



## Grand Jury Investigative Report

### MENTAL HEALTH CARE FOR THE HOMELESS: WHO CARES?

#### **SUMMARY**

Drive down dozens of busy thoroughfares in Sacramento County, and you can't miss them.

Men and women, exhausted and defeated, huddled on curbs or jammed into makeshift encampments.

With no home and no immediate future, many numb that jarring reality with drugs or drift toward psychosis.

There are the mothers who hide among the bushes or in neglected cars, shielding their children from the angry streets. To stay awake at night some of these moms ingest methamphetamines, to protect their children who sleep awkwardly in crowded back seats.

Homelessness in Sacramento County has ballooned 253% in the last five years — some experts even contend that number is far too conservative. Among the nearly 10,000 men and women who sleep on the streets each night, between 50% - 80% suffer from a mental illness and/or substance abuse.

Who are these homeless people relentlessly tormented by mental illness or drug abuse? How do we fix this epidemic among our unhoused men and women?

The County of Sacramento, aided by funding from local, state, and federal sources, holds the major responsibility for the treatment of the homeless mentally ill and drug abusers.

The 2022-23 Sacramento County Grand Jury, after a months-long investigation, found the County's overall strategy to tackle this responsibility largely ineffective, scattered, and wanting better leadership. Despite millions of dollars, multiple programs, and an almost endless array of boards and commissions, mental illness and substance abuse among the homeless continues to proliferate.

Instead of meaningful progress, the Grand Jury's investigation observed political infighting among County and City of Sacramento officials, minimal coordination, and very few measurable goals and outcomes. Most glaring of all, the Grand Jury noted the absence of a comprehensive, collaborative strategic plan among the County and its seven incorporated cities to reduce homelessness and treat the mental illness and substance abuse that abounds within the Countywide homeless community.

As its investigation into homeless mental health and substance abuse unfolded, the Grand Jury realized that any findings and recommendations needed to encompass the entire system of service delivery. The system includes the stakeholders, the quality of mental health care and substance abuse programs, housing, resources and program coordination. Other critical considerations include the strategy, metrics and goals, communication, transparent access to reporting of funds and expenses, and accountability. Without such a focus, no significant improvement can be realized because successful service delivery is dependent on each part of the system flourishing together.

As the Grand Jury proceeded with its investigation, it was reminded of a favorite quote often used by the late, great UCLA basketball coach, John Wooden: "Never mistake activity for achievement." Just because dollars are flowing, boards are meeting, and new policies are being introduced doesn't guarantee substantive progress is being made.

When it comes to the battle to conquer mental illness and substance abuse among the homeless, the County is clearly "active." Lots of meetings. Lots of plans. Lots of public concern. Real achievement, however and unfortunately, remains an illusion.



## **METHODOLOGY**

The Grand Jury spent many hours reviewing documents, searching for helpful data, interviewing people, and visiting locations.

Documents – more than one hundred were reviewed:

Difficult searches for Information on the County web site, often without finding what should be available.

- Media articles (Opinion pieces used only when facts could be verified.).
- Web searches for information on how others in the country are addressing these issues.
- Fifty-three links to information provided by various entities.

Interviews – 22 in all:

- Elected officials.
- County department leaders and staff.
- Administrators of nonprofit entities.
- Law enforcement.
- Clinicians who provide care.
- Outreach staff.

Direct Observation - through site visits that included:

- Full-Service Partnership site.
- Community Outreach Recovery Empowerment (CORE) site.
- Sobering center.
- Homeless encampment.

## INTRODUCTION

The road to homelessness is filled with variables and yet is remarkably consistent but complicated. To understand the mental health and substance abuse crisis in the homeless, we must recognize their journey from stability to homelessness is a multi-step process including:

- Living paycheck to paycheck.
- The loss of a job.
- Inability to pay bills.
- Reliance on food banks, etc.
- Repossession of the car.
- Electricity and gas shut down.
- Finally: eviction.

These experiences don't necessarily occur in this order, but they are remarkably consistent events in the life of a person forced to live on the street. Most of these losses are often accelerated by alcohol and/or substance abuse and some mental health impairment.

Mental health and substance abuse are huge factors in the homeless dynamic. Between 50-80% of the homeless are faced with one or both issues. The most common afflictions are post-traumatic stress disorder (PTSD), depression, anxiety, and a small number with psychosis.

Appropriate mental health treatment for the homeless requires a roof where a substance free stable environment can be assured and proficient mental health treatment can be provided. Government rules and regulations that restrict the ability to provide that roof have not resulted in a decrease in homelessness.

Often overlooked to successfully address mental health and substance abuse issues are issues, seemingly unrelated but directly contribute to these problems. The City, and the County in particular, have made several decisions that have made the problems worse. Some glaring examples include:

- The large inventory of multiple trailers and tiny homes sitting vacant.
- The recent attempt to close the Miller Park encampment despite its success in providing basic services and getting people off the sidewalks.
- The closing of the Bannon Island camp near Discovery Park, where elderly homeless were displaced without alternative housing.

The Grand Jury began its investigation with a narrow focus on mental health issues. The relationship between mental illness and substance abuse became clear as the investigation progressed. It is apparent that government action - or inaction - has had a broad impact. The homeless population has increased along with mental health and substance abuse problems. Only treating those who are ill is not enough.

## **DISCUSSION**

### Stakeholder Engagement

Simply put, there are too many boards, committees and subcommittees that are stakeholders in the Sacramento County arena. Community leaders meet while the people living on the street wait. While they wait, their problems worsen. There are more tents on the sidewalks, higher rates of mental illness and drug use, and increased numbers of the homeless, especially women and children.

There are too many stakeholders presumably trying to solve the mental health and substance abuse crisis among the homeless. The Grand Jury identified at least 30 boards, committees, agencies, and entities with hundreds of individuals that include staff, elected officials' appointees and volunteers.

Most entities have members that are elected officials or their appointees. Lots of boards, lots of committees, lots of staff – more mentally ill and/or drug addicted homeless men and women. The problem is worse.

The most important stakeholder? The homeless themselves. There have been many who participate in planning who say they speak for the homeless. The Grand Jury investigation could not find any actual homeless people who were provided with a way to give formal feedback about how they got there and what it would take to get them back home.

### Strategy

A Homeless Action Plan was developed by the former Department of Homeless Services and Sacramento Steps Forward (SSF) and approved by the Sacramento County Board of Supervisors (BOS) in 2018 with total funding of \$7.8 million over 4 years.

A Gaps Analysis with a strategic plan proposed by SSF and the Continuum of Care (CoC) Board was approved by the Sacramento County Board of Supervisors (BOS) on June 28, 2022.

There were few people interviewed during the investigation that had any knowledge of the existence of these plans or of the specific strategies they contained. The plans emphasize their check-in with stakeholders in the community. Few of them were aware of these plans or their role in implementation. Nearly all of those interviewed were supportive of a comprehensive plan to address these issues.

There is a perception by those who participate in the multiple advisory boards established by the County, some mandated by state or federal government, that they only serve as a stamp of approval for whatever the County and its contracted entities propose. This perception, as opposed to a ground-up involvement in the development of strategies by the various entities represented on these boards and committees, is disheartening to community participants.

Fragmentation of efforts occurs as multiple entities pursue the same strategies, redundantly using up precious resources. There are many dedicated, selfless people who work hard to make a difference. They include most of those who are employed or volunteer in the organizations listed above. They are working hard yet not achieving positive County wide measurable results.

There are models of successful strategic plans that provide care to the homeless in California and across the nation. There is no need to start from scratch.

The California State Association of Counties recently published a template for homeless strategic planning. These include the City of Riverside in California and San Antonio in Texas. They all have a process to bring together essential stakeholders to determine and coordinate the best strategies and tactics to tackle these problems.

Lack of stakeholder engagement in strategic planning results in poor accountability and inability to achieve goals.

A recent meeting of several stakeholders resulted in the announcement of aggressive outcome goals for homeless programs. These goals are laudable but fall short of the creation of a strategic plan with the resources to implement. Perhaps these actions are a sign of real progress.

#### Quality of Mental Health Care, Substance Abuse Programs, and Housing

Between 50% and 80% of homeless people have mental health conditions and/or substance abuse issues. "People experiencing homelessness die on average at age 50 years – 27 years sooner than the average person in the US," according to an article in the Journal of the American Medical Association.

#### Tracking Progress

It is extremely difficult to assess the quality of mental health care that is provided to the homeless. The simple reason - it is not tracked in Sacramento County.

Process measures are used to assure that certain tasks are accomplished in the process of care, while outcome measures are used to determine if the care provided was effective.

County Behavioral Health Services (BHS) monitors process issues in mental health treatment programs. These measures are not tracked by homeless versus other clients. This is also true for the Sacramento County Mental Health Center (SCMHC), the facility for acute inpatient mental health care.

There are few if any outcome measures for mental health treatment being monitored by the County, either for care provided by the County or for care provided by contracted nonprofit provider organizations. There is no determination specifically for the homeless.

The lack of outcomes data, especially for the homeless, does not allow for an assessment of effectiveness. In several interviews, it was pointed out that treatment for substance abuse is hindered unless the client is in a substance free environment. Very few of the housing programs

have this requirement, and many specifically prohibit a requirement for a clean and sober environment as a qualifying criterion for housing support funding.

#### Care Delivery:

The County is responsible for all the mental health care and substance abuse treatment provided to County residents. This excludes those with private health insurance who must seek care with their health plan. Patients eligible for County benefits with mental health diagnoses categorized as mild or moderate receive treatment from contracted provider organizations or Medi-Cal Managed Care Plans. The County provides direct care to those with a diagnosis of severe and/or acute mental health issues when patients are at risk to harm themselves or others.

The services provided by the contracted provider organizations include program navigation, administrative assistance, and treatment for mental health and substance abuse issues.

County Homeless Engagement and Response Teams (HEART) and Sacramento Police Department IMPACT Teams, homeless outreach teams in the County and City, respectively, have been established to personally engage with those living in encampments and shelters. The teams consist of a navigator, mental health professional, peer counselor, and support staff. They do their best to provide services where the homeless reside. The HEART teams have been hampered by lack of coordination and communication with other agencies, especially law enforcement. The HEART teams are not fully staffed. The plan is for five HEART teams, but progress is slow. The current IMPACT team has difficulty in meeting the needs of those they engage.

The outreach teams are directed by the program administrator to go where the need is greatest. The Grand Jury discovered that elected officials, at times, direct the activities of the outreach teams based on constituent demands and complaints. This is despite the acute need for outreach team services in other locations.

An important feature of any mental health system is the ability to obtain an appointment in a reasonable time period. This is especially true for those with mental health challenges who are homeless. Our investigation shows that often, after intensive efforts by outreach teams to gain trust and for a person to commit to engagement with treatment, the time until appointment exceeds two weeks, and many times up to a month or more. During this interval, the commitment to engagement by the client often wanes, and the commitment to seek an appointment vanishes. An opportunity is lost.

The County has approved and is proceeding with the construction of the County Mental Health Rehabilitation Center, a step-down facility, with 64 beds, in addition to 30 acute mental health inpatient beds at SCMHC. This falls far short of the estimated need by the County for 251 such beds, documented in a RAND study in 2022. The County closing of multiple acute mental health beds in the past has had dire consequences for access to appropriate care by those most in need.

### Administrative Barriers:

While this report focuses on mental health care and substance abuse for the homeless, housing is an important factor. An additional barrier to better mental health and substance abuse outcomes is the housing application process. Clients may be required to go to DMV to obtain a valid ID, but they have no transportation. They must document a permanent address they don't have, produce a birth certificate, and obtain other documents that may be required, but which are frequently lost in the decline to homelessness. Another obstacle may be the battle to escape an eviction history. They must leave their belongings and go to various locations to build this paper foundation, risking loss or destruction of what few things they possess. All of this prolongs the time they remain homeless, and increases the risk they will remain so.

### Coordination of Resources and Programs

In the face of a raging mental health crisis among the homeless population in Sacramento County, no accountable party has emerged to coordinate the abundance of resources available to County decision-makers. Minimal, if any, collaboration exists among County leaders, employees, or providers.

With millions of dollars available to manage the momentous task of appropriate treatment for mentally ill homeless men and women or those locked in the desperate jaws of substance abuse, the County's approach seems clumsy and inefficient. As the crisis proliferates, the County's public response fails to match its intensity.

Providers of clean-and-sober transitional housing can provide documentation of successful programs but are denied state and federal funding while the county does little to support their efforts. The County Mental Health Board (MHB), charged with the review and evaluation of the County's mental health needs, do not have their recommendations acted upon directly by the Board of Supervisors. This uncoordinated approach fails to produce meaningful results.

Funds from the state's Homeless Housing and Assistance Prevention 3 (HHAP-3) program are not transparently allocated for services and are not tied to best performance or outcomes. Funds from the Mental Health Services Act (MHSA) are governed by a separate board that rarely communicates with the MHB or the CoC. Hospital emergency departments house homeless mental health patients for days — and sometimes weeks — while they wait for mental health bed capacity to open due to a severe shortage of inpatient and step-down unit beds.

Not surprisingly, politics sometimes interferes. Deployment of outreach service teams to homeless encampments are often determined by those elected officials whose constituents complain the loudest rather than where the highest need for services reside. Those same outreach teams, whose mission is to earn the trust of the homeless encampment residents, are often undermined when the encampments are targeted for clearing with little or no notice from law enforcement, especially when cleared by the Sacramento County Sheriff's Department.



The County contracts out more than 90-percent of its homeless mental health and substance abuse services, but typically in only one-year time frames. Such short terms create instability in relationships between County employees and providers, and fosters the notion the County is pushing its administrative costs to the providers.

If the adage, “show me your budget, and I’ll tell you what you value,” is true, the County’s general fund budget is not subtle: in the 2022 – 23 County budget, 4.9 -percent of \$529.9 million in funds to support mental health is provided directly by the County.

Think what a difference could be made for the taxpayers, the staff, and the homeless if the money available from all sources was allocated in a way that made the greatest difference to solve the problem. If all these entities could put aside their silo thinking, invest in coordination, relate to each other productively in search of solutions, then they can make a difference in mental health for the homeless.

#### Innovation in Mental Health Services for the Homeless

The homeless have many needs. What will work for some groups may not work for others. This is an expensive undertaking, which cost hundreds of millions of dollars, \$529.9 million for mental health care alone in Fiscal Year (FY) 2022/23. The amount specifically directed to homeless mental health services could not be determined.

Treatment and prevention for mental illness and substance abuse issues are not one-size-fits-all. Many solutions have been tried or are being formulated, such as wrap-around services, outreach services, one stop shops (such as, Community Outreach Recovery Empowerment, known as, CORE), mobile treatment services (treat them where they are), sobering locations, transitional housing, and Housing First.

Innovative programs can be found. For instance, the County has the Crisis Receiving for Behavioral Health (CRBH) referred to as “the crib.” This is a voluntary short-term program that is staffed 24/7 with health care professionals who provide short term recovery and recuperation from the effects of alcohol or drug intoxication. Some are homeless, and this provides a brief respite from the challenges of their lives.

Freedom to innovate helps to address complicated problems. But, innovation is often difficult in bureaucratic organizations. Best practices across the country have been developed and could be applied in Sacramento County. Fostering innovation within and among County entities may provide a way forward for some of the mental health and substance abuse problems associated with homelessness. Organizations that succeed exhibit the courage to innovate.

#### Improved Communication Among Agencies and Entities

“Alone, we can do so little; together we can do so much.”– Helen Keller.

Successful engagement, enrollment, diagnosis, and provision of homeless mental health and substance abuse services to the homeless will take collaboration and improved communication between law enforcement and the service providers. Law enforcement is responsible for clearing

homeless encampments while several different organizations provide outreach and these vital services to the men, women, and children who live in those encampments.

When one agency acts without coordination and collaboration with the other, the unintended consequences can be severe. For example, a service provider was working with unhoused individuals in an encampment and the next day the encampment was notified it was being cleared by law enforcement. This led the unhoused individuals to believe the service provider reported the encampment to law enforcement and the unhoused individuals refused future services. Their trust had been broken. Better communication may have avoided the loss of needed services for this group.

Other examples include the lack of referral to the CRBH by County agencies. As a result, those who are inebriated or high in public, but pose no other threat, are arrested and jailed, which results in increased health risk and high cost of incarceration as opposed to these alternatives.

The paltry rates of referral to the Acute Intake Center at SCMHC is another lost opportunity to manage people with acute mental health and substance abuse with an option besides incarceration to protect the public.

Whether this is lack of communication between service organizations and law enforcement, or by leadership in law enforcement to patrol officers, it is still a lack of communication.

Communication between entities does not occur at a level that influences the allocation of resources. We could find no instance where leadership in the MHB, the CoC, the MHSA Board, BHS, and Law Enforcement, ever met together to plan how to marshal and coordinate resources in support of the homeless to resolve their mental health and substance abuse problems. The same is true, until recently, of the political leadership of the County and other cities in the region.

Communication among County departments responsible for homeless mental health and substance abuse care and to outside agencies was anemic. The people in these roles are passionate and want to make a difference, but they want to do it their way. To break down the silos that exist in this sphere may improve mental health and substance abuse outcomes.

Improved transparency of communication in all facets of the programs to resolve the homeless mental health and substance abuse crisis in Sacramento County is likely to improve the trust of the community in our government to effectively address this issue.

#### Transparent Access to Reporting of Funds and Expenses

The Grand Jury could not uncover any transparent report that showed where this \$529.9 million was being spent. Instead, this information is embedded in the budget which makes it difficult to determine where the funds are being allocated.

In information provided in the Behavioral Health Services FY 2022-23 Budget Overview, the total Sacramento County mental health funding for FY 2022-23 is \$529.9 million, as shown in the table below. Funding sources for Behavioral Health are available at a high level but there are no reports that show where these millions are being spent.

<b>Behavioral Health Services Budget Overview FY22/23</b>	
Revenue Source	Revenue (Rounded in millions)
Realignment	\$165.2
Medi-Cal	\$139.1
State General Fund	\$7.6
Mental Health Service Act	\$145.8
County General Fund	\$10.9
System Partners and Grants	\$62.6
<b>Total</b>	<b>\$529.9</b>

Sacramento County government websites have little data available that allow taxpayers and decision makers to evaluate efforts to reduce homelessness or to judge the effectiveness and efficiency of mental health and substance abuse programs.

A good example that might be useful to identify specific allocations of funds relating to homeless mental health in other counties, including one being used by Yolo County. The following table specifically illustrates the sources and uses of funds being allocated towards the reduction of homelessness.

<b>Supportive Services</b>		
<b>\$6,361,075.40</b>		
<b>700 Individuals served in CY2020</b>		
Contract	Amount	Funding Source
Yolo County Children's Alliance	\$50,000.00	CESH
Yolo Wayfarer Center (Fourth & Hope)	\$75,000.00	CESH
Yolo Wayfarer Center (Fourth & Hope)	\$82,454.40	CESH Round 2
CommuniCare Health Centers	\$91,099.50	HDAP
City of Davis	\$67,304.35	Pathways to Employment
Interfaith Rotating Winter Shelter	\$11,131.83	HEAP
Resources Independent Living	\$36,521.74	HEAP
Yolo County Children's Alliance	\$41,379.31	HEAP
A1 Protective Services LLC	\$197,142.86	Project Roomkey
Allied Universal Security Services	\$220,000.00	Project Roomkey
CommuniCare Health Centers	\$1,091,172.70	Project Roomkey
Empower Yolo Inc.	\$254,514.00	Project Roomkey
Turning Point Community Programs	\$368,945.74	Project Roomkey

Metrics and Goals

The Grand Jury could not obtain reporting specific to homeless patients and was unable to identify any specific metrics for homeless service outcomes.

As a standard practice, mental health providers typically submit process metrics as part of the contract management system, and they are well tracked. These reports are robust and are key to maintaining the quality of documentation provided by non-profits with whom the County contracts.

It was less apparent whether such data collected related to services provided by Medi-Cal Managed Care Plans, which provide mild and moderate mental health services to patients for whom the County is required to care.

The accumulation of this kind of outcome data is not a new phenomenon. In 2003, the U. S. Department of Health and Human Services developed core performance measures for homeless data tracking that could be adopted for County planning. These are useful today and easily obtained.

It is essential to specifically define achievable goals on a regular basis that are assessed and updated. Transparency is provided when key metrics are regularly updated and published.

#### Accountability

Accountability for the mental health and substance abuse programs in the County homeless population is lacking. While great sums of tax dollars are expended, the results are disappointing when large homeless encampments persist. A high number of homeless have mental health and/or substance abuse issues, and yet, integrated and coordinated treatment remains inadequate.

The County retains control over most mental health funding for the cities and the unincorporated areas of Sacramento County. They contract with many non-profit providers for approximately 90% of these services which makes it difficult to coordinate and focus on results. County programs often work in “silos” and are focused more on process rather than outcomes. Interviews with service providers conducted by the Grand Jury reflected their frustration that they were frequently stymied by the County and other government bureaucracies.

There is also a disconnect among County elected leaders, senior staff and those providing services. There are five co-equal County supervisors vying for political points with city leaders criticizing County inaction, which makes it difficult to hold specific people publicly accountable for results.

Authoritative, focused coordination of the resources of all stakeholders is desperately needed in the administration of mental health and substance abuse homeless programs. Successful administrative models within the County that have implemented this strategy include the Executive Director position of Sacramento Regional Transit and the Deputy County Executive position for Public Safety and Justice.

Under normal conditions, the treatment of mental health and substance abuse issues is extraordinarily difficult, but deeply compounded for the unhoused. More than 50% of the homeless population suffers from mental illness and/or substance abuse.

The following recommendations are not the ultimate solution to the problem. The Grand Jury is hopeful they ideas to improve service delivery and results.

**FINDINGS:**

- F1:** The current fragmented system of homeless services fails to serve the homeless and their mental health and substance abuse challenges nor the Sacramento County community and its taxpayers.
- F2:** The County lacks a comprehensive strategic plan to include the mental health and substance abuse issues that face the homeless.
- F3:** The current strategic plan, the Homeless Action Plan published by SSF, has not been successful in addressing the mental health and substance abuse needs of the homeless because goals are not quantified, accountability is not assigned, and performance is not monitored.
- F4:** The County does not have a senior executive position that holds budget and policy implementation authority for all homeless services provided in the County, including mental health and substance abuse programs.
- F5:** Lack of measurable process and outcome metrics correlated with funding and expenses of homeless mental health and substance abuse programs has resulted in lost opportunities to fund those programs that demonstrate the most success.
- F6:** Lack of transparency in financial reporting of mental health and substance abuse services and access to other funding for the homeless is not publicly available and reduces public trust.
- F7:** There are too many boards, committees, and government entities which create waste and redundancy in the planning and distribution of mental health and substance abuse treatment resources.
- F8:** Mental health and substance abuse issues among the homeless are aggravated by poor government planning.
- F9:** The outreach teams (County HEART teams, Sacramento PD IMPACT Team) are poorly supported and understaffed which results in lost opportunities to positively engage the homeless to accept mental health and substance abuse treatment and other services.
- F10:** Poor communication between law enforcement and outreach teams erodes the trust of and negatively impacts the mental health of the unhoused population.
- F11:** There is a shortage of mental health professionals which continues to exacerbate the inability of the County to meet the need for mental health services for the homeless.

## RECOMMENDATIONS:

- R1:** The County should complete a comprehensive strategic plan to address homelessness by July 1, 2024, to improve mental health and substance abuse services for the homeless, to include timelines and measurable goals and objectives, building on The Homeless Action Plan, using templates and examples from other communities and organizations such as the California State Association of Counties.
- R2:** The County should immediately begin to develop and implement an interim plan that incorporates all or some of the recommendations in this report and will result in measurable improvement in the delivery of mental health and substance abuse services in the short term.
- R3:** The County should appoint a new Deputy County Executive position by January 1, 2024, that holds budget and policy implementation authority for all homeless services provided in the County, including mental health and substance abuse programs, and to the extent possible, authority over other governmental entities.
- R4:** The County should dedicate funds in the 2023-2024 budget for innovative solutions that may not be supported by the County's flow of external funding (Ex: more CRBH sites, outreach teams, substance free transitional housing, board and care facilities).
- R5:** The County should immediately begin a process to establish and track outcome data related to the treatment of mental health and substance abuse for the homeless.
- R6:** The County should track funding and spending specific to support homeless, including treatment for mental health and substance abuse, and post this information at least quarterly on the County website in a manner that is easily accessible to the public by the end of 2023.
- R7:** Elected officials should immediately take a more active role to lead, coordinate, and consolidate various advisory boards and committees to assume direct accountability for improved outcomes in mental health and substance abuse prevalence and result in a reduction of duplicate efforts, administrative costs, and inefficiency.
- R8:** Sacramento County should immediately fully staff a total of six HEART teams and the City of Sacramento should immediately establish at least two additional IMPACT Team within Sacramento PD to increase engagement with County and City homeless encampments and improve access to mental health and substance abuse treatment services.
- R9:** Law enforcement should communicate at least weekly with all outreach teams to collaborate in decisions as to which encampments to clear and when, and post this information on a shared web site to increase the trust of the homeless and support offered by outreach teams.
- R10:** A communication plan should be developed to timely inform all stakeholders and staff of goals, actions, and events related to planning and execution of homeless mental health and substance abuse services.

**R11:** The County should continue to improve incentives and hiring of mental health professionals to meet the demand for mental health services in the County.

### **Required Responses**

Pursuant to Penal Code sections 933(c) and 933.05, the grand jury requests responses as follows:

From the following governing bodies of a public agency within 90 days:

The Sacramento County Board of Supervisors  
County Administration Building  
700 H Street, Suite 2450  
Sacramento, Ca 95815

The Sacramento City Council  
City Hall  
915 I Street, 5th Floor  
Sacramento, CA 9581

From the following elected official within 60 days:

Jim Cooper, Sheriff  
Sacramento County  
4500 Orange Grove Avenue  
Sacramento, CA. 95841

### **Invited Responses**

Ms. Ann Edwards,  
County Executive of Sacramento County  
700 H Street, Room 7650  
Sacramento, CA 95814

Ms. Bobbie Singh-Allen, Mayor,  
City of Elk Grove  
8401 Laguna Palms Way  
Elk Grove, CA 95758

Mr. Howard Chan,  
City Manager of City of Sacramento  
915 I Street  
Sacramento, CA 95814

Mr. Jay Vandenburg, Mayor  
City of Galt  
380 Civic Drive  
Galt, CA 95632

Ms. Cathy Lester, Chief of Police  
Sacramento City Police Department  
5770 Freeport Boulevard  
Sacramento, CA 95822

Ms. Rosario Rodriquez, Mayor  
City of Folsom  
50 Natoma St.  
Folsom, CA 95630

Ms. Chevon Kothari,  
Deputy County Executive, Social Services  
700 H Street, Room 7650  
Sacramento, CA 95814

Ms. Porsche Middleton, Mayor  
City of Citrus Heights  
6237 Fountain Square Drive  
Citrus Heights, CA 95621

Ms. Linda Budge, Mayor  
City of Rancho Cordova  
2729 Prospect Park Drive  
Rancho Cordova, CA 95670

**Mail or deliver a hard copy response to:**

The Honorable Michael Bowman  
Presiding Judge  
Sacramento County Superior Court  
720 9<sup>th</sup> Street  
Sacramento, CA 95815

**Please email a copy of this response to:**

Ms. Erendira Tapia-Bouthillier  
Sacramento County Grand Jury Coordinator  
*Email: [TapiaE@saccourt.ca.gov](mailto:TapiaE@saccourt.ca.gov)*



**2022 – 2023 Grand Jury of Sacramento County**