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

Annual Report for Fiscal Year 2024-2025

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 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 FOURTH FULL YEAR OF MEASURE O FUNDS BOLSTERING MENTAL HEALTH AND HOMELESS SERVICES IN OUR COMMUNITY

As Chair of the Measure O Oversight Committee, I'm honored to share this year's Annual Report which is a snapshot of how our community's investment continues to deliver real results.

Our Psychiatric Health Facility again set a high bar for compassionate, clinically excellent inpatient care, helping patients stabilize, recover, and return to their lives with dignity. The Crisis Stabilization Unit remains a trusted, welcoming doorway for people in a mental health crisis. It provides rapid help that shortens wait times and connects people to the right level of healthcare.

Out in the community, the Mobile Support Team (MST) continues to shine. Their calm, clinician-led response meets people where they are in a time of crisis, which deescalates crises.

And this year CAPE (Crisis, Assessment, Prevention, and Education) deserves special celebration. It is now operating in high schools countywide. CAPE's expansion means more early intervention, more school and community trainings, and more prevention resources reaching students and their families in Sonoma County.

Behind these successes is strong stewardship. The Oversight Committee monitors performance, financials, and outcomes to ensure Measure O dollars are used wisely. Above all, we recognize those who make this possible: frontline staff, nonprofit providers, and countless community members who step up every day.

Thank you for your continued trust. Together, we're building a responsive, compassionate, and effective behavioral health and homelessness system that offers hope for tomorrow and healthier communities for us all.

Measure O continues to be a miracle that saves lives thanks to you!

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 (on approval of the Board of Supervisors), or set aside for multiyear special projects.

FY25-26 MEASURE O FUND BALANCE ESTIMATE

BEGINNING FUND BALANCE	$34,448,052
+ BUDGETED MEASURE O REVENUE	$33,594,391
− BUDGETED MEASURE O EXPENDITURES	($54,795,411)
= ESTIMATED ENDING FUND BALANCE FOR FY25-26	$13,247,032

FY26-27 MEASURE O FUND BALANCE PROJECTION

BEGINNING FUND BALANCE	$13,247,032
+ ESTIMATED MEASURE O REVENUE**	$33,947,039
− ESTIMATED MEASURE O EXPENDITURES**	($37,086,609)
= ESTIMATED ENDING FUND BALANCE FOR FY26-27	$10,107,462

*** Estimate as of 12/2025, subject to change*

WHY MEASURE O FUND BALANCE CAN LOOK DIFFERENT YEAR TO YEAR:

- **Projections vs. actuals:** Each year we estimate (project) how much Measure O will spend and receive. Actual results can differ because of things like changes in the economy, hiring delays or vacancies, or contractors spending less than planned.
- **Obligated vs. spent:** We "obligate" funds in the year we first commit them—often through grants or multi-year contracts—but the actual spending shows up over the full life of those contracts, not all at once.

Example:
If we commit (obligate) $10 million this year for grants to community-based organizations, but those grants are designated to be spent over three years, only about $2 million might actually be spent this year.

- In projections, you'll see the fund balance lowered by the full $10 million when we make the commitment.
- In the year-end accounting, you'll see only the $2 million that was actually spent that year, with the remaining $8 million scheduled to be spent in future years.

So, the fund balance can appear to swing from year to year because we record commitments up front, while the dollars are actually spent—and show up in expenses—over time.

A REVIEW OF YEAR 5
OF MEASURE O IN SONOMA COUNTY

Dear Neighbor,

This year, as we reflect on the impact of Measure O, we are reminded of what is possible when a community chooses compassion, invests in care, and stands firmly behind its most vulnerable neighbors. Measure O is more than a local tax measure—it is Sonoma County's collective commitment to dignity, stability, and hope.

Thanks to this voter-driven investment, we have expanded access to mental health and substance use treatment, strengthened our crisis response systems, supported youth and families in moments of need, and connected more individuals experiencing homelessness with safety, services, and a path forward. Each program funded through Measure O represents a story of partnership—between providers, advocates, families, and the community members who trusted us to steward these resources wisely.

As the Director of the Sonoma County Department of Health Services, I am proud to share the progress we have made and the challenges that remain. This annual report highlights not only numbers and outcomes, but also the resilience of the people we serve and the dedication of those who show up every day to help them heal.

Together, we are building a stronger, healthier, and more dignified Sonoma County—thank you for supporting Measure O.

Thank You,

Nolan Sullivan, *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.

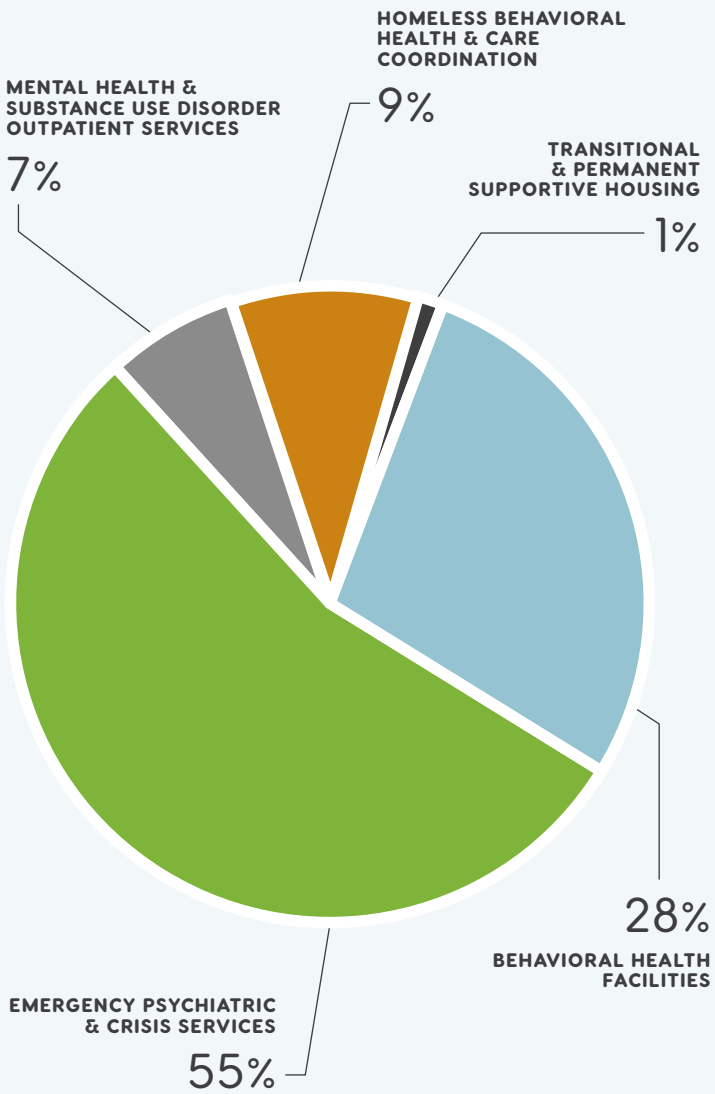
FY 24-25 OVERSIGHT COMMITTEE MEMBERS

Gregory Fearon
Ben Ford
Kevin McDonnell
Ed Sheffield
Shirlee Zane
Shannon McEntee
Colleen O'Neal

FY 24-25

MEASURE O EXPENDITURES BY CATEGORY

$54,677,154



*Percentages may not sum to 100% due to rounding

Stretching Local Dollars: How Reimbursement Funding Works

HOW REIMBURSEMENTS STRETCH MEASURE O DOLLARS

Some Measure O–funded services are eligible for reimbursement from state or federal programs after they are delivered. In plain terms, reimbursements are repayments to the County for certain qualifying services. This means that the community gets the service now, and the County may recover a portion of the cost later.

HOW THE MONEY FLOWS

Measure O funds help pay for services up front for things like staffing, provider contracts, and direct care. Staff document who was served, what services were provided, and what those services cost. Later, the county submits a claim to the appropriate state or federal agency. If the claim meets all requirements, the County receives reimbursement for some of those costs.

WHY REIMBURSEMENTS DON'T REPLACE LOCAL FUNDING

Reimbursements are valuable, but they are not immediate or guaranteed. Payments may arrive weeks or months after costs are incurred, and some expenses may not qualify under reimbursement rules. This timing and uncertainty mean the County still needs reliable local funding to keep services operating without interruption.

WHAT MEASURE O MAKES POSSIBLE

Measure O strengthens the system in three main ways:

+ Covering program costs to keep services running continuously.
+ Providing the local funding that allows the County to seek reimbursement for eligible services.
+ Keeping cash flow steady so providers are not affected by reimbursement delays.

BOTTOM LINE

Without Measure O, programs would lean more heavily on reimbursement funding alone. Because reimbursements require paying costs first and waiting for a partial repayment later, that could mean shifting funds from other priorities, reducing services, or both.

Measure O helps keep local services going strong now and when paired with reimbursement funding, helps bring additional dollars back to Sonoma County to support our community.

MEASURE O EXPENDITURES BY SUBCATEGORY

BEHAVIORAL HEALTH FACILITIES	
Program Support	$163,793
Residential Care Facilities	$9,081,582
Psychiatric Hospital Facility and Operations	$5,762,127
Transitional Housing For Individuals Discharging From Crisis Services	$348,976
Category Total	**$15,356,478**
EMERGENCY PSYCHIATRIC/CRISIS SERVICES	
Program Support	$276,223
Crisis, Assessment, Prevention, and Education (CAPE)	$1,705,752
Valley of the Moon Short Term Residential Therapeutic Program (STRTP)	$670,281
Crisis Stabilization Unit	$9,936,388
Residential Crisis Services	$3,018,366
Inpatient Hospital Services–Adult	$9,052,847
Mobile Crisis Continuum Expansion	$5,020,735
Supplemental Security Income (SSI) Interim Fund	$177,413
Category Total	**$29,858,005**
MENTAL HEALTH & SUBSTANCE USE DISORDER OUTPATIENT SERVICES	
Program Support	$170,289
Mental Health Services and Children's Shelters (Valley of the Moon Temporary Shelter Care Facility)	$443,080
Mental Health Services for Children and Youth	$886,167
Peer & Family Permanent Supportive Housing	$663,144
Substance Use Disorder Services Expansion	$1,509,301
Category Total	**$3,671,981**
HOMELESS BEHAVIORAL HEALTH/CARE COORDINATION	
Program Support	$137,056
Emergency Shelter, Housing, and Outreach Programs	$507,913
Behavior Health Services for Individuals Who Are Homeless (HEART)	$1,480,992
Care Coordination for High Needs Homeless (SOUL)	$3,038,989
Category Total	**$5,164,950**
TRANSITIONAL & PERMANENT SUPPORTIVE HOUSING	
Program Support	$71,199
Peer & Family, Permanent Supportive Housing (Project Homekey)	$554,541
Category Total	**$625,740**
TOTAL EXPENDITURES	**$54,677,154**
REIMBURSEMENTS	**($22,141,225)**
NET MEASURE O EXPENDITURES	**$32,535,929**

PROGRAM UPDATES

HARSTAD HOUSE, a part of the Progress Foundation, provided crisis residential treatment to 177 Sonoma County adults from July 1, 2024 to June 30, 2025. This short-term, voluntary, community-based care helps people move through psychiatric crises at the least-restrictive level, preventing costly hospital stays or offering extra stabilization after discharge.

Just as importantly, when the County's Crisis Stabilization Unit was closed for six months, Harstad House and Sonoma County Behavioral Health didn't let access slip. They collaborated closely to invent workarounds–building alternate referral pathways so people could still enter care quickly. That flexibility and creative problem-solving kept the front door open during a critical period. Throughout, residents stayed connected to family and community, set their own recovery goals, and received linkages to case management, medical and dental care, substance use treatment, and housing or shelter resources.

SONOMA COUNTY'S CRISIS, ASSESSMENT, PREVENTION AND EDUCATION PROGRAM (CAPE), which supports students with mental health and substance use needs, has returned to school sites for the 2024-25 school year after a six-year pause. Funded by Measure O, CAPE places clinicians and counselors in 16 high school campuses including Cloverdale Unified, Healdsburg Unified, Santa Rosa City Schools, Cotati-Rohnert Park Unified, Sonoma Valley Unified, West Sonoma County Union High School Districts, Windsor Unified, and Petaluma City Schools.

Already it is showing clear impact. In the first months of the 24-25–school year, the CAPE team connected 109 students to appropriate care, responded to 33 on-campus crises, hosted 21 informational events reaching nearly 1,500 people, and delivered 37 workshops to 582 students, families, school staff, and community members, making services available during school hours.

The work is both personal and practical for the CAPE team. "We want to provide crisis response so there are fewer crises down the line and fewer tragedies happening with students in schools," says Karin Sellite, Youth and Family Services Section Manager. "We want to support parents and faculty members to get better at identifying kids who need mental health support and connect students to services sooner."

At Sonoma Valley High, for example, a CAPE clinician intern responded the same day to a 14-year-old student who disclosed suicidal thoughts. After a thorough risk assessment, safety planning with her mother, and weekend referrals to care, the student later reported intensified intent to self-harm. CAPE coordinated a hospital evaluation, then stayed with the family through discharge, re-entry to school, and connection to ongoing county services. Weekly CAPE check-ins continue to help the student feel safe and supported.

CAPE's Alcohol and Other Drug Services team is also making impact. One 15-year-old Sonoma Valley High School student who was ambivalent about stopping heavy drinking chose to lean into recovery supported with steady counseling and a plan. She read the AA Big Book, began attending meetings, found a sponsor and, told her parents after careful preparation, gaining their support. By the school year's end, she was more than 90 days sober. These stories show what CAPE does best: meet students where they are, act quickly in a crisis, and stick with students as they build a path forward.

We need to be looking actively for students who need our support," Sellite says. "We must be on school campuses schools, to do this kind of outreach. We cannot just assume that people who need support know how and where to find us. I definitely believe CAPE services reduce the severity of mental health issues among students by being there to address students' needs quickly

SANTA ROSA JUNIOR COLLEGE COUNSELING PROGRAM is meeting students where they are—on campus, online, and in community. With Measure O funding, SRJC expanded its mental health team with two therapists and two social workers dedicated to Latinx and African American students, plus a licensed clinical social worker who provides crisis therapy, supervises pre-licensed staff, and anchors our cross-disciplinary response for students in crisis.

The new staff are changing how support looks and feels. Joseph Hancock, ACSW, co-hosts Walk It Out Mondays with the Black Student Union and "Jokes with Joseph" for foster and former foster youth—putting a friendly face to therapy and reducing stigma. Brijit Aleman, AMFT, leads popular healing circles in the Native American Center and designs culturally grounded services that engage Latinx and Native students.

This growth comes as community colleges face budget headwinds and student distress is at record highs. Measure O has made the difference between cutting back and stepping up.

Results reflect both care and prevention. In Q4 2025, more than 200 students received direct services, including 150 transition-age youth (16–25). Mental health guides and resources reached nearly 20,000 students via social media. Our team delivered presentations for the SRJC Police Cadet Program, residence hall RAs, foster youth, and the soccer team, reached 50 students through classroom visits, and trained 10 staff in QPR suicide prevention. The goal is simple: healthier minds, stronger connections, and better odds of success in college and beyond.

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM. Measure O has already helped the County flip the switch on the Drug Medi-Cal Organized Delivery System as of December 1, 2024, by funding key roles like a Patient Care Analyst and a Department Analyst to handle readiness reviews, policies, and training. It's also jump-started residential treatment expansion—supporting mandated services, improving long-overdue reimbursement rates to be more in line with the Bay Area, and doubling Center Point Drug Abuse Alternatives Center's (DAAC) men's residential capacity (including Spanish-speaking clients) from 20 to 40+ beds. Between December 2024 and June 2025, DMC-ODS is projected to bring in about $3.8 million in new revenue, with a $750,000 Measure O match playing a crucial role in making that growth possible.

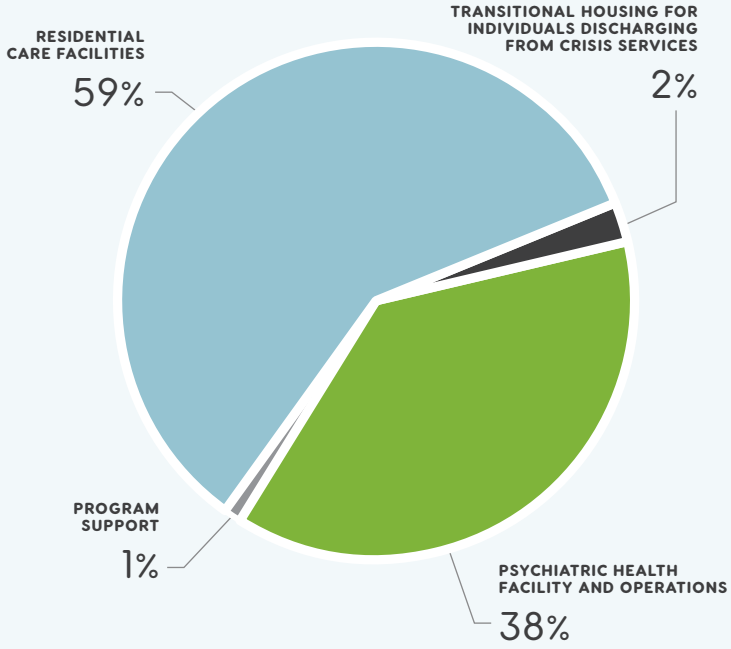
Looking ahead, the next year is all about broadening access through a treatment network expansion. That includes a new contract with Muir Wood, three new outpatient contracts with Siyan, Pura Vida, and West County Health Centers, and adding more service types with current providers—plus continued growth in residential revenue. On the horizon, Measure O is poised to support a new youth residential treatment facility, filling a critical gap and making it easier for local families to get timely, age-appropriate care close to home.

"We need to be looking actively for students who need our support. We must be on school campuses to do this kind of outreach. We cannot just assume that people who need support know how and where to find us. I definitely believe CAPE services reduce the severity of mental health issues among students by being there to address students' needs quickly."

—Karen Sellite, *Youth and Family Services Section Manager*

BEHAVIORAL HEALTH FACILITIES

$15,356,478



Percentages may not sum to 100% due to rounding

MEASURE O FUNDING

Residential Care Facilities $9,081,582

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 needed. Without this funding, DHS would have to choose between clients losing their placement and cutting other services.

328
PEOPLE HOUSED

81,448
TOTAL BED DAYS

MEASURE O FUNDING

Psychiatric Health Facility and Operations $5,762,127

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.

208
INDIVIDUALS SERVED

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).

Psychiatric Health Facility

CSN
Community Support Network

PSYNERGY
PSYNERGY PROGRAMS, INC.

Residential Care Facilities

Transitional Housing for Individuals Discharging from Crisis Services $348,976

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.

325
INDIVIDUALS SERVED

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.

MEASURE O FUNDING

Program Support $163,793

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

SONOMA COUNTY HEALING CENTER

BEHAVIORAL HEALTH FACILITIES

The Sonoma County Healing Center, operated by Crestwood Behavioral Health, is the County's Psychiatric Health Facility (PHF), but staff refer to it simply as the "Healing Center." They often describe it as the bridge in the County's behavioral health system. If the Crisis Stabilization Unit (CSU) is the "urgent care" doorway where people can be quickly assessed and supported, the Healing Center is the place where they can actually catch their breath. It offers enough time (usually about two weeks) to stabilize and line up what comes next. In a landscape that includes the Mobile Support Team (MST) out in the community and programs such as Crisis Residential Units (CRUs) and longer-term placements, the PHF sits at a humane midpoint. It is not a warehouse, not a revolving door, and certainly not the stereotypical psychiatric ward. It is a small, homelike and intensely relational setting where the work is practical, personal, and very often hopeful.

One sees that hope in the details. The kitchen serves real food on real dishes, not paper trays; the dining room is a social space rather than a pass-through line; staff members sit with individuals rather than behind a barrier and the language of care is deliberate. People are not "patients" at the Healing Center but "persons served," and that phrase signals something important about the culture. The team, from the psychiatrists to the nurses, tries to create a setting where dignity is the standard and healing feels possible.

That homelike environment is not just for show. Dietary Director Francisco Parmerin sees food itself as care: "When you have a good, warm, home-cooked meal, your mood gets better. People ask for recipes to take home; sometimes they leave with a Crestwood Behavioral cookbook. It's a small thing that makes the place feel safe, reliable and human.

Safety is foremost at the Healing Center in the way staff respond when someone is distressed. Director of Staff Development Dori Harris leads training in trauma-informed care for every new staff person, and she talks about this not as a set of techniques but a shared philosophy. Shifting from "What's wrong with you?" to "What happened to you?" is much more than mere semantics. On a busy day, this determines whether a staff member meets shouting with calm and control or with curiosity and space. The team tolerates frustration if no one is in danger; a broken TV can be replaced, but broken trust takes longer to mend. Staff model how to recognize when they themselves are "out of the zone" and use tools to come back to baseline. Clients learn those same self-regulation skills. The result, Dori says, is fewer restraints, more collaboration, and a steadier path to stability. Her north star is simple: "If this person was your family member, how would you want them to be treated? With respect and dignity."

Medical Director Dr. Talvinder Rana emphasizes the importance of this approach. His care philosophy is easy to adopt and hard to fake. "I always tell them: Your body is your vehicle – you own it. I am your navigation. I'm going to be with you all the way until you reach the destination." He cites a line he

"I always tell them: Your body is your vehicle—you own it. I am your navigation. I'm going to be with you all the way until you reach the destination.

–TALVINDER RANA, MD
Medical Director

loves to repeat: “Patients don’t care how much you know until they know how much you care.”

That steadiness is intentional across the board. Hailey Johnson-Bastianon, who started at the PHF as a recovery coach and now serves with the Sonoma County Mobile Support Team, remembers the early days when the program focused mostly on psychiatric stabilization. Back then she felt that something was missing. Many people coming through the doors were also grappling with substance use and, without addressing both needs together, progress tended to be fragile. Over time, the Healing Center added more substance-use support groups each week, brought in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings with AA Hospitals & Institutions Committee volunteers, and wove recovery work into treatment plans. The change, Heather says, has been visible: “We have had more than 500 clients to date come through our doors. At the beginning, we had limited programs, whereas now we offer all these enormous, glorious programs and support groups. Now we’re seeing the number of hospitalizations going down, and people are not coming back as often; their needs are getting met, they are being heard, and their support systems are in place. No one speaks more passionately about the “whole person” than Dr. Rana. He chose psychiatry, he says, because it is the science of the mind and the heart together, a field where patients are teachers and progress depends on patience and genuine connection. He appreciates the Healing Center precisely because he has time to assess whether treatment is actually working. Daily contact enables him to adjust medications, talk through options, and coordinate family meetings. He thinks about success in terms of longer stretches between crises—counting weeks and months, not just days of stay—and he is seeing those stretches grow. He also thinks constantly about what happens after someone walks out the Healing Center doors. From day one, the team plans for discharge, including housing or shelter, follow-up appointments, benefits, a primary care link, a path for ongoing substance-use support and, when possible, the involvement of family. Medication alone, he says, is rarely enough; the “conglomerate of factors” around a person—such as safe sleep, daily routine, or relationships—must come together or the risk of relapse remains high.

That is where the countywide system shines. Staff praise the partnership with MST and CSU, describing strong coordination and frequent case reviews. And this likely is one reason the Healing Center sometimes sees a lower-than-expected census. More crises are de-escalated earlier out in the field and people are linked to services, preventing inpatient days.

For anyone wondering how care actually looks and feels at the Healing Center, it is structured without being rigid. Admission is limited to adults who meet the legal criteria for psychiatric holds: danger to self, danger to others, or grave disability. People in acute medical withdrawal stabilize elsewhere first for safety, and the majority of those who arrive engage in full days of activity. Groups focus on symptom understanding, coping skills, relapse prevention and practical routines. Leisure and recreation are not “extras,” but essential time for the nervous system to settle. Family meetings are common. Staff invite collaboration rather than compliance. You might notice the small things: someone napping in a comfortable common space because they feel safe there, a clinician crouching to eye level to talk, a staff member pausing to offer an oral medication later rather than forcing a shot now, or a person who had arrived guarded now relaxed and joking with others.

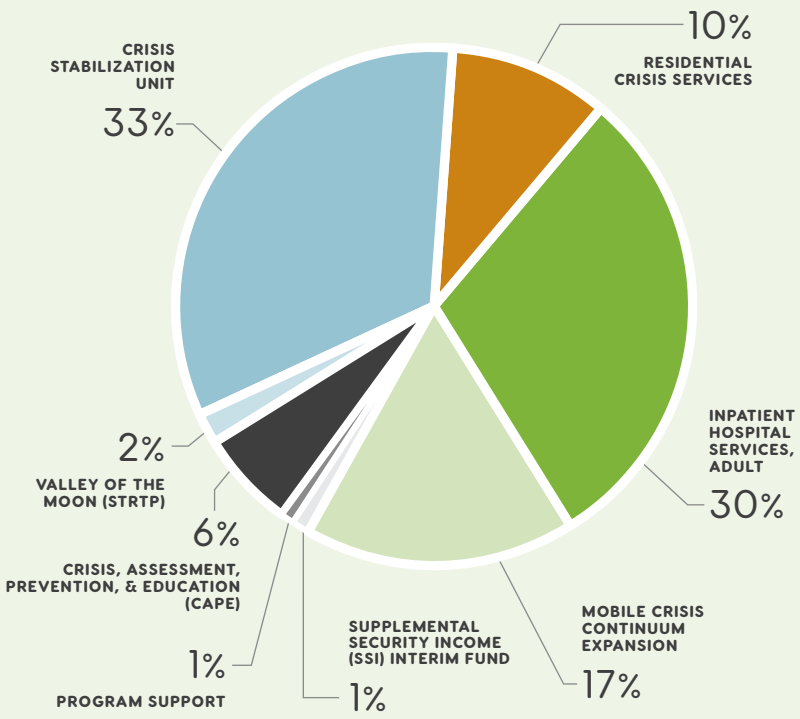
Those moments add up to transformations that are visible on faces. Dori talks about intake photos and discharge photos – the “before” and “after” shots that, even without words, tell a story of trust rebuilt. Facility Administrator Debra Kolman is blunt about what surprised her most: how much quality of life improves when treatment truly is trauma-informed and team-based. People feel cared for because the team refuses to see a person as a checklist of symptoms. They see a neighbor, a family member, a human of worth.

The numbers bear out this conviction: time between crises is lengthening, which suggests the combination of medication, skills, supportive routines, and thoughtful discharge planning is making a meaningful difference. When people do need to return to care, many ask for the Healing Center. “This is a place for people experiencing a mental health crisis to stabilize, and gain a little more time to heal,” Debra says. “That little bit of time and support can mean they are not going to elapse or they are going to have better quality of life. That is what we do.”

The Sonoma County Healing Center lives up to its name, not by promising cures, but by offering skilled, authentic care. People arrive at their most vulnerable and leave with plans, skills, and hope. Every staff member is connected by this hope and by the promise of building a behavioral health system in Sonoma County that meets people where they are, accompanies them long enough to make a difference, and bridges them to a pathway to lasting recovery.

EMERGENCY PSYCHIATRIC & CRISIS SERVICES

$29,858,005



*Percentages may not sum to 100% due to rounding

MEASURE O FUNDING

Crisis Stabilization Unit $9,936,388

655
INDIVIDUALS SERVED

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.

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. $3,018,366

177
INDIVIDUALS SERVED

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.

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 $5,020,735

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.

1469
TOTAL DISPATCHES

1045 WITHOUT Law Enforcement

424 WITH Law Enforcement

MEASURE O FUNDING

Crisis, Assessment, Prevention & Education $1,705,752

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.

109
CHILDREN SERVED

MEASURE O FUNDING

Adult Inpatient Hospital Services $9,052,847

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.

4183
TOTAL BED DAYS

292
INDIVIDUALS SERVED

Valley of the Moon Short Term Residential Therapeutic Program (STRTP) $670,281

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

Supplemental Security Income (SSI) Interim Fund $177,413

Many behavioral health clients experience long waiting periods before their SSI benefits begin, often lasting several months. DHS is fortunate to have Measure O funding available to provide interim cash assistance to clients who are likely eligible for Federal SSI. This funding functions as a revolving pool; once an individual is approved for SSI, the county is reimbursed from their retroactive SSI payment. This approach helps stabilize clients during the SSI determination process while also protecting County resources.

MEASURE O FUNDING

Program Support $276,223

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

THE SONOMA COUNTY MOBILE CRISIS CONTINUUM

Since 2022, Measure O has helped fund the Sonoma County Mobile Crisis Continuum: a partnership between the Sonoma County Department of Health Services' Mobile Support Team (MST), South Sonoma County's SAFE (Specialized Assistance for Everyone), and Santa Rosa's inRESPONSE that ensures that everyone in Sonoma County has access to mobile crisis response services and can access trained mental health and substance use professionals during a behavioral health crisis. The Mobile Crisis Continuum is an essential regional collaboration because it ensures countywide access to timely, compassionate behavioral health crisis response while reducing reliance on law enforcement and emergency rooms and connects people to ongoing care.

What are mobile crisis services?

Mobile crisis services make it possible for people experiencing a mental health or substance use emergency to receive fast, appropriate support and in many cases without going to the emergency room or involving law enforcement. Teams meet people where they are, assess the situation, and provide short-term, on-site support to help calm the crisis and keep everyone safe. When additional care is needed, they connect the person and their family to ongoing services and resources.

SAFE serves Petaluma, Cotati, Rohnert Park, and Sonoma State University. inRESPONSE serves Santa Rosa, while the Mobile Support Team covers the remaining cities and unincorporated areas. Together, these teams ensure mobile crisis services are available throughout Sonoma County.

"Measure O funding has strengthened Rohnert Park's ability to respond to crisis situations with care, expertise, and efficiency through the SAFE team. SAFE reduces unnecessary strain on law enforcement, emergency responders, and health care providers by addressing behavioral health needs at the appropriate level of care. This allows traditional first responders to focus on urgent public safety priorities while individuals in crisis receive more tailored support. Measure O is essential to maintaining and expanding this effective model."

—MARCELA PIEDRA, *Rohnert Park City Manager*

Spotlighting inRESPONSE: Impact and Reach

In 2022, the City of Santa Rosa launched inRESPONSE, a new kind of team designed for moments when a 911 call is really about a behavioral health need. It is a partnership between the Santa Rosa Police and Fire Departments, the Sonoma County Behavioral Health Mobile Support Team, Catholic Charities, and Buckelew Programs to connect people in crisis with the caring, professional support they need to address multiple challenges.

Each inRESPONSE unit includes licensed mental health clinicians, outreach staff, and system navigators who work side-by-side to support people experiencing a mental health crisis, homelessness, or substance use challenges. The team is trained in de-escalation, mental health evaluation, and practical social work interventions that help reduce stress in the moment and focus on what the person needs next. While inRESPONSE coordinates closely with police, the team itself is centered on a mental health first approach that keeps dignity and safety at the forefront and only involves law enforcement if there is a threat to safety.

Today, inRESPONSE operates 24 hours a day, seven days a week, handling nearly 6,000 calls each year and diverting hundreds of situations that might otherwise require police or fire while easing pressure on emergency rooms. Support does not stop when the immediate crisis ends. inRESPONSE also includes a system navigation team that helps individuals and families connect to services in the community, from treatment and counseling to housing resources and benefits. In 2025 alone, inRESPONSE navigators supported more than 700 people, including connecting callers to resources and supports as well as people who needed follow up care after a mobile crisis encounter. inRESPONSE is helping Santa Rosa respond with compassion and assisting those in need chart a path forward.

"I believe it is critically important to have licensed mental health clinicians responding to those experiencing a mental health crisis in our city and the inRESPONSE team is having a profound impact. The overwhelming community trust in the team is ensuring that our most vulnerable community members can reach out for help in their time of need. The team would not be possible without the financial support from Measure O."

–JOHN CREGAN, *Santa Rosa Police Chief*

SAFE at a Glance

Launched in 2020 by Petaluma People Services Center, the cities of Petaluma, Rohnert Park, and Cotati, and Sonoma State University, SAFE responds to non-emergency calls involving behavioral health concerns, homelessness, and other situations where someone needs support rather than law enforcement. The team provides on-scene assessment and de-escalation, helps people access basic needs and services, and does proactive outreach to prevent small issues from turning into bigger emergencies. While SAFE does not provide involuntary psychiatric holds or emergency medical care, its partnership with the county's Mobile Support Team helps connect people to higher levels of care when needed and supports a non-law enforcement response whenever possible. In fiscal year 2024-25, SAFE handled more than 13,000 calls across its service areas and linked individuals and families to behavioral health and substance use resources.

Mobile Support Team Across the County

The Mobile Support Team launched in 2012 to meet the growing need for behavioral health crisis support during 911 calls. However, it became clear that people wanted help without police involvement and MST now only requests police support when there is a clear safety risk. The results of these changes have been dramatic. In fiscal year 2024-25, MST answered over 3500 calls– nearly ten times as many from the year before–with less than a third of dispatches involving law enforcement because mental health professionals are now the primary responders. Even when the calls do not require a team to be dispatched, callers can still receive counseling, referrals, and support over the phone. MST provides mobile crisis services across the entire county in unincorporated areas and incorporated cities not covered by inRESPONSE or SAFE. MST also partners with inRESPONSE and SAFE in their service areas if the need arises.

Measure O and the Mobile Crisis Continuum: Leading with Care, Calm, and Connection

Together, the Mobile Crisis Continuum has helped thousands of Sonoma County residents get support without automatically going to the emergency room or involving law enforcement. It brings care to people where they are, helping them stay safe in the moment and connecting them to the right next step, from immediate stabilization to ongoing services. Measure O funding has been key to making this coordinated, countywide approach possible.

AJ BRANDT / CSU DIRECTOR

CRISIS STABILIZATION UNIT

EMERGENCY PSYCHIATRIC & CRISIS SERVICES

The Sonoma County Crisis Stabilization Unit (CSU) serves as "the psychiatric urgent care for all of Sonoma County," says Director AJ Brandt. The CSU operates as a short-stay, intensive assessment and stabilization hub for people experiencing a mental health crisis—whether they arrive by ambulance from a hospital emergency room, come with law enforcement or the Mobile Support Team (MST), or simply walk in the front door. Staff even visit hospital emergency departments to problem-solve live cases and encourage transfers when psychiatric rather than medical care is the primary need.

The CSU is licensed for rapid evaluation and stabilization, with a targeted period of stay up to 24 hours. In reality, people often remain longer, because of bottlenecks finding inpatient beds or appropriate step-down options. Funding is based on that 24-hour window, which means once the clock runs out the CSU is no longer reimbursed. Still, staff keep working to secure proper placement rather than discharging someone who is not stable. Measure O provides bridge funding to keep the CSU operating when other reimbursement sources run out. Measure O helps fill these gaps—fronting costs so that Medi-Cal reimbursement can be maximized, or funding parts of service that Medi-Cal does not cover.

The CSU runs several distinct spaces: an acute area for people on involuntary holds (also known as a "5150") who may be a danger to themselves or others; a subacute, largely voluntary area for those who are cooperative and can safely remain while plans are made; and an adolescent space. On admission, nurses, therapists, and social worked promptly do clinical assessments that are conducted to determine risk, needs, and a disposition plan.

The CSU team sees the full range of crises: first-time panic attacks, acute depression with suicidal thoughts, psychosis (schizophrenia or schizoaffective disorder), bipolar mania, co-occurring substance use, and people whose mental health symptoms leave them unable to provide for basic needs like food and shelter.

A major CSU strength is time and perspective. Unlike a field encounter or a busy ER, the CSU can reassess a person across three shifts in a single day, with different clinicians providing fresh eyes. Staff describe an open culture of consultation—if one clinician is unsure about risk or next steps, another steps in to reassess. That repeated, team-based approach often refines the plan and prevents unnecessary hospitalizations. In determining next steps, staff look for the most appropriate route based on the following criteria:

What is the CSU and when should it be used? CSU staff want the community to know:

- **People who need help can walk in 24/7 and talk to a therapist quickly.** If the main concern is psychiatric—intense anxiety or depression, suicidal thoughts without a medical emergency, a first psychotic episode—the CSU is often the better first stop than a hospital ER.
- **When there is a medical issue** (new neurological symptoms, severe intoxication/withdrawal, injuries, chest pain), **people should go to the ER first or the CSU will send them there.** Staff coordinate bringing back people with mental health needs back to the CSU when safe and appropriate.
- **CSU is for everyone.** Insurance status is not a barrier. The team can link clients to County behavioral health, outpatient psychiatry, therapy, a Crisis Residential Unit (CRU), or shelter resources.
- **Voluntary pathways are real.** Not every CSU visit leads to a 5150 hold. Many people are relieved to find that CSU can help them stabilize, sleep, restart meds, and make a solid plan without losing their rights.
- **The CSU's core job is to answer a pivotal question quickly and carefully**: Does this person truly need psychiatric hospitalization right now—or is there a safer, less restrictive plan that will stabilize them and connect them to the right next step?

- **Least restrictive first.** CSU staff aim to avoid unnecessary 5150 holds and pursue voluntary admissions whenever possible. Holds remove civil liberties, and the team is intentional about preserving a clients' personal agency while staying safe.
- **Reassess often.** With three shifts of clinicians, clients receive multiple, independent assessments in less than a day—often surfacing a better plan.
- **Individualized planning.** Some people just need rest, meds restarted, and a follow-up appointment; others need outpatient stabilization or hospitalization; still others need shelter, safety planning, or stronger in-home supports (IHSS).
- **Trauma-informed care.** Many clients carry deep trauma and may also be living unsheltered. Staff try to meet people where they are—compassionately but with boundaries that protect the unit's safety.
- **Family engagement when possible.** If clients sign releases, staff coordinate with families and outside providers; family involvement, when healthy and available, often improves outcomes.

Skylar Lewis, LMFT (Behavioral Health Clinical Specialist), describes CSU as a "funnel" that routes people to the right next level such as a hospital, outpatient psychiatry, or housing. This emphasizes quick access to a therapist and the qualitative differences between medical and psychiatric assessments. Additionally, for those needing basic care, she states, "We offer them food if they're hungry or if they want something to drink. We offer scrubs if they want to change. Sometimes we wash their clothes for them when their clothes are dirty if they've been out in the streets."

From the CSU, there are several possible next steps including:

- **Discharge to home with a clear plan** (safety plan, expedited follow-up appointments, medication restarts).
- **Voluntary hospital admission** (a growing focus, because voluntary status preserves patient rights and often improves engagement).
- **Involuntary psychiatric hospitalization** at the County's Psychiatric Health Facility (PHF) or partner hospitals in Santa Rosa, Marin, Napa, East Bay, Sacramento, San Jose, or as far as Modesto—depending on bed availability, payer status, and clinical fit.
- **Other community options** such as supportive housing, shelter, or linkage to county behavioral health clinics and case management.

Lewis adds that these options can include a Crisis Residential Unit (CRU). "We have two of those homes in Santa Rosa and they're voluntary and sometimes people just need that stabilization in the short term for up to 30 days. CRUs get people on their medications and help them get stable and determine where they want to go from there."

Emergency Rooms and the CSU have differing yet complementary roles. The ER's mission is rapid medical stabilization; the CSU's is psychiatric stabilization. The CSU also cannot perform certain medical tasks—no in-house lab draws, no IVs, limited wound care, no oxygen for safety reasons—which means anyone with significant medical needs must be cleared or treated in an ER first.

Charge Nurse Fred Lambert explains nurses play a clinical "sentinel" role, constantly triaging medical safety. A patient who cannot ambulate after a head bump goes straight back to the ER; someone with chest pain gets urgent evaluation. Staff have brainstormed ways to pre-empt some ER visits (e.g., arrange faster labs), but current logistics and licensing limits make that difficult.

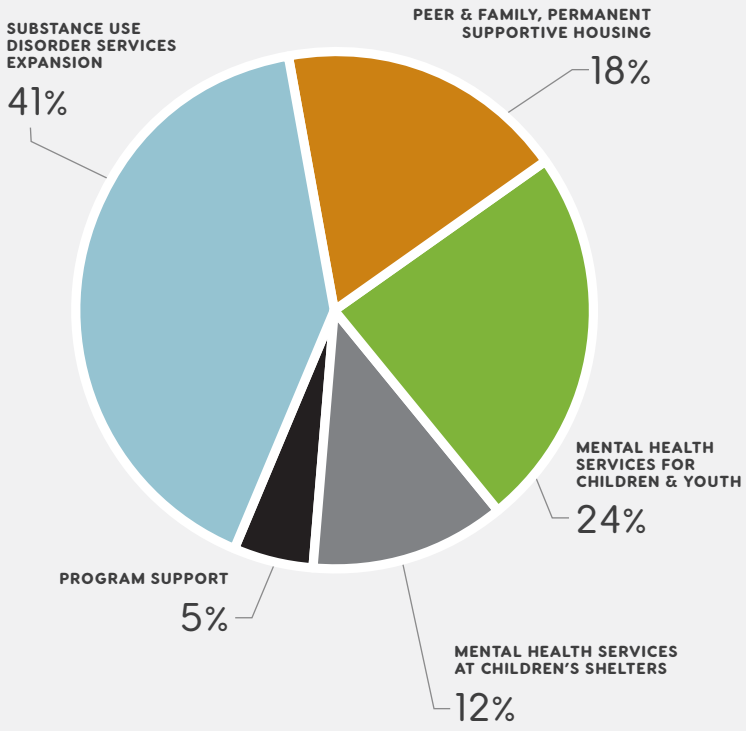
Lambert cites a recent example: "We had a patient who was sent here by a doctor for being suicidal and he mentioned that he had bumped his head. He was using a cane prior, but today he could barely walk with a walker. At that point, I made the decision that he needed medical care, so we sent the patient to the ER and he was admitted. So medical needs come first."

The Crisis Stabilization Unit fills a crucial niche in Sonoma County's crisis-response system: it is the place where time, attention, and multi-disciplinary reassessment can turn a chaotic moment into a safe, thoughtful plan. The CSU's consistent message is simple and human: come as you are; we will meet you there, and we will help you find the next step.

Lobby at Crisis Stabilization Unit

MENTAL HEALTH & SUBSTANCE USE DISORDER OUTPATIENT SERVICES

$3,671,981



*Percentages may not sum to 100% due to rounding

MEASURE O FUNDING

Peer & Family Permanent Supportive Housing $663,144

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.

Women's Recovery Services (WRC) 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
11
TREATMENT STAYS

AT WRC
154
TREATMENT STAYS

MEASURE O FUNDING

Mental Health Services for Children and Youth $886,167

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 embedded with medical services, enabling easy warm hand-offs 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.

MEASURE O FUNDING

Program Support $170,289

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

Valley of the Moon Children's Center

MEASURE O FUNDING

Mental Health Services at Children's Shelters $443,080

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 Center.

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.

467
MENTAL HEALTH SERVICES PROVIDED

MEASURE O FUNDING

Substance Use Disorder Services Expansion $1,509,301

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.

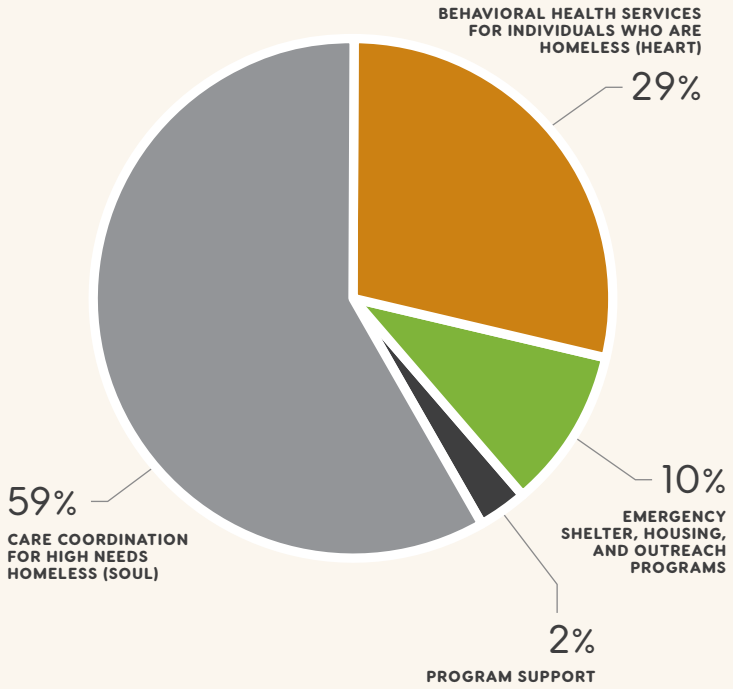
MEASURE O IMPLEMENTATION. The Sonoma County implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) increases access to all levels of substance use treatment, more than doubles the number of individuals currently enrolled in residential treatment programs, and increases residential substance 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 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.

HOMELESS BEHAVIORAL HEALTH CARE COORDINATION

$5,164,950



Percentages may not sum to 100% due to rounding

Behavioral Health Services for Individuals Who Are Homeless

MEASURE O FUNDING **$1,480,992**

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.

SOUL/HEART
250
INDIVIDUALS SERVED

ELIZA'S VILLAGE
56
INDIVIDUALS SERVED

Care Coordination for High Needs Homeless

MEASURE O FUNDING **$3,038,989**

MEASURE O IMPLEMENTATION. **The Keepers.** The SOUL Team (Solving Obstacles for Unsheltered Lives) helps keep people in housing once placed. They make sure people are 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.

GISELLE LAFAYETTE

ALCOHOL & OTHER DRUG SERVICES COUNSELOR

Giselle Lafayette is an Alcohol and Other Drug Services Counselor II who serves as a case manager for people experiencing homelessness, including guests of Eliza's Village. Her style is practical and collaborative. She connects people to services, stays with them through the messy transition, and keeps support in place after they are housed. "It's my job to figure out what someone needs and hook them up," she explains.

She believes progress depends on teamwork across County programs, community partners, and housing providers. Needs rarely fit within one box, so Giselle builds bridges wherever she can. A frequent partner is SHARE (Shared Housing And Resource Exchange) of Sonoma County, which master leases homes and rents out rooms. This can be a good option for clients who can live well with others. For Giselle, the finish line is not a signed lease; the goal is a stable life in the longer term. "It's not enough to get them housed and call it a win. We need to help them be successful in housing." Giselle is quick to add, "Collaboration is the key. Every provider that touches a client with care and services is key to the client's success—no matter what that success looks like. It does take a village and community to bring about that person's healing and success story."

Her stories bring that idea to life. When a Canadian woman in her seventies faced eviction and lacked immigration documents, Giselle drove her to the consulate. They worked out a plan to replace papers and unlock benefits. They also mapped a safe path forward. That kind of help cannot be provided from behind a desk when time is short. Another client arrived straight from jail with untreated mental health needs. Giselle focused first on stabilization. She reconnected the client with therapy and primary care. She helped the client restart medications. She also got the client on to housing waitlists. Three months later, the client held a set of keys. "I'll do whatever I can to help," Giselle says.

Peer support is central in her toolkit. Clients often gain confidence when they learn from someone who has walked a similar path. One client who was connected with peer support, reduced substance use, entered outpatient treatment with medication support, and returned to school. The lesson Giselle takes from cases like this is simple: readiness cannot be forced. "We have to accept the choices people make—even when we can see a path they cannot."

She thinks Eliza's Village works best for people ready to do the work. The clients who show up for appointments, engage with behavioral health, and move through housing steps during their six-month stay usually make headway. When someone declines services or lets the clock run down, she does not chase them. She offers other options and keeps the door open.

Eliza's Village is a steppingstone that lowers barriers and gives people time and structure to rebuild. Success takes coordination and persistence. It also takes a community that can supply missing pieces, whether this is a voucher or a therapist or a ride across town. The people who choose to say yes to their lives do move forward. Giselle thinks of a man she first met on the street who now runs a small staging business. "These people are our best advertisement," she says. She calls on alumni when a new client needs proof that a new chapter is possible.

MEASURE O FUNDING

Emergency Shelter, Housing, and Outreach Programs. $507,913

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.

MEASURE O FUNDING

Program Support $137,056

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

HOMELESS ENCAMPMENT ASSISTANCE & RESOURCE TEAM (HEART) AND SOLVING OBSTACLES FOR UNSHELTERED LIVES (SOUL)

HOMELESS BEHAVIORAL HEALTH CARE COORDINATION

"Think of HEART as the front door and SOUL as the team that guides people through," says HEART Manager Chris Inclán. Both programs sit in the County's Homelessness Services division. Both receive support from Measure O. Together they create a clear path for people from a homeless encampment to a stable home.

"HEART is the Homeless Encampment Assistance and Resource Team," Chris explains. "Its function is addressing encampments and outreach efforts throughout Sonoma County." Much of that work happens in unincorporated areas, yet the teams go wherever people are living outside through collaboration with the various areas of the county. Staff introduce themselves, listen first, and ask a simple question: "How can we help?"

SOUL, Solving Obstacles for Unsheltered Lives, is the specialty team that turns that first contact into housing by embedding workers where people are receiving shelter services. Staff help people secure benefits and health care, and they facilitate voucher searches and lease signings to ensure steady progress. The team also runs a weekly problem-solving meeting with County and community partners to unblock tough cases.

HEART also supports housing sites created through Project Homekey. Some sites offer Permanent Supportive Housing. Others operate as interim shelters. People may recognize places such as Labath Landing in Rohnert Park, L & M Village in Healdsburg, and Studios at Montero in Petaluma. Teams visit sites several times each week. They sit with residents and with onsite case managers. "Sometimes clients just pop in during our hours and say, 'I need help with this,'" Chris says.

Eliza's Village is part of the same network. HEART staff provide case management at Eliza's Village along with the SOUL team. Eliza's Village gives residents time to stabilize and to work on documents, income, and a housing plan. The goal is steady progress toward a place of their own.

A third team, known as HOPE, adds capacity for outreach. This grew from a state grant tied to the Joe Rodota Trail encampment and another encampment near Healdsburg. "That grant ends in June 2026," Chris notes. HOPE mirrors HEART's approach and helps meet demand.

> "What we are really trying to do is move people from the streets into housing so they can have a place to call home."
>
> **–CHRIS INCLÁN**
> *HEART Manager*

Defining these program types helps to clarify what each one does. Permanent Supportive Housing is permanent housing paired with ongoing case management. This support helps a tenant stabilize and remain stable. Interim shelter is short term and non-congregate. A person has a room or a small unit rather than a bunk in a large dormitory setting. Mickey Zane Place, a converted hotel, is one example of this; Labath Landing is another. Residents focus on next steps and then move to permanent housing when ready. The term "transitional housing" appears in older materials but is used less widely today. "Definitions are important," Chris says, because these labels lead to eligibility and funding. The County helps keeps these straight to ensure clients get the right help.

A day in the life of HEART shows how outreach works. A partner flags an encampment. The team goes out to triage and engage people. Some people decline contact while others are ready to talk. Staff check on Medi-Cal eligibility to connect people to primary care, and food benefits, and confirm whether the person is enrolled in Coordinated Entry, the countywide queue to housing resources. "We're not here to harm. We are here to help," Chris says. Staff offer shelter because a roof over someone's head and food in the belly makes everything else easier to handle. Many people initially decline the offer for help. HEART deals with what can still be handled outside, such as replacing identification cards or scheduling medical visits. When an encampment is being cleared, HEART is on hand to help individuals connect to services, matching needed supports to their circumstances.

The Coordinated Entry program is the doorway to most housing options. People enroll, complete an assessment, and receive a score indicating their vulnerability. Programs then use the by-name list—which is constantly updated to track each person's needs and progress toward housing—to match people to openings. "If you are experiencing homelessness, you want to get into Coordinated Entry because that is how you get access to housing resources," Chris says. Permanent Supportive Housing uses this list, as does rapid rehousing, which is a time-limited rent subsidy for people ready to take on a greater share of the rent as their income grows.

This is where SOUL shines. SOUL brings specialty roles to the places where people already receive services. Social services workers help with Supplemental Security Income (SSI) through available assistance programs. An eligibility specialist activates or renews Medi-Cal and other benefits. A housing navigator works with people who have income or vouchers and are close to lease-ready. Alcohol and Other Drug Services counselors address substance use. A hospital-based community health worker helps with safe discharges. A case manager for transitional-age youth focuses on young adults. Many of these staff also hold caseloads at shelters and interim sites. The same person who met a client in a hospital room can be on hand at Eliza's Village. The same person who coached a voucher search can be present for the lease signing.

Each week, SOUL convenes an Intensive Multidisciplinary Team (IMDT) meeting with County programs staff, justice partners, clinics, and local providers. "People bring difficult cases to discuss and everyone works together," Chris explains. If a shelter resident needs a vital document, the eligibility expert jumps in. If someone has a voucher but cannot find a landlord, housing navigation leans in.

These efforts are paying off. In a recent six-month snapshot, staff recorded 791 service connections. The Homekey cohort accounted for 82 of those. More than 80 people experiencing homelessness moved into shelter and 21 secured permanent housing. Behind each number are steps that changed someone's life such as a replaced Social Security card, reactivated CalFresh eligibility, or a set of house keys placed in someone's hand.

The path is not always straight, yet HEART and SOUL is designed for this reality. One team opens the door. Another keeps it open until the person is safely inside. "What we are really trying to do," Chris says, "is move people from the streets into housing so they can have a place to call home."

ELIZA'S VILLAGE

HOMELESS BEHAVIORAL HEALTH CARE COORDINATION

Eliza's Village is an Interim Shelter run by the Society of St. Vincent de Paul of Sonoma County. The goal is to give people experiencing homelessness a safe place to stabilize and a real path to housing. Staff see it as a step up from life in encampments and from earlier stop gaps like the Los Guilicos Village tiny homes that opened during the Joe Rodota Trail crisis in 2020. "Eliza's Village is more sustainable," says Shelter Director Allison Ott. She points to the permanent setting and the steady operations. "Getting housed doesn't happen overnight," she adds. "But with a base of operations, it becomes doable."

The site fills through referrals from County outreach teams, such as Homelessness Services' HEART (Homeless Encampment Assistance and Resource Team) and SOUL (Solving Obstacles for Unsheltered Lives). Hospitals also discharge to the program when a patient would otherwise return to the street. Because the campus sits near Juvenile Hall and a school, incoming guests complete a background check. Capacity is about 80 beds across two dorm buildings. Most days, the census ranges between 50 and 60. Staff consider that a healthy sign because it means people are moving on to housing.

Length of stay starts at six months. Guests who meet regularly with County case managers and follow housing plans can earn up to two extensions of three months each. The aim is to provide enough time and calm to handle tasks that are nearly impossible to manage in a tent. People can replace identification paperwork and restart benefits and address health needs. Those able to work can connect to job programs. The site functions as a base where these efforts fit into a routine.

Daily life is simple. Eliza's Village serves lunch and dinner, along with morning coffee and snacks. Mail arrives at a sister site at Mickey Zane Place and is delivered to the campus five days a week. Santa Rosa Community Health runs a clinic on Tuesdays. A nurse visits on Thursdays to help with medications and basic care. A weekly dual diagnosis recovery group meets onsite and draws steady interest. Staff train in trauma-informed care and harm reduction. The focus is dignity, safety, and practical progress. "If you've been homeless even 30 days, you're likely carrying some PTSD," Ott notes. That can lead to habits like hoarding, which made sense for survival. The team works with guests to adapt those habits to shared space.

The culture balances compassion with clear boundaries. Pets are now allowed indoors after staff advocated to reverse an initial kennels-only plan. "We're not going to be successful if people have to leave their dogs outside all night," Ott

"Seeing someone you've known for years finally move to shared housing or a studio – that's the good part. A lot of the people we see just want someone to listen."

–NANCY MONDRAGÓN GARCIA, *Site Supervisor*

stated. The policy now includes leashes, vaccinations and cleanup, and it operates smoothly.

Substance use is sometimes part of the reality that guests bring with them. The team responds without judgment while keeping the campus drug free. As Ott puts it, "Drugs don't make addicts. Trauma makes addicts." Staff rely on referrals to treatment, including medication-assisted treatment, and on everyday check-ins that keep people engaged. When rules are broken again and again, exits happen. The starting point remains a question. "What can we do to change this?"

Site Supervisor Nancy Mondragón Garcia moved from Los Guilicos to Eliza's Village and has worked with the program for four years. She says the biggest shift is the indoor setting. Requirements are stricter now because of the location and the building type. The overall goal has not changed. Guests run the full spectrum. Some became homeless only recently and exit quickly. Others have cycled in and out for years and carry layered mental health and substance use challenges. Success tends to match a few conditions. People need income or a path to it and credit that landlords will accept. They do best when they pursue sobriety or active treatment and when they meet with their case managers consistently. "We get attached," Nancy admits. "Seeing someone you've known for years finally move to shared housing or a studio – that's the good part." She also sees the value of quiet support. "A lot of the people we see just want someone to listen."

Shelter Coordinator Robin Rugne joined after having worked in detox and residential treatment. She was struck by how calm and orderly the campus feels. She also noticed how much is within reach for guests: health care, housing navigation, and job programs are close at hand. Her view underscores a central truth at Eliza's Village: success comes through joint effort. Staff can organize clinics and counselors, pursue vouchers, and talk with landlords. Yet guests still need to show up to appointments, pick up documents, and keep going when a unit falls through.

Eliza's Village emerged because Los Guilicos stayed open well beyond the intended six-month period and became expensive to maintain. The old site functioned with portable showers and toilets, weathered ramps, and an open perimeter. Security and upkeep were constant challenges. The permanent buildings at Eliza's create stability for guests and staff, and stability invites investment. Guests have landscaped the grounds. They are advocating for a vegetable garden and more art activities. These projects give people something to nurture as they rebuild daily routines.

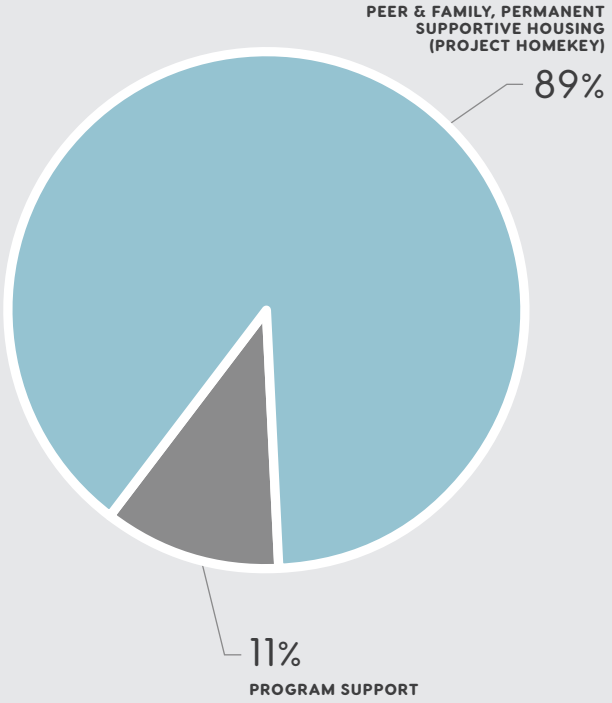
County partners carry much of the service flow. Case managers guide people through Coordinated Entry (a standardized community process that assesses and prioritizes people experiencing homelessness and matches them to available housing and services) so that they are in line for permanent supportive housing when openings come. Partners also help with Rapid Rehousing for those who can take over rent after a time-limited subsidy. Hospital liaisons route people leaving in-patient care to Eliza's Village instead of discharging people to the streets. Weekly medical visits catch problems early. The onsite recovery group offers a place to talk that feels safe. That is especially important for those who are newly sober since the outside environment can be triggering.

Staff are realistic about the barriers. The housing market is tight. Vouchers can be scarce. Some guests live with severe health conditions or untreated mental illness. Many carry deep trauma. For people who spent years in encampments, a lease can feel less safe than what is familiar. The program intentionally uses the word "guest" rather than "resident" to make the purpose clear. Eliza's is a bridge, not a destination.

Even so, steady wins add up. People move to shared housing. A longtime guest secures disability income and signs a lease. A clinic visit catches a problem before it becomes an emergency. A man who has not trusted anyone in years shows up for group each Thursday. "It's a success when they move from here to housing," Ott says. "Not here and then back out on the street." In the meantime, the team focuses on the basics. Clean beds and warm meals. A quiet campus. Eliza's Villages is an open door that leads to help whenever someone is ready to walk through it for good.

TRANSITIONAL & PERMANENT SUPPORTIVE HOUSING

$625,740



*Percentages may not sum to 100% due to rounding

Peer & Family, Permanent Supportive Housing (Project Homekey) $554,541

MEASURE O FUNDING

312
TOTAL BEDS

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). They 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.

MEASURE O IMPLEMENTATION. **Project Homekey** is a California initiative that provides grants to local public entities to acquire and convert properties like hotels, motels, and other buildings into permanent housing and interim housing/shelter for people experiencing or at risk of homelessness. Launched in 2020, the program's goal is to quickly expand housing options, initially as a response to the COVID-19 pandemic, by making it easier for communities to fund housing solutions. In Sonoma County, there are 7 active Homekey sites with two in development and slated to come online in 2026. These include both permanent supportive housing sites and interim shelter sites. Projects include:

+ **Mickey Zane Place**
+ **Elderberry Commons**
+ **Studios at Montero**
+ **L&M Village**
+ **Labath Landing**
+ **Caritas Homes**
+ **St. Vincent de Paul Commons**
+ **Gravenstein Commons** *(in development)*
+ **George's Hideaway** *(in development)*

MEASURE O FUNDING

Program Support $71,199

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

MEASURE O: Behavioral Health & Homelessness Community Solutions Notice of Fund Availability (NOFA)

$4,200,000

In May 2023, Department of Health Services (DHS) and Measure O sponsored the Community Forum on Mental Health, in partnership with the Sonoma County Board of Supervisors. The forum brought together service providers from across the county for a community conversation discussing crisis services, suicide prevention, substance use disorder treatment services, workforce development, and more. Participants were able to provide a myriad of creative solutions to address concerns about the availability and connectivity of services in the county. Along with feedback from the Mental Health Board, the Mental Health Services Act steering committee, and other community surveys, six categories of need in the behavioral health field were identified to serve as the focus areas of this Notice of Funding Availability (NOFA). A NOFA is a public announcement from a government agency that grant funds are available and an invitation to eligible organizations to apply based on specific rules and deadlines.

FUNDING THROUGH THIS NOFA WAS AVAILABLE FOR PROGRAMS AND SERVICES IN THE FOLLOWING SIX CATEGORIES:

- **SERVICE NAVIGATION**
- **STAFFING SHORTAGES**
- **EDUCATION/TRAINING & UPSTREAM APPROACHES**
- **PEER SUPPORT**
- **INDIVIDUAL & FAMILY COUNSELING**
- **CULTURAL COMPETENCE**

On September 23, 2024, the Measure O Behavioral Health and Homelessness Community Solutions NOFA for $4,200,000 was released. DHS invited community-based organizations (CBOs) and local government partners to apply to provide Behavioral Health and Homelessness programming to the residents of Sonoma County to address one or more defined areas of need.

All proposals received were scored on a set of established criteria by a five-member Community Advisory Panel comprised of community members representing behavioral health and homeless services, multiple geographic regions, and historically marginalized communities. The Sonoma County the Board of Supervisors approved the following funding awards on March 18, 2025:

ALDEA CHILDREN AND FAMILY SERVICES

- **Supportive Outreach and Access to Resources (SOAR)** **$500,000**
- **Substance Use Disorder Prevention for Adolescent** **$294,280**

ALLIANCE MEDICAL CENTER

- **Northern Sonoma Behavioral Health Pipeline Project** **$500,000**

CALIFORNIA PARENTING INSTITUTE

- **Supporting Student and Family Well Being through School Based Services** **$499,167**

CATHOLIC CHARITIES

- **Expanded Mental Health Programming** **$499,567**

JEWISH COMMUNITY FREE CLINIC

- **Mental Health Program Expansion to include Children and Youth** **$420,000**

SANTA ROSA COMMUNITY HEALTH CENTERS

- **Street Medicine** **$486,986**

WEST COUNTY HEALTH CENTERS

- **Enhancing the Substance Use Disorder/Mental Health Continuum of Care for Geographically-Isolated Residents in West County** **$500,000**

YWCA SONOMA COUNTY

- **Specialized Counseling Services for Children and Youth** **$500,000**

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