



Sacramento City  
and County  
Continuum of Care



2022

*Developed in partnership with:*

Sacramento Steps Forward  
Sacramento City and County Continuum of Care  
Sacramento County  
City of Sacramento  
Sacramento Housing and Redevelopment Agency

# Sacramento

---

# Local Homeless Action Plan

---

In our pursuit of addressing homelessness within the Sacramento region, we wish to acknowledge that Sacramento is the homeland of the Southern Maidu, Valley, and Plains Miwok, the Nisenan people, the Patwin Wintun people, and members of the Wilton Rancheria Tribes, who have inhabited this landscape since time immemorial.

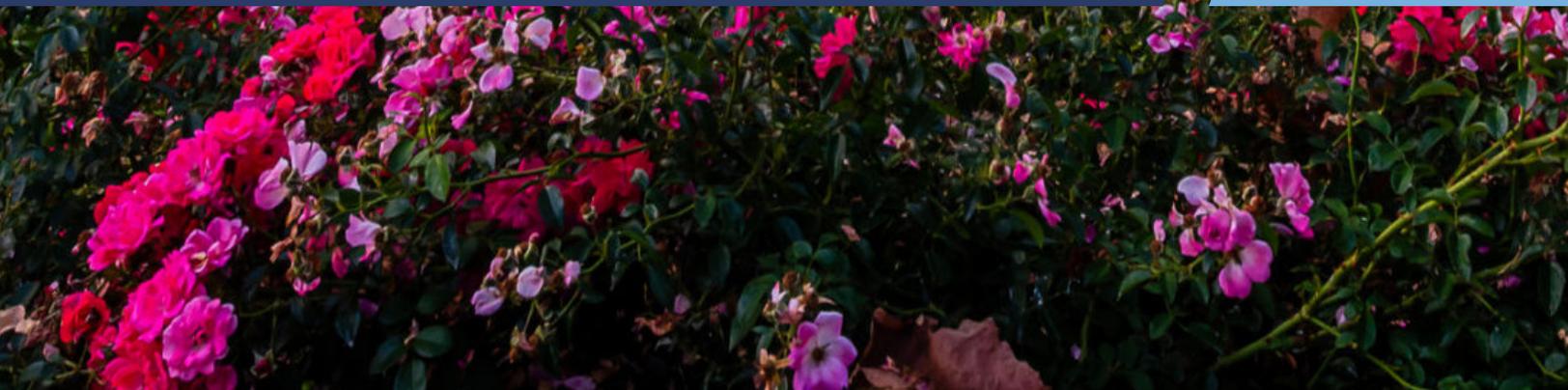
We extend our gratitude to the ancestors of all California Native American Tribes and their descendants, as we recognize that wherever we are joining from in our virtual community, we are all on California Native American land.

We recognize the systemic inequities created by the negative impacts of colonization, past and present. We stand committed to dismantle ongoing legacies of oppression that have dispossessed California Native Americans of their lands and denied their rights to self-determination.

*Written by the Wilton Rancheria Tribe*



# LAND ACKNOWLEDGEMENT



# TABLE OF CONTENTS

Introduction . . . . .	4–5
Background . . . . .	6–9
Methodology . . . . .	10
National Best Practices for Optimal Homeless Response Systems . . . . .	11
Guiding Principles . . . . .	12
Strategies & Activities . . . . .	13–19
Conclusion . . . . .	20

---

Appendix A: 2022 Needs Assessment and Gaps Analysis . . . . .	21–24
---	-------

Appendix B: Summary of Strategies, Sub Strategies, and Activities . . . . .	25
---	----

Appendix C: Glossary of Terms . . . . .	26–27
--	-------

# INTRODUCTION

This local homeless action plan creates a cross-jurisdictional unified approach to addressing homelessness across Sacramento County. This is a three-year plan beginning on July 1, 2022 through June 30, 2025. It is actionable, relatable, and provides a roadmap for future funding. Outlined in the plan are key system components that are in alignment with national best-practices and if resourced and implemented consistently across funders and providers, will bring the local response system to scale with capacity to move the needle on homelessness. Through these efforts, homelessness in the County over time will become preventable whenever possible, brief, and non-recurring.

Specifically, this plan envisions making a collective impact in the following performance measures:

➤ Reducing the number of people experiencing homelessness	➤ Reducing the number of people who become homeless for the first time	➤ Increasing the number of people exiting homelessness into permanent housing
➤ Reducing the length of time persons remain homeless	➤ Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing	➤ Increasing successful placements from street outreach

## 5 Core Strategies

The plan is organized around five core strategies that facilitate a system-focused, equitable framework:



**1** Build and Scale a Countywide Coordinated Access System (CAS)

**2** Ensure Current and New Emergency Shelter and Interim Housing is Focused on Rehousing

**3** Increase Permanent Housing Opportunities

**4** Expand Prevention and Diversion Resources

**5** Invest in Community Capacity-Building and Training

These strategies were designed to be scaled up (or back) over time within the confines of local resources including funding, workforce availability, and stakeholder agreement. At present, they are presented as a framework that will require additional community conversations to identify supporting activities on an annual basis that will shape the implementation of these five strategies.

Implementation of the plan is supported by guiding principles identified by the broader community and includes a commitment to racial equity, inclusion of partners with lived expertise, improved data collection, and continuation of collaborative planning and decision-making across jurisdictions.

Initial seed funding to begin implementation of the plan include state allocations from the Homeless Housing, Assistance and Prevention (HHAP) program, a recognition of emerging opportunities with CalAIM, leveraged with federal, county, city, and private funding sources.

This plan was developed in partnership between Sacramento City and County Continuum of Care, the City of Sacramento, the County of Sacramento and Sacramento Housing and Redevelopment Agency (SHRA). These entities, and in close collaboration with the neighboring cities will be the primary stewards of this plan.

# BACKGROUND

A recently completed gaps analysis indicates that the estimated number of persons experiencing homelessness annually in Sacramento County ranges from 16,500 to 20,000 people. Falling into homelessness is often described by partners with lived expertise as a downward spiral of broken safety nets. In Sacramento, rising rents and limited affordable housing options is a leading driver into homelessness. This dynamic may have been exacerbated during the Coronavirus Pandemic due to loss of employment and/or COVID related health conditions. Other drivers include histories of foster care and domestic/intimate partner violence.

By most observations, unsheltered homelessness continues to increase. At the time of this writing, it is anticipated that the 2022 Point-in-Time Count data (available later in June 2022) will likely show an increase from 2019. This trend reflects communities statewide who are also grappling with post-pandemic increases in the number of households experiencing homelessness. Solutions to addressing homelessness, however, are locally driven.

## 2022 Needs Assessment and Gaps Analysis

Among people who experience literal homelessness annually, it is estimated that<sup>1</sup>:

- One out of four people (~23%) are adults and children in family households
- Almost half of all people (~45%) are unsheltered (1 or more days) and do not or cannot access shelter
- Two out of three (~66%) access homeless assistance (outreach, shelter, re-housing, etc.) but the remainder do not due to insufficient capacity, access, quality of services, or other issues
- Black and African American people are significantly overrepresented among people who experience homelessness: 39% of all people experiencing homelessness compared with 11% overall in Sacramento County<sup>2</sup>
- Just over half of all adults (~54%) report having one or more severe and persistent disabling condition:
  - One out of five adults (~22%) report having a severe mental illness
  - One out of ten adults (~11%) report having a substance use disorder
  - One out of four adults (~24%) adults are chronically homeless (disabled and homeless for 12 months or more), most are adult only households

<sup>1</sup>2022 Needs Assessment and Gaps Analysis report

<sup>2</sup>American Community Survey, Sacramento County Population Estimates, July 2021 (V2021)

## The gaps analysis approach involved the following:



The gaps analysis estimates that among people who experience homelessness each year in Sacramento, approximately 15% of individual and family households experience only a brief episode of homelessness and are able to self-resolve and return to housing with limited assistance, if any. An additional approximately 38% *could* avoid homelessness with timely and targeted homelessness prevention assistance or could otherwise be diverted from the homeless response system with one-time or short-term problem-solving, financial assistance and/or housing navigation services.

Among the 47% who cannot avoid or quickly exit homelessness, it is estimated that 65% of all households will need individualized short- to medium term housing navigation and financial assistance, while 33% will need ongoing rental assistance and supportive services to quickly resolve their homelessness and remain stably housed. Overall, over 90% of all households experiencing literal homelessness also need temporary housing (emergency shelter or interim/transitional housing) while they are working to resolve their homelessness.



This data reveals a need for increased investments in and expanded access to prevention, rehousing assistance, and affordable housing, including permanent supportive housing and other forms of ongoing housing and service assistance outside of the homeless response system. When fully scaled and available, such investments can effectively reduce homelessness and the need for more costly crisis responses, including emergency shelter.

In the near-term however, until prevention and rehousing resources are more fully scaled, more emergency shelter is needed to reduce harm experienced by people who are unsheltered and to provide a safe, stable, and temporary shelter to access rehousing assistance and address other critical health and wellness needs more readily.

The Sacramento Continuum of Care Needs Assessment and Gaps Analysis: Summary Findings can be found in [Appendix A](#).

## **Addressing Racial Disparities**

Nationally and locally, race and ethnicity are additional risk factors of homelessness. Several national organizations such as the National Alliance to End Homelessness and the federal Housing and Urban Development (HUD) have developed toolkits to assist local continuum of cares to identify and mitigate racial disparities within their homelessness programs. Addressing racial disparities within the countywide homeless response system is a priority for all the sponsoring partners and further advances the County's *Resolution Declaring Racism a Public Health Crisis*<sup>3</sup> and the City's *Race & Gender Equity Action Plan 2020-2025*<sup>4</sup>.

In Sacramento, the CoC formed a Racial Equity Committee in 2020 after reviewing the local data that revealed persons identifying as Black and American Indian/Alaskan Native communities experience homelessness at disproportionate rates.

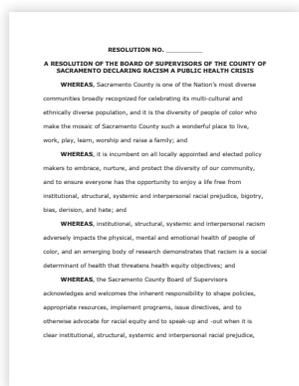
While persons identifying as Black only represent 11% of the population in our CoC's geographic area, they represent approximately 39% of individuals who are experiencing homelessness and approximately 39% of families with children experiencing homelessness have a Black head of household<sup>5</sup>. Additionally, local data reflecting persons identifying as American Indian/Alaskan Native are not accessing homeless services in proportion to the number of people believed to be experiencing homelessness from that community.

<sup>3</sup>[https://www.saccounty.gov/news/Documents/RES\\_-\\_Racism\\_Public\\_Health\\_Crisis.doc.pdf](https://www.saccounty.gov/news/Documents/RES_-_Racism_Public_Health_Crisis.doc.pdf)

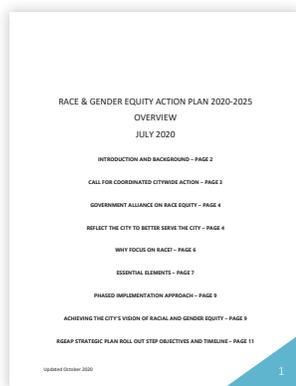
<sup>4</sup><https://www.cityofsacramento.org/-/media/Corporate/Files/CMO/RGEAP-20202025-Overview-v710012020.pdf?la=en#:~:text=Racial%20Equity%20Statement8%20%E2%80%93%20The,service%20all%20our%20diverse%20communities>

<sup>5</sup>HUD' CoC Racial Equity Analysis Tool and Gaps Analysis CA-503 Sacramento City and County CoC: <https://www.hudexchange.info/resource/5787/coc-analysis-tool-race-and-ethnicity/>

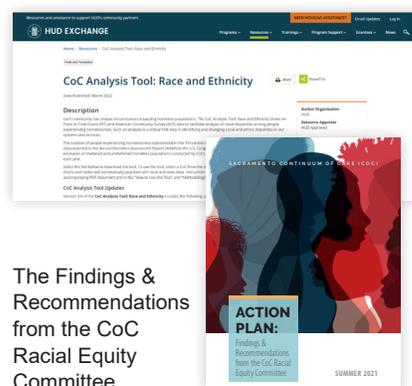
## County's Resolution Declaring Racism a Public Health Crisis



## City's Race & Gender Equity Action Plan 2020-2025



## HUD' CoC Racial Equity Analysis Tool and Gaps Analysis



The Findings & Recommendations from the CoC Racial Equity Committee

The Racial Equity Committee conducted a community analysis including quantitative and qualitative data that identified contributing factors that highlighted a wide range of disparities that culminated into an action plan titled, *The Findings & Recommendations from the CoC Racial Equity Committee*<sup>6</sup>. Key report findings included: disparities in access to homeless services, undercounting and poor data collection within historically under-resourced communities, negative impacts of racial biases across the system including the assessment and prioritization processes for the allocation of resources, implementation of a trauma-informed and racial equity approach to engage landlords to reduce historical discriminatory tenant leasing practices, and a lack of racial/ethnic, and lived expertise participation across all levels of the homelessness workforce.

The Racial Equity Action Plan also identified a number of initial steps to begin redressing systemic harm. These include increasing access points in historically under-resourced communities; diversifying language and literacy levels on key documents to improve participants' understanding and consent for services; increase hiring of diverse staff including partners with lived expertise across all organizational levels within the homeless response system; engaging in practices of restorative justice; and replacing the current common assessment tool with a culturally responsive design. These recommendations may become activities under one or more strategies within the plan.

## Cross-Jurisdictional Coordination under the Coronavirus Pandemic

During the Coronavirus pandemic, the County, Sacramento Steps Forward on behalf of the Continuum of Care (CoC), City of Sacramento, neighboring cities, and Sacramento Housing and Redevelopment Agency (SHRA) came together in unprecedented coordination to provide safe sheltering to Sacramento's most vulnerable experiencing homelessness<sup>7</sup>. These leaders leveraged an infusion of state and federal relief dollars to operate 522 units of temporary sheltering that served nearly 2,000 people through Project Roomkey; reduced evictions for over 12,000 people from falling into homelessness through the Sacramento Emergency Rental Assistance program; and deployed an additional 30+ regional outreach workers. The plan sustains this demonstration of cross-jurisdictional planning, decision-making, and action.

<sup>6</sup>[https://sacramentostepsforward.org/wp-content/uploads/2021/08/10\\_SSF-Racial-Equity-Action-Plan-12-copy.pdf](https://sacramentostepsforward.org/wp-content/uploads/2021/08/10_SSF-Racial-Equity-Action-Plan-12-copy.pdf)

<sup>7</sup>Persons aged 65 and older and/or with a chronic health condition.

# METHODOLOGY

The development of this plan leveraged existing efforts to address homelessness and included the following process:

- Reviewed current City, County, and CoC plans including:
  - City of Sacramento Comprehensive Siting Plan (2021)
  - County of Sacramento Homeless Plan (2018)
  - County Programs exclusively Serving Homeless Population (May 2021, February 2022)
  - Sacramento CoC Action Plan: Findings & Recommendations from the CoC Racial Equity Committee (2021)
  - Sacramento CoC Gaps Analysis (2021)
- Synthesized key points and created an inventory of all current and planned programs and activities.
- Designed a recommended theory of change in alignment with national best-practices to meet required state and national system performance outcomes by clustering activities into five key strategies.
- Held an in-person visioning session with strategic partners to further refine the theory of change model.
- Sought input from select CoC Committees and the larger community during the Annual CoC public meeting held on April 21, 2022.

Concurrent to these steps, the Continuum of Care also commissioned the 2022 Needs Assessment and Gaps Analysis referenced above. Emerging data from this effort has been integrated into this plan. See **Appendix A** for a summary of the 2022 Needs Assessment and Gaps Analysis.

# NATIONAL BEST PRACTICES FOR OPTIMAL HOMELESS RESPONSE SYSTEMS

Communities across the country are implementing national best practices identified by leading entities such as the U.S. Interagency Council on Homelessness and the National Alliance to End Homelessness to optimize their homeless response systems.

Key elements supported by evidence-based research include the following components:

- Coordinated Access System (CAS)
- Prevention, diversion, and problem-solving resources
- Crisis Response focused on rehousing participants
- Permanent housing opportunities dedicated to persons exiting homelessness
- A robust, diverse workforce reflective of participants experiencing homelessness and inclusive of partners with lived expertise
- Quality HMIS data with participation and coverage of all homelessness programs
- Collaborative & coordinated cross-jurisdictional planning and implementation process

These system elements were considered in the development of the proposed countywide strategies and activities outlined in the plan.

# GUIDING PRINCIPLES

**S**takeholders identified several qualitative principles in addition to the quantitative measures to apply across all proposed strategies in support of a shared vision for a more collaborative, accessible, equitable, and transparent homeless response system.

These principles include:

- Strive to make homelessness in Sacramento rare, brief, and non-recurring
- Implement a person-centered, trauma-informed countywide response system, which provides access to immediate and on-going supportive service needs (i.e., mental health, substance use, housing retention)
- Promote housing-first policies and practices
- Address racial disparities across programs and system outcomes
- Create partnerships that value the experience, voice, and contribution of Partners with Lived Expertise
- Collect quality data and use to inform decisions on program prioritization and resource allocation
- Facilitate collaborative planning and decision-making across jurisdictions

# STRATEGIES & ACTIVITIES

The local homeless action plan is arranged into five core strategies that represent essential components to build an effective and coordinated homelessness response system with capacity to move the needle and make homelessness rare, brief, and non-recurring within the Sacramento community. Each strategy is supported by sub strategies to provide additional strategic direction.

Strategies can be thought of as strategic initiatives or focus points to guide investments by local decision-makers in the deployment of resources including funding, workforce, capital investments, and cross-jurisdictional planning. The five strategies presented in this plan are offered as foundational steps and create a transitional roadmap towards the development of an optimal Countywide response system that can be scaled up over time, while creating measurable impact during these first three years of implementation.

The sub strategies support the strategies and are designed to evolve each year with increased understanding of local needs through processes of continual feedback, system refinement, and improved data-collection. First Steps are presented as a year one guidepost to track progress. As data is collected during the first-year numerical targets may be added to the First Steps to measure progress over years 2 and 3. The partners will continue to work with the community to identify annual activities that will advance these strategies.

These core strategies and sub strategies listed below align with national best practices to address homelessness, integrate in the guiding principles, and provide a critical path toward making a collective impact in addressing homelessness.



- 1** Build and Scale a Countywide Coordinated Access System (CAS)
- 2** Ensure Current and New Emergency Shelter and Interim Housing is Focused on Rehousing
- 3** Increase Permanent Housing Opportunities
- 4** Expand Prevention and Diversion Resources
- 5** Invest in Community Capacity-Building and Training



➤ **Strategy 1: Build and Scale a Countywide Coordinated Access System (CAS)**

- **Sub Strategy 1.a:** Increase targeted participation in homeless crisis response services.
- **Sub Strategy 1.b:** Grow and embed problem-solving/diversion in all system access sites, safe grounds, respite centers and emergency shelters.
- **Sub Strategy 1.c:** Provide comprehensive and aligned outreach Countywide.

➤ **Strategy 2: Ensure Current and New Emergency Shelter and Interim Housing is Focused on Rehousing**

- **Sub Strategy 2.a:** Align the Cities' and County's current and emerging shelter and interim housing programs with the Coordinated Access System to increase access and occupancy of available units.
- **Sub Strategy 2.b:** Increase permanent housing exits across all emergency shelter & interim housing programs.

➤ **Strategy 3: Increase Permanent Housing Opportunities**

- **Sub Strategy 3.a:** Increase rehousing assistance and improve access to existing and new units in market and subsidized programs.
- **Sub Strategy 3.b:** Increase the stock of permanent supportive housing units and other dedicated affordable housing units for people experiencing homelessness.
- **Sub Strategy 3.c:** Develop a regional landlord engagement partnership program to increase the number of participating landlords across all homelessness rehousing programs.

➤ **Strategy 4: Expand Prevention and Diversion Resources**

- **Sub Strategy 4.a:** Coordinate and leverage prevention resources across jurisdictions to connect households at imminent risk of homelessness to stabilization resources to avoid literal homelessness.
- **Sub Strategy 4.b:** Scale existing prevention and diversion programs into a countywide rehousing program.

➤ **Strategy 5: Invest in Community Capacity-Building and Training**

- **Sub Strategy 5.a:** Create an inclusive & supportive working environment to retain the current workforce and attract new staff from historically under-resourced communities and partners with lived expertise.
- **Sub Strategy 5.b:** Increase community stakeholder support for countywide homelessness activities through increased engagement.

A matrix of all strategies and sub strategies can be found in **Appendix B**.

# 1

## Build and Scale a Countywide Coordinated Access System (CAS)

**Sub Strategy 1.a:** *Increase targeted participation in homeless crisis response services*

**Sub Strategy 1.b:** *Grow and embed problem-solving/diversion in all system access sites, safe grounds, respite centers and emergency shelters*

**Sub Strategy 1.c:** *Provide comprehensive and aligned outreach Countywide*

Currently, a person seeking homeless services in Sacramento County must potentially navigate over 100 “front-doors” to find the right assistance to meet his/her/their need. There is not one single access point at this time that can connect a person experiencing homelessness to the right shelter and/or housing resource and there is not sufficient capacity that results in a positive exit from homelessness even if the person could find the right door. Instead, programs are siloed, and services are limited to the offerings of a particular service provider without a systemwide mechanism for uniform assessment and to make referrals to or directly provide crisis services, including temporary housing, and rehousing assistance based on identified client needs. Additional barriers to services include limited or no access points in key under-resourced communities and mono-lingual materials on homelessness services that are not inclusive of all the key languages reflective of the diverse demographics of people experiencing homelessness.

A countywide coordinated access system is a mechanism and national best practice that will centralize access to and improve the efficacy of homeless and rehousing services across a variety of geographically and virtual access points and within all existing and future shelter sites. When fully implemented, it will: increase access to immediate housing crisis screening, problem-solving, and navigational support through expansion of 211 and partnerships with trusted cultural community partners; allow for more streamlined and standardized assessment, prioritization, triage and intake processes across all available forms of rehousing assistance currently and as new rehousing capacity is added; and improve accuracy and timeliness in matching the right person to the right resourced pathway for successful rehousing.

### **First Steps:**

- Increase dedicated coordinated access navigators to support diversion and system access
- Increase dedicated 211 coordinated access staff

# 2

## Ensure Current and New Emergency Shelter and Interim Housing is Focused on Rehousing

**Sub Strategy 2.a:** *Align the Cities' and County's current and emerging shelter and interim housing programs with the Coordinated Access System to increase access and occupancy of available units.*

**Sub Strategy 2.b:** *Increase permanent housing exits across all emergency shelter & interim housing programs.*

According to the 2019 Point-in-Time Count, approximately 70% of people experiencing homelessness within the County are unsheltered, residing in places not meant for human habitation such as vehicles and street encampments, increasing visibility and raising concern over the health and safety of all. Unsheltered homelessness was exacerbated by the Coronavirus pandemic when traditional safety-nets closed or transferred services to online platforms, leaving many under-resourced homeless communities without access to basic needs.

Local jurisdictions have responded with investments in temporary sheltering initiatives including safe grounds and safe parking programs, Respite Centers, increased use of motel vouchers, and plans to open and/or expand emergency shelters and navigation centers. An estimated 2,200 to 2,700 total emergency shelter and transitional housing beds for individuals and 300 to 350 units for families will be needed once the system has fully developed prevention, diversion, and various forms of rehousing assistance. This is roughly equal to the amount of shelter and transitional housing currently available in Sacramento County. In the near-term, current shelter and transitional housing capacity is only available for approximately one out of four individuals and families in need. Investments are needed in the short-term to meet local crisis response needs for shelter and other forms of temporary housing, while investments to increase prevention and permanent housing options are secured that will reduce this need.

This strategy highlights the need to identify additional resources required to ensure that current and new emergency shelter options have access to and/or provide pathways to rehousing opportunities for all clients. It also outlines a plan to develop additional units (congregate and non-congregate) of flexible, emergency shelter and interim housing in the near-term that can later be repurposed into permanent housing options as the demand for shelter falls when new permanent housing options come online.

### First Steps:

- Increase emergency shelter, interim, and transitional housing full-service beds dedicated to rehousing
- Increase dedicated housing navigators in contracted shelters

# 3

## Increase Permanent Housing Opportunities

**Sub Strategy 3.a:** *Increase rehousing assistance and improve access to existing and new units in market and subsidized programs.*

**Sub Strategy 3.b:** *Increase the stock of permanent supportive housing units and other dedicated affordable housing units for people experiencing homelessness.*

**Sub Strategy 3.c:** *Develop a regional landlord engagement partnership program to increase the number of participating landlords across all homelessness rehousing programs*

Access to affordable housing is a central reason why many people fall into homelessness in the Sacramento region. The homeless response system cannot solve the County's affordable housing crisis on its own; however, it can leverage homelessness funding to expand rehousing opportunities dedicated to this population. Housing opportunities include ongoing rental assistance, permanent supportive housing, time-limited rehousing services and rental assistance (including individualized housing navigation) and other forms of affordable permanent housing dedicated or prioritized for people experiencing homelessness.

According to the Gaps Analysis, the County's homeless response system optimally needs 2,800 to 3,400 short/medium term rehousing service slots for individuals and 250 to 320 service slots for families, leaving a current gap of 600-750 total rehousing service slots. Additionally, approximately 5,900 to 7,100 total units of permanent supportive housing (PSH) are needed for individuals and families with at least one severely and persistently disabled household member, particularly for people who are disabled and experience chronic homelessness. This capacity would address PSH needs among households who are currently chronically homeless, as well as those who become chronic homeless each year. After accounting for current and planned PSH capacity coming online in the next three years, it is estimated that an additional 2,700 to 3,300 PSH units are needed.

For other disabled individuals and families with a disabled adult or child, approximately 1,600 to 2,000 annual placements in permanent housing that is subsidized and provides access to supportive services (e.g., assisted living, service-enriched housing, skilled nursing facility) are needed beyond what individuals and families are currently able to access.

Housing discrimination remains a barrier to housing for many persons identifying with historically under-resourced communities. Landlord engagement programs coming online under this initiative will implement a trauma-informed and racial equity lens in working with participating landlords.

### First Steps:

- Increase housing exits for households connected to outreach, shelter, and other crisis response programs through a landlord engagement & rehousing initiative

# 4

## Expand Prevention and Diversion Resources

**Sub Strategy 4.a:** *Coordinate and leverage prevention resources across jurisdictions to connect households at imminent risk of literal homelessness to stabilization resources to avoid literal homelessness.*

**Sub Strategy 4.b:** *Sub Strategy 4.b: Scale existing prevention and diversion programs into a countywide rehousing program.*

Investment in the expansion of prevention and diversion resources presents the greatest opportunity to reduce inflow into homelessness and minimize cost in crisis services, including the unnecessary trauma caused by loss of housing. It is estimated that there are approximately 3,200 individuals and 350 families that could be prevented from becoming homeless if the homeless response system had at least 29 FTEs and at least \$7.5M annually in financial assistance for prevention and diversion resources. These resources will need to grow over time and coordinated with other system components for maximum effectiveness.

As funding for the expansion of prevention and diversion resources is sought, this strategy seeks action steps that can prevent at-risk households from falling into homelessness and/or divert from entry into the homeless response system.

### **First Steps:**

- Increase availability of housing problem-solving and diversion services for all people engaged with the Coordinated Access System.

# 5

## Invest in Community Capacity-Building and Training

**Sub Strategy 5.a:** *Create an inclusive & supportive working environment to retain the current workforce and attract new staff from historically under-resourced communities and partners with lived expertise.*

**Sub Strategy 5.b:** *Increase community stakeholder support for countywide homelessness activities through increased engagement.*

Successful implementation of this plan relies on the local homelessness workforce and support from the broader community. During the Coronavirus pandemic, homeless response system staff at all levels of leadership and stature demonstrated incredible resilience on the frontlines with an all-hands-on-deck approach to ensure necessary services for the community's most vulnerable residents. Sacramento residents were also gracious in support of new crisis models such as Project RoomKey and expansion of safe parking and safe ground initiatives. Despite the tremendous show of commitment from the homeless provider community during COVID, higher turnover rates and difficulty filling vacancies has become commonplace. As the community seeks to adapt to its new post-pandemic normal, there is a concern that the response system will continue to lose workers through the burnout, competition with higher-paying industries, and compassion fatigue.

This strategy seeks to reinvigorate the workforce and workplace culture to retain and advance current staff while leveraging position vacancies to attract an increasingly diverse workforce more reflective of participants being served from historically under-resourced communities, including partners with lived experience. Embracing workforce strategies that support employees from under-resourced communities improves the workplace culture for all staff. This strategy also seeks to engage trusted community organizations who may not provide direct homeless services but would make great partners to increase awareness and access to this expansion of homelessness services. Finally, this strategy seeks to work with homeless service providers, faith-based, and grassroots organizations to develop community education strategies and volunteer opportunities to engage the community at-large in the implementation of these solutions.

### First Steps:

- Implement workforce recruitment and retention activities to support all employees, targeting staff from under-resourced communities including partners with lived expertise.
- Develop a standard high-quality annual training agenda for homelessness services staff
- Develop and provide general educational materials that explains how to access services and navigate the homeless crisis response system.

# CONCLUSION

The Sacramento community is at the crossroads of an incredible opportunity to harness existing homelessness efforts and bring them to scale to address this urgent crisis. Investment and implementation of the strategies and sub strategies outlined in this local homeless action plan will transform the status quo and generate visible and meaningful change to make homelessness in Sacramento rare, brief, and non-recurring.

This plan sets a unifying strategy for optimal homeless response and enhances current crisis response investments made by cities and the County. With current and additional funding opportunities on the horizon, this plan opens pathways to future funding by presenting an assessment of need and gaps that new dollars can fill. It demonstrates the cost effectiveness in pivoting from investments in crisis-only-responses to additional investments in homeless prevention, diversion, and problem-solving services to make them accessible for all people at-risk and/or seeking emergency shelter. The plan also identifies additional rehousing opportunities that are needed to create a streamlined flow so that system-users can exit homelessness in an efficient and streamlined manner, hopefully matched to an appropriate rehousing resource to mitigate their return to homelessness.

Additional efficiencies that this plan may generate upon successful implementation include increased HMIS participation with improved data collection and analysis; expansion of shelter and rehousing programs participating with the coordinated access system; increased coordination among funders and providers for staff recruitment and provision of staff training initiatives; and collaborative cross-regional planning and decision-making.

Success of this plan requires real commitment to implementation; additional investments; collective action; transparent progress reports and impact measurements and engaged stakeholders. It will require expanding the circle to include increased participation by the local healthcare, philanthropic, and business sectors. It will also require the ongoing support of the local community including creating additional opportunities for volunteerism and education on homelessness programs and services.

The plan will be measured through consistent review of the system level performance goals and presentation of these in a public-facing dashboard to be managed by Sacramento Steps Forward.

Once adopted by local governing bodies, the plan's partners will continue to work with the community to develop an annual slate of activities that offer strong action steps toward the advancement of the strategies and sub-strategies and quantify the First Steps milestones.

All together we can make a collective impact on addressing homelessness in Sacramento.

## **Sacramento Continuum of Care Needs Assessment and Gaps Analysis: Summary Findings**

The following are summary findings from a comprehensive gaps analysis conducted by Sacramento Steps Forward, in consultation with the Sacramento Continuum of Care, City of Sacramento, and Sacramento County. The gaps analysis approach involved the following:

1. Estimating the *annual* number of people who experience literal homelessness in Sacramento County.
2. Estimating the annual service needs of those who experience literal homelessness, including need for targeted prevention assistance, based on an optimal range and availability of services that result in literal homelessness being prevented or quickly and successfully ended.
3. Examination of current and planned (i.e., funded and under-development) capacity expected to be available currently and in the next three years in Sacramento County to address service needs.
4. Estimating the service gaps remaining after accounting for current and planned capacity.

A complete description of gaps analysis methods, assumptions, and results will be provided in a separate report, pending availability of 2022 point-in-time (PIT) count data and any resulting adjustments to the gaps analysis findings reflected below.

### **Estimated Annual Number of People who Experience Literal Homelessness in Sacramento County: 16,500 to 20,000**

It is estimated that between 16,500 and 20,000 people in any given year experience literal homelessness in Sacramento County<sup>1</sup>.

### **Key Characteristics**

Among people who experience literal homelessness annually, it is estimated that:

- One out of four people (~23%) are adults and children in family households.
- Almost half of all people (~45%) are unsheltered (1 or more days) and do not or cannot

<sup>1</sup>The range is based on -5% and +15% of the specific estimate of 17,355 people annually. A range is used as the exact estimate is used only as a baseline for system modeling. The annual estimate was calculated using a combination of Homeless Management Information System (HMIS) data for calendar year 2021 and the 2019 Point-in-Time (PIT) count for the Sacramento CoC geographic area (Sacramento County).

access shelter.

- Two out of three (~66%) access homeless assistance (outreach, shelter, re-housing, etc.), but the remainder do not due to insufficient capacity, access, quality of services, or other issues.
- Black and African American people are significantly over-represented among people who experience homelessness: 39% of all people experiencing homelessness compared with 11% overall in Sacramento County<sup>2</sup>.
- Just over half of all adults (~54%) report having one or more severe and persistent disabling condition.
  - One out of five adults (~22%) report having a severe mental illness.
  - One out of ten adults (~11%) report having a substance use disorder.
  - One out of four adults (~24%) adults are chronically homeless (disabled and literally homeless for 12 months or more currently or over four episodes in three years); most are in adult only households.

## Estimated Annual Prevention and Homeless Assistance Needs

The following service estimates are based on documented or otherwise assumed needs among those who experience literal homelessness annually. The estimates assume a much higher use of services than currently (91% vs 66%) due to greater availability of services, improved community-wide and equitable access, and adherence by providers to evidence-based practices. The gaps included in the table are estimates and assume that each type of service is generally available when needed and desired by qualifying populations.

Assistance Type (among those using the system)	Individuals (12,010)	Family Households (1,184)	Estimated Total System Capacity NEED	Estimated Total System Capacity GAP (additional capacity needed)
<b>Targeted Homelessness Prevention</b> (including one-time and short-term prevention assistance for highest risk)	~ 36% (3,200 individuals)	~ 38% (350 families)	~ 16 Full-Time Equivalent (FTE) staff @ 20 cases/FTE ≥ \$11.3M Annual Financial Assistance (above current levels)	~ 16 Full-Time Equivalent (FTE) staff @ 20 cases/FTE ≥ \$11.3M Annual Financial Assistance (above current levels)
<i>Among those not prevented...</i>				
<b>Diversion</b> (including housing problem-solving and diversion provided through Coordinated Access System)	100% (6,500 individuals)	100% (700 families)	Estimated FTEs and financial assistance costs pending implementation of new Coordinated Access System and further analysis of baseline need.	Pending further analysis of needed capacity. <i>There is little diversion assistance currently available.</i>
<i>Among those not diverted...</i>				
<b>Street Outreach</b> (providing individualized engagement and connection to shelter, rehousing assistance, other services)	~ 55% (4,700 individuals)	~ 36% (300 families)	~ 21 FTEs @ 40 cases/FTE	Pending further analysis of current and planned capacity.
<b>Temporary Housing</b> (emergency shelter, transitional housing, interim housing)	~ 90% (7,800 individuals)	~ 98% (700 families)	IND: 2,200 to 2,700 beds FAM: 300 to 350 units	Near-term: pending further analysis of current capacity Future: -0- gap for families assuming fully developed prevention, rehousing assistance. TBD singles pending further analysis.
<b>Short/Medium-Term Rehousing Assistance</b> (including rapid rehousing, other individualized rehousing assistance)	~ 64% (5,600 individuals)	~ 66% (500 families)	IND: 2,800 to 3,400 service slots (avg daily active cases) FAM: 250 to 320 service slots ~ 150 FTEs @ 22 cases/FTE ≥ \$18M Annual Financial Assistance	COMBINED: 600-750 service slots ~ 29 FTEs @ 22 cases/FTE ≥ \$3.6M Annual Financial Assistance
<b>Permanent Supportive Housing and other Dedicated Permanent Housing Assistance with Ongoing Services</b>	~ 34% (3,000 individuals)	~ 17% (120 families)	PSH Units COMBINED: 5,900 to 7,100 units Other PH w/Services COMBINED: 1,600 to 2,000 annual placements	PSH Units COMBINED: 2,700 to 3,300 units Other PH w/Services COMBINED: 1,600 to 2,000 annual placements

<sup>2</sup>American Community Survey, Sacramento County Population Estimates, July 2021 (V2021)

## Key Takeaways

- ✓ Estimates will be adjusted as more current data is available (e.g., forthcoming 2022 PIT data).
- ✓ Investments in prevention, diversion, and permanent housing solutions (e.g., housing navigation, rapid rehousing, permanent supportive housing) will directly reduce the number of people experiencing homelessness, the time people spend homeless, and returns to homelessness. When funded, developed, and operated consistently, these responses can eliminate the need for additional emergency shelter capacity.
- ✓ Alternatively, without significant additional prevention and rehousing capacity (“business as usual”), more people will experience homelessness, requiring more emergency shelter and other costly crisis services.
- ✓ Near-term investment in additional shelter capacity is needed to ensure safety and access to rehousing assistance but should be flexible to allow for later repurposing/use for housing.
- ✓ Efforts are needed to increase positive turn-over (and openings) among current PSH units, increase the overall number of PSH units funded with homeless assistance and other resources, and increase other community-based affordable housing and service solutions to address gaps.
- ✓ The need for rehousing supports and affordable, supportive housing options cannot be met by the homeless crisis response system alone. Cross-sector collaborations to develop sustainable housing and service supports for people with needs beyond housing are needed, such as for people with severe and persistent disabling conditions, returning citizens (following incarceration), and for older adults.

## Factors Influencing Future Need

### ***Population growth and demographic changes:***

Although the Sacramento County general population growth is just under 1% on average per year over the past ten years, changes in demographic makeup (e.g., higher rate of growth among low- and very low-income households) of the County can directly affect the number of people experiencing homelessness and potentially needing prevention or shelter and rehousing assistance. The gaps analysis assumes no marked changes in population growth or characteristics will occur over the next five years.

### ***Availability of affordable housing and other forms of assisted/supportive housing in the community:***

The severe lack of naturally occurring and subsidized affordable housing options directly impacts the number of households that are precariously housed and inherently at-risk of literal homelessness. The average rent in Sacramento County has increased 16.7% since 2019, increasingly pricing out lower-income households, while at the same time vacancy rates

are declining, directly decreasing viable housing options for lower-income households, and increasing risk for housing insecurity and homelessness. According to the latest Out of Reach report from the National Low-Income Housing Coalition, a full-time worker would have to earn at least \$28.75 to afford a two-bedroom apartment at current fair market rental rates (\$1,495)<sup>3</sup>. The gaps analysis assumes housing market conditions will not materially improve.

### ***Landlord partnerships:***

Landlord partners are essential the success of homeless crisis response system, both to support and prevent households who are facing eviction, as well as to increase access to housing options in the rental market that might otherwise not be available to people experiencing homelessness and systemic racism. Increased investment in landlord partnerships and the capacity to maintain and grow partnerships can indirectly and directly influence the success of prevention and rehousing efforts, particularly with owners and property managers willing to consider applicants with potential credit, rental history, or criminal justice system involvement. The gaps analysis assumes growing investment and partnerships will occur as part of the natural evolution of the homeless crisis response system, consistent with other communities around California and the U.S.

### ***Fidelity to evidence-based and best practices:***

There is a growing body of empirical research on program practices and interventions, and documented evidence-based practices that prevention and homeless assistance providers can adopt to improve service quality, equity, and outcomes. Adherence to practices such as Housing First, motivational interviewing, harm reduction, and positive youth development, are key to improving system performance while ensuring efficient and, when needed, targeted use of resources. The gaps analysis assumes local providers will continue to adopt and iterate evidence-based and best practices, while local public and private funders continue to further standardize such practices and requirements in program funding, monitoring, and compliance activities.

### ***Funding availability and strategic allocation:***

Funding availability and strategic allocation for prevention and homeless services is a critical ingredient to developing a comprehensive, coordinated, and community-wide approach to preventing and ending homelessness. Coordinated approaches to determining local priorities, allocating resources, and monitoring investments for intended outcomes are hallmarks of high functioning, equitable, and effective homelessness prevention, and crisis response systems. The gaps analysis assumes that local entities – the City of Sacramento, Sacramento County, other Sacramento County municipalities, and the Continuum of Care – will continue to align funding priorities and allocation decisions toward achieving the regional plan, closing gaps, and achieving better outcomes for Sacramento residents.

<sup>3</sup>Fair Market Rents are often not fully representative of typical rental costs and likely understate actual rental costs in many areas.

# Appendix B

## Summary of Strategies and Sub Strategies

### ➤ **Strategy 1: Build and Scale a Countywide Coordinated Access System (CAS)**

- **Sub Strategy 1.a:** Increase targeted participation in homeless crisis response services.
- **Sub Strategy 1.b:** Grow and embed problem-solving/diversion in all system access sites, safe grounds, respite centers and emergency shelters.
- **Sub Strategy 1.c:** Provide comprehensive and aligned outreach Countywide.

### ➤ **Strategy 2: Ensure Current and New Emergency Shelter and Interim Housing is Focused on Rehousing**

- **Sub Strategy 2.a:** Align the Cities' and County's current and emerging shelter and interim housing programs with the Coordinated Access System to increase access and occupancy of available units.
- **Sub Strategy 2.b:** Increase permanent housing exits across all emergency shelter & interim housing programs.

### ➤ **Strategy 3: Increase Permanent Housing Opportunities**

- **Sub Strategy 3.a:** Increase rehousing assistance and improve access to existing and new units in market and subsidized programs.
- **Sub Strategy 3.b:** Increase the stock of permanent supportive housing units and other dedicated affordable housing units for people experiencing homelessness.
- **Sub Strategy 3.c:** Develop a regional landlord engagement partnership program to increase the number of participating landlords across all homelessness rehousing programs.

### ➤ **Strategy 4: Expand Prevention and Diversion Resources**

- **Sub Strategy 4.a:** Coordinate and leverage prevention resources across jurisdictions to connect households at imminent risk of homelessness to stabilization resources to avoid literal homelessness.
- **Sub Strategy 4.b:** Scale existing prevention and diversion programs into a countywide rehousing program.

### ➤ **Strategy 5: Invest in Community Capacity-Building and Training**

- **Sub Strategy 5.a:** Create an inclusive & supportive working environment to retain the current workforce and attract new staff from historically under-resourced communities and partners with lived expertise.
- **Sub Strategy 5.b:** Increase community stakeholder support for countywide homelessness activities through increased engagement.

# Appendix C

## Glossary of Terms

**Cal-AIM** is the California Advancing & Innovating Medi-Cal initiative sponsored by the state Department of Health Care Services is a long-term commitment to transforming and sustaining Medi-Cal, offering Californians, including persons experiencing homelessness, a more equitable, coordinated, person-centered approach to maximizing their health and life trajectory.

**Chronically Homeless Individual** refers to an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless on those occasions is at least 12 months.

**Chronically Homeless People in Families** refers to people in families in which the head of household has a disability and has either been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless on those occasions is at least 12 months.

**Congregate Shelter** is an emergency shelter where the residents share a common sleeping area.

**Continuum of Care (CoC)** is the local planning body responsible for coordinating the full range of homelessness services in the

Sacramento region and may cover the cities, county, and unincorporated geographic areas.

**Coordinated Access System (CAS)** is a regionally based system that connects new and existing programs into a “no wrong-door network” by assessing the needs of individuals/ families/youth experiencing homelessness and linking them with the most appropriate housing and services to end their homelessness.

**Diversion Services** is a client-driven approach designed to immediately help a person or household who just lost housing find safe alternative housing, rather than entering shelter or experiencing unsheltered homelessness.

**Emergency Shelter** is a facility with the primary purpose of providing temporary shelter for homeless people.

**Homeless** describes a person who lacks a fixed, regular, and adequate nighttime residence.

**Homeless Management Information System (HMIS)** is a computerized data collection system designed to capture client information over time on the characteristics, service needs and accomplishments of homeless persons. Implementation of an HMIS is required by the federal department Housing and Urban Development (HUD) for programs receiving federal funding through the Continuum of Care (CoC).

**Homelessness Prevention** refers to policies, practices, and interventions that reduce the likelihood that someone will experience homelessness.

**Housing First** is an approach that offers permanent housing as quickly as possible for people experiencing homelessness, particularly for people with long histories of homelessness and co-occurring health challenges, while providing the supportive services people need to keep their housing and avoid returning to homelessness.

**Individual** refers to a person who is not part of a family with children during an episode of homelessness. Individuals may be homeless as single adults, unaccompanied youth, or in multiple-adult or multiple-child households.

**Non-congregate Shelter** is an emergency shelter that provides private sleeping space, such as a hotel or motel room.

**Other Permanent Housing** is housing with or without services that is specifically for people who formerly experienced homelessness but that does not require people to have a disability.

**People in Families with Children** are people who are experiencing homelessness as part of a household that has at least one adult (age 18 and older) and one child (under age 18).

**Permanent Supportive Housing (PSH)** is a housing model designed to provide housing assistance (project and tenant-based) and supportive services on a long-term basis to people who formerly experienced homelessness. Participants are required to have a disability for eligibility.

**Rapid Rehousing** is a housing model designed to provide temporary housing assistance to people experiencing

homelessness, moving them quickly out of homelessness and into permanent housing.

**Street Outreach** is defined as the activity of engaging unsheltered homeless individuals through the process of rapport building with the goal of linking that individual to a permanent housing resource.

**Sheltered Homelessness** refers to people who are staying in emergency shelters, transitional housing programs, or safe havens.

**Transitional Housing Programs** provide people experiencing homelessness a place to stay combined with supportive services for up to 24 months.

**Unaccompanied Homeless Youth (under 18)** are people in households with only children who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness, and who are under the age of 18.

**Unaccompanied Homeless Youth (18–24)** are people in households without children who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness and who are between the ages of 18 and 24.

**Unsheltered Homelessness** refers to people whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people (for example, the streets, vehicles, or parks).

**Veteran** refers to any person who served on active duty in the armed forces of the United States. This includes Reserves and National Guard members who were called up to active duty.

