



October 1, 2020

The Honorable Bradford J. DeMeo, Presiding Judge  
Sonoma County Superior Court  
Hall of Justice  
600 Administration Drive  
Santa Rosa, California

RE: Response to the Sonoma County Civil Grand Jury 2019-2020 Final Report

Dear Honorable Judge DeMeo:

Thank you for the opportunity to respond to the Civil Grand Jury Report.

The following is the Department of Health Services' response to the Report titled: **"HOMELESS YOUTH, Sonoma County In Dubious First Place"**.

If you have any questions, or require additional information, please do not hesitate to contact me at 707-565-4777.

Sincerely,

  
Barbie Robinson, MPP, JD, CHC

Director, Department of Health Services  
Interim Executive Director, Community Development Commission

707.565.4777

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cc: The Board of Supervisors  
The County Administrator Bratton  
The County Clerk Deva Marie Proto  
The Grand Jury Foreperson Ronald Chestnut  
Bill Carter, Behavioral Health Division Director, Department of Health Services

# Response to Grand Jury Report Form – HOMELESS YOUTH

## Response to Grand Jury Report Form

Report Title: Homeless Youth

Report Date: August 2, 2020

Response by: Barbie Robinson Title: Director

Agency/Department Name: Sonoma County Department of Health Services

### FINDINGS: F3, F4, F5, F6, F9

I (we) agree with the findings numbered \_\_\_\_\_

I (we) disagree wholly or partially with the findings numbered: F3, F4, F5, F6, F9

\_\_\_\_\_  
(Attach a statement specifying any portions of the findings that are disputed with an explanation of the reasons.)

### RECOMMENDATIONS: R4, R5, R6, R7, R10

Recommendations numbered: \_\_\_\_\_ have been implemented.

(Attach a summary describing the implemented actions.)

Recommendations numbered: R5, R10 have not yet been implemented, but will be implemented in the future.

(Attach a timeframe for the implementation.)

Recommendations numbered: \_\_\_\_\_ require(s) further analysis.

(Attach an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the Grand Jury report.)

Recommendations numbered: R4, R6, R7 will not be implemented because they are not warranted or are not reasonable.

(Attach an explanation.)

Date: October 1, 2020 Signed: Barbie L. Robinson

Number of pages attached: 7 total (cover letter, GJ Report form, Findings and Recommendations

(See attached Civil Grand Jury Response Requirements)

## **Response to Grand Jury Report Form – HOMELESS YOUTH**

### **FINDINGS: F3, F4, F5, F6, F9**

- F3. Because the County lacks a Medi-Cal residential rehabilitation facility for young people with substance abuse disorders, homeless young people who need such treatment are at particular disadvantage.**

**Response: The Department of Health Services wholly disagrees with this finding.**

We disagree with this finding. Sonoma County's Medi-Cal residential treatment facilities serve young people, 18 years and older, with substance abuse disorders (SUD). There are no residential treatment facilities specifically dedicated to young people. While it would be a benefit to develop specialized SUD services for Transition Age Youth (TAY), particularly those who are homeless, it's unclear that residential treatment would be the preferred modality.

Research finds, and local experience supports, that congregate care for this population, which often includes youth with complex needs and challenges experience challenges in such settings. Congregate care mixes youth who have different levels of risk and maladaptive behavior. The result is that lower risk youth adopt the problematic behaviors of higher risk youth. Services that are family and community-based (i.e. not institutional), have the strongest outcomes for youth with SUD and criminal behavior.

- F4. The same substance abuse treatment protocols are being used for youth and adults even though research shows that young people need treatments designed for their particular age and needs.**

**Response: The Department of Health Services wholly disagrees with this finding.**

DHS provides services tailored to young people up to the age of 18. The SUD curriculum for youth in custody in Juvenile Hall is an evidence-based curriculum specifically designed for this age group. Similarly, the Drug Abuse Alternatives Center (DAAC) utilizes an evidence-based curriculum for youth in its outpatient services.

DHS SUD residential programs serve young adults 18 – 25 yrs. While they do not have general programming specific to young adults, all assessments are individualized, taking into account each client's developmental needs.

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- F5. The availability of outpatient mental health service provider appointments that accept Medi-Cal payments is inadequate to serve the number of youths requiring such services; more options are needed for therapeutic resources for children and young adults.**

**Response: The Department of Health Services disagrees partially with this finding.**

The Sonoma County DHS Mental Health Plan (MHP) has met all California Department of Health Care Services (DHCS) network adequacy requirements; however, the totality of community needs for child and young adult mental health services exceeds available resources, as is the case throughout California.

DHS agrees that expansion of youth outpatient services would be valuable. It is a priority of the County to increase mental health resources for youth should additional funding be made available. In November 2020, DHS will know whether or not the Sonoma County Local Mental Health, Addiction and Homeless Services Measure Transactions and Use Tax has passed. This 1/4 cent tax will provide a sustained funding source that will, among other things, support the expansion of the substance use disorder service system. This expansion will be supported by a planning process to be determined, that would include the design of TAY SUD services. In addition, if the measure is passed, the County will be able to contract with providers to deliver Crisis Assessment, Prevention & Education (CAPE) programs and also partner with the Junior College to support programming for TAY.

- F6. The County needs a short-term mental health facility that accepts Medi-Cal payments and serves young people.**

**Response: The Department of Health Services wholly disagrees with this finding.**

“Short-term mental health facility” is a very general term and we are uncertain as to the type of facility the Grand Jury references. Sonoma County DHS short-term mental health facilities, the Crisis Stabilization Unit (CSU), Crisis Residential Treatment (CRT) and transitional housing programs serve TAY, including those who are homeless. The County is also in the process of developing its own 16-bed Psychiatric Health Facility (PHF), and expects to begin operation by 2021, that can also serve this population.

It is unclear that congregate settings specifically for this population would be beneficial or feasible. Research finds that placing youth, with varying degrees of maladaptive behavior, together has negative consequences. Youth with lower levels of risk decompensate further under the influence of peers with more serious disturbance. Indeed, California Department of Social Services (CDSS) policy under Continuum of Care Reform (CCR) is to reduce or eliminate the use of residential care for children and youth. Family and community-based services, such as family therapies and wrap around services for youth in permanent supportive housing hold more promise for effective outcomes.

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- F9. The majority of the County’s efforts related to the homeless youth population focus on providing programs and services to young people already living on the streets, rather than programs to prevent homelessness in the first place.**

**Response: The Department of Health Services disagrees partially with this finding.**

The Department of Health Services (DHS) and Community Development Commission (CDC) recognize the importance of providing services to prevent homelessness, however, we have found that the most effective results for housing are spending dollars on rapid rehousing for youth homelessness. Additionally, the National Alliance to End Homelessness (NAEH) identifies *diversion* as the best method of reducing homelessness in communities. They indicate there are very few evidence based predictors of homelessness and therefore a comprehensive diversion program is the best way of ensuring reduced entries to shelter or services (<https://endhomelessness.org/use-esg-cv-to-help-those-currently-experiencing-homelessness-first-prevention-as-a-back-up-strategy/>).

Unfortunately, funding for TAY housing programs and services has gone down in Fiscal Year 2020-2021 due a decrease in State funding from \$11.5 million in Homeless Emergency Aid Program (HEAP) funds to \$6.7 million in Homeless Housing Assistance and Prevention funding. The CDC is committed to programs that are youth-centered, youth-informed, and grounded in permanent housing solutions with trauma informed care and is recommending establishing a Youth Action Board (YAB) in 20-21.

DHS does not agree that behavioral health services are focused on individuals who are homeless. Mental health services are available and utilized by young adults who are at-risk of homelessness, but are not homeless. Reducing transition to homelessness is one of the primary targets of DHS’ Full Service Partnership and outpatient service programs.

### **RECOMMENDATIONS: R4, R5, R6, R7, R10**

- R4. Sonoma County Department of Health Services contract with an existing in-County residential addiction treatment facility to set aside a small number of beds for youth, by February 28, 2021. (F3)**

**Response: The recommendation will not be implemented because it is not warranted.**

The existing treatment beds available in the County are available to both youth and adults. DHS prioritizes the development of permanent supportive housing alternatives augmented by mental health and SUD services, given research that highlights problems associated with residential treatment for this population. Therefore, setting aside beds specifically for youth is unnecessary.

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DHS will convene a stakeholder workgroup before February 28, 2021 to define strategies to better understand behavioral health needs, complete a mapping of Sonoma County SUD Services and SUD Service System Planning process. Planning will integrate community input, local data and research information to outline a recommended SUD service system. This planning process will include the development of recommendations for services needed by the TAY population who have substance use disorders.

- R5. Sonoma County Department of Health Services establish a drug and alcohol program specifically designed to treat youth with substance abuse disorders, by February 28, 2021. (F4)**

**Response: The recommendation has not yet been implemented, but will be implemented in the future.**

By February 28, 2021, DHS Behavioral Health Division will complete a mapping of Sonoma County Services and SUD Service System Planning processes, including timelines. Planning will integrate community input, local data and research information to outline a recommended SUD service system. This planning process will include the development of recommendations for services needed by the TAY population with substance use disorders.

The Department expects to implement age-appropriate treatment protocols by June 30, 2021.

- R6. Sonoma County Department of Health Services staff a department with a sufficient number of Behavioral Therapists to meet the demand for Medi-Cal mental health services in the homeless youth population, by February 28, 2021. (F5)**

**Response: The recommendation will not be implemented because it is not warranted.**

DHS staffing and contract services meet current state requirements for Medi-Cal Mental Health plans (MHP's). Current revenues are not adequate to support new service development at this time. However, future system development will include programs and resources specifically tailored to the young adult population. DHS has initial plans, for example, to reinstitute mobile crisis response to local high schools and alternative settings, and invest in increased mental health services at Santa Rosa Junior College.

Additionally, Sonoma County is participating in Governor Newsom's 100-day Challenge to design and develop bold solutions to house homeless individuals in the county, focusing on TAY from ages 18 to 24.

- R7. If it is safe to do so, Sonoma County Department of Health Services set aside a small number of beds for unaccompanied youth in the new short-term mental health facility in Sebastopol, by December 31, 2020. (F6)**

**Response: The recommendation will not be implemented because it is not warranted.**

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A Psychiatric Health Facility is slated to open in spring of 2021 at the former Valley of the Moon facility in Santa Rosa. The Sebastopol site was determined not to be suitable. We do not believe that we will need to set aside a dedicated number of beds for youth in the PHF facility. We currently have access to short-term beds within the County and the PHF will expand the capacity in the behavioral health system. There is no evidence that there is a need to specifically set aside resources for this population. We believe the system will have capacity to serve youth in need of services.

**R10. Sonoma County Department of Health Services conduct outreach to the local medical community to encourage the use of the PEARLS assessment tool and provide them information about County programs available to assist children who have experienced serious trauma, by February 28, 2021. (F9)**

**Response: The recommendation has not been implemented, but will be implemented in the future.**

The Pediatric Adverse Childhood Experiences (ACEs) and Related Life-Events Screener (PEARLS) is a highly regarded instrument. By February 28, 2021, the Department will share information about PEARLS and provide information about the programs offered by the Department to those in our local medical community.

The Department has already actively incorporated ACEs into our Public Health Field Nursing service model. In fact, our Field Nursing team was invited to present their enhanced service model that incorporates ACEs and trauma-informed care to the 2018 National ACEs conference in San Francisco. Our nurses continue to use a trauma-informed approach to optimize health and well-being for high-risk pregnant women and families with children up to age 5. Additionally, the team educates each mother (and available partner if co-parenting) on brain development, an ACEs questionnaire, and discuss resilience building practices. The Public Health Nurse Case Managers provide health promotion information/education and linkages to needed resources based on individual service plans. The intent is to positively impact the health and well-being of the most at-risk families in our community. Since adopting the new model approach in 2018, Field Nurses screened 78% of their postpartum clients for depression, with 52% of these clients testing positive and subsequently referred to mental health services.

Recognizing the importance of this service model, DHS' Nurse Family Partnership Supervising Public Health Nurse provides an overview of ACEs and its application to health during all DHS new employee mandatory orientations.