



Sacramento City  
and County  
Continuum of Care



# Sacramento Local Homeless Action Plan (LHAP)

YEAR  
ONE  
ACTIVITIES

2023

***DEVELOPED IN PARTNERSHIP WITH:***

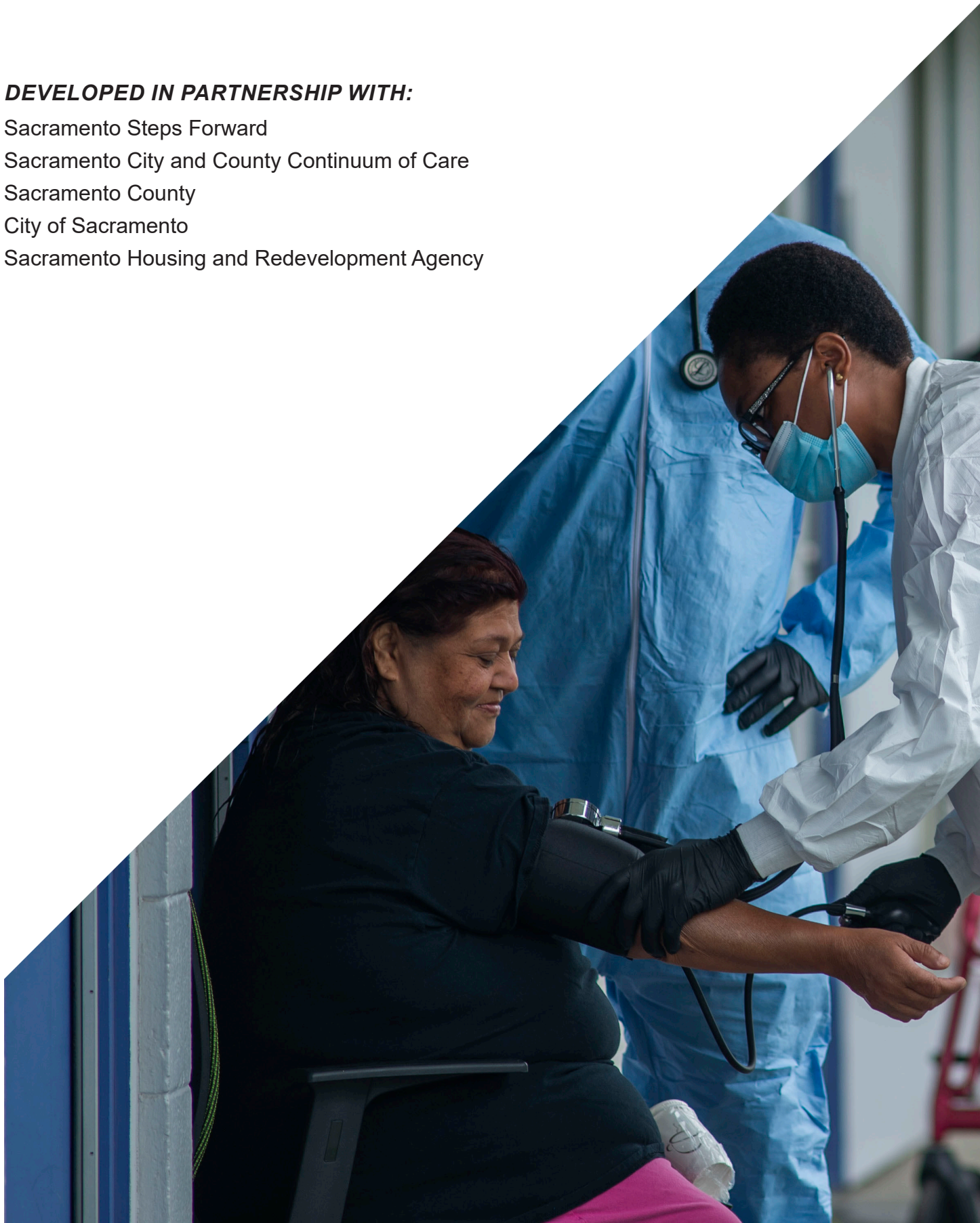
Sacramento Steps Forward

Sacramento City and County Continuum of Care

Sacramento County

City of Sacramento

Sacramento Housing and Redevelopment Agency



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# GLOSSARY OF COMMON ACRONYMS

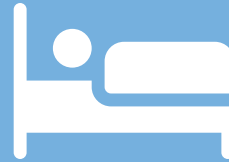
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BHS	Behavioral Health Services
CAS	Coordinated Access System
CBO	Community-Based Organization
CWRT	Community Wellness and Response Teams
ECM/CS	Enhanced Care Management/Community Supports
HEART	Homeless Engagement and Response Team
HIC	Housing Inventory Count
HPS	Housing Problem Solving
HUD	US Department of Housing and Urban Development
LEAP	Landlord Engagement and Assistance Program
LHAP	Local Homeless Action Plan
MCP	Managed Care Plan
MCST	Mobile Crisis Support Team
MHP	Mental Health Providers
NIMBY	Not In My Backyard
PA	Partnership Agreement
PSAP	Problem Solving Access Point
PSH	Permanent Supportive Housing
SETA	Sacramento Employment and Training Agency

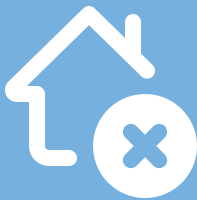
This is the 2023 one-year action plan which outlines Activities to implement the Local Homeless Action Plan strategies and create measurable annual outcomes. The Activities identified in the 2023 Action Plan facilitate the community advancing toward improving the following system-level measures:



Reduce the number of people experiencing homelessness



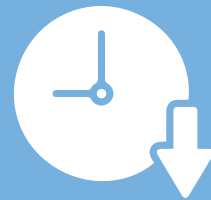
Reduce the number of people experiencing unsheltered homelessness



Reduce the number of people who become homeless for the first time



Increase the number of people exiting homelessness into permanent housing



Reduce the length of time persons remain homeless



Reduce the number of persons who return to homelessness after housing placement



Increase successful placements from street outreach

A priority focus and specific targets have been set for two of the system-level measures:



Reduce the number of people experiencing unsheltered homelessness by 15%



Increase the number of people exiting into permanent housing to at least 42%

The Activities outline the primary action steps that focus on change efforts to reflect community desires; align with the City/County Partnership Agreement (PA), and operationalize the sub-strategies and strategies of the Local Homeless Action Plan.

Each sub-strategy will be operationalized through associated activities. The Measurable Targets will track progress towards completing the activities in the 2023 calendar year. Unless otherwise noted, the completion dates for the tasks are December 31, 2023.

Note: This 2023 LHAP Action Plan does not yet include sub-strategies and actions specific to transition-age youth (under 25). A coordinated community plan, including comprehensive needs assessment of youth facing homelessness, is being completed for the new HUD Youth Homelessness Demonstration Program (YHDP) award and is expected to be completed in 2023.

# VISION

Homelessness in  
Sacramento is rare, brief,  
and non-recurring

Person-centered,  
trauma-informed regional  
response system

## SOLUTIONS



1. Build and scale a regional  
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 and service  
delivery capacity-building and training



6. Ensure adequate behavioral  
health services

Evidence  
based best  
practices

Racial  
equity

Partners  
with lived  
expertise

Data

Collaboration

# FOUNDATIONS



# STRATEGY 1: Build and scale a regional Coordinated Access System (CAS)

## Sub-strategy 1.a

**Increase access to homeless crisis response services.**

**Steward:  
SSF**

### 2023 MEASURABLE TARGETS:

- At least 15% of single adult households and 25% of family households with a minor child who are imminently at-risk of literal homelessness and are assisted by 2-1-1 and other certified CAS access points will be successfully diverted from literal homelessness.
- At least 90% of publicly funded shelters/beds will be filled according to mutually agreed upon standardized CAS protocols.
- At least 75% of publicly funded rehousing assistance programs, PSH, and other dedicated housing resources will be participating in CAS.
- At least 75% of publicly funded case-carrying outreach providers will be participating in CAS to facilitate shelter access and placement.

### KEY ACTIVITIES:

- PA: "City and County shall fully integrate all of their emergency shelter beds into the coordinated access system." (Leads: City, County, SSF/CoC)
- Continue to develop and implement county-wide coordinated access to homeless crisis response and emergency shelter via 2-1-1, in partnership with other community access points. (Lead: SSF/CoC)
- Continue to develop and implement new Coordinated Access and Navigation (CAN) Team to provide individualized system navigation, problem-solving, and support for people actively seeking emergency shelter. (Lead: SSF/CoC)





- Expand participating outreach providers and access point partners in the coordinated access system to increase real-time access to shelter and other crisis response services. **(Leads: City, County)**
  - Conduct targeted engagement with community-based organizations within under-resourced communities (e.g., faith-based organizations), and non-traditional partner organizations to increase access points and staff that expand equitable access across the County. **(Lead: SSF/CoC)**
  - Implement and provide wide-spread public information on the Sacramento Housing Crisis Line 2-1-1, including information in multiple languages. **(Lead: SSF/CoC)**
- Expand participating rehousing assistance programs (e.g., Emergency Solutions Grants (ESG) and Continuum of Care (CoC) Program funded rapid rehousing, CalAim-funded rehousing services, County-funded Landlord Engagement and Assistance Program (LEAP)), permanent supportive housing (PSH), voucher programs, and other dedicated housing resources into the coordinated access system to increase real-time access to housing resources. **(Leads: City, County, SHRA, SSF/CoC)**
- Improve accuracy, timeliness, and equity in screening/assessment/matching process by replacing VI-SPDAT with a shared assessment, prioritization, and referral tool across CAS access points, developed with a focus on racial equity and health vulnerabilities that is inclusive of under-resourced communities. **(Lead: SSF/CoC)**
- Incorporate input from partners with lived expertise and front-line workers to better understand barriers and effectiveness of access to services. **(Lead: SSF/CoC)**

### Sub-strategy 1.b

Grow and embed problem-solving/diversion in all system access sites, safe grounds, respite centers, emergency shelters, and anywhere homeless services are offered.

Steward:  
SSF

#### 2023 MEASURABLE TARGETS:

- At least 8 new Problem-Solving access points (PSAPS) established throughout the county.
- At least 4 new housing problem solving trainers with lived expertise of homelessness.

#### KEY ACTIVITIES:

- Recruit and train at least 8 new Problem-Solving Access Points. Train providers on how to provide Housing Problem Solving (HPS) services anywhere homeless services are offered through common assessment tools and program approaches. (Lead: SSF/CoC)
- Set up a 'train the trainer' model that includes trainers with lived expertise of homelessness who will provide HPS training for providers. (Lead: SSF/CoC)

## Sub-strategy 1.c

Provide comprehensive and aligned outreach County-wide that supports successful housing outcomes.

Steward:  
County/City

### 2023 MEASURABLE TARGETS:

- PA: Provide 10 encampment engagement teams within the City of Sacramento by 6/4/2023.
- PA: Increase to a total of 50 FTE for encampment engagement teams by 6/4/2023: 25 City encampment workers, 10 County mental health workers, 15 County homeless engagement workers funded by Medi-Cal MCPs.
- Establish outreach program service and performance standards.

### KEY ACTIVITIES:

- PA: City, County create joint collaboration protocol by 2/4/2023 (60 days from PA execution) "...on the future makeup and deployment of outreach efforts, including the encampment engagement teams, to meet the needs of persons experiencing homelessness." (Leads: City, County)
- PA: "Within 6 months [6/4/2023]...the City and County (along with its Medi-Cal Managed Care Plan partners) shall provide 10 encampment engagement teams to engage in intensive outreach, assessment, navigation, service delivery, and housing to as many people as possible in encampments within the City limits...." (Leads: City, County)
- Coordinate and align existing outreach teams to increase efficiencies and geographic coverage by developing and recommending county-wide outreach coordination plan and related encampment remediation and rehousing protocol as part of city/county PA efforts. (Leads: City, County)
- Update or develop outreach services and performance standards through an inclusive process that includes people with lived expertise of homelessness and with a focus on racial equity, to ensure further alignment across agencies. (Leads: City, County, SSF/CoC)
- Incorporate service and performance standards into funding contracts for performance management, monitoring, and improvement purposes. (Leads: City, County, SSF/CoC)
- Increase targeted outreach to historically under-resourced community members and ensure outreach teams are trained in cultural humility and have access to materials in different languages. (Leads: City, County OR identified collaborative outreach lead)

## STRATEGY 2: Ensure current and new emergency shelter and interim housing is focused on rehousing

### Sub-strategy 2.a

**Increase emergency shelter and interim housing capacity to meet the current needs of people experiencing literal homelessness.**

**Steward:  
County/City**

#### **2023 MEASURABLE TARGETS:**

- PA: At least 200 additional emergency shelter beds by January 2024.
- PA: At least 200 additional emergency shelter beds by January 2026.

#### **KEY ACTIVITIES:**

- PA: “Within 12 months of the effective date of the PA, the County shall open emergency shelter sites within the County limits with a minimum of 200 shelter beds.” **(Lead: County)**
- PA: “Within 36 months of the effective date of the PA, the County shall open additional emergency shelter sites within the County limits with a minimum of 200 shelter beds.” **(Lead: County)**
- PA: The County shall provide an additional 200 beds of shelter within the City pending City provision suitable shovel-ready sites or County provision of new shelter sites within the City limits that can support non-congregate sheltering. **(Leads: City, County)**
- Examine current and needed capacity for medical respite and related integrated healthcare solutions for medically vulnerable and high-acuity clients. **(Lead: County, SSF/CoC)**



### **Sub-strategy 2.b**

**Improve and expand emergency and interim housing quality and effectiveness, including physical environment, basic needs, and crisis response services.**

**Steward:  
SSF for  
Standards**

#### **2023 MEASURABLE TARGETS:**

- Shelter and interim housing program service and performance standards established.

#### **KEY ACTIVITIES:**

- Update or develop shelter and interim housing services and performance standards (including facility standards) through an inclusive process that includes people with lived expertise of homelessness and with a focus on racial equity. **(Lead: SSF/CoC)**
- Incorporate new and updated shelter and interim housing services and facility standards into funding contracts for performance management, monitoring, and improvement purposes **(Leads: City, County, SHRA, SSF/CoC)**

## Sub-strategy 2.c

**Increase permanent housing exits across all emergency shelter & interim housing programs.**

**Steward:  
County/City**

### **2023 MEASURABLE TARGETS:**

- At least 42% of households exit the homeless response system to permanent housing.
- Shelter and interim housing program service and performance standards established.

### **KEY ACTIVITIES:**

- Examine and identify key service needs/gaps relative to supporting clients, establish a plan of action to create strong linkages to gaps in supportive services (e.g., domestic violence, behavioral health, substance use, life skills, etc.) to support clients overcome barriers to housing and sustaining housing. **(Lead: County, City, SSF/CoC)**
- Assess emergency shelter and interim housing program performance to inform performance targets, as well as programmatic and budget changes (as funding allows) that improve the rate of exits from shelter into housing. **(Lead: SSF/CoC)**
- Update or develop shelter and interim housing service and performance standards through an inclusive process that includes people with lived expertise of homelessness and with a focus on racial equity. **(Lead: SSF/CoC)**
- Incorporate new and updated shelter and interim housing performance standards into funding contracts for performance management, monitoring, and improvement purposes. **(Leads: City, County, SHRA, SSF/CoC)**
- Establish and operationalize a comprehensive “by-name list” based on HMIS data, and related management of CAS rehousing screening, triage, and dynamic assistance approaches using case conferencing and other tactics to coordinate and adjust rehousing services. **(Lead: SSF/CoC)**







# STRATEGY 3: Increase permanent housing opportunities

## Sub-strategy 3.a

**Increase and improve rehousing assistance to improve permanent housing outcomes.**

**Steward:  
SSF**

### **2023 MEASURABLE TARGETS:**

- TBD caseload slots of new rehousing assistance capacity will be made available (pending affordable housing plan targets).
- Rehousing assistance program service and performance standards established.
- Affordable Housing Plan completed.

### **KEY ACTIVITIES:**

- Expand rehousing assistance capacity according to the approved affordable housing plan and other new rehousing capacity commitments by City, County, SHRA, SSF/CoC, and through CalAim to further close identified gaps. **(Leads: SSF/CoC, County, City)**
- Examine and update rehousing assistance capacity (rapid rehousing programs and similar forms of rehousing assistance) as part of the January 2023 Housing Inventory Count (HIC) update for HUD, accounting for new County LEAP, CalAIM ECM/CS rehousing supports, and other rehousing assistance programs that will be available in 2023 to inform coordinated access protocols and system gaps analysis. **(Lead: SSF/CoC)**
- Maintain, improve, and expand rehousing assistance, including operationalizing new County LEAP and CalAIM rehousing resources. **(Leads: County, SSF/CoC, Medi-Cal Managed Care Organizations)**



- Update or develop coordinated access workflows, written protocols, and tools for screening, assessment, triage and referral to rehousing assistance. (Lead: **SSF/CoC**)
- Update or develop rehousing service and performance standards through an inclusive process that includes people with lived expertise of homelessness and with a focus on racial equity, including a standard definition of “rehousing services” and minimal assistance levels that can be applied across all funding streams and providers to support efficient linkage through CAS and non-duplication of services. (Lead: **SSF/CoC**)
- Incorporate new and updated rehousing service and performance standards into funding contracts for performance management, monitoring, and improvement purposes (Leads: **City, County, SHRA, SSF/CoC**)
- Identify key barriers to housing and housing stability that may require additional strategies, partnerships, and/or resources (e.g., employment and job training resources, legal services). (Lead: **SSF/CoC**)
- Develop a system-level shared housing program and provide education and technical assistance to providers to expand housing opportunities with shared housing. (Lead: **SSF/CoC**)

### Sub-strategy 3.b

Increase the stock of homeless-dedicated permanent supportive housing units and other affordable housing vouchers/units with ongoing services.

Steward:  
SHRA

#### 2023 MEASURABLE TARGETS:

- 490 of new dedicated units for homeless, including PSH, homeless housing, affordable housing, and vouchers available for occupancy in 2023.
- PSH program service and performance standards established.

#### KEY ACTIVITIES:

- PA: Finalize an affordable housing plan to increase permanent housing opportunities within 180 days (June 2023). (Leads: SHRA, City, County, SSF/CoC)
- Expand permanent supportive housing and other dedicated affordable housing capacity according to the approved affordable housing plan to further close identified gaps. (Leads: SHRA, County, City, SSF/CoC)
- Examine and update PSH and other dedicated affordable housing with ongoing services capacity as part of the January 2023 Housing Inventory Count (HIC) update for HUD, accounting for total PSH and other dedicated placements (via new lease-up or turn-over) that will be available in 2023 to inform coordinated access protocols and system gaps analysis. (Leads: SSF/CoC, SHRA, City, County)
- Update or develop PSH service and performance standards through an inclusive process that includes people with lived expertise of homelessness and with a focus on racial equity, including a standard definition of “rehousing services” and minimal assistance levels that can be applied across all funding streams and providers, including standardizing level of access and availability of tenancy supports. (Lead: SSF/CoC)
- Incorporate new and updated PSH service and performance standards into funding contracts for performance management, monitoring, and improvement purposes. (Leads: City, County, SHRA, SSF/CoC)
- Explore co-op living style, ADU's and other housing options, especially for a sector of the senior population. (Leads: City, County, SHRA, SSF/CoC)
- Develop housing partnerships with systems outside of the homeless response system to streamline the development process and increase housing opportunities for people experiencing homelessness. (Leads: SHRA, City, County)

### Sub-strategy 3.c

Expand access to existing and new non-homeless dedicated housing units in market and subsidized programs.

Steward:  
SHRA, County

#### 2023 MEASURABLE TARGETS:

- At least 50 landlords generated through landlord partnerships with the new County LEAP.

#### KEY ACTIVITIES:

- Develop a regional landlord engagement partnership program to increase the number of participating landlords across all homelessness rehousing programs. (Lead: County)
- Further develop and expand the County Landlord Engagement and Assistance Program (LEAP), including incorporating LEAP into CAS to facilitate access and non-duplication of services. (Lead: County)
- Expand and iterate use of financial and non-financial resources for landlords to increase willingness and ability to work with homeless programs and populations. (Lead: SHRA, County)
- Create landlord education on the homeless response system, subsidies, and client resources, including ombudsman resources in concert with other rehousing assistance and PSH providers. (Lead: SHRA, County)
- Operationalize a single landlord database and apartment vacancy listing service for rehousing assistance, PSH and other dedicated affordable housing assistance providers to facilitate access to available market rate units, including units available for use with a voucher. (Leads: SHRA, County)

# STRATEGY 4: Expand prevention and diversion resources

## Sub-strategy 4.a

Establish and continue to scale a community-wide, coordinated prevention system model to identify and assist people who are housing insecure, including people imminently at-risk of literal homelessness.

Steward:  
SSF

### 2023 MEASURABLE TARGETS:

- Community Based Organizations and cross-sector access point service and performance standards established.
- 500 households prevented from entering homelessness.

### KEY ACTIVITIES:

- Establish a working group responsible for developing and recommending a coordinated prevention approach for the region based on emerging best practices for community-wide prevention systems; with input from people with lived experience and cross-sector systems, and with a focus on reducing inflow to literal homelessness and advancing racial equity. (Lead: SSF/CoC, City, County)
- Identify areas of higher need, prevention resource gaps, and advocate for additional prevention resources to address gaps in targeted areas. (Lead: SSF/CoC)
- Conduct inflow analysis to understand inflow dynamics and characteristics. (Lead: SSF/CoC)



- Develop educational tools and training for staff at community-based organizations and cross-sector settings (e.g., discharge workers), including how to conduct housing insecurity screening, immediate housing problem-solving, and appropriate response/referral assistance based on housing insecurity status and needs, ensuring people with more urgent needs are connected to targeted prevention and homeless system diversion assistance. (Lead: SSF/CoC)
- Seek to expand funding for targeted homelessness prevention and diversion programming. (Leads: SSF/CoC, City, County)
- Expand homeless access points to include homelessness prevention through housing problem solving. (Lead: SSF/CoC)

#### Sub-strategy 4.b

Develop and scale prevention resources to reduce further housing insecurity among people who have recently exited homelessness.

Steward:  
SSF

#### 2023 MEASURABLE TARGETS:

- TBD pending further analysis.

#### KEY ACTIVITIES:

- Examine and inventory currently available housing stabilization resources and services for people who need ongoing or post-housing crisis support to maintain safe, stable housing. (Lead: SSF/CoC)

# STRATEGY 5: Invest in community and service delivery 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.**

**Steward:  
SSF**

### **2023 MEASURABLE TARGETS:**

- Workforce standards developed.

### **KEY ACTIVITIES:**

- Convene public and private funders and CBOs to consider setting minimum workforce standards for frontline homeless services workers including recruitment, hiring standards, and setting a minimum living wage. **(Lead: SSF/CoC)**
- Engage providers and the Partners with Lived Expertise Cohort in examining workforce recruitment, retention, support, and training needs and barriers. **(Leads: SSF/CoC, County, City, SHRA)**
- Conduct targeted engagement with community-based organizations within under-resourced communities (e.g. HBCUs, Urban League, SETA, Veteran, LBGTQIA+, faith-based organizations), and non-traditional partner organizations to increase and support the recruitment, retention, and advancement of staff and providers from under-resourced communities, including of Black, Indigenous, people of color and partners with lived expertise through provision of targeted supports such as implementation of affinity groups, mentorship programs, and culturally appropriate leadership development. **(Lead: SSF/CoC)**





### **Sub-strategy 5.b**

**Further develop system-wide training opportunities and related training infrastructure to support initial and ongoing staff development.**

**Steward:  
SSF**

#### **2023 MEASURABLE TARGETS:**

- Create and disseminate catalog of training resources.
- Create training curriculum/plan based on provider role and thematic focus across the system.

#### **KEY ACTIVITIES:**

- Identify and catalog currently available training and capacity-building resources available to support staff training and development, across public and private agencies. **(Leads: SSF/CoC & County)**
- Strengthen existing and incoming workforce by coordinating high-quality training in best practices available to all homeless service provider staff. **(Lead: SSF/CoC)**

### Sub-strategy 5.c

**Increase community stakeholder support for countywide homelessness activities through increased engagement.**

**Steward:  
SSF**

#### **2023 MEASURABLE TARGETS:**

- Establish baseline understanding of public awareness and attitudes around addressing homelessness.

#### **KEY ACTIVITIES:**

- PA: “Work collaboratively on the engagement of appropriate stakeholders and the community on the implementation of any subsequently approved joint or partner project or initiative, including the collaboration with persons with lived experience.” **(Leads: City, County, SSF/CoC)**
- Convene providers to create a coordinated volunteer engagement program including a streamline sign-up process for volunteers. **(Lead: SSF/CoC)**
- Develop and provide general educational materials, explaining how to access services and navigate the homeless response system. **(Leads: SSF/CoC)**
- Launch a public awareness campaign, including baseline assessment of public awareness and attitudes, to educate the general public on the human face of homelessness and on local solutions to mitigate compassion fatigue and NIMBYism. **(Leads: SSF/CoC, City, County, SHRA)**







# STRATEGY 6: Ensure adequate behavioral health services

## Sub-strategy 6.a

Improve staff knowledge and skills in both housing crisis response and behavioral health care systems, especially in key system navigator/intermediary roles (e.g., Housing Specialist, Peer Support Specialist, Outreach Specialist).

**Steward:**  
**County BHS**

### 2023 MEASURABLE TARGETS:

- Create training curriculum/plan which will at minimum address BHS, Mental Health First Aid, and 5150 holds.

### KEY ACTIVITIES:

- PA: “The County shall provide training and authorization for City designated clinical staff to write and issue 5150 holds.” **(Lead: County)**
- PA: “The County shall provide Mental Health First Aid training with community partners and providers that serve individuals within the City limits.” **(Lead: County)**
- PA: “The County shall provide County Public Health education and relevant communicable disease screening tools to shelter providers contracted by the City.” **(Lead: County)**
- Sacramento County Behavioral Health Services (BHS) will offer trainings and presentations on eligibility for and access to County Mental Health Plan (MHP) services. **(Lead: County)**
- BHS will also provide trainings and presentations on homeless prevention and housing supports for eligible enrolled clients. **(Lead: County)**
- City, County, SHRA, and SSF will incorporate relevant BHS training requirements into provider contracts. **(Leads: City, County, SHRA, SSF)**
- BHS will disseminate forms, links, recorded zoom trainings, and flyers about available behavioral health programming at all levels of intensity from prevention to Full Service Partnerships. **(Lead: County)**



### Sub-strategy 6.b

Improve and increase timely and direct access to behavioral health care supports for people experiencing homelessness both in locations where they are staying and at service locations.

Steward:  
County BHS

#### 2023 MEASURABLE TARGETS:

- Deliver Full Service Partnership screening tool.
- 30 co-deployments a month to encampments.
- Screen all clients who show interest in BHS services.

#### KEY ACTIVITIES:

- PA: County “shall continue to fund and operate at least three CORE Wellness Centers within the City limits. A fourth CORE center shall be opened by the COUNTY in the Central Business District within nine months of the effective date of this Agreement, provided a reasonable and appropriate location has been identified.” (Lead: County)
- PA: “County staff in the encampment engagement teams shall conduct behavioral health assessments for willing people in encampments and city-run shelters and, if eligible, enroll them in county-funded services and programs, regardless of whether they are insured or uninsured.” (Lead: County)
- PA: “The County and City shall work through the encampment engagement teams to refer all persons experiencing homelessness to programs that provide care coordination for the unhoused.” The County will add Full Service Partnership slots for eligible clients as needed. (Leads: City, County)

- BHS will continue to utilize two licensed clinicians at local shelters who can assess and immediately link residents to the clinically most appropriate level of care. These clinicians will also provide brief case management to ensure a warm hand off to their outpatient treatment provider. **(Lead: County)**
- BHS will increase capacity of the Homeless Engagement and Response Team (HEART). HEART staff provide outreach and engagement within encampments. When possible, a clinician and a peer are paired. Like the shelter clinicians, HEART can assess for and link encampment residents to the clinically most appropriate level of care and provide brief case management to ensure a warm hand off to their outpatient treatment provider. **(Lead: County)**
- Coordinate development of Full Service Partnership Screening Tool and VI-SPDAT screening tools to streamline assessment processes as part of CAS development and implementation. **(Leads: County, SSF)**

### Sub-strategy 6.c

**Improve and increase timely and direct access to prevention and homeless services for people engaged in behavioral health services.**

**Steward:  
County BHS**

#### **2023 MEASURABLE TARGETS:**

- 100% of all literally homeless clients who agree will be entered into HMIS.
- All clients screened will be connected to an appropriate housing resource.

#### **KEY ACTIVITIES:**

- BHS mental health providers (MHP) will assess housing needs as part of all new client admissions. Designated BHS staff will provide support via Coordinated Assessment System protocols to help clients access immediate housing problem-solving and diversion assistance, as well as homelessness prevention, Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) assistance. **(Lead: County)**

### Sub-strategy 6.d

Improve and increase access to mobile crisis response and multi-disciplinary supports for people with more complex or severe needs while they receive outreach, shelter, rehousing, and housing stabilization services.

**Steward:**  
**County BHS**

#### 2023 MEASURABLE TARGETS:

- Community Wellness Response Team will go live by June 30, 2023.
- Develop opportunities for cross collaboration between the CWRT and the City/County multi-disciplinary partnership teams.

#### KEY ACTIVITIES:

- BHS will continue to operate the Mobile Crisis Support Teams (MCST), a collaboration between Behavioral Health and Law Enforcement to respond together to emergency calls for individuals experiencing a mental health crisis. **(Lead: County)**
- Families experiencing homelessness have access to The Source which is 24/7 phone and mobile crisis support services to anywhere in the county by calling 916-SUPPORT. **(Lead: County)**
- In addition to MCST and HEART, BHS will implement Community Wellness Response Teams (CWRT). Response Teams staff provide immediate, 24/7 crisis intervention and de-escalation services, assess needs and risks, and create safety plans. This includes identifying and leveraging individual strengths and natural supports; coordinating with existing Mental Health Plan (MHP) and Substance Use Prevention and Treatment (SUPT) providers as appropriate; linking to services; voluntary transport to urgent/emergency resources and accessing alternate response teams or emergency responders when necessary. **(Lead: County)**



