

County of Sacramento

Recovery Plan Performance Report



State and Local Fiscal Recovery Funds 2022 Report





County of Sacramento

2022 Recovery Plan

TABLE OF CONTENTS

Table of Figures.....	3
Executive Summary.....	4
Uses of Funds.....	6
Promoting Equitable Outcomes	12
Community Engagement	17
Labor Practices.....	18
Use of Evidence.....	19
Performance Report.....	20
Project Inventory	21
Landlord Engagement and Assistance Program	22
Social Health Information Exchange	23
Community Nursing Encampment Unit Pilot.....	24
Community Nursing Children and Families Unit.....	27
Encampment Management Information Tracking Database	29
River District Navigation	30
Mirasol Village Block D.....	31
Water Distribution to Homeless Encampments	32
American River Parkway Sheltering Supports	33
Coordinated Access System Enhancement.....	34
Mather Community Campus Master Plan	35

Homeless Encampment Sanitation Services.....	36
Florin-Power Inn Road Safe Stay Community.....	37
Substance Use Respite and Engagement Center Operational Funding.....	38
Project Roomkey Medical Services.....	40
Emergency Medical Services Equipment.....	41
Primary Health Clinic Staffing.....	42
Pandemic Technology Needs.....	43
Juvenile Medical Services Staffing.....	44
Personnel Services COVID-19 Vaccination and Testing Program.....	45
Academic Support and School Readiness.....	46
Building Strong Families – Navigation and Home Visiting Services.....	48
Food Insecurity-Food Bank Support Pilot Program.....	50
Food Insecurity-Meal Delivery Pilot Program.....	51
Fentanyl Awareness Campaign.....	52
Emergency Volunteer Database and Deployment Website.....	53
Food Insecurity Outreach – National Association for the Advancement of Colored People (NAACP).....	54
Chamber of Commerce Grants.....	55
Property and Business Improvement District Grants.....	56
Arts and Non-Profits Cultural Grants.....	57
Small Business and Non-Profit Grants.....	58
Retail Food Permit Fee Waiver Project.....	59
Sacramento Metro Chamber of Commerce-Business Support Services.....	60
Sacramento Inclusive Economic Development Collaborative-Business Support Services.....	61
Business Environmental Resource Center-Business Support Services.....	62
Hood and Franklin Community Septic Conversion.....	63
Volunteer Fire District Grants.....	64
Park District Grants.....	65
Premium Pay for Essential Workers During COVID-19 Public Health Emergency.....	66

TABLE OF FIGURES

FIGURE 1: PHASE ONE FUNDING ALLOCATION	6
FIGURE 2: SINGLE-NIGHT HOMELESS COUNT 2015-2022	7
FIGURE 3: STATE AND COUNTY COVID-19 VACCINATIONS AND DEATHS	8
FIGURE 4: STATE AND COUNTY FOOD INSECURITY RATES	9
FIGURE 5: COUNTY COVID-19 CASES AND DEATHS BY RACE.....	13
FIGURE 6: COUNTY COVID-19 CASES AND DEATHS BY AGE GROUP	14
FIGURE 7: EMPLOYMENT AND WAGES 2020 TO 2021	15
FIGURE 8: COVID-19 CASES FOR MEDIAN INCOME UNDER 40K	16 15
FIGURE 9: COUNTY FENTANYL DEATHS	52

EXECUTIVE SUMMARY

The Coronavirus (COVID-19) pandemic unexpectedly swept across the United States beginning in March of 2020. The pandemic created a public health emergency that triggered social and economic disruption which negatively impacted the health of citizens, as well as the public and private sectors of the economy. Pandemic mitigation efforts included nationwide lockdowns and mandatory shutdowns of nonessential businesses, as well as travel restrictions and quarantines. These mitigation efforts had an unintended impact on the US economy resulting in a recession which, although brief in duration, was deeper than any point during the Great Recession¹ and the drop in economic activity during the second quarter of 2020 was larger than any quarterly decline during the Great Depression². The health and economic impacts of the pandemic were felt disproportionately by different sectors of the economy and groups of citizens. Additionally, the pandemic created an environment that exposed geographic, health and socioeconomic inequities amongst diverse populations.

In an effort to address the ongoing pandemic risks and impacts, President Biden signed the American Rescue Plan Act of 2021 (ARPA) into law in March 2021. Funding within ARPA includes \$350 billion for a Coronavirus State and Local Fiscal Recovery Fund (SLFRF). The SLFRF program provides vital resources to state and local governments to respond to the pandemic and its economic effects and to replace revenue lost due to the public health emergency, preventing cuts to government services.

The County of Sacramento's (County) share of SLFRF funding is approximately \$301.4 million. Of this amount, the County received approximately \$150.7 million in May of 2021 and the remaining \$150.7 million in the June of 2022. Allocations can be spent by counties to respond to the public health emergency or its negative economic impacts, to provide premium pay for eligible workers, for the provision of government services, and to make investments in water, sewer, and broadband infrastructure.

Upon receiving the first allocation of SLFRF funding in May of 2021, the County developed a plan to maximize the use of the funds and ensure they are allocated to support a strong and equitable recovery from the COVID-19 pandemic and economic downturn. The plan identified the SLFRF Phase One Funding Allocation, which was developed based on input from the community received via a community survey conducted in June 2021. The SLFRF Phase One Funding Allocation was approved by the Board of Supervisors (Board) in November of 2021.

¹ Center on Budget and Policy Priorities. 2022. *Pandemic Recession Much Deeper But Shorter Than Great Recession*. <https://www.cbpp.org/pandemic-recession-much-deeper-but-shorter-than-great-recession>. [Accessed 1 July 2022].

² Federal Reserve Bank of St. Louis. 2022. *How Does the Pandemic recession Stack Up Against the Great Depression*. <https://www.stlouisfed.org/on-the-economy/2020/october/pandemic-recession-stack-great-depression>. [Accessed 1 July 2022].



Housing and Homelessness

Housing and support services for people experiencing homelessness; affordable housing.



Health

COVID-19 response; public health; mental health and substance abuse treatment.



Economic Response

Addressing negative economic impacts to residents, communities and businesses.



The County recently engaged in a strategizing and planning effort to maximize the use of the second \$150.7 million allocation of SLFRF funding. Recommended funding allocations and projects were evaluated and aligned with County priority issue areas and SLFRF expenditure categories. The recommended Phase Two Funding Allocation and associated projects were adopted by the Board on July 13, 2022. Specific project details will be included in the 2023 SLFRF Recovery Plan Performance Report, which will cover the period of July 1, 2022-June 30, 2023.

USES OF FUNDS

The County has utilized a robust implementation strategy to plan for the use of SLFRF funds. As part of the development of the County's recovery strategy, a Community Needs Survey (Survey) was administered in June 2021 to solicit community input and ensure an equitable approach in identifying the most critical needs of those who reside and do business in the County. The results of the Survey provided staff with a baseline understanding of community-identified issues and informed recommendations to the Board regarding the strategic prioritization of the use of SLFRF funding. The Board approved the SLFRF Phase One Funding Allocation across the following priority areas:

- Housing and Homelessness
- Health
- Economic Response
- Essential Workers
- Administrative Costs
- District Allocations

County SLFRF projects are designed to focus funding within each of the approved allocations in order to equitably target communities and populations and assist those most susceptible to the negative impacts caused by the COVID-19 pandemic, as well as to ensure the effective delivery of public services to support these efforts.

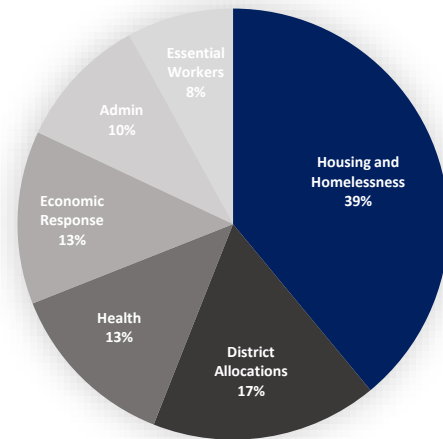
In accordance with SLFRF guidelines, County SLFRF priority areas are aligned with U.S. Treasury Expenditures Categories (EC) which include seven overarching funding categories of Public Health, Negative Economic Impacts, Public Health-Negative Economic Impact: Public Sector Capacity, Premium Pay, Infrastructure, Revenue Replacement, and Administrative costs.

Housing and Homelessness: EC 1 Public Health and EC 2 Negative Economic Impacts

Housing and homelessness were the two top priority issues emerging from the Community Needs Survey. The themes identified within these issue areas included the need for access to affordable housing, rental assistance, services for homeless encampments, community safety and support services. The Housing and Homelessness Strategic Investment encompasses the greatest allocation of funds, and projects are specifically designed to address the most critical needs of this disproportionately impacted population.

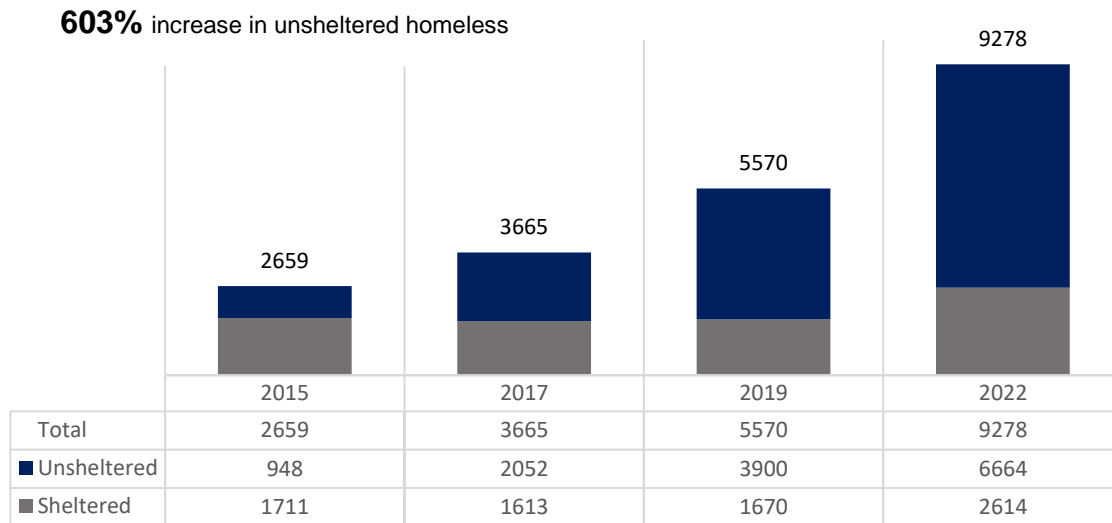
Every two years, the County and the Sacramento Homeless Continuum of Care conduct a Point-in-Time Homeless Count to provide a single-night snapshot of unsheltered individuals and those staying at emergency/transitional shelters. As demonstrated in the chart below, there was a 249 percent

Figure 1: Phase One Funding Allocation



increase in sheltered and unsheltered homeless individuals between 2015 and 2022³. Additionally, the number of unsheltered homeless individuals increased by 603 percent during the same time period. In consideration of those entering and exiting homelessness throughout the year, it is estimated the single-night count represented approximately 10,000 to 12,000 individuals experiencing homelessness during 2019. It is estimated that nearly double that number, 16,500 to 20,000 individuals, will experience homelessness in the County during 2022³.

Figure 2: Single-night Homeless Count 2015-2022



Recent data shows the percentage of individuals becoming homeless for the first time temporarily slowed during 2020, likely the result of policies enacted in mid-2020 to stabilize individuals and families during the pandemic (e.g. eviction moratorium, unemployment benefit extension, family tax credit). However, as these policies phased out, the percentage of individuals becoming homeless for the first time rose from 6 percent in 2020 to 12 percent in 2021³.

Additionally, the number of individuals reporting they have been homeless for three or more years rose from 41 percent in 2019 to 59 percent in 2022, suggesting it may have been more difficult for individuals to exit homelessness during the pandemic³.

The lack of affordable housing, due to low housing inventory and increased costs, contributed to many individuals with unstable employment or housing to become homeless as for every \$100 that rents go up in Sacramento, and in cities like Sacramento, the number of people experiencing homelessness

³ Baiocchi, A., Curry, S., Newham, J., Caler, K., Evans, E., Furio, F., Orsulak, M., & Morris, J. (2022, July). *Homelessness in Sacramento County: Results from the 2022 Point-in-Time Count*. Sacramento, CA: Institute for Social Research and Sacramento Steps Forward

can increase between from 15 to 30 percent.⁴ During 2021, rents in the County increased by 12 percent.⁵

Due to the drastic increase in the homeless population, and the disproportionate impacts of the pandemic on this population, the Board prioritized this Strategic Investment to ensure an equitable recovery from the pandemic. Approved projects are intended to provide rental assistance, low-income housing, medical services, and shelter supports for individuals and families experiencing homelessness who were disproportionately impacted by the pandemic from both a public health and economic standpoint. Other projects in this Strategic Investment include the distribution of clean water and sanitation stations to homeless encampments and technology improvements to enhance homeless service coordination and delivery.

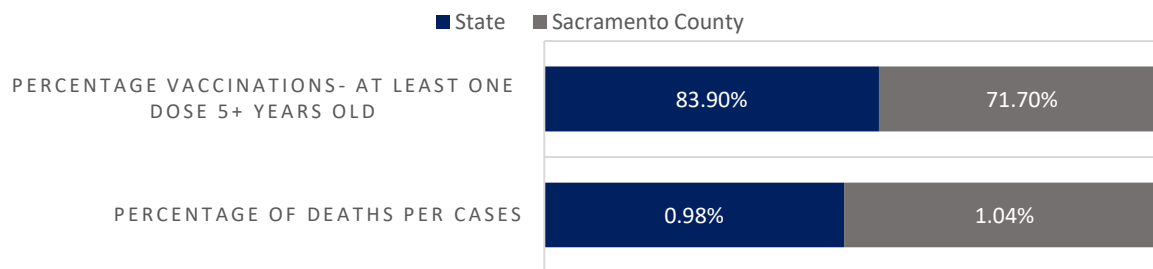
Health: EC 1 Public Health and EC 2 Negative Economic Impacts

Health Care

Since the beginning of the COVID-19 pandemic, the disease has infected nearly 85 million Americans and resulted in over one million deaths. The virus, and subsequent mitigation efforts, had clear and ongoing ramifications to public health across the nation. Locally, residents of the County experienced 310,024 cases of COVID-19, and out of these cases, 3,236 residents succumbed to the illness as of June 29, 2022⁶.

When compared to the State of California⁷, the County has faced a higher percentage of deaths per COVID-19 cases as well as a lower percentage of County residents that received at least one dose of a COVID-19 vaccine as shown in Figure 3. These circumstances highlight the need for County public health projects and COVID-19 mitigation efforts.

Figure 3: State and County COVID-19 Vaccinations and Deaths



⁴ Nichols, C. (2017). *Dispelling the Myths about California’s Homeless*. Sacramento Steps Forward

<https://www.homefacts.com/unemployment/California/Sacramento-County.html>

⁵ Kaneshina, K., Warnock, R., Chaplin, J. (5 May, 2022) *Average Rent in Sacramento & Rent Price Trends*.

<https://www.apartmentlist.com/renter-life/average-rent-in-sacramento>.

⁶ County of Sacramento. (2022, June 29). *Public Health Epidemiology COVID-19 Dashboard*. <https://sac-epidemiology.maps.arcgis.com/apps/MapSeries/index.html?appid=e11bc926165742ab99f834079f618dad>. [Accessed 29 June 2022]

⁷ State of California COVID-19.CA.GOV. 2022. *Tracking COVID-19 in CA*. [online] Available at: <<https://covid19.ca.gov/>> [Accessed 29 June 2022].

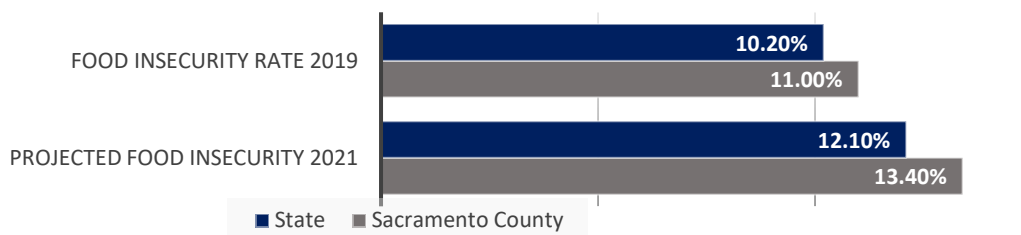
Historical barriers to healthcare for the most vulnerable populations, including homeless and low-income individuals and families, have made them disproportionately susceptible to the COVID-19 virus. Efforts towards providing regular medical care and patient education for these populations helps to mitigate the spread of COVID-19 variants and other contagious illnesses. SLFRF projects to increase staffing to provide medical and behavioral health services in the community allow for the direct care for these populations.

Food Insecurity

Some individuals and families in low-income groups also experienced a reduction in household income due job loss and subsequent underemployment during the pandemic leading to increased food insecurity. In July 2021, local food pantries and meal delivery services increased food assistance by more than 50 percent for individuals and families, and the Meals on Wheels food delivery program increased meal delivery services for homebound seniors over the age of 60 years old by 132 percent.

According to Feeding America, food insecurity rates in the County are disproportionately higher than the United States and the State of California^{8 9} as shown in Figure 4. SLFRF projects approved to address food insecurity include \$4 million for meal delivery for low-income families and individuals, as well as for homebound seniors who are disproportionately at risk of dying from the COVID-19 virus (see Figure 6).

Figure 4: State and County Food Insecurity Rates



Substance Use Treatment

As we embark upon the third year of the pandemic, the impacts of the pandemic and mitigation efforts beyond the immediate health risks continue to surface. Compliance with social distancing directives and self-isolation have perpetuated mental health issues and substance abuse for individuals of all ages, with fentanyl consumption and overdoses specifically on the rise. Substance abuse strains local health and safety resources as many intoxicated residents end up in local jails or hospital emergency rooms to withdraw from drugs or alcohol. Additionally, individuals struggling with substance abuse

⁸ Feeding America (2021 March). *The Impact of the Coronavirus on Food Insecurity in 2020 & 2021*. [Food Insecurity and Poverty in the US - Feeding America](#)

⁹ Feeding America (2022). *Map The Meal Gap 2022*. [Map the Meal Gap 2022 Technical Brief.pdf \(feedingamerica.org\)](#)

have higher risks associated with COVID-19 due to compromised health and comorbid health conditions. Efforts to support these individuals and alleviate the pressure on public resources include substance use treatment services and a fentanyl awareness campaign.

Projects in the Health Strategic Investment are designed to provide health services and COVID-19 mitigation to multiple groups in the County that have been impacted or disproportionately impacted by the pandemic, including homeless and low-income individuals and families, older adults, and foster youth. COVID-19 vaccination and screening efforts are incorporated into many of the projects, as well as efforts to address the broader impacts of the pandemic on public health, with an emphasis on public awareness, removing barriers to access, and connection to services and supports. Also included the Health Strategic Investment are technology improvements and projects to support County operations and ensure the continuum of services to the County's residents.

Economic Response: EC 2 Negative Economic Impacts

The impacts of the pandemic on the economy and the health and wellbeing of County residents are apparent and clearly interwoven. To mitigate the impacts of the COVID-19 pandemic, and in an attempt to slow the spread, the County Department of Health Services began implementing a series of Public Health Orders in March of 2020, similar to Public Health Orders issued across the nation. The first Public Health Order included direction to all individuals living in the County to self-isolate in their homes, practice social distancing, wear masks in public settings, and cease non-essential activities, including certain business, travel, and public gatherings. Essential businesses and government operations were allowed to continue operating with certain limitations.

Although designed to protect the public, the limitations on business operations impacted the economic health of the County. Many businesses in the community suffered or permanently closed as they had to cease non-essential activities, close or limit indoor operations, or otherwise restrict business functions, while struggling to obtain personal protective equipment for their employees and comply with state and local Public Health orders.

SLFRF funds in the Economic Response Strategic Investment will be used to provide grants to small businesses, non-profit organizations, and property improvement districts that experienced a negative economic impact as a result of the pandemic. Grants will only be awarded to those that provide clear evidence to substantiate these impacts, and funding will be reasonable and proportionate to the deficits demonstrated. Additionally, the County will waive the annual operating permit fees for small retail food establishments so they may use those funds to reinvest in their business, as well as award grants to community organizations that provide direct support services to small businesses and non-profit organizations.

Essential Workers: EC 4 Premium Pay

Throughout the pandemic, the County's essential workers have been instrumental to the continuity of critical functions which includes the delivery of public services, supplies, transportation, and medical

services. These workers put their own safety at risk to ensure the public had the resources necessary to meet their basic needs.

In recognition of the increased reliance upon and critical services provided by County employees who performed essential work during the pandemic, the Board approved the premium pay stipend to compensate income-eligible County employees for their service. Employees that receive the stipend were required to be income-eligible workers earning less than 150 percent of the average annual wage for Sacramento County according to the Bureau of Labor Statistics and who performed work while physically present at the jobsite and had regular in-person interactions with patients, the public, or coworkers.

EC 6 Revenue Replacement

Under the revenue loss eligible use category, the County has selected to use the revenue replacement formula. Based on the formula, the County has calculated revenue loss for Fiscal Year 2019-20 to be \$38,699,633. Funds will be used for the provision of government services.

Administrative Costs: EC 7 Administrative and Other

Ten percent of the County's Phase One Allocation has been reserved for administrative expenses. Allocations include costs for staff dedicated to project implementation and administration. These employees provide oversight and critical communication of the overall SLFRF effort, track and monitor use of funds, and coordinate adherence to County guidelines and federal requirements, including Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), Uniform Guidance. Costs for consultants providing services related to interpreting SLFRF rules and the implementation of a grants management database are also included.

PROMOTING EQUITABLE OUTCOMES

The impacts of the pandemic were felt by all County residents in at least one area of their lives; however, some classifications and groups of residents within the County were disproportionately impacted by the virus. The County's goal is to provide services to these groups and communities in an equitable manner that encourages health and economic recovery.

Achieving an equitable recovery from the pandemic requires recognition and action to address inequities that have systematically restricted the physical, social, and economic health of racial and ethnic minority populations and other population groups disproportionately impacted by the pandemic.

The County's strategy to improve the outcomes of these populations includes targeted services, programs, and practices administered in communities in which these individuals are located to remove barriers to access. This strategy is coupled with outreach, education, and engagement to foster an environment of inclusion and connections to services and supports.

The County has targeted two groups of traditionally underserved communities that were disproportionately impacted by COVID-19 in which to focus funding. It is recognized that within these groups, some minority populations are overrepresented as compared to the County population as a whole, reinforcing the need for services to respond to the historic and ongoing inequities faced by these growing populations. These groups include:

1. Homeless individuals and families; and
2. Low-income individuals and families.

Homeless Individuals and Families

The California Association of Realtors published data outlining housing affordability disparities amongst minority groups in California which worsened during the pandemic¹⁰. "26 percent of all Californians earned the minimum income needed to purchase a home in 2021, down from 28 percent in 2020. At the same time, housing affordability for white/non-Hispanic households fell from 38 percent in 2020 to 34 percent in 2021. Seventeen percent of Black and Latino households could afford the median-priced home in 2021, down from 19 percent and 20 percent in 2020, respectively. The significant difference in housing affordability for Black and Latino households illustrates the homeownership gap and wealth disparity for communities of color, which could worsen as rates rise further in 2022." Rental units are also outpacing the income levels for most County residents with 46 percent of apartment rents ranging from \$1,501-\$2,000 per month.¹¹

Within the homeless population, due to historic and ongoing inequities, African American, American Indian/Alaskan Natives, and Latino individuals are disproportionately present as compared to the

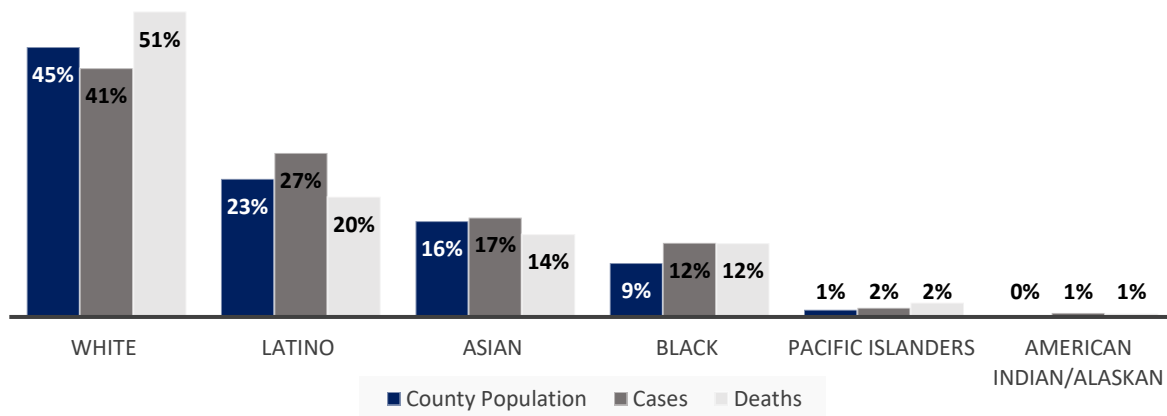
¹⁰ California Association of Realtors. (2022, March 24). *California Housing Affordability by Ethnicity*. [California housing affordability by ethnicity \(car.org\)](https://www.car.org/housing-affordability-by-ethnicity)

¹¹ RentCafe. (2022, June, 29). *Apartment Rent Ranges*. <https://www.rentcafe.com/average-rent-market-trends/us/ca/sacramento/>

County population. African Americans make up 31 percent and American Indian/Alaskan Natives represent seven percent of the homeless population, but these groups represent only nine percent and less than one percent of the County population, respectively. Additionally, although representation of Latinos in the homeless population is 20 percent as compared to their representation in the County population which is 23 percent, this group is at-risk of homelessness in greater numbers given the housing affordability disparities and increase in rents across the County.

African American, Latino and American Indian/Alaskan Natives individuals are also disproportionately impacted by the COVID-19 virus with higher percentages of COVID-19 cases and/or deaths⁸ in comparison to the County population as shown in Figure 5. Projects focused on the homeless population will provide these disproportionately impacted populations with services and supports to assist them in exiting homelessness, as well as medical services to help mitigate the spread of the COVID-19 virus.

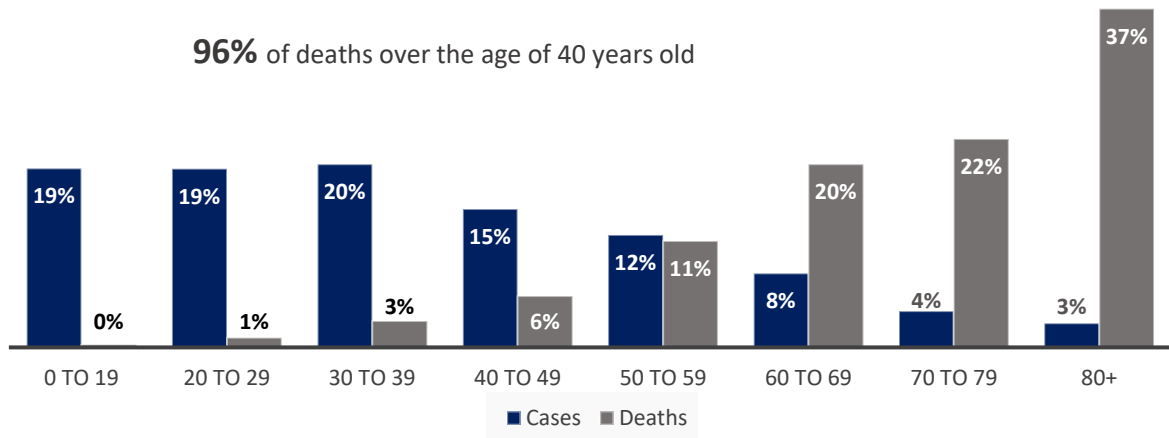
Figure 5: County COVID-19 Cases and Deaths by Race



*101,142 cases and 88 deaths not represented on this chart were attributed to individuals with multiple races or the race is unknown.

Older adults are also disproportionately represented in the homeless community with approximately 44 percent of homeless individuals over the age of 44 years old⁴. As demonstrated in Figure 6, older adults have also been disproportionately impacted by the pandemic as this group represents only 42 percent of COVID-19 cases in the County, yet 96 percent of COVID-19 deaths are attributed to individuals over the age of 40.

Figure 6: County COVID-19 Cases and Deaths by Age Group



Low Income Individuals and Families

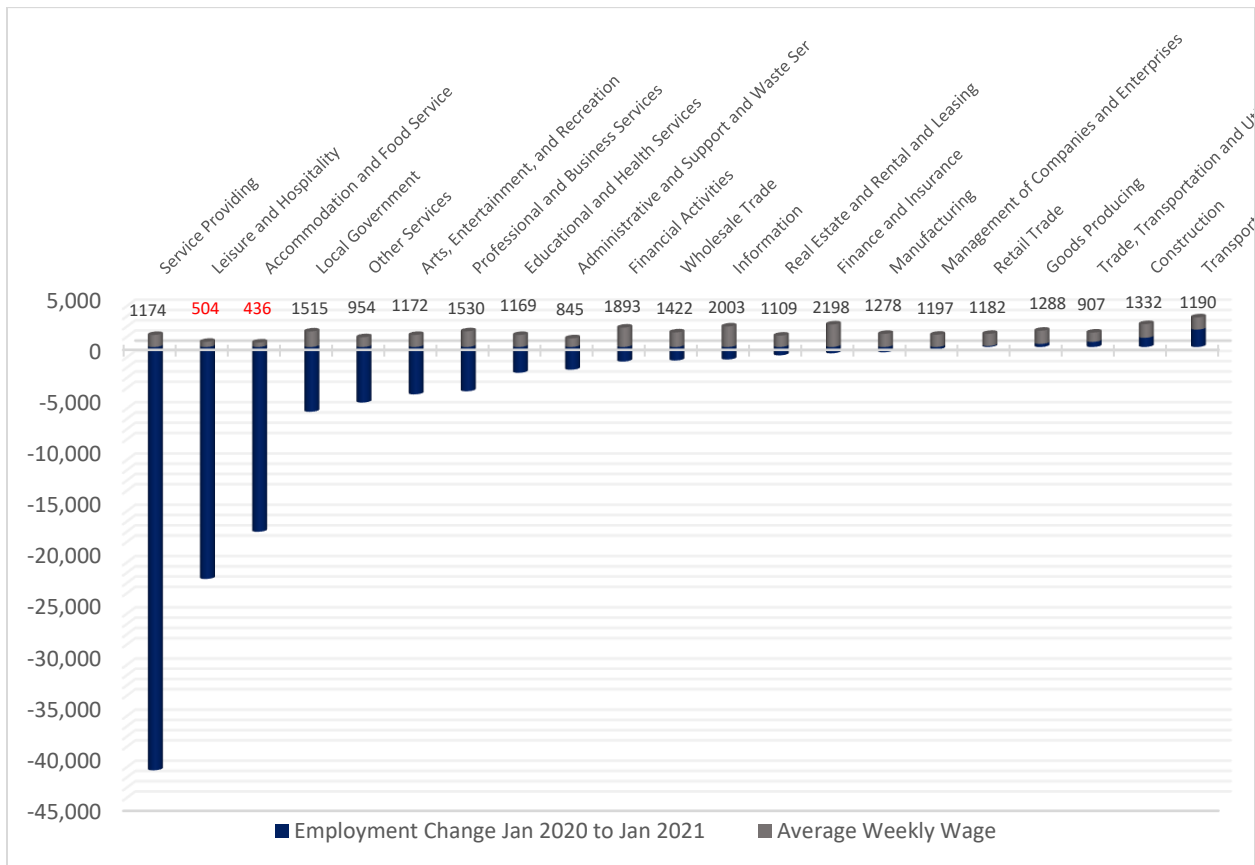
Since the beginning of the pandemic, the County has made efforts to mitigate negative economic impacts, but there are still continued needs resulting from the ramifications of the associated economic downturn.

The loss of jobs associated with pandemic mitigation efforts, specifically non-essential business closures, caused unemployment in the County to spike to from 3.7 percent in February of 2020 to over 15 percent by May of 2020¹². Although jobs were gradually added back, it took two years for unemployment rates to return to pre-pandemic levels, and jobs returned disproportionately for different income levels. By January 2021, employment in the two lowest paying categories on average, Leisure and Hospitality and Accommodation and Food Services, remained in the top three job categories with the highest deficit of employment as compared to 2020 (Figure 7)¹³.

¹² State of California Employment Development Department. (June 2022). *Local Area Unemployment Statistics*. <https://data.edd.ca.gov/Labor-Force-and-Unemployment-Rates/Local-Area-Unemployment-Statistics-LAUS-Sacramento/cee7-q6nm>. [Accessed 1 July 2022]

¹³ Employment Development Department. *Quarterly Census of Employment and Wages*. <https://www.labormarketinfo.edd.ca.gov/qcew/qcew-select.asp>. [Accessed 5 July 2022]

Figure 7: Employment and Wages 2020 to 2021

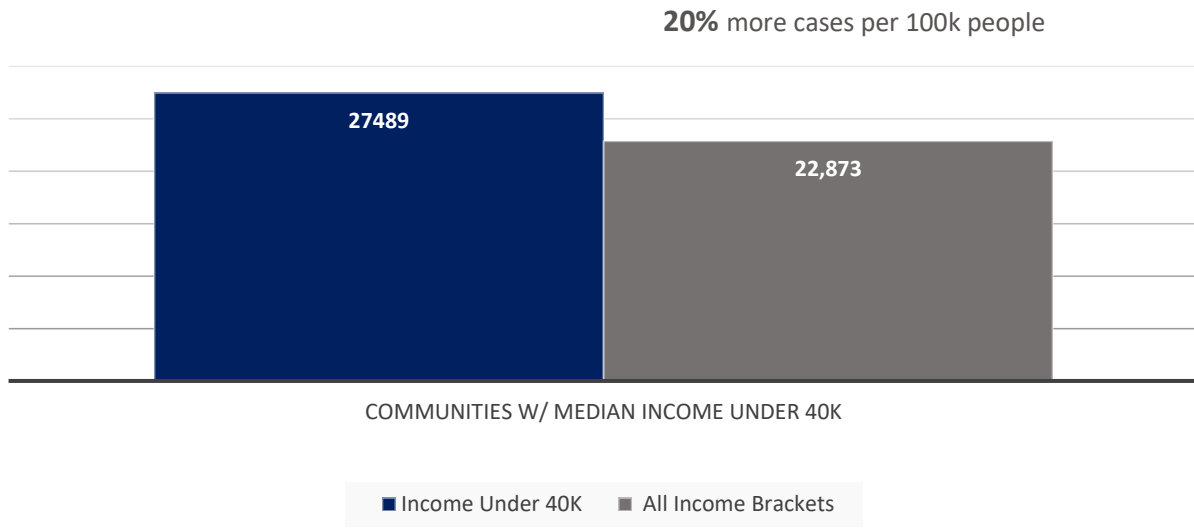


Health disparities in low-income communities are well documented. Stressors, such as difficulty affording housing, food and child care leads to higher rates of tobacco and alcohol use and increases the risk of health problems developing or worsening over time¹⁴. Statewide, communities with median income under \$40,000 experienced 20 percent more COVID-19 cases per 100,000 people than the statewide average of COVID-19 cases per 100,000 people¹⁵.

¹⁴ The Commonwealth Fund. Advancing Health Equity. Why Even Healthy Low-Income People Have Greater Health Risks Than Higher-Income People. <https://www.commonwealthfund.org/blog/2018/healthy-low-income-people-greater-health-risks>. [Accessed 5 July 2022]

¹⁵ State of California. (2022, June 29). *California’s commitment to health equity*. <https://covid19.ca.gov/equity/>

Figure 8: COVID-19 Cases for Median Income under 40k



SLFRF programs collectively provide support for the most vulnerable populations with equity at the forefront of project design. Services are mainly administered onsite at homeless encampments, shelters, hotels, and in the homes of families receiving services. Many SLFRF projects incorporate community outreach services or Navigators to reach traditionally underserved communities and ensure awareness of available resources.

COMMUNITY ENGAGEMENT

The County recognizes the importance of soliciting and incorporating community engagement and ensuring transparency throughout the SLFRF project allocation and implementation process. Prior to allocating SLFRF funding, a Community Needs Survey was conducted to solicit input from residents, businesses, and community-based organizations to better understand specific community priorities related to COVID-19 pandemic response and recovery. The Community Needs Survey was publicized via County social media platforms and the County website in order to maximize participation, and survey copies were made available for completion in both online and hard copy form. The online version was available for translation into 100 languages and the hard copy version was translated into nine languages in order to reach as many individuals as possible, reducing barriers to participation, including barriers for people of color, people with low incomes, limited English proficiency populations, and other traditionally underserved groups. At the launch of the survey, a public workshop was held online to provide instructions and receive questions on how to complete the survey. A recording of the public workshop was subsequently made available for viewing on the County's main ARPA webpage.

Concurrently, County departments were surveyed to identify and propose specific project requests. Following completion of the surveys, results were evaluated and ranked into priority issue project areas based on their level of community importance and eligibility in consideration of allowable uses of funds under SLFRF guidelines. The results of the surveys have allowed the County to distinguish key areas to focus COVID-19 recovery effort, resulting in projects that best address those needs and promote equitable outcomes.

The County intends to engage the community over the duration of the SLFRF recovery effort as the County plans, programs, and implements SLFRF-funded projects. All projects are approved by the Board of Supervisors at publicized Board Hearings where the community has the ability to provide input and make comments. The County will continue engaging the community by providing SLFRF project updates via County webpages, social media, press releases, and Board presentations, and will continue efforts to limit barriers to participation.

Additionally, All ARPA decisions related to funding allocations and project approvals are taken to the Board of Supervisors for approval to allow for full transparency and opportunity for individuals and organizations to provide input in a public meeting. Finally, the County set up an ARPA specific email address, ARP@saccounty.net, for the public and community organization to continue to engage throughout the SLFRF process.

LABOR PRACTICES

The County recognizes the significance of using strong labor standards to promote effective and efficient delivery of high-quality infrastructure projects while also supporting the economic recovery intended through SLFRF. The California Labor Code requires that all public works projects are subject to the payment of prevailing wages. Every laborer, worker, or mechanic employed at the job site who performs a part of the contract work is subject to the labor provisions of the contract. The worker may be either an employee of the prime contractor, an employee of an approved or listed subcontractor, or some other person or firm who furnishes on-site labor, including specialist. The terms “jobsite” or “site of work” as applied to labor compliance are not limited to the actual geographic location or limits of the project. In addition, these terms include any location or facility established for the sole or primary purpose of contributing to the specific project.

Project HH-7, Mirasol Village Block D, is currently the only approved SLFRF infrastructure project and funds the construction of 116 low-income housing units. Throughout the project, strong labor standards will be implemented to promote the effective and efficient delivery of high-quality construction, while also supporting economic recovery through employment opportunities for workers.

The Sacramento Regional Housing Authority (SHRA) is the recipient of this grant and, as a Joint Powers Agency with over 200 employees and extensive experience in affordable housing projects, will oversee this project consistent with all state and federal regulations. SHRA will ensure the subrecipient provides a safe and healthy workplace that avoids delays and costs associated with workplace illnesses, injuries and fatalities, includes descriptions of safety trainings, certification and/or licensure requirements for all relevant workers.

USE OF EVIDENCE

The County is invested in embedding evidence-based practices (EBPs) into countywide initiatives and programs whenever possible to ensure public funds are expended in an efficient manner, with the highest possible outcomes. Policy and practice decisions are guided by the objective, balanced, and responsible use of current research and data, when available. The County facilitates multiple EBPs throughout its operations and works with departments and community-based organizations to build and maintain quality EBP capacity in the community. In addition, the County coordinates community referrals to organizations providing evidence-based services. EBPs enhance services across the County and quality assurance, fidelity of evidence-based interventions, assessments and strategies are monitored and evaluated.

EBPs are the cornerstone of several County SLFRF projects. These projects are designed to provide communities with the most effective resources to improve outcomes for targeted services. In other cases, SLFRF funds are used to expand existing County programs that have been modeled after successful strategies and modified over the years based on lessons learned.

The following SLFRF projects incorporate EBP strategies which have shown positive outcomes for the populations they serve. More information about the specific EBP strategies incorporated into each project can be found in the Project Inventory section beginning on page 21:

- HH-3 Community Nursing, Encampment Unit Pilot
- HH-4 Community Nursing, Children and Families Unit
- H-1 Substance Use Respite and Engagement Center Operational Funding
- H-9 Building Strong Families - Navigation/Home Visiting Services

PERFORMANCE REPORT

Performance indicators are identified for each SLFRF project prior to implementation to ensure the effective and efficient use of federal funds. Performance indicators are specific, measurable, attainable, relevant and timely (SMART) and comprised of both outcome and output measures. As data is collected, outcomes will be evaluated to determine if project activities are in alignment with established objectives and promote progress towards attaining the overall project goals. Quantifiable data measurement and evaluation framework will allow the County to quickly react to performance data and take a data-informed approach to adjust projects as needed.

As of July 31, 2022, the County is still in the early stages of SLFRF project implementation and has just begun collecting data on outcomes. Data outcomes will be included in the next annual report, due July 31, 2023.

| PROJECT INVENTORY

Landlord Engagement and Assistance Program

Project Number: HH-1

Expenditure Category: 2-Negative Economic Impacts/2.17-Housing Support Housing Vouchers and Relocation Assistance for Disproportionately Impacted Communities

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$10,000,000

The County will create a robust and flexible system for working with landlords and social service providers to quickly and permanently re-house people experiencing homelessness. Through a competitive bidding process, the County will select contracted providers who will develop and maintain relationships with landlords in the community and match housing opportunities with people in need. The providers will support both the client and landlord with fiscal incentives, such as holding fees and damage funds, while providing on-going tenancy supports, eviction prevention and other services. The providers will work across programs in the community to increase the efficacy of existing voucher and subsidy programs by augmenting them with tenancy supports and landlord engagement. Through the program, eligible clients may have their rent subsidized for up to 18 months. The primary goal of the Landlord Engagement Re-Housing Supports is to increase positive exits to housing from both sheltered and unsheltered homelessness.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance measures listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Connect 150 homeless households with landlord engagement services and support each year.
 - a. Number of homeless households connected with landlord engagement services and supports.
2. Increase the number of individuals issued a voucher/subsidy to housing by 10%.
 - a. Establish baseline between voucher/subsidy and connection to housing.
 - b. Number of connections to housing through voucher/subsidy issuance.
3. Increase number of permanent exits from shelters by 5% yearly during the duration of the program.
 - a. Establish baseline number of permanent exits from shelters.
 - b. Number of permanent exits from shelters.

Social Health Information Exchange

Project Number: HH-2

Expenditure Category: 1-Public Health/1.14-Other Public Health Services

Disproportionately Impacted Community: Homeless and Low-income Individuals and Families

Funding Amount: \$10,000,000 (\$5 million Housing and Homeless/\$5 million Health)

Sacramento County Social Health Connect, a Social Health Information Exchange (SHIE), will support COVID-19 mitigation efforts and serve low-income communities through the development of countywide data infrastructure that links medical, behavioral health, social service, and housing data from multiple sources. SHIE is a technology system that will allow department programs to make data driven decisions and will allow program staff to run dashboard-based queries to identify specific vulnerable populations that need to be prioritized for different types of care and evidence-based interventions in order to mitigate negative health outcomes. SHIE will enable care coordination between health and social service providers in the County and support health equity by allowing providers to quickly identify and serve vulnerable, low-income individuals during emergencies such as COVID-19. The project is focused on serving low-income households who are Medi-Cal beneficiaries or eligible for Medi-Cal.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, the goal of the program is to develop technology that will allow department program staff to make data-driven decisions and prioritize specific vulnerable populations for evidence-based services. Additionally, data associated with the performance measures listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Meet established project milestones 90% of the time, including the development of work plan for implementation and an organizational chart for recommended SHIE team structures.
 - a. Number of project milestones.
 - b. Number of project milestones met.
2. Conduct and complete 20 needs assessment interviews by September of 2022.
 - a. Number of needs assessment interviews conducted by September of 2022.

Community Nursing Encampment Unit Pilot

Project Number: HH-3

Expenditure Category: 2-Negative Economic Impacts/2.19-Social Determinants of Health
Community Health Workers or Benefits Navigators

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$700,000

The purpose of the pilot project is to utilize Public Health Nurses to provide population-based services to individuals experiencing homelessness. The Community Nursing Encampment Unit Pilot has a goal of enhancing knowledge and changing attitudes, beliefs, practices, and behaviors in order to achieve better health and social outcomes for unsheltered individuals. The project will provide outreach, client advocacy, and professional case management to individuals experiencing homelessness in order to provide connection to primary care, behavioral health services, specialty health services, and dental health services. In addition, COVID-19 prevention services, such as immunizations and health screenings, will be offered. The Public Health Nursing Team, in conjunction with the County's homeless encampment teams and community partners, will be effective change agents through nursing assessment, education, intervention, partnership building, and referrals to appropriate community resource care coordination. The pilot program will operate with the intended outcomes of increasing awareness and connection to community supports and increasing access to preventive health services amongst the homeless population.

Use of Evidence:

The Community Health Nursing programs propose to incorporate multifaceted theories and evidence based approaches as part of the program implementation. One evidence-based theory that will be utilized includes the Human Ecology Theory¹⁶, which suggests that there is an intersected relationship with individuals and their direct environment. This includes the use of a comprehensive nursing assessment which integrates the microsystem, mesosystem, and exosystem of the client. This also allows for the consideration of the social determinants of health¹⁷ and how they impact the overall well-being of the client. Another evidence-based theory that will be used in practice is the Attachment Theory¹⁸. This theory provides evidence that humans have an innate need to form an emotional and physical bond to at least one caregiver. The National Research Council and the Institute of Medicine's Committee on Integrating the Science of Early Childhood Development promotes policy and practice

¹⁶ Bronfenbrenner, Urie. *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press, 2006.

¹⁷ <https://health.gov/healthypeople/priority-areas/social-determinants-health>

¹⁸ Bowlby, J. (1944). Forty-four juvenile thieves: Their characters and home-life. *The international journal of psycho-analysis*, 25, 19.

integration that incorporates the four themes of this theory¹⁹. The Community Nursing programs will practice these elements to promote maternal child bonding during the appropriate child development stages while also considering the caregivers exposure to Adverse Childhood Experiences²⁰. The Social Cognitive Theory²¹ will also be included as an element of the Community Health Nursing programs. This theory provides research that people are proactive drivers of their own agency and healthcare practices. Also in alignment with this theory, is the Integrated Theory of Health Behavior Change, which promotes that changes in health beliefs and practices are best applied when the client's knowledge is cultivated, self-regulation is promoted, and social facilitation is developed.

The Community Health Nursing programs will also employ the evidence based practice of Motivation Interviewing. Motivational Interviewing has been demonstrated, through meta-analysis, to be a key motivator of health behavior changes²². Motivational Interviewing has also been an established method for best outcomes in clients experiencing substance misuse disorders. According to the Substance Abuse and Mental Health Services Administration, Motivational Interviewing is an essential component in Substance Use Disorder (SUD) treatments²³. Furthermore the Community Health programs will also be practicing in alignment with evidence inspired guidance put forth by the Bright Futures Guidelines. The Bright Futures Guidelines is headed by the American Academy of Pediatrics, endorsed by the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau,²⁴ and provides a wide ranging scope of preventative practice to include guidance for immunizations, well child medical appointments, and healthy childhood practices. The materials provided from Bright Futures will provide a foundation of evidence driven procedures for children enrolled in the Community Health Nursing programs.

The aforementioned evidence based practices and theories will be a standard of practice for the Community Health Nursing programs. The programs will also utilize the guidance of other evidence based practices in all disciplines of the nursing care provided. This includes publications from sources such as the National Institute of Health, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Substance Abuse and Mental Health Administration, and

¹⁹ Cassidy, J., Jones, J. D., & Shaver, P. R. (2013). Contributions of attachment theory and research: a framework for future research, translation, and policy. *Development and psychopathology*, 25(4 Pt 2), 1415–1434. <https://doi.org/10.1017/S0954579413000692>

²⁰ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

²¹ Bandura A. Exercise of Human Agency Through Collective Efficacy. *Current Directions in Psychological Science*. 2000;9(3):75-78. doi:10.1111/1467-8721.00064

²² Bischof, G., Bischof, A., & Rumpf, H. J. (2021). Motivational Interviewing: An Evidence-Based Approach for Use in Medical Practice. *Deutsches Arzteblatt international*, 118(7), 109–115. <https://doi.org/10.3238/arztebl.m2021.0014>

²³ *Using motivational interviewing in - advisory 35*. (2019). https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-02-014.pdf

²⁴ *Bright Futures*. (2022). www.aap.org. <https://www.aap.org/en/practice-management/bright-futures>

the California Department of Public Health. As evidence in best practice for health and nursing care is ever evolving it is essential that public health nursing programs are familiar with new research.

Performance Indicators:

1. Enroll at least 30% of eligible individuals referred to the Community Nursing Encampment Pilot program by June of 2023.
 - a. Number of referrals made by partner agencies.
 - b. Number of eligible individuals enrolled into the nursing program.
2. Provide linkage to at least one health or social service resource for 100% of individuals enrolled in the program.
 - a. Number of individuals enrolled in the program.
 - b. Number of individuals with at least one linkage to primary care, specialty care, mental health services, social services or oral health services.
3. Conduct 70 field visits to serve individuals in community encampments by June of 2023.
 - a. Number of field visits conducted.

Community Nursing Children and Families Unit

Project Number: HH-4

Expenditure Category: 2-Negative Economic Impacts/2.19-Social Determinants of Health
Community Health Workers or Benefits Navigators

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$1,500,000

The purpose of this project is to utilize Public Health Nurses to provide population-based services to pregnant and parenting families experiencing, or who are at risk of, homelessness. The Community Nursing Children and Families Unit's goal is to enhance knowledge and change attitudes, beliefs, practices, and behaviors in order to achieve better health and social outcomes for pregnant and parenting families. The Public Health Nurses will be effective change agents through nursing assessment, education, intervention, partnership building, and referrals to appropriate community resource care coordination. This project will utilize outreach, client advocacy, and professional case management to provide connection to primary care, behavioral health services, specialty health services, dental health services, housing assistance, and parent-child interaction bonding activities. The project will operate with the intended outcomes of increasing awareness and connection to community supports and access to preventive health services.

Use of Evidence:

The Community Health Nursing programs propose to incorporate multifaceted theories and evidence based approaches as part of the program implementation. One evidence-based theory that will be utilized includes the Human Ecology Theory¹⁶, which suggests that there is an intersected relationship with individuals and their direct environment. This includes the use of a comprehensive nursing assessment which integrates the microsystem, mesosystem, and exosystem of the client. This also allows for the consideration of the social determinants of health¹⁷ and how they impact the overall well-being of the client. Another evidence-based theory that will be used in practice is the Attachment Theory¹⁸. This theory provides evidence that humans have an innate need to form an emotional and physical bond to at least one caregiver. The National Research Council and the Institute of Medicine's Committee on Integrating the Science of Early Childhood Development promotes policy and practice integration that incorporates the four themes of this theory¹⁹. The Community Nursing programs will practice these elements to promote maternal child bonding during the appropriate child development stages while also considering the caregivers exposure to Adverse Childhood Experiences²⁰. The Social Cognitive Theory²¹ will also be included as an element of the Community Health Nursing programs. This theory provides research that people are proactive drivers of their own agency and healthcare practices. Also in align with this theory, is the Integrated Theory of Health Behavior Change, which promotes that changes in health beliefs and practices are best applied when the clients knowledge is cultivated, self-regulation is promoted, and social facilitation is developed.

The Community Health Nursing programs will also employ the evidence based practice of Motivation Interviewing. Motivational Interviewing has been demonstrated, through meta-analysis, to be a key motivator of health behavior changes²². Motivational Interviewing has also been an established method for best outcomes in clients experiencing substance misuse disorders. According to the Substance Abuse and Mental Health Services Administration, Motivational Interviewing is an essential component in Substance Use Disorder (SUD) treatments²³. Furthermore the Community Health programs will also be practicing in alignment with evidence inspired guidance put forth by the Bright Futures Guidelines. The Bright Futures Guidelines is headed by the American Academy of Pediatrics, endorsed by the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau²⁴, and provides a wide ranging scope of preventative practice to include guidance for immunizations, well child medical appointments, and healthy childhood practices. The materials provided from Bright Futures will provide a foundation of evidence driven procedures for children enrolled in the Community Health Nursing programs.

The aforementioned evidence based practices and theories will be a standard of practice for the Community Health Nursing programs. The programs will also utilize the guidance of other evidence based practices in all disciplines of the nursing care provided. This includes publications from sources such as the National Institute of Health, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Substance Abuse and Mental Health Administration, and the California Department of Public Health. As evidence in best practice for health and nursing care is ever evolving it is essential that public health nursing programs are familiar with new research.

Performance Indicators:

1. Enroll at least 30% of eligible families into the program by June of 2023.
 - a. Number of referrals made by partner agencies.
 - b. Number of eligible families enrolled into the nursing program.
2. Provide linkage to at least one health or social service resource for 100% of families enrolled in the programs.
 - a. Number of families enrolled.
 - b. Number of families with at least one linkage to primary care, specialty care, mental health services, social services or oral health services.
3. Conduct 200 home visits to clients by June of 2023.
 - b. Number of home visits conducted.

Encampment Management Information Tracking Database

Project Number: HH-5

Expenditure Category: 3-Public Health-Negative Economic Impact Public Sector Capacity/3.4-Public Sector Capacity Effective Service Delivery

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$160,000

This project will allow for the development of a web-based Encampment Management Information Tracking (EMIT) database for County staff and contractors so they may track and manage responses to homeless encampments throughout the County. The EMIT database will support the County's overall effort to provide services to encampments by helping to expedite responses, coordinate deployment of social services, and track program efficacy. Funding will be used to hire staff to complete the buildout of the EMIT application with database reporting tools and to train end users. The first phase of database design and prototype development will begin in early 2022, and the second phase will integrate the EMIT database with various other county systems in order to improve the delivery of outreach, shelter, and housing services to those living unsheltered in the County.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance measures listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Complete the design and prototype of the Encampment Management Information Tracker (EMIT) application and obtain stakeholder approval.
 - a. Stakeholder approval obtained.
2. Deploy the EMIT database application and provide training to 95% of impacted departments.
 - a. Number of departments with EMIT application access.
 - b. Number of departments trained on the use of the EMIT application.
3. Develop and deploy encampment information data reports to County department heads, the County Executive and the Board of Supervisors.
 - a. Number of data reports developed.
 - b. Reports provided to stakeholders.

River District Navigation

Project Number: HH-6

Expenditure Category: 2-Negative Economic Impacts/2.19-Social Determinants of Health
Community Health Workers or Benefits Navigators

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$160,000

The River District community is the home of some of the largest numbers of unsheltered encampments in the County, as well as the home to many homeless shelters and social service programs. The District is heavily impacted by the presence of encampments, and those living unsheltered in the District are in need of services to successfully transition out of homelessness. Recognizing the disproportionate impacts and significant need in this area, the County will dedicate two contracted outreach/housing navigators to specifically work in the River District as part of a one-year pilot program. The County will work closely with the River District Property-based Improvement District (PBID) to develop operational protocols for these navigators and to measure the impact of these efforts on unsheltered homelessness in the district.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance measures listed below will be collected and evaluated to determine the success of the project. Measures will be disaggregated based on demographics and zip code.

Performance Indicators:

1. Provide referral for a supportive services to 80% of individuals connected to a Navigator.
 - a. Number of individuals connected to a Navigator.
 - b. Number of referrals for at least one supportive service provided.
2. Connect 90% of individuals served to mainstream benefits and services.
 - a. Number of individuals served.
 - b. Number of individuals connected to mainstream benefits and services.
3. Assist 50 individuals with shelter entry annually.
 - a. Number of individuals entering shelter through a Navigator referral.

Mirasol Village Block D

Project Number: HH-7

Expenditure Category: 2-Negative Economic Impacts/2.15-Long-Term Housing Security Affordable Housing

Disproportionately Impacted Community: Homeless and Low-income Individuals and Families

Funding Amount: \$5,000,000

This project will contribute \$5,000,000 to the Sacramento Housing and Redevelopment Agency (SHRA) for the Mirasol Village Block D affordable housing project. Block D is the fourth phase of the project and comprises five residential buildings totaling 116 affordable housing units. The total project costs are \$65,000,000, and the \$5,000,000 grant to SHRA will close a funding gap to build Block D. This project will provide housing for households earning 20-80 percent of the median income. Outcomes will be measured following the completion of this project using data collection over three years to examine income growth, increased educational attainment, levels of training and employment, and improved health outcomes of residents.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance measures listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Review the federally compliant agreement SHRA enters into for construction of Mirasol Village, phase D.
 - a. Receipt and review of federally compliant executed agreement conducted.
2. Review periodic payment requests received from SHRA for compliance with federal requirements before processing for payment 100% of the time.
 - a. Number of invoices received from SHRA.
 - b. Number of invoices reviewed for federal compliance and processed for payment.

Water Distribution to Homeless Encampments

Project Number: HH-8

Expenditure Category: 2-Negative Economic Impacts/2.16-Long-Term Housing Security Services for Unhoused persons

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$870,000

The purpose of this project is to deliver clean water and trash bags to homeless encampments. The delivery of water and trash bags will help individuals experiencing unsheltered homelessness remain in their encampments and thus reduces the likelihood of COVID-19 transmission. The project also allows the County to track and maintain contact with individuals experiencing unsheltered homelessness for vaccination efforts and vital health services.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Deliver up to 2,880 gallons of water to homeless individuals experiencing unsheltered homelessness each month so they have access to clean water and may remain in their encampments, reducing the likelihood of COVID-19 transmission.
 - a. Amount of water delivered to encampments each month.

American River Parkway Sheltering Supports

Project Number: HH-9

Expenditure Category: 2-Negative Economic Impacts/2.16-Long-Term Housing Security Services for Unhoused persons

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$2,457,000

The County has committed significant resources to address the needs of people living unsheltered on the American River Parkway and to address the impacts of homeless encampments on the environment. Having access to dedicated supports, including shelter beds, is a critical part of these efforts. SLFRF funds will be used support Salvation Army Center of Hope shelter operations from May 1, 2022, through December 31, 2024. The shelter is near the Parkway and through the program, 60 beds will be prioritized for those exiting the Parkway area. The Salvation Army will provide 24-hour staffing, food, laundry, case management and re-housing supports for individuals sheltering at their facility. With the additional services from the Parkway navigation teams (including one-time housing funding), and coordination with behavioral health access clinicians, it is anticipated that the beds can turn over up to three times annually, allowing 180 people to be safely sheltered as they exit homelessness.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project. Measures will be disaggregated based on demographics and zip code.

Performance Indicators:

1. Shelter a minimum of 100 individuals annually.
 - a. Number of individuals sheltered through the program.
2. Assist 50% of individuals sheltered through the program to enter into permanent housing.
 - a. Number of individuals sheltered through the program.
 - b. Number of individuals sheltered through the program entering into permanent housing.

Coordinated Access System Enhancement

Project Number: HH-10

Expenditure Category: 2-Negative Economic Impacts/2.16-Long-Term Housing Security Services for Unhoused persons

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$3,000,000

System-wide evaluations conducted over the last two years identified key critical system gaps specific to accessing homeless prevention and assistance, coordination between providers, identifying the availability of services, and provider effectiveness in helping individuals quickly avoid or resolve their housing crisis. Sacramento Steps Forward (SSF), the lead applicant for the Continuum of Care (CoC), is leading a community effort to begin to improve this system which involves two inter-related but distinct features: 1) coordinated access to initial crisis response, prevention, and homeless assistance; and 2) coordinated access to rehousing assistance. The Coordinated Access System will utilize 211, a telephonic resident information and referral service, to provide a “front door” to homeless prevention and supportive services offering consistent access to immediate problem-solving and emergency assistance for people experiencing a housing crisis. Assistance through 211 will be provided in multiple languages and is accessible for persons with disabilities. Service connections and referrals will be provided by trained information and referral specialists, 24-hours a day.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Answer and address 12,000 calls from Sacramento County residents seeking homeless-related crisis intervention and problem solving support each year.
 - a. Number of homeless-related crisis intervention calls answered and addressed by 211.
 - b. Number of households entering shelter from a 211 referral.
 - c. Number of households receiving financial assistance through Coordinated Access.

Mather Community Campus Master Plan

Project Number: HH-11

Expenditure Category: 2-Negative Economic Impacts/2.18-Housing Support Other Housing Assistance

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$249,900

This project will consist of a complete analysis of the Mather Community Campus (MCC) site and buildings. The MCC supports a variety of critical programs and services for individuals experiencing homelessness throughout the County. However, the facilities at the MCC have physical needs that require on-going costly investments to sustain current operations. This project will include the creation of a master plan that provide development and cost recommendations for either repair of the existing facility footprint or re-building new facilities on the MCC footprint.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Obtain a thorough, concise, and clear master plan report, which will be used to guide the County's decisions regarding the specific uses of facilities at the Mather Community Campus, by June of 2023.

Homeless Encampment Sanitation Services

Project Number: HH-12

Expenditure Category: 2-Negative Economic Impact/2.16-Long-Term Housing Security Services for Unhoused Persons

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$400,000

This program is structured to provide toilets and hand washing stations to people experiencing unsheltered homelessness. The objectives are to provide individuals living outside with safe and sanitary restrooms and the ability to wash their hands with the end goal of reducing likelihood of contracting COVID-19 and other negative health outcomes. The relationship between negative health outcomes and homelessness is well documented, with the dramatically heightened risk of a wide range of health problems, including mental health and substance-related problems, hypertension, diabetes mellitus, upper respiratory infections, and gastrointestinal and podiatry problems²⁵. According to the Center for Disease Control, because of these higher rates of serious medical problems among other items, people experiencing homelessness are at a greater risk of contracting COVID-19²⁶.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Reduce the likelihood of homeless individuals contracting and spreading COVID-19 or experiencing other negative health outcomes by maintaining 35 sanitation stations in homeless encampments throughout the County.
 - a. Number of sanitation stations in homeless encampments throughout the County.

²⁵ van den Berk-Clark C, McGuire J. Trust in health care providers: factors predicting trust among homeless veterans over time. *J Health Care Poor Underserved*. 2014 Aug;25(3):1278-90. doi: 10.1353/hpu.2014.0115. PMID: 25130239; PMCID: PMC4157620. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4157620/>

²⁶Center for Disease Control and Prevention. *Interim Guidance on People Experiencing Unsheltered Homelessness*. (10, February 2022). <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>.

Florin-Power Inn Road Safe Stay Community

Project Number: HH-13

Expenditure Category: 2-Negative Economic Impact/2.16-Long-Term Housing Security Services for Unhoused Persons

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$7,854,182

The Florin/Power Inn Safe Stay Community project is a holistic response to the crisis of unsheltered homelessness. This program will help transition occupants of encampments into longer-term shelter and permanent housing and reduce the number of unsanctioned encampments in the unincorporated County. The Safe Stay Community will be professionally operated by a contracted community-based organization who will be responsible for day-to-day operations, managing third-party vendors, developing individualized service plans, and coordinating with the County and other service providers. This program will help transition occupants of encampments into longer-term shelter and permanent housing and reduce the number of encampments in the unincorporated County. The Safe Stay Community will consist of Pallet Shelters along with onsite shower and restroom facilities for clients, as well as onsite offices and meeting rooms for operations staff. The perimeter will be secured with fencing and privacy shading, and security offices will be located at the access gate to control vehicular and pedestrian access to the site. Additionally, the community will have a large, shaded common area for community gathering with a section for pet relief.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Reduce the number of unsheltered individuals living in encampments and on the street in the surrounding neighborhood by 10%.
 - a. Reduction in the number of individuals living in encampments and on the street in the surrounding neighborhood according to the quarterly census.
 - b. Number of unsheltered individuals transitioned from encampments/streets to safe stay community.
2. Increase the number of unsheltered individuals connected to re-housing services or resources through the stay safe program by 35% each year.
 - a. Establish baseline number of unsheltered individuals connected to re-housing services and/or resources through the stay safe program.
 - b. Number of stay safe community individuals connected to re-housing services and/or resources each year.

Substance Use Respite and Engagement Center Operational Funding

Project Number: H-1

Expenditure Category: 1-Public Health/1.13-Substance Use Services

Disproportionately Impacted Community: Individuals in Need of Substance Use Services

Funding Amount: \$2,600,000

This project will provide funding to sustain the Substance Use Respite and Engagement (SURE) Center program through June 30, 2023. The SURE Center was opened by WellSpace Health during the COVID-19 pandemic to reduce impacts on emergency rooms and the Sacramento County Main Jail, while also providing substance-use treatment linkage to SURE Center clients. The SURE Center provides short-term (4-12 hours) recovery, detoxification, and recuperation from the effects of acute alcohol or drug intoxication with a primary emphasis on clients with methamphetamine addiction. Without this partnership, all participants in the SURE Center will either be transported to area Emergency Rooms or placed in the County Jail. The intended outcome of this project is to serve those in need of substance use services, which have been exacerbated by the COVID-19 pandemic.

Research has shown an increase in alcohol and drug use since the pandemic began. However, access to care has been limited due to factors such as limited mental health staffing. The SURE Center has a diversified staffing model that ensures adequate services are available to clients who are struggling from alcohol and illicit substance use or substance misuse. The SURE Center picks up clients from underserved neighborhoods which were impacted severely due to COVID-19, and after stabilization, returns the client to their neighborhood, thus reducing the disruption of a client's natural supports.

Use of Evidence:

The SURE program components, and accompanying behavioral health crisis services, are evidence-based in their entirety^{27 28}. Additionally, most of the sub-components of the program each have their own long-established evidence base (for example, Motivational Interviewing, cognitive-behavioral therapy). The 'bundle' of services provided through the program are recognized at the federal level by the U.S. Department of Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA) in its National Guidelines for Behavioral Health Crisis Care best practice toolkit edited by Assistant Secretary for Mental Health and Substance Use at SAMHSA, Doctor Elinore Katz.

²⁷ Smith-Bernardin, S.M. (2021) Changing the Care Environment for Acute Intoxication: Providing Intoxicated Adults with an Alternative to the Emergency Department and Jail. *Journal of Studies on Alcohol and Drugs*, 82(5), 678–684. <https://www.jsad.com/doi/abs/10.15288/jsad.2021.82.678>.

²⁸ Marshall, B., McGlynn, E., & King, A. (2021). Sobering centers, emergency medical services, and emergency departments: A review of the literature. *American Journal of Emergency Medicine*, 40, 37-40. <https://www.sciencedirect.com/science/article/abs/pii/S0735675720310408?via%3Dihub>

Performance Indicators:

1. Decrease the impacts to local hospitals by diverting 35 intoxicated individuals to the SURE Center for detoxification and treatment services each quarter.
 - a. Number of individuals diverted from hospitals to the SURE Center.
2. Decrease the impacts to Sacramento County Main Jail by diverting 50 individuals to the SURE Center for detoxification and treatment services each quarter.
 - a. Number of individuals diverted from the Main Jail to the SURE Center.
3. Decrease the number of clients awaiting detox by 5% by directly referring and placing 60 clients into ongoing treatment services following their completion of the SURE program each year.
 - a. Number of individuals placed into ongoing treatment services.

Project Roomkey Medical Services

Project Number: H-2

Expenditure Category: 1-Public Health/1.6-Medical Expenses including Alternative Care Facilities

Disproportionately Impacted Community: Homeless Individuals and Families

Funding Amount: \$1,000,000

The purpose of this project is to provide medical services for individuals currently participating in the Project Roomkey program. Project Roomkey provides shelter for those who are homeless or have unstable housing. Through the program, a nursing team is utilized to evaluate the health and safety of Project Roomkey residents who experience an elevated likelihood of health issues, medical emergencies, and contraction of COVID-19. The Project Roomkey model has specific isolation units for COVID-19 positive residents that need higher levels of monitoring and care. The medical team assesses patient vital signs, answers medical questions, and explains complications, while calling for appropriate assistance when needed. Additionally, the nursing team provides health education care coordination, harm reduction, wellness and supportive care, intake and assessment, as well as COVID-19 isolation guidance, testing, and vaccinations.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Conduct approximately 90 health evaluations per month which include opportunities for health education around vaccination and testing.
 - a. Number of health evaluations conducted.
2. Complete monthly COVID-19 testing for 70% of Project Roomkey residents and provide consistent information regarding COVID-19 status to decrease the likelihood of transmissions and limit the impact of COVID-19 on shelters and the general community.
 - a. Number of individuals isolating through Project Roomkey referrals.
 - b. Number of COVID-19 tests administered.

Emergency Medical Services Equipment

Project Number: H-3

Expenditure Category: 1-Public Health/1.14-Other Public Health Services

Impacted Community: General Public

Funding Amount: \$107,000

This project will allow for the purchase of equipment for the Emergency Medical Services (EMS) division within the Department of Health Services. EMS is a primary responder during an activation of the Emergency Operations Center and is an integral component of the County's personal protective equipment and medical supply distribution network. EMS requires sufficient equipment and supplies in order to carry out these responsibilities. A larger truck is necessary to safely tow the Mobile Medical Shelter generator. Purchase of the truck and requested items will address specific deficits observed by EMS during the response to the COVID-19 pandemic. These items will allow EMS to safely and rapidly deploy temporary facilities in the event of a COVID-19 resurgence or Emergency Operations Center activation and will enhance staff and volunteer safety during an emergency.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicator:

1. Purchase one truck necessary to safely tow the Mobile Medical Shelter generator by June of 2023.
 - a. Date of truck purchase.
2. Purchase all EMS supplies and maintenance equipment by June of 2023.
 - a. Supplies and maintenance equipment purchased by June of 2023.

Primary Health Clinic Staffing

Project Number: H-4

Expenditure Category: 1-Public Health/1.6-Medical Expenses including Alternative Care Facilities

Disproportionately Impacted Community: Homeless and Low-income Individuals and Families

Funding Amount: \$2,451,919

This project consists of expanded service capacity at the Sacramento County Health Center which provides health services to low-income residents in Sacramento County. Additional temporary staff will be hired to increase access to primary health care services. Some of these positions will be assigned to the homeless COVID-19 outreach team with the eventual goal of enrolling these patients into Managed Care Medi-Cal, allowing for continued access to health care services.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Provide additional staffing to address and close 600 patient referrals for health services each quarter.
 - a. Number of referrals closed each quarter.

Pandemic Technology Needs

Project Number: H-5 Pandemic Technology Needs

Expenditure Category: 3-Public Health-Negative Economic Impact Public Sector Capacity/3.4-Public Sector Capacity Effective Service Delivery

Impacted Community: General Public

Funding Amount: \$350,000

This project will fund temporary information technology contractors for one year to meet elevated technology demands resulting from the COVID-19 pandemic. The Department of Health Services experienced an increase in the need for information technology services during the pandemic in all divisions, including Primary, Public, Behavioral and Correctional Health Services due to public health regulations and requirements, teleworking for staff, COVID-19 related activities and the implementation of Tele-health. The increased need for technology support strained existing Department of Technology resources as the department aspired to meet elevated technology needs across all County operations during the pandemic.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Reduce the Department of Technology service requests by 10%.
 - a. Establish baseline number of technology service requests.
 - b. Reduction in the number of service requests each quarter.
2. Complete the computer refresh project by deploying 200 replacement computers by June of 2023.
 - a. Number of computers replaced.
 - b. Date of project completion.

Juvenile Medical Services Staffing

Project Number: H-6

Expenditure Category: 1-Public Health/1.4-Prevention in Congregate Settings, Nursing Homes Prisons/Jails, Dense Work Sites, Schools, Child Care Facilities, etc.

Disproportionately Impacted Community: Youth in Congregate Care

Funding Amount: \$191,500

This project will provide funding to support a part-time Registered Nurse at the County of Sacramento Youth Detention Facility. The Registered Nurse will be dedicated to monitoring youth infection control, providing immunizations, patient and staff education, and assisting the program in keeping up with the evolving Cal-OSHA standards through the ARPA project period. The goal is to limit the spread of COVID-19 and other diseases in the facility and by doing so protect residents and the community at large when the residents are released.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Provide COVID-19 vaccinations to 100% of residents with parental consent for vaccination.
 - a. Number of residents with parental consent vaccinated against COVID-19.
 - b. Number of residents vaccinated against COVID-19.
2. Provide COVID-19 vaccinations to residents over the age of 18 years old.
 - a. Establish baseline of vaccinations to residents over the age of 18 years old.

Personnel Services COVID-19 Vaccination and Testing Program

Project Number: H-7

Expenditure Category: 3-Public Health-Negative Economic Impact Public Sector Capacity/3.5-Public Sector Capacity Administrative Needs

Impacted Community: General Public

Funding Amount: \$300,000

The purpose of this project is to provide staffing to assist County departments to accurately track the County's COVID-19 Vaccination Testing Program. The program will ensure the County's compliance with State Public Health Orders which began requiring vaccination for workers in specific high-risk facilities. The County implemented the COVID-19 Vaccination Testing Program to assist departments in tracking program requirements, employees' COVID-19 vaccination status, and COVID-19 testing results. Customer service needs for departments have grown to require administrative tasks such as enrollment and disenrollment, leave tracking reporting, and program guidance. Reporting includes department statistics, exemption requests, testing lists and non-compliance tracking. The General Public will be positively impacted by providing a healthy workforce to administer public services and reduce the spread of COVID-19 to individuals in high-risk facilities. The intended outcomes are compliance with COVID-19 regulations, increased safety in the workplace, customer service to departments, and administration of the COVID-19 Vaccination and Testing program.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Provide seven departments with training and access to the vaccination-testing database by the end of the calendar year so they may each produce one report per week for auditing purposes.
 - a. Number of departments trained to add/remove employees from database.
 - b. Number of reports generated from the vaccination-testing database weekly.
2. Update COVID-19 prevention guidance documents for departments within 14 business days of State and local modifications.
 - a. Number of COVID-19 prevention guidance document modifications.
 - b. Number of days from modification until updated material released to departments.

Academic Support and School Readiness

Project Number: H-8

Expenditure Category: 2-Negative Economic Impacts/2.13-Healthy Childhood Environments Services to Foster Youth or Families Involved in Child Welfare System

Disproportionately Impacted Community: Foster Youth

Funding Amount: \$1,200,000

This project addresses the negative impact of academic disruption and remote learning as a result of the COVID-19 pandemic on foster children, families, and caretakers involved with the child welfare system. For decades, foster children have been behind their non-foster peers in educational outcomes and are less likely to graduate from high school. This negatively impacts social determinants, such as employment, self-sufficiency, health, and overall well-being. The COVID-19 pandemic has resulted in even further achievement gaps for foster children. This project will fund contracted providers for enhanced services and supports for foster children, including, but not limited to, tutoring services, academic assessment reviews, referrals to community supports, and enrichment activities, such as after-school programs, homework club, and others. The contracted providers will help bridge the academic gap for foster children and attempt to improve academic achievement in areas identified below grade level through a services and support system. The project will also engage and support parents and caretakers in these efforts.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Provide initial student academic assessment for foster youth participating in the program and meet the goal of 80% showing improvement in at least one subject area identified as “needs improvement”.
 - a. Number of foster youth provided an initial student academic assessment.
 - b. Number of foster youth showing improvement in at least one subject area identified as “needs improvement”.
2. Engage with parents/caretakers at intake to identify areas of secondary support and meet the goal of 80% reporting improvement in their ability to support the foster youth with identified subject matters.
 - a. Number of parents/caretakers engaged at intake.
 - b. Number of parents/caretakers reporting improvement in their ability to support the foster youth with identified subject matters.

3. Decrease barriers to academic success by providing a service needs assessment and linking 100% of foster youth and parents/caretakers with a culturally, linguistically service provider if available.
 - a. Number of service needs assessment conducted.
 - b. Number of foster youth and parents/caretakers linked with an available culturally, linguistically service provider.

Building Strong Families – Navigation and Home Visiting Services

Project Number: H-9

Expenditure Category: 2-Negative Economic Impacts/2.19-Social Determinants of Health
Community Health Workers or Benefits Navigators

Disproportionately Impacted Community: Low-income Individuals and Families

Funding Amount: \$3,967,500

This project addresses the impact of COVID-19 on African-American community members residing in seven distinct neighborhoods throughout the County, as well as families of all racial/ethnic backgrounds living in the lowest socio-economic areas of the County, with high rates of crime, child abuse, and neglect. These areas were disproportionately impacted, not only by higher rates of COVID-19, but also by higher rates of homelessness, unemployment, lack of childcare options, food resources, and other quality of life issues. This trauma-informed project will fund community-based organizations to conduct home visits, host community events, and provide assistance with health, mental health, transportation, and other basic needs in the community where stressed families live. This project will use Family Support Navigators to assess the immediate needs of children and families, provide direct support, and provide referrals to community resources and services to help stabilize and strengthen families.

Use of Evidence:

Family Support Navigators will engage with and connect parents/caregivers to the services and resources they are eligible for in their community and countywide, which include evidence based practices such as home visiting (models including Parents as Teachers²⁹, Healthy Families America³⁰ and Nurse Family Partnership³¹, as well as local promising models such as Black Mothers United³²) and parenting education classes (curriculums such as Nurturing Parenting³³ and Effective Black

²⁹ Parents as Teachers National Center. (2022). Parents as Teachers: An Evidence-Based Home Visiting Model. https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/628ba2d40ce9b6603c769207/1653318359288/906_2022_EBHVMDigital_Book.pdf

³⁰ Healthy Families America. (2022). Evidence of Effectiveness. https://www.healthyfamiliesamerica.org/wp-content/uploads/2022/03/HFA_Evidence_of_Effectiveness_2022_Website.pdf

³¹ Miller, T. (2015) Projected Outcomes of Nurse-Family Partnership Home Visitation During 1996–2013, USA. *Prevention Science*, 16(6), 765-777. <https://www.nursefamilypartnership.org/about/proven-results/published-research>

³² Read, S. (2017). Black Mothers United Improving Birth Outcomes by Addressing Social Determinants of Health. [Presentation]. University of California, San Francisco Family Health Outcomes Project. https://fhop.ucsf.edu/sites/fhop.ucsf.edu/files/custom_download/Black%20Mothers%20United%20-%20UCSF%20Webinar%20031417.pdf

³³ Cowen, P. S. (2001). Effectiveness of a parent education intervention for at-risk families. *Journal of the Society of Pediatric Nursing*, 6(2), 73-82. <https://www.cebc4cw.org/program/nurturing-parenting-program-for-parents-and-their-infants-toddlers-and-preschoolers>

Parenting³⁴). There are many articles in professional medical journals^{35 36 37} that link the use of trained community Navigators to reduced health disparities among Black, Indigenous and People of Color (BIPOC) people. Building Strong Families will create a local Navigator program, based on components of successful models, such as local hiring, extensive training, creating a tight-knit cohort and regular collaborative meetings. Project funding will be used to create, implement and evaluate the Family Support Navigators.

A Results Based Accountability (RBA) framework will be utilized to assess the program. The County will identify data points and milestones and will track the number of individuals and families served, number and type of referrals provided, and number of referrals acted upon. The County will also create an assessment tool to determine families' greatest needs, stress level, parenting efficacy, and other measures to assess impact.

Families living in 15 neighborhoods across the county were selected for this program because, when compared to the county as a whole, they experience greater instances of health disparities, child abuse, neglect, and deaths (with Black/African American children being disproportionately affected), higher rates of COVID infection, and lower vaccination rates. COVID-19 has created higher levels of stress in these communities and has isolated parents/caregivers as their community non-profits shuttered their doors during the pandemic. Parents had less access to mental health services for themselves and their young children. Additionally, these communities have seen higher unemployment rates and greater levels of poverty as a result of the pandemic.

Performance Indicators:

1. Provide referrals and linkage to service providers for 8,000 participants by December of 2024.
 - a. Number of participants that received a referral and linkage to service providers.
2. Provide 9,700 referrals to program participants prior to December of 2024.
 - a. Number of referrals provided to participants.

³⁴ Myers, H. F., Alvy, K. T., Arlington, A., Richardson, M. A., Marigna, M., Huff, R., Main, M., & Newcomb, M. D. (1992). The impact of a parent training program on inner-city African-American families. *Journal of Community Psychology*, 20(2), 132-147. [https://doi.org/10.1002/1520-6629\(199204\)20:2%3C132::AID-JCOP2290200204%3E3.0.CO;2-Z](https://doi.org/10.1002/1520-6629(199204)20:2%3C132::AID-JCOP2290200204%3E3.0.CO;2-Z); <https://www.cebc4cw.org/program/effective-black-parenting-program>

³⁵ Cowen, P. S. (2001). Effectiveness of a parent education intervention for at-risk families. *Journal of the Society of Pediatric Nursing*, 6(2), 73-82. <https://www.cebc4cw.org/program/nurturing-parenting-program-for-parents-and-their-infants-toddlers-and-preschoolers/>

³⁶ Natale-Pereira, A., Enard, K. R., Nevarez, L., & Jones, L. A. (2011). The Role of Patient Navigators in Eliminating Health Disparities. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4121958/>

³⁷ Wang, M. L., Gallivan, L., Lemon, S. C., Borg, A., Ramirez, J., Figueroa, B., McGuire, A., & Rosal, M. C. (2015). Navigating to Health: Evaluation of Community Health Center Patient Navigation. <https://www.sciencedirect.com/science/article/pii/S2211335515001047>

Food Insecurity-Food Bank Support Pilot Program

Project Number: H-10

Expenditure Category: 2-Negative Economic Impacts/2.1-Household Assistance Food Programs

Disproportionately Impacted Community: Food Insecure Low-income Individuals and Families

Funding Amount: \$2,750,000

This project will provide direct support to local food pantries. The food bank will utilize partnerships with local pantries in the County to deliver food products to individuals and families experiencing food insecurity due to economic harm caused by COVID-19. The population served will be County of Sacramento residents with low-income. Contracted parties will submit monthly reports that identify the number of families served.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Increase the number of households served by 5%.
 - a. Establish baseline number of households served.
 - b. Number of households served each month.
2. Increase the number of participants served by 5%.
 - a. Establish baseline of the number of participants served.
 - b. Number of participants served each month.
3. Increase food purchase receipts by 5%.
 - a. Establish baseline of the amount of food purchased.
 - b. Amount of food purchased each month.

Food Insecurity-Meal Delivery Pilot Program

Project Number: H-11

Expenditure Category: 2-Negative Economic Impacts/2.1-Household Assistance Food Programs

Disproportionately Impacted Community: Food Insecure Low-income Individuals and Families

Funding Amount: \$1,000,000

This project will provide direct support to develop a meal delivery service program. The meal delivery service program is targeted to identify specific partners and provide meal delivery to senior citizens and immunocompromised individuals experiencing food insecurity due to economic harm caused by COVID-19. This program aims to reduce food insecurity for these populations. Outcomes will be measured by the number of individuals served within the County.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Increase the number of meal deliveries by 5%.
 - a. Establish baseline number of meals delivered.
 - b. Number of meals delivered each month.
2. Increase the number of participants served by 5%.
 - a. Establish baseline of the number of participants served.
 - b. Number of participants served each month.

Fentanyl Awareness Campaign

Project Number: H-12

Expenditure Category: 1-Public Health/1.13-Substance Use Services

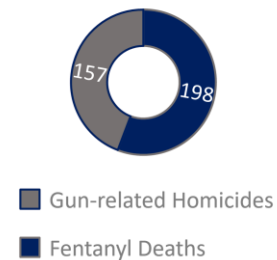
Impacted Community: General Public

Funding Amount: \$200,000

The District Attorney’s Office will conduct a two-year countywide public service announcement (PSA) campaign alerting the public about counterfeit prescriptions pills, which contain deadly fentanyl, which are flooding the Sacramento area. The District Attorney’s Office will work with a public relations agency to target three main audiences, including the general population, parents/guardians, and youth/young adults. The key messaging points are one pill can kill; if you didn’t get it from a pharmacy, it’s fake; and more people are dying from fentanyl poisoning than firearm-related homicides. Multi-language versions will also be created as often as possible. The campaign will include PSAs for different media platforms, including television/radio, online/social media, digital billboards, public transit, print publications, and community events.

From January of 2020 to December of 2021, the County experienced a 32 percent increase in fentanyl-related deaths. In 2020 and 2021, there were 26 percent more deaths contributed to fentanyl consumption than gun-related homicides in the County as shown in Figure 9.

Figure 9: County Fentanyl Deaths



Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Attain 10 million total impressions across all media platforms, a minimum click-through percentage rate of 2%.
 - a. Number of impressions across all media platforms.
2. Reach 10,000 1pillcankillsac.com webpage views by the end of the project.
 - a. Number of 1pillcankillsac.com webpage views.
3. Reduce number of fentanyl-related deaths compared to January 2020 through June 2022 death rates.
 - a. Number of fentanyl-related deaths occurring between July 2022 and January 2024.

Emergency Volunteer Database and Deployment Website

Project Number: H-13

Expenditure Category: 1-Public Health/1.14-Other Public Health Services

Impacted Community: General Public

Funding Amount: \$42,000

This project will modernize and digitize the Medical Reserve Corps (MRC) database and assist in matching volunteers to tasks for which they are qualified to perform. The County of Sacramento Office of Emergency Services manages the MRC and Amateur Radio Volunteers, in addition to providing oversight of Spontaneous and Affiliated Volunteers during disasters. The MRC volunteers provide services such as: vaccinations, testing, line monitoring, lab courier, hotline answering points, and more, all of whom have been scheduled manually. During the COVID-19 response, the MRC program grew from 200 to a membership of 900 medical volunteers who served over 25,000 hours supporting County Public Health in 2020 and 13,532 hours in 2021.

This system will provide a robust digital solution for receiving and processing volunteer applications, verifying medical licensing and background checks, automating deployment of volunteers, and tracking reportable data on hours worked. Project funds will be used to purchase integrated database software that is intuitive, easy to use, and includes scheduling and tracking of hours served, email and text communications, volunteer time-clock, QR code check-in, and encrypted data storage. The application can be used on a desktop, tablet, or mobile device. The project will enhance website portals and support by integrating those solutions with existing Emergency Operations Center technologies.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Engage 90 volunteers in a test using the software.
 - a. Number of volunteers engaged in the test.
2. Complete the development of the new software database and upload 850 volunteer records.
 - a. Number of volunteer records uploaded into database.
3. Distribute training materials to 850 volunteers.
 - a. Number of training materials distributed.

Food Insecurity Outreach – National Association for the Advancement of Colored People (NAACP)

Project Number: H-14

Expenditure Category: 2-Negative Economic Impacts/2.1-Household Assistance Food Programs

Disproportionately Impacted Community: Food Insecure Low-income Individuals and Families

Funding Amount: \$250,000

This project will provide outreach services for individuals and families experiencing food insecurity due to economic harm caused by COVID-19. The outreach will occur at local events and farmers markets. The purpose of the program is to provide education and referrals for food assistance resources to this population. Outcomes will be measured by the number of events and activities attended.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Provide outreach to 25 individuals each month to increase awareness and provide referrals for food assistance resources.
 - a. Number of individuals that received outreach services.
2. Attend at least one outreach event per month to increase awareness of food insecurity programs and provide referrals for food assistance.
 - a. Number of outreach events attended.

Chamber of Commerce Grants

Project Number: ER-1

Expenditure Category: 2-Negative Economic Impacts/2.29-Loans or Grants to Mitigate Financial Hardship

Impacted Community: Chambers of Commerce

Funding Amount: \$975,000

This project is structured to provide direct grants to Chambers of Commerce located in the County to provide small business support services related to economic recovery efforts. These Chambers of Commerce were also economically impacted by COVID-19 as they expanded activities to assist struggling businesses and simultaneously experienced their own shortfalls through the loss of memberships, lack of fundraising opportunities, and workforce challenges. The intended outcome of the project is to support the economic recovery of small businesses and support Chambers of Commerce so they can continue to provide services and increase economic activity.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Support the equitable economic stability and recovery of 1,000 businesses and 22 non-profit organizations by May of 2023.
 - a. Number of small businesses served.
 - b. Number of non-profits served.

Property and Business Improvement District Grants

Project Number: ER-2

Expenditure Category: 2-Negative Economic Impacts/2.29-Loans or Grants to Mitigate Financial Hardship

Impacted Community: Property and Business Improvement Districts

Funding Amount: \$1,825,000

This project is structured to provide direct grants to Property and Business Improvement Districts (PBID) located in the County to provide small business support services related to economic recovery efforts. These PBIDs were also economically impacted by COVID-19 as they expanded activities to assist struggling businesses and simultaneously experienced their own shortfalls through lack of fundraising opportunities, workforce challenges, and increased expenses related to property maintenance during the pandemic. The intended outcome of this project is to support the economic recovery of businesses and increase their economic activity.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Support the equitable economic stability and recovery of 1,500 businesses and 18 non-profit organizations by May of 2023.
 - a. Number of small businesses served.
 - b. Number of non-profits served.

Arts and Non-Profits Cultural Grants

Project Number: ER-3

Expenditure Category: 2-Negative Economic Impacts/2.29-Loans or Grants to Mitigate Financial Hardship

Impacted Community: Arts and Non-Profit Cultural Organizations

Funding Amount: \$2,200,000

This project is structured to provide direct grants to arts and non-profit cultural organizations throughout the County that have been negatively impacted by COVID-19. These arts and non-profit cultural organizations were economically impacted by COVID-19 as they experienced lost revenue when required to close in-person operations, lost fundraising opportunities, workforce challenges, and increased expenses related to COVID-19 health measures. This project will be executed in partnership with the City of Sacramento who will provide a match of \$2,000,000 to the program. Grants awards will range from \$5,000-\$100,000 each. The intended outcome of the project is to ensure the equitable economic recovery and increased economic activity for the arts and non-profit cultural community.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Support the equitable economic stability and recovery of 300 non-profit organizations by June of 2023.
 - a. Number of non-profits served.

Small Business and Non-Profit Grants

Project Number: ER-4

Expenditure Category: 2-Negative Economic Impacts/2.29-Loans or Grants to Mitigate Financial Hardship

Impacted Community: Small Businesses and Non-Profit Organizations

Funding Amount: \$7,500,000

This project is structured to provide direct grants to small business and non-profit organizations in the unincorporated area of the County that have been negatively impacted by COVID-19. Small business and non-profit organizations were economically impacted by COVID-19 as they experienced lost revenue when required to close in-person operations, workforce challenges, and increased expenses related to COVID-19 health measures. The intended outcome of the project is to support the equitable economic recovery and increase economic activity for businesses. The intended outcomes will be measured by the number of small business and non-profit organizations served.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Support the equitable economic stability and recovery of 750 businesses and non-profit organizations by December of 2022.
 - a. Number of small businesses served.
 - b. Number of non-profits served.

Retail Food Permit Fee Waiver Project

Project Number: ER-5

Expenditure Category: 2-Negative Economic Impacts/2.37-Economic Impact Assistance Other

Impacted Group: Retail Food Businesses

Funding Amount: \$6,820,000

This project will waive the Environmental Management Department annual operating permit fees for approximately 7,161 retail food businesses in the County that were in operation as of December 31, 2021. Eligible retail food businesses include: restaurants, bars, schools, mobile food establishments, bakeries, cottage food operations, snack bars, caterers/commissaries, food banks, and retail markets less than 15,000 square feet. The project will occur over one year as annual permit fees become due for each establishment. This project will support retail food businesses that have been negatively impacted by the restrictions imposed by local and state public health orders.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Waive annual operating permit fees for approximately 7,161 retail food businesses.
 - a. Number of operating fees waived for retail food businesses.

Sacramento Metro Chamber of Commerce-Business Support Services

Project Number: ER-6

Expenditure Category: 2-Negative Economic Impacts/2.30-Technical Assistance Counseling or Business Planning

Impacted Group: Chambers of Commerce

Funding Amount: \$660,000

This project will fund Sacramento Metropolitan Chamber of Commerce (SMCC) operations dedicated to providing support to businesses negatively impacted by COVID-19. Small business were economically impacted by COVID-19 as they experienced lost revenue when required to close in-person operations, workforce challenges, and increased expenses related to COVID-19 health measures. SMCC will provide specialized assistance, counseling program outreach, and other services to assist with business recovery needs. The intended outcome of the project is to support the economic stability and recovery of businesses impacted by COVID-19.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Support the equitable economic stability and recovery of 1,500 businesses by May of 2023.
 - a. Number of small businesses served.

Sacramento Inclusive Economic Development Collaborative- Business Support Services

Project Number: ER-7

Expenditure Category: 2-Negative Economic Impacts/2.30-Technical Assistance Counseling or Business Planning

Impacted Group: Non-profit Organizations

Funding Amount: \$2,890,000

This project will fund the Sacramento Inclusive Economic Development Collaboration Sac (IEDC), a coalition of community-based organizations dedicated to providing assistance to businesses that have been negatively impacted by COVID-19. Small business were economically impacted by COVID-19 as they experienced lost revenue when required to close in-person operations due to workforce challenges and as they faced increased expenses related to COVID-19 health measures. This project will focus on an equitable distribution of funds through IEDC's Minority Business Assistance Recovery Kickstart Program (MBARK Program). The MBARK Program will be utilized to address existing deficiencies currently facing minority small business owners in the County and provide outreach, technical assistance, training, and one-on-one consulting in various languages to engage those hard-to-reach businesses using culturally appropriate methods. The intended outcomes of the project are to support the equitable economic stability and recovery of the business community and increase economic activity.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Support the equitable economic stability and recovery of 2,500 businesses and increase their economic activity by July of 2023.
 - a. Number of small businesses served.

Business Environmental Resource Center-Business Support Services

Project Number: ER-8

Expenditure Category: 2-Negative Economic Impacts/2.30-Technical Assistance Counseling or Business Planning

Impacted Group: Small Businesses

Funding Amount: \$200,000

This project will fund the Business Environmental Resource Center (BERC) for operations dedicated to providing assistance to businesses that have been negatively impacted by COVID-19. Small business were economically impacted by COVID-19 as they experienced lost revenue when required to close in-person operations, workforce challenges, and increased expenses related to COVID-19 health measures. The BERC, an existing County of Sacramento department, will provide specialized assistance counseling program outreach and other services to assist with business recovery needs. The intended outcomes of the project are to support the equitable economic stability and recovery of businesses and increase their economic activity.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Support the equitable economic stability and recovery of 1,200 businesses by June of 2024.
 - a. Number of small businesses served.

Hood and Franklin Community Septic Conversion

Project Number: D5-1

Expenditure Category: 7-Administrative/7.2-Transfers to Other Units of Government

Impacted Group: Disadvantaged Community

Funding Amount: \$1,475,000

This project will allocate \$1,475,000 to the Sacramento Area Sewer District (SASD) to fund the design portion of the Hood and Franklin Community Septic Conversion Project. Hood is an unincorporated community located along the Sacramento River, 15 miles south of Sacramento and is a Severely Disadvantaged Community based on median household income. Franklin is an unincorporated community located between Franklin Boulevard and the Union Pacific Railroad (UPRR), north of Hood-Franklin Road and is a Disadvantaged Community based on median household income. The project will allow for the conversion from old septic systems to the SASD system. Many of the septic systems were installed in the 1970's and are past their useful life. The Hood community consists of 76 residential parcels, 13 commercial parcels, and 52 vacant parcels, while there are 30 residential parcels, 10 commercial parcels, 1 public school, and 7 vacant parcels in the Franklin community. SASD will serve as the lead on the project and will utilize the SLFRF allocation to perform project design, allowing the project timeline to advance as much as two years with construction estimated to be completed in fall of 2025.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Confirm SASD enters into a federally compliant agreement for design services of the septic sewer conversion of the Hood and Franklin disadvantaged communities.
 - a. Receipt and review of federally compliant executed agreement conducted.
2. Review periodic payment requests received from SASD for compliance with federal requirements before processing for payment 100% of the time.
 - a. Number of invoices received from SASD.
 - b. Number of invoices reviewed for federal compliance and processed for payment.

Volunteer Fire District Grants

Project Number: D5-2

Expenditure Category: 7-Administrative/7.2-Transfers to Other Units of Government

Impacted Group: General Public

Funding Amount: \$500,000

This project will allocate \$500,000 for emergency services-related grants for volunteer fire districts located in District 5. SLFRF allows for expenditures related to emergency medical response expenses and many of the volunteer fire districts located in District 5 lack the financial resources to provide a level of service on par with incorporated cities within the County. Additionally, many of the constituents served by the districts have been impacted or disproportionately impacted by the pandemic. These volunteer fire districts serve as a critical resource for the community and operate with limited resources, which have been further strained during the pandemic and continued state of emergency declared by the Governor on March 4, 2020, and have not directly received other sources of recovery-related funding.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Provide grants to volunteer fire districts located in District 5.
 - a. Number of fire districts served.

Park District Grants

Project Number: D5-3

Expenditure Category: 7-Administrative/7.2-Transfers to Other Units of Government

Impacted Group: General Public

Funding Amount: \$600,000

This project will allocate \$600,000 to dependent and independent park districts located within District 5 for ARPA eligible expenditures. Parks serve as a vital resource for the community, many of which are located within impacted and disproportionately impacted communities. The demand for parks and their role in promoting opportunities for safe social interaction, as well as physical and mental relief further increased during the pandemic.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Provide grants to dependent and independent park districts located within District 5.
 - a. Number of park districts served.
 - b. Number of play or other structures built.

Premium Pay for Essential Workers During COVID-19 Public Health Emergency

Project Number: EW-1

Expenditure Category: 4-Premium Pay/4.1 Public Sector Employees

Impacted Group: Essential Workers

Funding Amount: \$11,430,204

County employees who performed essential work during the pandemic were provided a premium pay stipend to compensate for the elevated risk of continuing onsite work. Employees that receive the stipend were required to be income-eligible workers earning less than 150 percent of the average annual wage for Sacramento County according to the Bureau of Labor Statistics. These employees performed essential work while physically at the jobsite with regular in-person interactions with patients, the public, or coworkers.

Use of Evidence:

This project does not reference a specific evidence-based practice; however, data associated with the performance indicators listed below will be collected and evaluated to determine the success of the project.

Performance Indicators:

1. Provide premium pay to 5,879 County employees.
 - a. Number of employees which received premium pay.