APPENDIX 5: HOMELESS ENCAMPMENT TEMPLATE

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Appendix 5: Homeless Encampment Template

Subchapter 6.6 Prohousing Designation Program requires applicants to confirm that its treatment of encampments on public property complies with and will continue to comply with the constitutional rights of persons experiencing homelessness. An application must include a one-page summary demonstrating how the applicant has enacted best practices in their jurisdiction related to the treatment of unhoused individuals camping on public property, consistent with the United States Interagency Council on Homelessness' "7 Principles for Addressing Encampments (June 17, 2022). The following template and certification are included to help jurisdictions meet this threshold.

- ***Principle 1: Establish a Cross-Agency, Multi-Sector Response to Encampments –*** *Describe how system partners (name partners) work together to prioritize health and safety both for residents and unsheltered individuals.*

  The County, City, and Sacramento Steps Forward (SSF) as the lead agency for the Sacramento City and County Continuum of Care, have been working together in close partnership to develop a cross-jurisdictional unified approach to addressing homelessness in Sacramento County. In 2022, the County, City and SSF staff developed the Sacramento Local Homelessness Action Plan (LHAP), adopted by the governing bodies of each organization in June 2022.

  In December 2022, the Sacramento County Board of Supervisors and the Sacramento City Council adopted a Partnership Agreement to address the Homelessness Crisis. This Partnership Agreement was a direct action to tackle the crisis of unsheltered homelessness with impacts to both the County and City.

  In 2023, All In Sacramento was introduced as a call to action for the Sacramento region and stands as the regionally coordinated framework and action plan to prevent and end homelessness, building on the LHAP and reimagining a coordinated and collaborative effort between system leaders, governments, and local service providers to create a transformed system better able to respond to the needs of Sacramento neighbors facing homelessness.

  All In Sacramento is a regionally coordinated homelessness action plan that includes a three-year framework with a first year detailed Action Plan and is organized around eight solutions that are specific to the regional

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landscape and align with national evidence-based best practices. Together, the solutions create a housing focused, holistic, and equitable framework for preventing and ending homelessness.

Born from the Partnership Agreement and the All In Sacramento plan, a collaboration framework of leadership and staff level coordination was developed and has led to a Strategic Leadership Group (SLG), which includes management and staff from the County, City, and SSF that meets on a monthly basis to coordinate our collective work to address homelessness. Executive leadership staff from all entities participate in this meeting space, to include: the Director and Assistant Director of the County's Department of Homeless Services and Housing (DHSH); Director or representative of the County's Department of Health Services (DHS); Director of the Housing Choice Voucher (HCV) Program from the Sacramento Housing and Redevelopment Agency (SHRA); Director and Assistant Director for the City's Department of Community Response; Housing Manager for the City of Sacramento and SSF's entire executive leadership team. Ad-hoc meetings for project specific coordination occur as needed, such as planning for funding opportunities or upcoming changes in funding; and to ensure the successful and timely implementation or ramp down of projects in the community. This leadership group discusses status on the implementation of the All In Plan, including progress on the Coordinated Access System, prevention and diversion, outreach, sheltering, rehousing, permanent housing and integrated services. The Partnership Agreement requires a report to the elected bodies every six months, and a progress report for the All In Plan is published quarterly on the Sacramento Steps forward website.

Specifically related to outreach and encampment response, the County of Sacramento has developed a robust, collaborative framework to address encampments through a cross-agency, multi-sector approach. The County funds and oversees street outreach services, both contracted (since 2018) and through County staff (since 2015); providing connections to services and shelter; including specialized programs funded by the County such as Behavioral Health Bridge Housing (BHBH) and Encampment Resolution Funding (ERF) shelters. Sacramento County utilizes both proactive and referral-based approaches to identify and respond to encampments:

- The County becomes aware of encampments through:

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- Referrals from 2-1-1 (Coordinated Access System), 311 and other partners who receive calls for homelessness response, whether for clean-up services or constituent complaints; and
- Proactive outreach conducted by County staff and contracted service providers.

The County also coordinates with municipal services departments for encampment outreach in the Unincorporated County and the Regional Park System within the county, including the Sacramento County Sheriff's Department and Park Rangers on priority encampments. Partners who support outreach efforts can vary daily based on overlapping jurisdiction(s) and outreach needs. For instance, the County operates two Encampment Resolution Funding (ERF) grants which prioritize encampments in the State's right of way for which County teams coordinate with CalTrans to support individuals into ERF shelters. County outreach teams partner with staff across multiple cities, including contracted outreach teams or outreach staff embedded within police departments or fire departments to support individuals experiencing homelessness within their jurisdictions connect to Substance Use Prevention or Treatment (SUPT) services and clinical services. Outreach teams also coordinate with local businesses including Property-Based Improvement Districts (PBIDs), libraries, community groups, hospitals, municipal agencies and service providers depending on the location of the encampment or individual being referred.

Sacramento County is proud of the collaborative approach to addressing the service needs of individuals residing unsheltered in encampments. The contracted provider provides connections (or reconnections) to Medi-Cal and California Advancing and Innovating Medi-Cal (CalAIM) benefits for interested individuals in addition to outreach services. County outreach staff provide connections to welfare benefits and various county resources. This County effort is led by the Sacramento County Department of Homeless Services and Housing (DHSH), which serves as the central coordinating body for non-emergency homelessness-related issues. Additional information about these efforts is available in Principle 3. Other services available to individuals experiencing unsheltered homelessness include, but are not limited to:

- Dedicated homeless liaisons within the County's Department of Probations to support unhoused probationers, including the use of a mobile service center, known as the Probation Outreach

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Vehicle (POV). The POV creatively addresses transportation challenges and reduces barriers that often prevent clients from reporting to probation or accessing vital community services.
- Wellness Without Walls (W3): mobile unit delivering clinical services – including HIV, sexual health, and broader services.
- Pet Aid and Wellness Services (PAWS): mobile clinic offering full-service, outreach veterinary clinic services dedicated solely to pets of unhoused pet owners, which provide the following services: spay/neuter, vaccines and preventatives, microchipping, pet pantry and supplies, testing and treatment of medical conditions.
- Connections to programming specifically to support Adult Protective Services (APS) involved adults.
- Waste Removal Services: services to address the complex challenges of waste removal while prioritizing public health and the dignity of the unhoused population.
- Newly launched Prop 47 programming to support individuals experiencing homelessness and reentering the community after incarceration, which includes the provision of dedicated shelter services (since 2025).

Additionally, the County outreach team utilizes a multi-disciplinary approach which includes support directly from the Behavioral Health Services' (BHS) Homeless Engagement and Response Team (HEART) (since 2021), which consists of teams of Peer Specialists and Clinicians to support individuals with behavioral health services needs. HEART provides outreach, engagement, linkages and assessments, including referrals to specific shelter and housing opportunities available through the Department of Health Services (DHS) and the Continuum of Care (CoC) for this population. Service coordination meetings occur on a bi-weekly basis with amongst programs to ensure ongoing progress towards shared goals; opportunities to identify solutions for challenges faced by the program or program participants; and to strengthen ongoing coordination. Ad-hoc meetings occur as frequently as needed to coordinate care for mutual clients who need support or additional resources.

This collaboration is grounded in shared principles of dignity, harm reduction, and housing first strategies. A formalized five-year agreement

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between the County and City supports this multi-sector response through the deployment of Encampment Engagement Teams, expanded shelter capacity, and an emphasis on person-centered approaches. The success of this ongoing coordination has greatly streamlined service delivery and resource offerings for individuals served through outreach. Building upon this coordination – the County and City of Sacramento have established a specialized Multidisciplinary Team to bring system partners together to coordinate support for individuals who have high acuity behavioral health needs, are vulnerable, and have frequent or extensive contact with law enforcement, fire outreach teams, hospitals and other entities impacted. Through collaborative review of complex situations, partners can identify available resources, including court order programs, address barriers to care and housing, and develop coordinated actions that help individuals access services and improve their circumstances. The first meeting in this series was held in October 2026.

Attachment 1: County/City Partnership Agreement
Attachment 2: All In Sacramento – Regionally Coordinated Homelessness Action Plan

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- ***Principle 2: Engage Encampment Residents to Develop Solutions –*** *Describe street outreach efforts to engage with encampment residents to find alternative shelter, housing, and service options using the housing first approach before an existing encampment is closed.*

  As mentioned above, the County funds are dedicated outreach teams who provide service connections and direct linkages to housing and shelter resources, five days a week. Outreach teams coordinate on a daily basis with all entities to provide homeless services resources and supportive services to include: contracted and non-contracted services providers; county agencies; referring parties and other governmental agencies with overlapping jurisdiction. The teams consist of contracted Community Health Workers (CHWs), county staff, HEART staff focused on linkages to behavioral health resources and other relevant county partners are engaged as applicable; for instance, when the team encounters a Transition Age Youth (TAY), veteran or a family with minor. County outreach teams match individuals to shelter or housing that meets their physical and psychosocial needs under Housing First principles.

  Outreach teams are typically out in the field conducting consistent, phased engagement with encampment residents, often over weeks or

months, to build rapport and assess individual needs. The roles of these teams include providing on-site behavioral health screenings, referrals, and warming handoffs to shelter and housing programs. Outreach teams provide transportation to emergency shelter intakes and to and from meetings and appointments related to shelter or housing readiness. Teams have access to some financial assistance funds to procure basic needs items, support reunification and/or costs associated with rehousing. Additional details regarding number of services and shelter capacity is included in Principle 5.

Outreach teams, funded by the County, in the unincorporated county consist of experienced professionals who are trained to provide coordinated services and care in real-time to program participants. Service needs are assessed in the field, and referrals are made to appropriate programs and services to include housing and/or rehousing resources. Ongoing follow-up is provided to ensure service connections are established. If additional coordination or support is needed, lead staff consisting of Supervisors and Program Management staff are available to review participant needs on a case-by-case basis and escalate service needs to appropriate partners.

To support Encampment Outreach, the County has applied for and received Encampment Resolution Funding (ERF) Program. The County has been awarded $21,341,140.15 in funding for two projects:

- ERF-3-L-11: Stockton Blvd Safe Stay was awarded $17,675,219.69
- ERF-3-L-12: Roseville Road was awarded $3,665,920.46

ERF-3-L-11 funding was secured by the County of Sacramento in partnership with the City of Sacramento to support the goal of increased interim shelter in the City's jurisdiction. The City provided a shovel-ready site, which was jointly funded by the City and County of Sacramento, and is currently the site of the Stockton Blvd Safe Stay. The Stockton Blvd Safe Stay offers 175 beds of shelter, supportive services and rehousing services through the ERF grant. In early 2027, the program will be ramping down in alignment with the end of the funding term. The land on which this program is located was leased by the county and will be returned to the owner after the lease term, which coincides with the program term. The property owner, who is a County contracted provider of substance use treatment, intends to transition this facility to serve those exiting institutional settings in need of treatment and who otherwise would not have permanent housing. While these beds will not be available as they currently are to people living unsheltered, they will

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remain an integral part of the continuum of housing and service programs that support people in their journey to stable housing and self-sufficiency.

ERF-3-L-12 funding was secured by the county to support outreach and shelter services in the Roseville Road area, which encompasses county, city and state jurisdictions. In 2024, the county launched 50 new beds of shelter and rehousing services, utilizing a scatted site model, with entry dedicated to individuals residing in encampments in the state-approved, identified encampment zone. As the ERF grant was originally set to terminate on June 30, 2026, this program was planned to close at the end of grant term. However, due to an extension of the grant term, the program remained active for an additional three months and closed on September 30, 2026. While these beds will sunset, the County is scheduled to open the new Watt Avenue Community Campus, which includes 225 new non-congregate shelter beds, with priority for those living unsheltered in the same area served by the ERF funding.

The County is actively pursuing additional rounds of ERF funding and other funding opportunities to support new and ongoing shelter programs; and to expand rehousing capacity and services.

Attachment 3: ERF-3-L-11/-12 Applications

- ***Principle 3: Conduct Comprehensive and Coordinated Outreach –*** *Describe multidisciplinary connection strategies and linkages to resources and permanent housing solutions that is customized to individual needs. If applicable, describe how the jurisdiction uses the coordinated entry system to connect individuals to resources and permanent housing.*

  Community Health Works is the county's contracted service provide who provides outreach services in the unincorporated county; along with, clinicians, and peers to provide field-based assessments and connect unsheltered individuals to behavioral health care and the Coordinated Access System (CAS) via The Homeless Management Information System (HMIS). They complete vulnerability tools, access shelter and housing options through CAS, advocate in case conferencing, and maintain caseloads to ensure continuity from street to housing. Cities in the County directly fund their own outreach teams, but all other services through behavioral health, other county departments and care coordination/case conferencing are shared across jurisdictional boundaries.

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In December 2022, the Sacramento County Board of Supervisors and the Sacramento City Council both adopted a Partnership Agreement to address the Homelessness Crisis. This Partnership Agreement was a direct action to tackle the crisis of unsheltered homelessness with impacts to both the County and City. Despite significant investments to increase shelter, services and permanent housing for people and families experiencing homelessness, the 2022 Point in Time count saw a significant increase of 67% in homelessness since 2019. With a mutual desire to improve the coordination and combination efforts to meet the needs of the unhoused and to move individuals out of homelessness, the Partnership Agreement includes the following key provisions:

- 5-year term with annual updates
- Outlines roles and responsibilities of each agency related to outreach, services, shelter and housing, and training and information
- Addresses key provisions of the Emergency Shelter and Enforcement Act of 2022
- Demonstrates shared commitment to the Sacramento Local Homeless Action Plan and Coordinated Access System
- Sets forth provisions for accountability and measuring progress with reports in open session to both Board of Supervisors and City Council every 6 months

The specific details of Outreach coordination are detailed starting on Page 9 of the Partnership Agreement. Key components of Sacramento's coordinated outreach include:

- Behavioral Health Teams from Sacramento County, who partner with outreach staff to provide on-site mental health assessments
- County Encampment Services Teams (EST) and Homeless Engagement and Response Teams (HEART) were established; which include outreach specialists, peer navigators, and housing case managers.
- Sacramento Steps Forward, which manages the Continuum of Care (CoC) and oversees the CAS-a centralized entry point for most shelters in the County, permanent supportive housing and services.

Outreach teams use the Homeless Management Information System (HMIS) to track engagement, assess vulnerability, and prioritize individuals for housing placements. The CAS streamlines access to resources through the 2-1-1 phone system. Using equity-driven tools to determine eligibility and prioritization for available shelter or housing

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resources ensures that individuals are matched to the most appropriate housing intervention based on need, availability, and eligibility.

This outreach framework is designed to be persistent, trauma-informed, and equity-driven, ensuring that individuals are not only connected to services but supported through the entire housing process.

Law enforcement partners, including dedicated homeless response teams, encounter unsheltered individuals residing in the unincorporated county or along the American River Parkway or other Parks. These areas are under the jurisdiction of the Sacramento County's Sheriff's Department or Park Rangers. Each law enforcement entity has policies established that include 48-hour notice and information on storage for personal belongings. The County's storage policy is outlined in Principle 4.

DHSH maintains a publicly available Homelessness data dashboard that details Outreach, Shelter and Interim Housing, and Re-Housing data: https://schs.saccounty.gov/us/en/data-dashboards.html#gsc.tab=0

Attachment 4: Six-month County/City Partnership Agreement Report

- ***Principle 4: Address Basic Needs and Provide Storage –*** *Describe efforts to meet basic needs, health, safety, and access to storage (timeframes) for people experiencing unsheltered homelessness while creating clear pathways to permanent housing.*

  County funded outreach teams employ a "case carrying" approach in which they provide ongoing engagement focused on resolving a person's homelessness and resource connections. Services outreach teams offer include, but are not limited to:
  - Shelter, rehousing service connections and referrals for permanent supportive housing (or other housing opportunities available through the continuum)
  - Support to address basic needs
  - Limited financial assistance dollars to support with the costs of documentation, rehousing, etc.
  - Referrals and linkages to community resources
  - Connections to specialized resources including services or assistance available for specific populations experiencing homelessness (such as Foster Youth, Adult Protective Services involved seniors, families receiving CalWORKs, etc.)

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- Transportation support

Outreach teams are composed of both contracted services through Community Healthworks (CoHeWo) and County Behavioral Services' Homeless Engagement and Response Team (HEART). The County's outreach teams also work closely with CalAIM, a statewide initiative that helps people experiencing homelessness access health care and other supports through Medi-Cal.

When outreach staff engage someone living unsheltered, they help connect that person to a CalAIM care team, managed by Community HealthWorks. Outreach workers continue to focus on helping people find shelter, housing, and essential resources, while CalAIM care teams provide ongoing support with health needs, benefits, and service coordination. Once a person is successfully connected to CalAIM, they transition away from County outreach, allowing outreach staff to engage others who are not yet connected to services. Typical response times are one to two business days after encampment referral, with most encampments engaged within one day of referral. The existing service model has capacity to generally complete referrals for services within one to two weeks of enrollment, but sooner for imminent service needs.

This collaboration ensures that people experiencing homelessness receive support through both systems with health and housing working together. By coordinating these efforts, Sacramento County is helping create a stronger path toward stability, wellness, and long-term housing success.

From July 1, 2025 to December 31, 2025, County outreach teams provided 37,554 services to 916 unduplicated individuals and supported 222 unduplicated individuals with transitioning out of unsheltered homelessness (which included shelter and permanent housing). Of the 916 unduplicated individuals enrolled in outreach, 128 transitioned into CalAIM averaging 207 days from outreach enrollment to CalAIM enrollment.

Services provided within this time period consisted of:

- 26,228 – General case management
- 2,199 – Housing search/placement
- 1,614 – Clothing and hygiene care
- 1,594 – Vital documents support
- 1,400 – food services
- 1,193 – Care coordination
- 934 – Healthcare services

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- 674 – Transportation
- 393 – Coordinated Access System referrals
- 362 – CalAIM services
- 352 – Community resource referrals
- 174 – Behavioral health services
- 45 – legal services
- 33 – Animal care services

As shown above, outreach teams in Sacramento County provided basic necessities such as food, water, hygiene kits, and weather gear regularly to 916 unduplicated individuals, averaging 41 services per individual, in that 6-month time period and continue to do so.

Law Enforcement (LE) partners responsible for enforcement in the unincorporated county: the Sacramento County Sheriff's Department and County Regional Parks Rangers; both have a clear policy to store personal belongings for individuals and instructions on how to retrieve these items. Items are stored for 90 days. Personal property may be retrieved Monday through Friday during business hours and the location(s) to retrieve items are provided on the notice.

- ***Principle 5: Ensure Access to Shelter or Housing Options –*** *Describe how low barrier resources to housing and supportive services are communicated to encampment residents. Include how strategies involve alternative measures to criminalization, focusing on service engagement and harm reduction.*

  DHSH-contracted CBO teams conduct encampment outreach and operate drop-in sites in community spaces to reduce law-enforcement involvement and connect people to shelter and housing. Outreach workers use HMIS to complete CAS assessments and coordinate with law enforcement to receive priority referrals into services and sheltering. Sacramento County follows a Housing First, low-barrier model, allowing entry into shelter or housing without required SUPT or BHS participation. Services are optional and client-centered.

  The Sacramento City and County Continuum of Care produces a Housing Inventory Count Report (HIC) each year for HUD to provide a snapshot of CoC's HIC, an inventory of housing conducted annually during the last ten days in January. The HIC tallies the number of beds and units available on the night designated for the count by program type, and include beds dedicated to serving persons who are homeless for emergency shelter, transitional housing, permanent supportive housing, rapid rehousing and

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other permanent housing. Please see Attachment 5 2025 Sacramento City and County CoC Housing Inventory Count report for further details.

In addition to directly deploying with outreach and in shelter programs, the County's Community Outreach Recovery Empowerment (CORE) is an adult outpatient program that provides moderate to high intensity mental health services to individuals 18 years or older who are eligible for Specialty Mental Health Services in Sacramento County. CORE services are focused on an individual's strength and recovery and provides flexible services to meet clients where they are at. CORE programs provide trauma-informed, culturally and linguistically responsive, recovery-oriented, community-based services, using community defined and best practices to all clients. Each of the eleven CORE sites has a co-located, peer run, Community Wellness Center (CWC), which acts as a drop-in center for all interested community members ages 18 years and older. At a Community Wellness Center, an individual can request assistance with housing, employment, behavioral health, symptom management, food, health, wellness and many other meaningful services. Each center includes peer-led activities, groups and experiences to promote Wellness, Recovery and Resiliency.

The County is currently providing funding for 26 Shelters for a variety of Target Populations for a total of 1,542 open beds and 275 planned beds. Table 1 provides a list of housing resources located within and funded by Sacramento County.

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Table 2. 2025 Shelter Roster with 2026 Planned Shelter

Shelter Name	Operator	Shelter Type	Target Population	Funding Source(s)	Total Beds	Open or Planned
Bridges Sober Living BHBH	Bridges	Individual Rooms	Single Adults	BHBH	30	Open
East Parkway Safe Stay	City Net	Sleeping Cabins	Single adults	BHBH, ARPA	55	Open
Florin & Power Inn Safe Stay	Five Keys	Sleeping Cabins	Single adults	General Fund, BHBH, ARPA	125	Open
Grow Florin BHBH	Hope Cooperative	Sleeping Cabins	Families	BHBH	72	Open
Watt Avenue Safe Stay	City Net	Sleeping Cabins	Single adults	HHAP, General Fund, BHBH	225	Planned

Shelter Name	Operator	Shelter Type	Target Population	Funding Source(s)	Total Beds	Open or Planned
Parkway Scattered Site Shelter	City Net	Individual Rooms	Single adults	American River Parkway Funding	50	Open
Scattered Site Shelter Program	City Net	Individual Rooms	Single adults	General Fund, HHAP	145	Open
North A Street	First Step Communities	Congregate	Single adults	General Fund, HHAP	80	Open
Stockton Blvd Safe Stay	First Step Communities	Sleeping Cabins	Single adults	ERF	175	Open
Palmer Apartments	Hope Cooperative	Shared Dorms	Single adults	BHSA	48	Open
Quality Inn BHBH (justice involvement)	Hope Cooperative	Individual Rooms	Single adults	BHBH	15	Open
Auburn Oaks BHBH (seniors)	Hope Cooperative	Individual Rooms	Single adults	BHBH	30	Open
Parker Family Shelter	Volunteers of America	Family Dorms	Families	General Fund, HHAP	77	Open
Mather Family TH Program **	Volunteers of America	Individual Dorms	Families	General Fund, HHAP,	68	Open
Mather Singles Interim Shelter	Volunteers of America	Individual Dorms	Single adults	General Fund, CDBG, ESG	150	Open
Watt Safe Parking	TBD	Parking	Single adults	ERF	50	Planned
North 5th St Navigation Center	The Gathering Inn	Congregate	Single adults	County General Fund	163	Open
Center of Hope	The Salvation Army	Congregate	Single adults	Prop 47	70	Open
Senior Safe House	VOA	Individual Dorms	Single senior adults	General Fund	6	Open
Nottolis's Place	VOA	Individual Dorms	Single senior adults	Home Safe	15	Open
Emergency Sheter Program	WEAVE	Undisclosed	DV survivors/families	Domestic Violence Trust Fund	60	Open

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Shelter Name	Operator	Shelter Type	Target Population	Funding Source(s)	Total Beds	Open or Planned
TAY Transitional Housing	Wind Youth Services	Congregate	TAY	General Fund HHAP	16	Open
	Total Beds				**1,813**	

Attachment 5: Sacramento City and County Continuum of Care Housing Inventory Count 2025

- **Principle 6: Develop Pathways to Permanent Housing and Supports –** *Describe Housing First strategies emphasizing low barriers, a harm-reduction model, and services to support people obtaining permanent housing more efficiently. Identify efforts to align federal, state, and local funding/programs to provide clear pathways to permanent housing.*

  Sacramento County follows a Housing First, low-barrier model, allowing entry into shelter or housing without required SUPT or BHS participation. Services are optional and client-centered. Clients may bring belongings and family, and staff join CoC case conferencing to support timely housing placements without requiring treatment engagement.

  Sacramento County leads with a multi-disciplinary outreach model that prioritizes engagement, trust-building, and voluntary connection to services and housing.

  - The County funds and operates street outreach services through both contracted providers (since 2018) and County staff (since 2015).
  - Outreach teams connect individuals to the Scattered-Site Shelter Program and a range of interim and permanent housing options, including:
    - Behavioral Health Bridge Housing (BHBH); and
    - Encampment Resolution Funding (ERF) Shelter sites
  - Behavioral health support is integrated through the Homeless Engagement and Response Team (HEART), which includes clinicians and peer specialists.
  - Outreach teams support enrollment in Medi-Cal, CalAIM, and other public benefits, while utilizing HMIS and CAS to streamline referrals.

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Sacramento Steps Forward (SSF) is the designated lead agency for the Continuum of Care for the City and County of Sacramento. SSF administers the CAS through which access to permanent supportive housing and some other permanent housing is centralized. SSF has developed a Permanent Supportive Housing Procedure manual that describes how SSF, the Sacramento Housing and Redevelopment Agency (SHRA), PSH project developers, property management companies, service providers, and outreach workers will all work together to get clients referred to and housed in newly built and newly available units. The goal of the procedure manual is to help clearly define responsibilities between the entities and to provide templates, forms, and other helpful resources to support getting clients housed as quickly as possible while following the Guiding Principles:

- Meet people where they are-geographically, emotionally, and physically.
- Meet basic needs.
- Be respectful and treat everyone with dignity.
- Recognize that the relationship is central to outreach and engagement.
- Create a safe, open, friendly space, regardless of the setting.
- Be patient with the client.

Through ERF-11 Funding the county has established the Stockton Boulevard Safe Stay tiny-cabins for up to 175 individuals. This shelter provides guests with access to on-site medical care, mental health services, laundry facilities, and rapid rehousing support. Comprehensive wraparound services ensure that each person receives the help they need on their journey to stability. Through ERF-12 funding, the county established the Scattered Site Shelter to provide 50 shelter beds and rehousing services for individuals in the approved encampment zone. This shelter program also provides case management and wrap around services to ensure ongoing stability and a successful transition from unsheltered homelessness to housing permanency.

In 2025, the County created a Flexible Housing Pool (FHP), a coordinated, countywide system that aligns rental assistance, housing navigation and supportive services for eligible Medi-Cal members. To support this program, the County was awarded state funding from the Providing Access and Transforming Health (PATH) Capacity and Infrastructure Transition, Expansion and Development (CITED) program. Funding will be utilized to support households with CalAIM Transitional Rent benefits starting in 2026. Eligible households will be those connected to a Managed Care Plan (MCP) providers in Sacramento County and have engagement in behavioral health

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services. Initial capacity in the first year will be to support 250 households. Program enrollees will receive support services to be placed into interim and permanent housing through the FHP program.

Lastly, the County's 2021-2029 Regional Housing Needs Allocation Progress report through 2025 is as follows:

Table B
Regional Housing Needs Allocation Progress
Permitted Units Issued by Affordability

		1	Projection Period	2									3	4
Income Level		**RHNA Allocation by Income Level**	**Projection Period - 06/30/2021-05/14/2021**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**	**Total Units to Date (all years)**	**Total Remaining RHNA by Income Level**
Acutely Low	Deed Restricted		-	-	-	-	-	-	-	-	-	-	-	
	Non-Deed Restricted		-	-	-	-	-	-	-	-	-	-		
Extremely Low	Deed Restricted		-	-	-	-	-	117	-	-	-	-	121	
	Non-Deed Restricted		-	-	-	-	-	4	-	-	-	-		
Very Low	Deed Restricted	4,466	-	75	-	-	52	31	-	-	-	-	**288**	**4,178**
	Non-Deed Restricted		-	-	-	-	-	9	-	-	-	-		
Low	Deed Restricted	2,692	-	50	117	-	35	143	-	-	-	-	**800**	**1,892**
	Non-Deed Restricted		-	-	14	198	179	64	-	-	-	-		
Moderate	Deed Restricted	4,186	-	-	-	-	-	-	-	-	-	-	**702**	**3,484**
	Non-Deed Restricted		-	259	102	83	249	9	-	-	-	-		
Moderate		9,928	-	311	406	574	690	799	-	-	-	-	**2,780**	**7,148**
Total RHNA		**21,272**												
Total Units			**-**	**695**	**639**	**855**	**1,205**	**1,176**	**-**	**-**	**-**	**-**	**4,570**	**16,702**

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In the very low-income unit category, the County's need is 4,466 units. Through 2026, the City has completed 288 units in this income category, with a remaining need of 4,178 units. Very low-income housing units include units for people experiencing homelessness. Project Based vouchers have been a critical resource for housing developers to be able to include homeless set-aside units in their affordable housing projects, and most projects require a funding stack of several resources including low-income housing tax credits, State and local funds. The County will continue its efforts to permit new housing units in the very low-income category, including permanent supportive housing for people experiencing homelessness, in a timely and consistent manner.

The County recently applied for and was granted PATH CITED Round 4 funding to launch a Flexible Housing Pool which integrates CalAIM services, specifically the Transitional Rent benefit, with other housing services and supports to provide rehousing services and subsidies to individuals who are experiencing homelessness, with an initial focus on the behavioral health population. The County has secured HHAP-6 funding, two Community Project Funding (CPF) grants and is looking forward to completing the HHAP-7 application. Additionally, the County

has applied for additional rounds of ERF and is learning about new funding opportunities from the Department of Health Care Services. County departments also work collaboratively to partner and identify new funding for collaborative projects, which is a current practice for several County social services departments including: Child Family and Adult Services; Human Assistance; Homeless Services and Housing; Health Services; and First Five.

With the addition of new funding, the County intends to further the objectives of the Regionally Coordination Homelessness Action Plan (RCHAP) and build upon the existing collaboration established through the Partnership Agreement and other efforts.

Attachment 6: Sacramento City and County Continuum of Care Permanent Supportive Housing Procedure Manual

- ***Principle 7: Create a Plan for What Will Happen to Encampment Sites After Closure –*** *Describe plans for former encampment spaces (long-term solutions to prevent encampments from reoccurring). Include efforts to emphasize safety, accessibility, and inclusivity that improve infrastructure. Example: Communities can include curb cuts to increase mobility access and enhanced lighting to encourage safety.*

  During the height of the COVID pandemic, the County explored new ways of approaching shelter and homeless services. Safe Stay Communities were born out of these efforts, which provided non-congregate shelter through the use of sleeping cabins. Safe Stay Communities were planned for areas where the County identified a need to pair outreach and encampment response with shelter beds.

  - The first Safe Stay Community was established in the South area of the County, prioritizing shelter services to individuals in the vicinity of the shelter, to include those residing in the City's jurisdiction. This site offers 125 beds of shelter.
  - The second site, known as the East Parkway Safe Stay, was built in the South area of the County, with similar community needs and offers 56 beds of shelter.
  - The third site, the Stockton Blvd Safe Stay identified above, offers 175 beds of shelter and receives referrals from the City's jurisdiction, with a focus on the State right of way, as outlined in

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the ERF application. The encampment site identified was home to a large population of unsheltered individuals.
    - The fourth site, the Watt Safe Stay, which is still under construction, will focus on the Roseville Road encampment zone, which encompasses the City, County and State jurisdictions. This shelter will provide 225 beds of shelter.

While not a Safe Stay, the ERF Scattered Site Shelter offered 50 beds of shelter to encampment residents in the Roseville Road encampment zone and directly responded to the needs of the community.

The implementation of these shelter programs resulted in a direct impact to encampments in the immediate area, offering encampment residents priority access to interim shelter with supportive services and rehousing supports to transition to permanent housing upon exit. In addition to new resources, policies adopted by the Board of Supervisors in recent years have resulted in fewer encampments and more resource offerings than before. This includes the dedicated Encampment Services Teams providing both outreach and clinical services; and expanded outreach teams from 2.5 FTEs in 2021 to approximately 16 FTEs dedicated in the unincorporated county today.

Key elements of the County's post-closure strategy include:

- **Environmental Remediation and Safety Improvements**: Following encampment resolution, sites are assessed for environmental hazards, debris removal, and infrastructure damage. The County prioritizes waste removal and pest abatement, particularly in areas with prolonged encampment activity. The County contracts with Forensiclean to provide post encampment clean up and provide waste removal for active camping sites.
- **Infrastructure Enhancements:** Where appropriate the County updates or fixes fences or lighting in former encampment areas.
- **Encampment Prevention Measures:** Ongoing outreach and monitoring to support individuals who may return to the area. This approach reflects Sacramento's commitment to balancing public safety and social services while ensuring that former encampment sites are restored to their intended public use.

This approach reflects the County's commitment to balancing public safety and social services while ensuring that former encampment sites are restored to their intended public use.

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Certification and Authorization:

Signature of Authorized Representative	Date

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Appendix 5: Homeless Encampment Template Attachments
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PARTNERSHIP AGREEMENT
BETWEEN THE CITY OF SACRAMENTO AND THE COUNTY OF SACRAMENTO

THIS PARTNERSHIP AGREEMENT is made at Sacramento, California, by and between the CITY OF SACRAMENTO, a charter city and municipal corporation ("CITY"), and the COUNTY OF SACRAMENTO, a political subdivision of the State of California ("COUNTY"), as of the Effective Date, as defined below.

I. RECITALS

A. The CITY seeks to expand shelter bed capacity, behavioral health and social services, outreach/engagement, case management, and permanent-supportive-housing resources for persons experiencing homelessness within its boundaries to mitigate public health and safety concerns.

B. In an effort to address the emergency caused by the rapid increase in persons experiencing homelessness, the CITY has undertaken multiple efforts to provide some housing, prevention, and re-housing services as well as outreach/engagement and case management to persons experiencing homelessness within its boundaries, but the CITY is unable to provide the needed mental health services, behavioral health services, or social services to the many persons experiencing homelessness in the City who need them.

C. The COUNTY provides housing, mental health services, behavioral health services, and social services, as well as prevention and re-housing resources for persons experiencing homelessness throughout the County, including within the City.

D. The CITY and the COUNTY have a mutual desire to improve the coordination and combining of efforts to meet the needs of the unhoused and to move individuals out of homelessness in the City.

E. The CITY and the COUNTY recognize that the only way to make real progress toward addressing this emergency humanitarian crisis that affects so many California citizens is to work collaboratively, diligently, and in a focused manner on a regional approach that seamlessly combines all available resources and staffing.

F. This Agreement is intended to formalize the Parties' coordination and outline each Party's role and responsibilities as it relates to serving the needs of persons experiencing homelessness in the City.

G. On April 6, 2022, the City Council adopted the Emergency Shelter and Enforcement Act of 2022 (City Ordinance No. 2022-0011) ("ESEA"), the effectiveness of which is contingent upon voter approval.

H. If approved by the voters, the ESEA requires the CITY to identify and authorize the number of emergency shelter spaces that equals 60% of the estimated number of unsheltered

homeless persons in the City pursuant to the 2022 Point-In-Time Homeless Count report. The act further declared:

> "This Act is not intended to relieve the State and County of their obligation to provide services to those who need assistance. It is intended to prompt the County to adopt a comparable county measure. This should be a unified regional approach to successfully address this crisis."

I. On August 9, 2022, the City Council adopted amendments to the ESEA. The amendments added the following provision to the ordinance:

> "This ordinance shall not be operative, and no provision of [the ESEA] is enforceable, unless and until the City (acting through the City Council) and the County of Sacramento (acting through the Board of Supervisors) approve a legally-binding partnership agreement that, at a minimum, memorializes the respective roles of the City and County to improve the homelessness crisis. The partnership agreement shall include, but not be limited to, the County's roles, responsibilities, and obligations to provide the following to homeless persons in the City who need them:
>
> 1. Mental-health services;
>
> 2. Substance-abuse services;
>
> 3. Clinical outreach and case management to refer individuals to appropriate County services, such as housing, medical, employment, social services, and drug-rehabilitation services; and
>
> 4. Child-welfare and domestic-violence services."

J. This Agreement is intended to satisfy the condition set forth in the August 9, 2022, amendment to the ESEA.

K. The CITY and COUNTY have both adopted the Sacramento Local Homeless Action Plan (LHAP), which, "creates a cross-jurisdictional unified approach to addressing homelessness across Sacramento County." The plan specifies:

> "Among people who experience literal homelessness annually, it is estimated that … one out of five adults (~22%) report having a severe mental illness, … one out of ten adults (~10%) report having a substance use disorder."

The LHAP further states that the stakeholders identified one of the guiding principles to apply across all proposed strategies to be:

> "Implement a person-centered, trauma-informed countywide response system, which provides access to immediate and ongoing supportive service needs (i.e. mental health, substance abuse, housing retention)."

The plan also sets forth the following five core strategies: (1) build and scale a countywide Coordinated Access System; (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; and (5) invest in community capacity-building and training. And, in adopting the LHAP, the Sacramento City Council added the sixth strategy of, "Ensure adequate mental health and substance use services." (City Resolution No. 2022-0211.)

L. The 2022 Point-In-Time Homeless Count (PIT Count) report was published in July 2022, by the Division of Social Work and the Center for Health Practice, Policy and Research at the California State University, Sacramento. The report estimates that there were 9,278 persons experiencing homelessness throughout the County of Sacramento and 6,664 were unsheltered. On the night of the count, 4,444 (67%) of the unsheltered homeless were sleeping within the boundaries of the City of Sacramento and another 594 (8%) resided in the portion of the American River Parkway that falls within the City limits. Approximately 4,314 adults were experiencing chronic homelessness, of whom 24% (approximately 1,035 persons) reported substance abuse, 53% (approximately 2,286 persons) reported a mental disability, and 61% (approximately 2,632 persons) reported a psychological disability. As a consequence, the report recommends that the following actions should be taken:

> "…more and ongoing direct interventions with individuals liming in large encampments will be needed in the coming year. This includes deployment of integrative outreach teams, street medicine programs, and other interventions that bring services directly to where individuals are currently residing (as opposed to requiring individuals to seek out and navigate these services themselves)."

M. This Agreement is intended to implement this recommendation. The parties commit to do whatever it takes to address the mental and behavioral health needs of the unsheltered homeless within the City limits.

N. Regardless of whether the ESEA is approved by the voters, the purpose of this Agreement is to formalize a partnership between the COUNTY and the CITY to invest in and

coordinate strategies and programs to prevent and end homelessness in the County of Sacramento, with a particular focus on coordinating efforts and combining resources to serve persons experiencing homelessness within the City's boundaries.

O. Future coordinated or shared CITY/COUNTY projects or efforts, if appropriate, may become amendments to this Agreement or can be the subject of subsequent related agreements.

P. The COUNTY is required by State and Federal law to relieve and support indigent and poor individuals residing in the County (see Cal. Welf. and Inst. Code §§ 17000 et seq., 5771.1 et seq.) and has made the following baseline investments in recent months into behavioral health services that will assist the unhoused in accessing behavioral health care. Specifically within the Sacramento City limits, the COUNTY:

1. Funds Specialty Mental Health Services through community based organizations that provide services to individuals who are eligible, including Full Service Partnerships and associated housing supports;

2. Funds Substance Use Treatment Services for individuals who qualify;

3. Funds the Mental Health Urgent Care Center, operated by TeleCare, which is slated to increase hours to 24/7 by January 1, 2023;

4. Funds the Crisis Receiving Behavioral Health Program, operated by WellSpace, which provides a behavioral health crisis response, including sobering services, to the unhoused;

5. Operates the Homeless Engagement And Response Team (HEART) comprised of behavioral health professionals doing outreach and engagement and providing behavioral health assessments in shelters throughout the City and County;

6. Operates the Wellness Crisis Call Center and Response Team, scheduled to go live on December 1, 2022, which is an alternative to 911 response for behavioral health calls;

7. Funds three CORE Wellness Centers that provide immediate and ongoing supports and assessment to adults experiencing behavioral health concerns; and

8. Funds a Primary Care Clinic at Loaves and Fishes for individuals seeking health/behavioral health care.

II. AGREEMENT

The CITY and COUNTY agree as follows:

A. Definitions.

For purposes of this Agreement, the following definitions apply:

"Behavioral health assessment" means and includes an assessment of mental health symptoms, biopsychosocial history, history of treatment, level of impairment, substance use, medication usage, and suicidal risk. This information is used to determine eligibility and medical necessity for behavioral health services.

"Behavioral health services" means and includes both mental health services and substance use prevention and treatment services.

"CalAIM" means the California Advancing and Innovating Medi-Cal initiative of the California Department of Health Care Services to improve the quality of life and health outcomes of Medi-Cal members by implementing a broad delivery system, program, and payment reform across the Medi-Cal program.

"Central Business District" has the same meaning as in Sacramento City Code section 5.88.020.

"City limits" means the geographic boundaries of the City of Sacramento, excluding the American River Parkway.

"Community Supports" or "CS" means the Medi-Cal benefit, part of CalAIM, that is designed to address social drivers of health. Medi-Cal managed care plans may offer the following 14 community supports: (1) housing transition navigation services; (2) housing deposits; (3) housing tenancy and sustaining services; (4) short-term post-hospitalization housing; (5) recuperative care (medical respite); (6) day habilitation programs; (7) caregiver respite services; (8) nursing facility transition/diversion to assisted living facilities; (9) community transition services/nursing facility transition to a home; (10) personal care and homemaker services; (11) environmental accessibility adaptations (home modifications); (12) medically supportive food/meals/medically-tailored meals; (13) sobering centers; and (14) asthma remediation.

"Coordinated Access System" or "CAS" means a streamlined system designed to match people experiencing homelessness with available shelter and housing. This process helps prioritize resources based on vulnerability and severity of service needs to ensure that people who need help the most can receive it in a timely manner. In Sacramento County, the CAS is currently administered by Sacramento Steps Forward.

"CORE Wellness Center" means a site at which the COUNTY provides adult outpatient specialty mental health services through their Community Outreach Recovery Empowerment program.

"County limits" means the geographic boundaries of the County of Sacramento, including the City of Sacramento.

"Emergency shelter" has the same meaning as in Code of Federal Regulations, Title 24, Section 91.5, which states, "Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless, and which does not require occupants to sign leases or occupancy agreements."

"Enhanced Care Management" or "ECM" means the Medi-Cal benefit, part of CalAIM, intended to address clinical and non-clinical needs of the highest-need Medi-Cal enrollees through intensive coordination of health and health-related services. Beneficiaries of Enhanced Care Management have a single lead care manager who coordinates care and services among the physical, behavioral, dental, developmental, and social services delivery systems.

"Full Service Partnership" or "FSP" means the program funded by the California Mental Health Services Act that supports people with the most severe and often co-occurring mental health needs. The program is designed to apply a "whatever it takes" approach to partnering with individuals on their path to wellness and recovery. The COUNTY is required to provide full service partnerships pursuant to the California Code of Regulations, Title 9, Section 3620.

"Homeless Management Information System" or "HMIS" is a local information technology system that is used by homeless service providers to collect confidential client-level data including demographics, history of homelessness and services accessed, and service needs. Sacramento Steps Forward manages the HMIS for Sacramento County.

"Laura's Law" means California Welfare and Institutions Code section 5345 et seq.

"Shovel-ready" includes, but is not limited to, a site with a hardened surface (asphalt or concrete), water, sewer and electrical readily available on the site, as applicable depending on the type of shelter.

"Sobering center" means a site at which the COUNTY, or its contractor, provides short-term (4-23.5 hour) recovery and recuperation from the effects of alcohol or drug intoxication and is staffed with healthcare professionals who provide medical monitoring, substance use disorder counseling, and connections to supportive services.

B. Lead Staff; Administration of the Agreement.

The lead staff from the COUNTY and CITY for ongoing coordination and administration of this Agreement are identified below. They will be responsible for implementing this Agreement on behalf of their respective entity.

	Sacramento County	City of Sacramento
Executive leadership	County Executive Deputy County Executive – Social Services	City Manager Assistant City Manager
Overall strategy	Director of Homeless Services and Housing	Director of Community Response or designee
Coordination of encampment outreach and response efforts	Director of Homeless Services and Housing	Director of Community Response or designee
Public assistance benefits outreach and coordination	County Director of Human Assistance	N/A
Behavioral health services outreach and coordination	County Behavioral Health Director	N/A
Communication & Public Messaging	County PIO	City PIO
Medical health services outreach and coordination	County Director of Health Services	N/A
Emergency shelter, emergency housing, coordinated access system	Director of Homeless Services and Housing	Director of Community Response or designee
Pursuit of additional funding sources to serve persons experiencing homelessness	County Departments	City Departments

C. Collaboration Protocol.

Within 60 days of the effective date of this Agreement, the COUNTY and CITY shall adopt a collaboration protocol, executed by the City Manager of CITY and the Chief Executive Officer of

COUNTY. The collaboration protocol will establish how the parties will meet the requirements set forth in this Agreement and do whatever it takes to remove all barriers to housing and services for all persons experiencing homelessness, including the sheltered and unsheltered. The protocol shall address the following matters:

1. Local Homeless Action Plan. Collaboration on the steps to be taken to advance the strategies adopted in the LHAP as adopted by the CITY and COUNTY.

2. Training and Sharing Information. Collaboration on assessing and meeting the training and information-sharing needs of CITY and COUNTY staff to most effectively address the needs of persons experiencing homelessness within the City limits.

3. Outreach. Collaboration on the future makeup and deployment of outreach efforts, including the encampment engagement teams, to meet the needs of the persons experiencing homelessness.

4. Services. Collaboration on the levels of service needed to meet the needs of persons experiencing homelessness within the City limits, including whether services need to be added or expanded, as well as whether services should be reduced or eliminated.

5. Shelter and Housing. Coordinate ongoing operations for emergency shelter sites that remain open at all times (including nights, weekends and holidays), for respite sites, and for weather respite sites, including the staffing of the sites, and the provision of basic needs, security, hygiene, storage, cleaning, and maintenance.

6. Funding. Collaborate to seek additional funding that will either directly fund or provide reimbursement to the COUNTY for the provision of services to persons experiencing homelessness within the City limits.

7. Accountability. Identify the metrics and measuring tools that will be used to evaluate outcomes and impact on a system level, including a performance management plan that will track and evaluate the collaborative efforts in this Agreement is having on reducing homelessness within the City limits.

8. Internal Communication. Create regular communication mechanisms between executive leadership, department leadership, and operational teams on coordinated CITY and COUNTY programs, initiatives, and investments as set forth in this Agreement, including weekly team meetings to ensure communication and coordination about new programs and coordinated efforts.

9. External Communication. Coordinate and agree upon public messaging of coordinated COUNTY and CITY projects prior to any public announcements or media communication.

10. Community Engagement. 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.

11. Planning. Coordinate planning for new programs that will affect and serve people experiencing homelessness within the City limits. Identify and develop the scope, approach, and operations of coordinated COUNTY and CITY projects prior to launch and throughout implementation. Cooperate in good faith to obtain required local or State land-use approvals necessary to operate shared programs. Work to achieve consistency in contractor requirements, protocols, and standards for similar programming and joint projects. This may include, but is not limited to, issuing joint Request for Proposals (RFPs).

12. Subsequent Agreements. Negotiate and execute in good faith any subsequent agreements reasonably necessary to accomplish the objectives set forth in this Agreement, including the collaboration protocol.

D. Training and Information Sharing.

1. The COUNTY shall provide training and authorization for CITY-designated staff to write and issue 5150 holds (pursuant to Welfare and Institution Code section 5150).

2. The COUNTY shall provide Mental Health First Aid training to CITY-designated community partners and providers that serve individuals within the City limits.

3. The COUNTY shall provide County Public Health education and relevant communicable disease screening tools to shelter operators contracted by the CITY.

4. The COUNTY shall advise CITY-designated staff of all of the processes by which people experiencing homelessness within the City limits will have direct access to COUNTY-administered programs and benefits, including through encampment outreach teams.

5. To the extent allowed by law, CITY and COUNTY shall track and share customer information and aggregate data on program participation and outcomes for purposes of services improvement and trends analysis. This includes the CITY's and COUNTY's use of the Homeless Management Information System (HMIS) and the Coordinated Access System (CAS). The CITY and COUNTY shall facilitate the execution of customary data sharing agreements or releases of information as needed.

E. Outreach.

1. Within six months of the effective date of this Agreement, 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. Each team will have the responsibility to assess and enroll people in behavioral health services; make referrals to shelters through the Coordinated Access System; to the extent it is operational, provide housing navigation services and supports; assess/refer/and provide Enhanced Care Management and Community Supports; and provide a peer approach to engagement, using a whatever it takes approach to stabilizing and transitioning individuals into shelter or housing.

2. The CITY and COUNTY shall collectively provide 50 individuals for the encampment engagement teams. The teams shall be comprised and funded as follows:

a. CITY will provide 25 encampment workers (either Department of Community Response staff or contracted providers) to provide encampment assessment, coordination of outreach and mitigation services (debris removal, etc.), and linkages to sheltering and housing supports. The CITY and COUNTY will explore using a single contracted provider, through a joint RFP process or an MOU, to ensure uniformity in engagement efforts between the CITY and COUNTY operated encampment teams.

b. COUNTY will provide 10 mental health workers with the ability and qualifications to provide a behavioral health assessment and enroll or link persons to an appropriate level of mental health and substance use services, based on the individuals' level of need. The COUNTY will work assertively to hire additional mental health workers sufficient to serve persons experiencing homelessness within the City limits, and will deploy 67% (based on the unsheltered PIT Count) of all of its behavioral health outreach team members to work within the City limits.

c. COUNTY shall provide 15 Homeless Engagement Workers, who are contracted with and funded by the Medi-Cal Managed Care Plans, to provide assessments and referrals to ECM/CS services as well as to provide the services themselves for a period of one year. If it is determined by both the CITY and the COUNTY that Homeless Engagement Workers are still needed after one year, the COUNTY and the CITY will either renegotiate with the Plans to continue providing them, or issue a joint RFP or LOI for a provider or providers that are currently contracted with the Medi-Cal Managed Care Plans to provide ECM/CS services to provide an agreed upon number of Homeless Engagement Workers. The provider(s) will be expected to leverage CalAIM ECM and CS funding to the greatest extent possible. The CITY and COUNTY will share in the costs that are uncovered by CalAIM at an agreed upon proportion.

3. The COUNTY's 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. The COUNTY shall do whatever it takes to provide services including, but

not limited to, mental health services, substance use prevention and treatment services, child welfare services, housing services, General Assistance, CalWorks and CalFresh. The teams shall also coordinate with the COUNTY-funded domestic violence assistance programs to meet the sheltering and housing needs of domestic violence victims and their families within the City limits.

4. The COUNTY staff in the encampment engagement teams shall also have the authority to, where appropriate, authorize a person to be held pursuant to California Welfare and Institutions Code section 5150, petition the court to order a person to obtain assisted outpatient treatment pursuant to Laura's Law, and enlist the Sacramento County Probation Department to investigate whether people are violating the terms of their probation and provide other resources they may be able to offer.

5. The CITY staff shall be responsible for determining which sites the encampment engagement team will be deployed to each day, conducting initial outreach, and coordinating CITY services, such as solid waste removal, code enforcement, and public safety services. Roles and responsibilities within encampments will be developed through the Coordination Protocol.

6. Each encampment engagement team shall engage and provide services to people experiencing homelessness in at least two large encampments within the City limits each month. The intent of this Agreement is have the encampment engagement teams actively intervening in at least 20 large encampments within the City limits per month.

7. If a person has travelled into the City limits from another jurisdiction, the encampment engagement teams will endeavor to navigate them back to the other jurisdiction when appropriate arrangements can be made.

F. Services.

1. CORE Behavioral Health Centers.

The 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. The CITY shall assist the COUNTY and any of its contracted providers with identifying appropriate properties for these facilities.

2. Sobering Centers.

The COUNTY shall continue to support a sobering center operating within the City limits to meet the needs of those who are detoxing from substances.

3. Full Service Partnerships.

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. In some cases, the most appropriate level of care will be through a Full Service Partnership which utilizes a "whatever it takes" approach for individuals with a severe mental illness who qualify for Specialty Mental Health services. Other individuals who do not qualify for an FSP may be referred to a slightly lower level of care through CORE Centers. Individuals who do not meet criteria for Specialty Mental Health treatment may be referred to CalAIM Enhanced Care Management and Community Supports, which will ensure that each individual who is willing, is linked to a program that provides care management. If the County's FSP program reaches full capacity, the COUNTY will add slots to accommodate the need. Enrollment into CalAIM ECM or CS is based on approval by the Managed Care Plans and is not a COUNTY funded, operated or controlled program.

4. Substance use disorder beds.

The COUNTY shall meet the State standards for access to the continuum of substance use disorder services and supports as identified in the Drug Medi-Cal Organized Delivery System Waiver. (MHSUDS Information Notice No. 18-011)

5. Involuntary Services and Treatment.

Some individuals may qualify for involuntary behavioral health treatment or diversion programs through a variety of programs funded by or operated by the COUNTY when engagement is neither successful, nor appropriate (Laura's Law/Assisted Outpatient Treatment, Public Conservatorship/Guardianships, Care Courts upon implementation, etc.). The COUNTY Encampment Engagement Team members will be responsible for assisting with referrals and coordination with the most appropriate Program to meet the needs of the individuals.

G. Shelter and Housing.

1. Emergency Shelter.

In addition to the number of beds in permanent shelter programs that are funded or operated by the COUNTY on the effective date of this Agreement, the COUNTY shall open emergency shelter sites that are accessible to unhoused individuals from within the City limits, as follows:

a. Within 12 months of the effective date of this Agreement, the COUNTY shall open emergency shelter sites within the County limits with a minimum of 200 shelter beds;

b. Within 36 months of the effective date of this Agreement, the COUNTY shall open additional emergency shelter sites within the County limits with a minimum of 200 shelter beds; and

c. If the CITY provides shovel-ready sites or existing buildings within the City limits that can support non-congregate sheltering, for this purpose, the COUNTY shall open and operate an additional emergency shelter site or sites at those locations with a minimum total of 200 beds between those sites. However, if the COUNTY provides a site or sites within the City limits and opens and operates an emergency shelter site at that location, the number of beds on that site or sites shall be counted toward the aforementioned 200-bed requirement.

2. Coordinated Access System.

In order to ensure the most efficient use of resources, within 60 days of the effective date of this Agreement, the CITY and COUNTY shall fully integrate all of their emergency shelter beds into the coordinated access system to the extent possible, including all new beds such as those opened in accordance with section II.G.1, above. For every emergency shelter site in the County limits, the CITY and COUNTY shall agree upon a radius from the site from which unsheltered homeless persons would get priority for a bed or space at that site. However, beds or spaces will not be held in reserve at any site for persons residing within that radius and an available bed or space shall not be denied to an eligible individual from outside the agreed upon radius when there is not a competing demand or request from within the radius.

3. Affordable Housing.

The CITY and COUNTY shall work aggressively to meet the permanent supportive and affordable housing needs identified in the Local Homelessness Action Plan. Within 180 days of the effective date of this Agreement, the CITY and COUNTY will finalize an affordable housing plan that follows the strategies outlined in the Local Homeless Action Plan to increase permanent housing opportunities.

H. Funding Sources.

In order to carry out the purposes of this Agreement, COUNTY agrees to use all reasonable efforts to seek additional funding that will either directly fund or provide reimbursement to the COUNTY. The sources of this funding may include, but are not limited to, Federal sources such as FEMA, and COVID-relief grants and programs; and State sources such as Homeless Housing Assistance and Prevention ("HHAP") funds (Cal. Health & Saf. Code, § 50216 et seq.), Investment in Mental Health Wellness Act 2013 funds (Cal. Welf. & Inst. Code, § 5848.5), and Mental Health Services Oversight and Accountability Commission grants relating to the Mental Health Services Act. CITY agrees to commit dedicated homeless funding for the purposes

of carrying out this agreement and agrees to cooperate and assist COUNTY in additional funding pursuits.

I. Accountability.

Every six months following the effective date of this Agreement, the CITY and COUNTY shall present a joint report for discussion (i.e. not on the consent calendar) at the meetings of both the Sacramento City Council and Sacramento County Board of Supervisors. The report must include metrics on all the conditions of this Agreement.

J. General Provisions.

1. Amendment and Waiver. Except as provided herein, no alteration, amendment, variation, or waiver of the terms of this Agreement shall be valid unless approved by both the Sacramento City Council and the Sacramento County Board of Supervisors. Waiver by either party of any default, breach or condition precedent shall not be construed as a waiver of any other default, breach or condition precedent, or any other right hereunder. No interpretation of any provision of this Agreement shall be binding upon COUNTY unless agreed in writing by the COUNTY's Deputy County Executive and the County Counsel. No interpretation of any provision of this Agreement shall be binding upon CITY unless agreed in writing by the CITY's Assistant City Manager and the City Attorney.

2. Disputes. Any dispute arising out of or relating to this Agreement shall be decided by the Deputy County Executive, Social Services and the Assistant City Manager, with the assistance of their operational staff. In the event that the Deputy County Executive, Social Services and the Assistant City Manager cannot resolve the dispute, the Sacramento County Executive and Sacramento City Manager shall meet within thirty (30) days to consider the matter and reach a decision. In the event that the Sacramento County Executive and the Sacramento City Manager cannot resolve the dispute, either party may pursue its available legal and equitable remedies, pursuant to the laws of the State of California.

3. Notices. Any notice, demand, request, consent, or approval that either party hereto may or is required to give the other pursuant to this Agreement shall be in writing and shall be either personally delivered or sent by mail, addressed as follows:

COUNTY:	CITY:
County of Sacramento	City of Sacramento
Attn: Ann Edwards	Attn: Howard Chan
700 H Street, Suite 7650	915 I Street, Fifth Floor
Sacramento, CA 95814	Sacramento, CA 95814
(916) 874-5510	(916) 808-7488
edwardsann@saccounty.gov	hchan@cityofsacramento.org

4. Term Length and Termination. This Agreement shall be effective for five years from the effective date of this Agreement. Upon mutual agreement, the parties may extend this Agreement for an additional five-year term. This Agreement shall only terminate prior to the end date above upon mutual agreement by the Sacramento City Council and the Sacramento County Board of Supervisors. The Board of Supervisors and City Council shall review this Agreement on an annual basis.

5. Indemnification. COUNTY shall indemnify, defend, and hold harmless CITY and its officers, directors, agents, employees, and volunteers, from and against any and all liability, loss, expense (including payment of reasonable attorney's fees), or claims for injury, including death, or damages arising out of the performance of this Agreement, only in proportion to and to the extent such liability, loss, expense, attorneys' fees or claims for injury or damages are caused by or result from the negligent or intentional act or omission of COUNTY, its Board of Supervisors, officers, employees, or agents.

CITY shall indemnify, defend and hold harmless COUNTY, its Board of Supervisors, officers, directors, agents, employees, and volunteers, from and against any and all liability, loss, expense (including payment of reasonable attorney's fees), or claims for injury, including death, or damages arising out of the performance of this Agreement, only in proportion to and to the extent such liability, loss, expense, attorneys' fees or claims for injury or damages are caused by or result from the negligent or intentional act or omission of CITY, its officers, employees, or agents.

This indemnity shall survive the termination or expiration of the Agreement.

6. Severability. If any term or condition of this Agreement or the application thereof to any person(s) or circumstance is held invalid or unenforceable, such invalidity or unenforceability shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions of this Agreement are declared severable.

7. Interpretation. This Agreement shall be deemed to have been prepared equally by both of the parties, and the Agreement and Its individual provisions shall not be construed or interpreted more favorably for one party on the basis that the other party prepared It.

8. Compliance With Laws. COUNTY and CITY shall observe and comply with all applicable Federal, State, and local laws, regulations and ordinances.

9. Governing Laws and Jurisdiction. This Agreement shall be deemed to have been executed and to be performed within the State of California and shall be construed and

governed by the internal laws of the State of California. Any legal proceedings arising out of or relating to this Agreement shall be brought in Sacramento County, California.

10. Duplicate and Counterparts. This Agreement may be executed in duplicate counterparts. The Agreement shall be deemed executed when it has been signed by both parties.

11. Entire Agreement. This Agreement constitutes the entire contract between CITY and COUNTY regarding the subject matter of this Agreement. Any prior agreements, whether oral or written, between CITY and COUNTY regarding the subject matter of this Agreement are hereby terminated effective immediately upon full execution of this Agreement.

12. Authority to Execute. This Agreement shall not take effect until approved by both the Sacramento City Council and the Sacramento County Board of Supervisors. Each person executing this Agreement represents and warrants that he or she is duly authorized and has legal authority to execute and deliver this Agreement for or on behalf of the parties to this Agreement. Each party represents and warrants to the other that the execution and delivery of the Agreement and the performance of such party's obligations hereunder have been duly authorized.

13. Effective Date. This Agreement shall be effective beginning on the date it is fully executed by the duly authorized parties.

X D Hill Cheek for:

Ann Edwards
County Executive, County of Sacramento

1/25/23

Date

X Howard Chan (Jan 27, 2023 10:12 PST)

Howard Chan
City Manager, City of Sacramento

Date

Appendix 5: Homeless Encampment Template Attachments
ATT 2

SACRAMENTO STEPS FORWARD

Sacramento City and County Continuum of Care

SACRAMENTO COUNTY

City of SACRAMENTO

SHRA

April 2024–
March 2027

Developed in partnership with:

Sacramento Steps Forward

Sacramento City and County Continuum of Care

Sacramento County

City of Sacramento

Sacramento Housing and Redevelopment Agency

ALL IN SACRAMENTO

Sacramento's Regionally Coordinated

FRAMEWORK & ACTION PLAN

to Prevent and End Homelessness

LAND ACKNOWLEDGEMENT

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



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INTRODUCTION & BACKGROUND

All In Sacramento provides the overall strategic framework for a unified approach to addressing homelessness across Sacramento County. In 2023, All In Sacramento was introduced as a call to action for the Sacramento region, following adoption of the 2022 Local Homeless Action Plan (LHAP). All In Sacramento now stands as the regionally coordinated framework and action plan to prevent and end homelessness, building on the LHAP and reimagining a coordinated and collaborative effort between system leaders, governments, and local service providers to create a transformed system better able to respond to the needs of Sacramento neighbors facing homelessness.

All In Sacramento was developed in partnership among Sacramento Steps Forward (SSF), the Sacramento City and County Continuum of Care (CoC), the City of Sacramento, Sacramento County, and the Sacramento Housing and Redevelopment Agency (SHRA) in addition to a wide range of partners and system leaders. It is a comprehensive plan that strives to address the challenges of people experiencing homelessness in the region.

All In Sacramento includes a three-year framework with a first year detailed *Action Plan* and is organized around eight *Solutions* that are specific to the regional landscape and align with national evidence-based best practices. Together, the following Solutions create a housing-focused, holistic, and equitable framework for preventing and ending homelessness:

1. Coordinated Access & Navigation
2. Diversion & Prevention Assistance
3. Outreach & Engagement
4. Emergency Shelter & Interim Housing
5. Rehousing Assistance
6. Permanent Supportive Housing
7. Integrated Services
8. System Capacity Building & Training



The framework is focused on Solutions that will transform local responses, have the greatest impact on reducing the number of people experiencing homelessness in the region, and improve the overall performance and quality of homelessness prevention, crisis response, and permanent housing assistance. While each Solution will support and drive different system goals, all Solutions support the achievement of two primary system-level measures of success:

- **Reduce the number of people experiencing unsheltered homelessness by 20% between the 2024 Point-in-Time (PIT) count and the 2026 PIT count.**
- **Increase the percentage of people exiting to permanent housing to at least 42% in 2024.**

While the All In Sacramento framework provides a three-year approach to addressing homelessness, the Year One Action Plan provides a roadmap for key actions in the first 12 months of implementation. The issues surrounding homelessness are constantly evolving and because of that, the accompanying Action Plan will be updated annually.



Engagement Process & Plan Development

All In Sacramento was developed in partnership with SSF, the Sacramento City and County CoC, the City of Sacramento, Sacramento County, and SHRA in collaboration with partners across the region, including all cities in the County and partners with lived expertise of homelessness and housing instability.

Through a robust engagement process, multiple opportunities were provided to convene and gather input from various sector partners and community members on the strategic direction of All In Sacramento and the critical gaps and opportunities in this next iteration of the Action Plan. This included five public engagement sessions held over three days in December 2023 and January 2024. Over 245 partners and community members attended these sessions. Participants included City and County representatives, department leaders from local jurisdictions, homeless housing and service providers, and people with lived experience of homelessness, among many others. These sessions were published widely through targeted outreach, email listservs, social media, and direct partner outreach.

In addition to the public engagement sessions, several individual partner meetings were held across the Continuum of Care (CoC), City, County and community organizations, including:

- The CoC Partners With Lived Expertise Committee (PWLEC), Racial Equity Committee (REQC), Systems Performance Committee, Rehousing Committee, Youth Action Board (YAB), and Outreach Capacity and Coordination Committee
- County Social Services Agency Department Directors
- County Interagency Homelessness Leadership Team
- County Behavioral Health Services Department
- Hospitals Working Group
- Managed Care Plans
- Housing and Homeless Incentive Program (HHIP) Working Group
- Housing Families First Collaborative
- Sheriff's Department
- County Correctional Health
- County Department of Human Assistance
- The County Department of Child, Family and Adult Services

Guiding Principles

The Sacramento community has consistently relied upon a set of core *Guiding Principles* to inform and direct the management and operations of the homeless response system[1]. Throughout the All In Sacramento planning process, community partners have continued to uplift the principles adopted in the 2022 LHAP while elevating important refinements and additions. The following revised Guiding Principles offer a critical set of qualitative measures for success to pair with the quantitative measures outlined in the framework. These Guiding Principles apply across all Solutions in support of a shared vision for a more collaborative, accessible, equitable, and transparent homeless response system.

1

Best Practices

Apply evidence-based practices and innovative strategies to make homelessness in Sacramento rare, brief, and non-recurring.

2

Person-Centered

Implement a person-centered, trauma-informed county-wide response system, which values personal and community connections and healing.

3

Housing First

Promote housing-first policies and practices that incorporate immediate and ongoing supportive service needs *(i.e., mental health, substance use, housing retention)*

4

Race Equity

Address racial disparities and advance equity across program- and system-level outcomes.

5

Lived-Expertise Voice

Create partnerships that value the leadership, experience, voices, and contributions of people with lived expertise in addressing homelessness and housing instability.

6

Data Driven

Collect and use quality data to inform decisions and continuous improvement for program prioritization, policy development, and resource allocation.

7

Collaboration

Facilitate collaborative planning and decision-making across jurisdictions.

[1]*See Appendix 6: Common Terms & Acronyms for the definition of homeless response system*

A Transformed System

The Sacramento region, defined geographically as Sacramento County and all jurisdictions and entities within Sacramento County, continues to see an annual increase in homelessness. Each of the eight Solutions need to be resourced appropriately to reduce the number of people experiencing homelessness. This is not an easy task, but collectively the region, supported by state and federal resources, has the means to make an impact. Through this All In Sacramento strategic framework, our region envisions a path for a transformed system; one which is rooted in national evidence-based practices and positioned to reduce homelessness locally. A transformed system prioritizes its resources on preventing and ending homelessness while addressing crisis response and immediate needs.

Business as Usual

Emphasizes crisis response once a person becomes homeless



Leads to increasing need for shelter and other crisis responses and less capacity to prevent or quickly end homelessness for people.

Transformed System

Emphasizes targeted prevention, diversion, rehousing and permanent housing assistance, reducing need for crisis services



Leads to less people experiencing homelessness and more people receiving the help they need to quickly end their homelessness and remain housed.

Eliminates or significantly reduces the need for additional emergency shelter capacity.

All In Sacramento moves our community towards a transformed system by:

- Investing in and coordinating efforts to prevent homelessness,
- Fundamentally reorienting our system's focus on Rehousing, and
- Ensuring consistent and equitable access to quality person-centered care

20%

In order to:

- Reduce the number of people experiencing unsheltered homelessness by 20%, and
- Increase the percentage of people exiting to permanent housing to at least 42%

42%

So that we can realize our vision for:

- A person-centered, trauma-informed regional response system where homelessness is **rare, brief, and non-recurring**

VISION

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

Person-centered, trauma-informed regional response system

SOLUTIONS

1. Coordinated Access & Navigation
2. Diversion & Prevention Assistance
3. Outreach & Engagement
4. Emergency Shelter & Interim Housing
5. Rehousing Assistance
6. Permanent Supportive Housing
7. Integrated Services
8. System Capacity Building & Training

GUIDING PRINCIPLES

- Best Practices
- Person-Centered
- Housing First
- Race Equity
- Lived-Expertise Voice
- Data Driven
- Collaboration

STATE OF HOMELESSNESS IN SACRAMENTO

The 2022 Gaps Analysis Report for the Sacramento Continuum of Care[2], which provided a comprehensive estimate of annual service needs, indicated that the number of people who experience literal homelessness[3] 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 are a leading community-wide driver of homelessness. Other drivers at the individual level include histories of foster care and domestic/intimate partner violence, as well as mental health and addiction issues that often worsen without stable housing.



Sacramento's latest published Point-In-Time (PIT) count, conducted in February 2022[4], revealed a 67% increase in nightly homelessness (9,278 adults and children) compared to the PIT count conducted in January 2019 (5,570 adults and children). The 2022 count recorded the highest ever estimate of people experiencing homelessness per capita on a given night, at 59 out of 100,000 residents in Sacramento County.

The 2022 PIT Count also found that 72% of people experiencing homelessness were unsheltered on the night of the Count, sleeping outdoors in tents, vehicles, or other locations not suitable for human habitation. Overall, there was a marked increase from the 2019 PIT count in the number of adults with self-reported severe and persistent disabling conditions (58% vs. 40%) and increases in the overall number of people estimated to be chronically homeless on the night of the count (48% of all people in 2022 vs. 30% in 2019).

[2]2022 Gaps Analysis, Sacramento Continuum of Care: https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:e6bdb3ad-1425-39b2-922b-96363152373e
[3]See Appendix 6: Common Terms & Acronyms for definitions of homelessness, literal homelessness, and chronic homelessness.
[4]2022 Sacramento Point-In-Time Count Report: https://sacramentostepsforward.org/wp-content/uploads/2022/06/PIT-Report-2022.pdf



These trends are consistent with communities statewide that also are grappling with post-pandemic increases in the number of households experiencing homelessness. Additionally, these trends point to the unavoidable connection between health and homelessness, and the imperative to better integrate healthcare and housing responses.

2022 Needs Assessment & Gaps Analysis Key Findings

According to the 2022 Gaps Analysis, among people who experience “literal homelessness” over the course of a year, 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 access shelter.
- Two out of three (~66%) access homeless assistance (outreach, shelter, re-housing) 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% of the overall population ofSacramento County.



Additional examination of data showed that 60% of all adults who used prevention and homeless services in 2021 reported having one or more severe and persistent behavioral health conditions:

- 53% reported having a debilitating mental health issue.
- 24% reported having a debilitating substance use issue.
- 18% reported having both mental health AND substance use issues.

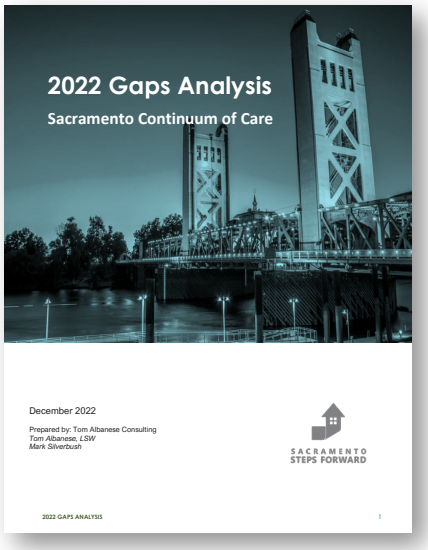
The gaps analysis estimated that among people who experience homelessness each year in Sacramento, approximately 15% of individual and family households experience only a brief episode of homelessness and can self-resolve and return to housing with limited assistance, if any. An additional approximately 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 64% of all households need individualized short- to medium-term housing navigation and financial assistance, while 33% also need ongoing rental assistance and supportive services to quickly resolve their homelessness and remain stably housed. Overall, more than 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.

The gaps analysis revealed 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 fully scaled, the gaps analysis indicates more emergency shelter is needed to reduce the harm experienced by people who are unsheltered and to provide safe, stable, and temporary shelter and address other critical health and wellness needs more readily.

A full update of the gaps analysis will be completed using updated 2024 Point-in-Time Count data when those data are available later in 2024. An interim update to the gaps analysis was completed as part of the All In Sacramento plan development to examine current rapid rehousing and street outreach capacity and opportunities. Initial results showed an adjusted current rapid rehousing system capacity able to serve approximately 2,200 households annually or 1,100 households ("cases") at any point in time. This leaves an overall gap of approximately 1,900 rapid rehousing case slots to serve an estimated 3,800 households annually. To address this gap, the homeless response system requires an estimated 87 additional full-time equivalent rapid rehousing caseworkers, along with temporary financial assistance for move-in costs and short-term rental assistance needs.

Examination of funded street outreach programs is continuing to determine the extent of current county-wide coverage and access to street outreach assistance, as well as to examine the capacity of street outreach programs to assist unsheltered clients with individualized housing search, placement, and stabilization services. This analysis will be completed as part of year one implementation activities under the Outreach Solution described later in this plan.



2022 Gaps Analysis, Sacramento Continuum of Care

According to the 2022 Gaps Analysis, among people who experience **"literal homelessness"**:

- 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.

SYSTEM-LEVEL PERFORMANCE MEASURES

All In Sacramento continues the work of the 2022 Local Homeless Action Plan, which is designed to improve the following system-level measures that track how well the overall homeless response system is doing with regard to key performance goals:

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

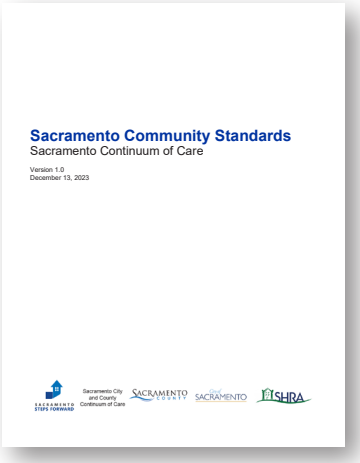
A priority focus and specific targets have been set for two of the system-level measures:

- Reduce the number of people experiencing unsheltered homelessness by 20% between the 2024 Point-in-Time (PIT) count and the 2026 PIT count.
- Increase the percentage of people exiting to permanent housing to at least 42% in 2024.

Key performance ***indicators*** have been set for each type of prevention and homeless assistance program in the local homeless response system, as outlined in Appendix 4. Program and system performance goals or ***targets*** for all measures will be developed as part of the implementation of All In Sacramento, as reflected in Solution 8 (System Capacity Building & Training). Performance targets will be informed by current and historical analysis of performance trends to drive overall system performance toward system performance targets over time.

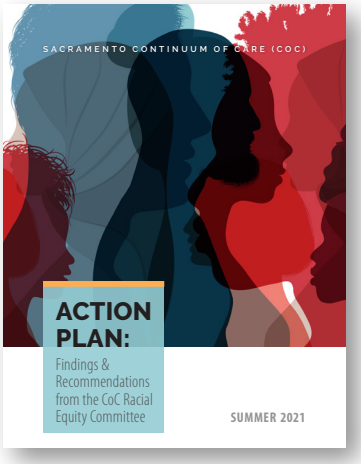
Key Quality & Equity Indicators

In addition to system-level performance measures and program-level Key Performance Indicators (KPIs), a commitment to continuous improvement of our homelessness response system requires ongoing monitoring of service quality and equity. The CoC's new Community Standards[5] are focused on ensuring high-quality and equitable services. The Standards are designed to increase the consistency of services across access points and within programs, and are based on national, state, and local evidence-based practices. When implemented with fidelity, as outlined in the Community Standards Implementation Plan in Appendix 3, the Community Standards will help drive performance improvements, as well as improve the experience of people using homeless services, people working within the system, system partners (e.g. landlords and other systems), and the broader public perception of homelessness.



CoC's new Sacramento Community Standards

It is critical to review quantitative and qualitative data related to service access, quality, and outcomes with an equity lens to understand the impact assistance has on different subpopulations experiencing homelessness and where adjustments are needed. System monitoring should include ongoing and direct engagement with people with current and past lived experience, as well as a comparison of each system-level performance measure disaggregated at a minimum by race, ethnicity, gender identity, and disability status. Analysis of 2022 Point-in-Time Count and calendar year 2022 data completed for the All In Sacramento planning process revealed several inequities across these key measures, as detailed in Appendix 5. The CoC Racial Equity Committee will use these data to inform an updated Racial Equity Action Plan to be published later in 2024.[6]



CoC's Racial Equity Action Plan

[5] *Sacramento Community Standards: Sacramento Continuum of Care*
[6] *Racial Equity – Sacramento Steps Forward*

ALL IN SACRAMENTO SOLUTIONS

The following eight Solutions are each critical to realizing the vision of a person-centered, trauma-informed regional response system where homelessness is rare, brief, and non-recurring. These Solutions set the priorities and direction for All In Sacramento's three-year timeframe. Actions for each Solution are outlined in the Year One Action Plan in Appendix 1.



1. Coordinated Access & Navigation
2. Diversion & Prevention Assistance
3. Outreach & Engagement
4. Emergency Shelter & Interim Housing
5. Rehousing Assistance
6. Permanent Supportive Housing
7. Integrated Services
8. System Capacity Building & Training

SOLUTION

1 Coordinated Access & Navigation

Implementation Lead: Sacramento Steps Forward (SSF)

Sub-Solution 1.a: *Increase and improve participation of homeless assistance service providers and community access points in the Coordinated Access System (CAS).*

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

System-Level Performance Measures:

- Reduce the number of people experiencing homelessness (sheltered and unsheltered)
- Increase the number of people exiting homelessness into permanent housing
- Reduce the length of time people remain homeless

Key Solution Highlights:

The Sacramento Coordinated Access System (CAS) was launched in December 2022 to connect unsheltered and imminently at-risk households equitably and efficiently with shelter and other crisis resources.[7] Once fully developed, CAS will match people experiencing a housing crisis with currently available crisis response, housing, and service options, including street outreach and system navigation services, housing problem-solving and homelessness prevention services, emergency shelter, rehousing services, and permanent supportive housing. CAS allows the community to prioritize limited crisis and rehousing resources so people with the highest vulnerability can be connected to available support as quickly as possible.

This Solution continues to focus on CAS implementation and continuous improvement (under the leadership of the CAS Core Team), as well as continued onboarding of crisis response and rehousing programs. It also focuses on the continued expansion of the CAS, including increasing physical access points to improve real-time access to shelter and other crisis response services, as well as improving system navigation support, including additional peer support in systems navigation and employing Partners with Lived Expertise.

Implementation of system-wide case conferencing and By Name List (BNL) management will lead to improved access to real-time understanding of who is experiencing homelessness as well as client status and progress towards housing. Lastly, these Sub-Solutions also increase training for assessors and aim to improve the 2-1-1 system and accessibility.

[7] https://sacramentostepsforward.org/coordinated-access-system/

SOLUTION

2 Diversion & Prevention Assistance

Implementation Lead: Sacramento Steps Forward (SSF)

Sub-Solution 2.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.*

System-Level Performance Measures:

- Reduce the number of people who become homeless for the first time
- Reduce the number of people who return to homelessness after housing placement

Key Solution Highlights:

Homelessness diversion and prevention are crucial cornerstones in the homelessness response system and go beyond providing temporary relief; these strategies focus on addressing the immediate causes of each person's current housing crisis by implementing person-centered, strengths-based assistance strategies. Investments in prevention and diversion, in addition to permanent housing solutions, will directly reduce the number of people experiencing homelessness, the time people spend homeless, and the likelihood that someone will return to homelessness after securing housing. When funded, developed, and operated consistently, these responses can reduce and ultimately eliminate the need for additional emergency shelter capacity.

To support the planning and early implementation of a coordinated, community-wide prevention system, this Solution focuses on securing resources to establish and support a Coordinated Prevention Core Team. Following examples from other communities, the Core Team will work to examine current needs and resources and design and initiate a prevention model consistent with emerging national best practices. This includes use of housing problem-solving and flexible financial assistance to support timely, urgent, and unique prevention needs. This Solution also includes targeted strategies to expand partnerships and increase Access Points at community locations most affected by housing insecurity.

SOLUTION

3 Outreach & Engagement

Implementation Lead: City and County of Sacramento

Sub-Solution 3.a: *Provide comprehensive, coordinated, county-wide street outreach that supports a successful resolution of unsheltered homelessness.*

System-Level Performance Measures:

- Increase successful placements from street outreach
- Reduce the number of people experiencing unsheltered homelessness
- Increase the number of people exiting homelessness into permanent housing
- Reduce the length of time people remain homeless

Key Solution Highlights:

The 2022 Gaps Analysis estimated that two out of three (~66%) people who experience literal homelessness choose and are able to use homeless assistance (outreach, shelter, re-housing, etc.), but the remainder do not due to insufficient capacity, access, quality of services, or other issues. Additionally, the analysis revealed that the number of adults who experience homelessness and who are also severely and persistently disabled has grown significantly. Further analysis is needed to determine the rehousing capacity and coverage of existing street outreach programs.

Comprehensive and coordinated outreach is a critical tool to close the gap in engaging people experiencing homelessness and creating a path to rehousing. Effective engagement is not only critical to connecting people with rehousing opportunities but improves access to other services and supports that address the immediate health and safety needs of people experiencing unsheltered homelessness. The Outreach & Engagement Solution includes an intentional and continuous effort to align outreach efforts across all jurisdictions in the region and an explicit focus on rehousing strategies to facilitate permanent housing placements from unsheltered locations. Year one activities include further examination of outreach capacity and opportunities for improved coordination and access to housing through increased mobile case-carrying capacity of street outreach and navigation and piloting of Street to Housing approaches.

SOLUTION

4 Emergency Shelter & Interim Housing

Implementation Lead: City and County of Sacramento

Sub-Solution 4.a: *Increase emergency shelter and interim housing capacity to meet the current needs of people experiencing unsheltered homelessness.*

Sub-Solution 4.b: *Ensure emergency shelter, interim housing, and transitional housing programs are high quality and effective in resolving homelessness.*

System-Level Performance Measures:

- Reduce the number of people experiencing homelessness (sheltered and unsheltered)
- Increase the number of people exiting homelessness into permanent housing
- Reduce the length of time people remain homeless

Key Solution Highlights:

The 2022 PIT Count showed a significant increase in the number of people experiencing homelessness on a single night in Sacramento. An estimated 9,278 individuals experienced homelessness on the night of the count and 72%[8] (6680 unique individuals) were sleeping outdoors in tents, vehicles, or other locations not suitable for human habitation.

While the 2020 Coronavirus pandemic exacerbated unsheltered homelessness when traditional safety nets were unavailable, the trend continues upward as more people are priced out of housing by current market conditions. However, according to projections included in the 2022 Gaps Analysis, closing gaps in prevention, diversion, and permanent housing assistance will directly reduce the need for additional emergency shelter, interim housing, and transitional housing beds. For families, it is estimated that such investments will reduce the need for shelter and other temporary housing to roughly the existing system capacity, while for single adults additional system sheltering capacity will likely still be needed in addition to investments in prevention and housing solutions.

This Solution highlights actions that improve the capacity and quality of shelter and interim housing, especially with regard to people with acute medical needs. Solution actions also focus on improvements to increase direct pathways to permanent housing from emergency shelter for all clients that result in shorter stays, increased exits to housing, fewer returns, and more bed turnover and availability for people who are unhoused.

[8] *2022 PIT Report – https://sacramentostepsforward.org/wp-content/uploads/2022/06/PIT-Report-2022.pdf*

SOLUTION

5 Rehousing Assistance



Implementation Lead: Sacramento Steps Forward (SSF)

Sub-Solution 5.a: *Increase and improve rehousing assistance to improve permanent housing outcomes.*

Sub-Solution 5.b: *Expand access to existing and new non-homeless dedicated housing units in market and subsidized programs.*

System-Level Performance Measures:

- Reduce the number of people experiencing homelessness (sheltered and unsheltered)
- Increase the number of people exiting homelessness into permanent housing
- Reduce the length of time people remain homeless

Key Solution Highlights:

A comprehensive rehousing strategy has been shown to be effective in communities across the U.S. and California at reducing homelessness and preventing returns to homelessness. Such strategies are built on Rapid Rehousing approaches that are now well established and provide individualized housing search and placement assistance, financial help for initial move-in expenses and short or medium-term rental assistance needs, as well as post-placement housing stability services for tenants and landlords.

Based on the 2022 Gaps Analysis, among the 47% of households experiencing homelessness who cannot avoid or quickly exit homelessness, it is estimated that 64% of all households will need individualized short- to medium-term housing navigation and financial assistance, while 33% will also need ongoing rental assistance and supportive services to quickly resolve their homelessness and remain stably housed. The County's homeless response system optimally needs 2,800 to 3,400 short- to medium-term rehousing service slots for individuals and 250 to 320 service slots for families. Updated analysis of the community's rapid rehousing capacity shows a revised rapid rehousing gap of 87 additional full-time housing-focused case management staff needed to assist an estimated 3,800 households annually.

This Solution seeks to close this gap over the next three years, beginning with establishing a multi-year plan to coordinate existing rapid rehousing resources and otherwise identify

opportunities to secure or reallocate funding to close rapid rehousing gaps.This Solution establishes efforts to develop an Integrated Services package combined with time-limited and ongoing rental assistance, as well as development of additional flexible financial assistance.

Actions are also planned to address needed improvements to rehousing and rental assistance processes (including client and landlord experience), as well as strategies to increase engagement and collaboration with landlords by building on existing County-led efforts. In addition, this Solution focuses on improvements to by-name list management, case conferencing and progressive approaches to accelerate housing placement, increasing both the speed and success of our collective rehousing efforts. This “housing accelerator” approach may also complement and be tested as part of the street to housing efforts included in the Outreach & Engagement Solution.

SOLUTION

6 Permanent Supportive Housing



Implementation Lead: City of Sacramento, County of Sacramento and SHRA

Sub-Solution 6.a: *Increase the stock of homeless-dedicated[9] permanent supportive housing units and other homeless-dedicated affordable housing subsidies/units with ongoing services.*

System-Level Performance Measures:

- Reduce the number of people experiencing homelessness
- Increase the number of people exiting homelessness into permanent housing
- Reduce the length of time people remain homeless
- Reduce the number of people who return to homelessness after housing placement

Key Solution Highlights:

An estimated additional 2,700 to 3,000 permanent supportive housing units are needed to meet the current demand in Sacramento County. There is also a need for a diversified mix of housing options for families, aging adults, and those who need medically-supported housing and services. There are opportunities to think beyond the current mix of permanent supportive housing units and ensure that the housing stock is meeting the needs of the most vulnerable households. Work is still needed to better understand the full extent of supportive services and medically enriched housing across the region, including assisted living, service-enriched housing with medical supports, and skilled nursing facilities.

Newly constructed permanent supportive housing takes time and significant funding to develop. Given immediate needs, this Solution includes development of both newly constructed permanent supportive housing, as well as increased use of housing subsidies as part of a cohesive rehousing assistance and landlord engagement strategy, as mentioned in previous Solutions, to allow for immediate housing placements.

This Solution also focuses on improving voucher utilization for households who do receive a voucher (for example, by pairing with rapid rehousing services), as well as ensuring there are opportunities for households in permanent supportive housing who are ready and interested to move on to housing that is not specifically dedicated to individuals exiting homelessness.

[9] *See Appendix 6: Common Terms & Acronyms for the definition of homeless-dedicated housing*

SOLUTION

7 Integrated Services



Implementation Lead: County of Sacramento

Sub-Solution 7.a: *Improve and increase timely and direct access to behavioral health care supports for individuals experiencing homelessness both in locations where they are staying and at service locations; including timely and direct access to prevention and homeless services for individuals accessing behavioral health services.*

Sub-Solution 7.b: *Implement a cross-systems pilot to engage the most vulnerable, unhoused, and most frequently served individuals across County/City and public systems into housing and wrap-around services.*

Sub-Solution 7.c: *Ensure comprehensive and coordinated discharge planning from hospitals, jails, and other institutional settings to prevent people from becoming homeless upon discharge.*

Sub-Solution 7.d: *Increase coordination with Sacramento County Sheriff's Office (including Main Jail and Rio Cosumnes Correctional Center), Correctional Health Services, and Sacramento County Probation departments to formalize partnerships and ensure unhoused justice-involved individuals connect to housing and services.*

Sub-Solution 7.e: *Increase access to public benefits and employment opportunities.*

System-Level Performance Measures:

- Increase successful placements from street outreach
- Increase the number of people exiting homelessness to Permanent Housing
- Reduce the number of people who return to homelessness after housing placement
- Reduce the length of time people remain homeless

Key Solution Highlights:

Cross-systems collaboration is critical to address the multifaceted needs of people experiencing homelessness. The homeless response system cannot work in a silo and must be connected to the work of other systems that are serving the same population. The Behavioral Health System (BHS) is a critical partner in working with people experiencing

homelessness and the All In Sacramento framework continues to build on the relationship and connection points that were outlined in the LHAP.

The Year One Action plan highlights actions that center around aligning data and language so that cross-systems partners can effectively collaborate in a meaningful way. This foundational work will enable system leaders to understand what is possible and to develop strategies that increase efficiency when a person experiencing homelessness is engaged with multiple systems.

This Solution focuses on developing more intentional partnerships and understanding between systems, improving access to resources for people experiencing homelessness, and testing strategies that will quickly identify and support people who are high utilizers of more than one public system. The Cross-Systems Pilot will prioritize the most vulnerable and most frequently identified individuals across County/City and public systems for coordinated, direct connections to housing and services. The pilot focuses on data integration, alignment of resources, and the development of a coordinated structure between the homeless response system and behavioral health, jails, hospitals, etc. It will test methods for identifying the highest system utilizers and quickly coordinating service approaches to meet their individual needs.

SOLUTION

8 System Capacity Building & Training



Implementation Lead: Sacramento Steps Forward (SSF)

Sub-Solution 8.a: *Strengthen and expand system planning and data capacity.*

Sub-Solution 8.b: *Create an inclusive and supportive working environment to recruit and retain a diverse and inclusive workforce representative of the staffing capacity needed system-wide.*

Sub-Solution 8.c: *Further develop system-wide training opportunities and related training infrastructure to support staff development and improve system and program performance.*

Sub-Solution 8.d: *Increase community support for countywide homelessness activities through increased and improved engagement.*

System-Level Performance Measures:

- Reduce the number of people experiencing homelessness (sheltered and unsheltered)
- 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 people remain homeless
- Reduce the number of people who return to homelessness after housing placement
- Increase successful placements in housing from outreach

Key Solution Highlights:

Successful implementation of All In Sacramento requires a comprehensive assessment of current system capacity and an intentional focus on increasing the capabilities of all system partners and components. The entire system must have the tools, resources, and competencies needed to decidedly move forward with the activities outlined in the Year One Action Plan. An honest accounting of system needs is necessary for attaining adequate system and project-level staffing to meet community expectations for system planning and management, as well as achievement of system performance, quality, and equity goals.

This Solution prioritizes the development of system capacity to manage planning, coordination, data collection, evaluation, training and technical assistance on system standards, and related

system-level functions. It also includes intentional collaboration and investment in broader system workforce and program capacity by offering effective tools and resources to promote equitable and consistent quality service delivery. A comprehensive, person-centered training portfolio across the sector is needed to promote continuous learning and improvement in program and system performance. Training components must be informed by partners with lived expertise and include:

- Alignment and compliance with service and performance standards
- Orientation to the homelessness response system, including CAS, for all system partners
- Diversity, Equity, Inclusion and Belonging, including Implicit Bias
- Rehousing best practices and support in addressing gaps in services

ALL IN SACRAMENTO IMPLEMENTATION

All in Sacramento is designed to be actionable and requires regional partners to routinely collaborate on both specific actions and operations, as well as to ensure the underlying actions supporting the Solutions are closely coordinated during implementation. To ensure execution and accountability, each Solution has an identified ***Solution Implementation Lead*** in the Year One Action Plan responsible for overall progress related to the Solution and supported by a ***Solution-level Implementation Team.***

The **Solution Implementation Lead** is the key convener and holder of the Solution vision. The *Solution Implementation Lead* is responsible for bringing together relevant parties and ensuring the work is moving forward consistent with the All In Sacramento framework and action plan. They work alongside the *Solution Implementation Team* to ensure each action has an established work plan, assignments, and measurable indicators to track forward progress for each action. Implementation Leads are also responsible for meeting logistics, including setting meetings, developing agendas, tracking notes, follow-up, and for providing summary updates for All In Sacramento quarterly progress reports.

The **Solution Implementation Team** serves as the working body responsible for the implementation of each of the actions in the Year One Action Plan. The *Implementation Team* tracks and monitors the overall progress for each Sub-Solution and action while providing critical input and expertise to inform effective implementation. The Implementation Team supports the development of detailed work plans for actions and ensures coordination across actions. Teams also identify and seek to resolve barriers, including recommendations related to system funding, CoC standards updates, and/or other investment, partnership, or improvement needs. Solution Implementation Teams meet at least once per quarter and may also develop ad hoc or time-limited workgroups to work on specific topics. The *Implementation Leads* will be responsible for assembling the Implementation Team based on existing working groups. **Sacramento Steps Forward** will provide quarterly reports for All In Sacramento implementation to partners and the general public with key information on plan implementation and progress relative to overall system performance goals and the measurable targets set for each Solution. Quarterly reports will also include a public-facing data dashboard.

Appendix 1: Year One Action Plan

The All In Sacramento **Year One Action Plan** outlines the activities prioritized within the first 12 months of implementation of the All In Sacramento framework and associated measurable targets. The activities identified in the Action Plan represent the most important and feasible near-term actions being taken to advance the system- and program-level performance, quality and equity goal described in the All In Sacramento framework.

The Solutions and Sub-Solutions of the framework are reflective of the long-term vision for the Sacramento community and a comprehensive path forward to prevent and resolve homelessness over the next three years and beyond. The Year One Action Plan identifies the top level actions needed to achieve measurable progress in each Solution in the first year.

Each Solution has an Implementation Lead listed at the beginning of the Solution who will convene the Collaborating Partners to build out the “Implementation Team”. The Implementation Leads and Collaborating Partners will identify additional partners to implement the work necessary to accomplish each Action. In the instances where there are specific actions that have a clear lead who is not the Solution Implementation Lead, that is noted within the Action description as an *“Action Lead".*

Solution 1: Coordinated Access & Navigation

Implementation Lead: Sacramento Steps Forward (SSF)

**Actions with a lead other than the Implementation Lead include an "Action Lead" within the description.*

System-Level Performance Measures

- ***Reduce the number of people experiencing homelessness (sheltered and unsheltered)***
- ***Increase the number of people exiting homelessness into permanent housing***
- ***Reduce the length of time people remain homeless***

Sub-Solution 1.a: Increase and improve participation of homeless assistance service providers and community access points in the Coordinated Access System (CAS)

Year One Actions	Collaborating Partners
Develop staffing capacity for 2 new physical access points in the areas of highest need.	SSF, City of Sacramento, County of Sacramento
Develop and implement system-wide by-name list (BNL) management and progressive engagement process, including: ● Improved and expanded use of case conferencing; ● Improved real-time access to BNL related to client status and access to services (e.g., notification of available beds sent directly to the client, street outreach staff).	SSF, City of Sacramento, County of Sacramento
Develop and launch training and quality improvement processes for staff conducting assessments to ensure more accurate, person-centered, and effective navigational support for people seeking shelter and rehousing assistance, including gathering continuous feedback on CAS from partners with lived expertise and front-line workers.	SSF, City of Sacramento, County of Sacramento, CAS Core Team, Partners With Lived Expertise Committee (PWLEC), Youth Action Board (YAB)
Replace VI-SPDAT tool with a universal assessment, prioritization, and referral tool across CAS access points to improve accuracy, timeliness, and equity in screening/assessment/matching process, developed with a focus on racial equity and health vulnerabilities that is inclusive of under-resourced communities.	SSF, CAS Core Team
Conduct targeted engagement with community-based organizations within under-resourced communities (e.g., faith-based organizations), and nontraditional partner organizations to increase access points and staff that expand equitable access across the County.	SSF, CAS Core Team, PWLEC

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

Year One Actions	Collaborating Partners
Develop a housing problem-solving specialist certification program with a train-the-trainer component. Explore sub-population-specific training.	SSF, PWLEC, YAB, County of Sacramento, City of Sacramento
Provide training, education, and access to housing problem-solving financial assistance across the homeless response system.	SSF, City of Sacramento, County of Sacramento

Solution 2: Diversion & Prevention Assistance

Implementation Lead: Sacramento Steps Forward (SSF)

**Actions with a lead other than the Implementation Lead include an "Action Lead" within the description.*

System-Level Performance Measures

- ***Reduce the number of people who become homeless for the first time***
- ***Reduce the number of people who return to homelessness after housing placement***

Sub-Solution 2.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

Year One Actions	Collaborating Partners
Establish a Coordinated Prevention Core Team responsible for supporting the development and implementation of a system-wide coordinated prevention approach for the region, with a priority on involving people with lived experience.	SSF, PWLEC, YAB, City of Sacramento, County of Sacramento
Conduct needs and environmental assessment, including examining inflow to homelessness, identifying areas of higher need and opportunities to reduce discharges from other systems into homelessness, as well as current prevention resources and related gaps.	SSF, Coordinated Prevention Core Team
Develop and pilot prevention screening, triage, and prioritization protocols, including related tools and training for staff at community-based organizations and cross-sector settings (e.g., discharge workers).	SSF, Coordinated Prevention Core Team

Solution 3: Outreach & Engagement

Implementation Co-Leads: City of Sacramento and County of Sacramento

**Actions with a lead other than the Implementation Lead include an "Action Lead" within the description.*

System-Level Performance Measures

- ***Reduce the number of people experiencing unsheltered homelessness***
- ***Increase the number of people exiting homelessness into permanent housing***
- ***Reduce the length of time people remain homeless***
- ***Increase successful placements from street outreach***

Sub-Solution 3.a: Provide comprehensive, coordinated, county-wide street outreach that supports successful resolution of unsheltered homelessness

Year One Actions	Collaborating Partners
Develop estimated cost and scope for a Street to Housing Pilot based on national best practices; pending available funding and availability of housing subsidies and supports begin initial implementation in concert with other system housing resources and cross-sector partners.	City of Sacramento, County of Sacramento, SSF
Increase targeted outreach to historically under-resourced community members, including populations experiencing homelessness at disproportionate rates (BIPOC, LGBTQIA+) and ensure outreach teams have access to materials in different languages and adequate training to work with populations they serve. *Action Lead: SSF*	SSF, City of Sacramento, County of Sacramento, Racial Equity Committee, PWLEC, YAB
Ensure outreach has the staff capacity, tools, and resources to provide comprehensive and individualized (i.e., via low caseloads) system navigation, problem-solving, and support.	City of Sacramento, County of Sacramento, SSF

Solution 4: Emergency Shelter & Interim Housing

Implementation Co-Leads: City of Sacramento and County of Sacramento

**Actions with a lead other than the Implementation Lead include an "Action Lead" within the description.*

System-Level Performance Measures

- ***Reduce the number of people experiencing homelessness (sheltered and unsheltered)***
- ***Increase the number of people exiting homelessness into permanent housing***
- ***Reduce the length of time people remain homeless***

Sub-Solution 4.a: Increase emergency shelter and interim housing capacity to meet the current needs of people experiencing unsheltered homelessness

Year One Actions	Collaborating Partners
Provide an additional 175 shelter beds at Stockton Blvd.	County of Sacramento, City of Sacramento, State of California
Establish a working group to develop a plan to build capacity that addresses the needs of clients discharged from local healthcare systems with medical support requirements beyond the capacity of the homeless response system.	City of Sacramento, County of Sacramento, SSF, Hospital Partners, Managed Care Organizations

Sub-Solution 4.b: Ensure emergency shelter, interim housing, and transitional housing programs are high quality and effective in resolving homelessness

Year One Actions	Collaborating Partners
Establish system-wide shelter utilization and By-Name List management processes to identify and progressively assist sheltered clients not progressing toward housing. *Action Lead: SSF*	SSF, City of Sacramento, County of Sacramento, CAS Core Team
Model the financial need and identify financial resources to increase rapid exits to long-term housing for people by increasing and standardizing access to one-time financial assistance for housing move-in costs (e.g., security deposit, first-month rent) across all shelters. *Action Lead: SSF*	SSF, City of Sacramento, County of Sacramento, SHRA

Solution 5: Rehousing Assistance

Implementation Lead: Sacramento Steps Forward (SSF)

**Actions with a lead other than the Implementation Lead include an "Action Lead" within the description.*

System-Level Performance Measures

- ***Reduce the number of people experiencing homelessness (sheltered and unsheltered)***
- ***Increase the number of people exiting homelessness into permanent housing***
- ***Reduce the length of time people remain homeless***
- ***Reduce the number of people who return to homelessness after housing placement***

Sub-Solution 5.a: Increase and improve rehousing assistance to improve permanent housing outcomes

Year One Actions	Collaborating Partners
Set a multi-year plan to fully operationalize existing rapid rehousing assistance and address rapid rehousing assistance gaps, inclusive of rental subsidies, CalAIM funded housing assistance and services, and other integrated service and rental assistance sources.	SSF, City of Sacramento, County of Sacramento, SHRA
Improve lease-up rates to accelerate housing placement.	SSF, City of Sacramento, County of Sacramento, SHRA
Establish a *housing placement accelerator pilot* starting with the Veterans Collaborative to test and refine progressive approaches to more quickly and effectively rehouse people, including the use of more intensive By-Name List management, case conferencing, and landlord engagement and support.	SSF, Veterans Collaborative, City of Sacramento, County of Sacramento, SHRA

Sub-Solution 5.b: Expand access to existing and new non-homeless dedicated housing units in market and subsidized programs

Year One Actions	Collaborating Partners
Further develop and scale a centralized landlord engagement strategy to increase landlord participation across all homeless rehousing programs. *Action Lead: County*	County of Sacramento, SSF, City of Sacramento, SHRA

Solution 6: Permanent Supportive Housing

Implementation Co-Leads: City of Sacramento, County of Sacramento, and SHRA

**Actions with a lead other than the Implementation Lead include an "Action Lead" within the description.*

System-Level Performance Measures

- ***Reduce the number of people experiencing homelessness***
- ***Increase the number of people exiting homelessness into permanent housing***
- ***Reduce the length of time people remain homeless***
- ***Reduce the number of people who return to homelessness after housing placement***

Sub-Solution 6.a: Increase the stock of homeless-dedicated permanent supportive housing units and other homeless dedicated affordable housing subsidies/units with ongoing services

Year One Actions	Collaborating Partners
Expand permanent supportive housing and other dedicated affordable housing capacity, consistent with the approved affordable housing plan to further close identified gaps.	SHRA, City of Sacramento, County of Sacramento, SSF, Managed Care Organizations
Expand the capacity and reduce eligibility barriers to improve and accelerate opportunities to facilitate PSH resident "move-on" to non-homeless system-funded rental assistance and service supports.	SHRA, City of Sacramento, County of Sacramento, SSF
Evaluate service needs among medically vulnerable participants (including aging adults) and identify related gaps/opportunities, such as co-op living, ADU's and other housing options. *Action Lead: City of Sacramento*	City of Sacramento, County of Sacramento, Managed Care Organizations

Solution 7: Integrated Services

Implementation Lead: County of Sacramento

**Actions with a lead other than the Implementation Lead include an "Action Lead" within the description.*

System-Level Performance Measures

- ***Increase successful placements from street outreach***
- ***Increase the number of people exiting homelessness to permanent housing***
- ***Reduce the number of people who return to homelessness after housing placement***
- ***Reduce the length of time people remain homeless***

Sub-Solution 7.a: Improve and increase timely and direct access to behavioral health care supports for individuals experiencing homelessness both in locations where they are staying and at service locations; including timely and direct access to prevention and homeless services for individuals engaged in behavioral health services

Year One Actions	Collaborating Partners
The County shall continue to utilize the full-service partnership screening tool to determine qualifying level of care needs. SSF will develop and implement a VISPDAT replacement in coordination with CAS Core Team and the County. Outreach and engagement teams shall remain in compliance with Sacramento Steps Forward policies and procedures for Coordinated Access System (CAS).	County of Sacramento, SSF, CAS Core Team
The County shall provide Mental Health First Aid training with community partners and providers that serve individuals experiencing homelessness. Relevant training requirements will be integrated into provider contracts by Cities, County, SHRA, and SSF.	County of Sacramento, City of Sacramento, SHRA, SSF

Sub-Solution 7.b: Implement a cross-systems pilot to engage the most vulnerable, unhoused, and most frequently served individuals across County/City and public systems into housing and wrap-around services

Year One Actions	Collaborating Partners
Align vulnerability and prioritization factors across multiple systems of care to identify the most vulnerable, unhoused, and most frequently served individuals across systems of care. Assess current gaps and develop a plan to build capacity within the community to better address the needs of these highly vulnerable individuals. *Action Lead: SSF*	SSF, County of Sacramento, City of Sacramento, CAS Core Team
Define the parameters of the pilot and develop the operational protocols and tools of the program across systems.	County of Sacramento, City of Sacramento, SSF, CAS Core Team
Determine the housing and services needs of the individuals identified for the pilot and model the financial resources to implement the pilot.	County of Sacramento, City of Sacramento, SSF, CAS Core Team

Sub-Solution 7.c: Ensure comprehensive and coordinated discharge planning from hospitals, jails, and other institutional settings to prevent people from becoming homeless upon discharge	
Year One Actions	**Collaborating Partners**
Establish bi-directional data sharing agreements that support case conferencing, comply with federal HIPAA regulations, increase system-wide knowledge on who is experiencing homelessness, and track the number and general medical needs of unhoused clients who are frequent utilizers of local emergency departments and EMS/ambulance systems of care. *Action Lead: SSF*	SSF, County of Sacramento, City of Sacramento, CAS Core Team, SSF, Managed Care Organizations, Hospital Partners
Establish a framework between the homeless response system and cross-system partners to establish formalized processes for data integration and services coordination to ensure that discharge is focused on ensuring interim and long-term housing support as services. *Action Lead: SSF*	SSF, County of Sacramento, City of Sacramento, CAS Core Team, Managed Care Organizations, Hospital Partners
Develop a system understanding of hospital discharge processes and identify ways to better integrate linkages to the homeless response system into hospital discharge planning. *Action Lead: SSF*	SSF, City of Sacramento, County of Sacramento, CAS Core Team, Managed Care Organizations, Hospital Partners
Monitor and measure reductions in unnecessary emergency room and EMS utilization by people experiencing homelessness in the community that are tied to improvements in prevention, diversion, and outreach strategies within the homeless response system. *Action Lead: SSF*	SSF, City of Sacramento, County of Sacramento, CAS Core Team, Managed Care Organizations, Hospital Partners
Develop standard language on assessing housing stability status, in conjunction with coordinated prevention system development efforts, for use by hospitals, jails, and other institutions. *Action Lead: SSF*	SSF, County of Sacramento, Managed Care Organizations, Hospital Partners

Sub-Solution 7.d: Increase coordination with Sacramento County Sheriff's Office (including Main Jail and Rio Cosumnes Correctional Center), Correctional Health Services, and Sacramento County Probation departments to formalize partnerships and ensure unhoused justice-involved individuals connect to housing and services	
Year One Actions	**Collaborating Partners**
Align the data integration efforts with planning efforts for Social Health Information Exchange (SHIE) to eventually implement data sharing between justice system partners and homelessness response systems to assess the number of justice-involved unhoused individuals and dedicate resources gaps for housing and services.	County of Sacramento, SSF, City of Sacramento
Convene partners across systems to determine what cross-systems processes are working well and where there are opportunities to increase coordination and integration to ensure unhoused justice-involved individuals have connections to housing and services.	County of Sacramento, SSF City of Sacramento
Sub-Solution 7.e: Increase Access to Public Benefits and Employment Opportunities	
Year One Actions	**Collaborating Partners**
Develop a streamlined referral process for service providers to refer to appropriate entities for assistance with disability benefits and advocacy, CAPI and supplemental Security Income/State Supplemental Program (SSI/SSP).	County of Sacramento, SSF
Formalize a partnership and referral process between service providers and Sacramento Employment and Training Agency (SETA) to connect job-seeking clients to the SETA Sacramento Works Program for connections to employment resources. *Action Lead: SSF*	SSF, County of Sacramento, City of Sacramento, SETA
Designate a working group to explore opportunities to increase engagement with the Sacramento Office of Economic Development for opportunities to leverage resources with programs such as Working Opportunity Tax Credits (WOTC) and On-The-Job Training (OTJ).	County of Sacramento, City of Sacramento, SSF
Outline partnerships and access to employment opportunities with private employers and private employment organizations to develop pathways for job-seeking individuals to connect to employment opportunities. Develop a set of action items for private employers to engage in developing employment opportunities for individuals who are unhoused or formerly unhoused.	County of Sacramento, City of Sacramento, SSF

Solution 8: System Capacity Building & Training

Implementation Lead: Sacramento Steps Forward (SSF)

**Actions with a lead other than the Implementation Lead include an "Action Lead" within the description.*

System-Level Performance Measures

- ***Reduce the number of people experiencing homelessness (sheltered and unsheltered)***
- ***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 people remain homeless***
- ***Reduce the number of people who return to homelessness after housing placement***
- ***Increase successful placements from outreach***

Sub-Solution 8.a: Ensure sufficient system capacity for system planning, management, data collection, reporting, and evaluation

Year One Actions	Collaborating Partners
Increase HMIS participation in crisis response and housing programs, including homelessness prevention, outreach, emergency shelter and interim housing, rehousing, and permanent supportive housing.	SSF, City of Sacramento, County of Sacramento, SHRA
Ensure adherence to HMIS data quality standards by developing and implementing at least quarterly HMIS data quality review and corrective action protocols and providing a report on data quality standards adherence to local funders at least once annually.	SSF, City of Sacramento, County of Sacramento, SHRA
Incorporate HMIS training, technical assistance, and support in system-wide training plans to improve data quality and completeness.	SSF, City of Sacramento, County of Sacramento, SHRA

Sub-Solution 8.b: Create an inclusive & supportive working environment to recruit and retain a diverse and inclusive workforce representative of the staffing capacity needed system-wide	
Year One Actions	**Collaborating Partners**
Building on information in the Gaps Analysis, determine the gap in staffing, including how many positions are needed across the system, including outreach and engagement, emergency shelter and interim housing, housing, and system management functions.	SSF
Perform a labor market analysis including an assessment of local labor market indicator data from the California Employment Development Department (EDD), a vacancy assessment survey from local employers, and interviews with local employers.	SSF
Engage people with lived expertise and providers, including providers in historically under-resourced communities, in examining workforce recruitment, retention, and support needs.	SSF
Conduct pay equity and livable wage rate analysis across the system.	SSF
Engage community partners to identify capacity needs and barriers to receiving homelessness response system funding among smaller organizations in historically under-resourced communities.	SSF
Sub-Solution 8.c: Further develop system-wide training opportunities and related training infrastructure to support staff development and improve system and program performance	
Year One Actions	**Collaborating Partners**
Conduct a system-wide training "audit" inclusive of training requirements included in new Community Standards; identifying currently available training and capacity-building resources and assessing for program and system training needs.	SSF, City of Sacramento, County of Sacramento
Develop a comprehensive learning framework which defines learning objectives for both providers and system leaders and establishes the training plan, protocols, and timeline needed to improve program and system performance and advance equity in homelessness response.	SSF, City of Sacramento, County of Sacramento
Initiate training and technical assistance to service providers to support alignment and compliance with respective service and performance standards.	SSF, City of Sacramento, County of Sacramento
Sub-Solution 8.d: Increase community support for countywide homelessness activities through increased and improved engagement	
Year One Actions	**Collaborating Partners**
Develop a public awareness campaign, co-designed by people with lived expertise, that includes diversified strategies for general education and awareness, resulting in increased understanding of what resources exist and how to access them, reporting on continued progress, and creating engagement opportunities for all community members.	SSF, City of Sacramento, County of Sacramento
Continue to increase targeted engagement with culturally specific organizations and community partners such as BIPOC, LGBTQIA+, and Tribal Partners to advance equity through meaningful and authentic collaboration.	SSF

Appendix 2: All In Sacramento – A Transformed System

What do we know?

The foundation of All In Sacramento is a solid understanding of the local needs and gaps, informed by the local Gaps Analysis and national best practices.

What will we do?

All In Sacramento commits to 8 Solutions necessary to drive progress over the next 3 years with a focus on increasing prevention and rehousing assistance while ensuring quality, person-centered care.

How will we know it's working?

All In Sacramento ties the Solutions to program- and system-level outcomes, ensuring accountability by tracking and monitoring progress.

What short and long term goals will we accomplish?

All In Sacramento sets a 3-year vision for making homelessness rare, brief, and non-recurring with interim goals outlined in the Year One Action Plan.

Appendix 3: Community Standards Implementation & Key Milestones

The Sacramento region receives funding from the U.S. Department of Housing and Urban Development (HUD) to provide programs and services for people experiencing homelessness, including Emergency Solutions Grant (ESG) and Continuum of Care (CoC) Program funding. This funding requires CoCs to "establish and consistently follow written standards for providing Continuum of Care assistance" that, at minimum, must address:

1. Who is eligible for specific services (e.g., outreach, homelessness prevention, emergency shelter, transitional housing, rapid rehousing and permanent supportive housing);
2. How the system of care ensures that the people most in need get priority for each service;
3. The referral, admission and discharge processes for emergency shelters;
4. Rules regarding how much participants in rental assistance programs must pay toward their rent, and how long they may receive rental assistance;
5. Rules regarding limits on assistance provided for housing relocation (moving costs), or temporary rental assistance provided as part of a rapid rehousing program;
6. How programs serving homeless people coordinate with other programs in the homelessness response system and with other types of services (e.g., benefits programs, health care, employment, education); and
7. Policies used to ensure safety for victims of domestic violence, dating violence, sexual assault, and stalking, including rights to emergency transfers when needed to remain safe.

As part of the Sacramento Local Homeless Action Plan, adopted in June 2022, the CoC, City of Sacramento, Sacramento County, and SHRA committed to developing standards to meet HUD requirements and provide a community-wide set of standards for homelessness prevention and assistance programs.

The Standards development work initiated in February of 2023 with support from Tom Albanese Consulting, LLC, and SSF staff to research existing local standards and examples from other communities. This team engaged stakeholders in a series of six

focus groups to examine potential standards related to crisis response (outreach, shelter, etc.) and housing-related responses (rapid rehousing, permanent supportive housing). In all, more than 40 stakeholders representing at least 24 service providers and community organizations participated in focus groups. A draft set of community wide performance and practice standards for public comment was made available for a 21-day public comment period between October 26, 2023, and November 16, 2023, and was ultimately adopted by the CoC Board on December 13, 2023.

The purpose of the Sacramento Community Standards is to provide a general overview of expectations and standards for homelessness prevention and homeless assistance programs receiving public funding. The Standards are inclusive of minimum requirements for each program type, but they are also expansive in that they reflect best practices and local priorities for housing assistance that may be aspirational for some programs. In general, standards are similar to policies but may be more specific. They are measurable and reflect what providers should be doing. Procedures are detailed descriptions of how to carry out a policy or standard.

These standards serve as a basis for ensuring all publicly funded programs for people who are at-risk of or experiencing homelessness are offered in a consistent manner, in line with federal, state and local funding requirements, and evidence-based approaches to providing equitable, effective, and efficient assistance.

The intention of Sacramento's new Community Standards is that they will be incorporated into funding contracts for homelessness prevention and homeless assistance programs awarded by the City of Sacramento, County of Sacramento, SHRA, and SSF. Standards will then be monitored periodically according to each local funder's contract requirements and monitoring processes to assess provider adherence to standards, including examination of provider performance, services, operations, facilities, and housing units.

While providers are expected to meet these standards, it is understood that many providers do not currently have sufficient funding, training, or capacity to meet these standards. As local funders begin to incorporate standards into contracts and monitoring policies and procedures are developed, it is expected that funding and other constraints will be accounted for and

providers will be able to demonstrate instances where non-conformance with a standard is driven by lack of funding or other barriers.

As the lead agency for the Sacramento CoC, SSF provides guidance and leadership for CoC system performance reporting efforts, as well as training and technical assistance to support implementation and fidelity to the Community Standards. The CoC's Standards Development Team established the following standards implementation schedule and key milestones, with a focus through Fiscal Year (FY) 2025 on improving HMIS data quality and establishing routine system and program performance dashboard reporting. Performance data reported in FY2025 will then be used to develop key performance indicator (KPI) targets consistent with the overall system performance goals, but also individualized for each locally funded program. This will be reflected in a Program Performance Plan to be incorporated into local contracts and reported via performance dashboards that examine actual performance compared to targets, providing a complete performance picture and real-time data for actionable course corrections.

January–June 2024 (FY2024)

- Develop system and program-level goal-setting and measurement methodologies for each measure (Lead: SSF)
- Develop system and program-level performance reporting templates (Lead: SSF w/CoC Standards Development Team (SDT))
- Develop HMIS data QA plan, including revised standards, monitoring, and compliance approach* (Lead: SSF w/SDT)
  **soft implementation FY25, implementation w/compliance enforcement FY26*
- Develop preliminary Program Performance Plan template for use by partners in FY2025 on trial basis* (Lead: SSF w/SDT)
  **soft implementation FY25, implementation w/compliance enforcement FY26*

July 2024–June 2025 (FY2025)

- Community Standards included in locally administered contracts (Leads: City, County, SHRA, SSF)
- Routine quarterly, semi-annual, annual system and program performance reports published.
- Coordinated cross-jurisdictional annual program performance planning, monitoring, and evaluation processes developed to increase efficiencies and inform City, County, SSF, SHRA contract compliance and renewal processes (Lead: SSF w/SDT)
- Based on July-Dec 2024 semi-annual performance, develop universal program KPI targets and individualized Program Performance Plans for FY2026 (Lead: SSF w/SDT)

July 2025–June 2026 (FY2026)

- Incorporate FY2026 Program Performance Plans into program-level contracts (Leads: City, County, SHRA, SSF)
- Execute cross-jurisdictional annual system and program performance planning, monitoring, and evaluation process, including targeted TA processes to improve performance, quality, equity (Leads: City, County, SHRA, SSF)

The CoC, inclusive of local governments, will update these standards as needed to stay current with any program changes, funding changes or new project type introduction. Community partners will be engaged in future standards review and update processes, including but not limited to specific review by the PWLEC, service providers, and any other relevant committee(s) identified by the CoC.

Appendix 4: Program-Level Key Performance Indicators

In December 2023, the Sacramento CoC adopted a comprehensive set of Community Standards[10] that provide detailed expectations and standards for homelessness prevention and homeless assistance programs receiving public funding in Sacramento County. The standards serve as a basis for ensuring all publicly funded programs for people who are at risk of or experiencing homelessness are offered in a consistent manner, in line with federal, state, and local funding requirements and evidence-based approaches to providing equitable, effective, and efficient assistance.

The Community Standards include program administration, facility, and service standards for each program type, as well as "key performance indicators" (KPIs) for each program type that align to federal, state, and local homelessness response system performance priorities and targets. Key performance indicators represent the most important measures used to determine program performance relative to program use, cost, and successful outcomes.

Specific performance targets for each KPI (e.g., <10% exiting Emergency Shelter will return to homelessness) will be developed over the coming year as part of the implementation of All In Sacramento, as described in Appendix 3. System and program KPIs will be reported by Sacramento Steps Forward and evaluated by the CoC and local funders.

Standard KPI reporting and evaluation will support steady forward progress along with other relevant measures (e.g., number of households served), and allow programs to be consistently monitored and evaluated for efficiency, effectiveness, and equitable outcomes. Additional information on KPIs and other system and program performance measures, including measurement-related definitions and methods, can be found on the SSF website under the "Data" subsection.

[10] *Version 1, dated December 13, 2023*
https://sacramentostepsforward.org/wp-content/uploads/2024/01/Sac-Community-Stds_v1_12.13.2023_FINAL.pdf

Key Performance Indicators (KPIs) by Program Type		
Homelessness Prevention	• Active caseload rate (%) • Average length of participation • Successful outcomes (#, %)	• Successful housing outcomes (#, %) • Subsequent homelessness (%) • Cost per household
Diversion	• Successful diversion outcomes (#, %) • Average wait-time	• Subsequent homelessness (%) • Cost per household
Street Outreach	• Active caseload rate (%) • Average length of participation • Successful outcomes (#, %)	• Successful housing outcomes (#, %) • Returns to homelessness (%) • Cost per household
Emergency Shelter	• Utilization (occupancy) (%) • Average length of stay • Successful outcomes (#, %) • Successful housing outcomes (#, %)	• Negative exits (%) • Returns to homelessness (%) • Cost per household
Transition Housing & Interim Housing	• Utilization (occupancy) (%) • Average length of stay • Successful outcomes (#, %) • Successful housing outcomes (#, %) • Negative exits (%)	• Returns to homelessness (%) • Increase in non-employment cash income • Increase in employment income • Cost per household • Cost per unit
Rapid Rehousing & Other Rehousing Assistance	• Active caseload rate (%) • Average engagement time • Average length of shelter stay • Average length of time to housing move-in • Average length of participation • Successful outcomes (#, %) • Successful housing outcomes (#, %)	• Negative exits (%) • Returns to homelessness (recidivism) (%) • Increase in non-employment cash income • Increase in employment income • Cost per household
Permanent Supportive Housing	• Utilization (occupancy) rate (%) • Average length of participation • Successful outcomes (#, %) • Successful housing outcomes (#, %) • Negative exits (%)	• Returns to homelessness (recidivism) (%) • Increase in non-employment cash income • Increase in employment income • Cost per household • Cost per unit

Appendix 5: Racial Equity Committee Analysis for Updated Action Plan

Overall population-level rates of homelessness

- Calendar Year 2022: Black or African American people represented 39.7% of all people who experienced homelessness compared with 9.4% of the overall Sacramento County population.

Rates of unsheltered homelessness

- January 2022 Point-in-Time Count: 71.8% of all people experiencing homelessness were unsheltered. The following groups experienced significantly higher rates of unsheltered homelessness compared to the overall population:
  - American Indian or Alaska Native people: 90.6% unsheltered
  - People currently fleeing domestic violence: 89.8% unsheltered
  - People with significant mental illness: 81.9% unsheltered
  - Transgender people: 81.9% unsheltered
  - People with multiple races: 79.4% unsheltered
  - People with a substance use disorder: 77.1% unsheltered
  - Hispanic/Latino people: 75.5% unsheltered

Rates of those newly experiencing homelessness

- Calendar Year 2022: 54% of all people experiencing homelessness were newly homeless. The following groups had significantly lower rates of newly homeless people compared to the overall population and, conversely, higher rates of people who were not newly homeless and experiencing prolonged or repeat episodes of homelessness:
  - People with significant mental illness: 45.2% newly homeless
  - People with a substance use disorder: 44.8% newly homeless

Average length of time people experienced homelessness while accessing rapid rehousing and permanent supportive housing

- Calendar year 2022: 151 days on average from initial enrollment in street outreach, emergency shelter, or transitional housing to permanent housing move-in for people served by rapid rehousing or permanent supportive housing. The following groups experienced significantly longer average time to housing:

- People in households with only children: 289 days on average
- People in households with at least one adult and one child:183 days on average
- Transgender people: 178 days on average
- People with multiple races: 167 days on average
- Unaccompanied youth (18-24 years old): 161 days on average
- Parenting youth (18-24 years old): 160 days on average
- Black or African American people: 156 days on average

Permanent housing outcomes

- Calendar year 2022: 23% of all people who experienced homelessness exited to permanent housing. The following groups had significantly lower rates of exit to permanent housing:
  - People with a substance use disorder: 14.1% exited to permanent housing
  - People currently fleeing domestic violence: 16.1% exited to permanent housing
  - American Indian or Alaskan Native people: 19.8% exited to permanent housing

Returns to homelessness within 6 months of exiting to permanent housing

- Calendar year 2022: 11.9% of people who exited to permanent housing returned to the homeless system within 6 months. The following groups experienced significantly higher rates of return:
  - People with HIV/AIDS: 21.2% returned within 6 months
  - People currently fleeing domestic violence: 20.4% returned within 6 months
  - People with a substance use disorder: 17.8% returned within 6 months
  - Parenting Youth (18-24): 15.2%r returned within 6 months

Successful exits from Street Outreach programs

- Calendar year 2022: 226 people successfully exited street outreach programs and entered emergency shelter, transitional housing, or permanent housing. The following groups experienced a relatively lower share of successful exits compared to all successful street outreach exits:
  - People currently fleeing domestic violence: 14.7% of all unsheltered, but only 9% of all SO successful exits
  - People with multiple races: 11.9% of all unsheltered, but only 7.5% of all SO successful exits.

In order to improve the overall performance of Sacramento prevention and homeless response resources, targeted efforts must be made with new or rebalanced resources to ensure equity in access, service quality, customer experience, and outcomes for all people facing homelessness. All In Sacramento reporting will incorporate an equity dashboard to monitor and ensure improvement across all indicators, especially those highlighted above.

Appendix 6: Common Terms & Acronyms

Commonly Used Acronyms

Behavioral Health Services (BHS) is a department within Sacramento County that provides a full array of culturally competent and linguistically proficient mental health services to individuals of all ages.

Cal-AIM, the California Advancing & Innovating Medi-Cal (Cal-AIM) initiative sponsored by the state Department of Health Care Services is a long-term commitment to transforming and sustaining Medi-Cal, offering Californians, including people 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 federally qualified 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 inclusive of the cities and unincorporated areas within Sacramento County.

Coordinated Access Navigation (CAN) Team is a team of people who support households with system navigation and immediate needs when placed on the shelter waitlist.

Coordinated Access System (CAS) 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 crisis response, housing assistance, and services to end their homelessness.

Diversion Services is the most targeted form of homelessness prevention and involves strategies and practices seeking to assist people to resolve their immediate housing crisis by accessing a safe and appropriate housing alternative versus entering emergency shelter or otherwise staying in a place not meant for human habitation that night.

Emergency Shelter provides safe, temporary housing for individuals and/or families who have no alternative safe housing options while they are supported in obtaining permanent housing or access to other appropriate assistance, such as treatment. Shelters serve people who have neither a safe home nor the means to obtain other safe permanent or temporary housing. Emergency shelters may serve specific populations (e.g., families with children, single adults, transition age youth), in congregate or non-congregate facilities, and do not require occupants to sign leases or occupancy agreements.

Homeless (also "literally homeless") refers to an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

• Has a primary nighttime residence that is a public or private place not meant for human habitation;

• Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, TH, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

• Is exiting an institution where he/she has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Homeless-Dedicated Housing refers to any form of permanent housing or permanent housing subsidy that is formally designated to serve individuals or families experiencing homelessness.

Homeless Housing, Assistance, and Prevention Program (HHAP) is a California grant that provides local jurisdictions, including federally recognized tribal govts., with flexible funding to continue efforts to prevent and end homelessness in their communities.

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

Homeless Response System refers to the various organizations and entities within an area that serve homeless individuals and families and their respective programs, services, and supports designed to respond to and resolve housing crises.

Homelessness Prevention programs assist people who are imminently at-risk of literal homelessness with housing problem solving, temporary financial assistance, information and referral to other resources, and time-limited housing stabilization assistance.

Housing Choice Voucher Program (HCV) is a federal rent subsidy program under section 8 of the US Housing Act, which issues vouchers to eligible households.

Housing First is an evidence-based model that uses housing as a tool, rather than a reward, for recovery and that centers on providing or connecting homeless people to permanent housing as quickly as possible. Housing First providers offer services as needed and requested on a voluntary basis and that do not make housing contingent on participation in services.

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.

Local Homeless Action Plan (LHAP) was Sacramento's 2022 action plan developed to meet the requirements of the HHAP-3 application.

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 are specifically for people who formerly experienced homelessness but that do 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) include single site and scattered site rental housing with a permanent subsidy and supportive services for individuals and families who are homeless and have at least one household member with a federally qualified disabling condition. PSH programs include supportive services that are designed to meet the needs of the program participants.

Point in Time (PIT) Count is an annual count of people experiencing homelessness on a single night. Data are required to be reported to the U.S. Department of Housing and Urban Development. Sacramento reports an annual shelter count and an every other year unsheltered count.

Rapid Rehousing (RRH) provides (directly and/or via service partnership) housing search and placement, time-limited financial assistance, and housing-focused case management for individuals and families who are literally homeless. RRH programs help households secure private rental market housing, where the lease is initially or eventually between the landlord and the program participant following conclusion of housing stabilization services. RRH assistance may be used as a bridge to or as a means to help people access other ongoing subsidized housing and services (e.g., permanent supportive housing). RRH assistance for eligible participants is typically limited to a specific number of months based on program funding sources.

Sacramento Employment and Training Agency (SETA) provides resources and services to both employers and job seekers in Sacramento County.

Street Outreach programs offer mobile services to engage and assist unsheltered individuals and families experiencing homelessness within the CoC's geographic area, including those least likely to request assistance. Services typically include engagement, connection to emergency shelter, housing, critical/crisis services, basic needs support, and urgent, non-facility-based care.

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

Transitional Housing Programs provide temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing. TH programs can cover housing costs and accompanying supportive services for program participants for up to 24 months.

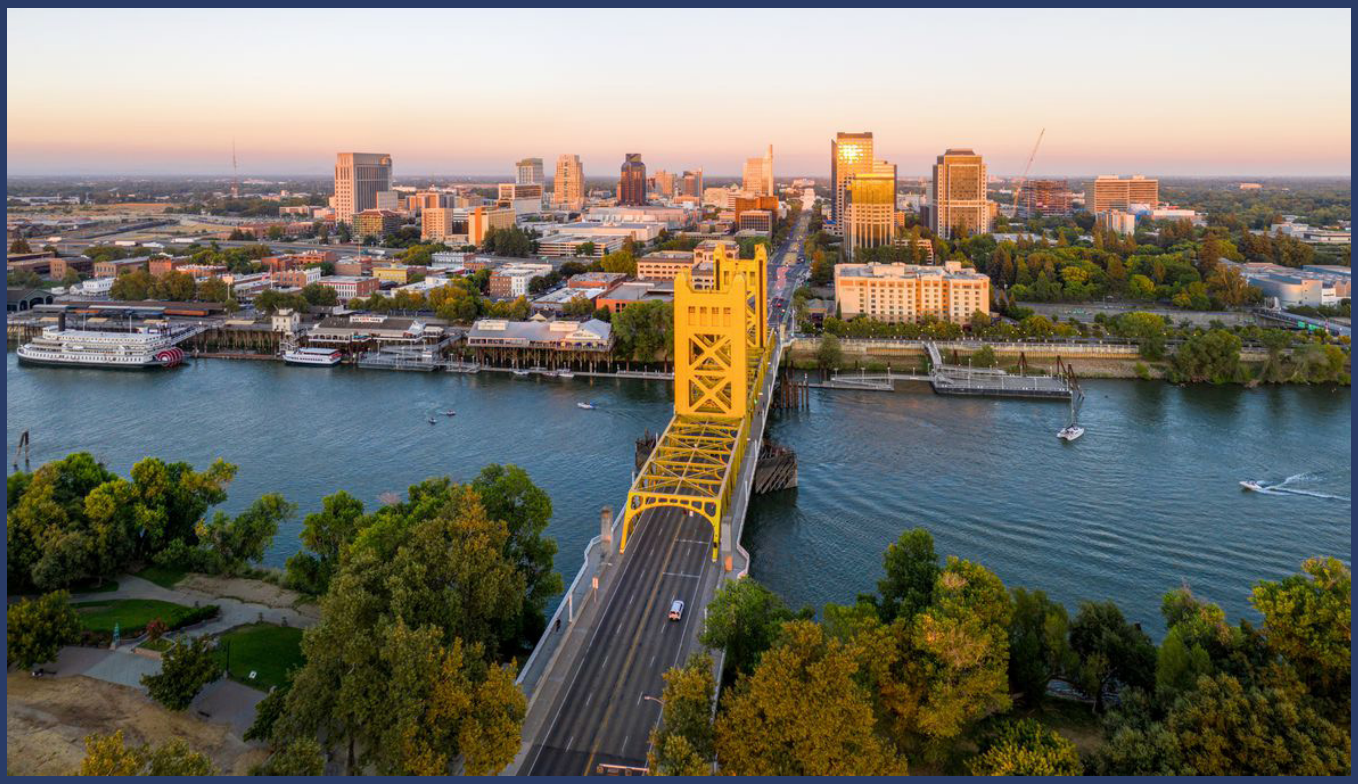
Unaccompanied Homeless Youth (under 18) are people in households with only children who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness, and who are under the age of 18.

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.

ALL IN SACRAMENTO



Appendix 5: Homeless Encampment Template Attachments
ATT 3

SUBMISSION PORTAL OVERVIEW

Is the Application a "Test" Submission?
No, this is my official Submission.

Part 1: ADMINISTRATIVE INFORMATION

Application Window

This application is being submitted in the following application window:
Window #3, 5/1/2023 - 6/30/2023

Eligible Applicant

Select the eligible applicant's jurisdiction type.
County

What is the name of the city or county?
Sacramento County

Implementing Organization

Implementing Organization
Sacramento County Department of Homeless Services and Housing

Specific Unit or Office Within the Implementing Organization
N/A

Implementing Organization's Address
700 H Street

City	Zip Code	County
Sacramento	95814	Sacramento

Implementing Organization's Tax ID Number
94-6000529

Project Director

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Name
Emily Halcon

Title
Director of Homeless Services and Housing

⚠This Application uses character limits ⚠

Reaching these limits is not required. Competitive responses may fall well short of these limits.

Part 2: PROPOSAL OVERVIEW

People Served

Number of people currently residing in prioritized encampment site
250

Of people currently residing in prioritized encampment site, how many will be served by this proposal?
225

Given the potential for inflow of people into the prioritized encampment site, how many people are projected to be served across the entire grant period?
750

Of people projected to be served across the entire grant period, number of people projected to transition into interim shelters
261

Of people projected to be served across the entire grant period, number of people projected to transition into permanent housing
150

Is the prioritized encampment site part of a larger encampment area?
No

Encampment Information

1. Briefly describe the characteristics of the people residing within the prioritized encampment site. The description must include demographics and may include household compositions, disabilities, and projected service and housing needs. (1500 character limit)
Approximately 250 unhoused community members reside in the proposed project area along the W/X corridor. Residents in the encampments along the corridors primarily live in single member households. Very few are TAY community members; generally, people living here are over the age of 30; often 50 years old or older, with the oldest currently being 82 years old.

Several major hospitals are in proximity to the proposed project area. This results in an encampment population with frequent disabilities and mobility issues as well as chronic medical conditions and acute wounds or injuries, many of whom have been transported to this area by EMS personnel. As many as 10-15% have trouble managing their activities of daily living without assistance.

These residents are disproportionately African American/Black, with 50% or more of the population identifying as African American/Black. The remaining 50% is primarily composed of people identifying as Non-Hispanic White, with perhaps 10-15% identifying as Hispanic. The population is about 70% male and 30% female. There are a limited number of people identifying as LGBTQ+ here, with estimates being less than 10%.

Many unhoused residents within the project area have been chronically unsheltered for several years and often experience cultural barriers when attempting to transition to existing congregate shelters. Many of these people have negative program histories in existing shelters and are not currently eligible to be readmitted.

2. Briefly describe physical characteristics of the prioritized encampment site in which the people you are proposing to serve are residing. The description must include the specific location, physical size of the area, the types of structures people are residing in at the site, whether vehicles are present, and any other relevant or notable physical characteristics of the site. (1000 character limit)
The W/X corridor prioritized encampment area will include Route 50 SAC L0.37 east to SAC R0.387; the project area will extend 400 feet north of the center line of the right of way and 600 feet south of the right of way and Route 99 SAC 24.125 north to Route 51 SAC 1.695; and will extend 400 feet east and west of the center line of the right of way.

This area is approximately 500 acres along the two major Interstate Right of Ways that make up the Southern and Eastern boundary of the City of Sacramento's Central City. About 200 acres of this area is within the CalTrans right of way and the remainder is in the city blocks adjacent to the right of way.

This area is primarily composed of tents and makeshift shelters. Approximately 5-10% of the residents reside in vehicles or RVs.

We have proposed a larger project area in case people move back and forth so we can still serve them.

3. Why is this particular encampment site being prioritized? (1000 character limit)
The area is being prioritized due to the vulnerability and long-term homelessness of its residents. Sacramentos central city is a busy area, and these encampments create significant hazards in and around the central city. Traffic counts on the freeways in this area can reach as high as 15,000 to 20,000 cars per hour at peak times. This volume of traffic in proximity to encampments of this scope present an obvious hazard. Encampments are often clustered around on and off ramps.

For several years the proposed project area has seen community members experiencing homelessness moved from CalTrans rights of way into adjacent neighborhoods and business districts and then over time relocating back into the rights of way, only to see the process begin again. Adequate emergency resources and shelter beds have not been available to break this cycle. The proposed project area is the location for some of the highest volume of calls for service received by municipal agencies.

Attachment: Map
WX Map.docx

4. Is the prioritized site on a state right-of-way?

Yes - partially

Attachment: Caltrans Letter of Support
W-X Corridor in Sacramento Letter of Support - Caltrans.pdf

Proposal's Outcomes

5. What are the outcomes this proposal seeks to accomplish by the grant close (6/30/2026)? If funded, what are the primary activities you are planning to implement to achieve the proposal's outcomes? (1000 character limit)
Our project design is aligned with the primary objective of this funding opportunity, to resolve unsheltered homelessness for people residing in the W/X corridor encampment area. Our teams will provide holistic wrap-around outreach and service navigation, free of punitive measures. We will center their housing plan to their desires and offer clear pathways to housing and low-barrier options for shelter. This process will be collaborative, and data informed with strong partnerships between jurisdictions and the CoC. We will collect descriptive information on services provided, the demographics of people engaged and the reason for why some people decline services and assess the efficacy and equity in our encampment resolution efforts. The three-year period of this grant, with the inclusion of these new funds focused for this priority community will provide us with the distinct resources to support these people with exiting homelessness into long-term stable housing.

6. How will the applicant measure progress towards the proposal's outcomes? (1000 character limit)
All outreach team members working in these targeted encampment areas will be trained on and required to input data within the Homeless Management Information System (HMIS). The grant administrator will meet regularly with critical project staff to review data on those individuals in the HMIS project for this encampment resolution initiative. This will include reviewing the number of outreach contacts, document readiness work, referrals into our local coordinated entry system, referrals to CalAIM, referrals to shelter, and the outcomes of those efforts.

7. Are there any local ordinances, resources, or other factors that may hinder achieving the proposal's outcomes? If so, how will the applicant navigate these challenges? (1000 character limit)
The proposed project area is within the City of Sacramento. The City of Sacramento has provided a letter of support for this proposal and the City and County have entered into a partnership agreement to work collaboratively to address homelessness. City staff will work diligently with grant program staff throughout the implementation of the project to coordinate outreach, collect data, and review progress toward project goals. Local ordinances are generally in alignment with the proposed outcomes to connect those experiencing unsheltered homelessness in encampments along Caltrans right-of ways with services, temporary shelter beds and intensive case management services focused on long-term supportive housing placement, health, and behavioral health services. Local ordinances are not expected to hinder achieving proposed outcomes.

8. Is this proposal a standalone project or part of a larger initiative?
Standalone

Part 3: IMPLEMENTATION

Core Service Delivery and Housing Strategies

9. Describe the proposed outreach and engagement strategy, case management, and / or service coordination for people while they are continuing to reside within the encampment site. Quantify units of service to be delivered including the ratio of staff to people served, frequency of engagement, and length of service periods. (2000 character limit)

This project area has been a priority focus for the nascent City-County Collaborative partnership. Two multidisciplinary teams (MDT) consisting at minimum of an outreach specialist and a behavioral health specialist have been assigned to the project area for recent months and will remain active in the area throughout the project term. MDT Engagement will occur at least three days per week. Outreach and engagement services will be ongoing and expanding throughout the length of the project term. This summer, we will be adding Medi-Cal Managed Care Plan-funded Community Health Workers to provide assessments and referrals to Enhanced Care Management and Community Supports, funded by CalAIM and contracted with Sacramento Covered. This contracted outreach provider has provided a letter of support for this grant proposal.

Quantities of various services will vary; throughout the project term we expect to complete at least 200 mental health assessments. Outreach staff will complete more than 25,000 engagements, which are meaningful contacts that include service coordination and provision, throughout the span of the project timeline. These engagements can lead to referrals into coordinated entry, CalAIM referrals and ECM benefit coordination, and discussion of service provision with an unhoused community member. An individual in this prioritized encampment area may receive several hundred engagements with outreach staff over the duration of this initiative.

10. Describe the role of Coordinated Entry in the context of this proposal and how Coordinated Entry policies or processes will support and / or hinder the implementation of this proposal. (1000 character limit)

Sacramento Steps Forward (SSF), the lead agency for Sacramento's Continuum of Care, which manages our coordinated entry system is aware of and in support of this proposal and has provided us with a formal letter of support from their Chief Executive Officer. Many of our community's shelters have different guidelines and referral processes, and SSF staff work closely with County and City staff and other jurisdictional partners to develop those policies and processes. They will support the development of a referral system into our new shelter which prioritizes people from the W/X corridor and tracks them as they may move to different service providers in our continuum of care.

11. Please describe the interim shelter and permanent housing opportunities proposed to support this proposal and provide evidence of the applicant's demonstrated ability and commitment to deliver permanent housing for people residing in the prioritized encampment. (2000 character limit)

This proposal will fund the operations of a new interim non-congregate shelter community which we call a 'Safe Stay'. A shelter location has been identified on private land and City and County staff are drafting a lease now. Design and construction of the site is expected to be managed by the State Department of General Services as part of Governor's Newsom's commitment of tiny homes. The goal is for this new shelter to open in 2024. This proposed Safe Stay shelter is approximately 4.5 miles from the prioritized encampment location. The shelter is along a public transit line, and about one mile from a walk-in County-funded behavioral health CORE wellness center. The planned Safe Stay shelter will be within the limits of the City of Sacramento, and in the South part of town.

This encampment resolution initiative will leverage and braid together several permanent housing funding-streams and opportunities. Through partnership with the Sacramento Housing and Redevelopment Agency (SHRA), this priority encampment has been allotted 47 housing choice vouchers. Additionally, California

Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management and Community Support benefits will be used to provide housing transition navigation services, housing deposits, housing tenancy and sustaining services. This coupled with programs such as the County's Landlord Engagement and Assistance Program (LEAP) which provides augmented services such as landlord incentives and the Flexible Supportive Re-Housing Program (FSRP) which provides collaborative intensive case management team for people who are homeless and are frequent users of several county systems, such as the County Jail, Behavioral Health, Child Support, etc. Additional flexible funding dollars have been requested in the budget to bolster those programs and be ensure funding availability for this encampment.

12. Describe how this proposal is tailored to meet the needs and preferences of people residing within the prioritized encampment. (1500 character limit)
The City and County of Sacramento have both prioritized increasing shelter options, including offering more non-congregate sheltering, and shelter options for couples and those with pets. We know that many of the people living along the W/X corridor have been homeless for long-periods of time and have not been successful with exiting homelessness through other programs, like congregate shelters. Additionally, we have heard from the people living outside in these areas that they want to be able to bring their belongings and pets to shelter. The new Safe Stay community shelter that will be partially funded under this grant will be comprised of tiny home cabins, and not only will people have the option to stay in a cabin with another person, such as a family member or significant other, but they will also be in a shelter community with familiar people from their previous encampment community. We often hear from people that are unhoused, that they don't want to go to a shelter where they are separated from their "camp family" or chosen family, but this proposal model will allow for them to remain in community together with shelter.

Table 1: Projected Living Situations Immediately Following the Encampment

Briefly Describe Each Projected Living Situation Immediately Following the Encampment	Is This Permanent Housing?	Quantify The Capacity (e.g., number of beds/units, frequency of bed/unit availability)	Prioritized or Set-Aside for ERF-2-R?	Is this living situation funded by ERF-2-R and / or Leveraged Funds?	% of Served Persons Projected to Fall Within This Living Situation
Safe Stay shelter	No	151	Yes	ERF-2-R	67
Re-Housing Support	Yes	75	Yes	Combination	33

Table 2: Projected Housing and Service Pathways to Permanent Housing

Describe Projected Housing and Service Pathway to Permanent Housing	Quantify the Capacity of the Housing and Service Pathway	Is this Housing and Service Pathway Funded by ERF-2-R and / or Leveraged Funds?

Re-housing support (short-term financial assistance, housing choice voucher, CalAIM ECM CS & CoC Projects)	150	Combination

Table 3: Strategies to Mitigate Displacement

Strategy	Is this Strategy Funded by ERF-2-R and / or Leveraged Funds?
Letter of Support from the City of Sacramento's	Leveraged
Letter of Support from Sacramento Police Department	Leveraged
Letter of Support from CalTrans	Leveraged

Table 4: Strategies to Mitigate Returns to Unsheltered Homelessness

Strategy	Is this Strategy Funded by ERF-2-R and / or Leveraged Funds?
Shelter staff case management & support	ERF-2-R
Partnership Agreement MDT Teams - outreach	Leveraged
CalAIM Enhanced Care Management	Leveraged

13. Describe how this proposal considers and plans for the dynamic nature of encampments including potential inflow of people into the geographically served areas. (1000 character limit)
Sacramento City's Department of Community Response currently manages the City-wide response to encampments, including coordinating the response to encampment specific needs (e.g. debris removal, safety concerns, service provision, etc.); tracking all encampments where City staff are deployed to; planning for siting and operations of sanctioned encampments and other sheltering strategies. Sacramento County is responsible for coordinating provision of Countywide services to encampments throughout the County, including within the cities. Multidisciplinary outreach teams, consisting of both City and County staff, and community health workers, have been engaging with people living at this encampment corridor for some time. They have tracked who lives in that geographic area, and those people will be prioritized in the addition of ERF grant funds. Everyone will have access to service options and will be entered into the coordinated entry system for shelter access, and re-housing.

14. Describe how this proposal will support individuals with continued access to and / or the storage of their personal property. (1000 character limit)
Funding from this grant will provide non-congregate shelter to people served in this area. Many people who live outside may decline more traditional congregate shelter options due to the limited space for storing personal items. Sacramento County will be leveraging the tiny homes provided by the State. In addition to the storage space in the tiny home shelters, the shelter sites will have additional space for storage which is not appropriate to be kept in their units, such as bicycles and other items that they may not need inside with them. When appropriate, staff will work with individuals on setting goals and creating incentives to downsize their belongings which may be more in alignment with living indoors. People who have lived outside for years regard their outdoor camping gear as the means to their survival and it may take time let go of certain belongings. Staff also available to assist with transportation of personal property.

15. Describe how this proposal will support individuals with service animals and/or pets. (1000 character limit)
DHSH and its partners recognize the important relationship that exists between people experiencing homelessness and their companion animals. Front Street Animal Clinic, the City's public animal care provider, provides a free walk-up vaccination clinic once a month which includes a free microchip and pet license, and no appointment is necessary. Outreach and case management staff can support people with animals with obtaining the necessary documentation to designate their pets as service animals, if needed, which may support with the reduction of barriers to housing. The people who stay at the shelter will also be allowed to bring their pets with them. The Safe Stay, funded with ERF funds, will have a dog run area, pet supplies and their animals can stay inside their cabins with them.

Budget and Resource Plan

16. State the total amount of ERF-2-R funds requested.
$17,675,219.69

17. State the estimated dollar value of secured, non-ERF-2-R resources that will help meet this proposal's outcomes.
$8,200,000.00

18. Identify and describe these non-ERF-2-R resources. (1000 character limit)
The non-ERF-2-R resources that we measured a dollar value to for this estimate includes cabins for the Safe Stay non-congregate shelter, re-housing funds, and outreach and navigation services.

Up to $4,000,000 in construction costs will be leveraged from the State Deparment of General Serices for the shelter

Approximately $2,000,000 in cabin shelter costs will be covered by the State, per Governor Newsom's commitment to Sacramento

Approximately $500,000 in outreach and navigation services will be leveraged by existing multi-disciplinary teams

Approximately $1,500,000 in housing choice voucher subsidies will be leveraged

Approximately $200,000 in CalAIM Enhanced Care Management and Community Support benefits which support in re-housing efforts will be leveraged.

19. Describe how the proposal is a prudent and effective use of requested funding relative to the number of people it seeks to serve and the types of services and housing to be provided in the proposal. Include an explanation of how the requested ERF-2-R amount was determined. (1000 character limit)
This project proposal is both prudent and effective since the encampment community along the W/X corridor is historically one of the most challenging communities to resolve homelessness for. Many of the people living in this area have cycled through numerous homeless services programs and shelters. The cost to the overall community system, to provide emergency services, crisis response,

neighborhood clean-up and other social service programs to unsheltered communities is much greater than the cost of sheltering and re-housing them. Leveraging ERF-2-R funds for a new low-barrier, non-congregate shelter that is focused on serving this community will provide a new opportunity for these people to transition to a place of shelter and stability and work with a team of staff to achieve permanent housing.

Attachment: Standardized Budget
ERF-2-R, Budget WX - Sacramento.06.23.xlsx

Key Entities and Staff

20. First, describe the implementing organization and specific unit or office within the implementing organization that would administer ERF-2-R. Then, describe their role and primary responsibilities for this proposal. Finally, if these entities have managed a complex homelessness project or grant, describe how those experiences informed this proposal. (1500 character limit)
If awarded, the administrator for this grant will be the Sacramento County Department of Homeless Services and Housing (DHSH). DHSH is a new department within the County, however it holds staff and programs that have been providing services to our unhoused population for many years. DHSH was created to solely focus on serving our homeless communities with staff dedicated to working exclusively on solutions to prevent and end homelessness. Many staff of DHSH came from other County departments which have managed many complex programs, and administered services funded through various grants including Homeless Housing, and Assistance Program (HHAP), American Rescue Plan Act (ARPA), and Housing and Homelessness Incentive Program (HHIP). Our department has the knowledge, expertise and skills to successfully manage, budget, assess and report on large-scale homeless programs with various funding sources.

Table 5: Key Staff

Title	Currently Filled Position?	FTE of Staffing for This Proposal	Funded by ERF-2-R and / or Leveraged Funds?	Brief Description of Duties
Human Services Program Specialist	No	.07	Yes	Policy and administrative support. Data tracking and reporting, application follow-up.
Human Services Program Planner	Yes	.45	Yes	(3 Staff) Program development, execution, oversight, systems oversight and coordination.
Senior Leadership Team	Yes	.15	Leveraged	Combined oversight and leadership: Includes Program Manager, Assistant Director and Director
Administrative Services Officer 3	Yes	.15	Leveraged	Administrative leadership to oversee contracts, budget and administration teams.

Administrative Services Officer 2	Yes	.05	Leveraged	Administrative Staffing: Contract and budget development, monitoring, support and coordination.
Accounting Technician	Yes	.025	Yes	Accounts payable, claiming review and processing.
Senior Accountant	Yes	.7	Yes	Oversight of accounting processes, contract monitoring, program and finance coordination.

21. First, describe key partners that will collectively pursue the proposal's outcomes. Then, describe their role and primary responsibilities for this proposal. Finally, if these entities have managed a complex homelessness project or grant, describe how those experiences informed this proposal. (1500 character limit)
DHSH will work in close unison with the City's Department of Community Response, the County's Behavioral Health Services, and Sacramento Covered, our contracted community health worker outreach provider, for continued outreach and navigation.

The shelter program partner funded with ERF dollars will be First Steps Communities (FSC). FSC is a seasoned homeless shelter operator. FSC, currently operates three homeless shelter sites in our County. One of the shelters that they operate, Safe Ground, is adjacent to this encampment area, and is mixed use tent camping and safe parking. Their staff are familiar with many of the people who have been chronically homeless in this prioritized encampment area, and the specific challenges that people there face.

For re-housing services, DHSH manages several programs including the Landlord Engagement and Assistance Program, the Housing for Healthy California grant and the Flexible Supportive Re-Housing Program. DHSH works closely with Sacramento Housing and Redevelopment Agency (SHRA) to coordinate services for people with housing subsidies and will continue to for the 47 housing choice vouchers under this proposal. DHSH will continue to collaborate with our CoC, to ensure proper documentation, tracking and coordination of people served under this new initiative.

22. Describe specific examples of how Local Jurisdiction(s) and the CoC have collaborated on the design and implementation of this proposal. (1000 character limit)
Leadership from Sacramento County, the City of Sacramento, and Sacramento Steps Forward (SSF), the lead agency for the Continuum of Care (CoC), meet regularly to coordinate on high-level strategizing and day-to-day operations of homeless programs. In December 2022, Sacramento County and the City of Sacramento entered into a new Homeless Services Partnership Agreement, a formal contract which outlines how cross-jurisdictional collaboration for homeless services will occur. The staff involved in these efforts have played a pivotal role in the project design and will provide leadership on the implementation of this proposal. The Local Homeless Action Plan (LHAP), a three-year plan from July 1, 2022, to June 30, 2025, is a cross-jurisdictional roadmap for system coordination. SSF is the lead on the coordination of this homeless plan. Leadership from SSF are in support of the grant design and have provided a letter of support outlining their role in the implementation of this proposal.

Optional Upload: Evidence of Cross-Jurisdictional Collaboration
SSF-Sacramento-Local-Homeless-Action-Plan.pdf

Sacramento City County Partnership Agreement -Executed Contract.pdf

Letters of Support for ERF WX.pdf

23. Identify any entities that have a right to and/or control of the property upon which the encampment site resides and discuss whether each of these entities committed allowing the implementation of this proposal. If they have not committed, please explain how you have or plan to engage with this entity to implement your proposal. Aditionally, describe how you collaborated with Caltrans on your program design, implementation plans, and timeline. (1000 character limit)
A letter of support from CalTrans and the City of Sacramento have been provided.

Centering People

24. How were persons with lived experience meaningfully incorporated into the planning and proposed implementation of this proposal? Please identify whether any perspectives were incorporated from persons that are currently unsheltered and / or formerly or currently residing within the prioritized encampment. (1000 character limit)
The County will continue to collaborate with the CoC's Racial Equity Committee and their Persons with Lived Experience Council. They both include organizations led by or which have significant numbers of staff with lived experience. Both this committee and council were involved with the drafting of the Local Homeless Action Plan and identified a goal for the development of more shelter programs focused on re-housing. If awarded, we will take additional steps to speak directly with the people living in these encampment areas to explain the encampment resolution funds for their community and listen to their suggestions for implementation and incorporate their feedback as we are able to.

25. Briefly describe how the proposal exemplifies Housing First approaches as defined in Welfare and Institutions Code section 8255. (1000 character limit)
Sacramento County and the partners on this project proposal work to incorporate housing first approaches in all our homeless services programs and to broaden our low-barrier programs. For this proposal, tenant screening for shelter or housing will not be contingent upon sobriety or use of substances. People with poor credit, and criminal history will still be provided options and will be allowed to stay at the shelter, funded by ERF grant funds. Outreach and shelter staff recognize that case management is a collaborative process that is client-centered, seeing clients as full partners in the development of their case plans based on strengths and self-identified goals. Our CoC's coordinated entry system has triaged service based on vulnerability, rather than a first-come-first-serve approach. With the inclusion of these funds, we will be leveraging rental and service assistance, to set them up for long-term success and stability.

26. Briefly describe how this proposal will center an individual's choice and provide trauma informed services and supports. (1000 character limit)
Outreach navigators employ strengths-based problem-solving techniques to identify shelter and housing solutions most aligned with clients' goals. Shelter and outreach staff understand and honor that clients have the option to refuse housing and service offers but will continue to support those individuals as appropriate through non-coercive strategies.

Staff consider the trauma impacting those residing in encampments and how this affects their daily functioning. To reduce the risks and effects associated with substance use and addictive behaviors, staff recognize that individuals can be at different stages of recovery and that effective interventions should be tailored to each person's stage and identified needs and goals. Behavioral Health Services staff offer one-on-one brief counseling, assessments for mental health treatment needs and facilitate warm hand-offs to behavioral health providers once referrals have been made and support enrollment into ongoing services.

27. Describe how this proposal will operationalize harm reduction and provide services that improve a person's health, dignity, and safety while they continue to reside within the prioritized encampment site. (1000 character limit)
Public health services which include prevention, risk reduction and health promotion are available to residents of this encampment, and staff will continue to coordinate access to these vital programs. Our County's Public Health provides free and low-barrier mobile medicine outreach which includes physician

evaluations of acute and chronic health care and health education. Their teams include communicable disease investigators and provide sexually transmitted infection screenings. Safer Alternatives thru Networking and Education (SANE) and Harm Reduction Services (HRS), are CBOs who provide syringes, naloxone, water delivery and education to people living outside. Our County will also be opening a community outreach recovery empowerment (CORE) program on X Street on this encampment corridor this summer. This CORE Wellness Center is a walk-in center where people can go for assistance with health challenges and support with accessing housing and other support services.

28. For encamped locations that are objectively dangerous, describe how the proposal will seek to prevent harm for people experiencing unsheltered homelessness in these locations. (1000 character limit)
The City of Sacramento, who oversees the local Police Department, meets regularly with local law enforcement and emergency response providers to discuss encampment locations and the needs of those communities. Our local Police have been working to protect people living outside and recognize that they are a highly vulnerable community that are often the victims of violence and crime.

In instances when we have extreme weather events, such as intense heat or rainstorms, weather respite centers and services are deployed. This includes either increased availability of temporary shelter, respite centers for cooling and warmth and wider availability of transportation to assist people with access to these locations. Our County has an active RFQ open now for weather respite which we hope will both increase and improve the availability and access to services for people living outside during these extreme climate conditions.

29. Identify what controls are or will be in place to ensure that all ERF-2-R funded parties will not penalize homelessness. The term "penalize homelessness" means to impose, by a governmental unit, criminal or civil penalties on persons who are homeless in a manner that is related to those persons' engagement in necessary human activities, including sleeping, resting, and eating. (1000 character limit)
Letters of support have been provided by several partners who understand and support the project design, timeline and they support a service-driven approach to addressing encampments. Our partners will notify us if an enforcement action is needed, due to critical circumstances such as imminent threat to life, health, safety or infrastructure, they will provide adequate notice, ideally 2-weeks ahead of time, when they are able to. If a person in the encampment is blocking a sidewalk or violating other City codes, City staff will talk with the individuals to address the concern. Staff will visit individuals and work to redirect them to compliance with city ordinances multiple times, and the City's Department of Community Response reports that this outreach and communication is an effective intervention method. No funds from the ERF-2-R grant will be used to penalize homelessness in this encampment area.

30. Describe how this proposal considers sanitation services for people residing in the prioritized encampment. This may include but is not limited to non-intrusive, curb-side waste removal and access to clean and available bathrooms. (1000 character limit)
The City has an existing contract with local garbage remediation provider, Forensiclean. They work in close partnership with outreach teams, and the community members residing in the encampments to uplift their autonomy by asking them to identify trash items that they would like to be picked up, as well as pick up abandoned trash items. This is done on a timely basis, within 24 hours via the city 311 system, or via referrals from outreach coordinators. This approach provides both timely and non-intrusive garbage removal within encampments.

Accelerated Timeline

31. How is your community currently supporting and / or engaging with people residing within the prioritized encampment? (1000 character limit)
Outreach teams have been working in this prioritized encampment area for years and will continue to do

outreach several times a week through the duration of the grant period. If our community is awarded the grant, our outreach teams would collaboratively engage with residents in this area to share information about project and opportunities through this funding. Additionally, the outreach team will share areas of the implementation and program design that can have the opportunity to provide feedback on implementation.

The City opened a 100-bed X-Street Navigation Center in September of 2021, which provides congregate shelter and services to people who are unhoused and is positioned at the east end of the W/X corridor encampment area. Some folks who are unsheltered at this prioritized encampment are no longer able to access the services at this location, due to prior infraction of program rules or could not be accommodated in a congregate setting.

32. If this proposal is selected, in advance of receiving funding, what steps will your community take to support the people living in the encampment and swift implementation of this proposal? (1000 character limit)
Our community is committed to supporting the people living along the W/X corridor and the work outlined in this proposal is already underway. Outreach and navigation to shelter and re-housing programs is presently happening, and the relationship between service coordinators and residents have been established and are continuing to be cultivated and deepened. The design process and planning for the development of the new Safe Stay shelter is in progress, and our hope is that it will be opening shortly after the receipt of funds for this project.

Table 6: Projected Milestones

Outreach to the people residing in the prioritized encampment site began / will begin in month ____.	**This proposal will reach full operating capacity in month _____.**	**The first planned exit of a person or household from the prioritized encampment will occur in month_____.**	**The last planned exit of a person or household from the prioritized encampment will occur in month _____.**
September 2023	January 2024	December 2023	June 2026

Attachment: Standardized Timeline
ERF-2-R Project Timeline WX_Sacramento.06.23.xlsx

Applicants must use the ERF-2-R Timeline Template available on box.com

CERTIFICATION

Before certifying, applicants are strongly encouraged to review the NOFA.

I certify that all information included in this Application is true and accurate to the best of my knowledge.

Name
Gina Patterson

Title
Human Services Program Planner

Email
pattersongi@saccounty.gov

SUBMISSION PORTAL OVERVIEW

Is the Application a "Test" Submission?
No, this is my official Submission.

Part 1: ADMINISTRATIVE INFORMATION

Application Window

This application is being submitted in the following application window:
Window #3, 5/1/2023 - 6/30/2023

Eligible Applicant

Select the eligible applicant's jurisdiction type.
County

What is the name of the city or county?
Sacramento County

Implementing Organization

Implementing Organization
Sacramento County Department of Homeless Services and Housing

Specific Unit or Office Within the Implementing Organization
N/A

Implementing Organization's Address
700 H Street

City	Zip Code	County
Sacramento	957814	Sacramento

Implementing Organization's Tax ID Number
94-6000529

Project Director

Name
Yvonne Rodriguez

Title
Human Services Program Planner

Phone	Email
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Grant Administrator

Name
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Contact Person for Application

Name
Gina Patterson

Title
Human Services Program Planner

Phone
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pattersongi@saccounty.gov

Authorized Representative

Name
Emily Halcon

Title
Director of Homeless Services and Housing

⚠This Application uses character limits ⚠

Reaching these limits is not required. Competitive responses may fall well short of these limits.

Part 2: PROPOSAL OVERVIEW

People Served

Number of people currently residing in prioritized encampment site
200

Of people currently residing in prioritized encampment site, how many will be served by this proposal?
120

Given the potential for inflow of people into the prioritized encampment site, how many people are projected to be served across the entire grant period?
400

Of people projected to be served across the entire grant period, number of people projected to transition into interim shelters
90

Of people projected to be served across the entire grant period, number of people projected to transition into permanent housing
60

Is the prioritized encampment site part of a larger encampment area?
No

Encampment Information

1. Briefly describe the characteristics of the people residing within the prioritized encampment site. The description must include demographics and may include household compositions, disabilities, and projected service and housing needs. (1500 character limit)
Approximately 200 unhoused residents are in the project area along Roseville Rd. as informed by field outreach. Residents in the encampments along Roseville Rd primarily live in single member households. There are few, if any, households with minor children and when families with minors are identified current services can provide emergency shelter. Most people who are living along Roseville Rd are homeless with

a cars, vans, trailers, or fifth wheel camper; most of these vehicles are in poor condition and are not suitable for habitation.

County demographics from the 2022 PIT Count align with the outreach reports from Roseville Rd: Most people have been homeless for 3 or more years; Black residents are 3 to 4 times over represented, as compared to housed communities; Most of the people in this encampment are older, many with physical disabilities, with 58% of unsheltered adults report at least one disability; 65% of the County homeless population are men and 35% are women.

Due to the high number of people with vehicles, many are not interested in traditional shelter, which often don't allow guest vehicles. Many vehicles need repair and may not be operable; historically, outreach and service teams have not had resources to assist people with vehicle repair, registration or insurance. Safe parking provides a new low-barrier strategy and centered on the individual's desire to keep their vehicle. This interim step will be part of the transition them out of homelessness.

2. Briefly describe physical characteristics of the prioritized encampment site in which the people you are proposing to serve are residing. The description must include the specific location, physical size of the area, the types of structures people are residing in at the site, whether vehicles are present, and any other relevant or notable physical characteristics of the site. (1000 character limit)
The prioritized location includes approximately 7.5 miles of roadway in the unincorporated County and City of Sacramento. The south boundary is the I-80 at the Marconi Ave exit. The north boundary is the I-80/Auburn Blvd on ramp. All of Roseville Rd includes CalTrans right-of-way. Some areas where encampments tend to locate include at Watt Ave, Tacomic Dr and behind Haggins Oaks Golf Complex. In the unincorporated areas, the camps border residences and businesses; in the City the camps are adjacent to industrial uses.

Encampments are dynamic, with movement between locations within the project area common. Encampments regularly move between freeway rights of way and adjacent neighborhoods and between jurisdictions. Accordingly, we have proposed a larger project area to ensure continuation of service even if camps move around. Most camps along Roseville Rd are within half a mile or less of a CalTrans right-of-way. Encampments are a combination of vehicles, tents and makeshift shelters.

3. Why is this particular encampment site being prioritized? (1000 character limit)
The Roseville Road encampment area is being prioritized for several reasons, notably proximity to freeway rights of way and unmet needs in the community. The Highway 80 along this area can be very busy and traffic counts on the freeways in this area can reach as high as 15,000 to 20,000 cars per hour at peak times. This volume of traffic in proximity to encampments of this scope present an obvious hazard. Encampments are often clustered around on and off ramps.

For several years the proposed project area has seen community members experiencing homelessness moved from CalTrans rights of way into adjacent neighborhoods and business districts and then over time relocating back into the rights of way, only to see the process begin again. Adequate shelter with safe parking has not been available to break this cycle. ERF funding represents an opportunity to turn the tide on this challenging dynamic within the city and unincorporated County of Sacramento.

Attachment: Map
Map of Roseville Road.docx

4. Is the prioritized site on a state right-of-way?
Yes - partially

Attachment: Caltrans Letter of Support

Cal ICH ERF Roseville Rd Letter of Support - Caltrans.pdf

Proposal's Outcomes

5. What are the outcomes this proposal seeks to accomplish by the grant close (6/30/2026)? If funded, what are the primary activities you are planning to implement to achieve the proposal's outcomes? (1000 character limit)

Our project design is aligned with the primary objective of this funding opportunity, to resolve unsheltered homelessness for people residing on Roseville Road. Our teams will provide holistic wrap-around outreach and service navigation, free of punitive measures. We will center their housing plan to their desires and offer clear pathways to housing and low-barrier options for shelter. This process will be collaborative, and data informed with strong partnerships between jurisdictions and the CoC. We will collect descriptive information on services provided, the demographics of people engaged and the reason for why some people decline services and assess the efficacy and equity in our encampment resolution efforts. The three-year period of this grant, with the inclusion of these new funds focused for this priority community will provide us with the distinct resources to support these people with exiting homelessness into long-term stable housing.

6. How will the applicant measure progress towards the proposal's outcomes? (1000 character limit)

All outreach team members working in these targeted encampment areas will be trained on and required to input data within the Homeless Management Information System (HMIS). The grant administrator will meet regularly with critical project staff to review data on those individuals in the HMIS project for this encampment resolution initiative. This will include reviewing the number of outreach contacts, document readiness work, referrals into our local coordinated entry system, referrals to CalAIM, referrals to shelter, and the outcomes of those efforts.

7. Are there any local ordinances, resources, or other factors that may hinder achieving the proposal's outcomes? If so, how will the applicant navigate these challenges? (1000 character limit)

The proposed project area is within the City of Sacramento. The City of Sacramento has provided a letter of support for this proposal and the City and County have entered into a partnership agreement to work collaboratively to address homelessness. City staff will work diligently with grant program staff throughout the implementation of the project to coordinate outreach, collect data, and review progress toward project goals. Local ordinances are generally in alignment with the proposed outcomes to connect those experiencing unsheltered homelessness in encampments along Caltrans right-of ways with services, temporary shelter beds and intensive case management services focused on long-term supportive housing placement, health, and behavioral health services. Local ordinances are not expected to hinder achieving proposed outcomes.

8. Is this proposal a standalone project or part of a larger initiative?

Standalone

Part 3: IMPLEMENTATION

Core Service Delivery and Housing Strategies

9. Describe the proposed outreach and engagement strategy, case management, and / or service coordination for people while they are continuing to reside within the encampment site. Quantify units of service to be delivered including the ratio of staff to people served, frequency of engagement, and length of service periods. (2000 character limit)

This project area has been a priority focus for the recent City-County Collaborative partnership. Multidisciplinary teams consisting at minimum of an outreach specialist and a behavioral health specialist have been assigned to the project area for recent months and will remain active in the area throughout the project term. MDT Engagement will occur several days a week. Outreach and engagement services will be ongoing and expanding throughout the length of the project term. This summer, we will be adding Medi-Cal Managed Care Plan-funded Community Health Workers to provide assessments and referrals to Enhanced Care Management and Community Supports, funded by CalAIM and contracted with Sacramento Covered. This contracted outreach provider has provided a letter of support for this grant proposal.

Quantities of various services will vary; throughout the project term we expect to complete at least 200 mental health assessments. Outreach staff will complete more than 20,000 engagements, which are meaningful contacts that include service coordination and provision, throughout the span of the project timeline. These engagements can lead to referrals into coordinated entry, CalAIM referrals and ECM benefit coordination, and discussion of service provision with an unhoused community member. An individual in this prioritized encampment area may receive several hundred engagements with outreach staff over the duration of this initiative.

10. Describe the role of Coordinated Entry in the context of this proposal and how Coordinated Entry policies or processes will support and / or hinder the implementation of this proposal. (1000 character limit)

Sacramento Steps Forward (SSF), the lead agency for Sacramento's Continuum of Care, which manages our coordinated entry system is aware of and in support of this proposal and has provided us with a formal letter of support from their Chief Executive Officer. Many of our community's shelters have different guidelines and referral processes, and SSF staff work closely with County and City staff and other jurisdictional partners to develop those policies and processes. They will support the development of a referral system into our new shelter which prioritizes people from Roseville Road and tracks them as they may move to different service providers in our continuum of care.

11. Please describe the interim shelter and permanent housing opportunities proposed to support this proposal and provide evidence of the applicant's demonstrated ability and commitment to deliver permanent housing for people residing in the prioritized encampment. (2000 character limit)

This proposal will fund a Safe Stay parking location in Northern Sacramento, proximate to Roseville Road. In 2022, Sacramento County purchased a large warehouse on 13 acres which will be developed into a large campus of services for people experiencing homelessness. This site is in the design and planning phase for the larger vision of bringing tiny cabins and social services on site. As that work takes place, the County is planning to use part of the 9 acres of parking space for safe parking for this prioritized encampment community. The County is working towards construction of space for 30 people to park safely with services provided at this location. This safe parking model is a good interim step in meeting the needs of many people living unsheltered along Roseville Road with their vehicles. This site is approximately two miles from the prioritized encampments.

This encampment resolution initiative will leverage and braid together several permanent housing funding-streams and opportunities. Through partnership with the Sacramento Housing and Redevelopment Agency

(SHRA), this priority encampment has been allotted 47 housing choice vouchers. Additionally, California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management and Community Support benefits will be used to provide housing transition navigation services, housing depository, housing tenancy and sustaining services. This coupled with programs such as the County's Landlord Engagement and Assistance Program (LEAP) which provides augmented services such as landlord incentives and the Flexible Supportive Re-Housing Program (FSRP) which provides collaborative intensive case management team for people who are homeless and are frequent users of several county systems, such as the County Jail, Behavioral Health, Child Support, etc. Additional flexible funding dollars have been requested in the budget to bolster those programs and be ensure funding availability for this encampment.

12. Describe how this proposal is tailored to meet the needs and preferences of people residing within the prioritized encampment. (1500 character limit)
The County of Sacramento declared a shelter crisis in 2022. This declaration not only allows our county staff to move with expediency with site developments for new Safe Stay shelter communities, but also provides direction to staff to pursue non-traditional options for providing shelter to help meet the needs of unsheltered people in our community. This includes offering more non-congregate sheltering, and safe parking options for couples and those with pets. We know that many of the people living along Roseville Road have been homeless for long-periods of time and have not been successful with exiting homelessness through other programs, like congregate shelters. Additionally, we have heard from the people living outside in these areas that they want to be able to bring their belongings and pets to shelter. The new Safe Stay parking that will be partially funded under this grant which will not only allow people to stay with their vehicles in a service-rich environment, but they will also remain in a community with familiar people from their previous encampment community. We often hear from people that are unhoused, that they don't want to go to a shelter where they are separated from their "camp family" or chosen family, but this proposal model will allow for them to remain in community together with shelter.

Table 1: Projected Living Situations Immediately Following the Encampment

Briefly Describe Each Projected Living Situation Immediately Following the Encampment	Is This Permanent Housing?	Quantify The Capacity (e.g., number of beds/units, frequency of bed/unit availability)	Prioritized or Set-Aside for ERF-2-R?	Is this living situation funded by ERF-2-R and / or Leveraged Funds?	% of Served Persons Projected to Fall Within This Living Situation
Safe Parking	No	30	Yes	Funded by ERF-2-R	50
Supportive Living or Permanent Housing	Yes	30	Yes	Combination	50

Table 2: Projected Housing and Service Pathways to Permanent Housing

Describe Projected Housing and Service Pathway to Permanent Housing	Quantify the Capacity of the Housing and	Is this Housing and Service Pathway

	Service Pathway	Funded by ERF-2-R and / or Leveraged Funds?
Rehousing Support (Financial Assistance & Housing Choice Vouchers & CalAIM Community Supports)	60	Both

Table 3: Strategies to Mitigate Displacement

Strategy	Is this Strategy Funded by ERF-2-R and / or Leveraged Funds?
Letter of Support from City of Sacramento	No
Letter of Support from CalTrans	No
Letter of Support from Sacramento Police Department	No

Table 4: Strategies to Mitigate Returns to Unsheltered Homelessness

Strategy	Is this Strategy Funded by ERF-2-R and / or Leveraged Funds?
Safe parking staff & outreach staff support	Both
CalAIM Enhanced Care Management & Community Supports	Leveraged

13. Describe how this proposal considers and plans for the dynamic nature of encampments including potential inflow of people into the geographically served areas. (1000 character limit)
Sacramento City's Department of Community Response manages the City's response to encampments, including: coordinating encampment specific needs (debris removal, safety concerns, service provision, etc.); tracking encampments where City staff deploy; planning for siting and operations of sanctioned encampments and other shelters. Sacramento County is responsible for coordinating provision of Countywide services to encampments throughout the County, including within cities. Multidisciplinary outreach teams, consisting of both City and County staff and community health workers, have been engaging with people living at this encampment for some time. They have tracked who lives in the geographic area, and those people will be prioritized with ERF grant funds. If people flow into this area, they will have access to service options and will be entered into the coordinated entry system for assistance with shelter access, and long-term housing opportunities.

14. Describe how this proposal will support individuals with continued access to and / or the storage of their personal property. (1000 character limit)
Funding from this grant will provide safe parking to people served in this area. Many people who live outside may decline more traditional congregate shelter options due to the limited space for storing personal items and keeping their vehicles. People will be able to keep their personal belongings with them in their vehicle, in a highly secure place, with 24-hour staff monitoring so that their belongings are safe. When appropriate, staff will work with individuals on setting goals and creating incentives to downsize their belongings which may be more in alignment with living indoors. People who have lived outside for years regard their outdoor camping gear as the means to their survival and it may be a process for them to transition and let go of certain belongings. Staff at the safe parking location and outreach staff that are

supporting individuals with their transition into housing are also available to assist with transportation of personal property.

15. Describe how this proposal will support individuals with service animals and/or pets. (1000 character limit)
DHSH and its partners recognize the important relationship that exists between people experiencing homelessness and their companion animals. Front Street Animal Clinic, the City's public animal care provider, provides a free walk-up vaccination clinic once a month which includes a free microchip and pet license. Sacramento County's Animal Care Services has an outreach clinic, with a mobile van which holds events once a month in various community locations and collaborate with community partners on outreach site locations. During outreach they service up to 300 to 400 animals in a day with veterinary services and pet supplies. Outreach and case management staff can support people with animals with obtaining the necessary documentation to designate their pets as service animals, if needed, which may support with the reduction of barriers to housing. The people who stay at the ERF funded Safe Stay parking will also be allowed to bring their pets with them.

Budget and Resource Plan

16. State the total amount of ERF-2-R funds requested.
$3,665,920.46

17. State the estimated dollar value of secured, non-ERF-2-R resources that will help meet this proposal's outcomes.
$2,931,500.00

18. Identify and describe these non-ERF-2-R resources. (1000 character limit)
The non-ERF-2-R resources that we measured a dollar value for this estimate includes safe parking construction, re-housing funds, and outreach and navigation services.

Sacramento County Department of General Services provided an estimated quote of $731,500 for cost of construction to develop safe parking, office trailer and furnishings. The County will fund this.

Approximately $500,000 in outreach and navigation services will be leveraged by existing multi-disciplinary teams

Approximately $1,500,000 in housing choice voucher subsidies will be leveraged

Approximately $200,000 in CalAIM Enhanced Care Management and Community Support benefits which support in re-housing efforts will be leveraged.

19. Describe how the proposal is a prudent and effective use of requested funding relative to the number of people it seeks to serve and the types of services and housing to be provided in the proposal. Include an explanation of how the requested ERF-2-R amount was determined. (1000 character limit)
This project proposal is both prudent and effective since the encampment community along Roseville Road is historically one of the most challenging communities to resolve homelessness for. Many

of the people living in this area have cycled through numerous homeless services programs and shelters. The cost to the overall community system, to provide emergency services, crisis response, neighborhood clean-up and other social service programs to unsheltered communities is much greater than the cost of sheltering and re-housing them. Leveraging ERF-2-R funds for a new low-barrier, non-congregate shelter that is focused on serving this community will provide a new opportunity for these people to transition to a place of shelter and stability and work with a team of staff to achieve permanent housing.

Attachment: Standardized Budget
ERF-2-R, Budget Roseville Rd - Sacramento.06.23.xlsx

Key Entities and Staff

20. First, describe the implementing organization and specific unit or office within the implementing organization that would administer ERF-2-R. Then, describe their role and primary responsibilities for this proposal. Finally, if these entities have managed a complex homelessness project or grant, describe how those experiences informed this proposal. (1500 character limit)
If awarded, the administrator for this grant will be the Sacramento County Department of Homeless Services and Housing (DHSH). DHSH is a new department within the County, however it holds staff and programs that have been providing services to our unhoused population for many years. Historically, most of the homeless programs, including outreach services, shelter program, weather respite and re-housing programs, were under the Department of Human Assistance. This past year many of those programs and staff transitioned to DHSH, a smaller department which is solely focused on serving our homeless communities. Our County has managed many complex programs, and administered services funded through various grants including Homeless Housing, and Assistance Program (HHAP), American Rescue Plan Act (ARPA), and Housing and Homelessness Incentive Program (HHIP). Our department has the knowledge, expertise and skills to successfully manage, budget, assess and report on large-scale homeless programs with various funding sources.

Table 5: Key Staff

Title	Currently Filled Position?	FTE of Staffing for This Proposal	Funded by ERF-2-R and / or Leveraged Funds?	Brief Description of Duties
Human Services Program Specialist	No	.07	Yes	Policy and administrative support. Data tracking and reporting, application follow-up.
Human Services Program Planner	Yes	.55	Yes	(3 staff) Program development, execution, oversight, systems oversight and coordination.
Leadership Staff	Yes	.15	Leveraged	Combined oversight and leadership: Includes Program Manager, Assistant Director and Director

Administrative Services Officer 3	Yes	.05	Leveraged	Administrative leadership to oversee contracts, budget and administration team.
Administrative Services Officer 2	Yes	.1	Yes	Administrative Staffing: Contract and budget development, monitoring, support and coordination.
Accounting Technician	Yes	.025	Yes	Accounts payable, claiming review and processing.
Senior Accountant	Yes	.7	Yes	Oversight of accounting processes, contract monitoring, program and finance coordination.

21. First, describe key partners that will collectively pursue the proposal's outcomes. Then, describe their role and primary responsibilities for this proposal. Finally, if these entities have managed a complex homelessness project or grant, describe how those experiences informed this proposal. (1500 character limit)
The County Department of Homeless Services and Housing will work closely with the City Department of Community Response, County Behavioral Health Services, and Sacramento Covered, our contracted outreach provider, for continued outreach and navigation coordination.

The shelter program partner will be City Net, a seasoned homeless services provider, who we have several other homeless shelter contracts with where they have demonstrated the ability to manage complex programs. City Net has been in operation for 20 years, primarily in Southern California and has successfully assisted thousands of people in transitioning out of homelessness, with a retention rate of over 92%. City Net supports project design and believes that the Safe Stay parking at Watt Ave will provide stability and safety to residents and be a helpful step in the transition from unsheltered encampment living to permanent housing, with 24-hour staff and supportive services.

For re-housing, DHSH manages several programs including the Landlord Engagement and Assistance Program, the Housing for Healthy California grant and the Flexible Supportive Re-Housing Program. DHSH works closely with Sacramento Housing and Redevelopment Agency (SHRA) to coordinate services for people with housing subsidies and will continue to for the 47 housing choice vouchers under this proposal. DHSH will continue to collaborate with our CoC, to ensure proper documentation, tracking and coordination of people served.

22. Describe specific examples of how Local Jurisdiction(s) and the CoC have collaborated on the design and implementation of this proposal. (1000 character limit)
In December 2022, Sacramento County and the City of Sacramento entered into a new Homeless Services Partnership Agreement, a formal contract which outlines how cross-jurisdictional collaboration for homeless services will occur. The staff involved in these efforts will provide leadership on the implementation of this proposal. The proposed Roseville Road encampment project is indicative of this partnership, in that the encampments span both jurisdictions, with people frequently moving between jurisdictions. Given the complex jurisdictional boundaries along Roseville Road, the only way to truly address these encampments is with a formal and coordinated partnership between the two jurisdictions. The Local Homeless Action Plan (LHAP), a three-year plan from 7/1/22, to 6/30/25, is a cross-jurisdictional roadmap for system coordination. The CoC led the drafting and coordination of this homeless plan and have provided a letter of support outlining their role in project implementation.

Optional Upload: Evidence of Cross-Jurisdictional Collaboration
ERF-2-R Letters of Support - Roseville Rd.pdf

SSF-Sacramento-Local-Homeless-Action-Plan.pdf

Sacramento City County Partnership Agreement -Executed Contract.pdf

23. Identify any entities that have a right to and/or control of the property upon which the encampment site resides and discuss whether each of these entities committed allowing the implementation of this proposal. If they have not committed, please explain how you have or plan to engage with this entity to implement your proposal. Aditionally, describe how you collaborated with Caltrans on your program design, implementation plans, and timeline. (1000 character limit)
CalTrans and the Sacramento Police Department have both provided letters of support for this encampment resolution initiative.

Centering People

24. How were persons with lived experience meaningfully incorporated into the planning and proposed implementation of this proposal? Please identify whether any perspectives were incorporated from persons that are currently unsheltered and / or formerly or currently residing within the prioritized encampment. (1000 character limit)
Sacramento County and the partners on this project proposal work to incorporate housing first approaches in all our homeless services programs and to broaden our low-barrier programs. For this proposal, tenant screening for shelter or housing will not be contingent upon sobriety or use of substances. People with poor credit, and criminal history will still be provided options and will be allowed to stay at the shelter, funded by ERF grant funds. Outreach and shelter staff recognize that case management is a collaborative process that is client-centered, seeing clients as full partners in the development of their case plans based on strengths and self-identified goals. Our CoC's coordinated entry system has triaged service based on vulnerability, rather than a first-come-first-serve approach. With the inclusion of these funds, we will be leveraging rental and service assistance, to set them up for long-term success and stability.

25. Briefly describe how the proposal exemplifies Housing First approaches as defined in Welfare and Institutions Code section 8255. (1000 character limit)
Sacramento County and the partners on this project proposal work to incorporate housing first approaches in all our homeless services programs and to broaden our low-barrier programs. For this proposal, tenant screening for shelter or housing will not be contingent upon sobriety or use of substances. People with poor credit, and criminal history will still be provided options and will be allowed to stay at the shelter, funded by ERF grant funds. Outreach and shelter staff recognize that case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy that is client-centered, seeing clients as full partners in the development of their case plans and interventions based on strengths and self-identified goals. Our CoC's coordinated entry system has triaged service based on vulnerability, rather than a first-come-first-serve approach. With the inclusion of these funds, we will be leveraging rental and service assistance, to not on

26. Briefly describe how this proposal will center an individual's choice and provide trauma informed services and supports. (1000 character limit)
Outreach navigators employ strengths-based problem-solving techniques to identify shelter and housing solutions most aligned with clients' goals. Shelter and outreach staff understand and honor that clients have the option to refuse housing and service offers but will continue to support those individuals as appropriate through non-coercive strategies.

Staff consider the trauma impacting those residing in encampments and how this affects their daily functioning. To reduce the risks and effects associated with substance use and addictive behaviors, staff recognize that individuals can be at different stages of recovery and that effective interventions should be

tailored to each person's stage and identified needs and goals. Behavioral Health Services staff offer one-on-one brief counseling, assessments for mental health treatment needs and facilitate warm hand-offs to behavioral health providers once referrals have been made and support enrollment into ongoing services.

27. Describe how this proposal will operationalize harm reduction and provide services that improve a person's health, dignity, and safety while they continue to reside within the prioritized encampment site. (1000 character limit)
Public health services which include prevention, risk reduction and health promotion are available to residents of this encampment, and staff will continue to coordinate access to these vital programs. Our County's Public Health provides free and low-barrier mobile medicine outreach which includes physician evaluations of acute and chronic health care and health education. Their teams include communicable disease investigators and provide sexually transmitted infection screenings. Safer Alternatives thru Networking and Education (SANE) and Harm Reduction Services (HRS), are CBOs who provide syringes, naloxone, water delivery and education to people living outside. Our County will also be opening a community outreach recovery empowerment (CORE) program on X Street on this encampment corridor this summer. This CORE Wellness Center is a walk-in center where people can go for assistance with health challenges and support with accessing housing and other support services.

28. For encamped locations that are objectively dangerous, describe how the proposal will seek to prevent harm for people experiencing unsheltered homelessness in these locations. (1000 character limit)
The City of Sacramento, who oversees the local Police Department, meets regularly with local law enforcement and emergency response providers to discuss encampment locations and the needs of those communities. Our local Police have been working to protect people living outside and recognize that they are a highly vulnerable community that are often the victims of violence and crime.

In instances when we have extreme weather events, such as intense heat or rainstorms, weather respite centers and services are deployed. This includes either increased availability of temporary shelter, respite centers for cooling and warmth and wider availability of transportation to assist people with access to these locations. Our County has an active RFQ open now for weather respite which we hope will both increase and improve the availability and access to services for people living outside during these extreme climate conditions.

29. Identify what controls are or will be in place to ensure that all ERF-2-R funded parties will not penalize homelessness. The term "penalize homelessness" means to impose, by a governmental unit, criminal or civil penalties on persons who are homeless in a manner that is related to those persons' engagement in necessary human activities, including sleeping, resting, and eating. (1000 character limit)
Letters of support have been provided by several partners who understand and support the project design, timeline and they support a service-driven approach to addressing encampments. Our partners will notify us if an enforcement action is needed, due to critical circumstances such as imminent threat to life, health, safety or infrastructure, they will provide adequate notice, ideally 2-weeks ahead of time, when they are able to. If a person in the encampment is blocking a sidewalk or violating other City codes, City staff will talk with the individuals to address the concern. Staff will visit individuals and work to redirect them to compliance with city ordinances multiple times, and the City's Department of Community Response reports that this outreach and communication is an effective intervention method. No funds from the ERF-2-R grant will be used to penalize homelessness in this encampment area.

30. Describe how this proposal considers sanitation services for people residing in the prioritized encampment. This may include but is not limited to non-intrusive, curb-side waste removal and access to clean and available bathrooms. (1000 character limit)
Both the City and County of Sacramento have an existing contract with local garbage remediation provider, Forensiclean. They work in close partnership with outreach teams, and the community members residing

in the encampments to uplift their autonomy by asking them to identify trash items that they would like to be picked up, as well as pick up abandoned trash items. This is done on a timely basis, within 24 hours via the 311 systems, or via referrals from outreach coordinators. This approach provides both timely and non-intrusive garbage removal within encampments.

Accelerated Timeline

31. How is your community currently supporting and / or engaging with people residing within the prioritized encampment? (1000 character limit)
The multidisciplinary outreach teams have been working in this prioritized encampment area for years and will continue to do outreach several times a week through the duration of the grant period. If our community is awarded the grant, our outreach teams would collaboratively engage with residents in this area to share information about project and opportunities through this funding. Additionally, the outreach team will share areas of the implementation and program design that can have the opportunity to provide feedback on implementation.

32. If this proposal is selected, in advance of receiving funding, what steps will your community take to support the people living in the encampment and swift implementation of this proposal? (1000 character limit)
Our community is committed to supporting the people living on Roseville Road and the work outlined in this proposal is already underway. Outreach and navigation to shelter and re-housing programs is presently happening, and the relationship between service coordinators and residents have been established and are continuing to be cultivated and deepened. The design process and planning for the development of the Safe Stay parking on Watt Avenue is in progress, and our hope is that it will be opening shortly after the receipt of funds for this project.

Table 6: Projected Milestones

Outreach to the people residing in the prioritized encampment site began / will begin in month ____.	**This proposal will reach full operating capacity in month _____.**	**The first planned exit of a person or household from the prioritized encampment will occur in month_____.**	**The last planned exit of a person or household from the prioritized encampment will occur in month _____.**
September 2023	January 2024	December 2023	June 2026

Attachment: Standardized Timeline
ERF-2-R Project Timeline Roseville - Sacramento.06.23.xlsx

Applicants must use the ERF-2-R Timeline Template available on box.com

CERTIFICATION

Before certifying, applicants are strongly encouraged to review the NOFA.

I certify that all information included in this Application is true and accurate to the best of my knowledge.

Name
Gina Patterson

Title
Human Services Program Planner

Email
pattersongi@saccounty.gov

Appendix 5: Homeless Encampment Template Attachments
ATT 4

Homeless Outreach Services

Six Month Report: July 1- December 31, 2025

COUNTY OF SACRAMENTO OUTREACH SERVICES

Updates from July 1 through December 31, 2025

OVERVIEW AND APPROACH

The County of Sacramento (County) is the primary entity responsible for providing homeless outreach services to unincorporated areas and the Parkway. The County's approach to outreach services is multifaceted with teams dedicated to:

- Proactive outreach to County-identified priority encampments
- Response driven needs from Sheriff, Rangers, and other County partners
- Maintaining consistent outreach 'office hours' distributed throughout suburban areas + Parkway

County funded outreach teams employ a 'case carrying' approach in which they provide on-going engagement focused on resolving a person's homelessness and resource connections. Services outreach teams offer include (not limited to):

Shelter + Permanent Supportive Housing	Access to basic needs	Referrals + linkages to community resources	Transportation support

OUTREACH TEAMS AND STAFFING

Outreach teams are composed of both contracted services through Community HealthWorks (CoHeWo) and County Behavioral Health Services' Homeless Engagement and Response Team (HEART). Starting July 1, 2025, staffing consists of:

- 5 staff for the Parkway through CoHeWo
- 5 staff for the Encampment Services Team (3 CoHeWo | 2 HEART staff)
- 8 staff for the Community Based Outreach through CoHeWo

Connecting County Outreach Teams to CalAIM Services

Sacramento County's outreach teams now work closely with CalAIM, a statewide initiative that helps people experiencing homelessness access health care and other supports through Medi-Cal.

When outreach staff engage someone living unsheltered, they help connect that person to a CalAIM care team, managed by Community HealthWorks. Outreach workers continue to focus on helping people find shelter, housing, and essential resources, while

CalAIM care teams provide ongoing support with health needs, benefits, and service coordination. Once a person is successfully connected to CalAIM, they transition away from County outreach, allowing outreach staff to engage others who are not yet connected to services.

This collaboration ensures that people experiencing homelessness receive support through both systems with health and housing working together. By coordinating these efforts, Sacramento County is helping create a stronger path toward stability, wellness, and long-term housing success.

SUMMARY OF OUTREACH ACTIVITIES

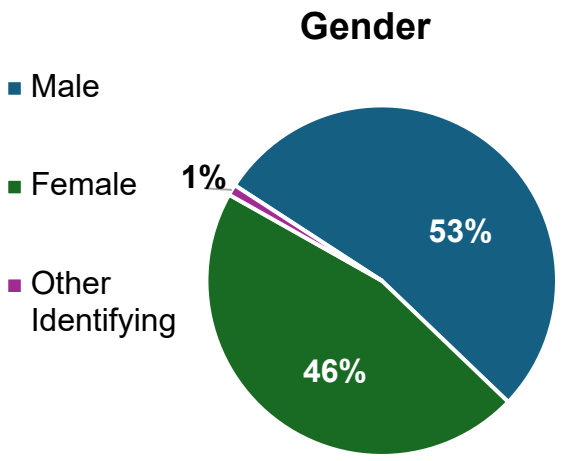
County outreach teams provided **37,554** services to **916** unduplicated individuals and supported **222** unduplicated individuals with transitioning out of unsheltered homelessness (which included shelter and permanent housing). Of the 916 unduplicated individuals enrolled in outreach, **128** transitioned into CalAIM averaging **207 days** from outreach enrollment to CalAIM enrollment.

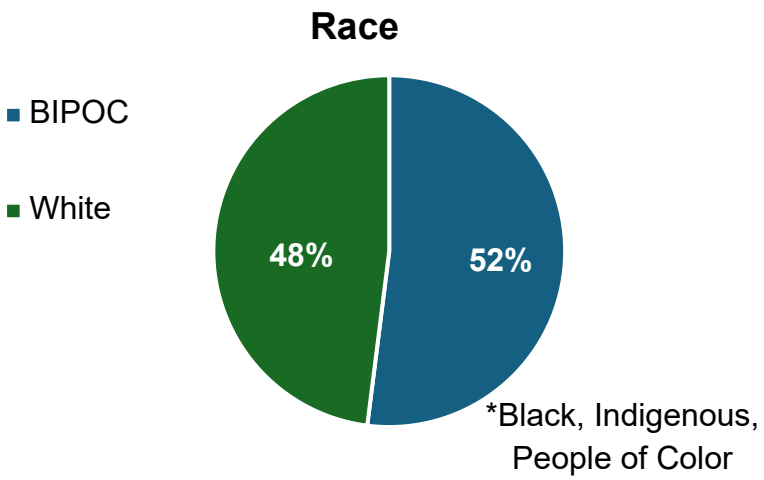
Services Provided Consist of:

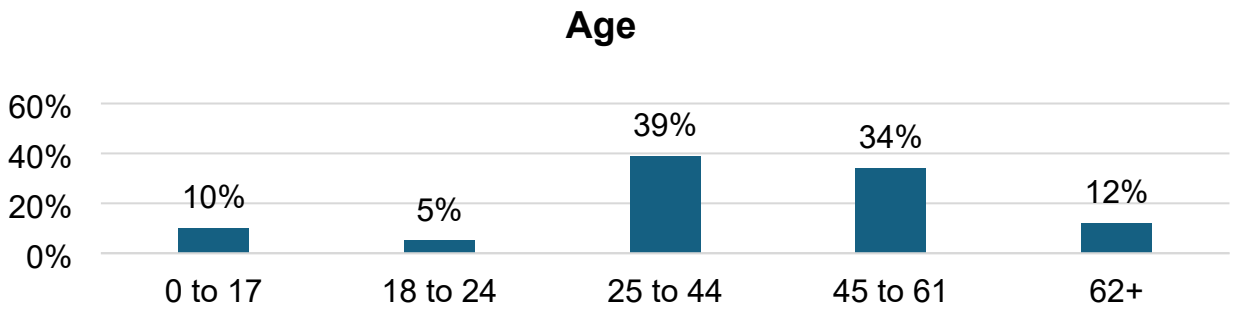
NUMBER OF SERVICES	TYPE OF SERVICES (BY CATEGORY)
26,228	General Case Management
2,199	Housing Search/Placement
1,614	Clothing and Hygiene Care
1,594	Vital Documents Support
1,400	Food Services
1,193	Care Coordination
934	Healthcare Services
674	Transportation
393	Coordinated Access System Referrals
362	CalAim Services
352	Community Resource Referrals
174	Behavioral Health Services
45	Legal Services
33	Animal Care Services

*On average, outreach teams provided **41** services per client during the reporting period.*

DEMOGRAPHICS OF PERSONS SERVED







Appendix 5: Homeless Encampment Template Attachments
ATT 5

HUD 2025 Continuum of Care Homeless Assistance Programs
Housing Inventory Count Report

Important Notes About This Data: This report is based on information provided to HUD by Continuums of Care in the 2025 Continuum of Care application and has not been independently verified by HUD. CoCs were instructed to collect data for a point-in-time during the last 10 days of January 2025. The data presented in this report are limited to beds available for occupancy on the night of the count (beds under development are excluded). For inquiries about data reported by a specific Continuum of Care, please contact that jurisdiction directly. CoC contact information can be found on the HUD Exchange web site (https://www.hudexchange.info/grantees/). In some cases, a community may have listed a program in the Housing Inventory Count but did not provide sufficient information/detail for HUD to understand the number of beds/units available and the target population served. Those programs have been removed for the purposes of this report.

CoC Number: CA-503

CoC Name: Sacramento City & County CoC

Summary of all available beds reported by Continuum of Care:

								Subset of Total Bed Inventory		
	Family Units[1]	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Total Yr-Round Beds**	**Seasonal**	**Overflow / Voucher**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Emergency, Safe Haven and Transitional Housing	**479**	**1,262**	**2,182**	**6**	**3,450**	**118**	**3**	**n/a**	**146**	**328**
Emergency Shelter	327	884	1,826	6	2,716	118	3	n/a	20	109
Transitional Housing	152	378	356	0	734	n/a	n/a	n/a	126	219
Permanent Housing	**852**	**2,436**	**3,226**	**0**	**5,662**	**n/a**	**n/a**	**n/a**	**1,139**	**319**
Permanent Supportive Housing*	473	1,420	2,514	0	3,934	n/a	n/a	2,627	930	76
Rapid Re-Housing	239	730	270	0	1,000	n/a	n/a	n/a	179	96
Other Permanent Housing**	140	286	442	0	728	n/a	n/a	n/a	30	147
Grand Total	**1,331**	**3,698**	**5,408**	**6**	**9,112**	**118**	**3**	**2,627**	**1,285**	**647**

Available CoC beds reported by Program Type:

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
**Other Permanent Housing (OPH) - consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2024 HMIS Data Standards.
[1]Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
[2]Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
[3]Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

HUD 2025 Continuum of Care Homeless Assistance Programs
Housing Inventory Count Report

Important Notes About This Data: This report is based on information provided to HUD by Continuums of Care in the 2025 Continuum of Care application and has not been independently verified by HUD. CoCs were instructed to collect data for a point-in-time during the last 10 days of January 2025. The data presented in this report are limited to beds available for occupancy on the night of the count (beds under development are excluded). For inquiries about data reported by a specific Continuum of Care, please contact that jurisdiction directly. CoC contact information can be found on the HUD Exchange web site (https://www.hudexchange.info/grantees/). In some cases, a community may have listed a program in the Housing Inventory Count but did not provide sufficient information/detail for HUD to understand the number of beds/units available and the target population served. Those programs have been removed for the purposes of this report.

Emergency Shelter

									Subset of Total Bed Inventory		
Provider Name	**Facility Name**	**Family Units[1]**	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Seasonal**	**Overflow / Voucher**	**Total Beds**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Bishop Gallegos Maternity Home (BGMH	BGMH: Bishop Gallegos Mat	1	2	10	0	0	0	12	n/a	0	0
Bridges, Inc. (BI)	BI: North - ES	10	20	4	0	0	0	24	n/a	0	0
Bridges, Inc. (BI)	BI: South - ES	4	8	4	0	0	0	12	n/a	0	0
Bridges, Inc. (BI)	BI: Men's House - ES	0	0	17	0	0	0	17	n/a	0	0
Bridges, Inc. (BI)	BI: Promise House - ES	0	0	17	0	0	0	17	n/a	0	0
Bridges, Inc. (BI)	BI: BHBH Bridges Yreka - E	3	6	0	0	0	0	6	n/a	0	0
Bridges, Inc. (BI)	BI: BHBH Bridges Women's -	0	0	10	0	0	0	10	n/a	0	0
Bridges, Inc. (BI)	BI: BHBH Bridges Inc Men's	0	0	10	0	0	0	10	n/a	0	0
Citrus Heights Homeless Assistance Reso	CH HART: Citrus Heights Wi	0	0	0	0	13	0	13	n/a	0	0
City Net (CN)	CN: Rancho Cordova Emerge	0	0	6	0	0	0	6	n/a	0	0
City of Elk Grove (CEG)	CEG: Motel Voucher - ES	3	6	0	0	0	0	6	n/a	0	0
City of Elk Grove and Gathering Inn - Par	CEG-GI: Elk Grove Shelter -	0	0	30	0	0	0	30	n/a	0	0
City of Refuge Sacramento (CRS)	CRS: City of Refuge - ES (HI	2	5	3	0	0	0	8	n/a	0	0
City of Sacramento (CS)	CS: North 5th Navigation Cen	0	0	163	0	0	0	163	n/a	0	0
City of Sacramento DCR - Partnerships (	CS DCR: Outreach and Enga	5	20	50	0	0	0	70	n/a	0	0
City of Sacramento DCR - Partnerships (	CS DCR: Motel Voucher Pro	182	462	18	0	0	0	480	n/a	0	0
DCFAS Partnership with Volunteers of A	DCFAS-VOA: Senior Safe H	0	0	6	0	0	0	6	n/a	0	0
DCFAS Partnership with Volunteers of A	DCFAS-VOA: Home Safe - N	0	0	15	0	0	0	15	n/a	0	0
DHSH Partnership with City Net (DHSH-	DHSH-CN: Scattered Site Sh	0	0	145	0	0	0	145	n/a	0	0
DHSH Partnership with City Net (DHSH-	DHSH-CN: Florin Rd/Power	0	0	125	0	0	0	125	n/a	0	0
DHSH Partnership with City Net (DHSH-	DHSH-CN: East Pkwy Safe S	0	0	56	0	0	0	56	n/a	0	0
DHSH Partnership with City Net (DHSH-	DHSH-CN: ERF Scattered Sit	0	0	50	0	0	0	50	n/a	0	0
DHSH Partnership with First Step Comm	DHSH-FSC: Stockton Blvd. S	0	0	175	0	0	0	175	n/a	0	0
DHSH Partnership with Salvation Army (	DHSH-SA: Center Of Hope A	0	0	70	0	0	0	70	n/a	0	0
Family Promise of Sacramento - Interfaith	FPS-IN: Family Promise Shelt	17	47	0	0	0	0	47	n/a	0	0
First Step Communities (FSC)	FSC: Roseville Road - ES	0	0	105	0	0	0	105	n/a	0	0
First Step Communities (FSC)	FSC: Sacramento County We	0	0	0	0	74	0	74	n/a	0	0
First Step Communities (FSC)	FSC: North A Street Campus	0	0	80	0	0	0	80	n/a	0	0

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
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Emergency Shelter

									Subset of Total Bed Inventory		
Provider Name	**Facility Name**	**Family Units[1]**	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Seasonal**	**Overflow / Voucher**	**Total Beds**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Folsom Homeless Assistance Resource Te	F HART: Folsom Winter Sanc	0	0	0	0	11	0	11	n/a	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Palmer Apartments -	0	0	48	0	0	0	48	n/a	0	0
Loaves and Fishes (LF)	LF: Sister Nora's Place - ES (	0	0	12	0	0	0	12	n/a	0	0
Next Move (NM)	NM: Mather Singles Interim	0	0	140	0	0	0	140	n/a	0	0
Next Move (NM)	NM: Family Shelter HEAP -	3	9	0	0	0	0	9	n/a	0	0
Next Move (NM)	NM: Family Shelter - ES	17	78	0	0	0	0	78	n/a	0	0
Rancho Cordova Homeless Assistance Re	RC HART: Rancho Cordova	0	0	0	0	20	0	20	n/a	0	0
Sacramento Kindness Campaign (SKC)	SKC: Adults in Crisis Motel/	1	4	2	0	0	0	6	n/a	0	0
Sacramento Kindness Campaign (SKC)	SKC: Kids in Crisis Motel/Ho	6	12	0	0	0	0	12	n/a	0	0
Sacramento LGBT Community Center (L	LGBT CC: Short-Term Transi	0	0	14	0	0	0	14	n/a	0	14
Saint John's Program For Real Change (SJ	SJPRC: Emergency Shelter Pr	47	94	32	0	0	0	126	n/a	0	0
Salvation Army (SA)	SA: Veteran Emergency Shelt	0	0	20	0	0	0	20	n/a	20	0
SHRA & First Step Communities - Partne	SHRA-FSC: Emergency Brid	0	0	50	0	0	0	50	n/a	0	50
SHRA: Meadowview Navigation Center f	SHRA-VOA: Meadowview N	0	0	100	0	0	0	100	n/a	0	0
SHRA: X Street Navigation Center (SHR	SHRA-X-VOA: X Street Navi	0	0	100	0	0	0	100	n/a	0	0
Turning Point Community Programs (TP	TPCP: Emergency Shelter - E	4	12	0	0	0	0	12	n/a	0	0
Turning Point Community Programs (TP	TPCP: Emergency Shelter - E	0	0	0	0	0	3	3	n/a	0	0
Union Gospel Mission (UGM)	UGM: Emergency Shelter - E	0	0	50	0	0	0	50	n/a	0	0
Volunteers Of America (VOA)	VOA: Open Arms - ES	0	0	20	0	0	0	20	n/a	0	0
Waking the Village (WV)	WV: The Village - ES	5	10	3	0	0	0	13	n/a	0	13
WEAVE	WEAVE: Emergency Shelter	17	89	6	0	0	0	95	n/a	0	0
WellSpace Health (WSH)	WSH: Care Transition (CalAI	0	0	34	0	0	0	34	n/a	0	0
Wind Youth Services (WYS)	WYS: RHY Youth Shelter - E	0	0	0	6	0	0	6	n/a	0	6
Wind Youth Services (WYS)	WYS: Doug's Place TAY - ES	0	0	6	0	0	0	6	n/a	0	6
Wind Youth Services (WYS)	WYS: Common Ground - ES	0	0	20	0	0	0	20	n/a	0	20
Total		**327**	**884**	**1826**	**6**	**118**	**3**	**2837**	**n/a**	**20**	**109**

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Transitional Housing

									Subset of Total Bed Inventory		
Provider Name	**Facility Name**	**Family Units[1]**	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Seasonal**	**Overflow / Voucher**	**Total Beds**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
AcademySTAY (AS)	AS: AcademySTAY - TH	0	0	58	0	n/a	n/a	58	n/a	0	58
Bridging Initiatives International (BII)	BII: Transitional Housing - T	0	0	12	0	n/a	n/a	12	n/a	0	0
City Net (CN)	CN: Carmichael HART - TH	0	0	6	0	n/a	n/a	6	n/a	0	0
City of Refuge Sacramento (CRS)	CRS: City of Refuge Restorati	2	4	2	0	n/a	n/a	6	n/a	0	0
DHSH Partnership with Next Move (DHS	DHSH-NM: Adolfo - Former	15	30	25	0	n/a	n/a	55	n/a	0	55
DHSH Partnership with Next Move (DHS	DHSH-NM: Adolfo - HCD Sc	4	8	16	0	n/a	n/a	24	n/a	0	24
DHSH Partnership with Next Move (DHS	DHSH-NM: Adolfo - Scattere	5	10	4	0	n/a	n/a	14	n/a	0	14
DHSH Partnership with Women's Empow	DHSH-WE: Empower Housin	13	39	2	0	n/a	n/a	41	n/a	0	0
Folsom Homeless Assistance Resource Te	F HART: Transitional Housin	0	0	4	0	n/a	n/a	4	n/a	0	0
Jamboree Housing (JH)	JH: Vista Nueva - TH	3	6	7	0	n/a	n/a	13	n/a	0	0
Nation's Finest - Sacramento (NF)	NF: GPD Men's Transitional	0	0	36	0	n/a	n/a	36	n/a	36	0
Nation's Finest - Sacramento (NF)	NF: GPD Women's Transition	0	0	10	0	n/a	n/a	10	n/a	10	0
Next Move & WEAVE Partnership (NM-	NM-WEAVE: Mather - Trans	25	68	0	0	n/a	n/a	68	n/a	0	0
Opening Doors, Inc. (ODI)	OID: Survivors of Human Tra	6	13	14	0	n/a	n/a	27	n/a	0	0
Sacramento LGBT Community Center (L	LGBT CC: Emergency Housi	0	0	6	0	n/a	n/a	6	n/a	0	6
Saint John's Program For Real Change (SJ	SJPRC: Square - TH	23	46	10	0	n/a	n/a	56	n/a	0	0
Salvation Army (SA)	SA: E.Claire Raley Transitio	30	90	1	0	n/a	n/a	91	n/a	0	0
Salvation Army (SA)	SA: Next Step Transitional P	0	0	12	0	n/a	n/a	12	n/a	0	0
Union Gospel Mission (UGM)	UGM: Annex - TH (HIC/PIT	0	0	4	0	n/a	n/a	4	n/a	0	0
Union Gospel Mission (UGM)	UGM: New Life Program - T	0	0	23	0	n/a	n/a	23	n/a	0	0
VOA - Mather Community Campus (VO	VOA-MCC: GPD Program -	0	0	80	0	n/a	n/a	80	n/a	80	0
Waking the Village (WV)	WV: YHDP - TH	2	4	4	0	n/a	n/a	8	n/a	0	8
Waking the Village (WV)	WV: YE Tubman House - TH	6	18	2	0	n/a	n/a	20	n/a	0	20
Waking the Village (WV)	WV: Audre's RHY - TH	1	2	6	0	n/a	n/a	8	n/a	0	8
Waking the Village (WV)	WV: Tubman RHY - TH	7	14	0	0	n/a	n/a	14	n/a	0	14
WEAVE	WEAVE: Transitional Housin	10	26	0	0	n/a	n/a	26	n/a	0	0
Wind Youth Services (WYS)	WYS: Transformational Livin	0	0	12	0	n/a	n/a	12	n/a	0	12

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Transitional Housing

Provider Name	Facility Name	Family Units[1]	Family Beds[1]	Adult-Only Beds	Child-Only Beds	Seasonal	Overflow / Voucher	Total Beds	Subset of Total Bed Inventory: Chronic Beds[2]	Subset of Total Bed Inventory: Veteran Beds[3]	Subset of Total Bed Inventory: Youth Beds[3]
Total		**152**	**378**	**356**	**0**	**n/a**	**n/a**	**734**	**n/a**	**126**	**219**

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Permanent Supportive Housing

									Subset of Total Bed Inventory		
Provider Name	**Facility Name**	**Family Units[1]**	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Seasonal**	**Overflow / Voucher**	**Total Beds**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
CA 503 CoC Agency	CA 503: New Community - H	0	0	33	0	n/a	n/a	33	33	0	0
Capital Star Community Services (CSCS)	CSCS: TAY Full Service Part	0	0	1	0	n/a	n/a	1	0	0	1
Cottage Housing, Inc. (CHI)	CHI: Quinn Cottages - HUD	2	12	58	0	n/a	n/a	70	70	0	0
Cottage Housing, Inc. (CHI)	CHI: McClellan Park - HUD	30	100	10	0	n/a	n/a	110	0	0	0
Cottage Housing, Inc. (CHI)	CHI: McClellan Park - Non H	29	80	14	0	n/a	n/a	94	0	0	0
Department of Veterans Affairs (DVA)	DVA: VASH Vouchers - PSH	51	161	668	0	n/a	n/a	829	576	829	0
El Hogar Community Service, Inc. (EHCS	EHCS: Sierra Elder Wellness	0	0	6	0	n/a	n/a	6	0	0	0
El Hogar Community Service, Inc. (EHCS	EHCS: Community Justice Su	0	0	1	0	n/a	n/a	1	0	0	0
Heartland Child and Family Services (HC	HCFS: The Boulevard Housin	10	20	0	0	n/a	n/a	20	20	0	0
Heartland Child and Family Services (HC	HCFS: Sunrise Point - PSH	16	56	0	0	n/a	n/a	56	0	0	0
Heartland Child and Family Services (HC	HCFS: Villa Jardin - PSH	2	6	2	0	n/a	n/a	8	0	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Hope RA WORK -	2	4	28	0	n/a	n/a	32	0	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Sunrise Pointe - PSH	33	66	5	0	n/a	n/a	71	71	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Sunrise Pointe Apart	0	0	7	0	n/a	n/a	7	0	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Hope RA PACT PP	2	7	26	0	n/a	n/a	33	26	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Co-Ops - PSH	6	18	28	0	n/a	n/a	46	0	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Hope RA PACT PP	0	0	4	0	n/a	n/a	4	0	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Hope RA PACT PP	3	9	13	0	n/a	n/a	22	22	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Hope RA New Direc	1	2	35	0	n/a	n/a	37	37	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Hotel Berry - PSH	0	0	10	0	n/a	n/a	10	0	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Hope RA CES - HU	4	12	61	0	n/a	n/a	73	73	0	0
Hope Cooperative (HC-Sac)	HC-Sac: New Direction FSP -	0	0	1	0	n/a	n/a	1	0	0	0
Hope Cooperative (HC-Sac)	HC-Sac: Northview Pointe - P	5	10	61	0	n/a	n/a	71	0	0	0
LifeSTEPS (LS)	LS: ICMS Shasta Hotel - PSH	0	0	53	0	n/a	n/a	53	53	0	0
Lutheran Social Services (LSS-Sac)	LSS-Sac: Senior Connect - H	0	0	35	0	n/a	n/a	35	35	0	0
Lutheran Social Services (LSS-Sac)	LSS-Sac: Youth Connect - H	5	15	10	0	n/a	n/a	25	25	0	25
Lutheran Social Services (LSS-Sac)	LSS- Sac: 39th and Broadway	0	0	12	0	n/a	n/a	12	12	12	0
Lutheran Social Services (LSS-Sac)	LSS-Sac: Saybrook - HUD PS	55	184	0	0	n/a	n/a	184	184	0	0

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Permanent Supportive Housing

									Subset of Total Bed Inventory		
Provider Name	**Facility Name**	**Family Units[1]**	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Seasonal**	**Overflow / Voucher**	**Total Beds**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Lutheran Social Services (LSS-Sac)	LSS-Sac: Cornerstone Boulev	20	70	13	0	n/a	n/a	83	83	0	0
Lutheran Social Services (LSS-Sac)	LSS-Sac: Mutual Housing at	0	0	21	0	n/a	n/a	21	21	0	0
Lutheran Social Services (LSS-Sac)	LSS-Sac: Achieving Change	4	12	29	0	n/a	n/a	41	41	0	0
Lutheran Social Services (LSS-Sac)	LSS-Sac: Lavender Court - H	0	0	24	0	n/a	n/a	24	24	0	0
Mercy Housing (MH)	MH: Ardenaire Apartments -	3	9	15	0	n/a	n/a	24	24	0	0
Mercy Housing (MH)	MH: Mercy Blvd Court - NO	0	0	58	0	n/a	n/a	58	0	0	0
Mercy Housing (MH)	MH: Mercy MLK Village PB	0	0	16	0	n/a	n/a	16	0	0	0
Mercy Housing (MH)	MH: Mercy MLK Village (Th	0	0	38	0	n/a	n/a	38	0	0	0
Mercy Housing (MH)	MH: The Courtyards on Oran	0	0	26	0	n/a	n/a	26	26	0	0
Mercy Housing (MH)	MH: The Courtyards on Oran	6	12	17	0	n/a	n/a	29	0	0	0
Mercy Housing (MH)	MH: The Courtyards on Oran	10	30	38	0	n/a	n/a	68	38	0	0
Mercy Housing La Mancha (MHLM)	MHLM: La Mancha - Telecar	0	0	40	0	n/a	n/a	40	0	0	0
Mercy Housing St Clare (MHSC)	MHSC: St Clare Telecare NP	0	0	20	0	n/a	n/a	20	0	0	0
Mercy Housing St Clare (MHSC)	MHSC: St Clare Telecare NP	0	0	19	0	n/a	n/a	19	0	0	0
Mercy Housing St Clare (MHSC)	MHSC: St Clare Telecare NP	0	0	26	0	n/a	n/a	26	26	0	0
Nation's Finest - Sacramento (NF)	NF: Mather Veteran's Village	0	0	16	0	n/a	n/a	16	16	16	0
Nation's Finest - Sacramento (NF)	NF: Mather Veteran's Village	2	6	24	0	n/a	n/a	30	3	30	0
Nation's Finest - Sacramento (NF)	NF: Mather Veteran's Village	3	8	29	0	n/a	n/a	37	0	37	8
Nation's Finest - Sacramento (NF)	NF: Mather Veteran's Village	1	2	4	0	n/a	n/a	6	6	6	0
Next Move - Step Up Sacramento (NM-S	SUS: Next Move Omega Coll	8	24	0	0	n/a	n/a	24	24	0	0
Next Move - Step Up Sacramento (NM-S	SUS: Next Move Single Adult	0	0	11	0	n/a	n/a	11	11	0	0
Next Move - Step Up Sacramento (NM-S	SUS: Next Move Adult Famili	22	66	3	0	n/a	n/a	69	69	0	0
Next Move - Step Up Sacramento (NM-S	SUS: LSS TAY Families - PS	15	30	0	0	n/a	n/a	30	30	0	30
Next Move - Step Up Sacramento (NM-S	SUS: LSS Single Adults - PS	3	7	37	0	n/a	n/a	44	44	0	0
Next Move - Step Up Sacramento (NM-S	SUS: Next Move Seniors - PS	0	0	20	0	n/a	n/a	20	20	0	0
Next Move - Step Up Sacramento (NM-S	SUS: Wind Single TAY - PS	0	0	12	0	n/a	n/a	12	12	0	12
Next Move (NM)	NM: Home At Last - HUD PS	0	0	22	0	n/a	n/a	22	22	0	0
Sacramento Children's Home (SCH)	SCH: WRAP - PSH	1	3	0	0	n/a	n/a	3	0	0	0

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Permanent Supportive Housing

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Provider Name	**Facility Name**	**Family Units[1]**	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Seasonal**	**Overflow / Voucher**	**Total Beds**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Shelter, Inc. (SI)	SI: New Vision - PSH	10	20	110	0	n/a	n/a	130	0	0	0
SHRA: Shelter Plus Care (SHRA S+C)	SHRA-S+C: HUD TRA - PS	95	313	470	0	n/a	n/a	783	783	0	0
SHRA: Shelter Plus Care (SHRA S+C)	SHRA-S+C: Mercy Blvd Cou	0	0	14	0	n/a	n/a	14	14	0	0
Telecare (TC)	TC: Sacramento Outreach Ad	0	0	1	0	n/a	n/a	1	0	0	0
Telecare (TC)	TC: OASIS Mutual Housing o	0	0	40	0	n/a	n/a	40	40	0	0
Telecare (TC)	TC: Villa Jardin/ Coral Gable	0	0	12	0	n/a	n/a	12	0	0	0
Telecare (TC)	TC: ARISE FSP - PSH	0	0	1	0	n/a	n/a	1	0	0	0
Turning Point Community Programs (TP	TPCP: Central Sac Studio TPI	0	0	15	0	n/a	n/a	15	0	0	0
Turning Point Community Programs (TP	TPCP: YWCA - PSH	0	0	2	0	n/a	n/a	2	0	0	0
Turning Point Community Programs (TP	TPCP: Pathways to Success S	12	42	47	0	n/a	n/a	89	0	0	0
Turning Point Community Programs (TP	TPCP: Mutual Housing at the	0	0	33	0	n/a	n/a	33	0	0	0
Turning Point Community Programs (TP	TPCP: Fairview & Bravado Pr	2	4	9	0	n/a	n/a	13	13	0	0
Total		**473**	**1420**	**2514**	**0**	**n/a**	**n/a**	**3934**	**2627**	**930**	**76**

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Rapid Re-Housing

									Subset of Total Bed Inventory		
Provider Name	**Facility Name**	**Family Units[1]**	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Seasonal**	**Overflow / Voucher**	**Total Beds**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Asian Pacific Community Counseling (A	APCC: Transcultural Wellnes	0	0	0	0	n/a	n/a	0	n/a	0	0
Bay Area Community Services (BACS)	BACS: CORE Outpatient Ced	1	2	4	0	n/a	n/a	6	n/a	0	0
Bay Area Community Services (BACS)	BACS: THRIVE FSP - RRH	0	0	0	0	n/a	n/a	0	n/a	0	0
Bay Area Community Services (BACS)	BACS: THRIVE Outpatient -	0	0	0	0	n/a	n/a	0	n/a	0	0
Bay Area Community Services (BACS)	BACS: CORE Outpatient Wil	0	0	0	0	n/a	n/a	0	n/a	0	0
Bay Area Community Services (BACS)	BACS: CORE Outpatient Syc	0	0	7	0	n/a	n/a	7	n/a	0	0
Bridging Initiatives International (BII)	BII: Rapid Rehousing - RRH	1	4	0	0	n/a	n/a	4	n/a	0	0
Capital Star Community Services (CSCS)	CSCS: TAY Full Service Part	0	0	0	0	n/a	n/a	0	n/a	0	0
Capital Star Community Services (CSCS)	CSCS: Flexible Integrated Tre	0	0	0	0	n/a	n/a	0	n/a	0	0
DCFAS Partnership with Volunteers of A	DCFAS-VOA: Home Safe - R	0	0	6	0	n/a	n/a	6	n/a	0	0
DCFAS Partnership with Volunteers of A	DCFAS-VOA: Home Safe - N	0	0	0	0	n/a	n/a	0	n/a	0	0
DHSH Partnership with Bay Area Comm	DHSH-BACS: LEAP (Landlo	13	39	15	0	n/a	n/a	54	n/a	0	0
DHSH Partnership with Sustainable Well	DHSH-SWS: Housing for a H	1	11	2	0	n/a	n/a	13	n/a	0	0
DHSH Partnership with Sustainable Well	DHSH-SWS: FHP Flexible Su	1	2	9	0	n/a	n/a	11	n/a	0	0
Dignity Health Medical Foundation (DH	DHMF: Flexible Integrated T	0	0	0	0	n/a	n/a	0	n/a	0	0
El Hogar Community Service, Inc. (EHCS	EHCS: CORE Outpatient Mar	0	0	0	0	n/a	n/a	0	n/a	0	0
El Hogar Community Service, Inc. (EHCS	EHCS: Sierra Elder Wellness	0	0	2	0	n/a	n/a	2	n/a	0	0
El Hogar Community Service, Inc. (EHCS	EHCS: CORE Outpatient Mar	0	0	0	0	n/a	n/a	0	n/a	0	0
El Hogar Community Service, Inc. (EHCS	EHCS: Community Justice Su	0	0	9	0	n/a	n/a	9	n/a	0	0
Heartland Child and Family Services (HC	HCFS: Flexible Integrated Tre	0	0	0	0	n/a	n/a	0	n/a	0	0
Heartland Child and Family Services (HC	HCFS: Heartland Family Well	0	0	0	0	n/a	n/a	0	n/a	0	0
Hope Cooperative (HC-Sac)	HC-Sac: CORE Outpatient H	0	0	0	0	n/a	n/a	0	n/a	0	0
Hope Cooperative (HC-Sac)	HC-Sac: CORE Outpatient X	0	0	4	0	n/a	n/a	4	n/a	0	0
Hope Cooperative (HC-Sac)	HC-Sac: CORE Outpatient M	0	0	0	0	n/a	n/a	0	n/a	0	0
Hope Cooperative (HC-Sac)	HC-Sac: New Direction FSP -	0	0	4	0	n/a	n/a	4	n/a	0	0
Insight Housing (IH)	IH: Roads Home SSVF - RRH	15	49	25	0	n/a	n/a	74	n/a	74	0
La Familia Counseling Center (LFCC)	LFCC: Flexible Integrated Tre	0	0	0	0	n/a	n/a	0	n/a	0	0
Lao Family Community Development (LF	LFCD: Joy of Living - RRH (	10	20	0	0	n/a	n/a	20	n/a	0	0

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Rapid Re-Housing

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Provider Name	**Facility Name**	**Family Units[1]**	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Seasonal**	**Overflow / Voucher**	**Total Beds**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Lutheran Social Services (LSS-Sac)	LSS-Sac: Connections - HUD	8	29	7	0	n/a	n/a	36	n/a	0	36
Lutheran Social Services (LSS-Sac)	LSS-Sac: Housing with Digni	0	0	0	0	n/a	n/a	0	n/a	0	0
Lutheran Social Services (LSS-Sac)	LSS-Sac: YHDP Inspiring Yo	9	23	7	0	n/a	n/a	30	n/a	0	30
My Sister's House (MSH)	MSH: My Sister's House - RR	8	20	0	0	n/a	n/a	20	n/a	0	0
Nation's Finest - Sacramento (NF)	NF: Sacramento SSVF - RRH	4	11	21	0	n/a	n/a	32	n/a	32	0
Next Move (NM)	NM: PRK through Next Move	0	0	0	0	n/a	n/a	0	n/a	0	0
Opening Doors, Inc. (ODI)	ODI: Survivors of Trafficking	17	47	19	0	n/a	n/a	66	n/a	0	0
River Oak Center for Children (ROCC)	ROCC: Flexible Integrated Tr	0	0	0	0	n/a	n/a	0	n/a	0	0
River Oak Center for Children (ROCC)	ROCC: WRAP - RRH	0	0	0	0	n/a	n/a	0	n/a	0	0
River Oak Center for Children (ROCC)	ROCC: Juvenile Justice Dive	0	0	0	0	n/a	n/a	0	n/a	0	0
Sacramento Children's Home (SCH)	SCH: Flexible Integrated Tre	0	0	0	0	n/a	n/a	0	n/a	0	0
Sacramento County Dept of Human Assis	DHA: Housing and Disability	0	0	11	0	n/a	n/a	11	n/a	0	0
Sacramento County Dept of Human Assis	DHA: HSP - RRH	69	229	16	0	n/a	n/a	245	n/a	0	0
Saint John's Program For Real Change (SJ	SJPRC: Independent Housing	0	0	0	0	n/a	n/a	0	n/a	0	0
Shelter, Inc. (SI)	SI: New Chance - RRH (HIC/	0	0	1	0	n/a	n/a	1	n/a	0	0
Shelter, Inc. (SI)	SI: Esperanza Rising - RRH (	5	13	8	0	n/a	n/a	21	n/a	0	0
Shelter, Inc. (SI)	SI: Esperanza Sacramento - R	9	21	3	0	n/a	n/a	24	n/a	0	0
SHRA & First Step Communities - Partne	SHRA-FSC: Emergency Brid	0	0	13	0	n/a	n/a	13	n/a	0	0
SHRA: Meadowview Navigation Center f	SHRA-VOA: Meadowview N	0	0	27	0	n/a	n/a	27	n/a	0	0
SHRA: X Street Navigation Center (SHR	SHRA-X-VOA: X Street Navi	0	0	12	0	n/a	n/a	12	n/a	0	0
Stanford Sierra Youth & Families (SSYF)	SSYF: Flexible Integrated Tr	0	0	0	0	n/a	n/a	0	n/a	0	0
Stanford Sierra Youth & Families (SSYF)	SSYF: Wraparound (WRAP)	0	0	0	0	n/a	n/a	0	n/a	0	0
Step Up on Second and City of Sacrament	SU2ND-CS: Anti Displaceme	0	0	0	0	n/a	n/a	0	n/a	0	0
Telecare (TC)	TC: Sacramento Outreach Ad	0	0	0	0	n/a	n/a	0	n/a	0	0
Telecare (TC)	TC: OASIS - RRH	0	0	0	0	n/a	n/a	0	n/a	0	0
Telecare (TC)	TC: ARISE FSP - RRH	0	0	0	0	n/a	n/a	0	n/a	0	0
Turning Point Community Programs (TP	TPCP: Pathways to Success -	0	0	3	0	n/a	n/a	3	n/a	0	0
Turning Point Community Programs (TP	TPCP: CORE Outpatient Mad	0	0	0	0	n/a	n/a	0	n/a	0	0

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Turning Point Community Programs (TP	TPCP: CORE Outpatient Elk	0	0	0	0	n/a	n/a	0	n/a	0	0
Turning Point Community Programs (TP	TPCP: Integrated Services Ag	0	0	0	0	n/a	n/a	0	n/a	0	0
Turning Point Community Programs (TP	TPCP: CORE Outpatient Rosi	0	0	0	0	n/a	n/a	0	n/a	0	0
UC Davis CAARE Center (UCDCC)	UCDCC: Child Flexible Integ	0	0	0	0	n/a	n/a	0	n/a	0	0
Volunteers Of America (VOA)	VOA: Countywide - State ES	3	12	2	0	n/a	n/a	14	n/a	0	0
Volunteers Of America (VOA)	VOA: Sacramento County ES	4	11	3	0	n/a	n/a	14	n/a	0	0
Volunteers Of America (VOA)	VOA: Sacramento City ESG -	4	14	4	0	n/a	n/a	18	n/a	0	0
Volunteers Of America (VOA)	VOA: Vet Families Non-HUD	18	54	19	0	n/a	n/a	73	n/a	73	0
Volunteers Of America (VOA)	VOA: Bringing Families Hom	14	43	1	0	n/a	n/a	44	n/a	0	0
Volunteers Of America (VOA)	VOA: Bringing Families Hom	15	52	0	0	n/a	n/a	52	n/a	0	0
Waking the Village (WV)	WV: YHDP - RRH	10	24	6	0	n/a	n/a	30	n/a	0	30
WellSpace Health (WSH)	WSH: THRIVE Outpatient Pr	0	0	0	0	n/a	n/a	0	n/a	0	0
Total		**239**	**730**	**270**	**0**	**n/a**	**n/a**	**1000**	**n/a**	**179**	**96**

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Other Permanent Housing

									Subset of Total Bed Inventory		
Provider Name	**Facility Name**	**Family Units[1]**	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Seasonal**	**Overflow / Voucher**	**Total Beds**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
City of Elk Grove (CEG)	CEG: Permanent Housing Pro	0	0	4	0	n/a	n/a	4	n/a	0	0
Jamboree Housing (JH)	JH: Vista Nueva (MHSA) - P	7	14	8	0	n/a	n/a	22	n/a	0	0
Jamboree Housing (JH)	JH: Vista Nueva - PH	81	162	10	0	n/a	n/a	172	n/a	0	0
LifeSTEPS (LS)	LS: Villa Jardin/Coral Gables	0	0	43	0	n/a	n/a	43	n/a	0	0
LifeSTEPS (LS)	LS: Central Sacramento Studi	0	0	92	0	n/a	n/a	92	n/a	0	0
Mercy Housing (MH)	MH: Mercy 7th and H - PH	0	0	75	0	n/a	n/a	75	n/a	0	0
Mercy Housing La Mancha (MHLM)	MHLM: La Mancha - Hope C	0	0	60	0	n/a	n/a	60	n/a	0	0
Mercy Housing St Clare (MHSC)	MHSC: St Clare HopeÂ HOP	0	0	15	0	n/a	n/a	15	n/a	0	0
Mercy Housing St Clare (MHSC)	MHSC: St Clare Hope CTCA	0	0	37	0	n/a	n/a	37	n/a	0	0
Mercy Housing St Clare (MHSC)	MHSC: St Clare Hope CTCA	0	0	15	0	n/a	n/a	15	n/a	0	0
Mercy Housing St Clare (MHSC)	MHSC: St Clare Hope 2 Units	0	0	2	0	n/a	n/a	2	n/a	0	0
Nation's Finest - Sacramento (NF)	NF: Mather Veteran's Village	0	0	22	0	n/a	n/a	22	n/a	22	0
Nation's Finest - Sacramento (NF)	NF: Mather Veteran's Village	0	0	8	0	n/a	n/a	8	n/a	8	0
Sacramento Regional Family Justice Cent	SRFJC: Housing Support Pro	3	12	2	0	n/a	n/a	14	n/a	0	0
SHRA: Foster Youth to Independence (S	SHRA-FYI: Foster Youth to I	49	98	49	0	n/a	n/a	147	n/a	0	147
Total		**140**	**286**	**442**	**0**	**n/a**	**n/a**	**728**	**n/a**	**30**	**147**

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Appendix 5: Homeless Encampment Template Attachments
ATT 6

Permanent Supportive Housing Procedure

Background

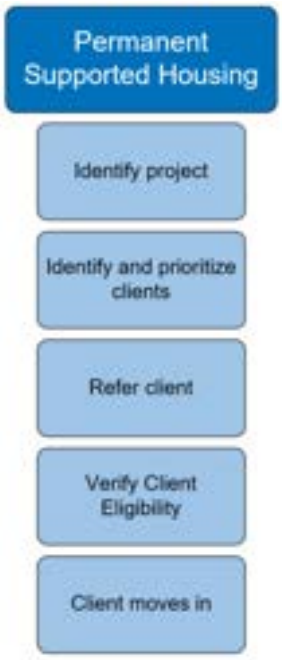
This procedure describes how Sacramento Steps Forward (SSF), the Sacramento Housing and Redevelopment Agency (SHRA), Permanent Supportive Housing (PSH) Project Developers, Property Management Companies, Service Providers, and Outreach Workers will all work together to get clients referred to and housed in newly built and newly available units.

The goal of this procedure is to help clearly define responsibilities between the entities listed above and to provide templates, forms, and other helpful resources to support getting clients housed as quickly as possible while following the Guiding Principles below.

Guiding Principles

- Meet people where they are-geographically, emotionally, and physically.
- Meet basic needs.
- Be respectful and treat everyone with dignity.
- Recognize that the relationship is central to outreach and engagement.
- Create a safe, open, friendly space, regardless of the setting.
- Be patient with the client.

Procedure Scope



This process defines the process starting from when a new Permanent Supportive Housing project is identified to when a client moves in, the lease is sent to SHRA, and the SHRA contact is activated. This procedure resulted from a collaborative effort between Sacramento Steps Forward (SSF) – Coordinated Access System (CAS) Team, SHRA, Sacramento County's Behavioral Health Services (BHS), Property Managers, and Developers.

Procedure Navigation: this procedure includes links so that it can be read like a website. Hold "ctrl" and click on the **light blue** and **purple** boxes in the maps to go directly to section or resource. However, while the procedure is under development some links may not yet be active. Additional reference materials in the Appendix:

- Acronyms, Legend, and Abbreviations
- Procedure Roles

Process Owner: Michelle Reedus, [add title], Sacramento Steps Forward

Overview

Identify project:

- Add summary when the rest of the procedure is complete
- **SHRA** kicks off the process by asking the Developer to contact SSF for the Housing Onboarding Packet which includes templates and instructions for the process.
- **Developers** identify and facilitate Property Managers. Developers coordinate with Service Providers and then submit a request to SSF to facilitate setting up HMIS.

- **Property Management** creates the resources needed including the eligibility criteria checklist, over referral numbers, a project timeline, and a "What to Expect" checklist for clients and places all resources goes in SHRA's Box. Property Managers notify SSF when they should start sending referrals (at 120 days before the anticipated Certificate of Occupancy).
- **SSF-CAS** provides the Onboarding Packet to the Developers, trains the Service Providers, and sets up HMIS.

Identify and prioritize clients:

Clients are identified by BHS and Service Providers

- **Service Providers** assess clients, enters them into HMIS, defines the lead service provider, works with clients to "the Basics" documents, and helps the client navigate the process.
- **Outreach Workers** Establish rapport and trust with the clients, add them to HMIS, perform Assessment and gather documents if appropriate, and provide a warm handoff to a Service Provider.
- **Hospitals, Jails and Prisons, BHS CORE Providers, and Outreach teams** all perform the LIST Tool with clients and then BHS reviews the tool to and sends the best match to the appropriate BHS FSP (Full Service Partnership) and associated housing opportunities (next bullet).
- **BHS FSP (contracted service providers)** perform a clinical assessment with the client, add the client to HMIS, help them get the "the Basics" documents, and then helps the client navigate the process.

Refer client:

- **Clients** are referred from BHS as direct referrals and through the priority list maintained by **SSF CAS**
- **SSF-CAS** selects prioritized clients from the priority list and collects BHS direct referrals, confirms the client has the documents defined as "the Basics," refer the client in HMIS, and email **SHRA**, **Property Management**, and the **Lead Service Provider** about the referral.
- **Service Providers** receive the referred client and help them get the "Housing Eligibility Documents," fill out the combined application, and apply at SHRA and the Property.
- **SHRA** Provides the combined application to the client with any additional information required by the Property incorporated.
- **Property Management** requests the application from the **Service Provider**.

Verify client eligibility:

- **SHRA** processes the client's application, inspects the unit, and sends the approval letter to **Property Management** once the client is approved.
- **Property Management** processes the client's application, works with the **Service Provider** to schedule the move-in date, updates the SHRA spreadsheet with move-in date, and sends the approval to the Service Provider.

Client moves in:

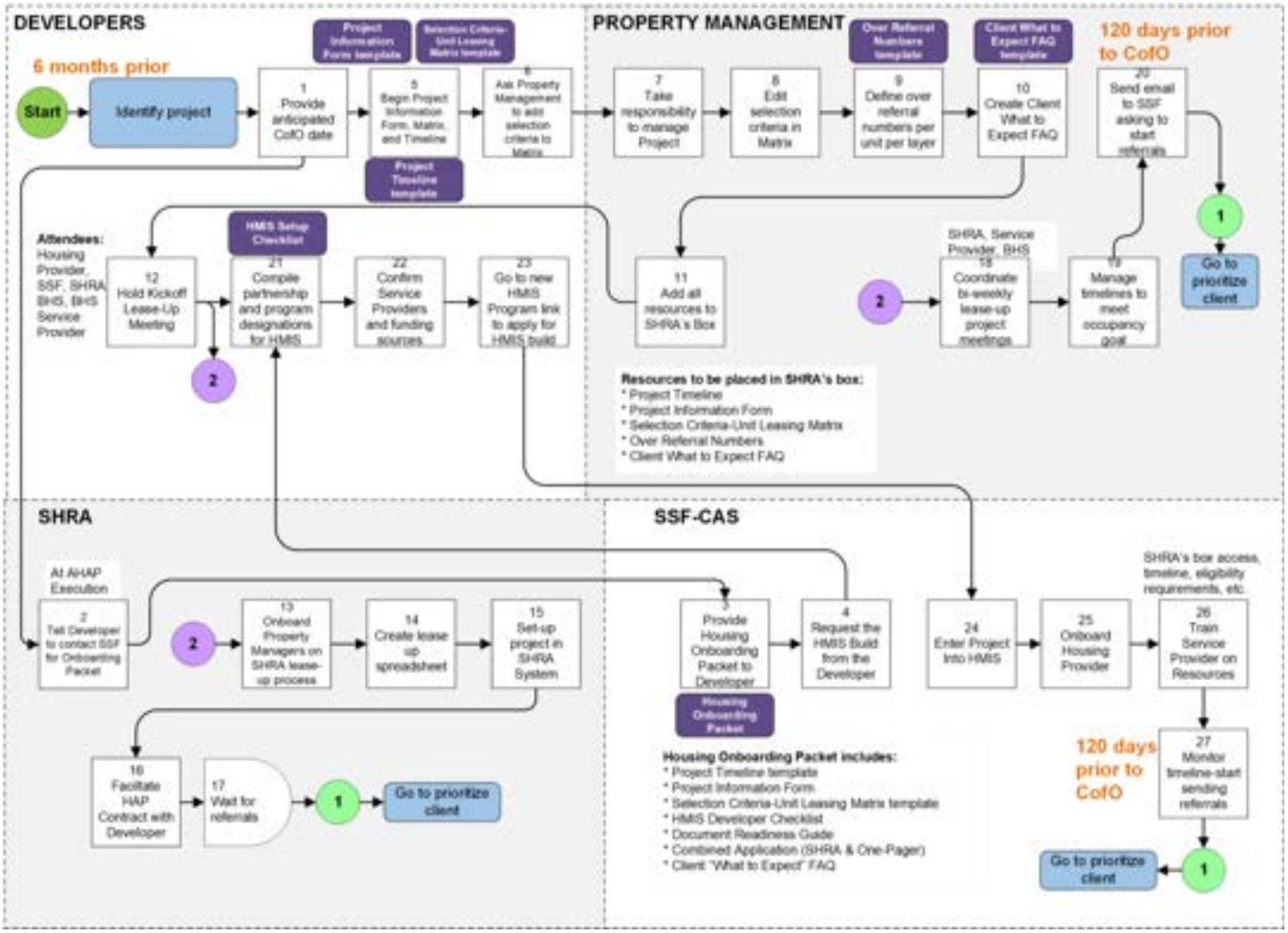
- **Service Providers** coordinate the move-in date with the property manager and the client and attends the move in with the client to perform a warm handoff to the Housing Service Provider.
- **SHRA** sends tenancy addendum to **Property Management** when they see the anticipated move-in-date on the sheet. Verify and activate the contract after receiving the lease (triggers payment).
- **Property Management** conducts the move-in meeting with the tenant and ensures they sign the Tenancy Addendum, review the lease, and send it to SHRA.
- **Housing Service Provider** receives the client from the service provider, enrolls the client, enters move-in date into HMIS, and provides housing and supportive resources.

Process Resources:

- CalAIM Provider List
- Criminal Screening Matrix
- HMIS Job Aid
- HMIS New Program Website (and New Agency)
- Housing Onboarding Packet that includes:
  - PSH Procedure (this document)
  - Project Timeline template
  - Project Information Form (previously known as the Eligibility Checklist)
  - Selection Criteria – Unit Leasing Matrix template
  - Eligibility Requirements
  - HMIS Developer Checklist
  - Document Readiness guide
  - Combined Application:
    - SHRA Application
    - Property Management One Pager Example
  - Client's "What to Expect" FAQ
- LIST Instruction Manual (saccounty.gov)
- Level of Intensity Screening Tool (saccounty.gov)
- Level of Intensity Screening Tool (LIST) Training (Zoom)
- Manage Referrals to CAS Housing Programs SharePoint site
- Over Referral Numbers
- Tenancy Addendum

Task & Role Information

Identify project back to top



Role	Tasks / Steps / Description
DEVELOPERS	**START – New Project** **1. Provide anticipated CofO date** 1.1 Send an email to SHRA with the CofO date. 1.2 Go to step 5
SHRA	**2. Tell Developer to contact SSF for Onboarding Packet** 2.1 At Agreement for A Housing Assistance Payment (AHAP)execution ask the Developer to contact SSF for the Onboarding Packet that contains the process and resources needed to ensure a standardized PSH Process. 2.2 Explain the importance of following the standard process to the Developer and that they must request the packet from SSF before holding the Kickoff Lease-Up Meeting.

SSF-CAS	**3. Provide Housing Onboarding Packet to Developer** 3.1 The Housing Onboarding Packet includes: 3.1.1 Project Timeline template 3.1.2 Project Information Form 3.1.3 Selection Criteria-Unit Leasing Matrix template 3.1.4 HMIS Developer Checklist 3.1.5 Document Readiness Guide • Definitions for documents required in stages (The Basis and Housing Eligibility Documents) 3.1.6 Combined Application (SHRA & One-Pager) 3.1.7 Client "What to Expect" FAQ 3.2 Ask the Developer to use the onboarding packet to prepare the resources and then upload them to the SHRA Box account specific to the project. **4. Request the HMIS Build from the Developer** 4.1 Explain the HMIS Developer Checklist to the Developer (part of the Onboarding Package). This checklist includes all the information that the Developer will need to apply for an HMIS build later in the process (**step 23**). It is important for the Developers to gather the information needed and collaborate with the Service Providers prior to requesting the HMIS build.
DEVELOPERS	**5. Begin Project Information Form, Matrix, and Timeline** 5.1 Start filling out the Project Information Form and the Selection Criteria – Unit Leasing Matrix template provided by SSF in the Housing Onboarding Packet. 5.2 The Developer will determine who is responsible for gathering and maintaining the Form and Matrix. They may designate a Property Management company to do this for them. 5.3 Develop a Project Timeline. Reference the Project Timeline template in the Onboarding Packet as a possible starting point for a timeline. **6. Ask Property Management to add selection criteria to Matrix** 6.1 Selection criteria will come from the funding requirements and ownership requirements. 6.2 Use the Selection Criteria – Unit Leasing Matrix template started in the previous step and add the selection criteria. This sheet should include the unit matrix and funding layers required.
PROPERTY MANAGEMENT	**7. Take responsibility to manage project** 7.1 Collaborate as needed with the Developer, SHRA, SSF, Service Providers, and Outreach Workers to build the system (different for every Property Management Company) and make sure it is ready to manage the project. 7.2 Scheduling recurring Lease-up Meetings **8. Edit selection criteria in Matrix** 8.1 The project eligibility checklist should include, but not be limited to the following: 8.1.1 Units 8.1.2 Funding layers by units 8.1.3 Which units have vouchers 8.1.4 How many clients are needed for each referral agency **9. Define over referral numbers per unit** 9.1 Collaborate with SSF to define Over Referral numbers six (6) months prior to the Certificate of Occupancy.

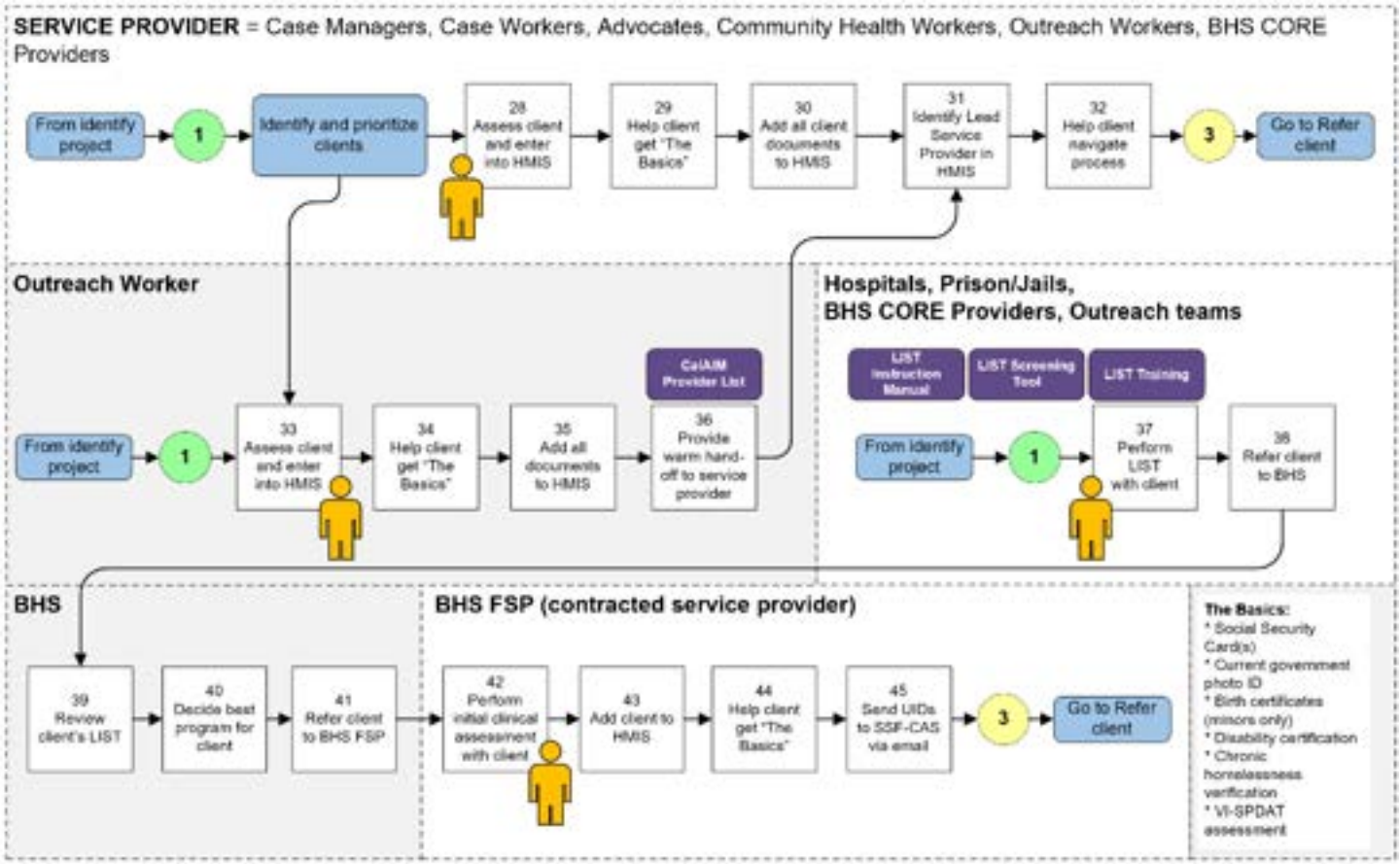
	9.2 Over Referral Policy Recommendations – should be used as the standard unless otherwise negotiated with the Property Manager, SSF, and Service Provider. 9.2.1 1-29 Units – five (5) over referrals 9.2.2 30+ units – 20% of the total number of units to the nearest whole number. 9.3 Five (5) "over referrals" will remain after lease-up. 9.3.1 Clients must be approved by SHRA and Property Management and waiting for the next available unit. 9.3.2 That number will be replenished when needed to maintain five (5) for back filling units. 9.3.3 Units must be filled on a first come first served basis. 9.3.4 Clients on the waitlist or clients who were "over referred" will be first in line for the next property. **10. Create Clients What to Expect FAQ** 10.1 Use the Client What to Expect FAQ template specific to the property. 10.2 This checklist should be provided to the clients or to the Service Providers who will provide it to the clients as soon as possible after a client is approved for a unit. 10.3 The purpose is to help the client understand the property and ensure they aren't surprised when they show up to move into the unit. **11. Add all resources to SHRA's Box** 11.1 This must happen prior to the Kickoff Lease-Up Meeting. 11.2 Add the following: 11.2.1 Project Timeline 11.2.2 Project Information Form 11.2.3 Selection Criteria-Unit Leasing Matrix 11.2.4 Over Referral Numbers 11.2.5 Client What to Expect FAQ 11.2.6 Other resources as needed
DEVELOPERS	**Note:** The Developer must request the Housing Onboarding Packet from SSF (**step 3**) before holding the Kickoff Lease-Up Meeting. The resources in the packet will be covered during the meeting. **12. Hold Kickoff Lease-Up Meeting** 12.1 Include the following on the meeting invite: 12.1.1 Housing Provider 12.1.2 SSF 12.1.3 SHRA 12.1.4 BHS 12.1.5 BHS Service Provider 12.2 The agenda should include but not be limited to the following: 12.2.1 Review the PSH Process (this procedure) at a high level so all participants understand their responsibilities. 12.2.2 Review and confirm the Selection Criteria-Unit Leasing Matrix and the Project Information Form. 12.2.3 Review the Over Referral numbers and reach consensus on the approach. 12.2.4 Review the Project Timeline 12.2.5 Confirm the Client's What to Expect Template is available. **Go to 21 to continue with the Developer's process** **Go to 18 for the Property Management Process**

	Go to 13 for SHRA's process
SHRA	**13. Onboard Property Managers on SHRA Lease-Up process** 13.1 Post information about the project to the SHRA website. Include: 13.1.1 A link to the Developer's website where additional information may be found. 13.1.2 How the potential client can find a Service Provider to get more information about a project. 13.2 Create box folder 13.2.1 invite: • Property Manager • Developers • Service Providers • SSF 13.2.2 Upload: • Set up the Lease up Tracker or the property and upload. • Make sure the Power Form application version and upload to box • Create resource folder • Create meeting notes folder • Email template – includes link to the Power Form electronic application for single and families, general information, and who to contact with questions. SSF uses this email when they do referrals. **14. Create Lease-up Spreadsheet** 14.1 Use the standard SHRA template **15. Set up project in SHRA system** 15.1 Set up project in YARDI: 15.1.1 Set up vendor codes and create units. 15.1.2 Once set up they can start linking tenants. 15.1.3 This must be done before setting up inspections because it provides the unit codes. **16. Facilitate HAP Contract with Developer** 16.1 SHRA management will review rent amounts and utility responsibilities to prepare to send estimated rent amounts to the property. **17. Wait for referrals** 17.1 Note: the Prioritize Client process occurs in parallel to the Identify Project process. **120 days prior to the CofO** SSF will start sending referrals. **The process goes to Prioritize Client step 28 for the Service Provider and step 33 for the Outreach Worker.**
PROPERTY MANAGEMENT	**From step 12: the Kickoff Lease-Up Meeting** **18. Coordinate bi-weekly lease-up project meetings** 18.1 **Meeting purpose:** The purpose of this meeting is for service provides, SHRA, and BHS to collaborate on problems that clients have with getting the required documents. Examples: 18.1.1 Client doesn't have a social security card, what can they do? 18.1.2 Property Manages are contacting service providers for something but they aren't getting what they need. Should property managers move on to the next client?

	18.2 Meetings will include all clients who have applied but aren't approved. May also include client move-in collaboration. 18.3 Meetings should only include: 18.3.1 SHRA 18.3.2 All Service Providers 18.3.3 BHS 18.4 Increase or reduce meetings as needed to meet the project's needs but try to minimize the number of meetings, if possible. **19. Manage timelines to meet occupancy goal** 19.1 If construction timelines are delayed notify the Service Providers, SHRA, and SSF. **20. Send email to SSF asking to start referrals** 20.1 Note: the Prioritize Client process occurs in parallel to the Identify Project process. **120 days prior to the CofO** send an email to SSF and ask them to start sending referrals. **The process goes to Prioritize Client step 28 for the Service Provider and step 33 for the Outreach Worker.**
DEVELOPER	**21. Compile partnership and program designations for HMIS** 21.1 Compile all information needed to request the new HMIS program (*Note:* "program" is the word that HMIS uses to describe a new project). 21.2 The Developer will define who is responsible for collecting the information needed to set up HMIS for the project, who will input data for the project, and who will provide project management. 21.3 Reference the HMIS Developer Checklist to understand and collect all information needed to fill out the "Requesting a New HMIS Program" Google Form that is required to set up a new program in HMIS (will occur in step 23). **22. Confirm Service Providers and funding sources** 22.1 All funding sources for the funding information must be entered into HMIS when creating a new Program, confirm the funding sources before moving on to the next step. 22.2 Reach out to all Service Providers to confirm their participation in the HMIS program. **23. Go to new HMIS Program link to apply for HMIS build** 23.1 Visit the HMIS Web Page 23.2 If your organization (referred to as an "Agency" in HMIS) is already active in HMIS go to the "Requesting a New HMIS Program" section. 23.2.1 Click on the appropriate link based on the county that the project is in: Sacramento County or Yolo County. 23.3 Fill out the Google Form using the information collected using the HMIS Setup Checklist. 23.4 If your organization (referred to as an "Agency" in HMIS) is not already active in HMIS, go to the "Requesting New Agency Access" section. 23.4.1 Check the Participating Agencies list on the website to confirm whether the organization is in HMIS. 23.4.2 Follow the instructions to add your organization "Agency" to HMIS.
SSF-CAS	**24. Enter Project into HMIS** 24.1 Follow the Asana Program Build Template 24.2 Refer to SSF's PSH Project Setup Policy for more information [add link] **25. Onboard Housing Provider**

	25.1 Follow the SSF Onboarding Procedure 25.2 Post information about the project to SSF's website. Include: 25.2.1 A link to the Developer's website where additional information may be found. 25.2.2 How the potential client can find a Service Provider to get more information about a project. 25.2.3 Whether the project is on track. **26. Train Service Provider on Resources** 26.1 After the kickoff meeting send an email to all Housing Service Providers welcoming them to the project and providing them all training needed. Offer a 30-minute call to review the training materials and answer questions: 26.1.1 Housing Service Provider Program Guide PowerPoint [add link] 26.1.2 Explain that all Housing Service Providers must have access to HMIS and provide the HMIS link to obtain access. Take them to the HMIS website and explain that they need to request "New Agency Access" if their organization isn't on the Participating Agencies List. 26.2 Follow up with the Housing Service Provider to makes sure they have access to HMIS after the initial training. **27. Monitor timeline – start sending referrals 120 days prior to CofO** 27.1 Monitor the timeline located on SHRA's box account. 27.2 If the construction or referral timeline is delayed update SSF's website to indicate the delay and when the project is anticipated to be completed and notify the Service Providers of the delay: 27.2.1 Pull an HMIS report for the project's referred clients and send the lead Service Provider an updated message to inform them of the delay and give them the option to opt out or continue to wait. 27.2.2 Providers will then be able to meet with their clients to identify whether their documents will expire and if they will what they need to do to get updates. **Go to Identify and Prioritize Client, step 28 for the Service Provider, step 33 for the Outreach Worker, and step 37 for Hospitals, Prisons/Jails, BHS CORE Providers, and Outreach teams.**

Identify and prioritize clients back to top



Role	Tasks / Steps / Description
SERVICE PROVIDER (Case Managers, Case Workers, Advocates, Community Health Workers, Outreach Workers, BHS CORE Providers)	**From Identify Project** – Note: this process occurs in parallel to Identify Project **28. Assess client and enter into HMIS** 28.1 Start building rapport with the client. Hold problem solving discussion with the client. Reference the Introduction to Community Based Engagements guidance in the Appendix. 28.2 First touch point with client: 28.2.1 Search HMIS for client 28.2.2 Check if client is in HMIS and if not, enter them 28.2.3 If they are there confirm their vital information is correct • Everything that is on the basic HMIS profile 28.2.4 Update the client's contact information and current location 28.3 Following touch points with client: 28.3.1 Perform the VI-SPDAT assessment with the client when the client is comfortable.

28.3.2 Create a Case Conferencing tool in HMIS for the client. If you do not have access to the Case Conferencing Tool send an email to hmis@sacstepsforward.org with:
- Your name
- Your organization
- The following statement: "May I please have access to the Sacramento CoC Coordinated Entry agency on HMIS."

28.3.3 Start getting "The Basics" (see next step)

29. Help client get "The Basics:

29.1 Create a Case Conferencing Tool for the client if it isn't already created.

29.2 Verify and add the documents below as needed.

29.2.1 Social Security Card(s)

29.2.2 Current government photo ID

29.2.3 Birth certificates (minors only)

29.2.4 Disability certification

29.2.5 Chronic homelessness verification

29.2.6 Note: VI-SPADT should have been done in the previous step.

29.3 Download a scanner app on your phone or tablet so that you can scan the documents when you are meeting with the client in the field. You can then upload them when you return to the office.

29.4 Print out blank homeless certification forms and have them in the field so the client can fill them out while you are there and then take a picture with your scanner app on your phone.

29.5 Do as much work as you can in the first visit and every visit after to make sure you get as much information from the client to help them move through the process.

30. Add all client documents to HMIS

30.1 HMIS is the central location to store all client documents.

30.2 Documents must be in HMIS before a client can be referred for housing. Sacramento Steps Forward must have a Case Conferencing Tool filled out and "The Basics" listed above before they can send a referral.

31. Identify Lead Service Provider in HMIS

31.1 Add the Lead Service Provider to HMIS in the case conferencing tool.

31.2 Add the central email inbox for the lead provider's organization. This is important to make sure that, if the Lead Service Provider isn't available that the client isn't lost.

32. Help client navigate process

32.1 Help the client get all "the Basics" and what needs to be done.

32.2 Develop a relationship with the client including setting up an honest follow-up routine that you can keep up with and strictly follow the follow-up routine so that you don't lose the client's trust. Don't over commit.

32.3 Don't forget the guiding principles:

32.3.1 Meet people where they are-geographically, emotionally, and physically.

32.3.2 Meet basic needs.

32.3.3 Be respectful and treat everyone with dignity.

32.3.4 Recognize that the relationship is central to outreach and engagement.

32.3.5 Create a safe, open, friendly space, regardless of the setting.

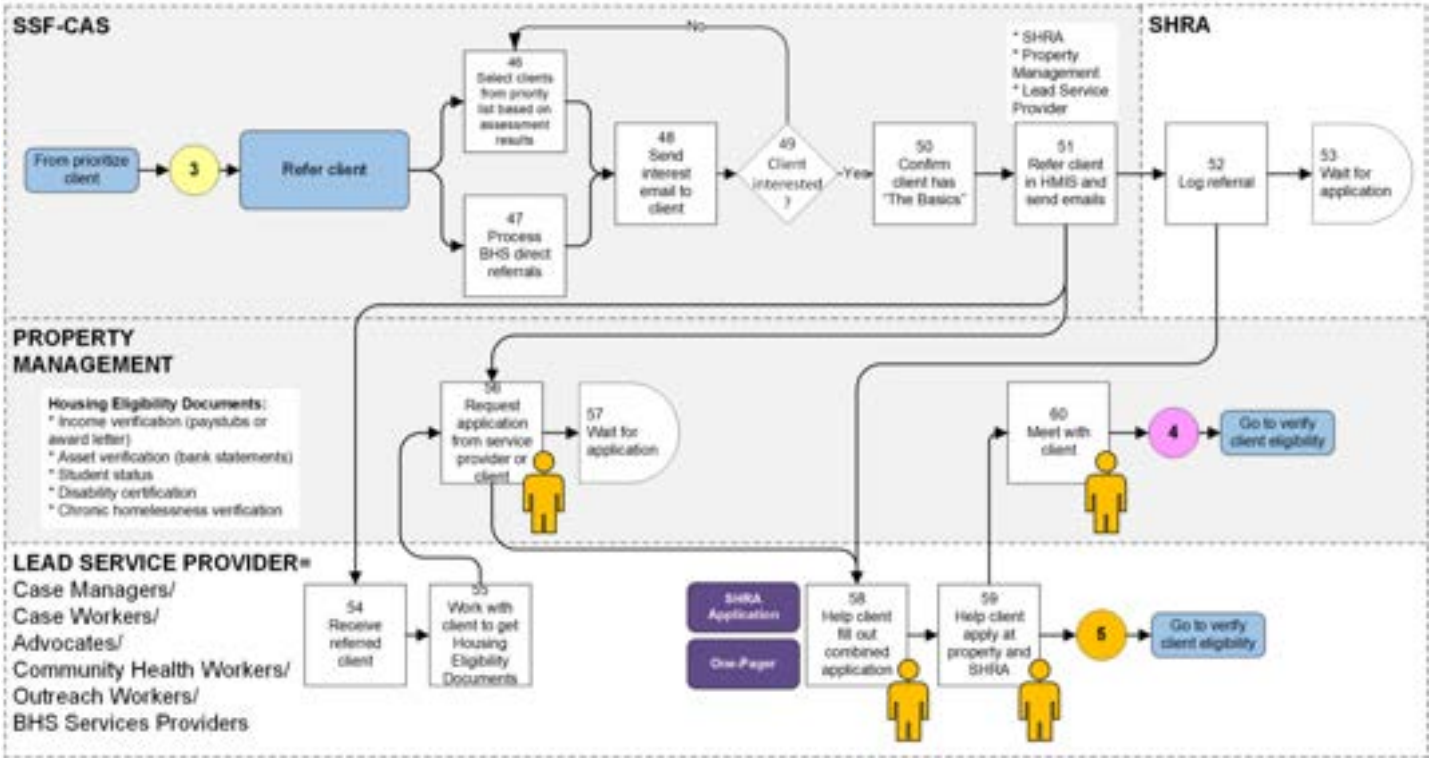
32.3.6 Be patient with the client.

	Go to Refer client
OUTREACH WORKER	**From Identify Project** – Note: this process occurs in parallel to Identify Project **33. Assess client and enter into HMIS** 33.1 Start building rapport with the client. Hold problem solving discussion with the client. Reference the Introduction to Community Based Engagements guidance in the Appendix. 33.2 First touch point with client: 33.2.1 Search HMIS for client 33.2.2 Check if client is in HMIS and if not, enter them 33.2.3 If they are there confirm their vital information is correct • Everything that is on the basic HMIS profile 33.2.4 Update the client's contact information and current location 33.3 Following touch points with client: 33.3.1 Perform the VI-SPDAT assessment with the client when the client is comfortable. 33.3.2 Start getting "The Basics" (see next step) **34. Help client get "The Basics:** 34.1 Before the client can proceed with a referral they must have the documents below. Try to help the Service Provider add the following documents to HMIS before handing off the client: 34.1.1 Social Security Card(s) 34.1.2 Current government photo ID 34.1.3 Birth certificates (minors only) 34.1.4 Disability certification 34.1.5 Chronic homelessness verification 34.1.6 VI-SPDAT assessment 34.2 If you can't find the information you need you can get a release from the client and talk to other providers or community members – get creative. 34.3 Utilize all available resources as needed. **35. Add all documents to HMIS** 35.1 HMIS is the central location to store all client documents. 35.2 Documents must be in HMIS before a client can be referred for housing. Sacramento Steps Forward will not refer a client if a Case Conferencing Tool is not created and the documents are not in HMIS. The Service Provider will set up the Case Conferencing Tool after client handoff. **36. Provide warm handoff to service provider** 36.1 If clients aren't connected use the CalAIM provider list on the SSF website to try to help connect them to a provider. 36.2 If possible, contact the Service Provider and set up a time with the client to meet with the Service Provider and the client. 36.3 Communicate about what they have done so far about "the Basics" and what needs to be done. 36.4 BHS Specific: also Check the client's electronic health record to confirm what has been verified. **Go to step 31 (above)**

HOSPITALS, PRISONS/JAILS, CORE PROVIDERS, BHS PROVIDERS, OUTREACH TEAMS	**From Identify Project** – Note: this process occurs in parallel to "Identify Project" **37. Perform LIST with client** 37.1 The LIST (Level of Intensity Screening Tool) is a mental health screening tool. 37.2 Anyone can do the screening tool if they have a clinical background. BHS contract monitors will review any submissions. 37.2.1 A **clinical background in mental health** refers to the experience and qualifications of professionals and paraprofessionals who work directly with individuals experiencing mental health issues 37.3 Reference Materials: 37.3.1 Level of Intensity Screening Tool (on Saccounty.gov site) 37.3.2 LIST Instruction Manual (on Saccounty.gov site) 37.3.3 LIST Training on Zoom **38. Refer client to BHS** 38.1 Send the completed screening tool 38.1.1 Review the LIST manual for submission to BHS
BHS	**39. Review the client's LIST** 39.1 BHS Contract Monitors reviews the LIST 39.2 There are indicators that will recommend what programs the client needs based on the factors that affect the client. 39.3 For more information reference the LIST Manual. **40. Decide best program for client** 40.1 The best program for the client is based on clinical presentation, client preference and program eligibility. **41. Refer client to BHS FSP** 41.1 Provide all the referral information available for the client through SmartCare to the BHS FSP.
BHS FSP (contracted service provider)	**42. Perform initial clinical assessment with client** 42.1 A bundle of assessments that contribute to the client's treatment and housing plan. **43. Add client to HMIS** 43.1 Create Profile if one is not already connected. Reference the HMIS job aid as needed for assistance. 43.2 Initiate upload "the Basics" into HMIS *Note:* SSF-CAS uses HMIS to confirm "The Basics" before referring the client. The referral process will not proceed without "The Basics" documents confirmed by SSF in HMIS. **44. Help client get "The Basics"** 44.1 The "The Basics" are defined as: 44.1.1 Social Security Card(s) 44.1.2 Current government photo ID 44.1.3 Birth certificates (minors only) 44.1.4 Disability certification 44.1.5 Chronic homelessness verification • If the project requires chronic homeless verification then perform the Homeless History Mapping Tool on the SSF website with the client to

	identify where you can get evidence for the client. Upload completed form to client's documents in HMIS. 44.1.6 VI-SPDAT assessment **45. Send UIDs to SSF-CAS via email** 45.1 Send the list of document ready client's UIDs to the SSF Referral Specialist. **Go to Refer client**

Refer client back to top

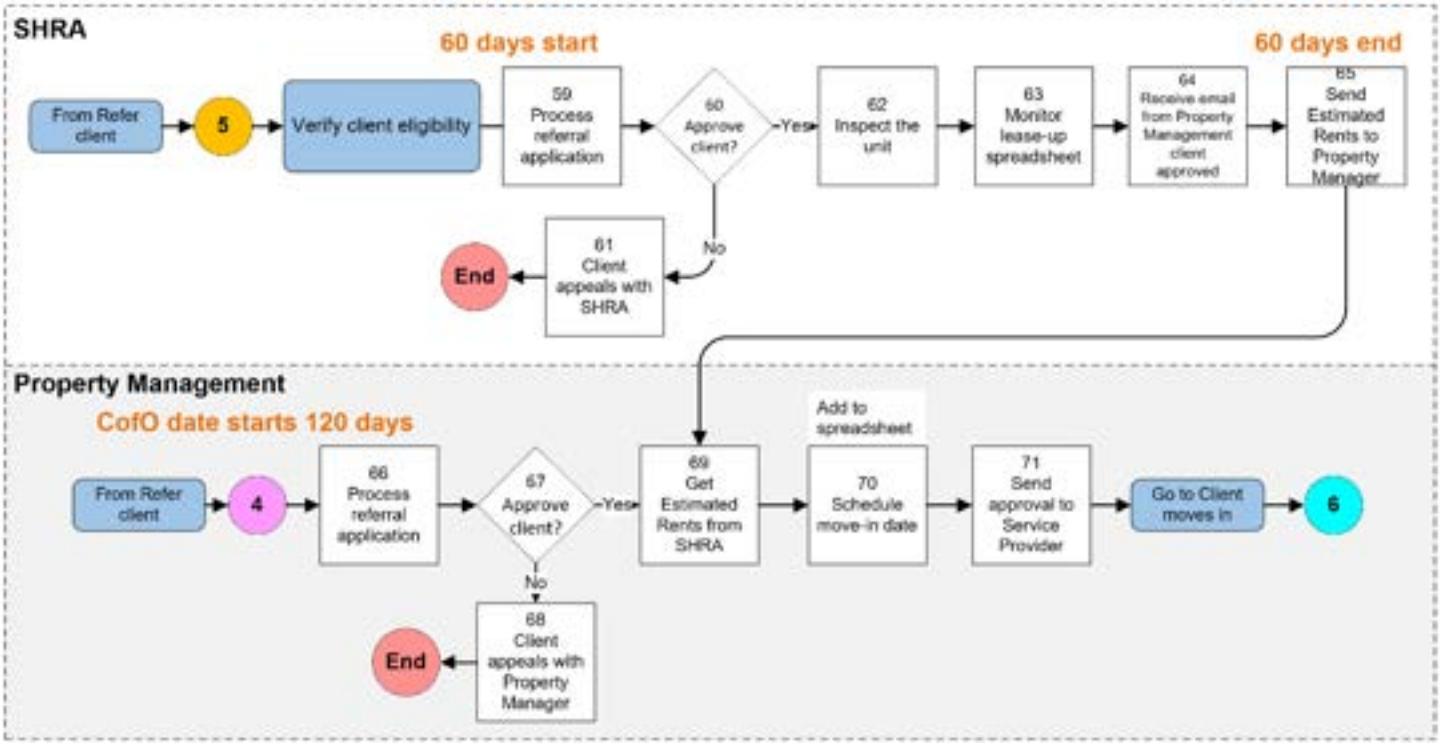


Role	Tasks / Steps / Description
SSF-CAS	**From Identify and Prioritize clients** **46. Select clients from priority list based on assessment results** 46.1 Check daily priority list for clients that meet project eligibility 46.2 Go to 48 **From Identify and Prioritize clients** **47. Process BHS direct referrals** 47.1 Receive UIDs from BHS provider via email **48. Send interest email to eligible clients** 48.1 Using the General Referral Email Template document on the SSF Manage Referrals to CAS Housing Programs SharePoint. Use the Interest Email Template on the first page of the document. 48.2 If the provider, on the behalf of the client, doesn't respond within three (3) days then move forward to the next client. **49. Client interested?** 49.1 Client interested, go to 50 49.2 Client not interested, go to 46 to select another client **50. Confirm client has "The Basics:"** 50.1 Social Security Card(s) 50.2 Current government photo ID 50.3 Birth certificates (minors only)

	50.4 Disability certification 50.5 Chronic homelessness verification 50.6 VI-SPDAT assessment **51. Refer client in HMIS and send emails** 51.1 Included the following information in the email: 51.1.1 Disclaimer saying that the property will do an intake with the client. 51.1.2 SHRA Application links 51.1.3 Disclaimer telling the client that they have 14 days to fill out the application or it will expire. 51.1.4 Attached – pdf of Referral Letter – use the appropriate template letter for the project. All template letters are stored on the SSF Manage Referrals to CAS Housing Programs SharePoint. 51.2 Include the following people on the email: 51.2.1 SHRA 51.2.2 Property Management 51.2.3 Lead Service Provider 51.2.4 Housing Service Provider **Go to step 52 for SHRA** **Go to step 54 for the Lead Service Provider** **Go to step 56 for Property Management**
SHRA	**52. Log referral** 52.1 Log referral on spreadsheet and wait for the application. 52.2 Check back with the service providers if applications aren't received. 52.3 Go to step 58 **53. Wait for the application**
LEAD SERVICE PROVIDER	**From 50: SSF referred the client** **54. Receive referred client** 54.1 If the client is non-responsive after 14 days from when the referral is sent or non-responsive after the application is submitted then they must be moved to the withdrawn list. 54.1.1 The purpose of the withdrawn list is to prevent clients from being denied, which requires them to start over, while still making space for the next client who is ready for the unit. Withdraws should be tracked in SHRA's box and in HMIS. 54.1.2 Notify the client's care team if they are withdrawn. 54.2 Contact the client's care team to make sure they all know that the client was selected to apply for the unit. 54.3 The Lead Service Provider will reach out to other members of the team. 54.3.1 Follow the links in the email to guide the client through the process. **55. Work with client to get Housing Eligibility Documents** 55.1 Housing Eligibility Documents are: 55.1.1 Income verification (paystubs or award letter) 55.1.2 Asset verification (bank statements) 55.1.3 Student status 55.1.4 Disability certification 55.1.5 Chronic homelessness verification

	55.2 Upload the documents to the SHRA Box account. 55.3 When working with the client don't forget the Guiding Principles.
PROPERTY MANAGEMENT	**56. Request application from service provider or client** 56.1 If the client is non-responsive after 14 days from when the referral is sent or non-responsive after the application is submitted, then they must be moved to the withdrawn list. 56.1.1 The purpose of the withdrawn list is to prevent clients from being denied, which requires them to start over, while still making space for the next client who is ready for the unit. Withdraws should be tracked in SHRA's box and in HMIS. 56.1.2 Notify the client's care team if they are withdrawn. **57. Wait for application** 57.1 Reach out to Service Provider and Client daily as needed to expedite the application process.
SERVICE PROVIDER	**58. Help client fill out combined application** 58.1 The combined application includes: 58.1.1 SHRA PBV Referral Application 58.1.2 Property Management One Pager Example – this is an additional page added to the front of the application that may be used if there is any additional information required by the Property Management Company. Reference the template for an example of what one may look like. Only include additional requirements if they are absolutely necessary to meet regulatory or funding requirements. 58.2 Familiarize yourself with the application process by reviewing the application and knowing what the client must provide in the application and the client's next steps. **59. Help client apply at property and SHRA** 59.1 Discuss the process with client and determine the client's needs and what support they will need to apply. 59.2 Work with the client to support them as they fill out the application, provide assistance when they need it, and check back with them to make sure they fill out the application. 59.2.1 The Lead Service Provider complete the application from the link with the client. 59.3 Work with the client to help them respond to any SHRA follow-up requests to make sure the client responds within seven (7) days of the request. If not, SHRA may move to the next client. **Go to step 60 for Property Management** **Go to Verify client eligibility step 61 (SHRA)**
PROPERTY MANAGEMENT	**60. Meet with client** 60.1 Meet with the client to sign the application and gather verified information needed. 60.2 Provide property information. Provide the Client What to Expect FAQ to the client so they will know what to expect when the move in to the property. 60.3 May look at a unit with the client. **Go to Verify client eligibility step 68 (Property Management)**

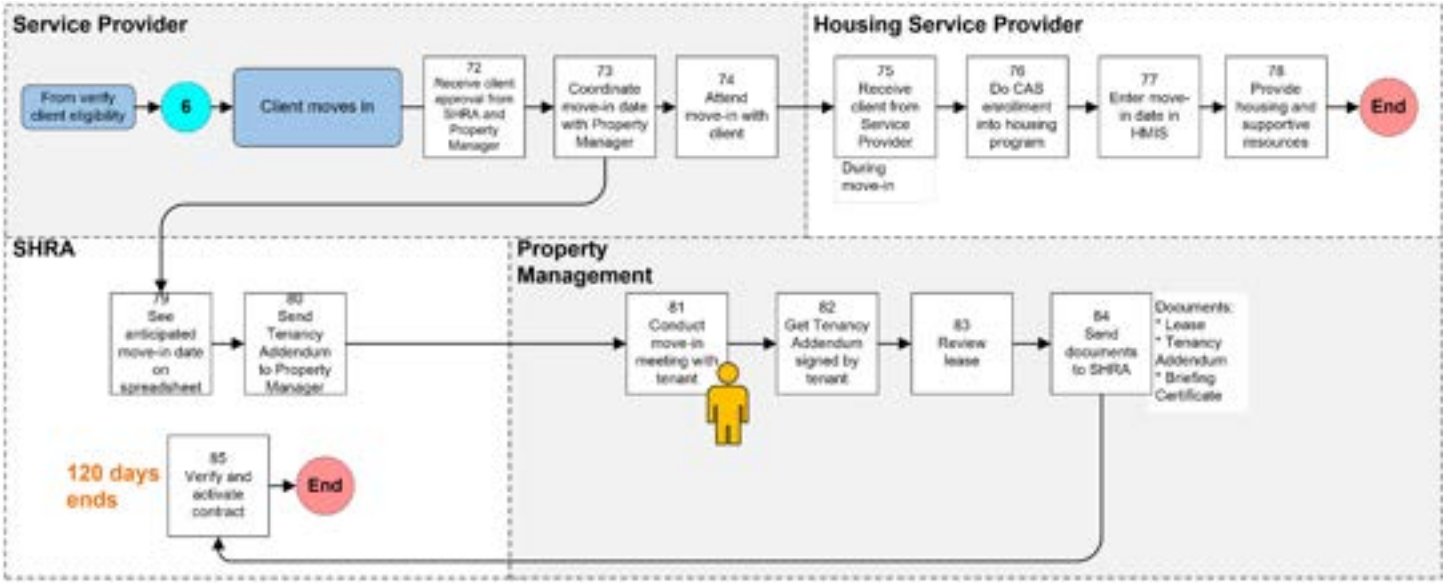
Verify client eligibility [back to top]



Role	Tasks / Steps / Description
SHRA	**61. Process referral application** 61.1 **60 days start** when the referral application is processed 61.2 Receive client application and review for errors or missing documents. 61.3 Send additional needs letter or email to the provider if additional information is needed to process the application. 61.4 Conduct criminal and background reports. 61.5 If the file is complete then the client may be approved. **62. Approve client?** 62.1 If the client is approved, go to step 64 62.2 If the client is not approved, go to step 63 **63. Client appeals with SHRA** 63.1 If a client is denied, the client will receive a denial letter with an informal review notice attached giving 15 days to respond. 63.2 Client submits informal review documentation to SHRA. 63.3 Schedule a meeting with the client on the phone or in person to review informal review documents and gather any additional information that the client deems necessary. 63.4 Supervisor reviews all documentation and determines whether to continue application process or uphold the denial. **Process ends**

	From step 62, the client is approved **64. Inspect the unit** 64.1 The full facility is inspected when the property is first build and then each unit is inspected for each client after. 64.2 Property will request HQS inspection through link provided by SHRA. 64.3 Nan McKay (inspection company) will respond to request with available inspection dates. 64.4 Property will confirm inspection date. 64.5 Nan Mckay (inspection company) will schedule the inspection. 64.6 Inspection occurs at property. 64.7 If inspection passes, nothing further. 64.8 If inspection fails, Nan McKay will send out failure notice with items indicated. 64.9 Property will need to fix items before rescheduling next inspection. 64.10 Process for requesting inspection starts over. **65. Monitor lease-up spreadsheet** 65.1 SHRA staff tracks applicants in spreadsheets and moves them through different application steps. **66. Receive email from Property Management if client is approved** 66.1 If a client has not been approved on the SHRA side, then the client application is marked as a priority to complete asap. 66.2 If SHRA has approved, then they will wait for pending move in date from property to continue process. **67. Send Estimated Rents to Property Manager** 67.1 The **60 days end** when SHRA sends the "Estimated Rents" to the Property Manager. Note: the "Estimated Rents" acts as the approval.
PROPERTY MANAGEMENT	**68. Process referral application** 68.1 Start processing referrals as soon as they are received from SHRA. 68.1.1 This should be around **90 days prior to the CofO**. 68.2 Review the universal housing application to confirm the client has all the information required. If the application is not complete work with the lead service provider to resolve any discrepancies. 68.3 Review the application looking at the income and assets per the regulatory agreements. 68.4 Physically meet with the client to conduct an interview to: 68.4.1 Review any property management specific request with the client 68.4.2 Review the "What to Expect Checklist" (template in onboarding package) with the client. 68.4.3 Collect all required documents and signatures. 68.4.4 Show the client the unit if it is available. 68.5 Look at the Selection Criteria-Unit Leasing Matrix and determine which unit the client is eligible for. Collaborate with SHRA to determine which clients are eligible for each unit. **69. Approve client?** 69.1 If the client is approved, go to **step 71** 69.2 If the client is not approved, go to **step 70** **70. Client appeals with Property Manager** 70.1 The client has 14 days to appeal the decision. 70.2 They must provide the appeal in writing or verbally to the Property Manager.

	70.3 The Property Manager must review mitigating circumstances to confirm the decision and provide a response to the appeal to the client within five (5) days in writing. 70.4 See your own company's formal appeals procedure for more details. 70.5 Process ends **From step 69: the client is approved** **71. Get Estimated Rents from SHRA** 71.1 Approvals – may occur simultaneously: 71.1.1 SHRA approves the tenant for the subsidy for the unit selected. 71.1.2 Property Manager approves the tenant for the property. 71.1.3 Both approvals must occur before proceeding. 71.2 The Estimated Rents is the way SHRA informs the Property Manger that the tenant is approved. 71.3 Add the client to the Unit Matrix to the appropriate unit. 71.4 Walk through the unity with Case Manager, Tenant, and Property Management to make sure the unit is ready and finished. If furnishings are needed, work with the Service Provider to seek assistance. 71.5 If the client needs security deposit assistance work with the client to write a payment agreement plan with the client to help get the security deposit paid by a third party. **72. Schedule move-in date** 72.1 Add the move-in date to the spreadsheet on SHRA's box 72.2 Send approval to Service Provider **73. Send approval to Service Provider** **Go to Client moves in**

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SERVICE PROVIDER	**74. Receive client approval from SHRA and Property Manager** **75. Coordinate move-in date with Property Manager** 75.1 Go to **step 81** for SHRA 75.2 Continue for Service Provider **76. Attend move-in with client** 76.1 Attend the meeting with the client to perform a warm handoff to the Housing Service Provider.
HOUSING SERVICE PROVIDER	**77. Receive client from Service Provider** 77.1 Perform a warm handoff with the client from the Service Provider during move-in. **78. Do CAS enrollment into housing program** **79. Enter move-in date in HMIS** **80. Provide housing and supportive resources** 80.1 Continue to monitor the client and identify and provide resources as needed. **Process Ends**
SHRA	**From step 75:** Service Provider coordinated the move-in date with Property Manager **81. See anticipated move-in date on spreadsheet** **82. Send Tenancy Addendum to the Property Manager**
PROPERTY MANAGEMENT	**83. Conduct move-in meeting with tenant** 83.1 Watch Project Based Voucher (PBV) intake video and sign briefing certificate. **84. Get Tenancy Addendum signed by tenant** **85. Review lease** **86. Send documents to SHRA** 86.1 Documents include: 86.1.1 Lease,

	86.1.2 Tenancy Addendum, and 86.1.3 Briefing Certificate.
SHRA	**120 days ends and this triggers SHRA to activate the contract and pay the Property Managers.** **87. Verify and activate contract** 87.1 SHRA verifies lease matches tenancy addendum 87.2 Verify briefing certificate signed by client. 87.3 Activate contract to send SHRA payments out. **Process ends**

Appendix

Acronyms and Abbreviations back to the top

Term	Definition
AHAP	Agreement for a Housing Assistance Payment
BHS	Sacramento County Behavioral Health Services
The Basics	Social security card, current government photo ID, birth certificates (for minors only), disability certification, chronic homelessness verification, and VI-SPDAT assessment.
CalAIM	California Advancing and Innovating Medi-Cal
CAS	Coordinated Access System
C of O or CO	Certificate of Occupancy – the date the property can start moving in clients.
FSP	Full Service Partnership – BHS contracted service provider
HAP	Housing Assistance Program
HMIS	Homeless Management Information System
Housing Eligibility Documents	Income verification (paystubs or award letter), asset verification (bank statements), student status, disability certification, and chronic homelessness verification.
LIST	
Orange Text	Indicates an important milestone on the timeline
PBV	Project Based Voucher
PH	Permanent Housing
Purple Text	Indicates a template, checklist, process, or other important resource that should be used for the step.

PSH	Permanent Supportive Housing
Service Provider	Terminology was inconsistent between the different organizations implementing this procedure so, for the context of this procedure, service providers include: Case Managers, Case Workers, Advocates, Community Health Workers, Outreach Workers, and BHS Service Providers.
SHRA	Sacramento Housing and Redevelopment Agency
SSF	Sacramento Steps Forward
SSO	Supportive Services Only
UID	Unique Identifier – the number used for clients instead of their names or other identifying information necessary to protect a client's privacy.
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool

Procedure Roles back to the top

SSF-CAS	Manages the CAS priority list and helps facilitate processes between all organizations.
SHRA	Provides funding and holds grantees accountable for the funding requirements. Provides a centralized location for storing all project related resources.
Developers	Build the housing and kick off the process by selecting a Property Manager and working with Service Providers to set up HMIS.
Property Management	Facilitates the process and coordinate with all other roles. Responsible for matching clients to the appropriate units and facilitating the tenant's move in with the Service Providers.
Service Provider	Case Managers, Case Workers, Advocates, Community Health Workers, Outreach Workers, and BHS Service Providers. Perform the VI-SPDAT assessment with the client, add them to HMIS, help the client get "the Basics," and help the client navigate the process.
Outreach Workers	Perform the same tasks as the Service Providers at the beginning of the engagement but then hands off the client to a Service Provider to help the client navigate the process.
BHS	Reviews the LIST and directs clients to the best program available.
BHS Service Providers	Perform a clinical assessment with the client, add them to HMIS, help the client get "the Basics," and help the client navigate the process.
BHS: Hospitals, Prison/Jails, Core Providers, BHS Providers, Outreach Teams	Perform the initial LIST with the client and refer them to the appropriate BHS Service Provider.

Introduction to Community Based Engagements

(back to procedure)

Audience: Outreach Workers and Service Providers

Sections:

- The First Steps – Do's and Don'ts (this page)
- Questions for Client Introductions

This is YOUR conversation and YOUR assessment and as such, it needs be that way from beginning to end.

The First Steps – Do's and Don'ts

The most important:

Do	Don't
• **Be honest, genuine, and authentic. Be yourself.**	• **Be institutional.**

Being genuine in who you are and how you perceive yourself quickly brings a level of honesty to the conversation with the community member you are going to support.

This truthful representation of who you are lends substance to not only who you are as an individual but to the information you are relaying to the community member and to the organization you represent. Being anything else gives the appearance of deception.

Any appearance of deception will trigger a layer of defensiveness from the people you are trying to serve and generate guarded responses to important topics you require for your assessment to make an objective and detailed assessment of their needs.

For the individuals that you will be engaging, being genuine is more important than the questions you will ask or the information you will be trying to draw out of the individuals you contact. It changes the course of the engagement from an interview to an open conversation that will yield more truthful information to create an accurate assessment of the individual's needs and generate clarity around what will be the most appropriate supports you can connect them to. It is imperative that you find your individual voice and delivery style that is yours, and yours alone.

Do's	Don'ts
• Do keep it casual but reinforce your role as an authentic individual provider-this is vital. The client may have been engaged with other partners, NGOs, and advocacy groups in the past.	• Don't be too casual and depart from your role as an individual provider.
• Do make this a unique engagement with the client.	• Don't draw upon past engagement experiences the client had. You were not

	part of that experience and are not aware of the outcome.
• Do listen carefully to the client's story and pull the needed answers to your questions from the story.	• Don't interrupt the client by asking institutional questions.
• Do dress appropriately for the type of client.	• Wear expensive clothing, jewelry, or watches.
• Do consider the client's situation and moderate your conversation accordingly. This includes when not working directly with a client.	• Don't talk about your situations that may make the client feel uncomfortable. This includes when you may be overheard. *Example:* talking about buying a boat or a second home.
• Do try to find people who have experience in or are from the communities you are targeting.	• Don't go into a community thinking you know what is best for them.
• Do communicate in the context of your own history. Acknowledge faults about where you have been previously in your life. *Example:* It took me 10 years to save up to buy my first home.	• Do not reference things that may make the clients feel uncomfortable. *Example:* I had to safe up for a long time to buy my boat.

Questions for Client Introductions

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Approach the individual and the encampment with neighborly respect. This is someone's home and needs to be treated as such. I emphasize neighborly as the initial contact needs to establish a feeling doesn't create an immediate impression of a power imbalance.

"Good Morning/Afternoon/Evening" as appropriate and suited to your genuine style

Introduce yourself in a relaxed fashion potentially only using your first name. A good sign that you have made progress in being well received is if the community member volunteers their name afterwards. The job you are there for is important, but it doesn't need to feel like an interview.

"I'm (inset first name) it's good to meet you."

Pay attention to body language, positioning, and be aware of your own. If you present yourself as relaxed, most individuals will reflect that posture. This is also an opportunity to gauge if this is even an appropriate time to have a conversation. Are they cooking? Are they getting ready to head out? You should be utilizing environmental awareness and trying to determine have they used substances as evidenced by paraphernalia as that will affect the course of the engagement as well as the quality of the information they may express to you. If you are and the community member you're going to engage with are in a safe space, try to broach the subject of why you're there in front of them

"I'm out here today trying to get people in our community connected with services and supports. How are you doing today? Would mind helping me out and trying to figure out if there's something I can do to help you?"

You're giving context for why you're there in front of them and you're also asking an open-ended question that opened the door for them to tell you the needs that they've self-identified. Look for the opportunity to address any of those immediately and you will reinforce you're ability to support them (i.e. ID vouchers, service agency connections, bus vouchers etc.)

"What brought you out here (insert their name)?"

You're now asking for them to tell you their story. This is a personal thing and can be triggering itself. With your assessment in mind, utilize active listening and reflective questions to collect information in a conversational format that seem institutional or fails to acknowledge their feelings. You've also started out by asking them to tell you their journey using their first name which humanizes the situation reinforces the impression of this being a conversation. In their telling you their story, it can help you understand their identity and will illustrate what they found pivotal in their life and how they perceive themselves in that arc. You will also find a great deal of the questions you have for the historical portion of the assessment can be drawn out in this form with simple interjected questions such as:
"When was that?"
"How many times has that happened?"
"Who was that with?"

This can be a very emotional piece and can even trigger retraumatizing the individual you are engaged with. Take the time to express empathy in a way that's authentic to you and your style. This is the client's journey through their history.

There will be things in their history that may not be drawn out by their story alone and being up front about those follow up questions can be helpful in collecting accurate information. You can personalize those follow up questions to again, make it seem more like a supportive conversation.

"I want to make sure I get this right… (insert your follow up question)."

Take the time to thank them for the answer to those questions and keep expressing empathy as appropriate. Knowing your assessment in detail will allow you to ask those questions and maintain a level of rapport with the community member you're supporting.

Once you've completed your assessment in this conversational format, take the time to thank them for sharing their story with you.

You need to be clear and direct about what the next steps are going to be for the individual you're engaged with and make sure that they are accurate and deliverable by either you or the organizations you work with.