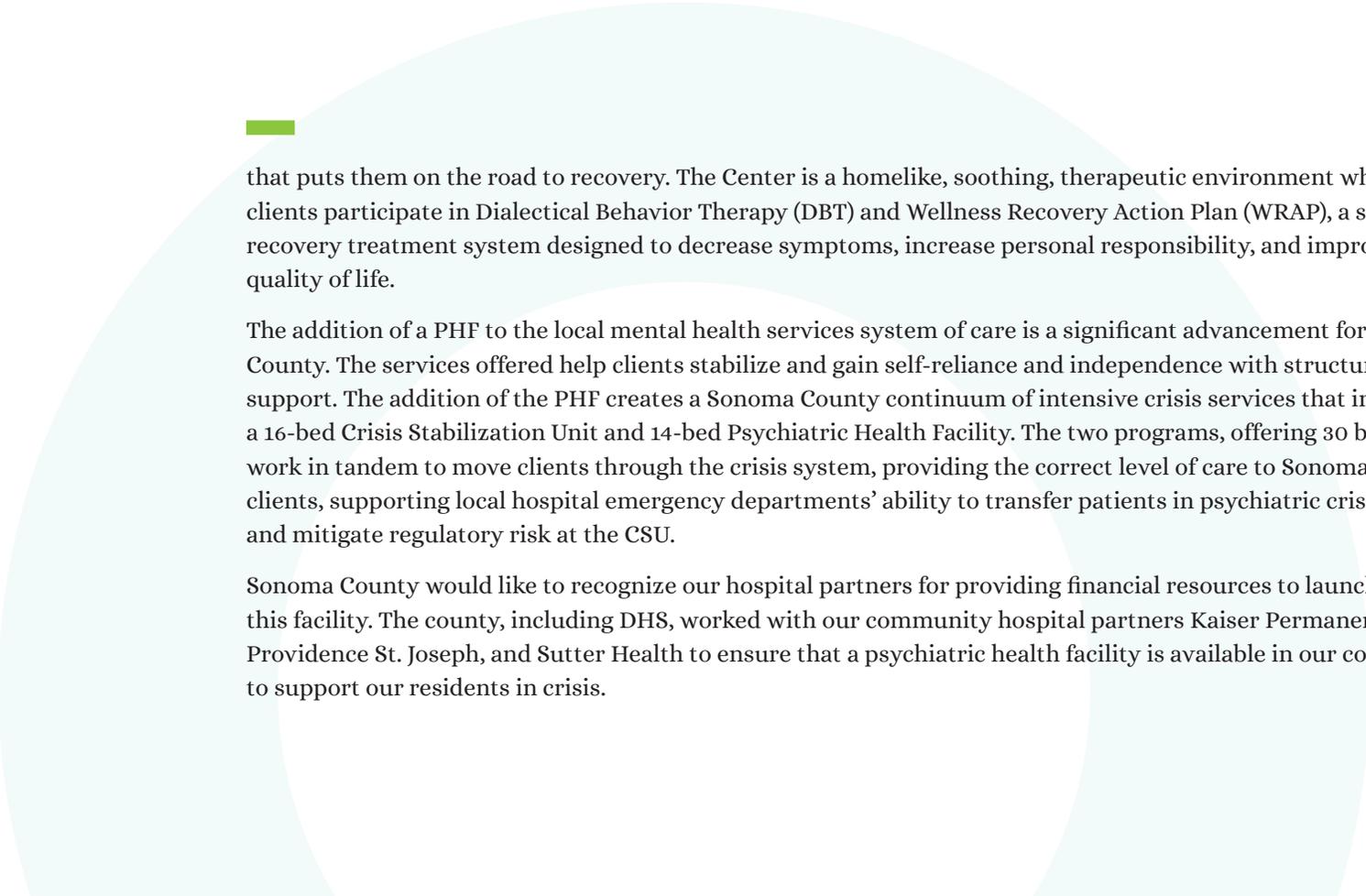
In February 2022, the Sonoma County Healing Center, a Psychiatric Health Facility (PHF), opened in Santa Rosa at the former Valley of the Moon Children's Center. This 24/7 locked 16-bed facility (14 beds reserved for Sonoma County residents, two reserved for clients from Marin County) provides short-term treatment to individuals experiencing acute psychiatric crises. In partnership with Crestwood Behavioral Health, an accredited Sacramento-based healthcare provider in operation for over 50 years, the Sonoma County Healing Center is providing a continuum of care for individuals

▼ Crisis Stabilization Unit



▼ Sonoma County Healing Center





that puts them on the road to recovery. The Center is a homelike, soothing, therapeutic environment where clients participate in Dialectical Behavior Therapy (DBT) and Wellness Recovery Action Plan (WRAP), a self-help recovery treatment system designed to decrease symptoms, increase personal responsibility, and improve quality of life.

The addition of a PHF to the local mental health services system of care is a significant advancement for Sonoma County. The services offered help clients stabilize and gain self-reliance and independence with structure and support. The addition of the PHF creates a Sonoma County continuum of intensive crisis services that includes a 16-bed Crisis Stabilization Unit and 14-bed Psychiatric Health Facility. The two programs, offering 30 beds, work in tandem to move clients through the crisis system, providing the correct level of care to Sonoma County clients, supporting local hospital emergency departments' ability to transfer patients in psychiatric crisis, and mitigate regulatory risk at the CSU.

Sonoma County would like to recognize our hospital partners for providing financial resources to launch this facility. The county, including DHS, worked with our community hospital partners Kaiser Permanente, Providence St. Joseph, and Sutter Health to ensure that a psychiatric health facility is available in our community to support our residents in crisis.





IMPACT, FY 21-22

5,268

crisis and response calls assisted by SAFE and inRESPONSE

4,429

individuals reached at 28 community events attended by SAFE and inRESPONSE teams promoting and destigmatizing mental health support



Supporting Mobile Crisis Response

If you or someone you know is experiencing a mental health crisis, it can be hard to know what to do. Calls made to 911 can sometimes result in a law enforcement response that creates more difficulty for the person in crisis, or result in costly hospitalization. Measure O funds are helping to innovate the ways mental health professionals partner with first responders in Sonoma County to provide trauma informed support in times of crisis.

MST

The county-run **Mobile Support Team (MST)**, created in 2012, already accompanies law enforcement on calls and provides crisis intervention to individuals in psychiatric and substance use disorder distress. Because these services are in high demand, Santa Rosa, Petaluma, Rohnert Park and Cotati launched their own mobile support teams, modeling their programs on the CAHOOTS model (Crisis Assistance Helping Out On The Streets) out of Eugene, Oregon's White Bird Clinic.



SAFE

The Petaluma **Specialized Access for Everyone (SAFE)** program, launched in July 2021, is operated by Petaluma Peoples Services Center and deploys mobile teams of trained crisis-workers and Emergency Medical Technicians (EMT) to calls in Petaluma, Rohnert Park, and Cotati. This model of services provides a de-escalation of behavioral health issues resulting in reduced health care costs and decreased police department response times due to reduced call burden, and can provide first aid and medical checks for those in our community who cannot access medical services.

▼ SAFE program counselor



▼ InRESPONSE ribbon-cutting event



InRESPONSE

The Santa Rosa Police Department launched their **inRESPONSE** program in January 2022. This partnership includes the Santa Rosa Fire Department, Department of Health Services (DHS), Buckelew Programs, and Catholic Charities; and works towards the same goal of reducing law enforcement interactions when medical/mental health care is a more appropriate response. inRESPONSE social workers do not carry weapons and are not trained in law enforcement; instead they replace or accompany armed, uniformed police officers. They are dispatched through 911 or the police nonemergency line. They respond to calls that do not involve an immediate safety threat to the individual in crisis or the general public including: welfare checks, reports of suspicious people, family disturbances, public drunkenness, a person lying on the ground or sleeping; individuals in mental health crisis or who are suicidal; missing persons cases; and more.

Measure O Funds Invested in SAFE and inRESPONSE

Measure O funds were allocated to cover start-up and operational costs not covered by other funding sources, including vehicles, technology, outreach, and other needed infrastructure. Mobile crisis programs can decrease hospitalization rates for persons in crisis and can provide cost-effective psychiatric emergency services that both benefits residents receiving care and reduces the cost of law enforcement. The Board of Supervisors are excited to support these pilot programs to provide a sustainable and successful mobile crisis response model to adopt, scale up, and offer them countywide.

“Every time my case manager needs something from me, I help her out and she helps me to the point where I’m not going to need her help, and I can stand on my feet now. With their support, I learned to advocate for myself. Even my daughter has seen changes in me, and I told her I got this program. They can see I’m making more progress.”

—JMHC participant

“It’s made me see that there could be a light at the end of the tunnel for housing. Without this program I’d probably have new charges. Because I’m in the program I feel I can work with Downtown Street Teams, something more than just revolving door of jail time that I was a part of for a long time.”

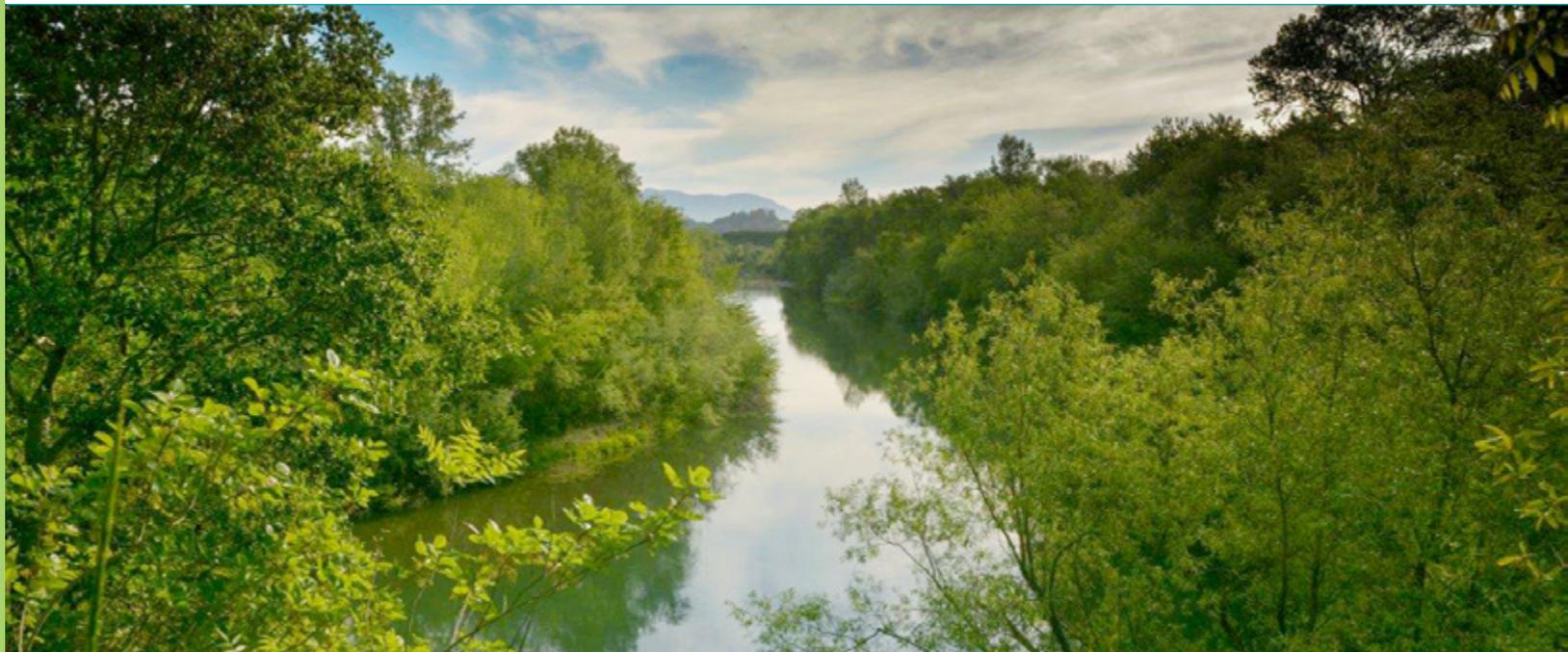
—JMHC participant



Pretrial Release Program

The Justice-Mental Health Collaboration Program (JMHC) is a pretrial release program for people living with or experiencing mental health impairment. The program is a multi-agency coordinated effort to increase the number of defendants with mental illness released to pretrial supervision by (1) connecting them with treatment, housing, and other services and (2) reporting this information to the courts. The desired outcome is both increased treatment rather than incarceration for this population and enhanced public safety through appropriate community-based mental health treatment (and, when needed, substance use disorder treatment).

The mental health pretrial release program services include screening in the jail by a Behavioral Health Division clinician, an eight-bed supportive transitional housing facility, and community-based case management for those who don’t stay at the housing facility. Since its launch in 2017 and through June 2022, the program has enabled 233 individuals to be released from jail pending their trial and 61 individuals have stayed at the housing facility. The community-based case management component launched in January 2020, funded largely through Measure O funding. Through June 2022, 58 individuals have received community-based case management services.



The community-based case management component of the program provides the following services, either directly or by referral to other agencies:



- Assistance with housing
- Mental health provision/connection with mental health services
- Crisis intervention
- Substance use disorder services
- Application assistance for public benefits and healthcare coverage
- Meeting basic needs
- Transportation to appointments
- Accompaniment to court
- Help accessing medications/medication reminders
- Life skills classes
- Monthly friendly telephone calls to ask how the client is doing and if they have any new needs

Some significant barriers prevented the program from serving more clients, particularly the constraints caused by the pandemic and wildfires and the ongoing challenges in maintaining staffing levels of clinicians.

External evaluators assessed the JMHCP mental health pretrial release program processes and outcomes during calendar years 2020 and 2021. The evaluation found that:

- 65% of the population served by the program were unstably housed or homeless at the time of their release from jail.
- 72% of the residents of the transitional housing facility with no exit destinations remained housed after leaving the program.
- While 49% of all program participants successfully completed the program, 69% of those connected with a case manager completed successfully and 77% completed successfully if they engaged in at least one of the service referrals made by their case manager.

Ad Hoc Committee

In January 2021 the Board of Supervisors created a Measure O Ad Hoc committee and appointed Supervisors James Gore and Chris Coursey to serve. The committee guides the implementation of Measure O by the Department of Health Services (DHS) and the Community Development Commission. It also informs the Board as to how funding will support the Behavioral Health budget in both existing and new programming, and provide homeless services support as defined in the measure. The committee is supported by DHS staff, the County Administrator's Office (CAO), and County Counsel.



Upcoming Projects for Measure O

Behavioral Health School Partnership

Proposed project awaiting approval from Board of Supervisors

Of 38,000 student respondents in Sonoma County, 48% of middle school students and 55% of high school students cite feeling depressed, stressed, or anxious. These feelings are the most-identified obstacle to learning. (YouthTruth student survey, January 2022). In partnership with Sonoma County Office of Education and leadership from numerous school districts across the county, DHS will be launching a new unit in the Behavioral Health division to provide more support for school districts to address the mental health needs of our students. This will include referrals for students requiring additional support to address needs beyond the capacity of school personnel and outside of the school day.

This new program will provide school-based behavioral health support and interventions to schools in Sonoma County by:

- Providing schools a direct linkage to Behavioral Health staff in order to expedite referrals for Medi-Cal and Medi-Cal eligible beneficiaries who qualify for Sonoma County Behavioral Health (SCBH) services
- Offering training for school staff in identifying students who may be experiencing behavioral health symptoms and would benefit from a referral to SCBH or other community healthcare provider
- Providing consultation with schools on students experiencing urgent behavioral health issues
- Re-instituting in-person response to students experiencing a behavioral health crisis
- Linking to substance use disorder treatment services for youth and young adults



Measure O Supporting Substance Use Disorder Services

In July and August of 2021, DHS-Behavioral Health Division (DHS-BHD) mapped the complete continuum of Substance Use Disorder (SUD) Services including Prevention, Treatment, and Recovery services in Sonoma County. This mapping included focus groups with key stakeholders, along with a comprehensive online survey, key informant interviews, and an analysis of existing data sets looking at local substance use trends in the county. This mapping revealed a gap in the continuum of youth and young adult SUD treatment services. There has been a significant increase in overdose deaths related to fentanyl in the county among our adult and youth populations.

Sonoma County DHS will seek direction from the Board of Supervisors to utilize Measure O funds to issue a request for proposals (RFP) to bring new and/or expand existing youth treatment services to meet the needs of our younger residents at risk of developing or currently diagnosed with a substance use disorder. Further analysis is currently underway to identify the type of services, such as outpatient and/or residential treatment

services, needed to support our youth and young adults. Additionally, DHS and local school districts are exploring expansion of substance use prevention, alcohol and other drug assessment, early intervention, crisis intervention, and treatment and recovery services in the school environment.



988 Suicide and Crisis Lifeline

Beginning in July 2022, instead of dialing 9-1-1, emergency calls can now be placed to 988 for urgent help when experiencing a mental health or substance-use crisis, or when witnessing another person facing a behavioral health challenge—24/7. When a caller's home call center is at capacity, this new phone line reroutes them to another center that can take the call more quickly. Trained counselors connect callers to local support services to meet their needs. In Sonoma County, staff with Buckelew Programs (based in Novato) operate the Suicide Prevention Lifeline and receive 988 calls, quickly evaluating the emergency and then utilizing trained crisis counselors.



Housing Solves Homelessness

For those who are chronically homeless, housing must be paired with robust (and often costly) day-to-day supportive housing services, including teaching independent living skills, behavioral health care, and treatment for substance use disorders. During fiscal year 2021-2022, Sonoma County and local cities aggressively applied for new state dollars to increase our housing supply by purchasing and renovating existing but low-performing motels and apartment complexes. Sonoma County received funding for four different projects in the cities of Guerneville, Healdsburg, Petaluma, and Rohnert Park, with possibly more to come. These projects could not function without Measure O's allocation for permanent and temporary housing, which funds much of the supportive services for people residing in Homekey projects in Healdsburg and Rohnert Park.



▲ Department of Health Services director visits homeless encampment







For questions or to sign up for our quarterly newsletter, email MeasureO@sonoma-county.org

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>

