

COUNTY OF SACRAMENTO HOMELESS PLAN

Adopted by Sacramento County Board of Supervisors on
December 12, 2018

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At the time of the last homeless Point-in-Time (PIT) count in 2017, 3,665 people were experiencing homelessness in Sacramento County. More than half of those counted, or 2,052 individuals, were unsheltered. Over the course of a year, the number of people who are homeless and seeking services is nearly twice this: over 6,000 people in 2017-2018.

The County of Sacramento, along with cities, other local governmental agencies, health care providers, nonprofit organizations, business and faith community partners, and other stakeholders, is committed to ending homelessness in Sacramento County. Despite the significant growth in the homeless population, this group of partners has taken important steps in recent years to expand housing opportunities and improve the quality and coordination of services for people experiencing homelessness.

In the last two years, the State of California (State) has committed new resources for fighting homelessness, including the No Place Like Home (NPLH) program, which is dedicated to creating permanent supportive housing for individuals with serious mental illness experiencing homelessness and chronic homelessness, as well as people at-risk of chronic homelessness who are living with serious mental illness. State funding is available to Counties who commit to provide ongoing services to individuals and families living in NPLH housing and who have adopted a homeless plan. Sacramento's Plan (Plan) responds to this State requirement.

The State is also providing new one-time resources in the form of the California Emergency Solutions and Housing (CESH) Program and the Homeless Emergency Aid Program (HEAP), both of which can support a diverse array of programs and interventions for homeless and at-risk populations. CESH is available to local Continuum of Care (CoC) organizations and HEAP is available to both CoCs and to 11 cities, including the City of Sacramento, with large homeless populations.

Addressing the State's NPLH plan requirements, Sacramento's Plan does the following:

- Describes the magnitude and characteristics of homelessness, chronic homelessness, and the NPLH target population;
- Inventories existing efforts underway and partnerships in ending homelessness;
- Describes current resources and identifies critical gaps; and
- Lays out County and stakeholder plans to address unmet needs in key focus areas.

Sacramento's Plan is also written with the larger goal of serving as building block for all partners within Sacramento County to create and implement shared strategies that make a measurable impact on homelessness. It provides a framework for the new State resources, along with other local investments, proposing a range of strategies and actions to reshape Sacramento's system of care into a coordinated system, enhancing system infrastructure and improving partner coordination.

It is critical to create a Homeless Response System that works collectively to connect people to housing quickly so that homelessness is a rare and brief occurrence. According to the United States Interagency Council's Federal Plan to End Homelessness, a successful Homeless Response System should:

- Quickly identify and engage people at risk of and experiencing homelessness;
- Intervene to prevent people from losing their housing and divert people from entering the homelessness services system;
- Provide people with immediate access to shelter and crisis services without barriers to entry if homelessness does occur; and
- Quickly connect people experiencing homelessness to housing assistance and services tailored to their unique needs and strengths to help them achieve and maintain stable housing.

This Plan echoes and amplifies themes from Sacramento Steps Forward's 2015 Strategic Action Plan (*More, Better, Different*), which promoted a system of care in which people at risk of homelessness receive necessary support to stay housed, people who become homeless are permanently housed with appropriate services, and long-term homelessness is a thing of the past. The Plan also builds on an array of County-led initiatives developed in the past two years through which the County has increased its investments, forged new partnerships, and adopted critical best practices. Sacramento's Plan provides a framework to build on these partnerships and targeted initiatives with additional programmatic expansion and system development to achieve a coordinated, community-wide, strategic approach.

The County of Sacramento led a collaborative process between July and December 2018 to gather input from a range of stakeholders and community members on challenges and solutions, which culminated with adoption by the Sacramento County Board of Supervisors. County leaders and consultants conducted a series of stakeholder meetings, interviews and focus groups to identify core needs and gaps, inventory current efforts underway, and establish goals and strategies to significantly impact homelessness in Sacramento County. This process is described more fully in *Section I: Process and Guiding Principles*.

The following goals emerged from the planning process. Described further in *Section IV: Proposed Solutions: Goals and Strategies*, these goals serve as the foundation of the Plan, and the basis for all of the action steps that follow.

- 1. Prevent People from Becoming Homeless:** By intensifying diversion efforts for people who can be assisted in other ways and engaging in collaborative discharge planning, we will reduce the number of people who enter the homeless system.
- 2. Improve Response to the Street Crisis and Improve Quality of Life:** By strengthening outreach and engagement efforts that connect people to care, and addressing individual

and community health and safety needs, we will improve the quality of life both for people who are unsheltered and their housed neighbors.

- 3. Expand and Improve Shelter and Interim Housing:** By increasing shelter capacity, removing barriers, expanding the services offered, and linking people directly to housing resources, we will decrease the number of people living outside and move people more quickly to permanent housing.
- 4. Expand Targeted Permanent Housing:** By expanding temporary rental subsidies and developing additional deeply affordable housing paired with services dedicated to people experiencing homelessness, we will increase the number of people who move into permanent stable homes every year.
- 5. Leverage and Coordinate Mainstream and Other Resources:** By expanding access to and coordination of essential mainstream services such as health, behavioral health, employment and other services, we will help homeless and formerly homeless people to attain better outcomes related to health and wellness as they stabilize in permanent housing and we will strengthen the larger system of care.
- 6. Strengthen System Leadership and Accountability:** By building our system leadership and introducing data-based performance measurement, we will cultivate a shared vision for the system, develop shared goals, and build a structure for coordinated and aligned decision-making to implement this plan and accelerate progress.

This Plan lays the foundation for reaching these goals. After detailing the process by which the Plan was developed, it provides a description of the state of homelessness in Sacramento County – including a special focus on the intersection of homelessness and mental health. This is followed by an overview of initiatives that are underway and resources to fight homelessness and the array of community partners that are working together on those initiatives. (A more detailed description of County efforts by department is in *Appendix G. County Programs and Initiatives*.) The Plan concludes with a comprehensive list of strategies and actions that will be taken in order to change the course of homelessness in Sacramento County over the next five years.

A. PROCESS AND GUIDING PRINCIPLES

Process

Between July and December 2018, the County of Sacramento led a collaborative process to gather input from a range of stakeholders and community members on homelessness. The process was guided by an internal County work group consisting of the Director of County Homeless Initiatives, the Department of Human Assistance (DHA), and the Department of Health Services (DHS). County leaders and consultants (Focus Strategies) conducted 13 stakeholder interviews and focus groups and reached out to five established advisory boards and coordinating bodies to help identify core needs and gaps, inventory current efforts underway, and establish goals and strategies to make homelessness rare, brief and non-recurring. In November, a large community meeting with more than 100 persons in attendance was held to review draft strategies and actions and to solicit input and comment. The draft Plan was posted on the County website in early November for a period of 17 days, and stakeholders were given the opportunity to provide written comment. Finally, the Board of Supervisors received public comment on the Plan at its adoption on December 12, 2018.

Approximately 200 stakeholders participated in focus groups, interviews, and community meetings to provide feedback on what is currently working in Sacramento County, where there are challenges and gaps, and what steps or actions the Plan should cover. The following groups consulted with the County during the development of this plan. For additional information about the format, attendees, and content of these meetings, please refer to *Appendix E: Summary of Stakeholder Input Prior to Plan* and *Appendix F: Community Feedback on Plan Draft*.

Stakeholder Meetings and Interviews	Date
Cities in Sacramento County (NPLH Program Development Work Group)	6/21
Sacramento County (Two meetings with staff from eight County departments)	6/22 and 7/31
Sacramento Steps Forward Leadership	7/05
City of Sacramento Homeless Coordinator	7/12
Sacramento Housing and Redevelopment Agency (with representatives covering Multifamily, Housing Authority, and Community Planning and	7/31

Meetings with Established Advisory Boards and Commissions	Date
Criminal Justice Cabinet	7/12
Medi-Cal Managed Care Advisory Committee	7/25
Human Services Coordinating Council	8/09
Continuum of Care Advisory Board	9/12 and 10/10
Sacramento Disability Advisory Commission	9/14

Focus Groups	Date
Housing Developers and Operators	7/13
Faith Based Group [Area Congregations Together (ACT)]	7/23
Providers (Two groups with providers of homeless and mental health services)	8/01
People with Lived Experience of Homelessness or Mental Illness	8/01
Business Group [Property Business Improvement District (PBID) Representatives]	8/21
Family Members of People with Mental Illness and Experiences of Homelessness [Two meetings]	10/17

Community feedback and other information gathered through the focus groups, interviews, and other components of the process have been integrated directly into this Plan. In addition, detailed summaries of the information gathered during the focus groups, stakeholder interviews and community meeting are included as *Appendices E and F*.

Guiding Principles

In developing this Plan, the following principles emerged to guide not only the Plan’s goals and action steps, but to frame and guide continuing efforts.

- **Take a countywide approach.** While working toward a coordinated and unified approach in Sacramento’s Homeless Response System, we recognize that the county is large, local issues vary, and communities are diverse. Solutions should reflect this diversity.

Collaboration across all Cities and Sacramento County is critical because people are experiencing homelessness throughout the community.

- **Set concrete goals.** We should create specific, actionable goals; identify who is accountable for different activities; and report back regularly on progress.
- **Provide frequent, coordinated public communication.** The County of Sacramento, SSF, the City of Sacramento, and other partners should develop a joint communication effort to inform the public about actions underway, results achieved, and ways to get involved.
- **Expand opportunities for citizen involvement:** It is important to build on the strategies developed by local communities, so that people experiencing homelessness, their families, and other citizens and stakeholders can contribute to solutions and play a role in supporting people, programs, projects, and homeless system development.
- **Provide services that are client-centered and culturally competent.** Services for people experiencing homelessness must reflect their lived experiences, including their racial/ethnic identities, gender and sexual orientation, disabilities, cultures, languages, histories, and values. The system must be equitable and inclusive; and programs should be welcoming and non-judgmental.
- **Involve people with lived experience in all aspects of service delivery.** The perspectives of people who have experienced homelessness can help to ensure that services are truly responsive to community needs. This involvement should be meaningful, and can include program design and delivery, oversight, planning, and other central roles. Communication with people receiving services should be transparent and easy to understand.

B. A DESCRIPTION OF HOMELESSNESS IN SACRAMENTO

This section is intended to provide a snapshot of homelessness in Sacramento County. It provides information on the number of people experiencing homelessness, their household types, sheltered and unsheltered homelessness, chronic homelessness, and a range of demographic characteristics including mental health issues and other disabilities.

Data Used in This Section

This Plan draws upon homelessness data from a few different sources, each of which has strengths and limitations. These sources are listed below, with some explanatory information that is important for understanding the data presented.

- **Point-in-Time (PIT) Counts:** Sacramento conducts a one-night count of sheltered people on an annual basis, and a one-night count of sheltered and unsheltered people bi-annually in January. This one-night census is the most valuable method for estimating the number of people experiencing homelessness at any given time. Further, because it measures the same thing every year, it is useful for describing year-to-year trends such as increases or reductions in specific subpopulations or in homelessness overall. However, because homelessness is often episodic, PIT Counts do not capture people who experience homelessness other than on the night of the count. In addition, PIT Counts inevitably miss some people who are homeless in inaccessible locations or who otherwise cannot be seen or found. PIT Counts are accompanied by surveys that help estimate the prevalence of certain conditions in the population, and can be used to estimate, but not enumerate, the number of people who experience homelessness over the course of a year.
- **The CoC's Homeless Management Information System (HMIS):** Sacramento also relies upon HMIS, a client-level database managed by Sacramento Steps Forward (SSF). Homeless service providers record confidential client-level data in HMIS, including demographics, history of homelessness, and shelter, housing and service usage. HMIS is also used to report on certain program- and system-level performance measures. Because it captures data over time and across multiple programs, the HMIS provides information about homelessness over a year. However, it only captures data on people receiving services, and not those who are disconnected from care. In addition, because not all homeless service providers participate in HMIS, it does not cover all people receiving homeless services. However, Sacramento reports 87% bed coverage in HMIS which is a fairly high level of coverage. Finally, year-to-year comparisons may be less useful for estimating changes in magnitude, as the number of people in HMIS grows if more programs or providers participate. In support of the Plan, SSF provided aggregate, unduplicated data from the County's HMIS for the period July 2017 to June 2018.
- **Coordinated Entry Assessments:** The Coordinated Entry system assesses the needs and circumstances of people experiencing homelessness in order to prioritize and match

them to resources. Coordinated Entry assessments gather more detailed information about service needs and usage that is not in HMIS, such as past emergency room visits, use of substance abuse treatment, and other systems and programs, as well as interactions with the criminal justice system. It should be noted that this information is self-reported and may not always accurately reflect a person's actual usage. This data also does not include people who have not sought assistance through Coordinated Entry. This information is used here to present a more specific and qualitative picture of specific issues of interest but should not be taken to represent the full population or precise utilization trends.

- **Census Data:** In a few places, the Plan compares the composition of the County's homeless population to the composition of the general population of Sacramento County. The information about the general population was drawn from the 2016 Population Estimates in the American Community Survey of the U.S. Census.

This Plan includes data from each of these sources to present as complete a picture as possible. Because the sources measure different things, the numbers can appear quite different. For instance, the 2017 Point-in-Time Count documented a total of 3,665 people experiencing homelessness on January 25, 2017. The HMIS data shows that a total 6,188 unduplicated individuals received some type of services while homeless in the period between July 2017 and June 2018. HMIS data with demographic information is a smaller subset of the HMIS data, with a total of 5,517 persons. The Coordinated Entry Assessment data shows a total of 2,953 individuals for this same time period. While each number is different, all provide useful information about the County's homeless population. In order to minimize confusion, every section and chart in this analysis indicates the source of the data.

People Experiencing Homelessness

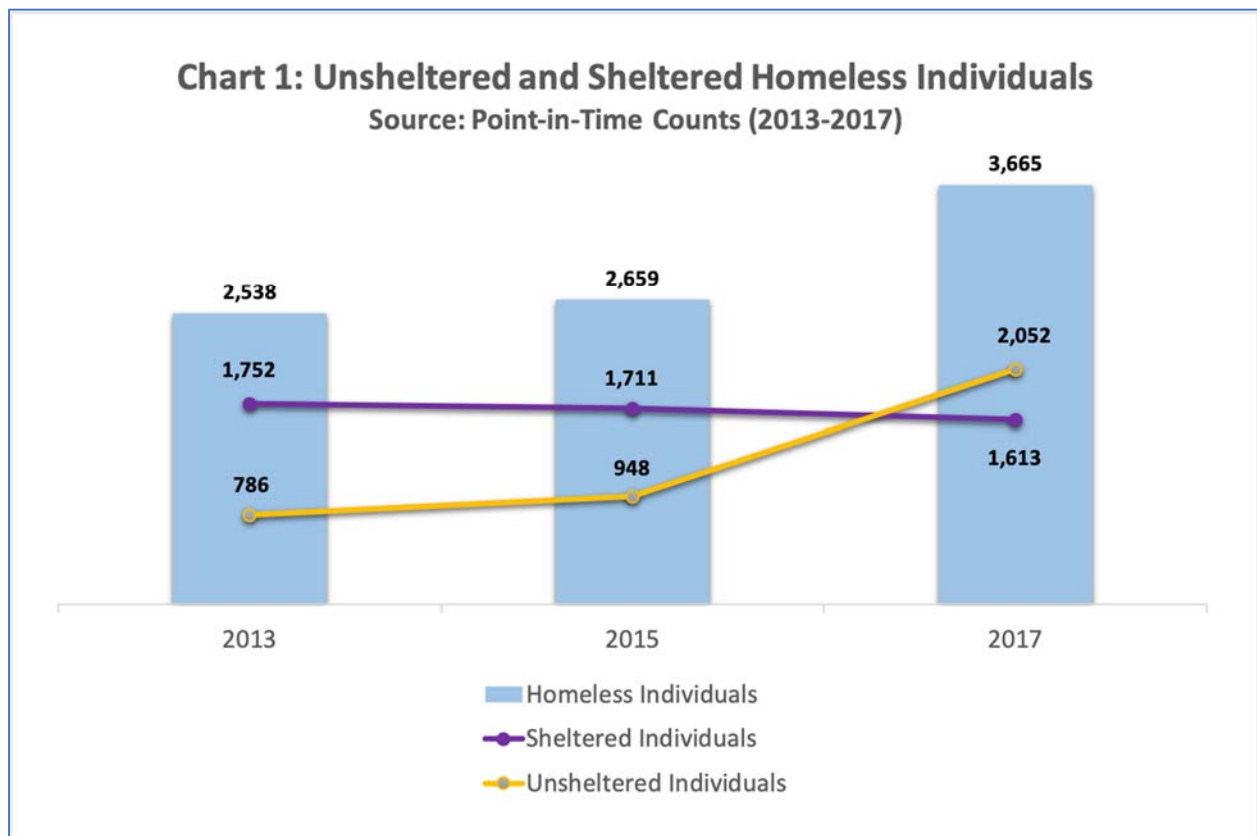
On the night of Sacramento's 2017 PIT Count, there were 3,665 people experiencing homelessness. This represents a 38% increase from what was counted in 2015, although a portion of the increase in the PIT Count may be attributable to a shift in methodology.¹ Homelessness has been a significant issue for many years but, until recently, housing market conditions and local efforts to fight homelessness appear to have mitigated the most significant growth in the homeless population. The 2017 PIT Count indicates that homelessness is expanding substantially and requires a new and intensified response.

Household Type: The 3,665 individuals experiencing homelessness in the 2017 PIT Count comprised a total of 2,655 households. Those households included 186 families (consisting of

¹ The 2017 PIT Count employed a revised sampling strategy designed to ensure greater geographic coverage, which means that some portion of the increases in homelessness – specifically unsheltered homelessness – may be attributable to a more thorough count than in previous years. Researchers estimate that the actual growth in homelessness is closer to 30%.

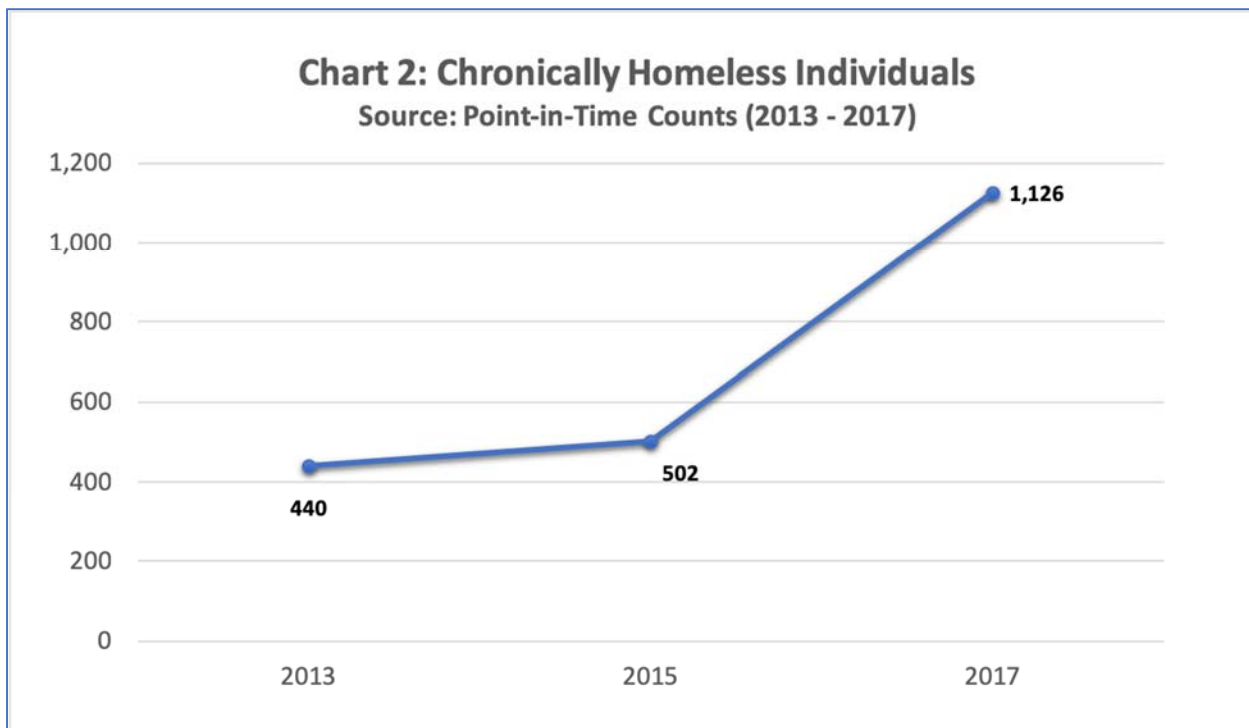
at least one adult and one child), three “child-only” households (consisting entirely of people under 18), and 2,466 households of one or more adults with no children.

Sheltered/Unsheltered Status: The PIT Count identifies where people experiencing homelessness were staying on the night of the count. In 2017, 1,613 individuals were in emergency shelter or transitional housing, whereas 2,052 individuals (56%) were sleeping outside or in a location not suitable for human habitation. This represents an increase of 116% in unsheltered homelessness since 2015, although the California State University researchers conducting the PIT Count believe a portion of this is attributable to a change in PIT Count methodology, and the actual increase is closer to 85%.



Chronic Homelessness: Chronic homelessness is defined as having a disability and having been homeless for 12 months or more, either continuously or in four or more episodes totaling at least 12 months over the past three years. According to the 2017 PIT Count, there were 1,126 people identified as experiencing chronic homelessness, of whom 803 (71%) were unsheltered. People experiencing chronic homelessness represent 31% of the total people enumerated during the 2017 Count. Chronic homelessness has more than doubled since 2015, when 456 were counted experiencing chronic homelessness, although, as noted above, a portion of this increase may be a result of a new PIT Count methodology. Among the chronically homeless people counted, 35% indicated episodic periods of homelessness over the last three years

rather than continuous homelessness (65%). Among those continually homeless, 37% reported being continuously homeless for close to three years. As shown later in Table 3, among all of the people in the HMIS system, the percentage of people who were chronically homeless was lower (25%). This could be because the HMIS data captures more people experiencing homelessness on an episodic basis than are captured in the PIT Count.



Families with Children: There were 186 family households enumerated in the 2017 PIT Count, of whom 180 were in emergency shelter or transitional housing and 6 were unsheltered. Of all of the people counted in the 2017 PIT Count, 16% (589) were part of a household with children. Within the 186 homeless families, there were 367 children. Thirty-five persons in households with children were chronically homeless in the 2017 PIT Count. The researchers conducting the PIT Count posit that these numbers reflect an undercount because of the difficult of counting unsheltered families in tents and vehicles who cannot be seen.

Demographics

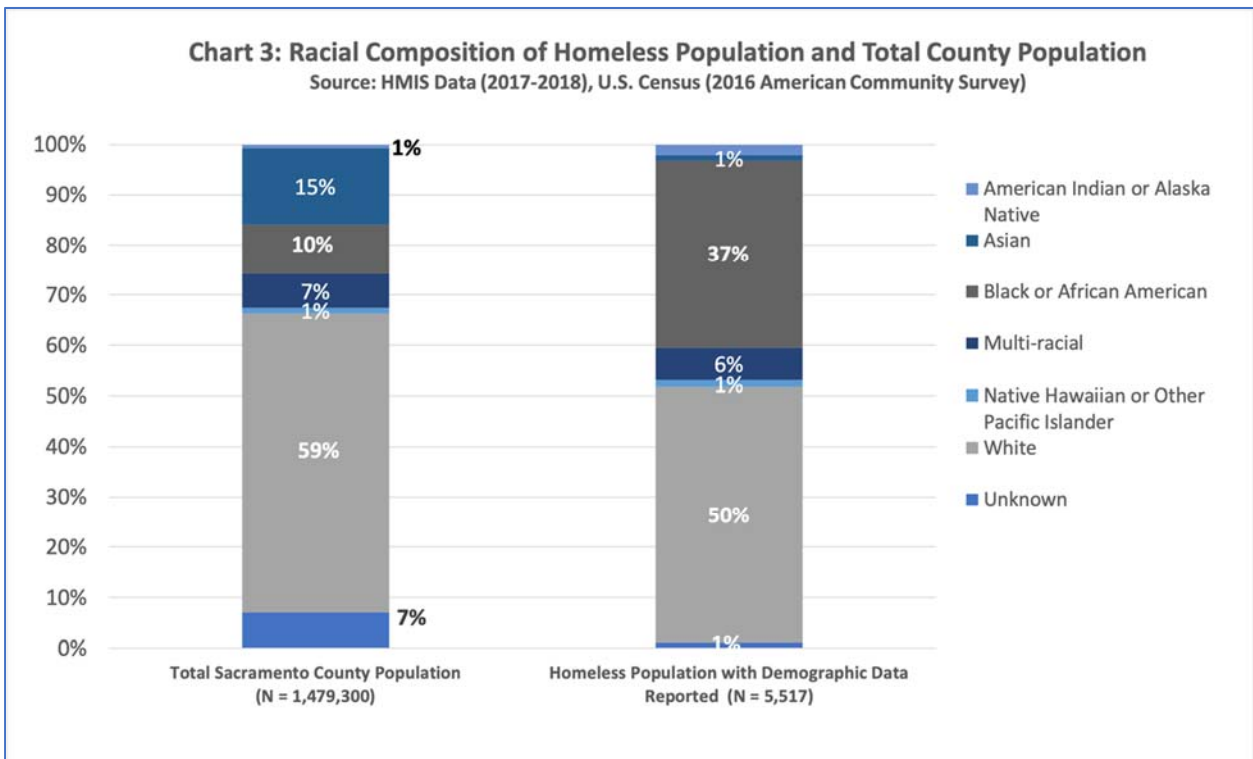
To best capture more detailed demographic characteristics of Sacramento’s homeless population, this Plan also reviews HMIS data. According to the County’s HMIS data, 6,188 people accessed one or more homeless programs included in the system between July 2017 and June 2018. Six hundred seventy-one (671) of these people do not have detailed demographic data in HMIS because they used a service like outreach or a drop-in program and chose not to provide additional data. Thus, there are only 5,517 people for whom demographic information was available.

Race: The racial composition of the homeless population in HMIS, in comparison to the general population in Sacramento County, is shown in the table and chart below.

Table 1: Racial Composition of Homeless Population in Sacramento

Source: HMIS Data (2017-2018), U.S. Census (2016 American Community Survey)

Population	Total Sacramento County Population	Percent of Sacramento County Population	Total Persons in HMIS with 2017-2018 Demographic Data	Percent of Population with Demographic Data
TOTAL	1,479,300	100%	5,517	100%
American Indian/Alaska Native	11,133	1%	115	2%
Asian	224,235	15%	65	1%
Black/African American	146,464	10%	2,055	37%
Multi-Racial	101,091	7%	355	6%
Native Hawaiian/Pacific Islander	15,500	1%	75	1%
White	876,485	59%	2,785	50%
Other/Unknown	104,392	7%	67	1%



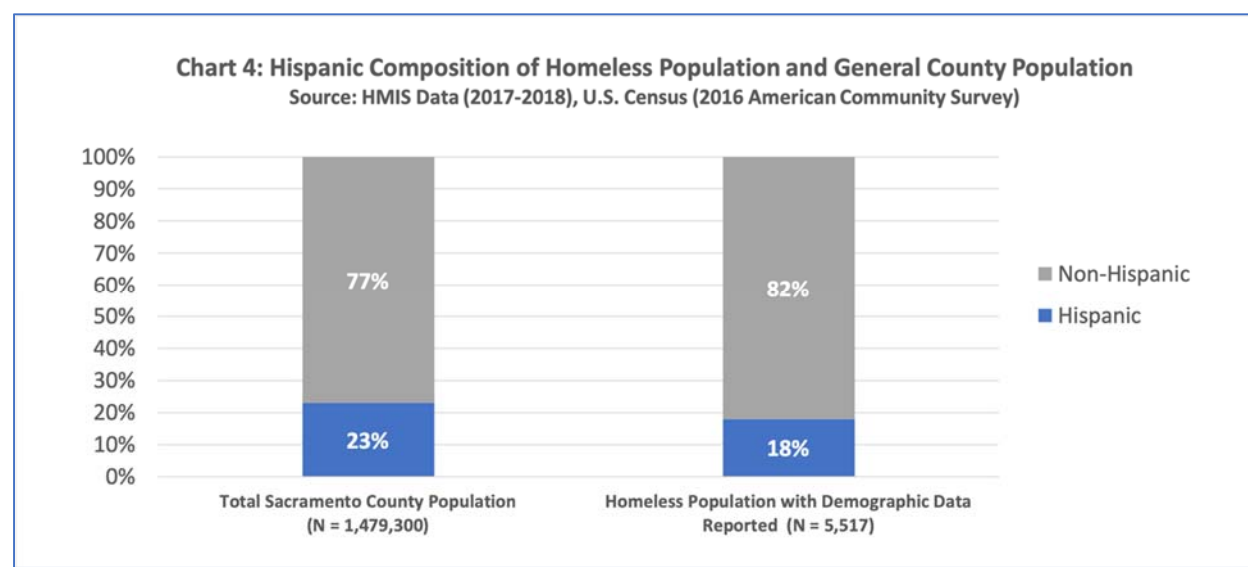
People who identify as African American are significantly over-represented among the homeless population, comprising 37% of the homeless people documented in HMIS but just 10% of the county’s population. While people who identify as White constitute the largest percentage (50%) of the homeless population, they are under-represented among the homeless population, as White people make up 59% of the county’s population as a whole. Asian people are also under-represented in the county’s homeless population, constituting 15% of the county’s population but just 1% of the people in HMIS.

Ethnicity: Eighteen percent (18%) of Sacramento’s homeless population identifies as Hispanic/Latino, which is a slightly lower percentage than the county’s population as a whole, which is 23% Hispanic/Latino. The percentage of Hispanic/Latino people ranged from 15% (among individual adults) to 24% (among people in families).

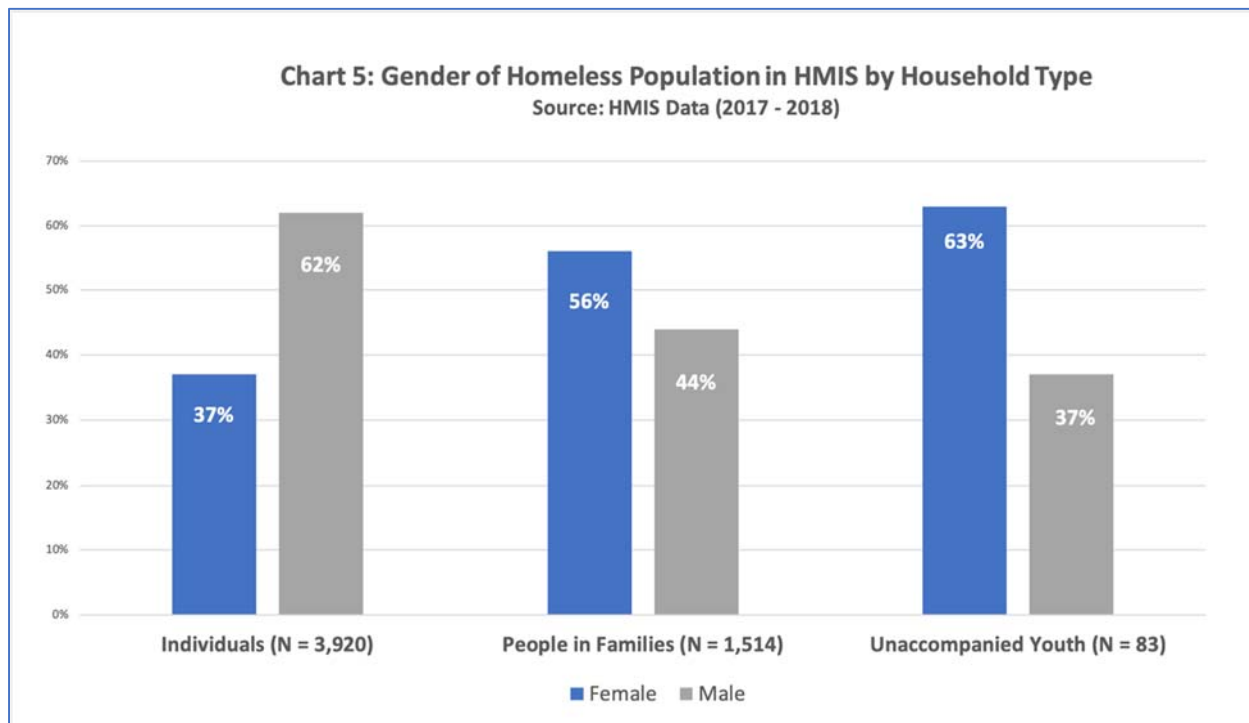
Table 2: Ethnic Composition of Homeless Population in Sacramento

Source: HMIS Data (2017-2018), U.S. Census (2016 American Community Survey)

Population	Total Sacramento County Population	Percent of Sacramento County Population	Total Persons in HMIS with 2017-2018 Demographic Data	Percent of Population with Demographic Data
TOTAL	1,479,300	100%	5,517	100%
Hispanic/Latino	332,967	23%	967	18%
Not Hispanic/Latino	1,146,333	77%	4,504	82%
Unknown	0	0%	46	<1%



Gender: Sacramento’s homeless population is 57% male and 43% female, but that breakdown varies across different types of households. More specifically, males make up a greater percentage of single adults (63%), but just 44% of people in families. Women, on the other hand, constitute just 37% of single adults, but 56% of people in families. Women are over-represented among unaccompanied youth, comprising 63% of that population.² Twenty people (0.32% of those included) reported identifying as transgender or not identifying as female, male, or transgender. This low number may be worth further study to determine if people do not feel comfortable reporting their gender, or if people who are non-binary are less likely to access homeless services.



Homelessness and Mental Illness

In 2016, Governor Brown enacted the No Place Like Home (NPLH) legislation, which dedicated \$2 billion in bond proceeds to the development of permanent supportive housing for people with serious mental illness who are homeless, chronically homeless, or at risk of chronic homelessness and in need of mental health services. This section provides additional information on the NPLH target population.

Prevalence of Mental Health Disabilities: Of the people for in HMIS for whom demographic information was available, roughly 36% (1,985, or 1,944 adults and 41 children) reported living with long-term mental illness or a long-term emotional disturbance³ and 597 (11%) were

² Unaccompanied youth are children not in the physical custody of a parent or guardian.

³ “Long-term mental illness” means that the person is reported within HMIS to have a mental health diagnosis and their condition “is expected to be of long-continued and indefinite duration and substantially impedes their ability to live independently.” In this plan, a child with a mental health problem of long-standing duration is classified as

experiencing mental illness along with one or more co-occurring conditions.⁴ It should be noted that these conditions are self-reported as part of program assessments.

Table 3: Persons Reporting Mental Illness and other Conditions Among Those with Demographic Data in HMIS

Source: HMIS Data (2017-2018)

Population	Total Persons in HMIS with 2017-2018 Demographic Data	Percent of All Persons with 2017-2018 Demographic Data
Total Homeless Persons in HMIS with 2017-2018 Demographic Data	5,517	100%
Adults Reporting Long-Term Mental Illness	1,944	35%
<i>Adults with Co-occurring Mental Health and Another Disability (Subset of Long-Term Mental Illness above)</i>	545	10%
<i>Co-occurring Mental Health and Substance Abuse (Subset of Long-Term Mental Illness above)</i>	52	1%
Children with Long-Term Emotional Disturbance	41	1%
Total Persons (Adults and Children) with Long-term Mental Illness or Emotional Disturbance	1,985	36%

Chronic Homelessness and Mental Illness: Chronic homelessness and mental illness are closely correlated. Among chronically homeless people in the HMIS system, 64% reported living with a long-term mental illness and, among unsheltered chronically homeless, this rate was even higher: 662 (or 71%) of the 932 unsheltered chronically homeless people in the HMIS system reported mental illness.

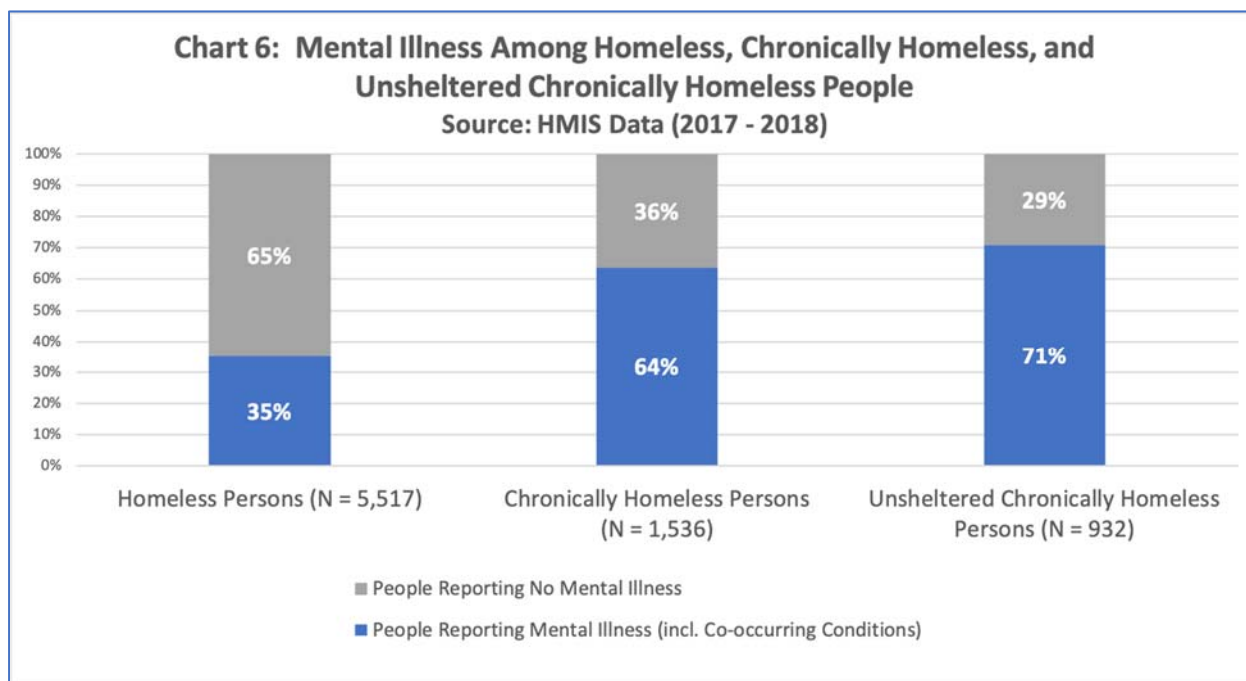
having a long-term emotional disturbance. A long-term emotional disturbance is defined within the mental health field as “a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems.”

⁴ Co-occurring conditions reflect that the person has one or more mental health or health diagnoses and/or a substance abuse disorder.

Table 4: Persons Reporting Mental Illness and other Conditions Among Chronically Homeless Persons with Demographic Data in HMIS

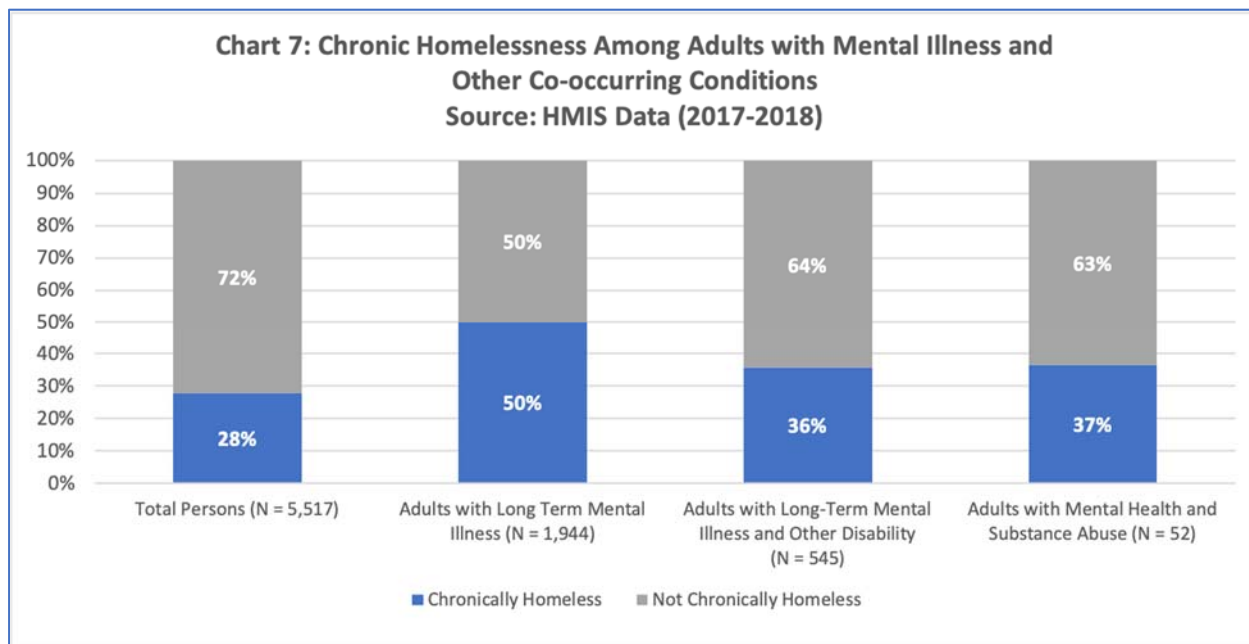
Source: HMIS Data (2017-2018)

Population	Total Chronically Homeless Persons in HMIS with 2017-2018 Demographic Data	Percent of Chronically Homeless Persons in HMIS with 2017-2018 Demographic Data
Total Chronically Homeless Persons in HMIS with 2017-2018 Demographic Data	1,536	100%
Adults Reporting Long-Term Mental Illness	976	64%
<i>Adults with Co-occurring Mental Health and Another Disability (Subset of Long-Term Mental Illness above)</i>	195	13%
<i>Co-occurring Mental Health and Substance Abuse (Subset of Long-Term Mental Illness above)</i>	19	1%
Children with Long-Term Emotional Disturbance	0	0%
Total Chronically Homeless Persons (Adults and Children) with Long-term Mental Illness or Emotional Disturbance	976	64%



Just as rates of mental illness are high among chronically homeless people, rates of chronic homelessness are high among people with mental illness. Among all of the homeless people with 2017-2018 demographic data in HMIS, 28% are chronically homeless. However, among all

homeless adults reporting a long-term mental illness, the rate of chronic homelessness is 50%, almost double the rate for the entire homeless population.



Services Utilization Among Homeless People with Mental Illness

The snapshot of homelessness above illuminates how people experiencing homelessness and reporting mental illness in Sacramento, as in many other communities, are over-represented among people who are unsheltered and chronically homeless. Having a long-term mental illness increases the likelihood of being unsheltered and of being chronically homeless.

To gain a deeper understanding of the needs of Sacramento’s homeless residents – with a focus on homeless people with long-term mental illness – data from Coordinated Entry community assessments were analyzed. These assessments provide insight into self-reported utilization of County services that are not in HMIS, such as substance abuse treatment, emergency room visits, and other programs, as well as interaction with criminal justice.

There were 2,953 people who were assessed under the Coordinated Entry System between July 2017 and June 2018. Of those, 979 people were identified as experiencing “long-term homelessness” according to that assessment. This analysis focuses on those 979 assessments, to gather observations about the services and systems that some of Sacramento’s higher need homeless individuals report using. Some of the observations include:

- **Emergency Service Utilization:** When asked if they had used emergency services in the last six months, 880 (90%) of 979 people reported that they had. The most commonly reported emergency services were: emergency departments (711 people, or 73%); police contact (614 people, or 63%); and ambulance services (417 people, or 43%).

- **Substance Abuse History:** Sixty-seven percent (67%, or 653 people) reported a history of substance abuse, and 261 people (27%) reported using substances in the last month. Almost half (450 people, or 46%) reported receiving substance abuse treatment/rehabilitation services previously.
- **Mental Health History:** Fifty-five percent (55%, or 538 people) report seeking emergency mental health services, and 35% (338 people) report having been involuntarily hospitalized for mental health reasons.

While these observations present only a partial picture of the mental health needs of homeless people, they nonetheless confirm that, among the people with long histories of homelessness who are seeking services through Coordinated Entry, a sizable portion have histories of mental illness and substance abuse and may have received services from a range of County systems and other emergency response systems.

Special Challenges to Serving People in the NPLH Target Population: The View from People with Lived Experience

People who are homeless with mental illness face a unique and complex set of barriers to services. The data above illuminate how the presence of mental illness, homelessness, and other conditions increase the complexity of needs and reduce the likelihood of people being sheltered. In three focus groups held for this Plan, approximately 20 people with lived experience of homelessness, advocates, and their family members spoke to the issues within the homeless and mental health systems that contribute to these experiences and make accessing assistance difficult.

Confusion about the System: Navigating the system can be confusing and frustrating, particularly for people with mental health issues. Many homeless people report receiving conflicting or confusing information from different providers and, if they receive care from multiple places, their different providers may not communicate or share information. Some people reported giving up because they did not believe that they will ever get housing.

Negative Interactions with Programs: Some homeless people living with mental illness report having negative experiences with service providers and programs. Some describe feeling judged or criticized by providers. Some have lost housing due to behaviors associated with their mental illness. Others report having “failed” in services before – by relapsing or falling out of housing, for instance – and they have lost faith that they can succeed. Some report doing their best to adhere to program requirements but growing increasingly demoralized as they do not “succeed.”

Trauma and Safety Concerns: People report having histories of trauma but interacting with providers and systems that are not necessarily trauma-informed. They may struggle to trust the people responsible for their care; they may be in crisis and focused primarily on their emergency needs; and they may not feel “safe” in certain provider/institutional settings. Some people with mental illness report not feeling safe in emergency shelter because they fear

violence and aggression from others; others report that the shelter environment is triggering. As one focus group participant stated, “Too much stimulation interferes with your brain.” Some providers are perceived as not well-equipped to support people with physical disabilities, further limiting options.

Experience of Program Barriers: Some people experiencing homelessness or their family members report being unable to access programs that require people to be clean and sober, to enroll in mental health services, and/or adhere to a medication regimen in order to enroll.

These experiences and perspectives, as well as the data above showing significant multi-system interactions, highlight the need both for expanded resources for homeless and chronically homeless people living with mental illness, as well as for improvements to the existing system of care that can ensure that services and programs are low-barrier, accessible, client-centered, and coordinated.

This Plan focuses on maximizing opportunities to expand resources, including creating more permanent supportive housing with NPLH funding and other new funding sources, and making system improvements like training and support for programs to ensure that they are low-barrier, easy to navigate, and reflective of best practices for serving people with complex needs. An important component of the work following the creation of this Plan is conducting a more comprehensive data-driven gaps analysis, which takes this information about the population as well as the current and planned inventory and fully assesses what is available within the system; whether it matches the needs among people experiencing homelessness; and where there are remaining gaps.

C. CURRENT ACTIVITIES AND COUNTY RESOURCES

Sacramento's current Homeless Response System consists of a diverse array of committed stakeholders, a sizable portfolio of programs and initiatives that are dedicated specifically to serving homeless people, and numerous mainstream programs and providers that, while serving a larger group of Sacramento residents that are not necessarily homeless, nonetheless constitute an important set of resources for homeless people. This section of the Plan provides an overview of the current Homeless Response System, including a list of community partners, programs and resources, and a highlighted list of new initiatives that are driving systems change and deeper collaboration.

Community Partners in Ending Homelessness

Lead Organizations

There are numerous organizations, jurisdictional departments, and individuals working together to address homelessness in Sacramento. Overall leadership of the County's response to homelessness is provided by the following four entities:

County of Sacramento: The County of Sacramento plays a central role in the coordination of countywide services and resources for people experiencing homelessness and also provides some focused services in unincorporated areas, which have the second highest number of people experiencing homelessness in the County. The County also coordinates with the other lead agencies in the region to support the Homeless Response System through the County Director of Homeless Initiatives.

Programs designed to serve people experiencing homelessness are administered primarily through the Department of Human Assistance and the Department of Health Services, but many other departments have specialized resources to serve people experiencing homelessness or to mitigate impacts on communities. County resources fund a broad range of activities from crisis response services (street outreach and navigation, shelter, transitional housing, employment, and re-housing assistance) to mainstream services, including primary health and behavioral health services and some permanent housing resources (administered by SHRA). County programs and resources are described in detail by County Department or affiliated office in *Appendix G: County Programs and Initiatives*.

City of Sacramento: The City of Sacramento has the largest number of people experiencing homelessness in the County. It provides oversight to a range of homeless programs serving the City of Sacramento. Coordination efforts are led by the City Manager's Office, Homeless Services, which leads partnerships and supports projects including law enforcement outreach teams (IMPACT), shelter expansion and improvements. The City of Sacramento annually invests over \$3 million from General Fund plus approximately \$8 million from external sources to help people experiencing homelessness and support the efforts of many non-profit partners throughout the community. The City also operates Pathways to Health + Home, a Whole Person Care project designed to connect people to critical resources, described in more detail

below. The Sacramento Mayor's Office has established a goal of housing 2,000 people experiencing homelessness by 2020.

Sacramento Steps Forward (SSF): SSF is a non-profit agency that administers federal Continuum of Care (CoC) funding and serves as the HMIS administrator. The CoC Advisory Board serves as the governing body for the region's Continuum of Care resources, both coordinating the activities of these federal resources and supporting community programs to engage in collaborative, data-driven, outcomes-based activities. SSF is the lead entity responsible for the PIT Count and for implementing the Coordinated Entry System. As HMIS administrator, SSF is responsible for preparing an annual gaps analysis. SSF also reports to HUD each year on system performance measures and the inventory of resources in the Homeless Inventory County (HIC). The CoC Advisory Board includes staff from the County, including the County Director of Homeless Initiatives, Public Health and Sheriff, the cities of Sacramento, Elk Grove, and Rancho Cordova, homeless service providers and other community representatives. On behalf of the CoC, SSF will administer new State HEAP and CESH funding for additional crisis response services and to further develop system infrastructure.

SSF also acts as a service provider for navigation services contracted by local jurisdictions, businesses, and others.

Sacramento Housing and Redevelopment Agency (SHRA): As a joint-powers agency (JPA), SHRA acts as the primary housing agency acting on behalf of both the County and the City of Sacramento. SHRA administers several major housing programs on behalf of the County that contribute to addressing homelessness, including County programs to finance affordable housing for people experiencing homelessness and other populations; City and County Public Housing Authority (PHA) resources such as Housing Choice Vouchers (Section 8), the Shelter Plus Care program, and conventional public housing; and County federal entitlement programs, such as Emergency Solutions Grant (ESG) and Community Development Block Grants, which provide funding for crisis response, including shelters and rapid re-housing services and programs.

Partnering Organizations

In addition to Sacramento County, City of Sacramento, SSF and SHRA, there are numerous public and private community agencies and organizations that play essential roles in Sacramento's response to homelessness. Some of these partners include:

Cities in Sacramento County: Because homelessness impacts the entire region, a number of cities are involved in the efforts to end homelessness, including the Cities of Rancho Cordova, Elk Grove, and Citrus Heights. These cities are active participants in the planning for the NPLH funding and two hold seats on the CoC Advisory Board. In addition to providing support for a range of key initiatives like the bi-annual PIT Count, the Cities of Folsom, Rancho Cordova, Elk Grove and Citrus Heights have developed partnerships with law enforcement outreach teams

and have contracted for navigators and support the development of programs and agencies within their jurisdictions that can respond to homelessness.

Housing and Service Providers: Sacramento is home to a sizable network of community providers of housing and supportive services for people experiencing homelessness. These community providers provide direct services with funding from grants and resources from federal, State, private, and local partners including the County. Community providers offer a wide range of services, include outreach and engagement; navigation; day shelter; crisis intervention; case management; family and children's services; employment and vocational services; substance use treatment; mental health services; emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing; and various other services designed to address the needs of homeless people. Many community providers partner with the CoC to coordinate services, share information, and support the Homeless Response System.

For a current list of programs and agencies, visit 211, Sacramento's free information and referral service: <http://www.211sacramento.org/211/online-database/categories/homeless/>

Physical Health Care Partners: Medi-Cal Managed Care Health Plans, Hospital Systems and Community Clinics: Sacramento County has a Geographic Managed Care Medi-Cal model that includes five commercial health plans: Aetna Better Health, Anthem Blue Cross, Health Net Community Solutions, Kaiser, and Molina Healthcare. These plans, through their organized networks of care, provide health care services and care coordination within and across systems of care. New programs are being developed and implemented to provide care management to members with complex conditions who are also frequent utilizers of services such as emergency departments. Managed Care Plans are pulling and analyzing data to understand the highest utilizers of high cost services, including people experiencing homelessness.

Hospital Systems such as Sutter Health and Dignity Health are engaging in pilot programs to connect people to resources at discharge and are coordinating with the County and the City of Sacramento at a systems level. UC Davis is a partner with Sacramento County Department of Health Services for service and affiliation agreements for physician and nurse practitioner services (e.g. psychiatry, internal medicine, family medicine, pediatrics, school of nursing and school of medicine) and learners in County programs. Federally Qualified Health Centers (FQHCs) provide a range of essential services to homeless residents, including primary care, and drop-in services. Collectively, hospital and health care systems and providers are working with the region's lead agencies to identify people experiencing homelessness and understand what can be done to improve health outcomes, which are driven, in part, by the need for affordable housing.

Property Business Improvement Districts (PBIDs): PBIDs exist in the downtowns or commercial corridors of the unincorporated county and many cities in the region. They were created as a financing mechanism, allowing property owners to enter into a formal partnership to improve their districts. Improving quality of life and mitigating the negative impacts of homelessness on those experiencing it and neighbors is a priority issue for PBIDs, which collaborate with and

support outreach teams and navigation, participate in community planning on homelessness, and connect business owners to information and resources.

Advocacy Organizations: There are several organizations that advocate on behalf of people at risk of or experiencing homelessness. These organizations include Sacramento Housing Alliance, Sacramento Regional Coalition to End Homelessness, Sacramento Homeless Organizing Committee, and Area Congregations Together, a multi-denominational faith-based coalition.

Current Programs and Resources

The Homeless Response System in Sacramento includes a wide range of programs, temporary shelter and permanent housing designed to address the needs of people who are homeless. These programs and projects are funded by investments from the County, the Continuum of Care, and partners including the cities within Sacramento, non-profit agencies, and private groups that work to address homelessness.

Every year, SSF submits a Housing Inventory Count (HIC) to the U.S. Department of Housing and Urban Development, which lists all of the housing resources dedicated to people who are homeless. The 2017 inventory includes the following resources:

- **Year-Round and Seasonal Overnight Shelters:** Twenty-nine (29) shelters with a total of 762 beds for singles, families, and youth.
- **Temporary Housing/Transitional Housing Programs:** Fifteen (15) programs offering a total of 669 beds for singles and families.
- **Permanent Supportive Housing Programs:** Twenty-seven (27) programs for chronically homeless adults or families and adults or families experiencing mental illness, housing a total of 3,028 people in 2,119 households.
- **Rapid Re-housing Programs:** Ten (10) programs with 661 beds (permanent housing units or rooms) for singles and families.

In addition to the programs listed above, there are also seven (7) Drop-In Center/Day Shelter Programs throughout the county that provide a mix of crisis services, meals, showers, laundry, safe-spaces, and connections to various community programs that provide housing and/or services to exit homelessness.

Additional programs and beds may have been added to the housing inventory since 2017, which will appear in later versions of the HIC. The 2017 Inventory can be found here: https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_CoC_CA-503-2017_CA_2017.pdf

While providing an array of programs and service types, this inventory is insufficient to meet the current need. Many of the actions committed to this Plan will temporarily or permanently expand this inventory. A full gaps analysis is expected to be prepared in 2019 and is one of the strategies of this plan.

County Resources Directed to Address Homelessness

The County is a primary funder and operator of homeless services and programs that serve low-income people who may be at risk of or experiencing homelessness. The following County Departments and Divisions provide a range of programs that are specifically targeted to homeless households.

- Office of the County Executive: *Director of Homeless Initiatives*
- Child, Family, and Adult Services: *Child Protective Services, Adult Protective Services*
- Collaborative Criminal Justice
- Department of Human Assistance: *Targeted CalWORKS Programs, Homeless Services*
- Department of Health Services: *Behavioral Health – Mental Health Services and Alcohol and Drug Services; Primary Health; Public Health*
- District Attorney: *Public Community Prosecution Unit*
- Environmental Management Department
- Planning and Environmental Review
- Regional Parks
- Probation Department
- Public Defender
- Sacramento Housing and Redevelopment Agency, joint powers agency
- Sheriff's Department

County departments provide a wide range of other services and supports for low-income people, which also serve people who are homeless, formerly homeless, or at risk of homelessness. In 2016, prior to expanded County investments, these programs constituted a County investment of roughly \$40 million. For a more detailed list of County initiatives, programs, and projects of dedicated and mainstream programs that serve people experiencing homelessness, see *Appendix G: County Programs and Initiatives*.

New Initiatives and System Change Drivers

County of Sacramento

Many of the County programs addressing homelessness have been in operation for many years. In the last two years, the County approved a major investment that expanded the range of programs available to address homelessness. Following several public workshops in 2016 and 2017, and beginning in the FY 2017-18 County budget, the Board of Supervisors authorized a

set of new County Homeless Initiatives with an annual cost of approximately \$12 million. Subsequent to the adoption of the County Homeless Initiatives, the Board of Supervisors also allocated an additional nearly \$44 million over three years in MHSA funds for expanded mental health services that target or include people experiencing homelessness or at risk of homelessness.⁵ Many treatment providers have historically not had resources to bridge housing needs when individuals are in services but are losing their existing housing for a variety of reasons. This Board action sought to remedy that longstanding problem by strengthening the existing mental health treatment provider system to preserve stability for individuals with mental illness facing these difficulties.

The County's new initiatives that are helping to drive system change include:

- An initiative to improve Family Crisis Response and Shelters to lower barriers, improve access, and connect people to emergency resources more quickly.
- A new Full-Service Re-Housing Program that uses scattered-site leased homes throughout the county for low-barrier shelter with dedicated re-housing resources.
- A new Flexible Supportive Re-Housing Program to provide flexible re-housing and long-term wrap-around services to persons who have experienced long-term homelessness.
- Preservation of Mather Community Campus (MCC): Faced with the loss of \$2.5 million in federal homeless funds, the County stepped in with funding to ensure continued services at MCC in the Residential and Employment program for individuals experiencing homelessness referred through Sacramento's Coordinated Entry System in 183 residential units.
- Homeless Outreach, Navigation and Re-Housing Services: In this new program, navigators engage and connect unsheltered persons experiencing homelessness in unincorporated areas with crisis and re-housing services.
- Expanded Services for Transition Age Youth: Three providers offer case management services paired with new housing choice vouchers to support participants' transition to permanent housing. Additional prevention services are offered to support at-risk youth reunite with family or otherwise stabilize their housing, when possible.
- \$44 million in expanded Mental Health resources from Mental Health Services Act (MHSA) to provide increased mental health and co-occurring treatment paired with flexible housing services and supports.
- Drug Medi-Cal – Organized Delivery System (DMS-ODS) Waiver: The County will expand Substance Use Disorder (SUD) services for qualifying adults and improve access to care. Increased services may include multiple levels of care tailored to client needs.

⁵ Details on this MHSA allocation are available here: <http://www.saccounty.net/news/latest-news/Pages/Board-Approves-Funding-for-Homeless-with-Serious-Mental-Illness.aspx>.

Information about the number of households and individuals served through County initiatives is available at the County's website at:

<http://www.saccounty.net/Homelessness/Pages/default.aspx>

Sacramento Housing and Redevelopment Agency (SHRA)

In addition to these County-directed initiatives and investments, the Board of Supervisors (acting as the Housing Authority of the County of Sacramento) directed SHRA to initiate the process to increase public housing resources for homelessness. The combined expected result is a minimum of 1,755 additional vouchers and units dedicated to people experiencing homelessness.⁶

- **Dedicated Housing Resources:** Limited Preference Allocation of 150 “turnover vouchers” annually over three years; up to 375 project-based vouchers to support new or existing permanent supportive housing; 50 vouchers over three years to help current supportive housing tenants “move on” to affordable housing and serve new families in need of the intensive services; and 100 vouchers for homeless youth participating in a new federal grant called “P3”.

City of Sacramento

During this same period, the City of Sacramento has also expanded targeted resources for addressing homelessness and launched new initiatives specifically aimed at the needs of people who are unsheltered and have high service needs. These initiatives have also created important additional system capacity.

- **Homeless Triage Centers:** Improvements to shelter, increasing capacity to 200 people nightly and applying low-barrier practices. Over the course of the 2017-2018, at least 730 people were served.
- **Pathways to Health + Home:** Pathways is the Whole Person Care pilot program to reduce emergency and crisis medical services by coordinating care, health and housing. The goal is to serve 3,020 people over the four-year period, half of whom would be homeless. From November 2017 to October 26, 2018, a total of 850 clients had been enrolled into Pathways.

Collaborative Initiatives

In addition to the initiatives highlighted above, new forms of collaboration and joint action are occurring that were not previously part of the Homeless Response System approach, as the County, Sacramento Steps Forward, and other partners move to integrate the response to homelessness more fully. Examples of these include:

⁶ Details on the 1,775 unit commitment are available here: <https://www.shra.org/wp-content/uploads/2018/01/08-02-17-SHRC-Packet-part-2.pdf>

- Leveraging HEAP and CESH funds⁷: A collaborative community process co-led by the County, City of Sacramento and SSF to implement new resources available from the State of California led to a collaborative investment plan, adopted by each entity. These resources will be used to implement many of the strategies in this plan including to expand shelter, grow a flexible housing pool, create expungement and diversion services, and improve the overall system, including creating standard navigation, shelter, and re-housing practices and implementing Coordinated Entry in shelters. The County, the City of Sacramento and SSF will each implement portions of this new funding.
- Streamlining NPLH Funding Process and Pipeline: The County Director of Homeless Initiatives, County Behavioral Health Services and SHRA worked collaboratively to align and coordinate capital, service and operational funding to support NPLH permanent supportive housing developments. A joint “Request to Partner” was issued in September 2018, in anticipation of the State’s competitive NOFA, which was released in mid-October.
- River District Collaboration: Sacramento City and County homeless staff, County Environmental Management Department staff, law enforcement, and two PBIDs are working to collaboratively address impacts of unsheltered populations in the River District. The County and the City of Sacramento are collaborating on hygiene services and a new approach to target re-housing assistance to this impacted area of the City.
- Care Coordination and Data Sharing: The County and City of Sacramento are working together to address access, coordination, and data sharing for the Pathways Whole Person Care Program with County systems, including mental health and homeless services. Work is also underway with Sacramento Steps forward to integrate data from behavioral health and frequent user programs into the Homeless Management Information System.
- Community Adoption of Rapid Re-Housing Standards: In 2016, Sacramento County, SSF, the City of Sacramento and SHRA collaborated to adopt community standards, and have collaboratively supported implementation since that time.
- Data Analysis and Research using HMIS: SSF is currently working with community partners to expand analysis, research, and reporting functions and management of HMIS, including the creation of system-wide dashboards. The County of Sacramento is supporting the development of a “data dashboard” to report on system and program performance to the community.

Taken together, this significant expansion of capacity in Sacramento and range of new collaborative initiatives driven by lead organizations and partnering organizations has set the

⁷ Funds from State of California - CA Department of Housing and Community Development funds: No Place Like Home (NPLH), California Emergency Solutions and Housing Program (CESH), CA Department of Business, Consumer, Services and Housing Agency funds: Homeless Emergency Aid Program (HEAP)

groundwork for a more collaborative system response and targeted efforts to reverse trends and make homelessness in Sacramento rare, brief and non-recurring.

Persistent Challenges

Even as progress is made through collaborative community-wide initiatives, investments, programs, and partnerships, many challenges remain. Many of these challenges were discussed at length during focus groups and stakeholder interviews. Challenges include:

Shortage of affordable housing and changing rental market. The changing housing market in Sacramento and the shortage of affordable housing is the most significant barrier to ending homelessness. As in much of California, the need for affordable housing in Sacramento far outstrips the available supply, and rents have increased significantly in recent years, making competition fierce for the few affordable units. Even when a household is fortunate enough to have a voucher, they often struggle to find a landlord who is willing to accept subsidies.

Entry points (access to services) are not coordinated. Key homeless resources such as County Initiatives (including new shelter and Flexible Supportive Re-housing Program), and County Behavioral Health Services, Continuum of Care resources, Pathways to Home and Health/Whole Person Care, have different points of entry, methods for assessment and prioritization. The Coordinated Entry system only covers a portion of the inventory to address homelessness, and many people who experience homelessness and their advocates do not know where to send people or how to access services. Some of these programs target very specific populations and will continue to have some specific entry processes, but overall greater coordination and a greater clarity in access points and eligibility is an important area of work.

Lack of comprehensive, real-time data. Most community programs that serve homeless people in Sacramento enter data into HMIS, which has helped create a solid baseline picture of who experiences homelessness. However, the HMIS has not historically provided regular reporting to guide local government and other investors, or to help community providers and the broader CoC to understand what is working and what is needed. Lead organizations are currently working to produce dashboards to report on system and program performance, which will be an important step in developing a more data-driven system.

Further, not every program that serves homeless people participates in HMIS. In addition, there are many different data collection systems and methods to track the provision of services and resources to people who are experiencing homelessness, and they are rarely integrated. Some providers perform double or triple data entry into different data systems. Thus, available information is often siloed, rather than shared, making it difficult to develop a full picture of the system and community-level outcomes. It also makes it difficult for caseworkers to serve clients effectively, as they can only share information with other providers on a case-by-case basis, rather than engage in true care coordination. Sharing of health, mental health, and alcohol and drug treatment information is governed by strict federal and state confidentiality laws, which

make sharing information and care coordination challenging with social services partners involved with HMIS or homeless programs.

No single system vision or oversight. A running theme in focus groups and meetings was that, despite numerous successful collaborations, including collaboration at the CoC, there is no single or shared structure that enables decision makers from major organizations to share a vision, track impact, make smart investments, and oversee implementation. The County, City of Sacramento, and SSF are coordinating well to leverage State funding but need an ongoing way to coordinate, implement, and audit programs using a systems approach. Community advocates, providers, and private partners are engaged in a variety of planning “tables” that are not well connected, making it hard to have a shared vision of where successes are and how to move forward.

Despite these challenges, Sacramento’s Homeless Response System is performing at a level equal to or better than many comparable communities. For instance, the coverage in Sacramento’s HMIS is equal to 87% of Emergency Shelter and Transitional Housing beds in 2017, compared to 83% for CoCs in other Major Cities.⁸ While median time in emergency shelter in Sacramento’s system has increased 17% between 2015 and 2017 from 64 to 75 days, it remains lower than the 2017 average of 84 days for comparable CoCs in Major Cities. For a more detailed analysis of Sacramento’s system performance, refer to *Appendix H: Analysis of System Performance*.

There are still considerable areas for improvement, and the stakeholders and leaders involved in the development of this plan are committed to making significant progress with respect to making those improvements, ending homelessness for more people more quickly, and deploying new State and local resources to ensuring that Sacramento’s Homeless Response System is powerful, client-centered, and impactful. They have developed a range of proposed strategies to accomplish this, which are outlined in the following section.

⁸ Major Cities included in the analysis are 46 metropolitan areas across the country with average HMIS counts of 6,860 and average grant size of \$15m, making them most comparable to Sacramento. This analysis excluded New York City and Los Angeles because their homeless population is more than 5 times the average of the other Major Cities, and their funding awards are close to 10 times the average for other major cities.

D. PROPOSED SOLUTIONS: GOALS AND STRATEGIES

Recent collaborations and initiatives led by Sacramento County, the City of Sacramento, and SSF, and supported by SHRA, homeless service agencies, and other community partners are creating new opportunities for people experiencing homelessness and new pathways out of homelessness. However, for investments to have the greatest impact, it is essential to build a cohesive and coordinated system with a shared, data-driven understanding of system goals and empowered leaders who work together to assess progress, remove barriers, and accelerate efforts to achieve those goals.

In developing this Plan, stakeholders, community partners, and system leaders identified where there is momentum, where challenges remain, and what strategies are needed to scale up and strengthen our community's response to homelessness. Over the next three years, Sacramento County and its partners will not only invest in new services and housing but will implement strategies to strengthen our Homeless Response System, improve coordination among all partners, and increase the collective impact of our activities. This Plan provides the road map for achieving the goal of effectively making homelessness rare, brief and one-time.

Key Solution Areas:

1. [Prevent People from Becoming Homeless](#)
2. [Improve Response to the Street Crisis and Improve Quality of Life](#)
3. [Expand and Improve Shelter and Interim Housing](#)
4. [Expand Targeted Permanent Housing](#)
5. [Leverage and Coordinate Mainstream and Other Resources](#)
6. [Strengthen System Leadership and Accountability](#)

There are twenty-nine strategies outlined in this section, each of which falls into one of the six key solution areas. Each strategy includes actions steps and additional detail about who is expected to lead the effort and the anticipated time frame for completion. For many activities, the identified lead is a County Department; however, activities using new State HEAP or CESH resources also identify SSF or the City of Sacramento as a lead as reflected in the collaborative investment plan recently approved by the Board of Supervisors, Sacramento City Council and the CoC Advisory Board.

As this Plan is implemented, leads, partners, and timelines will be reviewed regularly and adapted to support the successful implementation of the identified strategies. The Partners are preliminarily identified based on the topic area; this listing may expand or contract as work gets underway. Additionally, timelines may adjust as work gets underway. On at least an annual basis, the County will report on progress and engage the broader community in an assessment of what has worked, what needs additional attention and what, if anything, among the strategies needs to be changed.

1. Prevent People from Becoming Homeless: A critical element to reducing homelessness is reducing the number of people who become homeless and need services, particularly those who can be assisted to stabilize their housing in other ways. These strategies focus on how people can be supported to resolve their current housing crisis before they become homeless, including those seeking shelter and those being discharged from institutions with no place to go. While it is an aspirational long-term goal to have robust, coordinated prevention activities for all people who are at-risk of losing housing, at present the Plan is focused on strategies to assist those already experiencing homelessness.

Strategy		Activity		Lead	Partners	Timeline
1	Implement diversion strategies in navigation and shelter programs that improve diversion practices, using HEAP and CESH.	1a	Strengthen diversion/problem solving practices in new and existing shelter programs. Incorporate diversion in shelter Coordinated Entry.	SSF (Diversion) City of Sacramento (Shelter)	County (DHA, Homeless Director), community shelter and navigation programs and funders	Q2 2019
		1b	In developing community standards for Shelter and Navigation programs, include diversion/problem solving approach and expectations.	SSF (Diversion) City of Sacramento (Shelter)	County (DHA, DBH, Homeless Director), community shelter and navigation programs and funders, consumers	Q2 2019
2	As part of Coordinated Entry improvements, include diversion and problem solving as a key activity and strengthen links to prevention resources.	2a	Strengthen diversion strategies in Coordinated Entry consistent with community-wide standards for navigation and shelter programs. Develop diversion/problem solving training for Coordinated Entry points.	SSF	CoC, Funders Collaborative	Q3 2019

Strategy		Activity		Lead	Partners	Timeline
		2b	Improve connection and alignment of community-based resources, such as Community Services Block Grant, to strengthen problem solving efforts and prevention strategies.	SSF	2-1-1, Funders Collaborative	Q3 2019
3	Improve public and practitioner understanding of key prevention resources and their effectiveness in preventing homelessness.	3a	Inventory key programs in the County offering assistance to prevent homelessness for at-risk populations to understand who is served and assistance offered. Share inventory with homeless system, public and consumers.	Funders Collaborative	2-1-1, SHRA, SETA, school districts, community prevention providers and funders	Q1 2020
4	Improve coordination and connections to services and housing for people discharged from incarceration or detention who are homeless.	4a	Support ongoing work of the Criminal Justice Cabinet and its subcommittees to improve coordination of incarceration/ detention, health care, housing, homeless, community corrections and mental health systems.	County DHS	Criminal Justice Cabinet	Ongoing

Strategy		Activity		Lead	Partners	Timeline
		4b	Develop a plan to expand capacity and coordination for persons discharged from incarceration or detention who are homeless. Develop process and outcome metrics, including a baseline to support cross-system coordination and goals.	County DHS	Sheriff; Health, Behavioral Health, Housing, and Homeless, Systems; Probation; County (DHA, DHS, Public Defender, Homeless Director); City of Sacramento; SSF	Ongoing, depending upon new programs still in development
		4c	As Coordinated Entry for shelters is developed and launched, maintain and build relationships with key partners working on service needs and access for this population.	SSF	Sheriff, Probation, County (DHA, DHS, Public Defender, Homeless Director), District Attorney, City of Sacramento	Ongoing
5	Improve care coordination and connections to services and housing for people discharged from hospitals who are homeless.	5a	Build and foster ongoing communication among hospitals, health plans, and homeless system to improve care coordination and discharge planning.	County DHS	Health plans, hospitals, County (DHA, Homeless Director), SSF, City of Sacramento	Ongoing
		5b	Host a “CEOs” conversation to explore best practices, successful programs, and opportunities to partner. Use data to understand baseline and to develop metrics.	County DHS	Health plans, hospitals, County (DHA, Homeless Director), SSF, City of Sacramento	Q2 2019

Strategy		Activity		Lead	Partners	Timeline
		5c	As Coordinated Entry for shelters is developed and launched, maintain and build relationships with health care partners regarding needs and access for this population.	SSF	Health plans, hospitals, County (DHA, Homeless Director), City of Sacramento	Q2 2020

2. Improve Response to the Street Crisis and Improve Quality of Life: The significant number of persons living in an unsheltered situation (e.g., street, parks, cars) not only affects the individual, but impacts the entire community, including housed neighbors and businesses. While efforts to shelter as many people as possible and house them quickly are being expanded, efforts to improve the quality of life on the streets, particularly in those areas are most impacted by unsheltered homelessness, are also needed. These strategies strengthen outreach and engagement efforts that connect unsheltered people to services and housing and address individual and public health issues that arise. They also emphasize the importance of meeting basic needs for people experiencing homelessness and making people experiencing homelessness feel comfortable and welcome.

Strategy		Activity		Lead	Partners	Timeline
6	Improve outcomes and consistency of outreach and navigation efforts across all funders and providers and align navigation programs with Coordinated Entry, leveraging the resources from HEAP and CESH.	6a	Coordinate outreach and navigation efforts across all providers, including creating a shared table to coordinate calendars and geographic coverage and to inform community standards and training.	SSF	County (DHA, DHS Homeless Director, CFAS), City of Sacramento, community navigation programs and funders	Q2 2019
		6b	Share outcomes from work with navigation programs with Coordinated Entry improvement efforts to ensure alignment. Clarify protocols in written policies and procedures.	SSF	County (DHA, DHS Homeless Director, CFAS), City of Sacramento, community navigation programs and funders	Q3 2019
		6c	Develop community standards for outreach and navigation programs. Implement ongoing training curriculum for navigation programs, including training on cultural competency. Consider a single provider training building on County’s curriculum being implemented as part of Flexible Supportive Re-Housing Program.	SSF	County (DHA, DHS, Homeless Director, CFAS), City of Sacramento, community navigation programs and funders, consumers	Q2 2019

Strategy		Activity		Lead	Partners	Timeline
		6d	Develop and implement regional outreach training for law enforcement first responders to share and improve services referrals, field interactions with homeless individuals, and outcomes.	Sheriff HOT	City Impact Team, law enforcement from other cities, Park Rangers, County (DHA, Homeless Director)	Q1 2020
7	Continue public health efforts to prevent communicable disease among sheltered and unsheltered populations.	7a	Develop protocols for managing and preventing disease outbreaks, including disease surveillance and reporting, data sharing protocols, immunizations, communication and education for homeless shelters to provide information on diseases and prevention methods. Provide vaccine for vaccine-preventable diseases for people experiencing homelessness and homeless service providers, as appropriate.	County Public Health	Community homeless shelter and navigation providers, SSF, County (DHA, Homeless Director)	Q1 2019
		7b	Develop screening protocols for all shelters to identify and treat potentially contagious homeless clients based on established guidelines for prevention of airborne, blood borne, foodborne and vector borne diseases.	County Public Health	SSF, homeless shelter directors, County (DHA, Homeless Director)	Q2 2019
		7c	Continue collaboration with municipal agencies and homeless shelters to improve sanitation and living conditions for people experiencing homelessness.	County Public Health	County (DHA, Homeless Director, Environmental Management Department), municipal agencies	Ongoing

Strategy		Activity		Lead	Partners	Timeline
8	Improve collaboration and communication with neighborhoods and businesses seeking solutions.	8a	Continue collaboration to address and mitigate impacts of large unsheltered homeless population within River District and other impacted areas. Collaborate with charitable organizations to reduce duplicative and wasteful charitable feeding and giveaways.	County Homeless Director	River District PBID and Downtown Partnership, County (DHA, EMD, Sheriff HOT, PER), City of Sacramento (Police and City management), charitable organizations	2019, ongoing
		8b	Evaluate impact and outcomes of new partnership to target day services (hygiene, re-housing, and health) in River District.	County DHA	County Homeless Director, City of Sacramento, River District PBID, service providers	Q3 2019

3. Expand and Improve Shelter and Interim Housing: Shelters serve as critical, temporary places for people experiencing homelessness to stay while they stabilize and are assisted to seek housing. Shelters are an essential part of the Homeless Response System but are not destinations in and of themselves. These strategies expand shelter capacity by increasing the number of shelter beds, improve access for all populations by reducing barriers, and expand services and housing assistance. Taken together, these strategies make it possible to shelter more people, including those with higher barriers, and help more people return to permanent housing stability more quickly.

Strategy		Activity		Lead	Partners	Timeline
9	Create more emergency/triage shelter, especially low-barrier shelter that provides housing-focused supportive services, leveraging resources from HEAP and CESH.	9a	Stand up and operate at least one additional permanent triage shelter for 200+ people. (City’s current Triage shelter was launched as temporary.)	City of Sacramento	Funders Collaborative	Q4 2019
		9b	Build on the scattered-site model to increase shelter capacity by at least 40 beds and ensure that capacity exists throughout the county and can serve subpopulations.	County DHA	Funders Collaborative	Q3 2019
		9c	Increase youth shelter capacity through respite programs, new youth shelters, and/or “host home” programs.	City of Sacramento	Funders Collaborative	Q3 2019
		9d	Increase family shelter capacity for an additional seven families.	County DHA	Funders Collaborative	Q2 2019
		9e	Develop shelter standards and formalize practices across all shelter and interim housing. Stabilize operations, extend hours, address accessibility, and improve case management services in shelters serving individuals. Consider a single provider training as part of Flexible	City of Sacramento	Funders Collaborative, CoC, community shelter providers and	Q3 2019

Strategy		Activity		Lead	Partners	Timeline
			Supportive Re-Housing Program (to include cultural competency).		funders, consumers	
		9f	Work with County Planning and Environmental Review and City Planning Departments on zoning and development regulations related to permitting and temporary shelters.	Funders Collaborative	County (PER, Office of Development and Code Services), Cities	Q1 2020
10	Develop Coordinated Entry to prioritize and fill shelter beds and develop bed reservation to assist consumers and ensure all beds are used, leveraging resources from CESH.	10a	Develop Coordinated Entry for all publicly funded shelters, aligning practices and procedures with the overall Coordinated Entry approach so that the shelter entry system does not operate as a separate system. Develop a bed reservation platform to manage Coordinated Entry into shelters.	SSF	Funders Collaborative, CoC, Shelter Programs, criminal justice and hospital partners	Q1 2020
		10b	Evaluate how well Coordinated Entry for shelters is functioning and integrating.	SSF	Funders Collaborative, CoC, shelter programs	Q3 2020 and ongoing annually thereafter

4. Expand Targeted Permanent Housing: The ultimate goal of the Crisis Response System is to support all people experiencing homelessness to secure permanent housing accompanied by appropriate services as needed. In short, housing is the solution to homelessness and, from this place of stability, people can restore health, engage in work and other meaningful life activities, and develop social and family supports. Housing options include private market rate housing, affordable housing, permanent supportive housing, public housing and shared housing. Housing assistance includes temporary or ongoing rental subsidies and developing additional permanent housing, especially housing targeted to those experiencing homelessness. These strategies are two-pronged: promoting the development of new housing stock and expanding housing assistance to access existing housing, recognizing that maximizing housing options within the existing rental market will be the most immediately impactful to reducing homelessness.

Strategy		Activity		Lead	Partners	Timeline
11	Expand flexible housing subsidy funds, using HEAP and other resources that may become available.	11a	Build on the County’s Flexible Supportive Re-Housing program to provide limited term flexible rental subsidies and supportive services to rehouse people referred by participating navigation and shelter programs.	County DHA	Funders Collaborative, CoC Advisory Board	Q2 2019
12	Coordinate re-housing efforts to improve system-wide outcomes, standardize assistance, and reduce competition among programs.	12a	Coordinate re-housing efforts across all providers, including creating a shared table to inform community standards provider and tenancy training and to coordinate landlord outreach.	County DHA	Funders Collaborative, community re-housing providers	Q3 2019
		12b	Develop and apply community re-housing standards including refining standards for “regular” rapid re-housing and developing standards for longer-term re-housing assistance programs for those with higher needs. Standards should address accessibility and cultural competency. Ensure resources are deployed with	County DHA	Funders Collaborative, community re-housing Providers	Q4 2019

Strategy		Activity		Lead	Partners	Timeline
			a flexible, progressive engagement approach.			
		12c	Develop and apply standards, including cultural competency, for case management in re-housing programs. Consider using critical time intervention (a time-structured case management approach) with longer-term re-housing programs, especially for those with higher needs. Consider a single training for providers that will standardize case management and build on County's curriculum being implemented as part of Flexible Supportive Re-Housing Program.	County DHA	Funders Collaborative, community case management providers	Q4 2019
		12d	Share outcomes from work with re-housing programs to inform the Coordinated Entry improvement efforts.	County DHA		Ongoing
13	Maximize PHA resources to expand housing opportunities for persons experiencing homelessness.	13a	Evaluate recently implemented strategies to use Public Housing Authority resources to affect homelessness, including use of limited preference allocation.	Funders Collaborative		Q3 2019
		13b	Implement the "Move On" program for current supportive housing tenants whose service needs have stabilized and who can secure housing in the community with ongoing subsidies.	SHRA	Funders Collaborative	Q4 2019

Strategy		Activity		Lead	Partners	Timeline
		13c	Explore ways to better connect homeless families to public housing.	SHRA	Funders Collaborative	Q4 2019
14	Develop permanent, supportive housing for people with high service needs.	14a	Convene housing developers, consumers, service providers, local planning departments, cities and County to explore new ways to create and streamline affordable housing for targeted populations. Work with local jurisdictions to promote affordable and supportive housing developments within the context of developing local housing elements.	Funders Collaborative	County (DHS, DHA, Homeless Director, CFAS, PER), Cities, SSF, housing developers, service providers, consumers	Q3 2019
		14b	Develop community standards for new PSH developed in Sacramento to ensure it reaches hardest to serve people, is low-barrier, culturally competent, accessible to those with a range of disabilities and filled through Coordinated Entry.	Funders Collaborative	County (DHS, DHA, Homeless Director, CFAS), Cities, SSF, housing developers, service providers	Q4 2019

15	Maximize State housing resources to create a significant expansion of permanent supportive housing for people experiencing homelessness, including those with serious mental health needs.	15a	Inventory local sources of capital and service funding across jurisdictions in Sacramento. Convene jurisdictions to explore ways to expand local capital and services funding. Look at best practices in other communities.	SHRA	County, Cities, housing developers, service providers, other funders	Q3 2019
16	Continue to develop streamlined funding processes for permanent supportive housing.	16a	Continue coordinated funding NOFAs as developed for NPLH so that multiple resources are made available at the same time or in coordination, including to cover capital costs, operating, and supportive services. Explore other local practices of successful streamlined funding processes that reduce time and costs.	SHRA	County (BHS, Homeless Director), Cities, housing developers, service providers, other funders	Ongoing
17	Reduce local barriers to the development of permanent supportive housing	17a	Identify local obstacles such as zoning, permitting, fees, and other barriers to development. Develop recommendations for reducing barriers and creating incentives that can be adopted in jurisdictions' Housing Elements to facilitate streamlined development of permanent supportive housing and other homeless housing.	Funders Collaborative	Planning Departments	Q4 2019

5. Leverage and Coordinate Mainstream and Other Resources: Many people experiencing homelessness have additional service needs including health, behavioral health, employment, and other services necessary to stabilize, gain or retain housing, and improve quality of life. Partnerships with mainstream resources and other systems of care are critical to meet those needs and are an area for greater coordination and expansion.

Strategy		Activity		Lead	Partners	Timeline
18	Leverage the \$44 million MHSA investment to expand mental health services and reach additional people experiencing homelessness.	18a	Expand access to include two new Mobile Crisis Support Teams in partnership with law enforcement (in the North and South areas), expand the reach of the countywide Community Support Team. Redesign and expand the Mental Health Triage Navigator program at critical access points throughout the county.	County BHS	Community health and mental health providers, law enforcement, health and hospital systems	FY 2018-19
		18b	Continue to increase outpatient mental health treatment services capacity and housing supports leveraging provider expertise and infrastructure to expedite expansion of this service.	County BHS	Health care providers, health plans, psychiatric facilities, community mental health providers	FY 2018-19
		18c	Develop a new Adult Mental Health Outpatient Program and a new Adult Full Service Partnership Outpatient Program.	County BHS	Mental health treatment programs	FY 2018-19

Strategy		Activity		Lead	Partners	Timeline
		18d	Implement new grant for Transition Age Youth/Adults who are at risk for homelessness.	County BHS	Youth providers	FY 2018-19
		18e	Implement new grant for program for Homeless Mentally Ill Outreach and Treatment (HMIOT) population that interface with the jail.	County BHS	Full Service Partnership providers, Public Defender	FY 2018-19
		18f	Explore creating a single entity contract to administer housing subsidies.	County BHS	Funders Collaborative	FY 2018-19
19	Coordinate efforts to secure and implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver to expand Substance Use Disorder treatment to Medi-Cal beneficiaries, including those experiencing homelessness.	19a	Assess eligibility and entry points to ensure they are accessible and coordinated with the Homeless Response System; expand residential treatment, withdrawal management (detoxification), case management, and recovery support; and coordinate this expansion with the homeless system to ensure that pathways to services are clear and facilitated.	County BHS	Community providers, health care and health systems partners, Funders Collaborative	FY 2018-19 with continued progress in FY 2019-20

Strategy		Activity		Lead	Partners	Timeline
		19b	Implement special focus within the waiver on individuals with criminal justice system involvement and work to ensure that this is coordinated to also address people experiencing homelessness with criminal involvement. Ensure that services reach people who are unsheltered.	County BHS	Courts, law enforcement, health care and health system, community providers, SSF, Funders Collaborative	FY 2018-19 with continued progress in FY 2019-20
		19c	Implement expansion of Medication Assisted Treatment to expand service alternatives for individuals experiencing homelessness.	County BHS	Health plans, health providers, community providers	FY 2018-19 with continued progress in FY 2019-20
20	Address criminal justice issues for people experiencing homelessness, leveraging HEAP and other resources.	20a	Implement records expungement services to overcome housing and employment barriers caused by criminal convictions.	County Public Defender	County DHA, District Attorney	Q2 2019
		20b	Pilot a jail diversion program for low-level misdemeanants experiencing homelessness, offering case management and housing services in lieu of jail through the Flexible Housing Pool.	County Public Defender	County DHA, courts, District Attorney	Q2 2019

Strategy		Activity		Lead	Partners	Timeline
21	Increase coordination and alignment among entities providing intensive care coordination/management for individuals who are homeless with high service needs or frequent users.	21a	Coordinate with health plans, hospitals, and housing programs to reduce redundancy and gaps in services and align service models and expectations.	County DHS	County DHA	Ongoing
		21b	Maximize Pathways to Health + Home (Whole Person Care) opportunities to build service connections that will last beyond Pathways, with lessons learned informing development of health plan implementation of the Medi-Cal Managed Care Health Homes Program.	County DHS	County (DHA, Homeless Director), City of Sacramento, health plans (administer the Health Homes programs)	Ongoing, dependent upon DHCS deadlines
22	Create a unified approach to health plan implementation of Health Homes Program to best serve people experiencing homelessness.	22a	Continue to support a unified Health Homes approach by Geographic Managed Care (GMC) health plans, including representation by County, City, and stakeholders, particularly for the subgroup of individuals experiencing homelessness.	County DHS	Health plans, County (DHA, Homeless Director), City of Sacramento	Ongoing

Strategy		Activity		Lead	Partners	Timeline
		22b	Provide trainings/tutorials open to every group or agency interfacing with homeless persons explaining how the Geographic Managed Care model works, differences in different delivery models, how the County Carve out works for people with serious mental illness, and ways to help people connect with their health plan.	County DHS	CoC, Health Plans, County (DHA, Homeless Director)	Q1 2020
		22c	Request health plans provide homeless providers, including street outreach and navigators, training on services and access to improve the use of health care and care coordination services by the homeless population.	County DHS	Health plans, County (DHA, Homeless Director), SSF, Funders Collaborative	Ongoing
23	Explore opportunities to target mainstream employment services for adults and youth experiencing homelessness.	23a	Explore opportunities to target mainstream employment services for adults and youth experiencing homelessness through California's Workforce Innovation and Opportunities Act plan.	County DHA	SETA, County Homeless Director, SSF, City of Sacramento	Q1 2020

Strategy		Activity		Lead	Partners	Timeline
		23b	Coordinate with federal, State and local employment agencies to provide employment training and increase coordination among all programs that target employment for people who are homeless	County DHA	Funders Collaborative, CoC	Q1 2020

6. Strengthen System Leadership, Capacity and Accountability: Effective systems coordinate and align individual efforts to address and reduce homelessness and use consistent measurements so that outcomes can be evaluated across system funders and local leadership. Key to the Plan’s success is a commitment by leaders and funders to not only make investments into their programs and services, but to work together at the system level to ensure investments are coordinated, aligned and achieving intended results. System development must consider challenges for smaller cities and engage them in leadership. System work also includes homeless service providers and people with lived experience of homelessness as leaders whose direct experience should inform all system work and whose capacity is essential to good outcomes. These strategies recognize the need for shared metrics, increased capacity to use data for continuous improvement, and coordinated and aligned decision-making.

Strategy		Activity		Lead	Partners	Timeline
24	Assess, improve and expand Coordinated Entry, leveraging CESH resources to support the work.	24a	Assess and modify current system functioning, including access, assessment, prioritization, and matching/referral.	SSF	Funders Collaborative, CoC	Q4 2019
		24b	Increase housing and program resources connected to Coordinated Entry.	SSF	Funders Collaborative, CoC	Q1 2020
		24c	Fully develop transparent written policies and procedures.	SSF	Funders Collaborative, CoC	Q4 2019
		24d	Standardize Coordinated Entry reporting, accountability, and evaluation, and align with the Homeless Management Information System (HMIS).	SSF	Funders Collaborative, CoC	Q4 2019
25	Use HMIS data to evaluate and report on program and	25a	Create system and program level reporting on outcomes.	SSF	Funders Collaborative, CoC	Q2 2019

Strategy		Activity		Lead	Partners	Timeline
	system outcomes	25b	Expand community programs in HMIS and use as the main repository for all programs addressing homelessness.	SSF	Funders Collaborative, CoC	Q3 2019
		25c	Create a gaps analysis based on population, inventory and utilization	SSF	Funders Collaborative, CoC	Q3 2019
		25d	Use data to assess and understand the intersectionality of race, ethnicity, disability and gender and how the homeless system can ensure access to emergency assistance, housing, and supports for historically underserved and overrepresented groups.	SSF	Funders Collaborative, CoC	Q2 2019
26	Explore creating a framework or pilot for cross-departments data sharing across mainstream systems that serve people who are experiencing homelessness.	26a	Investigate ways to improve client level care coordination, including the use of AB 210 multidisciplinary teams that facilitate sharing information to improve coordination of care and client outcomes.	County DHA	Funders Collaborative, CoC	Q2 2019
		26b	Determine whether and how to improve data sharing across systems, including potential pilots between specific agencies.	Funders Collaborative		Q4 2019
27	Define system goals and create a system map.	27a	Create a map of the envisioned system and the relationship between different types of programs, including a diagram and description of how the system is intended to function.	SSF	County, Cities, CoC	Q3 2019

Strategy		Activity		Lead	Partners	Timeline
		27b	Clearly define the other systems of care that intersect with the homeless system and their roles and responsibilities.	SSF	County, Cities	Q3 2019
		27c	Track financial resources and investments in the homeless response system and report on them to stakeholders	Funders Collaborative	Cities, Counties, public and private funders	Q3 2019
		27d	Align the data steps above with the system vision to measure the flow and impact of the system and its component elements.	SSF	County, Cities	Q4 2019
28	Define, develop, and strengthen coordination, governance, and leadership roles to align efforts of key players at all levels.	28a	Create the Funders Collaborative as identified in the HEAP/CESH plan to establish system standards and work to identify, align and coordinate funding.	SSF	Cities, Counties, public and private funders	Q3 2019
		28b	Continue to coordinate internally within the County through a regularly convened County Interagency Working Group.	County Homeless Director	All County Departments serving people experiencing homelessness	Bi-annually, ongoing
		28c	Explore ways to engage political leadership across communities.	Funders Collaborative	CoC	Q1 2020
		28d	Strengthen provider tables/forums and and/or create learning collaborative(s) for more frequent provider coordination, input, and	SSF	County (DHA, DHS, Homeless Director), CoC,	Q1 2019 and ongoing

Strategy		Activity		Lead	Partners	Timeline
			learning/capacity building opportunities. Consider a single provider training building on County's curriculum being implemented as part of Flexible Supportive Re-Housing Program.			
		28e	Assess the effectiveness of the current structure and leadership, and based on this assessment make recommendations to strengthen, modify, and/or replace the existing collaborative structures with a unified governance and accountability approach.	County	Cities, SSF, CoC Advisory	Q2 2020
29	Adopt and implement a collaborative Communication Plan	29a	Develop a plan for regular communications to stakeholders on Plan progress and activities, investments and system outcomes.	Funders Collaborative	CoC	Q3 2019
		29b	Promote community venues for citizen involvement, including Homeless Assistance Resource Teams (HARTs), civic and faith-based organizations with a commitment to addressing homelessness.	Funders Collaborative	CoC	Q4 2019
		29c	Hold annual community meeting to present on progress, receive additional feedback and make revisions as needed to reflect community input, changes in conditions and resources.	County	CoC, Funders Collaborative	Q4 2019

Next Steps

These proposed actions are ambitious and will require a high level of commitment, coordination, and hard work. Beginning in the first quarter of 2019, the County and its partners will begin to implement the strategies and solutions laid out above. Some of these will increase critical program capacity, others improve service quality and inclusiveness, and others will help build a coordinated response and a more comprehensive, data-driven system. Some of the strategies and action steps actions, including the system mapping, creation of gaps analysis and ongoing resource tracking, and the assessment and strengthening of a shared leadership structure will help lead to the next iteration of a shared system vision and potential for a future joint plan.

As implementation occurs, stakeholders will monitor progress on a regular basis to assess impact, address unanticipated barriers, and scale up things that are working. Annual community meetings will provide a place to report on progress, identify new or continuing challenges and refine strategies. The solutions proposed and new strategies that are developed as the work proceeds will help ensure that Sacramento's Homeless Response System is effective in making homelessness rare, brief and non-recurring.

COUNTY OF SACRAMENTO HOMELESS PLAN

APPENDICES

Appendix A. Systems in Place to Collect and Report Data

In order to collect and report on data from the NPLH initiatives, the County of Sacramento and the Sacramento Housing and Redevelopment Agency (SHRA) will enter into a long-term regulatory agreement with each NPLH Development Sponsor that requires data collection and reporting on the NPLH development project consistent with State requirements. Regulatory agreements and ongoing monitoring are standard practice for all affordable housing developments funded with local County funds through SHRA. Additionally, systems are currently in place for collecting and reviewing compliance reporting and for conducting onsite monitoring visits for the multiple projects in Sacramento County serving persons experiencing homelessness and serious mental illness financed in recent years through local MHSA and County funding.

Among other things, the local regulatory agreement will require the Development Sponsor to provide the following information to the County and SHRA:

- Annual audit as required by NPLH Program Guidelines in Section 214;
- Annual compliance reports with information as required in 25 CCR Section 7300, et. seq.
 - Data elements as delineated in Section 214 (e) anticipated to be collected described in the chart below.

Because the NPLH data elements delineated in Section 214(e) exceed what is typically collected in affordable housing or PSH developments, data will be collected from a variety of sources. Many elements will be collected through the Homeless Management Information System (HMIS) and Development Sponsors will be required to enter information into HMIS on an ongoing basis. Other elements are a function of property management, the lead services provider or directly through the County. The following chart delineates the anticipated source for each required data element.

Item # in Section 214	Topic	Source
1.	1. Project location, services, and amenities	Regulatory Agreement: Requested information is not anticipated to change from the regulatory agreement project description
2.	2. # of NPLH assisted units (AU), other AU and non-AU	
3.	3. Project occupancy restrictions	

4.	4. Number of individuals and households served	Property Manager/Development Sponsor collects from tenant records and enters italicized elements into HMIS
5.	5. <i>Homeless status, veteran status, mental health status</i>	
6.	6. Average project vacancy	
7.	7. Average vacancy for NPLH units	
8.	8. <i>Head of household gender, race, ethnicity, age</i>	
9.	9. <i>Income levels of NPLH tenants</i>	
10.	10. Length of stay in NPLH development for NPLH tenants	
11.	11. <i>Homeless status of NPLH tenants at entry</i>	
12.	12. <i>Active duty veteran status of NPLH tenants</i>	
14.	14. Referral source of NPLH tenants (CES or County)	
17.	17. <i>Exit destination tenants leaving, if known</i>	
18.	18. <i>Tenant deaths</i>	
13.	13. The number of NPLH tenants with mental health condition	
19.	19. <i>Changes in tenant income</i>	
11.	11. Homeless status of tenants referred by CES	Specialized reports from HMIS
14.A.	14.A. number of tenants referred by CES	
15.	15. Place of habitation for homeless referrals	
11.	11. At risk status of tenants referred by County	County Behavioral Health Services Division
14.B.	14.B. Number of tenants referred by behavioral health	
16.	16. <i>Disability of tenant at referral</i>	

Data elements requested in Section 214 (g) present additional challenges, because there is not a single data base or data collection system for the items requested and because of HIPPA challenges to sharing individual information. For example, there is no single existing data base to collect information from multiple hospitals on emergency room visits before and after move-in. To the extent a tenant is participating in the Whole Person Care program, this information

may be available, but that information would be ad hoc based on participation and likely with time-limited availability. In addition, depending on how the information is shared, medical information may require participant agreement to disclose information to the collecting entity.

Health Information. There is no single data base to collect information from multiple hospitals/managed care, psychiatric facilities on inpatient days. To the extent a tenant is participating in the Whole Person Care program or is in a County facility, this information may be available but would be ad-hoc and would not be complete information. If in the future, when a health information exchange is implemented in Sacramento County, this information would be more readily accessible.

Criminal Justice. Specialized pulls from the jail data system on ongoing basis may be possible but would require County staff dedicated to this purpose and there is no ongoing funding source identified.

The County would be interested in learning from other communities who are able to collect the information requested in 214(G) to understand how this data could more readily available.

Appendix B. Coordinated Entry Process for NPLH-funded Units

All referrals for persons experiencing homelessness will come from Coordinated Entry administered by Sacramento Steps Forward for the Continuum of Care. Sacramento's coordinated entry system will be undergoing significant improvement efforts in 2019 using CESH funding from the State. These improvement efforts include ensuring clear and transparent access to services for all persons on a nondiscriminatory basis, regardless of race, color, religion, sex, age, national origin, familial status, disability, sexual orientation, or gender identification.

The system for identifying and referring person "at risk of chronic homelessness" will be developed in 2019 by the County Department of Health Services – Behavioral Health Services Division. The County will maintain responsibility for non-CES referrals of at-risk persons.

Appendix C: Efforts to Prevent Criminalization

More than half of the people experiencing homelessness in Sacramento are unsheltered, and the County has worked to balance the needs of housed residents and businesses while implementing a humane and effective response to unsheltered homelessness that is focused on safety, connecting people to housing and services, and avoiding criminalization of the behaviors and activities associated with unsheltered homelessness wherever possible. These initiatives involve a cross-section of County and County Departments, including the County Sheriff, the Department of Public Health, the County Environmental Management Department, Regional Parks, the Public Defenders' Office, and community partners including Sacramento Steps Forward, and numerous nonprofit providers, including Loaves and Fishes, and other crisis and housing providers. These initiatives include:

Outreach and Nuisance Mitigation: In order to prevent people experiencing homelessness from being arrested for nuisance or quality of life concerns, a number of parties conduct proactive outreach and education both for homeless residents and community members. For instance, the Sheriff's Department has partnered with Sacramento Steps Forward on the Strategies and Policing Innovation, in which Sheriff's deputies partner with navigators, who together reach out to "target" areas about which complaints have been issued. The teams seek to address some of the challenging behaviors and reduce the number of calls. According to data analyzed by Sacramento State University researchers, the initiative has yielded positive results. The success of the initiative has led to the creation of a 10-member Homeless Outreach Team (HOT), which conducts outreach throughout the County to help to make connections with people in encampments and work with people to prevent arrests. Every other month, the Sheriff's Department hosts a Homeless Outreach Partnership Event, bringing service providers to the areas where the HOT team is working, in order to connect homeless people to a range of services. County Regional Parks' rangers also partner with County DHA and other outreach teams connect people living on the American River to resources and services. In 2018, Regional Parks engaged the Downtown Streets Team, a non-profit provider, with one-time funding supporting 20 to 25 volunteer participants comprised of Parkway campers and other persons experiencing homelessness. Teams clean up trash and debris in two designated areas of the Lower Parkway and are connected to service and housing programs through weekly meetings. Regional Parks is currently soliciting proposals for a clean-up program utilizing a workforce of people experiencing homelessness living on the Parkway. The selected provider will work with participants to connect them to employment programs, provide basic job training and coordinate programs to connect individuals to shelter and services.

In addition, the County's Environmental Management Department responds to complaints received from the business and community members related to charitable feedings and work with the Public Health office to address other public health concerns. This

Citation Resolution: To resolve outstanding citations, which can often interfere with a homeless person's ability to access housing and services, the Public Defender's Office created a monthly legal clinic at Loaves and Fishes. This clinic works with approximately 50 people a month in recalling warrants and negotiating cases for community service in lieu of jail.

The District Attorney's office has also created a program called Chronic Nuisance Offender Program, which matches people who have ten or more citations or arrests in a 12-month period to services and housing that can help them avoid future arrests.

In addition, criminal justice partners hold the annual "Stand Down," event which conducts outreach to help homeless veterans resolve traffic infractions and minor misdemeanor cases.

Alternative Courts and Record Expungement: The County has proposed to use new HEAP and CESH funding to partner with the Public Defender's Office and create an expungement clinic, to remove barriers to housing, employment, education and services. The expungement clinic intends to address expungement under Penal Code Section 1203.4, as well as record clearances pursuant to Propositions 47 and 64.

In addition to working to expunge records, there are a series of collaborative courts designed to find alternatives to jail time, including: Adult Drug Court, Mental Health Treatment Court, Re-Entry Court, Prop 36 Court, Domestic Violence Home Court, and Veterans Treatment Court. These courts are described in more detail in Appendix V, County Programs and Initiatives.

Currently, criminal justice partners are creating a mental health diversion program for individuals charged with misdemeanor or felonies and face mental health issues. The goal of the diversion program is to connect individuals to mental health services in lieu of jail. Additionally, the criminal justice partners are working together to apply this diversion program to individuals who have been found not competent to stand trial. A new study from the Department of State Hospitals indicate that there has been a 60% increase in individuals not competent to stand trial due to mental illness, 47% who were found to be homeless and not connected to mental health services.

Recidivism Reduction: The Criminal Justice Cabinet supported by the Office of the County Executive and the Superior Court convenes monthly, bringing together a range of justice-affiliated entities to coordinate leadership necessary to ensure a fair and just criminal justice system. The Mental Health Workgroup is currently focused on supporting people with mental illness who are cycling through the jails, and the Integration Justice Data System Subcommittee is focused on enabling data sharing across providers to better understand and address the needs of people in the criminal justice system, in hopes of reducing recidivism.

Appendix D: Definitions of Key Terms

Acronyms:

BHS- Behavioral Health Services

CoC – Continuum of Care

DHA – Department of Human Assistance

DHS – Department of Health Services

FSRP – Flexible Supportive Re-housing Program

HUD – U.S. Department of Housing and Urban Development

HMIS – Homeless Management Information System

JPA – Joint Powers Authority

MHSA – Mental Health Services Act

NPLH – No Place Like Home

PIT– Point-in-Time Count

PER – County Planning and Environmental Review

PSH – Permanent Supportive Housing

RRH – Rapid Re-Housing

SHRA – Sacramento Housing and Redevelopment Authority

SSF – Sacramento Steps Forward

Key Terms:

Chronically homeless: An individual is defined by HUD as “chronically homeless” if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for at least four separate occasions in the last three years which total 12 months or more. A family is considered to be chronically homeless if the adult head of household meets the above definition.

Continuum of Care: Regional or local planning body that coordinates housing and services funding from the US Department of Housing and Urban Development (HUD).

Coordinated Entry: The coordinated method and process by which people experiencing homelessness gain access to the resources of the Homeless Response System. HUD requires

coordinated entry for all federal CoC resources. The process is broken into four parts: access, assessment, prioritization, and referral.

Diversion: Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements, including staying with family and friends, and if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Homeless Management Information System: A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Homeless Response System: The overall system of programs, housing and services to address homelessness. The goal of this system is to prevent homelessness when possible and to make it rare, brief, and one-time.

Housing First: Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly, without preconditions, and *then* providing services as needed. It also emphasizes community integration and individual choice.

Long-Term Mental Illness: Term used in this Plan for persons who report in HMIS that they have a mental health problem or diagnosis that is expected to be of long, continued and indefinite duration and substantially impedes their ability to live independently.

Moving On: Moving On is a program model that provides support to tenants of permanent supportive housing who are able and want to move out with a rental subsidy or alternative subsidized permanent housing.

Navigator: Person who provides supportive services to prioritized persons to help ensure use a housing resource. Support provided includes document gathering assistance, application preparation, and housing search assistance as well as support to address temporary housing needs and crisis services as needed.

Permanent Supportive Housing: Permanent housing with leasing or rental assistance that is not time-limited, paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability to achieve housing stability.

Person with Lived Experience: A person who is experiencing or has in the past experienced homelessness.

Point-In-Time Count: The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years).

Rapid Re-housing: A housing program model that assists individuals and families who are homeless to move quickly into permanent housing, usually to housing in the private market, by providing housing search assistance, time-limited and targeted services, and short-term rental assistance.

Scattered-site housing: Scattered-site housing refers to housing programs in which units are rented or master-leased throughout the community, as opposed to concentrated at a single site.

Shelter: A facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary places to stay for people experiencing homelessness or for specific populations of homeless persons. “Triage” shelter is also used.

Sheltered: A homeless individual staying in an emergency shelter, transitional housing, or in a hotel/motel paid for by a program intended to serve people experiencing homelessness.

Unsheltered: A homeless individual living in a place not meant for human habitation, including those living outdoors, in vehicles, tents, or abandoned buildings.

Appendix E: Summary of Stakeholder Input Prior to Plan

More than 100 stakeholders participated in focus groups, interviews, and meetings to provide feedback on what is currently working in Sacramento County, where there are challenges and gaps, and what steps or actions the Plan should cover. In general, stakeholders focused on the need for affordable housing as well as humane responses to people who are currently seeking housing, including temporary housing and crisis services. There was a lot of interest in an inclusive planning process with concrete goals and oversight, finding ways to share information across initiatives and programs, and supporting community-wide strategies that better align existing efforts and target new resources.

Overall, focus group participants were appreciative of the opportunity to share their insights and experiences. Some of the major themes that emerged from their feedback follows.

Theme	Detail
Collaboration and Leadership	There was an appreciation for the stronger collaboration between the City and County at the staff level, and an appetite for similar collaboration among executives and elected officials, and with respect to a broader range of programs and initiatives. Stakeholders expressed the desire for a shared communitywide vision, with leaders driving a clear set of strategies, coordinating funding and sharing accountability, with clear roles and responsibilities articulated.
Partnerships within and across Systems	While many new partnerships have been formed in recent years, additional and stronger partnerships within homeless programs and with other systems like hospitals, criminal justice, transportation, employment, and family services were seen as key to effectively addressing homelessness.
Law Enforcement	New approaches by law enforcement and their work with services were appreciated.
Housing	A critical lack of housing especially for those with the lowest income and with additional barriers to housing stability was the single greatest need identified. Participants agreed that housing navigation, rapid re-housing, and permanent housing programs were generally successful, but only to the extent that housing was available to this population.
Access to Services	Access to services remains a significant issue. Participants discussed the risks faced by people who are not connected to services, including negative interactions with law enforcement and exposure to dangerous and unsafe settings. Focus groups discussed concerns about quality of shelter services and access to adequate health, mental health, and substance abuse services. People also discussed the threat that people engaged in criminal activities pose for people experiencing homelessness.
Information Sharing and Data	Participants expressed an interest in the system being more data-driven and having data be more widely available and shared. They highlighted challenges related to sharing information across programs and having access to system data, both of which can lead to duplication of efforts, uncoordinated care, or other inefficiencies.

Tracking and Reporting Progress	Participants had awareness of new or expanded activities by the County and key partners but found it difficult to know what is happening or the impacts. Some participants articulated a sense of frustration because it is hard to see overall progress and advocated for a clearer means of tracking progress as a community.
Communication	There was a sense that the wider public is not aware of the realities of homelessness or how to help. Participants were very interested in deploying creative methods of increasing public awareness, like social media or storytelling, to help the public better understand homelessness, efforts that are currently underway, and how they can get involved. There was also interest in have the County and its partners sharing the ways that community members can be involved in supporting a coordinated, strategic effort.
Consumer Voice	People with lived experience of homelessness stated that access to housing was the number one issue, noting that finding permanent housing was hard and that everything from affording rent (even with subsidies) to negotiating with landlords was a barrier. Participants reported that it was confusing and challenging to learn how to access resources. People sleeping outside and in shelters reported being scared for their safety, exposed to substance use, and unclear if outreach or law enforcement teams were there to help. Participants appreciated access to showers and a place to dispose of trash but reported that it was challenging to find a place to be during the day if they didn't have work, and that additional bathrooms and hygiene services were needed. People with lived experience also wanted additional venues to provide regular feedback and felt that additional focus groups in the future or other feedback opportunities were needed.

Summary of Feedback from Specific Groups

Consumer Focus Group: The group included people who were currently housed, staying in shelters, or living unsheltered. The group encouraged the larger public to see homeless people as people, and for the homeless service system to provide clear information about services, and to make sure they were available when people need them. The group hopes they will be involved in similar conversations and brainstorming throughout the process.

Everyone stated that access to housing was the number one issue, noting that finding permanent housing was hard and that everything from affording rent (even with subsidies) to negotiating with landlords was a barrier. Participants reported that it was confusing and challenging to learn about and access resources. People sleeping outside and in shelters reported being scared for their safety, exposed to substance use, and unclear if outreach or law enforcement teams were there to help. Participants appreciated access to showers and a place to dispose of trash but reported that it was challenging to find a place to be during the day if they didn't have work, and that additional bathrooms and hygiene services were needed.

Focus Group for Family Members of Adults with Mental Illness and Children with Emotional Disturbances: Family members, some of whom were peer support specialists or advocates in the system for other families and individuals experiencing mental illness, honed in on the complexities of accessing the right care, at the right time for people. Barriers included issues

with eligibility, consumers' lack of stability because the treatment offered was not something they wanted, lack of ability to get a diagnosis in the time allotted at a clinic, and limited openings for housing and services. Landlord bias towards potential tenants because of income, background, or behaviors was an issue. Focus group members appreciated services that came to the person and would like to see more emergency mental health clinics throughout the community.

Provider Focus Groups: Two focus groups included providers of a variety of general population homelessness services as well as services specifically targeted to people with mental illness who are experiencing homelessness. Providers appreciated the opportunity to meet as a group to share information about programs and projects. There was discussion about successful partnerships and the value of coordinating across programs and making sure access to the services and housing was aligned, but lack of data and a shared table has made this challenging. The group reinforced the importance of creating crisis and temporary solutions while housing is developed as well as links to employment, health care, and transportation systems. They also discussed the need to improve Coordinated Entry.

Housing Focus Group: The Housing Focus Group consisted of affordable housing developers, housing advocates, planning departments and service providers. They anticipated bringing new units on line, but not at the rate that they believe is needed to significantly impact homelessness. Participants identified opportunities related to improving the pace of development, highlighting the need for local gap financing to leverage State resources; coordination of capital, operational, and services resources, and better access to available properties. They encouraged the analysis of local policies and how they might impose barriers or otherwise inhibit housing development. Strong political leadership is needed to drive to more robust development of new affordable housing units.

Business Focus Group: A group of Property Business Improvement District (PBID) representatives reflected that, while each of the areas they represent is very diverse (some are industrial, while others are commercial), one of the common issues that they all face daily is homelessness. The group emphasized the need to incorporate all jurisdictions in planning efforts; strengthen relationships with outreach, law enforcement, and park districts; and align resources and communication to make sure they are helping people who need it most. Specific areas of concern included criminal justice issues (nuisance crimes and predator behavior, which impact housed and homeless people alike) and the need for more drug treatment and mental health services.

Faith Based Group: The Area Congregations Together (ACT) is a multiracial, multi-faith association concerned with improving efforts to address homelessness. ACT members shared that they have asked elected officials and executives from the cities and counties to develop a plan with concrete actions and outcomes, so they are appreciative of the process. They hoped it will stimulate a planning and implementation process that incorporates all the players in the community. There were concerns about the quality of services and lack of resources available

to scale up what works, but also optimism around new city-county partnerships that can support new initiatives. They want more year-round shelter, more housing, and concrete goals and steps that reflect accountability.

Meetings/Interviews:

In addition to echoing much of what was heard from focus groups, participants in the meetings and interviews were able to provide more detail about what was underway, what was emerging as a best practice, and where resources are being directed in response to community need.

Sacramento County Departments: Two meetings were held with County leadership from several Departments and affiliated offices who provide services or interact with the populations. Participants in these meetings appreciated the opportunity to cross-pollinate with colleagues who provided key details about existing and new projects while stimulating thinking around potential collaborations. Programs highlighted included human assistance, behavioral health services, primary health, public health, family support, elder care, criminal justice programs, law enforcement, regional parks, and planning and development initiatives designed to address homelessness. There was interest to carry the conversation beyond this planning process to support ongoing collaboration among County programs.

County, Cities, and Non-Profit Leaders: Individual and small group meetings with key implementation leaders of City, County, and non-profit initiatives provided rich detail about the focus and intent of projects underway. Interviews also focused on the benefits increased collaboration has had. There was also focus on how to align existing resources and what it would take to improve impact through more robust use of data and coordinated leadership.

Presentations/Meetings with Associations

These groups, like others, raised affordable and accessible housing as a critical issue to ending homelessness. There was keen interest in learning what was currently underway and how their group and the people they represented could support the Plan and ongoing work to end homelessness in Sacramento.

Continuum of Care Advisory Board: The Continuum of Care Advisory Board meets monthly and works through numerous committees to consider a wide range of actions related to addressing and ending homelessness. Members of the Advisory Board asked questions about the scope of the Plan and the need to fill gaps. Members spoke to the ongoing affordable housing crisis, the need to coordinate medical care among community clinics and primary health and public health, the need to address jail discharges, and the importance of reflecting the concerns of different jurisdictions and the business community.

Criminal Justice Cabinet: The Criminal Justice Cabinet includes a wide range of persons who work in criminal justice including judges, law enforcement officers and representation from the Public Defender, District Attorney, Probation, and County Human services offices. Criminal Justice Cabinet members appreciated the opportunity to get an update on the Plan and

activities to end homelessness that are underway. They highlighted the challenges people that intersect with the courts face when they do not have housing or the right support and offered potential opportunities to partner with the homeless system to mitigate these challenges, such as supporting cross-training with law enforcement and homeless services to better leverage existing resources and outreach programs.

Human Services Coordinating Council: The Human Service Coordinating Council (HSCC) is an advisory body to the Board of Supervisors on matters relating to health and human services planning and policy issues with community members appointed to County advisory bodies and ex-officio County department members. Members were very interested to understand how this planning process fits into the network of initiatives and planning processes that have occurred over time (including HCSS's past surveys of County Community Planning Advisory Councils). The group suggested including perspectives of the groups including education, people with disabilities, people of color, and people experiencing homelessness. There was an emphasis finding the innovative, "out of the box" solutions to homelessness such as using storytelling to build awareness and empathy and training staff outside of the homeless service system to better understand housing status and where to turn for help.

Disability Advisory Commission: The Disability Advisory Commission provides advice and feedback to the County on a wide range of issues impacting people with disabilities. The Commission provided feedback to this Plan as it was being developed, as well as to the specific proposal for HEAP funds. Commission members asked questions about the experience of people with disabilities and some expressed concerns about the success rates of programs like rapid-rehousing. Members spoke to the need to improve access for people with disabilities and to expand knowledge and information about reasonable accommodations. Members also suggested there was a need for greater resources to help with evictions, such as eviction court and free attorneys. This group also expressed the need to ensure homeless investments and service delivery consider special needs of subpopulations, especially people of color and LGBTQ communities.

Medi-Cal Managed Care Advisory Committee: The Medi-Cal Managed Care Advisory Committee includes a wide variety of health plans, health care providers and others who intersect with health care. The purpose of the committee is to improve coordination of services and improve health outcomes for beneficiaries. Members highlighted the shared reporting they do on a number of vulnerable populations, including homelessness. They discussed successful outcomes from programs at hospitals that have assigned social workers and other staff to specifically address homelessness. They also highlighted the need for better coordination with the homeless system to sustain and scale up these programs and expressed interest in participating in ongoing leadership and planning efforts that could result from this process.

Appendix F: Community Feedback on Plan Draft

Stakeholder input was sought and considered throughout the Plan development process, including through a series of stakeholder meetings, interviews and focus groups, described in *Section A: Process and Guiding Principles* and *Appendix E: Summary of Community Feedback*. Once the Plan was fully drafted, it was released for a 17-day period of public comment and presented at a community meeting.

The community meeting, held November 7, was attended by 104 people including people with current and past lived experience of homelessness, service and housing providers, City and County staff, advocates, business leaders and others. A summary of the Plan was presented, and questions taken, followed by a round of small group sessions that dove more deeply into the recommendations. Each small group was asked to consider which strategies were most exciting, which were most critical, what was missing, and if there were additional partners to consider. Each group then made a verbal report back on their discussion and suggestions. The full Plan was then posted on the County's website from November 8 through November 25, along with a detailed survey requesting feedback on the plan and strategies, section by section. Eleven people responded to the survey and gave detailed comments.

The County collected all of the feedback and went through it in detail. Edits to the final Plan reflect a significant amount of the feedback collected, particularly in response to questions posed in the feedback seeking clarification on the current situation, magnitude and challenges, as well as recommendations for strengthening and expanding the guiding principles and strategies. Additional feedback that was not specifically incorporated, because it either exceeds the Plan's purview or needs additional consideration, will be shared more broadly with County Departments, with key partners, and with the Funders Collaborative when it is seated in 2019.

Things People Thought Most Critical or Were Most Excited About

- Expanding the amount of Permanent Supportive Housing and of housing in general
- Addition of more flexible re-housing subsidies
- Planned expansions of emergency and triage shelter
- Improving coordinated entry and building shelter bed reservation into coordinated entry process
- Increasing the capacity and consistency of navigation services
- Creating greater standardization in all programs and ensuring that people feel welcome and comfortable
- Coordinating and streamlining funding and local resources for housing development
- Reaching out to landlords and centralizing or coordinating landlord relations
- Expanding access to alcohol and drug services
- Criminal Justice Expungement Program

- Increasing outpatient mental health services
- Expanding employment and vocational development services
- More comprehensive and coordinated training, including providing regional training for law enforcement
- Improving data sharing
- Creating a system map
- Defining, developing and strengthening coordination and governance

New Strategies or Suggestions for Additional Attention Which Were Incorporated

Stakeholders provided feedback on missing elements or areas that needed more attention than they were given in the initial public draft of the Plan. All of the items below were considered and incorporated into one or more guiding principles and/or additional or expanded strategies in the final draft.

- Greater commitment to involving the experience of people with lived experience and of making sure communication with system users is clear and transparent
- More articulation of the importance of cultural competence both as a general principle of the system and in specific strategies, and particularly for populations including people of color, disabled, deaf, LGBTQ and gender non-conforming
- The continuing need to develop a more complete gaps analysis and provide more information and transparency about how funding is being used and invested and the results
- Need for a communication strategy and public messaging – in particular focused on permanent supportive housing, on addressing neighborhood opposition, and on helping neighbors know what is happening and where improvements are being made
- Strategies and actions to address local barriers to development, such as zoning, permitting requirements, fee waivers, etc. that make development difficult
- Offering training to all agencies that interface with people experiencing homelessness on managed care and health plan models and how to connect people to their plan
- Coordinate with EDD and other agencies to provide employment training and increase coordination among all programs that target employment for people who are homeless
- Hold more community meetings like the one for this Plan, get everyone together
- Explicitly create a tracking system to understand whether strategic activities have been completed and their degree to success

Additional Issues Raised

These items or areas are not reflected specifically in the current Plan's strategies, because they exceed the Plan's purview, raise jurisdictional or legal concerns, or need additional

consideration or consensus from leadership to address. These issues will be raised in with the Funders Collaborative once it is seated to determine what additional efforts can be made to address them.

- Additional attention needed to meeting basic needs for those unsheltered, especially for bathrooms/hygiene and trash clean up
- Develop a One-Stop Shop or Hub approach to address all needs
- Seek and utilize volunteer services and goods in each community
- Expand opportunities for citizen involvement (Noted as a principle but should be made more specific)
- Develop community acceptance strategies to make siting projects easier
- Increase prevention activities that address risks of homelessness such as eviction reform, emergency rental assistance and responding to family violence
- Work to incorporate mental health into outreach and create interim care for people with acute health or mental health needs
- Create 24-hour clinics that can serve people who are homeless at all hours
- Address the amount of affordable housing being torn down; utilize and redevelop blighted properties
- Explore non-traditional development models such as tiny houses, modular backyard units, trailers, and shipping container development
- Bring existing rental housing up to livable standards through loan programs
- Address housing discrimination and source of income discrimination in the rental market
- Increase prevention through education, school districts, churches etc., so that families and acquaintances know how to intervene early in signs of mental health crises
- Create more targeted efforts for homeless youth and families
- Create specific diversion and care coordination for people who arrive in Sacramento from outside the area
- Address concerns about 211 and navigation resources being out of date
- Consider ways that hospitals and medical facilities can be held responsible for discharging homeless people without notification and planning
- Build up technology that provides interfaces with all agencies and includes a client portal
- Create a shelter ombudsman to handle grievances and complaints about shelter
- Include non-publicly funded shelters in coordinated entry
- Advocate for fair share funding for Sacramento from the State
- Provide a tax credit to businesses that employ homeless people
- Consider making Sacramento Steps Forward a true joint powers authority

- Address the need for food that is healthy and affordable

Additional Partners Mentioned

Each strategy and activity identifies a lead agency and key partners to assist in implementation. Feedback highlighted that it is critical to have leadership from local elected leaders, all cities and to increase coordination with Geographic Managed Care (GMC) organizations. In addition, other partners that were not specifically identified within the draft Plan and were suggested to be included as partners include:

- National Alliance on Mental Illness (NAMI)
- Tech companies
- Banks
- Property and Real Estate Associations
- County Board of Education

Appendix G: County Programs and Initiatives

Part I: Community Initiatives and New Programs:

In recent years, the County of Sacramento has led on several broad multi-agency initiatives to address homelessness. These efforts build on existing County and community efforts and significantly ramp up Sacramento's response to homelessness.

In FY 2017-18, the Sacramento County Board of Supervisors (or "Board") approved several new homeless initiatives with an annualized cost of approximately \$12 million. The programs described below in the first six bullets are known as the "County Homeless Initiatives".

In FY 2018-19, the Board approved new behavioral health resources to impact homelessness, allocating \$44 million in Mental Health Services Act (MHSA) funding over a three-year period for expanded services for individuals with serious mental illness and/or co-occurring substance use disorders who are homeless or at risk of becoming homeless. Also in FY 2018-19, the Board also approved moving forward with participation in the Drug Medi-Cal Organized Delivery System waiver (DMC-ODS) which will improve care and access for qualifying persons with substance-related and addictive disorders, benefiting a portion of the homeless population who need these services. In addition to the descriptions below, more detailed information about these initiatives is provided at the end of this Appendix.

- **Homeless Outreach, Navigation, and Re-Housing Services:** In this new program, navigators engage and connect unsheltered persons experiencing homelessness in unincorporated areas around Carmichael, Rio Linda, South Sacramento and Arden-Arcade with crisis and re-housing services. The navigators work in tandem with local law enforcement, business leaders, community leadership, medical providers and faith-based groups (sometimes organized through Homeless Assistance Resource Teams, or HART) to collectively find solutions.
- **Improved Emergency Family Shelter System:** Family shelter services were redesigned to reach more families experiencing literal homelessness with high barriers to housing stability and to focus services on rapidly re-housing families into permanent and stable housing. Shelter entry is simplified via an online shelter registration system operated through the County Department of Human Assistance (DHA), which also allows alternative resources, including diversion assistance, to be offered. Family shelter is projected to serve 33 families nightly and 268 families annually. An additional 25 families through this initiative receive temporary housing and services within transitional housing at Mather Community Campus.
- **Full Service Re-Housing Shelter (FSRS):** This new approach to emergency shelter uses scattered site housing located throughout the County to support and re-house persons experiencing homelessness who have complex behavioral and/or physical health issues who have not engaged in traditional services. When operational by the end of calendar 2018, FSRS will provide 24-hour accommodations for up to 75 individuals at a time and

serve approximately 250 to 300 persons annually. Low-barrier entry accommodates partners, pets, possession and other special needs - often a barrier to traditional shelter and services. The County also dedicates annual funding for housing assistance to help FSRS participants find and secure permanent housing that works for them.

- Preservation of Mather Community Campus (MCC): Operating on a unique 33-acre, County-owned property, MCC has played an important role in our homeless continuum since 1996, providing transitional housing along with employment services and recovery supports. Faced with the loss of \$2.5 million in federal homeless funds, County funding ensures continued services at MCC in the Residential and Employment program for individuals experiencing homelessness referred through Sacramento's coordinated entry system in 183 residential units. In total, MCC provides eight residential and non-residential programs serving about 800 persons annually.
- Flexible Supportive Re-Housing Program (FSRP): This program employs several new approaches for a highly targeted population who have experienced long-term homelessness and who are the most frequent utilizers of costly County services (such as behavioral health, emergency services, or jail). Employing a "whatever it takes approach" to services, community service providers engage and support 250 households with highly flexible re-housing and stabilization services. Housing providers engage property owners, secure housing, and use housing choice vouchers and a local flexible housing fund for ongoing tenancy support. In FSRP, the County is partnering in new ways with service providers, participants and property owners to ensure long-term housing success. In the first eight months of the program, 94 FSRS participants have left homelessness into permanent stable housing.
- Expanded Services for Transition Age Youth: Working with three local providers, youth services have been expanded to address gaps in Sacramento's youth continuum of homeless services. Case management services are paired with new housing choice vouchers to support participants as they transition to permanent housing stability. Youth providers provide additional prevention services to support at-risk youth reunite with family or otherwise stabilize their housing, when possible.
- Expanded MHSA Services: The FY 2018/19 County budget includes \$44 million to expand mental health programs for persons with serious mental illness and/or co-occurring substance abuse disorders and who are at risk of homelessness or experiencing homelessness. Services will benefit people countywide; including those participating in the County's various homeless initiatives and the City of Sacramento's Pathways Whole Persons Care program. Funding is being used to expand access points, outpatient programs, and provide housing supports and subsidies.

- With the Board approval to opt in to the DMC-ODS Waiver, the County will expand Substance Use Disorder (SUD) services for qualifying adults (e.g., enrolled in Medi-Cal with qualifying disorder and meeting medical necessity criteria) and improve access to care. Increased services may include multiple levels of care tailored to client needs. Types of services may include residential treatment, recovery services, case management, and additional medication-assisted treatment. Special emphasis is placed on coordination with the criminal justice-involved population.

Part II: County Departments and their Programs and Projects

In addition to the significant new initiatives described above, many County departments directly contribute to solutions for people experiencing homelessness or implement services that *can and do* serve a larger group of people including people experiencing homelessness. Summaries of programs and projects are listed below by department.

Programs are listed here by County Department and the division with primary responsibility. Programs often involve other County departments as well as external partners, including homeless, health, behavioral health, and housing service providers who directly deliver the majority of the services.

Office of the County Executive

The Office of the County Executive is responsible to the Board of Supervisors for planning, organizing, directing, controlling, and coordinating County activities. Sacramento County has more than 30 departments, offices and agencies that provide municipal services to the unincorporated county and implement other services, including health and human services, on a countywide basis.

The County has had a central role in homelessness leadership and providing services for many years. Recognizing the growing challenges, the Office of the County Executive hired the first Director of Homeless Initiatives in 2016 to improve the County's overall response to homelessness. Since then, the County has worked with partners and stakeholders to build on what is working and to create new solutions and pathways out of homelessness. Through the support of the Office of County Executive and the Director of Homeless Initiatives, the Board of Supervisors has made significant new investments to not only improve existing programs but to create new County programs that provide concrete support to families and individuals in their transition to permanent homes, employment, and restored lives. Visit "Responding to Homelessness in the County of Sacramento" for additional information and updates.

<http://www.saccounty.net/Homelessness/Pages/default.aspx>

The following Departments are under the Office of the County Executive.

Child, Family, and Adult Services (DCAFS): This department provides resources and opportunities to enhance the quality of life by protecting, educating and empowering children,

families, dependent and older adults. Programs include child and adult protective services, which apply to children, families, and adults experiencing homelessness.

Adult Protective Services (APS) is a State-mandated program that investigates allegations of abuse or neglect of seniors who are 65 years of age or older and dependent adults who are between the age of 18 and 64 and have physical and mental limitations who cannot protect their interests. APS works to secure linkages and referrals to community services for clients, advocate for clients in a variety of situations and may arrange for direct services or coordinate with other providers to ensure services for clients. APS serves seniors and dependent adults experiencing homelessness as well as those living in housed situations. The division provides financial support to the Sacramento Senior Safehouse, a six-bedroom house offering temporary shelter for up to 30 days for aging adults experiencing homelessness where abuse or neglect is alleged.

Child Protective Services (CPS) provides protection for children who are at risk of, or are experiencing physical, sexual, emotional abuse, sexual exploitation, or emotional or physical neglect. The focus is on the safety of the child and support for parents to strengthen families and promote safe nurturing homes for children. Recognizing that homelessness can both be a factor in child welfare cases and can cause a delay in family unification, CPS has pursued opportunities to expand services for families experiencing homelessness. In 2017, Sacramento County CPS was one of 12 counties to successfully compete for the State's Bringing Families Home Program (BFH), receiving \$860,000 from the State – with total program funding of \$1.7 million - for new services and re-housing supports for child welfare-involved families experiencing homelessness or at risk of homelessness. Partnering with DHA, Sacramento Steps Forward (SSF) and the Sacramento Housing and Redevelopment Agency (SHRA), BFH's goal is to permanently house 100 families in two years through rapid re-housing and permanent supportive housing. From mid-2017 to October 3, 2018, 62 families have accessed program services and stabilized their housing through BFH services. In a more recent new initiative, CPS partnered with the Housing Authority to apply for up to 100 Housing Choice Vouchers (HVC) through the federal Family Unification Program (FUP), a portion of which would serve child welfare-involved families and a portion to serve former foster youth. While not successful, this kind of partnering will bring new opportunities.

Department of Human Assistance (DHA)

The Department of Human Assistance's mission of fostering self-sufficiency among those it serves touches every facet of daily life from employment, housing and health care through the Medi-Cal program, to transportation, food assistance through the CalFresh program, and childcare. DHA provides County residents access to cash aid programs including the California Work Opportunity and Responsibility to Kids (CALWORKs) program to families with dependent children and the General Assistance (GA) program for eligible adults.

DHA is also a lead County department administering many programs that are directly part of the homeless crisis response system through both the CalWORKs Program and the Homeless Services Division that oversees County programs designed specifically to serve people who are experiencing homelessness or who are at risk of homelessness.

CalWORKs: The CalWORKs Program, also known as Temporary Assistance to Needy Families (TANF), provides cash assistance for eligible families with children (time-limited for non-exempt adults) and helps families find and keep jobs through a variety of employment services and activities. Currently, there are over 32,000 families receiving CalWORKs assistance in Sacramento County.

The CalWORKs programs described below provide assistance to CalWORKs recipients experiencing homelessness or housing instability. These programs can provide temporary financial assistance for shelter, rent and deposits and rental subsidies so that families can return to permanent housing. For families who are at risk of homelessness, financial assistance can also help with rent arrearages or with rent payments if necessary to prevent homelessness. FY 2017-18 program outcomes are noted below.

- CalWORKs Family Stabilization Program (FSP) enrolled 225 families, and 28 were housed.
- CalWORKs Housing Support Program (HSP) enrolled 801 families, and 265 were housed with rental subsidies.
- CalWORKs Temporary Homeless Assistance/Permanent Homeless Assistance (THA/PHA): Recent changes at the state level now allow assistance to be requested once a year rather than once in a lifetime. THA provided temporary shelter assistance payments to 5,725 households. PHA provided housing deposits or payments to secure permanent housing to 1,429 households. (Note: This is the count of the number of issuances; the number contains some duplication as some households were eligible more than once in the year.)

Homeless Services: The Homeless Services Division manages the funding and contracts with community providers for homeless services related to emergency shelter, transitional housing, and re-housing programs, including the new County Homeless Initiatives described above. Programs administered directly by the Division or through contracted providers include the following:

- Outreach and navigation services (in addition to the new Homeless Outreach, Navigation, and Re-Housing Services in unincorporated Sacramento) include:
 - o Financial support for contracted navigators in two Property Business Improvement Districts;

- o DHA's team of three outreach social workers who provide referrals, connections to benefits and other supportive services for persons living unsheltered;
 - o Return to Residence Program provides individuals support to return to the original place of residence with appropriate support in that community; and
 - o Motel Voucher program provides temporary shelter in a motel for persons who are medically fragile, for families with young children, and for vulnerable/elderly disabled adults.
- Sheltering services (in addition to the Improved Emergency Family Shelter System and the Full Service Re-Housing Shelter) include:
 - o WIND Youth Shelter serving transition age youth with 6 shelter beds and 12 transitional beds;
 - o Winter Sanctuary program providing seasonal shelter from November through March at rotating church locations throughout Sacramento. In 2017-18, over 800 individuals received shelter services, transported to the churches from three locations. New re-housing and stabilization services were offered in FY 2017-18 in one of the pick-up/drop-off locations that helped facilitate housing placement for 53 guests. In partnership with the City of Sacramento, the re-housing and stabilization services will be expanded year-round in FY 2018-19;
 - o Seasonal Winter Shelter for Women and Men serving up to 75 individuals nightly;
 - o Seasonal Shelter for families serving up to 25 families nightly; and
 - o In partnership with local hospitals, DHA provides funding for the Interim Care Program, providing shelter services for persons discharged from hospitals but still needing care.
 - Transitional housing (in addition to the preservation of Mather Community Campus initiative serving singles) includes:
 - o Family transitional housing for 25 families at the MCC campus; and
 - o Adolfo Transitional Housing for Former Foster Youth serving 58 youth at MCC and in ten scattered site locations.
 - Disability advocacy services through the State's Housing and Disability Advocacy Program for participants in the Flexible Supportive Re-Housing Program (FSRP) as well as for GA recipients experiencing homelessness. Sacramento County competed successfully for this State program and began implementing in 2018.
 - DHA provides operational support for several community homeless programs by offering free or low-cost space to community providers, including the Women's

Empowerment Program, Volunteers of America's year-round shelter for Individuals, Winter Sanctuary services at North A, Comprehensive Alcohol Treatment Facility and Mather Community Campus.

Department of Health Services (DHS)

DHS delivers primary health, public health, and behavioral health services to the Sacramento community. People experiencing homelessness who need substance abuse treatment, mental health services, primary care, or other health services are eligible for a broad range of DHS programs. DHS also offers some specialized health services or specialized access for people experiencing homelessness. The three primary divisions of DHS are Behavioral Health Services, Primary Health, and Public Health.

Behavioral Health Services (BHS)

BHS provides alcohol and drug services as well as a comprehensive array of mental health services. In the area of alcohol and drug services, the continuum of care includes prevention, outpatient treatment, Medication Assisted Treatment with an established methadone treatment system, detoxification, residential services, and perinatal services. Numerous partnerships and grants also interface with other system partners in collaborative courts that touch child welfare, criminal justice and mental health systems of care. In the area of mental health services, there is a comprehensive system of care that includes prevention, early intervention, clinic and community-based outpatient treatment, sub-acute residential, crisis stabilization, crisis residential and inpatient psychiatric hospitalization programs. Mental health programs also intersect with collaborative courts and criminal justice partnerships.

Alcohol and Drug Services (ADS): In FY 2017-18, alcohol and drug treatment service programs served a total of 4,537 unduplicated clients (Children, Transition Age Youth, Adults and Older Adults). Of the total served, 1,307, or twenty-nine percent (29%), were identified as homeless in the California Outcomes Measurement System (CalOMS). The State CalOMS data set is focused on treatment indicators and therefore does not capture the range of data to accurately describe homeless and at risk for homeless status. Therefore, the current data may not accurately reflect the total number of clients who are homeless or at risk of homelessness and this number is likely underreported. Efforts to improve data collection on homeless/at risk status is currently under development.

- Mental Health Services - In FY 2017-18, mental health programs served a total of 27,822 unduplicated clients (Children, Transition Age Youth, Adults and Older Adults). Of the total served, 2,840, or ten percent (10%), were identified as homeless in the Electronic Health Record (EHR). The behavioral health system's data set is focused on treatment indicators and therefore does not capture the range of data to accurately describe homeless and at risk for homeless status. Therefore, the current data may not accurately reflect the total number of clients who are homeless or at risk of

homelessness and this number is likely underreported. Efforts to improve data collection on homeless/at risk status is currently under development. Attachments at the end of this document include Alcohol and Drug, Children's and Adult Continuums of Care and include all services across ages provided by BHS.

Primary Health

DHS Primary Health Division is the convener of the Sacramento County Medi-Cal Managed Care Advisory Committee with representation from stakeholders involved in Medi-Cal managed care. Stakeholders include: health plans, hospital systems, individual provider associations, federally qualified health centers, physicians, advocates, beneficiaries, and county health/behavioral health representatives.

Sacramento County has a Geographic Managed Care (GMC) Medi-Cal model. The State contracts with five commercial health plans in Sacramento (Aetna Better Health, Anthem Blue Cross, Health Net, Molina Healthcare, and Kaiser) through established networks of care which emphasize primary and preventative care. The Medi-Cal Managed Care Advisory Committee's Care Coordination Work Group has been working on care coordination including identification and planning for high utilizers of services, including members experiencing homelessness.

As of December 2017, the monthly GMC plan enrollment was 436,152 members. At the June 2018 meeting, plans reviewed high utilizer data, the top three percent (3%) of adult members for non-primary care encounters. Members who were homeless varied among plans from one percent (1%) for Kaiser to 15 percent (15%) for Molina Healthcare. Members with a mental health diagnosis ranged from four percent (4%) for Molina Healthcare to 50 percent (50%) for Kaiser. Members with a substance use disorder ranged from 16 percent (16%) to 44 percent (44%). Members with three or more chronic conditions ranged from 23 percent (23%) to 59 percent (59%).

Health Plans will administer the Health Homes Program targeted at the top high utilizers of services, including members experiencing homelessness. This program will be implemented in July 2019 (for chronic conditions/substance use disorders) and in January 2020 (for serious mental illness). The focus of this program is intensive care management and service coordination within and across systems of care.

Sacramento County Health Center is a public entity Federally Qualified Health Center (FQHC) for low-income individuals and families needing a primary care medical home, including people who are homeless. There are a total of seven FQHCs in Sacramento, five in multiple locations. Three FQHCs, including Wellspace, Elica and the County Health Center, have designations as a Community Health Center and as a Health Care for the Homeless program.

The County Health Center also assists individuals who are homeless in the community and need assistance with healthcare. Services include:

- Public health nurses who conduct outreach in the community, including at local shelters;

- Healthcare navigation and linkage at Friendship Park operated by Loaves and Fishes and at Probation's Adult Day Reporting Center; and
- Tuberculosis (TB) testing for mandatory shelters at Mercy Clinic Loaves and Fishes.

Public Health (Public Health)

The focus of Sacramento County Public Health is disease control and prevention. The division promotes, protects, and assures conditions for optimal health and public safety for residents and communities of Sacramento County. Public Health partners with community programs in a variety of ways to bring public health services to people experiencing homelessness, including:

- The Immunization Assistance Program offers vaccinations for hepatitis A and influenza to shelter clients and staff;
- The TB Control Program provides guidelines for tuberculous screening in emergency shelters and works with providers to evaluate persons that need clearance. The TB Control Program also provides motel vouchers for people who need shelter but are in the TB clearance process or are being treated for TB;
- The Communicable Disease Program receives reports of outbreaks in the homeless population and works with service providers to address and stop the spread of communicable disease. For example, Public Health worked with homeless service providers in early 2018 utilizing HMIS to proactively identify and locate persons experiencing homelessness with likely exposure to TB. In late 2017, when three California counties experienced hepatitis A outbreaks, primarily among their homeless populations, Public Health convened a meeting of homeless services providers, implemented an immunization campaign targeting this population, and encouraged local government leaders to develop plans to improve sanitation;
- Through a grant from the California Department of Public Health received in 2017, Sacramento County Public Health distributed naloxone nasal spray kits to 11 local agencies, including two community-based organizations that work directly with people experiencing homelessness who use opioids.

Environmental Management Department (EMD)

The mission of the Sacramento County Environmental Management Department is to protect public health and the environment by ensuring compliance with environmental regulations. EMD provides information and works to educate persons and organizations providing food to persons experiencing homelessness on safe preparation methods. Although charitable street food services are typically not regulated, they can lead to substantial public health risks to those being fed and often create unsanitary conditions in public places, due to the amount of waste produced. In 2018, EMD participated in collaborative efforts with the County Homeless Director, the City of Sacramento and the Property Business Improvement District began

exploring strategies to reduce the high level of charitable public food services in the River District. Strategies included educational outreach to groups providing charitable street food services to promote safe food practices, explaining the negative impacts on the neighborhood and offering alternative ways to donate services.

Planning and Environmental Review (PER)

PER provides a range of land use planning services for the County including regulating land use, approving the development of new housing and regulating the use of existing housing. Some of the key activities relative to affordable housing and the homeless population include:

- Every eight years, PER develops the Housing Element of the General Plan and is currently working on the next housing Element to be adopted by the Board of Supervisors in 2021. The Housing Element identifies housing needs for all income groups, including those experiencing homelessness. Working with stakeholders, the Housing Element also identifies implementing actions (programs, policies, and strategies) to address that need.
- Recent State legislation mandates cities and counties with disadvantaged communities incorporate environmental justice into their general plans. The intent is to ensure disadvantaged communities do not disproportionately have “built-in” harm, relative to food access, pollution, safe and sanitary homes, among other elements.
- PER administers the zoning code regulating the built environment, including where housing or shelter can be built and how existing housing can be used, including the regulation of Boarding Houses, Residential Care Homes, facilities or other group living uses. These facilities are used by persons experiencing homelessness, but sometimes are not well managed, presenting problems for residents and neighbors. The Board recently initiated amendments to the zoning code in this area to ensure that living arrangements are regulated appropriately based on the number of occupants, services provided, and zoning. The proposed amendments would provide consistency with the corresponding regulations administered by the appropriate State agency.
- While the County does not have inclusionary requirements, its Affordable Housing Ordinance generates funds from market rate housing development through in lieu fees. The Housing Trust Fund generates funds from commercial and industrial development. Collected funds are typically administered by SHRA for affordable housing development.

Probation Department (Probation)

The majority of misdemeanor and felony offenders in Sacramento County are placed on probation as part of their sentence under the jurisdiction of the Probation Department. The Probation Department provides clients with the assessment, treatment, supervision and support necessary to prevent re-offending. The Adult Supervision Model used by Probation

focuses services on high-risk populations. In Sacramento County, there are about 5,600 people who are in the high-risk population and about 15,000 to 17,000 people who do not reach that level. At intake, the Adult Supervision Model assess barriers and connect clients to health, mental health General Assistance, CalFresh and drug and alcohol treatment. The Juvenile Probation system is responsible for the planning, assessment, detention, placement, and supervision of youth. Of the 1,863 youth served in FY 2017-18, a little over three percent (3%) or 60 individuals were homeless.

The Probation Department provides some specialized support for people who are experiencing homelessness, but continuously seek new partnerships and ways to offer needed support. Probation works with the Northern California Construction and Training (NCTT) program providing employment services to probationers, including many who are experiencing homelessness. Probation also contracts with Volunteers of America for 25 beds that can be used for shelter for up to 90 days.

Public Defender

The Public Defender represents the majority of people in Sacramento County who are charged with a crime. The Court appoints the Public Defender to represent people who cannot afford to hire a lawyer. Homelessness touches many aspects of the Public Defender's work. The Public Defender's office estimates that 50 percent (50%) of their criminally charged misdemeanor clients are experiencing homelessness. Additionally, the Public Defender's office estimated 50 percent (50%) of the individuals they represent in local psychiatric hospitals on mental health holds pursuant to various Welfare and Institutions Code sections are experiencing homelessness.

The Public Defender also represents approximately 3,000 people annually with serious mental illness who are committed in psychiatric hospitals on Welfare and Institution holds. The Public Defender's office estimates that 1,500 of these individuals are experiencing homelessness. Additionally, the Public Defender's office represents approximately 300 people who have been deemed gravely disabled and placed on a conservatorship in light of a court finding that the individual is unable to care for their own food, clothing, or shelter as a result of a mental illness.

The Public Defender's office also assists persons experiencing homelessness with outstanding citations or warrants, which can often interfere with a person's ability to access housing, services, employment, and education. To address this issue, the Public Defender created and staffs a monthly legal clinic at Loaves and Fishes helping about 50 people a month to recall warrants and negotiate community service in lieu of jail. The Public Defender also dedicates one attorney every Friday to handle any "walk in" clients that need warrants recalled or cases re-calendared. In 2018, the Public Defender began a closer collaboration with homeless service programs, including Mather Community Campus and the Flexible Rehousing Support Program, to help facilitate recalling of bench warrants and resolving outstanding criminal cases for potential participants to resolve legal barriers prior to being able to enter services.

Finally, the Public Defender's office has been collaborating with judicial partners in developing a mental health diversion program under the new AB1810 law that was signed by Governor Brown. The Public Defender's office estimates that it will be investigating over 2,000 cases a year involving individuals who have mental health issues and criminal charges. This new law puts the burden on the Public Defender's office to identify individuals with mental health issues, connect them to services, and create a treatment plan. Based on the Department of State Hospitals study, it is estimated that 47 percent (47%) of the individuals will be experiencing homelessness.

Regional Parks

Regional Parks maintains and operates more than 15,000 acres of parks throughout the County, supporting open spaces, multi-use trails, sports facilities, golf courses, river access and picnic areas. Park Rangers provide law enforcement within the Sacramento Regional Parks system and respond to accidents, vandalism, fire, animals, and other safety issues.

The American River Parkway is highly impacted by the number of people experiencing homelessness who are living on the parkway. In 2017, the Sacramento Board of Supervisors endorsed a clean and safe Parkway initiative to mitigate impacts associated with unsanctioned camping, such as trash, crime, and fires. The Park Resource Team consists of 15 rangers and ten maintenance staff and provides seven days a week coverage to carry out law enforcement functions, working with Regional Parks maintenance staff to remove debris and with DHA to connect individuals to shelter and services.

In 2018, Regional Parks engaged the Downtown Streets Team, a non-profit provider, with one-time funding supporting 15 volunteer participants comprised of Parkway campers and other persons experiencing homelessness. Teams clean up trash and debris in two designated areas of the Lower Parkway and are connected to service and housing programs through weekly meetings. In fall 2018, Regional Parks solicited proposals for a clean-up program utilizing a workforce of people experiencing homelessness living on the Parkway. The selected provider will work with participants to connect them to employment programs, provide basic job training and coordinate with County programs to connect individuals to shelter and services.

Affiliated County Offices

Several County agencies or entities that intersect with persons experiencing homelessness as well as homeless solutions have different affiliations with Sacramento County and the Board of Supervisors than the County departments listed above. Two agencies, the Sheriff's and District Attorney Offices, are operated by elected offices with County funding from the Board of Supervisors. The Sacramento Housing and Redevelopment Agency is a joint powers agency where the Board of Supervisors is the governing body for associated County funding and functions. The Board of Supervisors also serves as the Housing Authority of the County of

Sacramento for housing authority related activities. The Superior Court of Sacramento County is a State entity.

Criminal Justice Cabinet (CJC)

Supported by the County Board of Supervisors and Sacramento Superior Court, the Criminal Justice Cabinet (CJC) provides the coordinated leadership necessary to ensure a fair and just criminal justice system. Their mission is to establish cohesive juvenile and adult criminal justice system policies based on research, evaluation and monitoring of policy decisions and program implementations, to identify deficiencies, and implement plans and programs for change when opportunities present themselves. The CJC is chaired by the Superior Court Presiding Judge and meets monthly. Members include judges from the Adult and Juvenile Courts, County elected officials, County Department Heads, City Mayors and Chiefs of Police, and the Superintendent of Schools.

District Attorney's Office

The DA is responsible for presenting cases against individuals and groups who are suspected of breaking the law, initiating and directing further criminal investigations, guiding and recommending the sentencing of offenders, and taking cases to court. Under the District Attorney's Community Prosecution Unit, the Chronic Nuisance Offender Program was created to address the 'revolving door' for some offenders, including those experiencing homelessness. Targeting people with ten or more citations or arrests within the prior 12 months, or through law enforcement referrals, the DA's Office collaborates with County and community-based service providers to offer individuals a tailored program to address underlying issues, such as behavioral health or housing needs.

Sacramento Courts

The Superior Court of California, County of Sacramento hears civil and criminal cases, and operates several courts, including family court, juvenile court, probate court, small claims court, and collaborative and specialized courts. Collaborative courts are problem-solving courts that promote accountability by combining rigorously monitored rehabilitation and treatment services in lieu of detention. These courts are geared towards improving justice system outcomes by addressing underlying problems, such as mental health issues or substance use disorders. While there are multiple collaborative courts, several interact more often with a homeless population.

- Adult Drug Court serves a capacity of 80 to 125 non-violent defendants with certain drug-related crimes. Services include residential and outpatient drug treatment services, as well as case management, housing, and therapeutic services.
- Mental Health Treatment Court serves a capacity of 70 to 80 non-violent defendants at any time with specified mental disorders, approved for participation by the DA's Office.

Mental Health outpatient services are primarily funded through the County Division of Behavioral Health; however, some participants receive services through their private insurance. Services range in levels of intensity from Full Service Partnerships to other outpatient programs and may be delivered at a clinic or in the community. The array of services include; a comprehensive assessment, case management, skill building, individual and group therapy, crisis , intervention,, medication evaluation and support, benefits acquisition, housing support, employment training and transportation. (This collaborative Court has merged with the Co-Occurring Mental Health Court that can serve 15 to 20 nonviolent defendants with co-occurring disorders.)

- Re-Entry Court serves up to 50 defendants charged with nonviolent and property offences. Program services may begin in custody and include housing, education, employment, counseling, life skills and connection to County medical, general assistance, and CalFresh services.
- Veterans Treatment Court serves 30 VA-eligible veterans charged with offenses related to their military service. Services include any combination of residential and/or outpatient treatment, including case management, mentoring, and behavioral health services.

Sacramento Housing and Redevelopment Agency (SHRA)

SHRA is a joint powers authority between the County of Sacramento and the City of Sacramento. The County Board of Supervisors is the governing body for activities undertaken by SHRA with County resources. The Board of Supervisors also serves separately as the governing body for the Housing Authority of the County of Sacramento for housing authority activities, including the Housing Choice Voucher Program and public housing. Primary activities relevant to homelessness include:

- Financing or affordable multifamily housing using local and federal (e.g., HOME) County resources;
- Administration of federal Emergency Solutions Grant (ESG) through County federal entitlement and State pass-through), Housing Opportunities for Persons With AIDS/HIV (HOPWA) and Community Development Block Grant (CDBG) programs; and
- As the Public Housing Authority (PHA), administration of tenant- and site-based Housing Choice Vouchers (HCV) and operation of conventional public housing.

The following provides a high level of overview of activities within each area:

- Affordable Housing Financing. Administering federal HOME funding, and local affordable housing fees and commercial linkage fees, over \$55 million has been invested over the past ten years in ten developments, constructing or preserving a total of 404

affordable housing units restricted to individuals or families experiencing homelessness countywide. With the loss of redevelopment, this activity declined.

- Emergency Solutions Grant (ESG) funding is used in Sacramento County primarily for a joint City-County rapid re-housing program, serving literally homeless individuals and non-CalWORKs families and for re-housing services in an emergency shelter for individuals located on North A Street. CDBG public services funding assists two additional shelters, one serving individuals at the North 5th Street Shelter, and the second serving single men and women. These shelters are located in the City of Sacramento who also provide funding. In the coming year, State ESG funding will be used for re-housing individuals participating in the Winter Sanctuary program.
- As the Public Housing Authority, SHRA administers several HCV program, including programs where people experiencing homelessness have a preference on the housing choice voucher waiting lists. Voucher programs include:
 - 10,818 tenant based vouchers (homelessness is one of the preferences);
 - 936 project-based vouchers (homelessness is one of the preferences);
 - 643 tenant-based and project-based HUD-VASH vouchers for homeless veterans; and
 - 567 Shelter Plus Care certificates for disabled households experiencing homelessness.

In addition, the PHA is committed to utilizing PHA resources to house homeless households over a three-year period (2018-2020), including:

- 375 HUD and HUD-VASH project-based vouchers to support new or existing permanent supportive housing, supporting approximately 300 additional housing units for persons experiencing homelessness;
- Limited Homeless Allocation vouchers set aside for 450 homeless households;
- 50 vouchers for the “Move On” initiative to help families stabilized in permanent supportive housing “move on” to affordable housing through a voucher, thereby serving new families in need of intensive services; and
- Performance Partnerships Pilot (P3) vouchers for 100 homeless or at-risk youth.

Sheriff's Department

The Sheriff's Department provides public safety services in Sacramento County. The Sheriff oversees a broad range of law enforcement activities and initiatives, including two programs that support people who are unsheltered and have ongoing interactions with law enforcement.

Homeless Outreach Team (HOT): The mission of the HOT team is to engage individuals experiencing homelessness with support services and to connect them with resources, along with enforcement of laws, when necessary, to bring about a positive change. HOT builds partnerships with a wide range of service providers in order for HOT deputies to create unique "outside the box" solutions for people experiencing homelessness. For example, the HOT team worked with DMV to simplify the process for individuals to obtain IDs, a crucial step to services.

The team includes 14 Deputy Sheriffs in four teams (North, Central, Rancho Cordova and Work Release Division) which allows for geographic coverage in the unincorporated area and Rancho Cordova seven days a week.

HOT sponsors an ongoing homeless services event called Sacramento Sheriff Homeless Outreach Partnership Event (HOPE). HOPE brings together more than twenty service providers to offer resources and services to individuals and families experiencing homelessness on a single day.

Strategies in Policing Innovation (SPI): In addition to the countywide HOT program, North Division also fields a Strategies in Policing Innovation grant-funded program, which started in 2016. Using data to target specific geographic areas with higher calls for service, three part-time Sheriff Deputies partner with a part-time Sacramento Steps Forward navigator to connect people with supportive and case management services. This program also coordinates with DHA for social safety net services.

Both HOT and SPI teams are deployed using an Intelligence-Led Policing model and have a partnership with Sacramento State University researchers to improve connection with services and results.

Additional Detail on Programs and Projects in Sacramento County

(Alphabetical, by program/project name)

Alcohol and Drug Treatment Services Treatment System	
<i>Lead</i>	Department of Health Services, Division of Behavioral Health Services
<i>Program Lead</i>	Alcohol and Drug Services
<i>Key Partners</i>	Community Alcohol and Drug Contracted Service Providers
<i>Budget</i>	\$34,051,401
<i>Funding Source</i>	Drug Medi-Cal/FFP, 2011 Behavioral Health Realignment, Substance abuse Prevention and Treatment (SAPT) block grant (SAMHSA), Cal WORKS
<i>Start Date & Duration</i>	Annual contracts
<i>Background</i>	<p>Includes multiple modalities of service, serving adults and youth with Substance Use Disorder Diagnosis, including persons who:</p> <ul style="list-style-type: none"> • Are experiencing homelessness; • Are at risk of homelessness; • Self-identify as homeless; or • Are at risk of homelessness. <p>Modalities of treatment services include:</p> <ul style="list-style-type: none"> • Outpatient; • Intensive outpatient; • Withdrawal management (detoxification); • Medication-assisted treatment (MAT); and • Residential and transitional/sober living environments.
<i>People Served FY2017-18</i>	<p>Total Admissions: 5,691 admissions with 1,534 clients reporting homelessness. (27%) Homelessness by Service Modality (this data represents duplicated clients i.e. individuals with more than one admission and receiving different levels of services at the same time):</p> <ul style="list-style-type: none"> • <i>Residential/Detoxification Admissions:</i> 1,649 admissions with 877 clients reporting homelessness. (53%) Note: Residential is not considered housing. • <i>MAT services:</i> 1,545 admissions with 240 clients reporting homelessness (15%) • <i>Outpatient:</i> 2,433 admissions with 405 clients reporting homelessness (16%) • <i>Intensive Outpatient:</i> 64 admissions with 12 clients reporting homelessness (18%).

<p><i>Description/ Additional Information</i></p>	<p>Access Points for Screening and Referral to Treatment:</p> <ul style="list-style-type: none"> • Adult System of Care • Guest House Homeless Clinic • Primary Care Center • Juvenile Court • Youth Detention Facility • Probation • Screening in Main Jail and RCCC • Wind Youth Services • Children’s Receiving Home of Sacramento. <p>In addition, Drug Medi-Cal (DMC) eligible clients may go directly to contracted DMC outpatient provider sites to receive an assessment for treatment.</p> <p>Other specialty programs serving Sacramento residents with substance use disorders that may be experiencing homelessness include:</p> <ul style="list-style-type: none"> • Options For Recovery (Perinatal Outpatient, Residential and Transitional Living services), • CNO (Chronic Nuisance Offender) Program, collaboration with District Attorney, Public Defender, Sherriff, Main Jail, Sacramento Steps Forward and Mental Health serving individuals experiencing homelessness that may have a co-occurring substance use/mental health disorder, and • Collaborative Courts (Mental Health Treatment Court, Family Drug Courts, Adult Drug Court, Prop 36, DUI Treatment).
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Bringing Families Home (BFH) Program	
<i>Lead</i>	Department of Family, Child, and Adult Services
<i>Program Lead</i>	Child Support Services
<i>Key Partners</i>	Sacramento County Department of Human Assistance (DHA), Sacramento Housing and Redevelopment Agency (SHRA), Sacramento Steps Forward (SSF) and Volunteers of America (VOA)
<i>Budget</i>	Program budget covers from July 1, 2017 to June 30, 2019 but may be extended: \$1,720,200
<i>Funding Source</i>	50% from California Department of Social Services (CDSS) 50% match requirement that includes: <ul style="list-style-type: none"> • Staff time from CPS, • 18 slots from DHA's Flexible Supportive Rehousing Program (FSRP) • County Emergency Solutions Grant (ESG) Rapid Rehousing Program (RRH).
<i>Start Date & Duration</i>	July 1, 2017 to June 30, 2019. (This is a two-year pilot program but may be extended.)
<i>Background</i>	This program was created as a result of a grant opportunity from CDSS to create a housing program specific to child welfare-involved families. Sacramento County was awarded this grant and implemented this new program on July 1, 2017.
<i>People Served</i>	This program only serves child welfare-involved families that are receiving reunification or dependent supervision services under the jurisdiction of the court. The program intends to house 100 families.
<i>Description/ Additional Information</i>	BFH is a housing program funded by the CDSS for families receiving child welfare services under the Family Reunification and Dependent Supervision (aka Family Maintenance) programs. The goal of the program is to reduce the number of families in child welfare experiencing homelessness, to increase family reunification, and prevent foster care placements. The program primarily offers two types of housing interventions based on need: Rapid Re-housing and Permanent Supportive Housing. The program also provides direct connections to other housing programs available in the community including DHA's Housing Support Program (HSP), transitional housing located at Mather Community Campus and others as they can be identified and have capacity.

CalWORKs Family Stabilization Program (FSP)	
<i>Lead</i>	Department of Human Assistance
<i>Program Lead</i>	CalWORKS
<i>Key Partners</i>	N/A
<i>Budget</i>	\$1,630,552 (FY 2018/19 allocation is not yet received; this amount could change.)
<i>Funding Source</i>	CalWORKs Family Stabilization (CDSS)
<i>Start Date & Duration</i>	7/1/2018 – 6/30/2019
<i>Background</i>	AB 74 established the CalWORKs Family Stabilization Program (FSP). Effective January 1, 2014, the Family Stabilization Program (FSP) is a component of the CalWORKs program that provides intensive case management and crisis intervention to ensure a basic level of stability within a family prior to, or concurrently with, participation in Welfare-to-Work (WTW) activities.
<i>People Served</i>	In FY 2017-18: Served 225 families (not all families are homeless); housed 28 families.
<i>Description</i>	<p>Sacramento County's FSP focuses on addressing the following crises: domestic abuse, housing instability and at-risk youth crisis (any age under 18 years). The goal of FSP is to increase client success in light of the flexible WTW 24-Month Time Clock. FSP services are generally limited to six cumulative months. Housing payments to prevent eviction are available to pay up to two months of rent arrearages and up to four months of current subsidies. To be entitled to receive FSP arrearage or rental subsidy payments, the family must be experiencing a financial crisis that could result in homelessness if preventative assistance is not provided.</p> <p>FSP serves CalWORKs families which include:</p> <ul style="list-style-type: none"> • A WTW mandatory participant including assistance units in which the only adult is exempt from WTW for any young child exemption and the family is experiencing domestic abuse OR • A non-compliant adult OR • A sanctioned adult OR • A recent non-citizen entrant <p>AND experiencing one of the following crises:</p> <ul style="list-style-type: none"> • Domestic abuse crisis OR • Housing crisis OR • At-risk youth crisis (any age under 18 years).

CalWORKs Housing Support Program (HSP)	
<i>Lead</i>	Department of Human Assistance (DHA)
<i>Program Lead</i>	CalWORKS
<i>Key Partners</i>	Sacramento Housing and Redevelopment Agency, Sacramento Steps Forward
<i>Budget</i>	FY 2018-19 budget: \$2,843,416 Received \$1,040,362 augmentation for FY 2018-19
<i>Funding Source</i>	CalWORKs Housing Support Allocation (CDSS)
<i>Start Date & Duration</i>	7/1/2018 – 6/30/2019
<i>Background</i>	HSP was established by SB 855 to assist homeless CalWORKs families to quickly obtaining permanent housing and to provide wrap-around supports to families to foster housing retention. Implementation began in October 2014; 48 counties currently administer HSP.
<i>People Served</i>	In FY 2017-18: 801 families enrolled, 265 families newly housed.
<i>Description</i>	This rapid rehousing program serves literally homeless CalWORKs families. It is designed to be aligned with the “Housing First” philosophy and rapid rehousing components as provided by HUD. The entry point for this program is through any DHA office with an open lobby. Case management is an essential component of HSP and is provided upon enrollment until housing stability is achieved. All customers who are referred to HSP are assessed through the VISPDAT and entered into HMIS by the DHA Social Worker. Customers are provided with interim housing payments and costs associated with securing housing such as application fees, move-in costs, utility fees and deposits. Customers are also provided with monthly subsidies to pay for a portion of their rental costs for the program duration.

CalWORKS Temporary Homeless Assistance/Permanent Homeless Assistance (HA - THA/PHA)	
<i>Lead</i>	Department of Human Assistance (DHA)
<i>Program Lead</i>	CalWORKS
<i>Key Partners</i>	N/A
<i>Budget</i>	Included in the allocation for CalWORKS generally, no specific amount identified
<i>Funding Source</i>	CalWORKS Single Allocation (CDSS)
<i>Start Date & Duration</i>	7/1/2018 – 6/30/2019
<i>Background</i>	Temporary Homeless Assistance (THA) and Permanent Homeless Assistance (PHA) are a part of the CalWORKS program and available to homeless families.
<i>People Served</i>	In FY 2017-18 - Temporary Homeless Assistance issued on 5,725 cases In FY 2017-18 - Permanent Homeless Assistance issued on 1,429 cases
<i>Description</i>	The Homeless Assistance program (HA) is available to eligible CalWORKS applicants and recipients who meet the criteria for being homeless or for being at risk of homelessness. Temporary Homeless Assistance (THA) provides payments for temporary shelter up to 16 consecutive days while the family searches for permanent housing. Permanent Homeless Assistance (PHA) provides CalWORKS recipients with financial assistance for security deposits and utility deposits to move into permanent housing. For CalWORKS recipients facing eviction HA may provide up to two months of rent arrearages. As of January 1, 2017, HA is available once every 12 months with exceptions allowed. Effective July 1, 2018, AB 557 created a new once in a lifetime Homeless Assistance benefit for CalWORKS applicants that are current or past victims of domestic violence and are fleeing an abuser. AB 557 expanded THA payments to cover up to 32 consecutive days of motel stay.

Emergency Family Shelter System	
<i>Lead</i>	Department of Human Assistance
<i>Program Lead</i>	Division of Homeless Services
<i>Key Partners</i>	Volunteers of America (VOA), Next Move
<i>Budget</i>	FY 2018-19 budget: \$1,352,993
<i>Funding Source</i>	County General Fund
<i>Start Date & Duration</i>	7/1/2018 – 6/30/2019
<i>Background</i>	<p>Prior to October 2017, the Emergency Family Shelters were funded through the Department of Human Assistance (DHA) utilizing CalWORKs funding. This funding source limited shelter guests to only those families who were eligible to CalWORKs benefits. With limited funding being provided through County General Fund, the providers were restricted to how many and which families they could serve. In March 2017, the County Homeless Initiatives sought to redesign the emergency family shelter system and replace CalWORKs funding with County General Fund to reduce the barriers to accessing emergency shelter for families experiencing homelessness. This redesign also incorporated a centralized registration via an electronic portal, allowing pets, expanding the definition of a family and removing time limits. With Board approved general fund, DHA established new contracts with VOA and Next Move to operate the emergency family shelters effective October 2017 with the reduction in barriers as noted above.</p>
<i>People Served</i>	<p>From October 2017 through September 2018, 146 families were placed in emergency shelter through DHA's Shelter Registration system. From inception, through September 2018, 164 families exited shelter to stable permanent housing (includes families already in shelter).</p>
<i>Description</i>	<p>Provides emergency shelter for approximately 33 families nightly and approximately 268 annually. Access to shelter is via an online shelter registration system operated through DHA. Families interested in shelter can register online or at any DHA bureau. Families are prioritized based on vulnerability and are contacted immediately by DHA as soon as vacancies occur at either shelter provider. Families awaiting shelter are contacted by DHA to connect to other services and evaluated for eligibility for programs offered through DHA or other providers. One of the contracted providers has funding to provide a diversion program to families to prevent entering the shelter system.</p>

Flexible Supportive Re-Housing Program (FSRP)	
<i>Lead</i>	Department of Human Assistance,
<i>Program Lead</i>	Division of Homeless Services
<i>Key Partners</i>	Intensive Case Management Providers: Consumer Self Help, TLCS, Well Space, Wind Youth Services Property-Related Tenant Services: Sacramento Self Help Housing (SSHH), Volunteers of America (VOA)
<i>Budget</i>	FY 2018-19 Budget \$3,395,000
<i>Funding Source</i>	Community General Fund
<i>Start Date & Duration</i>	7/1/2018 – 6/30/2019
<i>Background</i>	The Flexible Supportive Re-housing program was presented to the Board of Supervisors in March 2017 as the first County-funded and county-driven permanent supportive housing program providing intensive case management services (ICMS) and property-related tenant services (PRTS) to the top 250 users of County jail and behavioral health systems. ICMS was designed to provide a “whatever it takes approach” to case management to provide support to persons experiencing long-term homelessness. PRTS was designed to locate and secure housing for those receiving ICMS and includes a flexible housing subsidy or access to a Housing Choice Voucher for the permanent housing payments. The Board approved funding for FY 17-18 and the program was implemented in February 2018.
<i>People Served</i>	In FY 2017-18: From February 2018 to September 30, 2018, 191 persons were enrolled in intensive case management services and 94 persons were successfully housed.
<i>Description</i>	Provides highly flexible re-housing and stabilization services to persons who have experienced long-term homelessness, typically persons with complex health and behavioral health conditions. DHA works with its contracted providers to provide ICMS and housing supports through weekly case conferencing to persons identified as the top 250 users.

Full Service-Re-Housing Shelter (FSRS)	
<i>Lead</i>	Department of Human Assistance
<i>Program Lead</i>	Division of Homeless Services
<i>Key Partners</i>	Sacramento Self-Help Housing, Local Law Enforcement Agencies
<i>Budget</i>	FY 2018-19 Budget: \$2,650,000
<i>Funding Source</i>	County General Fund
<i>Start Date & Duration</i>	7/1/2018 – 6/30/2019
<i>Background</i>	<p>The Flexible Supportive Re-Housing Shelter was presented to the Board of Supervisors in March 2017 as a proposed single-site shelter with a maximum nightly capacity of 75 persons with the intent to serve 250-300 persons annually. The intent of the shelter is to provide low-barrier shelter for single adults who do not formally accept traditional shelter. Pets, partners and possessions are welcomed as part of the shelter structure. Included with the shelter are rehousing services that would provide limited-term, but critical, housing deposits subsidies to assist participants in successfully exiting the shelter into stable housing.</p> <p>The challenge of locating a single location in Sacramento County led to the opportunity to contract with a provider who would provide scattered-site shelters throughout Sacramento County. As approved by the Board in November 2017, the shelter was redesigned to become 15 scattered site houses to act as shelter for up to five residents per house with one live-in house monitor. Implementation began in March 2018 with nine shelter sites operational at the end of FY 17-18.</p>
<i>People Served</i>	The first shelter site became operational in March 2018 and by September 2018, 11 sites were operational. Since inception through September 2018, 98 persons were placed in shelter with 32 exiting to stable housing.
<i>Description</i>	Sacramento Self Help Housing (SSHH) serves as the shelter and re-housing service provider, and works closely with DHA's Homeless Services Division, Sherriff's Department, County/City Park Rangers, local City Police Departments and other agencies to target homeless encampments including persons experiencing long-term homelessness for entry into the scattered sites. The shelter sites are invitation only and weekly case conferencing occurs between DHA staff and SSHH staff to identify shelter entry, housing outcomes and exits for the shelter guests. Expected length of stays are targeted for 45 days, with the program being tailored for the persons needs with the limited term housing subsidies being available upon successful exit from shelter to stable housing.

Homeless Outreach, Navigation and Re-Housing Services	
<i>Lead</i>	Department of Human Assistance
<i>Program Lead</i>	Division of Homeless Services
<i>Key Partners</i>	Sacramento Self-Help Housing
<i>Budget</i>	FY 2018-19 budget: \$216,000
<i>Funding Source</i>	County General Fund
<i>Start Date & Duration</i>	7/1/2018 – 6/30/2019
<i>Background</i>	On September 26, 2017, the Board of Supervisors approved additional funding to augment the County Homeless Initiatives. DHA released a Request for Proposals (RFP) in December 2017 seeking proposals that would augment the initiatives or provide a program that identified a service gap in homeless services. The second of the two proposals selected was for homeless outreach, navigation and re-housing services to unsheltered individuals living in the following unincorporated areas of Sacramento County: Carmichael, Rio Linda, South Sacramento and Arden-Arcade. DHA received Board authority to contract with Sacramento Self Help Housing (SSHH) in April 2018.
<i>People Served</i>	Since April 2018, 177 through September 2018, 177 participants have engaged in services with 30 participants entering stable housing or shelter. Ten participants received financial assistance to prevent or end their homelessness.
<i>Description</i>	Sacramento Self-Help Housing provides 2.5 navigators to conduct outreach and rehousing services to persons experiencing homelessness in unincorporated areas around Carmichael, Rio Linda, South Sacramento and Arden-Arcade. The navigators coordinate with local law enforcement, business leaders, community leadership, medical providers and faith based groups to identify and provide services to the persons experiencing homelessness. They have established local office hours to provide additional support for the identified areas. DHA provides support and conferencing to identify areas of need with the provider.

Mather Community Campus	
<i>Lead</i>	Department of Human Assistance
<i>Program Lead</i>	Division of Homeless Services
<i>Key Partners</i>	Volunteers of America
<i>Budget</i>	FY 2018-19 budget: \$4,700,320
<i>Funding Source</i>	County General Fund
<i>Start Date & Duration</i>	7/1/2018 – 6/30/2019
<i>Background</i>	Since its inception in 1996, Mather Community Campus (MCC) has provided transitional housing and employment services to single adults, families and former foster youth. Initially MCC was funded through County General Fund and HUD funding for the programs on campus. In 2016, the Sacramento Continuum of Care elected not to include MCC as part of the federal CoC application as transitional housing programs were not amongst the highest rated through HUD standards. As part of the County Homeless Initiatives, the County utilized a combination of general fund and federal CalFresh Snaps to Skills Employment and Training funding to replace the HUD funding that was lost.
<i>People Served</i>	For FY 2017-18, 351 individuals were served along with 23 families and 58 youth in transitional housing programs.
<i>Description</i>	<p>Transitional Housing Program for single adults: Transitional housing, supportive services, vocational training, and employment services for up to 180 homeless individuals. Services include case management, career counseling, job training, development and placement, assistance in resolving legal issues, assistance with identifying resources for persons with learning disabilities, mental health challenges, those identifying with substance use disorders and permanent housing location assistance.</p> <p>Transitional Housing for families: Transitional housing for up to 25 families experiencing homelessness who are struggling with substance use disorders, are in early recovery as well as who choose longer term services in a sober living environment with a goal of attaining employment and permanent housing. Services include case management, financial and employment counselors, housing resources, intensive housing search/location services and assistance with obtaining documents necessary to secure housing and employment.</p> <p>Laverne Adolfo Transitional Housing Program for former foster youth: Provides services for up to 58 youth, under 24 years of age who are emancipated from foster/probation care. Participants receive transitional housing services for up to 24 months with the objective to facilitate self-sufficiency by improving each youth’s education or employment plan and addressing barriers that may impede plan. Services include developing a STEP-Transitional Independent Living Plan, mentoring services, housing services, workshops, money management and discharge aftercare 90 days before exiting the program</p>

MHSA Approved Innovation Program	
<i>Lead</i>	Department of Health Services (DHS)
<i>Program Lead</i>	Department of Behavioral Health Service's (DBHS)
<i>Key Partners</i>	Turning Point Community Programs – Mental Health Urgent Care Clinic
<i>Budget</i>	\$2,500,000
<i>Funding Source</i>	MHSA
<i>Start Date & Duration</i>	Start Date: November 2017 - MHSA 5 Year Innovation Project
<i>Background</i>	Part of MHSA 5 Year Innovation Project
<i>People Served</i>	Individuals with serious mental illness (adults) or with serious emotional disorder (children) who serving: <ul style="list-style-type: none"> • People experiencing homelessness • People at risk of homelessness • Programs that have individuals who self-identify as homeless; and • Housed
<i>Description</i>	Provides voluntary and immediate access to crisis intervention services, including integrated services for co-occurring substance abuse disorders to individuals of all age groups (children, adolescents, adults, and older adults) who are experiencing a mental health crisis. Services are designed to provide an alternative to emergency department visits for individuals who have immediate mental health needs. Services focus on wellness and recovery as well as linkage to ongoing community services. Interventions will assist in decreasing unnecessary and lengthy involuntary inpatient treatment while increasing access to care in a voluntary setting.

MHSA Community Approved Outpatient Mental Health Service Program	
<i>Lead</i>	Department of Health Services
<i>Program Lead</i>	Division of Behavioral Health Services
<i>Key Partners</i>	El Hogar, Community Services Inc., Guest House
<i>Budget</i>	\$3,639,227
<i>Funding Source</i>	MHSA, Medi-Cal/FFP, SAMHSA, PATH
<i>Start Date & Duration</i>	Single-year mental health services contract with multi-year authority
<i>Background</i>	<p>Long standing program in operation with a focus on serving individuals with serious mental illness who are also homeless. Program started as a county contracted provider in the 1980s and has evolved and continued to deliver these services with new models of care that include Mental Health Services Act principles of consumer centered, flexible, integrated service delivery.</p> <ul style="list-style-type: none"> •
<i>People Served</i>	<p>Serves adults living with serious mental illness:</p> <ul style="list-style-type: none"> • People experiencing homelessness: and/or • Individuals who self-identify as homeless
<i>Description</i>	<p>Serves as the front door for homeless mental health services with a clinic open for direct access by individuals experiencing homelessness. Provides recovery-based outpatient mental health services which include: daily triage, mental health assessments, crisis intervention, case management, medication support, rehabilitation and/or brief therapy, skill building, safety planning, vocational supports, benefits acquisition and linkage to community resources. Also offers:</p> <ul style="list-style-type: none"> • Housing Resource information group every Tuesday at 1:00 – Open to the public. • Sacramento Multiple Advocate Resource Team (SMART) helping individuals experiencing homelessness with their application for SSI/SSDI and expedites benefit acquisition. • Connection Lounge – Drop-In center providing a safe space to connect with others, access basic survival needs, learn about available resources.

MHSA Community Approved Outpatient Service Continuum	
<i>Lead</i>	Department of Health Services (DHS)
<i>Program Lead</i>	Department of Behavioral Health Services (DBHS)
<i>Key Partners</i>	Community Mental Health Programs: Consumer Self Help, Wellness Recovery Centers, Turning Point Community Programs (Northgate Point, Regional Support Team RST), Human Resource Consultants HRC – Regional Support Team RST and TCORE, El Hogar Community Services, Inc. – Regional Support Team RST
<i>Budget</i>	\$321,026,146
<i>Funding Source:</i>	MHSA, Medi-Cal/FFP, Realignment, SAMHSA
<i>Start Date & Duration</i>	Single year mental health service contract with multi-year contract authority.
<i>Background</i>	Outpatient Expansion: Mental health community-based providers listed as key partners deliver mental health services for adults with serious mental illness. Regional Support teams have been providing these services since 1991 and have evolved to become part of the Mental Health Services Act (MHSA) funded services system. Consumer Self Help Wellness Recovery Centers (WRC) and T-Core programs emerged from the MHSA community process in 2015. They have been in operation for approximately ten years, delivering flexible consumer-centered, community-based services throughout the community.
<i>People Served</i>	Serves adults living with serious mental illness, and <ul style="list-style-type: none"> • Serving people experiencing homelessness • At risk of homelessness • Programs that have individuals who self-identify as homeless • Housed
<i>Description</i>	Provide low-moderate intensity specialty mental health supports and services on a monthly basis of weekly, depending on need for adults with serious mental illness who are at risk of homelessness, homeless, or housed. Includes benefit acquisition and supports, including assistance locating housing. As of May/June 2018, flex funds can be used to provide housing supports to people experiencing homelessness. <u>Wellness Recovery Centers</u> : Peer-run walk-in services at Wellness and Recover Center, open 6 days per week with structured support groups and activities

MHSA Community Approved Outpatient Service & Supports Continuum	
<i>Lead</i>	Department of Health Services (DHS)
<i>Program Lead</i>	Department of Behavioral Health Services (DBHS)
<i>Key Partners</i>	Saint John’s Program for Real Change – Respite Program, TLCS Crisis Respite Care Center, Turning Point Abiding Hope Respite House, Wind Youth Services Respite,
<i>Budget</i>	\$3,503,626
<i>Funding Source:</i>	MHSA
<i>Start Date & Duration</i>	Single year mental health service contract with multi-year contract authority
<i>Background</i>	<p>Mental Health Respite Programs: These program areas frequently interface with systems and community members experiencing homelessness and who may be at risk for homelessness:</p> <p>Sacramento County’s first Mental Health Innovation project focused on creating programs to address crisis services across ages. St Johns, TLCS Crisis Respite Center, Turning Abiding Home, Wind Youth Services focused specifically on helping individuals who were at risk for homelessness or were homeless and had serious mental health needs.</p> <p>1)</p>
<i>People Served</i>	<p>Serving people of all ages (varies by program):</p> <ul style="list-style-type: none"> • People experiencing homelessness; • People at risk of homelessness; • Programs that have individuals who self-identify as homeless; • Program focused on women; and • Adult, Children and Youth focused programs.
<i>Description</i>	<p>Respite Programs serve people experiencing homeless or at risk of homelessness who are at-risk of or experiencing a mental health crisis and need short term mental health services and respite.</p> <p><u>Saint John’s Program for Real Change</u> – Respite Program Serve women and children, providing services for up to 7 days.</p> <p><u>TLCS Crisis Respite Care Center</u> Serve individuals 18 years or older, providing services for up to 23 hours.</p>

	<p><u>Turning Point Abiding Hope Respite House:</u> Serve individuals 18 years or older in a home-like setting where they can stay up to 14 days.</p> <p><u>Wind Youth Services Respite</u> Serve transition aged youth 12-25 years old experiencing overwhelming stress due to life circumstance and homelessness. Respite services are provided via drop-in center or pre-planning.</p> <p><u>Children’s Receiving Home</u> – Suicide Prevention and Education Program Serve individuals age 12-25, with emphasis on cultural and specific needs of Lesbian, Gay, Bisexual, Transgender, Queer, foster, and homeless youth. Provide a range of services from outreach and engagement activities to promote community connections and improve access to mental health</p>
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MHSA Approved Permanent Supportive Housing Full Service Partnership (FSP)	
<i>Lead</i>	DHS
<i>Program Lead</i>	DBHS
<i>Key Partners</i>	TLCS Inc., New Direction /Turning Point Community Programs Pathways/Turning Point Community Programs HIMHS/Telecare, Inc. Sacramento Outreach Adult Recovery (SOAR)/Capital Star Behavioral Health, Inc./El Hogar Community Services, Inc., Serra Elder Wellness Program/River Oak Center For Children, Juvenile Justice Diversion and Treatment Program/Asian Pacific Community Counseling, Transcultural Wellness Center/
<i>Budget</i>	\$31,860,049
<i>Funding Source</i>	MHSA, Medi-Cal/FFP, PATH, SAMHSA
<i>Start Date & Duration</i>	Single year mental health service contract with multi-year contract authority.
<i>Background</i>	Program models were developed as part of Sacramento County’s Mental Health Services Act planning process in 2005-2006. Each program focuses on a community based “whatever it takes” intensive wraparound services to help clients live in the community in the least restrictive environment. Programs have target populations based on age, homeless status, cultural focus and individuals with complex, co-existing medical and substance use conditions. MHSA programs are designed with the following core MHSA values incorporated into service delivery: cultural competence, client and family driven care, integrated service experience, community collaboration and wellness focused care.
<i>People Served</i>	Adults living with serious mental illness and who are: (1) People experiencing homelessness; (2) People at risk of homelessness; (3) People working with programs that have individuals who self-identify as homeless; or (4) People who are housed (Individuals are homeless upon admission and are provided supportive services)

<p><i>Description</i></p>	<p>Provides permanent supportive housing and an FSP level of mental health services and supports. The program provides integrated, comprehensive services utilizing a “whatever it takes” approach to support consumers in meeting their desired recovery goals. High intensity FSPs provide intense (up to daily) supports and have access to mode 60 (flexible) funds, which can be used, directly for housing in an emergency and on-going basis.</p> <p><u>TLCS:</u> Program provides services at two permanent supportive MHPA-financed housing projects/developments; permanent supportive housing within TLCS permanent housing sites and utilizes community-based housing vouchers and limited subsidies providing permanent housing. (Adults)</p> <p><u>New Direction:</u> Palmer Apartments is interim housing program for clients experiencing homelessness that has been designated as emergency shelter in the homeless continuum of care. The focus is on rapid access to permanent housing within 30 days once income is secured. (Adults)</p> <p><u>Turning Point Community Programs:</u> Program provides services at six permanent supportive MHPA-financed housing developments, community-based housing vouchers and utilizes subsidies to provide permanent housing for consumers and their families. (Children, Youth, Adults, Older Adults, and Families)</p> <p><u>Turning Point Community Programs HIMHS:</u> FSPs have a specific outcome of preventing homelessness. This program assists consumers transitioning into the community from high-cost restrictive placements, such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, and other secured settings. In addition, family members and/or caregivers are engaged as much as possible at the initiation of services and offered support services, such as education, consultation and intervention, as a crucial element of the consumer’s recovery process.</p> <p><u>Telecare, Inc.:</u> This program assists consumers transitioning into the community from high-cost restrictive placements, such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, and other secured settings. In addition, family members and/or caregivers are engaged as much as possible at the initiation of services and offered support services, such as education, consultation and intervention, as a crucial element of the consumer’s recovery process. (Adults)</p> <p><u>Capital Star Behavioral Health, Inc.:</u> The program provides core FSP services and flexible supports to TAY that are homeless or at risk of homelessness, aging out of the child mental health system, involved in or aging out of the child welfare and/or foster care system, involved in or aging out of the juvenile/criminal justice system, at risk of involuntary psychiatric hospitalization or institutionalization, experiencing a first episode of a serious mental illness, and/or other at-risk population. The program includes outreach, engagement, retention and transition strategies with an emphasis in independent living and life skills, mentorship and services that are youth and family driven. (Youth between age of 16-25)</p> <p><u>El Hogar Community Services, Inc.:</u> Program provides an array of FSP services to older adults ages 55 and up of all genders, races, ethnicities and cultural groups who are struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level programs. (Adults over 55)</p>
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	<p><u>Sierra Elder Wellness Program:</u> Provides specialized geriatric services, facilitating the coordination between multidisciplinary mental health, physical health, and social service teams. (Adults over 55)</p> <p><u>River Oak Center for Children and Juvenile Justice Diversion and Treatment Program:</u> Serves youth involved with juvenile justice with multiple complex needs cutting across service areas. JDTP provides screenings, assessments and intensive mental health services and FSP supports to eligible youth (and their families) involved in the Juvenile Justice System. Youth must meet serious emotional disturbance criteria and be between the ages of 13 through 17 at enrollment. Pre-adjudicated youth are screened, and mental health needs are assessed. With court approval, these youth will have the opportunity to avoid incarceration and voluntarily participate in this program as long as clinically necessary up to their 26th birthday. Adjudicated youth are referred, assessed, and have the opportunity to voluntarily receive intensive, evidence-based services that are delivered in coordination with a specialized Probation Officer. Family and Youth Advocates complement clinical services. (Youth ages 13-26)</p> <p><u>Asian Pacific Community Counseling, Transcultural Wellness Center:</u> This program is designed to increase penetration rates and reduce mental health disparities in the Asian/Pacific Islander (API) communities in Sacramento County. The program provides a full range of services with interventions and treatment that take into account the cultural and religious beliefs and values, traditional and natural healing practices, and associated ceremonies recognized by the API communities. Services are provided in the home, community and school with an emphasis on blending with the existing cultural and traditional resources to reduce stigma. Staff assignments are made taking into consideration the gender and specific cultural and linguistic needs of the client. Language specific services are available in Vietnamese, Hmong, Ilocano, Punjabi, Hindi, Laotian, Cantonese, Mandarin, Tongan, Mien and Korean. (All ages)</p>
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MHSA Community Approved Prevention and Intervention Program	
<i>Lead</i>	Department of Health Services (DHS)
<i>Program Lead</i>	Department of Behavioral Health Services (DBHS)
<i>Key Partners</i>	Mobile Crisis Support Teams (MCST) - Sacramento County DBHS, TLCS Inc., Sacramento Police Department, Sacramento County Sheriff's Department (North & South Divisions), Citrus Heights Police Department, Folsom Police Department, Elk Grove Police Department, TLCS, Inc. Mental Health Triage Navigator Program, Sacramento County DBHS, Crossroads Diversified
<i>Budget</i>	\$4,984,771
<i>Funding Source</i>	SB 82 Grant, MHSA
<i>Start Date & Duration</i>	April of 2015, reviewed annually by Mental Health Steering Committee
<i>People Served</i>	Serves people of all ages and: (1) Serving people experiencing homelessness (2) At risk of homelessness (3) Programs that have individuals who self-identify as homeless (4) Housed

<p><i>Description</i></p>	<p>Partner with law enforcement and hospitals to provide outreach, navigation, and intervention services for people experiencing homelessness.</p> <p><u>Mobile Crisis Support Teams:</u> Mobile Crisis Support teams are dispatched through law enforcement to provide immediate engagement with individuals experiencing a mental health crisis to provide intervention and maintain community safety. After initial contact with the individual, the clinician works in collaboration with the TLCS peer to provide continued support and establish linkage to services until stabilized. The teams interface with the homeless population on a daily basis.</p> <p><u>TLCS, Inc. Mental Health Triage Navigator Program:</u> Provides navigation services for individuals with mental illness or emotional disorders who require crisis intervention. Navigators assist individuals to access mental health services. Navigators are assigned to the following locations: Emergency Rooms; UC Davis, Dignity Mercy General, Methodist, Mercy San Juan, Kaiser North/South, Jail Population – Main Jail and Rio Consumnes Correctional Facility (RCCC), Loaves & Fishes/Genesis, Mobile Crisis Provide a range of services from outreach and engagement activities to promote community connections and improve access to mental health is Support teams.</p> <p><u>Sacramento County Community Support Team (CST) – Provides community based response to individuals of all ages seeking assistance. Program focus is on mental health response for individuals experiencing a mental health crisis. Team includes County clinicians as well as contracted peer and family support specialists with lived mental health experience. This program partners with Crossroads Diversified as a community based contracted provider.</u></p>
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Prevention, Intervention and Diversion Services to Homeless of At-Risk Youth	
<i>Lead</i>	Department of Human Assistance
<i>Program Lead</i>	Division of Homeless Services
<i>Key Partners</i>	Wind Youth Services, Lutheran Social Services and Waking the Village
<i>Budget</i>	FY 2018-19 budget: \$504,000
<i>Funding Source</i>	County General Fund
<i>Start Date & Duration</i>	7/1/2018 – 6/30/2019
<i>Background</i>	On September 26, 2017, the Board of Supervisors approved additional funding to augment the County initiatives to reduce homelessness. DHA released a Request for Proposals (RFP) in December 2017 seeking proposals that would augment the initiatives or provide a program that identified a service gap in homeless services. One of the two proposals selected was to provide prevention, intervention and diversion services to youth who are experiencing homelessness or at risk of becoming homeless. DHA received Board authority to contract with Wind Youth Services for this service in May 2018.
<i>People Served</i>	Since April 2018, 115 participants have engaged in services with 35 participants entering stable housing. In addition, 32 participants were averted from homelessness and 17 were placed in shelter or interim housing
<i>Description</i>	Wind Youth Services provides three full time Prevention and Intervention Specialists and three case managers who provide the prevention, intervention and diversion services. Wind Youth Services subcontracts with Lutheran Social Services and Waking the Village to provide support and case management. These services include providing financial support to the participants as necessary and through the case management work to re-unite with family or prevent the youth from having to leave their household. DHA provides weekly case conferencing with the providers.

Appendix H: Analysis of System Performance Measures

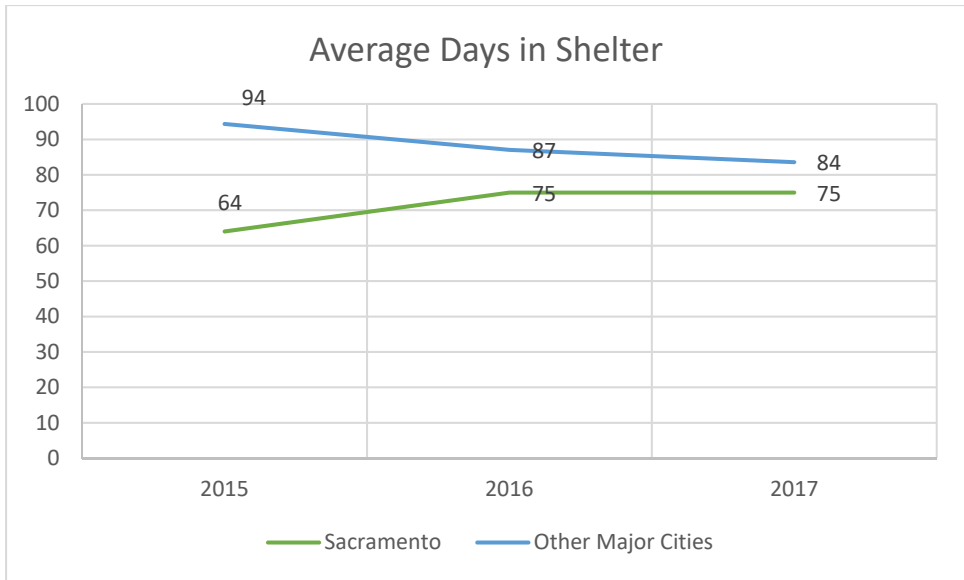
Despite a variety of challenges mentioned in the Plan, especially the increasingly tight and expensive housing market, Sacramento's Homeless Response System is operating on many critical measures at levels that are either comparable with or somewhat better than the average of similar Major Cities.⁹ In addition, the coverage in Sacramento's Homeless Management Information System (HMIS) is slightly higher than the average of the other Major Cities, including data from 87% of Emergency Shelter and Transitional Housing beds in 2017, compared to 83% for other Major Cities.

In 2015, the U.S. Department of Housing and Urban Affairs began to collect information from every community that receives homeless funding on how they are performing on certain measures call System Performance Measures. These measures include how long people experiencing homelessness spend in temporary programs, how many exit with permanent housing, how many increase income and how many retain permanent housing. HUD divides the communities that are included in the analysis into "Smaller Cities, Counties and Regional", "Balance of State and Statewide", and "Major Cities" which includes the Sacramento Continuum of Care. For comparative purposes, this analysis compares Sacramento Continuum of Care to the average performance of 46 other CoCs in Major Cities.

Length of Time Persons Remain Homeless

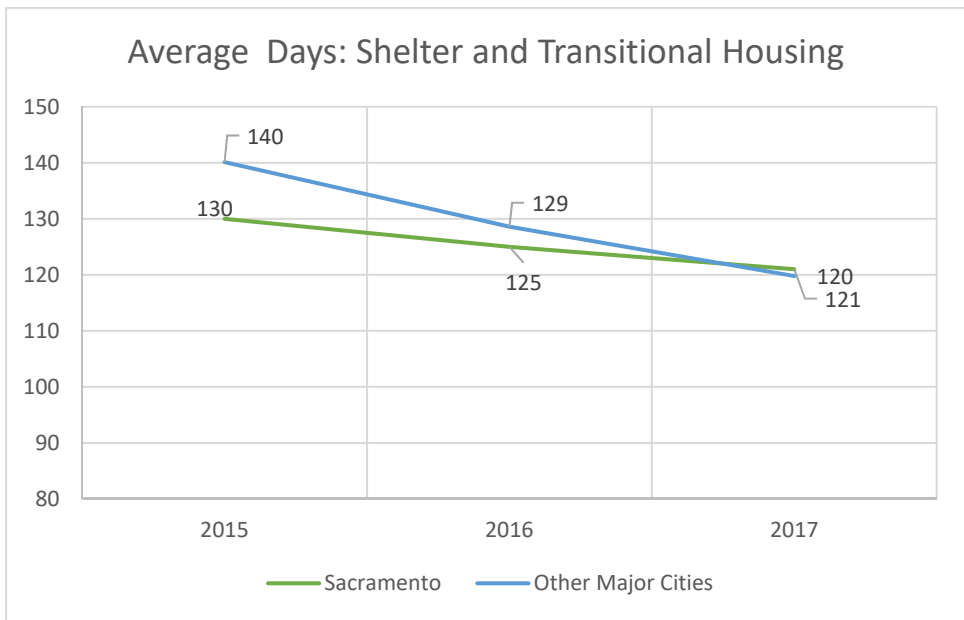
This measure is intended to look at how long people spend being homeless. Currently, however, it is measured by how long people who enter shelters and transitional housing stay before exiting the programs. In the period from 2015 to 2017, median time in shelter in Sacramento's system has increased 17%, from 64 to 75 days, but remains lower than the 2017 average of 84 days for comparable Major Cities.

⁹ Major Cities are a category established by U.S. Department of Housing and Urban Development to describe the 48 largest Continuums of Care that provide System Performance data. Included in the analysis used here are 46 metropolitan areas across the country with average HMIS counts of 6,860 and average grant size of \$15m, making them most comparable to Sacramento. This analysis excluded New York City and Los Angeles because their homeless population is more than 5 times the average of the other Major Cities, and their funding awards are close to 10 times the average for other Major Cities.



Source: HUD Exchange, "System Performance Measures Data since FY2015", <https://www.hudexchange.info>

When transitional housing is added to the measure, Sacramento's lengths of stay are decreasing and in 2017 were essentially identical to that of other Major Cities.

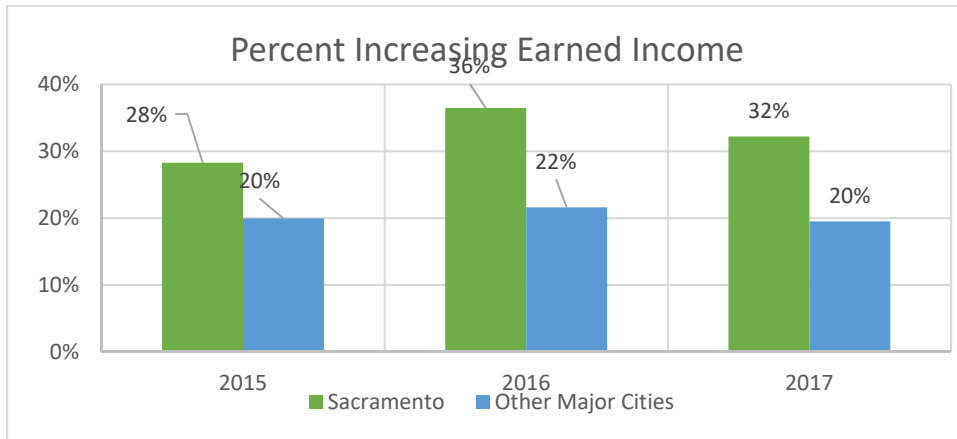


Source: HUD Exchange, "System Performance Measures Data since FY2015", <https://www.hudexchange.info>

Increases in Income

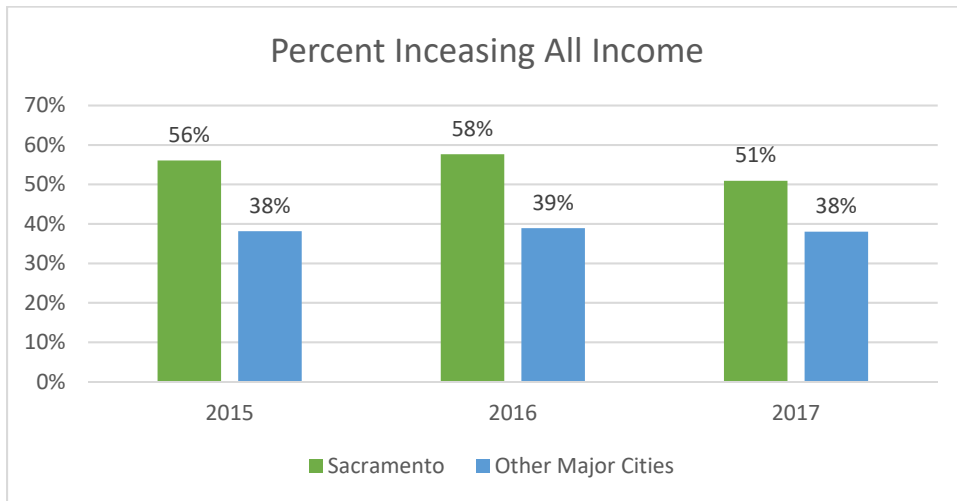
This measure looks at whether people who enter homeless programs increase their income during their program stays. This measure looks at earned income and non-earned income as well as the total income. Sacramento is doing very well on these measures compared to other

communities. For people leaving programs, nearly one-third are increasing their earned incomes. This compares to 20% nationally among included Major Cities.



Source: HUD Exchange, "System Performance Measures Data since FY2015", <https://www.hudexchange.info>

When unearned income is added, Sacramento has continued to do well on this measure compared to its peers, though the overall percentage of persons increasing income Sacramento appears to be decreasing.

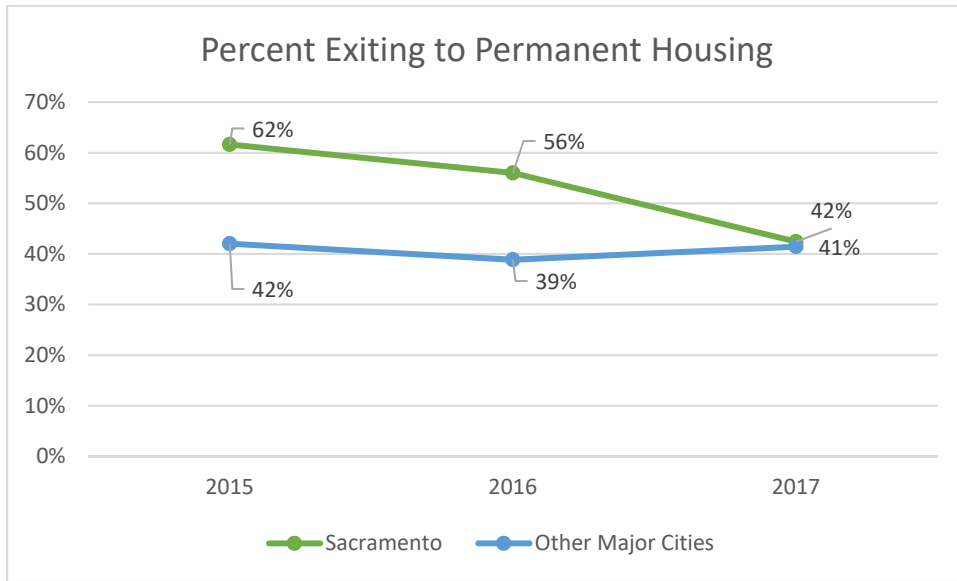


Source: HUD Exchange, "System Performance Measures Data since FY2015", <https://www.hudexchange.info>

Percent with a Successful Exit

Perhaps the most critical measure of a system's performance is the percent of people who leave temporary programs for permanent housing. In this regard, Sacramento's system performance has declined, from 62% in 2015 to a reported 42% in 2017. However, as with other indicators described above, this is still slightly above the average performance of all similar Major Cities. Nonetheless, this decline in permanent housing exits is concerning, and

points to the need for more specialized re-housing assistance, including helping with locating and securing and providing financial and stabilization services to help assure rental housing owners.



Source: HUD Exchange, "System Performance Measures Data since FY2015", <https://www.hudexchange.info>

Appendix I. Communication and Noticing Plan

This Plan was released in draft form on November 7, 2018 and distributed to various County and SSF distribution lists, including all those who participated in stakeholder interviews and meetings. The Plan was posted to the County website at <http://www.saccounty.net/Homelessness/Pages/default.aspx> on November 8, 2018 after the public meeting held on November 7. During the public meeting, the County presented a summary of the Plan content and findings and solicited feedback through work groups on the Strategies and Solutions. A Survey Monkey was posted to the County website on November 8, with additional public comment accepted through November 25.

Consideration of the Plan for review and adoption is anticipated by the Board of Supervisors on December 12, 2018.

Questions regarding this Plan and its implementation can be directed to: Cindy Cavanaugh, County Director of Homeless Initiatives at cavanaughc@saccounty.net.

Appendix J. Materials Referenced

Plans and Reports:

City of Sacramento: Winter Triage Shelter Reports <https://www.cityofsacramento.org/-/media/Corporate/Files/CMO/HomelessCoordinator/Winter-Triage-Shelter-Midseason-Written-Report.pdf?la=en> (2018)

County of Sacramento: Homeless Initiative Update Reports
<http://www.saccounty.net/Homelessness/Pages/default.aspx> (2018)

[Dignity](#), [Kaiser](#), [Sutter](#), [UC Davis](#): Community Needs Assessment (2016-2018)

Home Together: The Federal Strategic Plan to End Homelessness:
https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf

Medi-Cal Managed Care Advisory Committee: [Data Summary Report, Highest Utilization: Top 3% of Adult Members – Non-primary care encounters](#). (06/25/2018)

National Low Income Coalition: Out of Reach, California. <https://nlihc.org/oor/california> (2018)

Pathways to Health + Home Dashboard Reports <http://www.p2hh.com/>

Sacramento Steps Forward: More. Better. Different, A Strategic Plan to Address Homelessness in Sacramento County <https://www.sacramentostepsforward.org/wp-content/uploads/2018/05/Final-2015-Sacramento-Strategic-Action-Plan-3.pdf> (2015)

Data Sources:

California State University for Sacramento Steps Forward: Homelessness in Sacramento County, Results from the 2017 Point-in-Time Count. <http://bit.ly/SACPIT2017> (July 2017)

U.S. Department of Housing and Urban Development:

- System Performance Measures <https://www.hudexchange.info/programs/coc/system-performance-measures/#data>
- Annual Point in Time Counts, 2013-2017
<https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>
- Housing Inventory <https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/>

Sacramento Steps Forward, Annual Report <https://sacramentostepsforward.org/2017-annual-report-released/?highlight=annual> and Continuum of Care Agendas and Meeting Notes <https://sacramentostepsforward.org/continuum-of-care/agendas-minutes/> (2018)

US Census Data: Sacramento County. <https://data.census.gov/>

Websites Consulted:

211 Sacramento on Homeless Programs <http://www.211sacramento.org/211/online-database/categories/homeless/>

Sacramento County Website on the Homeless Initiatives
<http://www.sacounty.net/Homelessness>

Sacramento City website on Homeless Coordination <http://www.cityofsacramento.org/City-Manager/Divisions-Programs/Homeless-Coordination>

Sacramento Police Department Homeless Metrics
<https://www.cityofsacramento.org/Police/Resources/Impact-Team/Homeless-Metrics>

SSF Website for Continuum of Care Resources <https://sacramentostepsforward.org/>

State of California

- On NPLH Plan: <http://www.hcd.ca.gov/grants-funding/active-funding/docs/NPLH-HomelessPlanTemplateFinal.pdf>
- On HEAP: https://www.bcsb.ca.gov/hcfc/aid_program.html
- On CESH: <http://www.hcd.ca.gov/grants-funding/active-funding/cesh.shtml>

US Interagency Council on Homelessness www.usich.gov