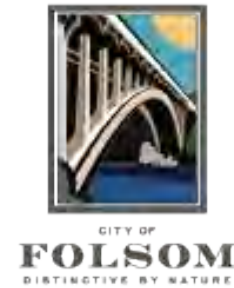


Progress and Possibilities



WHO IS HOMELESS

According to the 2024 Point-in-Time (PIT) Count

6,615
UNSHELTERED

Current scale of homelessness:

About 6,615 people experience homelessness at any point in time in Sacramento County, with just under 60% unsheltered.

17%
FAMILIES

Demographics of homelessness:

17% were families with children, 8% were veterans, and 45% were chronically homeless. Compared to the county population data, Black residents were 3-4x more likely and American Indian/Alaska Native residents were 5-6x more likely to experience homelessness.

8%
VETERANS

77%
CITY OF SAC

Geographic concentration:

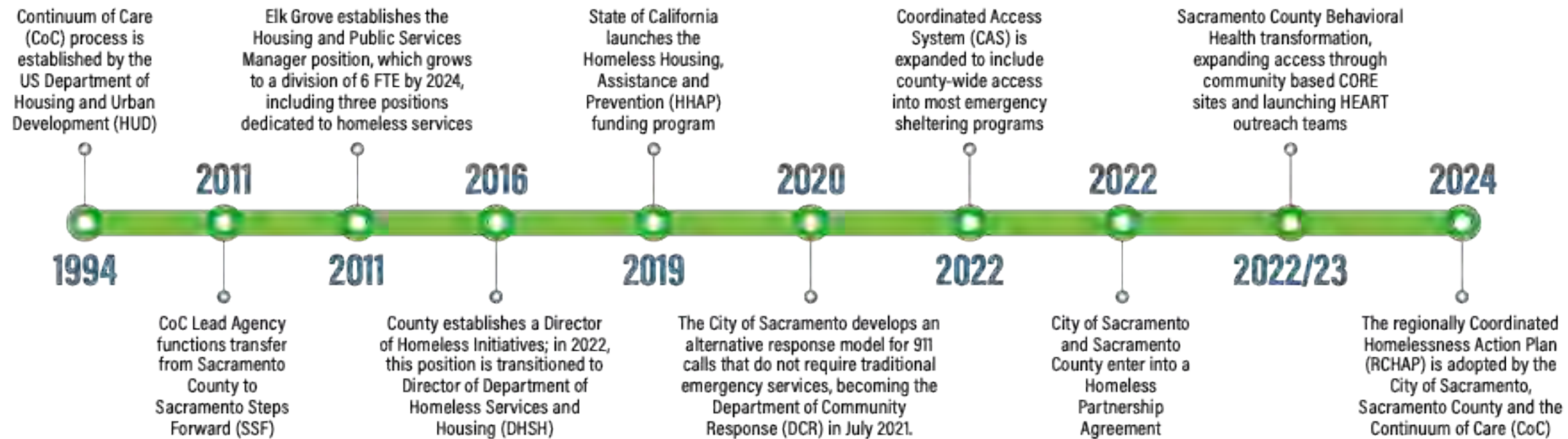
More than 77% of the unsheltered population were within the City of Sacramento, 14% were found in unincorporated Sacramento County area, and the remaining 9% in other cities.

68%
UNHOUSED
2+ YEARS

Survey responses:

90% had lived in Sacramento County for more than 6 months, 68% had been experiencing homelessness for 2+ years, and 58% identified increased affordable housing as the top solution.

WHAT WE HAVE DONE



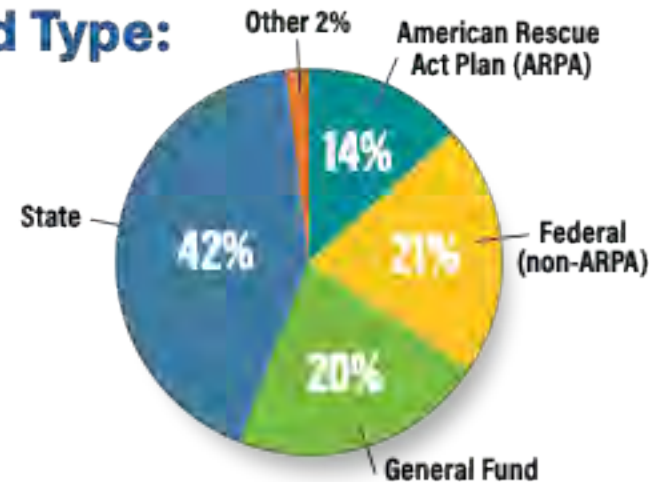
WHAT WE ARE INVESTING

Total Investment for the most recent operating year: **\$418,461,521**

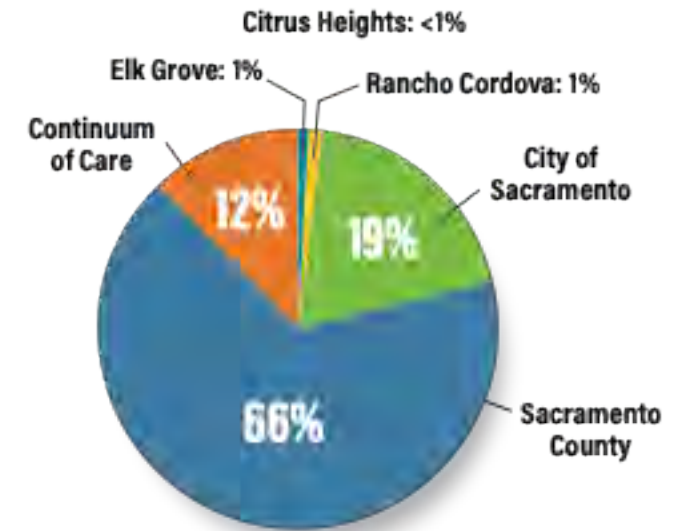
Amount by Category:

CATEGORY	AMOUNT	PERCENT
Sheltering and Interim Housing	\$134,958,934	32%
Behavioral Health	\$76,695,044	18%
Assistance Programs	\$53,391,658	13%
Permanent Housing	\$47,502,383	11%
Encampment Services	\$28,723,920	7%
Housing Assistance Services	\$24,278,875	6%
Outreach and Engagement	\$20,103,711	5%
Administrative Costs	\$15,936,875	4%
System Level	\$11,568,010	3%
Diversion and Prevention	\$3,559,868	1%
Health Prevention and Promotion	\$1,742,243	<1%

Fund Type:



Amount by Partner:



HOW WE ARE CHANGING AND INNOVATING

Sacramento County



Flexible Housing Pool



Case Carrying Outreach

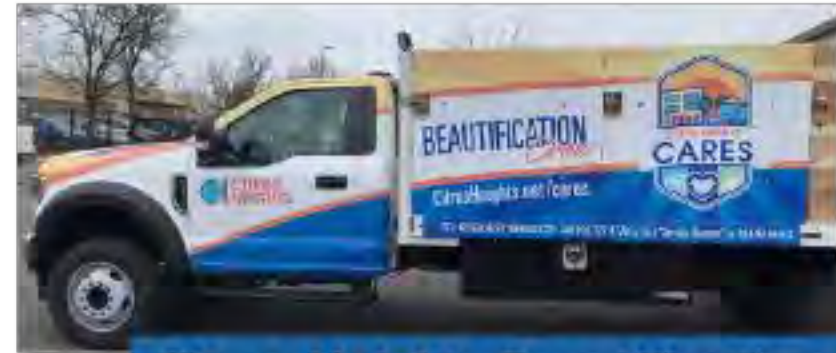


Safe Stay Interim Housing Sites

HOW WE ARE CHANGING AND INNOVATING

City of Citrus Heights

Over the past five years, the City of Citrus Heights has made significant progress in expanding access to affordable housing. With the support of key community partners, the City has successfully delivered several impactful projects aimed at addressing housing needs for low-income and vulnerable populations



Citrus Heights Beautification Crew

Sayonara Drive Neighborhood Revitalization Project



Auburn Oaks Projects



Sunrise Pointe Apartments

HOW WE ARE CHANGING AND INNOVATING

City of Elk Grove

- Year-round shelter and new permanent shelter planning
- Homeless navigation team
- Partnership with Elk Grove HART (*move-in deposits and furniture, motel vouchers, and eviction prevention in partnership with LSNC*)



HOW WE ARE CHANGING AND INNOVATING

City of Folsom

- Homeless Outreach Team (HOT)
- Bidwell Studios
- Persifer Street Affordable Housing Project
- Increased Density General Plan Amendments
- HART Transitional Student Housing



CITY OF
FOLSOM
DISTINCTIVE BY NATURE



HOW WE ARE CHANGING AND INNOVATING

City of Galt

- Galt utilizes partnerships with South County Services, Salvation Army (Lodi) and other Sac County offered services to address our limited homeless population.
- Future PLHA grant funding has been earmarked for affordable housing development.



HOW WE ARE CHANGING AND INNOVATING



City of Rancho Cordova

- **Mather Veterans Village (Phases 1, 2 and 3):** 100 permanent supportive housing units and 46 beds of transitional housing for homeless and disabled veterans
- **Mather Veterans Village Phase 4:** 70 additional units of permanent supportive housing for homeless and disabled veterans that will begin construction in 2026
- **7-day per week Homeless Outreach Team** and community cleanup crew



HOW WE ARE CHANGING AND INNOVATING

City of
SACRAMENTO

City of Sacramento

- Incident Management Team/Integrated BHS with Outreach
- Micro-Communities
- Street to Housing



WHAT WE HAVE ACHIEVED

3,556 shelter and interim housing beds:

822 congregate beds and **2,734** non-congregate (including 425 opening by 2026)

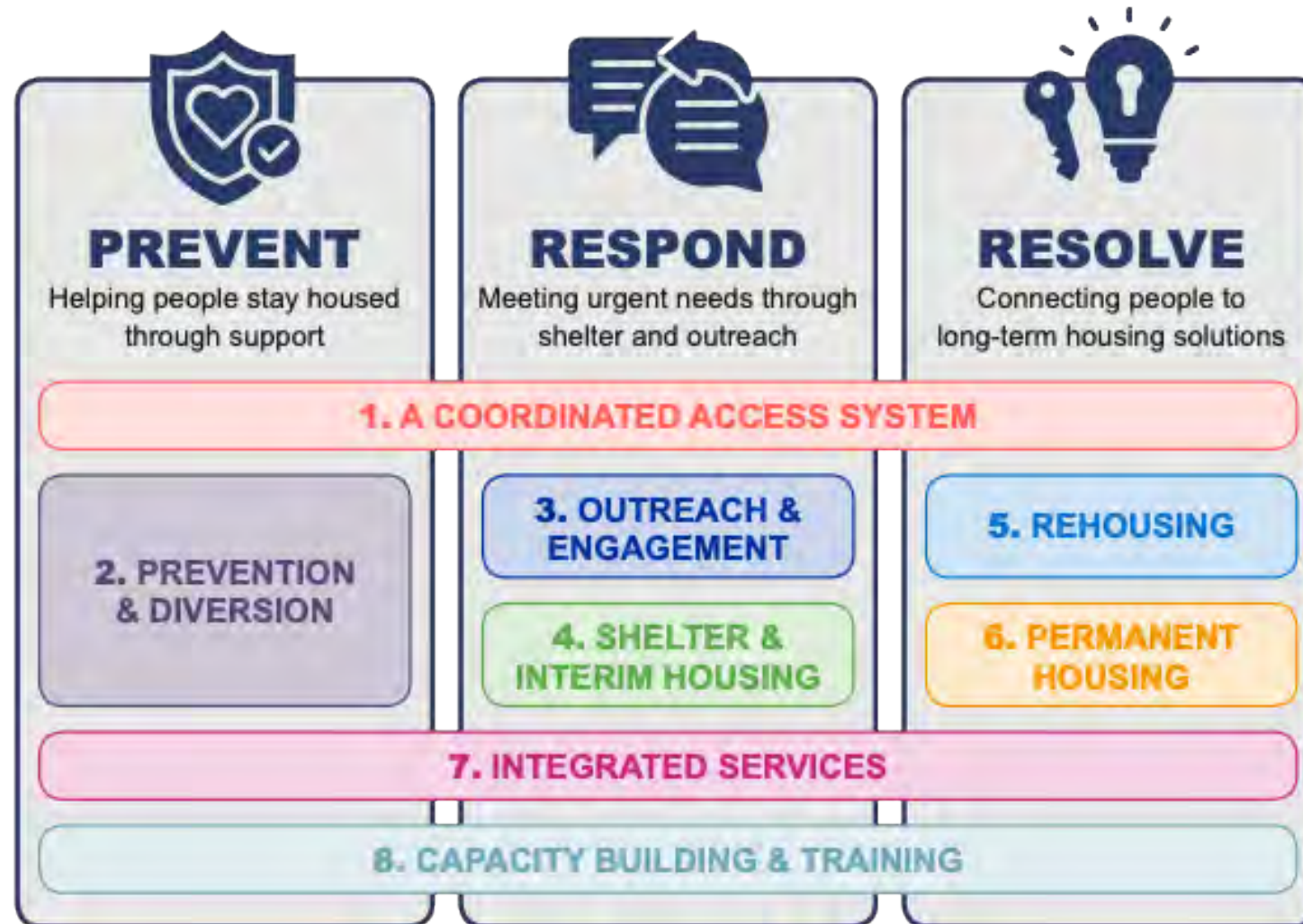
5,910 permanent housing slots for people exiting homelessness

- **4,323** are Permanent Supportive Housing (PSH)/**1,587** are other permanent housing, including Rapid Re-Housing (RRH)
- **3,459** serve people in adult only households/**2,392** serve people in households that include minor children

	ADULTS	FAMILIES W/KIDS	TAY
% of unsheltered 2024 PIT	94%	1%	5%
% of bed capacity	69%	28%	3%

TAY: Transitional Aged Youth
PIT: Point in Time Count

HOW DO WE EXPAND OUR IMPACT



Pathways to Behavioral Health Court and Justice-Involved Treatment

Department of Health Services
Behavioral Health Services
Sacramento County

Presented by:

<https://dhs.saccounty.gov/BHS/Pages/BHS-Home.aspx>



MENTAL
HEALTH
MATTERS

SACRAMENTO
COUNTY



BEHAVIORAL HEALTH SERVICES (BHS)



OUR MISSION

To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency. We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.



MEDI-CAL RESPONSIBILITIES

Provide Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Services to Sacramento Medi-Cal clients meeting medical necessity for care.

Medical Necessity includes significant impairment in social, occupational, or other important activities and/or a reasonable probability of deterioration in an important area of life due to present of a behavioral health diagnosis.

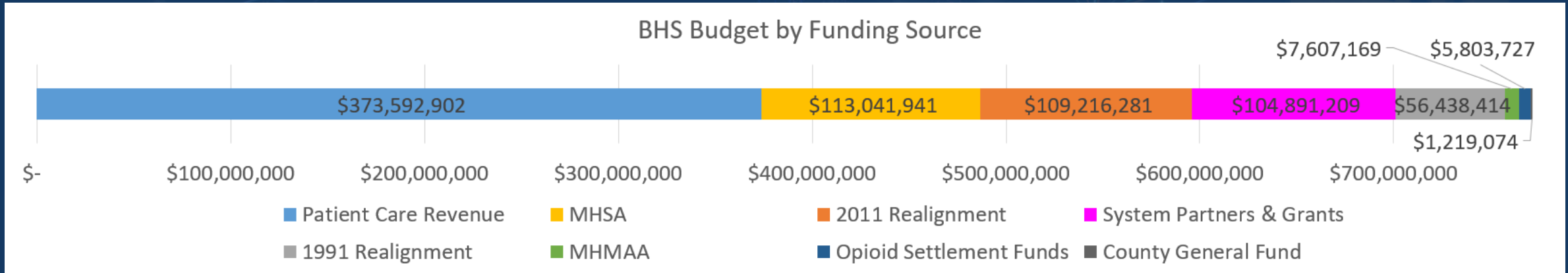
BUDGET / FUNDING

FAST FACTS

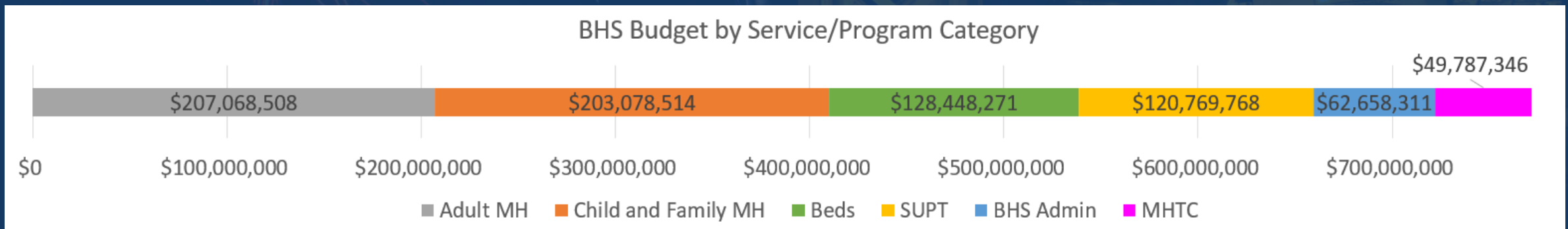
- FY 24/25 Requested Budget \$668 M
 - 659.4 FTEs
 - 161 Provider Agencies with 238 Programs
 - Workforce of over 3,500 people across the BHS system of care
 - 39,501 consumers served
 - 300,000 in Prevention and Early Intervention (individual and outreach activities)
 - Media campaign: 500 M impressions
- Local funds are required as match for Federal Medicaid funds, but payments are received as Patient Care Revenue which is allowable as a matching fund

BUDGET / FUNDING

BUDGET BY FUNDING SOURCE



BUDGET BY SERVICE/PROGRAM CATEGORY



ADULT, CHILD, AND FAMILY CONTINUUM OF CARE

Prevention Early
Intervention



Supporting
Community
Connections



Mental Health
Respite



Entry Points



Outpatient
Specialty Mental
Health Services
(FIT/WRAP/FSP)



Residential



Crisis Services



Acute Care



PATHWAYS TO COURT AND JUSTICE INVOLVED TREATMENT

Assisted Outpatient Treatment (AOT)

Law

Eligibility

Referral Process

Referral Sources and Resources

Differences from CARE Act

Assisted Outpatient Treatment (AOT)



Eligibility Criteria:

- 18 or older
- Have a severe mental illness
- Clinically determined as unable to live safely in the community without supervision, with a condition that is substantially deteriorating
- Need AOT to prevent relapse or deterioration, likely to result in grave disability or serious harm
- History of noncompliance with treatment, shown by either:
 - Two or more hospitalizations or mental health-related incarcerations in the past 36 months; OR
 - One or more acts of serious, violent behavior toward self or others in the past 48 months
- Offered treatment but continues not to engage
- Require AOT as the least restrictive means to support recovery and stability
- Likely to benefit from AOT

Eligible AOT Referral Sources and Resources

WIC 5346(b)(2) (2) A request may be made only by the following persons to the county mental health department for the filing of a petition to obtain an order authorizing assisted outpatient treatment:

- Immediate adult family members
- Adults residing with the individual
- Director of a treating agency, organization, facility or hospital
- Treating licensed mental health professional
- Peace officer, parole or probation officer supervising the individual
- A judge of a superior court before whom the person who is the subject of the petition appears



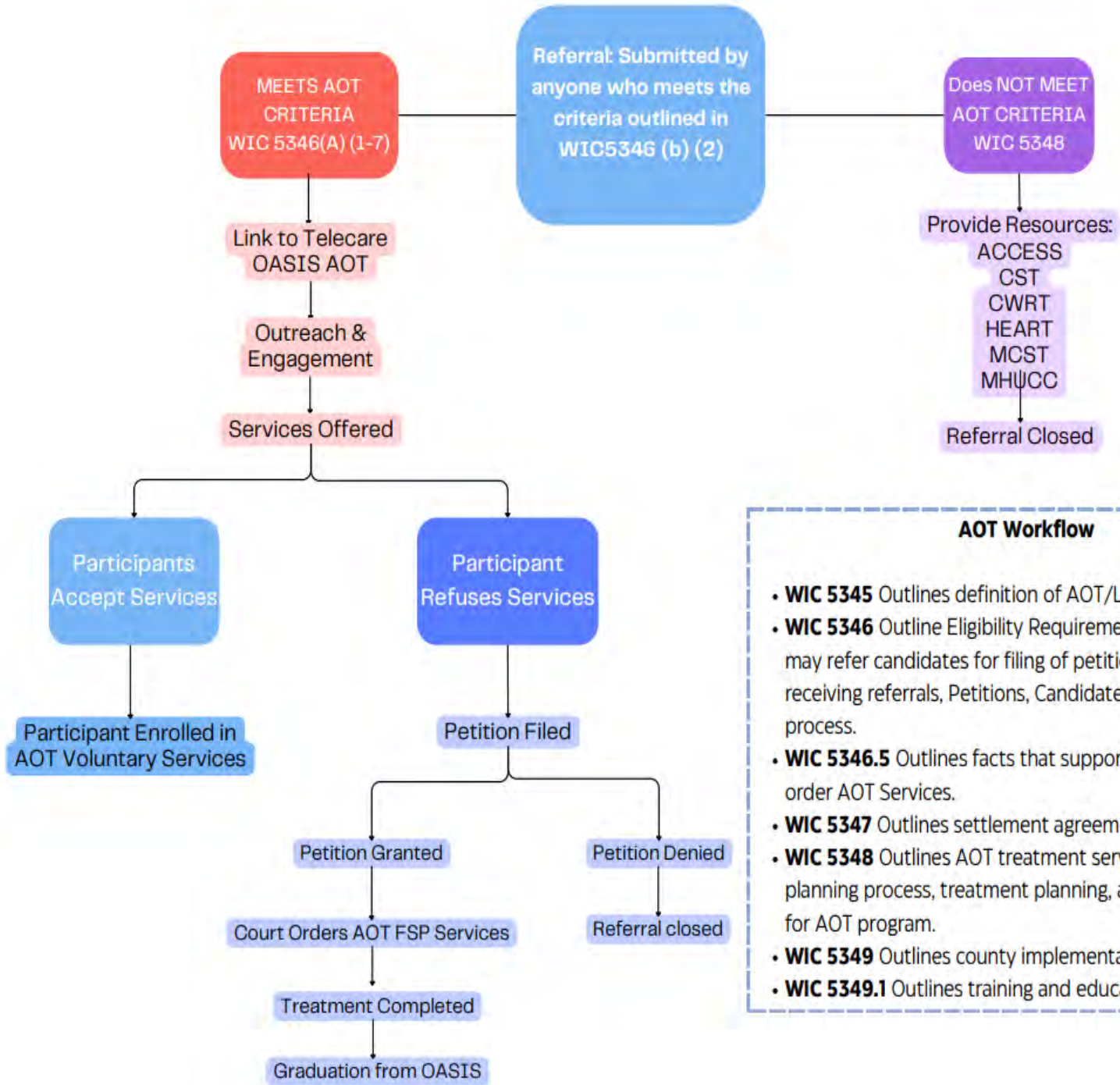
[Sacramento County Assisted Outpatient Treatment Website](#)



Referral forms can be emailed to: **DHS-MH-AOT@SacCounty.gov**



AOT Consultation Line: 916-875-6508



- AOT Workflow**
- **WIC 5345** Outlines definition of AOT/Laura's law.
 - **WIC 5346** Outline Eligibility Requirement, Persons who may refer candidates for filing of petition, Process after receiving referrals, Petitions, Candidate rights, and Court process.
 - **WIC 5346.5** Outlines facts that support when a court may order AOT Services.
 - **WIC 5347** Outlines settlement agreement.
 - **WIC 5348** Outlines AOT treatment services, service planning process, treatment planning, and data collection for AOT program.
 - **WIC 5349** Outlines county implementation of AOT.
 - **WIC 5349.1** Outlines training and education.

AOT Referral Process

CARE allows for a supporter to assist with treatment team and supportive decision making.

CARE has a narrow list of mental illness diagnosis which qualifies.

CARE has a large list of qualifying petitioners. CARE process begins with the Court when a petition is filed.

CARE duration is for one year (with a second year granted if necessary).

CARE will be available in every county statewide by 2025 – no matter the insurance plan.

How is **CARE** Act Different From AOT?

CARE Act/ Court

COMMUNITY ASSISTANCE,
RECOVERY, EMPOWERMENT

Legislature

Eligibility

Petition vs Referral Sources

Petition Process and Resources

Referral Process

CARE COURT ELIGIBILITY

Eligibility Criteria:

- Be 18 or older
- Diagnosed with a Schizophrenia Spectrum or Other Psychotic disorder
- Currently showing symptoms/behaviors of severe mental illness
- Not clinically stable in ongoing voluntary treatment
- Either:
 - Unlikely to safely live in the community without supervision; OR
 - Needs support to prevent relapse or deterioration likely to cause grave disability or serious harm
- CARE Plan or Agreement is the least restrictive option
- Likely to benefit from CARE participation



CARE COURT REFERRAL PATHWAYS

COLLABORATIVE COURTS

Mental Health Diversion Law

Mental Health Diversion Eligibility, Suitability and Process

Other Court Programs Supported by Behavioral Health

BHS Role and Services Provided by Jail and Court Assessment Team

Level of Care and BH Linkages

Referral Pathways and Court and Justice Involved Continuum of Care

MENTAL HEALTH DIVERSION (MHD)

- MHD law passed in July 2018-Penal Code 1001.36
- Offers pre-trial dismissal and record sealing
- Applies to individuals in the criminal justice system with a qualifying mental health disorder
- Requires successful completion of mental health treatment



Suitability for Mental Health Diversion

In the opinion of a qualified mental health expert, the defendant's symptoms of the mental disorder causing, contributing to, or motivating the criminal behavior would respond to mental health treatment.

The defendant consents to diversion and waives their right to a speedy trial, or a defendant has been found to be an appropriate candidate for diversion in lieu of commitment and, as a result of the defendant's mental incompetence, cannot consent to diversion or give a knowing and intelligent waiver of the defendant's right to a speedy trial.

The defendant agrees to comply with treatment as a condition of diversion, or the defendant has been found to be an appropriate candidate for diversion in lieu of commitment for restoration of competency treatment and, as a result of the defendant's mental incompetence, cannot agree to comply with treatment.

The defendant will not pose an unreasonable risk of danger to public safety, as defined in Section 1170.18, if treated in the community. The court may consider the opinions of the district attorney, the defense, or a qualified mental health expert, and may consider the defendant's treatment plan, the defendant's violence and criminal history, the current charged offense, and any other factors that the court deems appropriate.

Pathways to Hospitalization and Conservatorship

<https://dhs.saccounty.gov/BHS/Pages/BHS-Home.aspx>



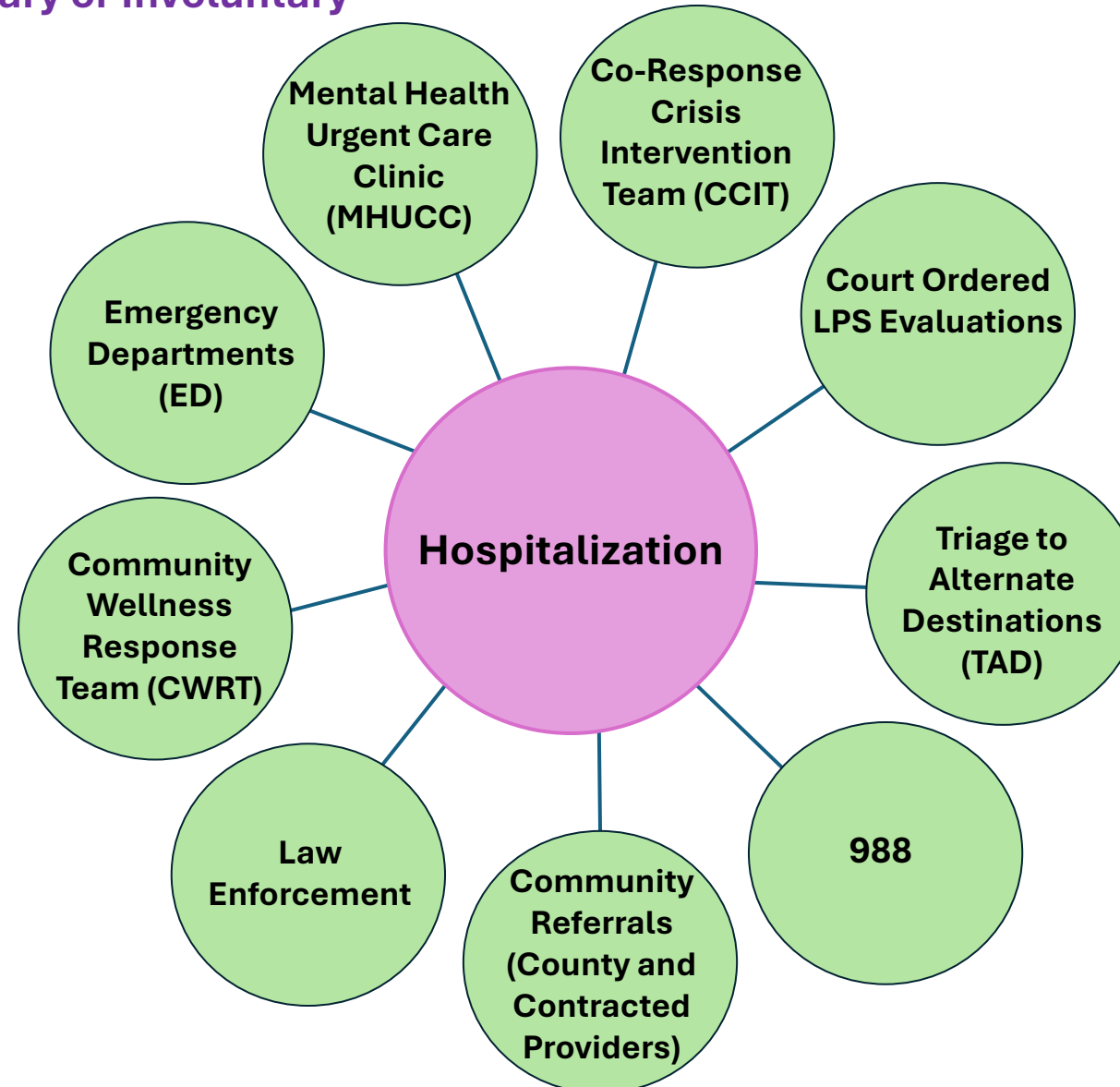
MENTAL
HEALTH
MATTERS

SACRAMENTO
COUNTY

Pathways to Hospitalization

Referral Sources

Hospitalization – Voluntary or Involuntary



Conservatorship: Lanterman Petris Short Act (LPS Act)



At any given time, when possible and clinically indicated, voluntary treatment is considered.

Involuntary treatment is pursued if the individual cannot be safely treated on a voluntary basis.

The Lanterman-Petris-Short (LPS) Act is a California law that regulates involuntary mental health holds and conservatorships.

Destinations for Voluntary Services

- Emergency Departments
- Crisis Stabilization Units
- Mental Health Urgent Care Clinic
- Other Community Resources

Destinations for Involuntary Detainment

- Emergency Departments
 - Crisis Stabilization Units
 - Acute Psychiatric Hospitals
 - Psychiatric Health Facilities
-

Pathways to Involuntary Detention-Conservatorship (cont...)

Welfare and Institutions Code (WIC)-LPS Act

All involuntary holds require regular multi-disciplinary assessments and two licensed mental health professionals (a treating psychiatrist and a licensed clinician) attesting to the requirement of the involuntary detention.

Individuals can be discharged from the hospital at any time on any one of the holds below.

- **5150:** Involuntary detention for up to 72 hours when individuals are a danger to self (DTS), danger to others (DTO) or are gravely disabled (GD) due to a mental disorder, substance use disorder* or both.
- **5250:** 14 day hold for further involuntary treatment for DTS, DTO and GD. Requires certification hearing and due process.
- **5270.** 15: 30 day hold for continued treatment for GD. Requires certification hearing and due process.

* In 2023, SB 43 was passed expanding the definition for Gravely Disabled to include inability to provide for basic needs of food, clothing, shelter due to substance use, and inability to provide for personal safety or necessary medical care.

Sacramento County implemented SB 43 January 1, 2025.

Pathways to Involuntary Detention-Conservatorship (cont...)

Welfare and Institutions Code (WIC)-LPS Act

- **5270:** 70: additional 30 days of treatment to avoid conservatorship. Requires judicial review.
- Temporary Conservatorship: 6 months-must be petitioned for during 5250 or 5270.15. Requires Public Guardian's office to investigate and judicial review. Can be moved to full LPS conservatorship during any of the monthly court hearings.
- LPS Conservatorship: 1 year. Requires annual review and renewal.

Other WIC Codes

(Not in the Pathway to Conservatorship)

5260: additional 14 day
hold for danger to self-
No certification hearing
or due process needed.

5300: 180-day post
certification for danger
to others-requires
judicial review.



**Department of Health Services
Behavioral Health Services
Sacramento County**

<https://dhs.saccounty.gov/BHS/Pages/BHS-Home.aspx>

THANK YOU

Our Mission: To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

Our Vision: We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.



Sacramento City
and County
Continuum of Care



April 2024–
March 2027

YEAR TWO UPDATE: 2025

Developed in partnership with:

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



Sacramento's Regionally Coordinated

FRAMEWORK & ACTION PLAN

to Prevent and End Homelessness

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

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

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

Written by the Wilton Rancheria Tribe



LAND ACKNOWLEDGEMENT

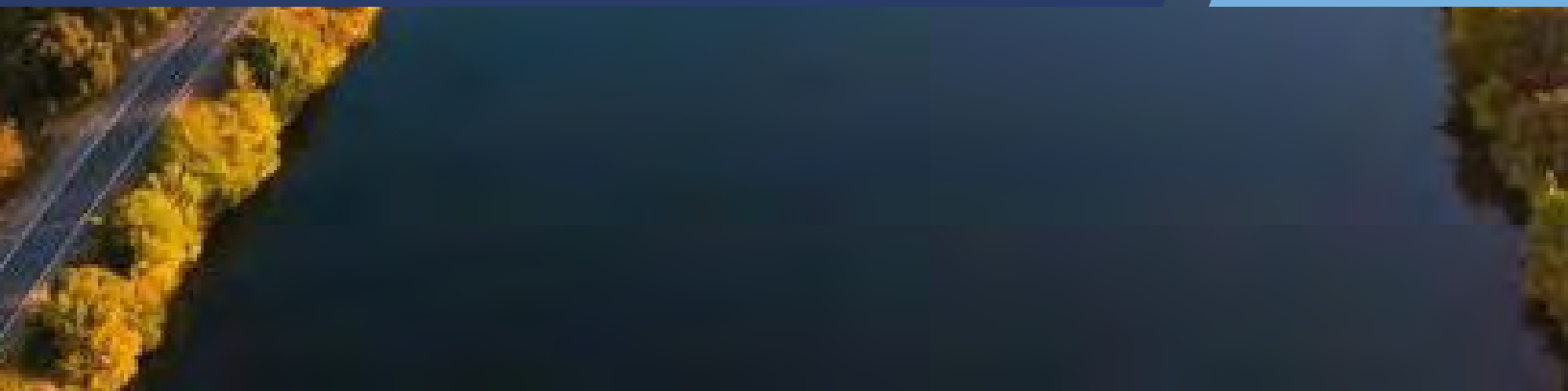


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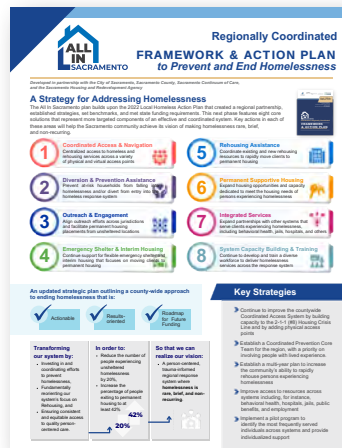
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INTRODUCTION & BACKGROUND

Released in 2024, *All In Sacramento* represents a regionally coordinated framework and action plan to prevent and end homelessness. All In Sacramento serves as a guide for regional partners to build upon previous progress and momentum with an actionable plan that sets the course for creating a system that is responsive to the needs of Sacramento neighbors facing homelessness. It 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.



2024 RCHAP



RCHAP Summary



RCHAP 6-Month Progress Report

The 2024 plan is available [here](#) for reference, along with a [summary](#) and [mid-year progress report](#) from April 2025.

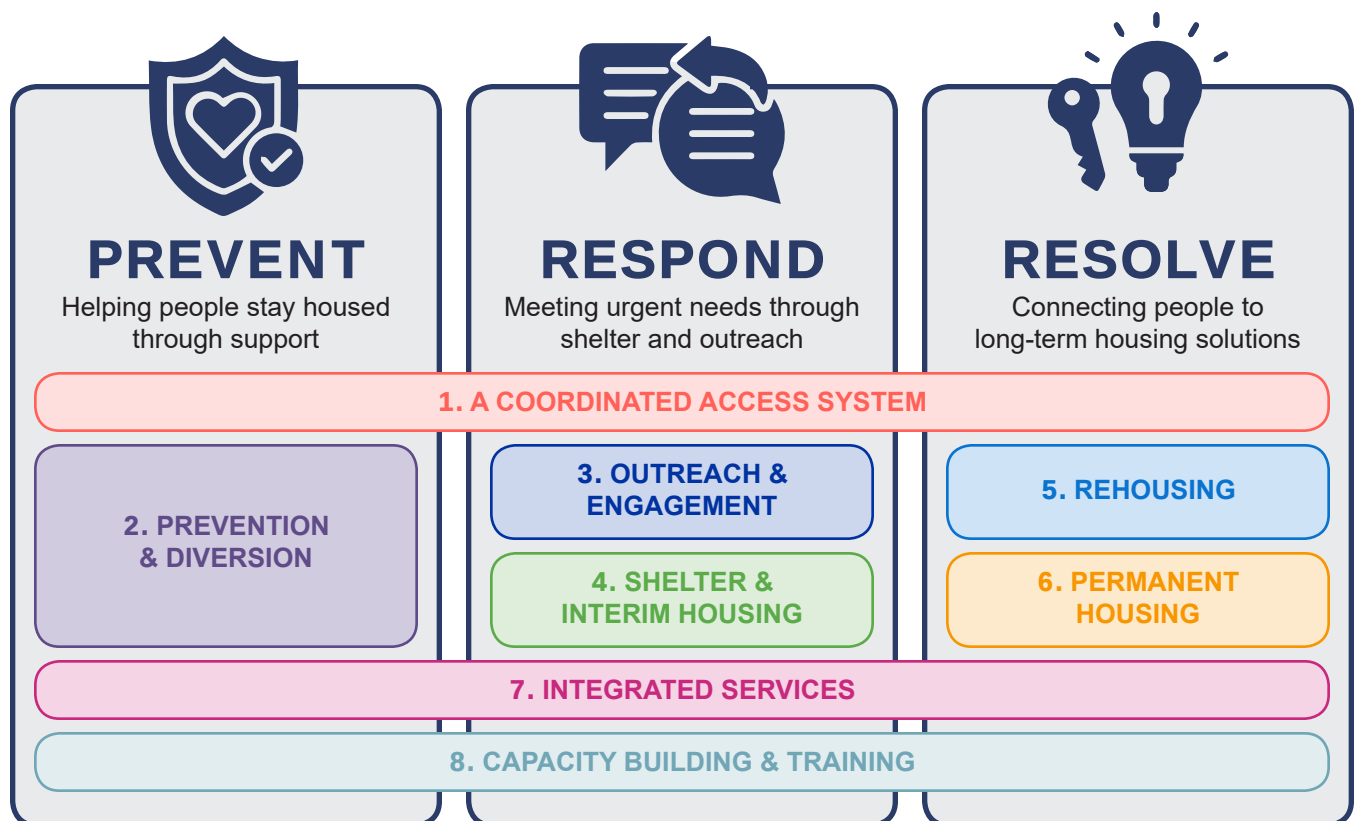
The following chart from the progress report is replicated to note the 6-month status of all 53 actions identified in the original plan. These are categorized by the eight solution areas and by responsible agency/ies. A one-year report this fall will provide an overview of progress.

Progress Overview September 2024 – February 2025

Status	Total	CAS	Prevention	Outreach	Shelter	RRH	PH	Integrated Services	Capacity Building
Lead		SSF	SSF	City, County	City, County, SSF	SSF	City, County, SHRA	County	SSF
# Actions	53	7	3	3	4	4	3	16	13
Complete	5 (9%)	2	0	0	2	0	0	1	0
On Track	25 (47%)	5	2	3	1	2	3	3	6
Delayed	4 (8%)	0	0	0	0	0	0	3	1
Not Started	18 (34%)	0	1	0	1	2	0	9	5

CAS = Coordinated Access System, RRH = Rapid Rehousing, PH = Permanent Housing, SSF = Sacramento Steps Forward, SHRA = Sacramento Housing Redevelopment Agency

This document outlines the Year Two Action Plan defining efforts from September 2025-August 2026. The plan includes activities tailored to the regional landscape and aligns with national, evidence-based best practices. It is organized around a *Prevent, Respond, Resolve* framework which directs community resources toward reducing the inflow of people entering homelessness and increasing outflow to housing and services, while sustaining effective crisis and sheltering responses.



This approach is grounded by eight Solutions, which collectively aim to have the greatest impact on reducing the number of people experiencing homelessness and improving 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% .**

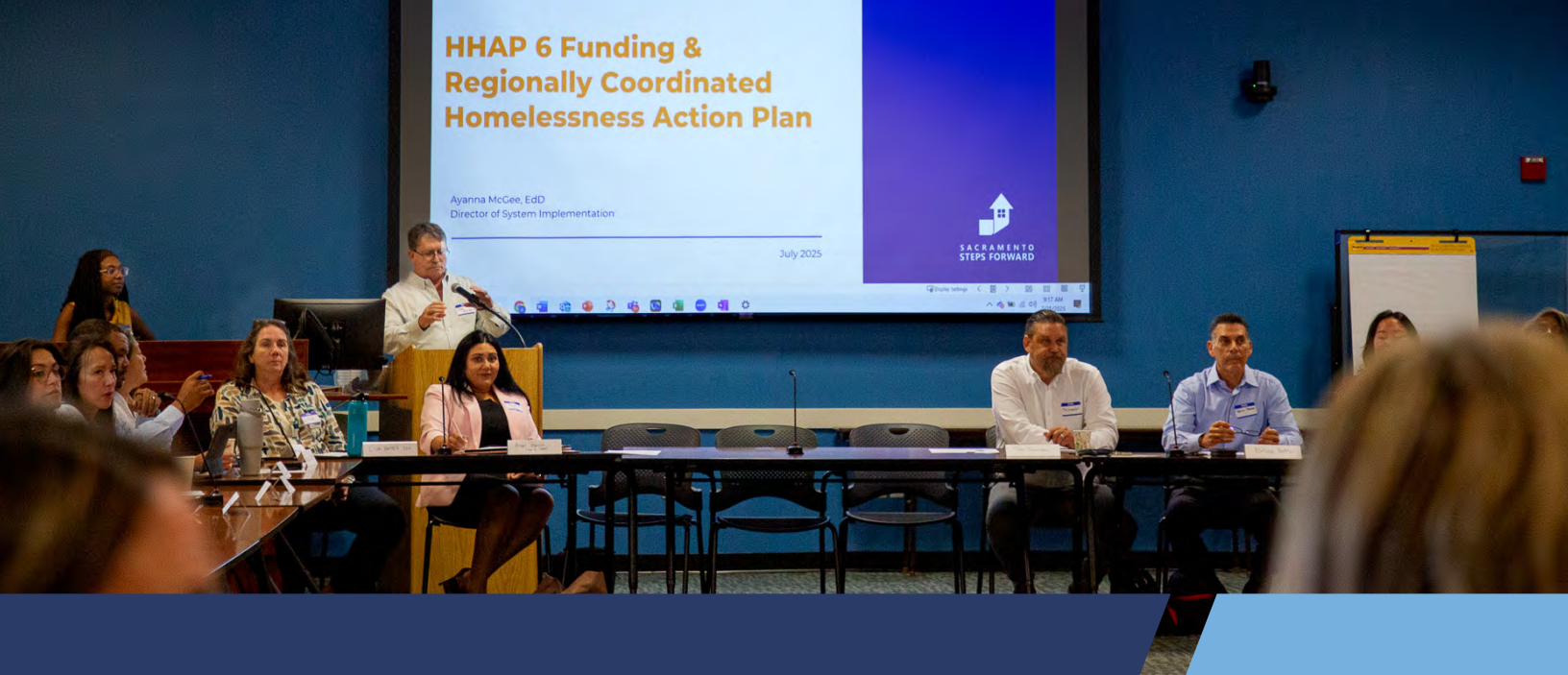
Year Two In Context

The Year Two Action Plan has been developed in a time marked by uncertainty and shifting priorities. The challenges ahead are significant, and the path to progress is unsteady. The assumptions underpinning this plan are grounded in the understanding that much of the funding flexibility that our region's homeless response system has previously relied upon is now at risk.

The next round of the state Homeless Housing, Assistance & Prevention program—a considerable funding source for the region for over five years—is not guaranteed. Moreover, federal funding decreases are a looming reality, particularly in the form of cuts to public benefits such as SNAP, Medicaid, and Medicare. These cuts will have a profound impact on the most vulnerable in our community, complicating efforts for our region to prevent and resolve homelessness and contributing to housing insecurity.

In this political climate, progress, despite unprecedented investment and collaboration, often feels out of reach. Our community's dedication, hardworking providers, and newly rooted systemic changes are not yet apparent. Nevertheless, Sacramento must maintain the momentum of this investment and collaboration with a focused, flexible, and feasible Year Two plan. All In Sacramento is not just a response to the immediate needs of today, but a recognition of the need to be adaptive, resilient, and strategic in the face of profound shifts in funding, policy, and political will. It reflects our community's commitment to continue the work that is so vital to helping our neighbors, even in times of uncertainty.





Engagement Process and Plan Update

All In Sacramento was updated 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 surrounding jurisdictions and partners with lived expertise of homelessness and housing instability. Many opportunities were provided to convene and gather input from sector partners and community members on the strategic direction of All In Sacramento, with a focus on needs and opportunities for this updated iteration of the Action Plan. This included multiple targeted engagement sessions from May to July 2025, culminating in three large public convenings. Over 330 partners and community members attended these sessions. Participants included City and County representatives, department leaders from local jurisdictions, homeless services and housing providers, Medi-Cal Managed Care Plans, federally recognized tribal governments, and people with lived experience of homelessness, among many others. These sessions were published widely through targeted outreach, email listservs, and social media.

In addition to two virtual public sessions hosted by the Continuum of Care (CoC), and a forum with community leaders, the following meetings were held with partners that represent unique interests in the CoC, City of Sacramento, Sacramento County, and community:

- CoC Partners With Lived Expertise Committee
- CoC Systems Performance Committee
- Youth Action Board
- Housing Families First Collaborative
- Managed Care Plans
- County Behavioral Health Services Department

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 system response. Community partners have continued to uplift these same principles through the All In planning and updating process with some important refinements and additions. The following Guiding Principles offer a critical set of qualitative measures for success to pair with the quantitative measures outlined in the Measurement Framework to apply across all proposed strategies in support of a shared vision for a more collaborative, accessible, and transparent homeless response system.

All In Sacramento's Guiding Principles:

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

Community Accountability

Prioritize a continuous improvement and accountability framework that strengthens system functionality, transparency, and responsiveness

5

Lived-Expertise Voice

Create partnerships that value the leadership, experiences, 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 & decision-making across jurisdictions

2024 GAPS ANALYSIS

The 2024 Gaps Analysis Report for the Sacramento Continuum of Care estimates that 16,000 to 19,000 people, in 12,000 to 14,000 households, experience literal homelessness each year in Sacramento. The model reaches this estimate by merging data from the 2024 Point in Time (PIT) count with 2023 annual service totals from the Homeless Management Information System (HMIS). This analysis builds a model that estimates the difference between the scale and scope of the current system and one that would fully serve the community's need. It is intended to allow for more informed decision-making when funding and designing programs, by determining where additions would have the largest positive effect on the system.



Key Findings

According to the 2024 Gaps Analysis, among the households who experience literal homelessness annually, it is estimated that:

- 41% of households are chronically homeless (disabled and literally homeless for 12 months or more within the last three years). Most of these are adult-only households.
- 35% are unsheltered and can't access shelter due to insufficient housing and sheltering capacity.
- 16% are family households containing both adults and children.
- 10% are veteran-led households.
- 9% are transition-aged youth led households, ages 18 to 24.



The 2024 Gaps Analysis finds that a near-term expansion focusing on prevention, diversion, and rehousing services, combined with a sustained commitment to building additional targeted affordable housing, could result in no unsheltered homelessness in the community within 5 years and a 53% reduction in total homelessness within 10 years. These changes would serve to reduce the inflow to homelessness by expanding prevention and diversion services while increasing outflow from homelessness by expanding Rapid Re-Housing (RRH) programs and available housing stock.

The 2024 Gaps Analysis finds that a near-term expansion focusing on prevention, diversion, and rehousing services, combined with a sustained commitment to building additional targeted affordable housing, could result in



- **no unsheltered homelessness** in the community within 5 years and



- a **53% reduction** in total homelessness within 10 years.

SYSTEM-LEVEL PERFORMANCE MEASURES

The All In Sacramento action plan is designed to improve the following system-level measures that track how well the overall homeless response system is doing regarding 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



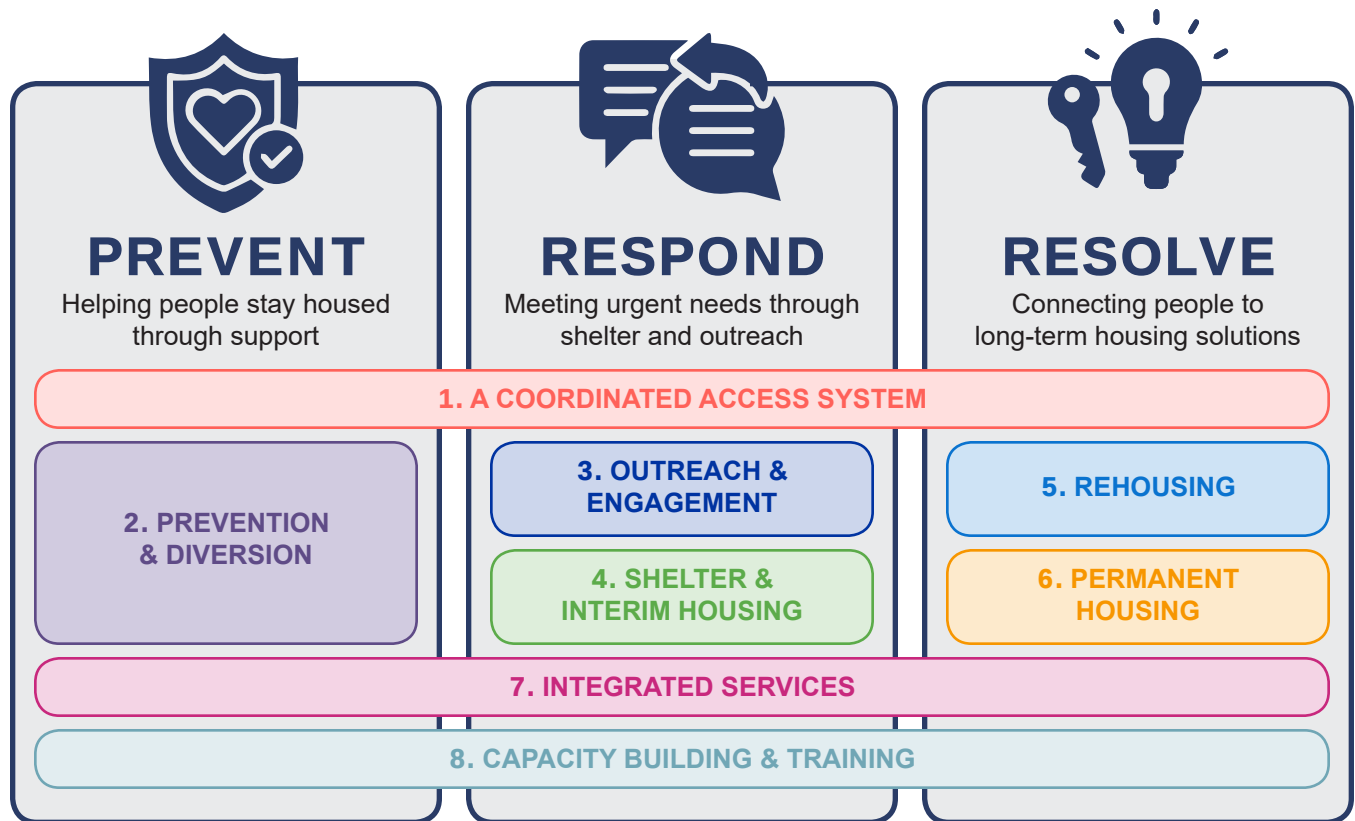
Increase successful placements from street outreach

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%.



YEAR TWO ACTION PLAN





PREVENT

Targeted Prevention

One-time and short-term prevention assistance for those at highest risk.

Diversion

Immediate problem-solving and resources to avoid shelter.

SOLUTION 2: Diversion & Prevention Assistance

Implementation Lead: Sacramento Steps Forward (SSF)

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
- Reduce the number of people experiencing unsheltered homelessness
- Reduce the length of time people remain homeless

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 Two Actions	Collaborating Partners
Convene partners to support the development and implementation of a county-wide prevention approach.	SSF/CoC, Partners with Lived Expertise Committee, Youth Action Board, City of Sacramento, Sacramento County
Assess the current prevention program landscape and determine the need for additional screening tools, assessments, and processes.	SSF/CoC, City of Sacramento, Sacramento County
Implement the county-wide prevention approach to expand access to financial assistance programs and assist with rapidly exiting or preventing clients from entering homelessness.	SSF/CoC, City of Sacramento, Sacramento County

Sub-Solution 2.b: *Grow and embed problem-solving/diversion in all system access sites, safe grounds, respite centers, and emergency shelters*

Year Two Actions	Collaborating Partners
Update Housing Problem Solving training to align with prevention strategy and create opportunities for providers to build competencies related to conversational case management and creative problem-solving.	SSF/CoC, Partners With Lived Expertise



RESPOND

Street Outreach

Individualized engagement and connection to housing assistance

Temporary Housing

Emergency shelter, transitional housing, and interim housing.

SOLUTION 3: Outreach & Engagement

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

System-Level Performance Measures:

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

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

Year Two Actions	Collaborating Partners
Analyze and employ strategies to accelerate reductions in street homelessness.	City of Sacramento
Enhance encampment response coordination between the City, County, and CoC.	City of Sacramento, Sacramento County, SSF/CoC
Implement pilot veterans outreach program using VA rehousing resources (HUD VASH).	City of Sacramento, Department of Veterans Affairs, Sacramento Housing and Redevelopment Agency

SOLUTION 4: Emergency Shelter & Interim Housing

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

System-Level Performance Measures:

- Increase the number of people accessing services who are experiencing homelessness
- 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 Two Actions	Collaborating Partners
Open Watt Ave Safe Stay, offering 225 new shelter beds.	Sacramento County
Continue funding for emergency shelter and interim housing capacity and leverage available funding sources, cost savings, and efficiencies within those programs.	City of Sacramento, Sacramento County, SSF/CoC
Increase capacity of non-traditional, innovative, non-congregate interim housing and emergency shelter capacity.	City of Sacramento

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

Year Two Actions	Collaborating Partners
Develop recommendations for the design of ombuds services that provide shelter-focused grievance support and analysis of program quality and standards.	SSF/CoC, Partners With Lived Expertise Committee, Community Accountability Committee



RESOLVE

Short and Medium Term Housing

Individualized housing search and placement with time-limited financial assistance and stabilization services.

Permanent Housing

Permanent supportive housing assistance with ongoing services.

SOLUTION 5: Rehousing Assistance

Implementation Lead: Sacramento Steps Forward (SSF)

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 Two Actions	Collaborating Partners
Implement a rehousing assistance infrastructure for landlord engagement and housing placements through targeted grant funding.	Sacramento County, Managed Care Plans
Establish a family-focused RRH program to support transitioning clients for family shelter programs.	SSF/CoC, Housing Families First Family Collaborative
Establish a short-term rapid re-housing program to quickly resolve housing insecurity and homelessness for Transition Age Youth.	Youth Action Board

SOLUTION 6: Permanent Supportive Housing

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

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: *Sustain the stock of homeless-dedicated permanent supportive housing units and other homeless dedicated affordable housing subsidies/units with ongoing services*

Year Two Actions	Collaborating Partners
Provide financing for permanent housing projects with homeless set-aside units.	City of Sacramento, Sacramento County, SSF/CoC, Managed Care Plans
Convene affordable housing developers to innovate cost-effective solutions to increasing the permanent housing stock for people experiencing homelessness.	City of Sacramento, Sacramento County, SSF/CoC



SYSTEM INFRASTRUCTURE

SOLUTION 1: Coordinated Access & Navigation

Implementation Lead: Sacramento Steps Forward (SSF)

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
- Increase the number of people accessing services who are experiencing homelessness
- Reduce the number of people who become homeless for the first time

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

Year Two Actions	Collaborating Partners
Explore strategies to expand CAS access points.	SSF/CoC, Coordinated Access System Committee, City of Sacramento, County of Sacramento
Improve use of the by-name-list (BNL) and case conferencing.	SSF/CoC, City of Sacramento, County of Sacramento
Ensure CAS assessors are operating in under-resourced communities.	SSF/CoC, Community Accountability Committee, City of Sacramento, Sacramento County
Complete an evaluation of the Coordinated Access System focused on alignment across city and county CAS-participating programs, accessibility for key stakeholders, and opportunities for greater efficiency and integration.	City of Sacramento, County of Sacramento, SSF/CoC

Explore feasibility of developing cross-functional/ multi-system client assessment tools and leveraging 2-1-1 to more effectively connect people experiencing homelessness to critical service supports (e.g. <i>Behavioral Health and CaAIM</i>).	SSF/CoC, City of Sacramento, Sacramento County
Assess initial outcomes of the Housing Conversation Tool and recommend any needed changes to how individuals are prioritized for housing and services.	SSF/CoC, City of Sacramento, Sacramento County

SOLUTION 7: Integrated Services

Implementation Lead: County of Sacramento

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: *Ensure comprehensive and coordinated discharge planning from hospitals, jails, and other institutional settings to prevent people from becoming homeless upon discharge*

Year Two Actions	Collaborating Partners
Develop a plan for supporting and housing people with medical vulnerabilities.	Sacramento County, SSF/CoC, City of Sacramento

Sub-Solution 7.b: *Increase coordination with criminal legal system to improve connections to housing and services among unhoused justice-involved individuals*

Year Two 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.	Sacramento County, Managed Care Plans, SSF/CoC

SOLUTION 8: System Capacity Building & Training

Implementation Lead: Sacramento Steps Forward (SSF)

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 number of people who return to homelessness after housing placement
- Increase successful placements from outreach Increase the number of people accessing services who are experiencing homelessness
- Increase the number of people accessing services who are experiencing homelessness

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

Year Two Actions	Collaborating Partners
Release and monitor data quality standards for programs using HMIS.	SSF/CoC
Incorporate HMIS training, technical assistance, and support in system-wide training plans to improve data quality and completeness.	SSF/CoC

Sub-Solution 8.b: Recruit and retain a diverse workforce that reflects system needs

Year Two Actions	Collaborating Partners
Create a workgroup for recommendations on workforce recruitment, retention, and development.	SSF/CoC, City of Sacramento, Sacramento County

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 Two Actions	Collaborating Partners
Deliver rapid rehousing-focused training for effective case management, landlord engagement, and rental assistance.	SSF/CoC, City of Sacramento, Sacramento County

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

Year Two Actions	Collaborating Partners
Regularly convene providers to inform system improvements and forge stronger partnerships, inform and co-develop innovative solutions related to homelessness prevention, capacity building, provider training and system implementation.	SSF/CoC





**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

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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.”

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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

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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.

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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.

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“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.

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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	City Manager
	Deputy County Executive – Social Services	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

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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.

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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

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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 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

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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.

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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;

**PARTNERSHIP AGREEMENT
BETWEEN THE CITY OF SACRAMENTO AND THE COUNTY OF SACRAMENTO**

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

**PARTNERSHIP AGREEMENT
BETWEEN THE CITY OF SACRAMENTO AND THE COUNTY OF SACRAMENTO**

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:
County of Sacramento
Attn: Ann Edwards
700 H Street, Suite 7650
Sacramento, CA 95814
(916) 874-5510
edwardsann@saccounty.gov

CITY:
City of Sacramento
Attn: Howard Chan
915 I Street, Fifth Floor
Sacramento, CA 95814
(916) 808-7488
hchan@cityofsacramento.org

**PARTNERSHIP AGREEMENT
BETWEEN THE CITY OF SACRAMENTO AND THE COUNTY OF SACRAMENTO**

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



Homeless Services Partnership Agreement City of Sacramento & Sacramento County

Six Month Report: January 1 – June 30,
2025

City of
SACRAMENTO

SACRAMENTO
COUNTY

Overview

This report shall be given to the City Council and County Board of Supervisors on a six-month basis. The purpose of this report is to provide regular updates on City-County partnership agreement as well as provide data related to the success and challenges regarding the response to homelessness within the City of Sacramento. The information reflected below is current to the reporting period of January 1, 2025, through June 3, 2025.

Encampment Outreach and Staffing

The Department of Community Response (DCR) is the lead agency in identifying and assessing encampment locations and deploying resources. Teams are deployed in a multidisciplinary approach to specific geographic zones within the City of Sacramento.

This reporting period there was changes to the agencies who are actively participating in the coordinated outreach within the city. The city added case carrying outreach workers, contracted through Step Up. Step Up staffing ramped up throughout the reporting period and full staffing of 10 case carrying outreach workers and a field lead was achieved by the end of May. The addition of case carrying outreach workers helps to improve service provision for clients who remain unsheltered.

In addition all other partner agencies continued to operate, including DCR and its contracted Hope Cooperative staff, Behavioral Health Services (BHS) Homeless Engagement and Response Team (HEART), and Community Health Works (CoHeWo).

During this reporting period staff implemented a shift in focus for the HEART staff assigned to the City County Partnership Agreement. HEART teams were assigned a shelter location within the city and provided regular outreach within the shelter in addition to maintaining encampment outreach.

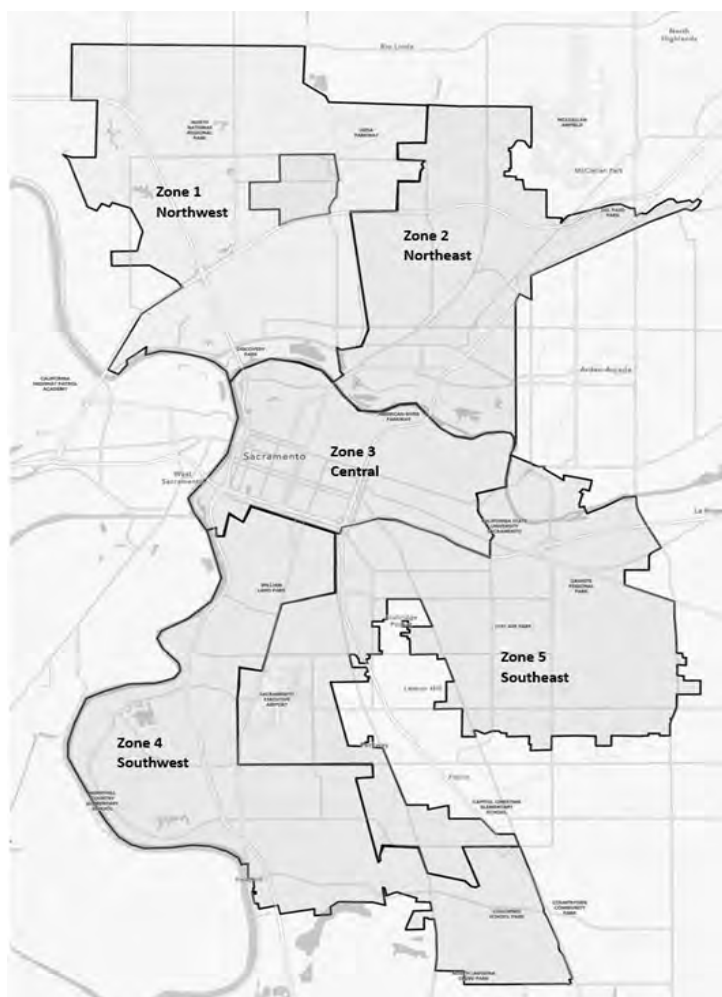
This was intended to provide continuity of care for clients seeking or receiving behavioral health services. While staff expected this would lead to a reduction in the number of engagement attempts completed by the HEART team, the objective was to increase the number of engagement attempts that resulted in assessments, referrals and/or linkages.

Overall staffing remained well above the minimum levels outlined in the partnership agreement. The agreement obligates a total of 50 staff members to outreach within the city. During this reporting period, a total of 67 staff members were assigned to outreach within the city.

DCR	• 16 Alternative Responders
Hope	• 13 Outreach Specialists
Step Up	• 11 Case Carrying Outreach
BHS	• 12 HEART Workers
CoHeWo	• 15 CalAIM Funded Staff

The Department of Community Response also coordinates the Incident Management Team (IMT) resources to provide outreach and services while also ensuring compliance with City Codes and California State Laws. IMT units are primarily comprised of staff from Sacramento Police Department's IMPACT team, DCR field staff, City Park Rangers, and City Code Enforcement officers. DCR staff assigned to IMT units focus on referrals to the City's rapid placement sites, the Outreach and Engagement Center (OEC) and Roseville Road Campus (RRC). These teams work in coordination with PA teams.

Sac PD IMPACT	• 14 Officers
Code	• 3 Code Enforcement Officers
Park Rangers	• 1 City Park Rangers
Trash Removal	• 8 Teams



Deployment

Each geographic zone, as seen in the map, is assigned staff from all participating Partnership Agencies.

Staff communicate throughout the day within their zone to ensure encampment residents are linked to the appropriate service/agency to best serve his/her/their needs.

Additionally, staff can communicate potential compliance action to help prevent loss of client connection.

Statistics

During the reporting period partnership and IMT staff responded to 8,718 unique locations and provided 40,844 services to 2,738 unduplicated individuals.

Outreach Services

Type of Service Provided	Total Number
General Case Management	27,920
Clothing and Hygiene Care	1,274
Community Resource Referrals	1,120
Transportation	1,388
Behavioral Health Services	772
Food Services	987
Care Coordination	1,755
Vital Documents	1,022
Coordinated Access System Referrals	844
Housing Search/Placement	2,357
All Other Services	1,405

Partnership agreements

The current Partnership Agreement requires the City and County to meet specific thresholds to satisfy the agreement. The following is a comparison of the Partnership Agreement mandates from the previous reporting period, June 1, 2023, to December 31, 2023, to the current reporting period. Each category in the agreement was rated with a red, yellow, or green color to determine its progress. Red indicates the section has not been met, yellow indicates in progress, and green notes the requirement has been satisfied. The categories assessed are broken out into four categories, each with subcategories which must be satisfied to meet the overall requirements. The categories are:

- Outreach;
- Services;
- Shelter and Housing;
- Training and Information.

At the close of this six-month reporting period the City and County continue to meet all requirements of the Partnership Agreement. The historic agreement continues to result in noticeable improvements to the situation in our community.

Outreach

6/1/23- 12/31/23	1/1/24- 6/30/24	7/1/24- 12/31/24	1/1/25- 6/30/25	
				10 Encampment teams within the City limits
				25 City encampment workers
				10 County mental health workers
				County MH workers will deploy 67% of work within the City
				15 CalAIM workers to provide ECM/CS services
				County staff will conduct Behavioral Health Assessments/Enrollments
				City Will determine the deployment sites for engagement teams
				Encampment team will engage 20 large encampments a month
				Navigate/arrange PEH back to their jurisdiction when appropriate

Services

6/1/23- 12/31/23	1/1/24- 6/30/24	7/1/24- 12/31/24	1/1/25- 6/30/25	
				County shall provide 4 Core Centers within City limits
				County shall support a sobering center within City limits
				City & County will refer to care coordination programs to include Outpatient Treatment, Full Service Partnerships, and CalAIM ECM and CS
				If County FSP program is full, capacity will be added
				County to meet State standard for access to SUPT services
				When appropriate County will refer to involuntary behavioral health programs

Shelter and Housing

6/1/23- 12/31/23	1/1/24- 6/30/24	7/1/24- 12/31/24	1/1/25- 6/30/25	
				Within 12 months of agreement County shall open minimum 200 shelter beds within the County limits
				Within 36 months of agreement County shall open additional emergency shelter site with a minimum of 200 beds
				City provide shovel ready site within the City limits the County shall open and operate a minimum 200 bed shelter
				City and County shall fully integrate all emergency shelter beds into CAS to the extent possible
				City and County shall finalize an affordable housing plan
				County agree to seek additional funding to directly fund or reimburse County

Training and Information

6/1/23- 12/31/23	1/1/24- 6/30/24	7/1/24- 12/31/24	1/1/25- 6/30/25	
				County shall provide Mental Health First Aide training to City
				County Shall provide Public Health education to shelter operators
				County advise City staff on process for accessing County programs
				City & County shall track and share information and data
				County shall provide City staff with 5150 training
				County shall provide Mental Health First Aide training to City

BEHAVIORAL HEALTH SERVICES FOR THE UNHOUSED

JANUARY TO JUNE 2025

IMPACT

- Outreach and Engagement
- Linkage to services
- Crisis stabilization, promoting recovery, and optimizing community functioning
- Decrease criminalization of mental health and homelessness
- Access to flexible housing funds
- Eligibility for Mental Health Services Act Permanent Supportive Housing units.

BUILT UNITS

BHS continues to strategically invest local Mental Health Services Act (MHSA) funding, administered by the Sacramento Housing and Redevelopment Agency on behalf of BHS, to combat homelessness among MHSA-eligible clients. As of June 2025:

- Existing Housing: 461 apartments across 18 developments are dedicated to BHS clients, with an additional 85 units planned as vacancies arise.
- Future Developments: 115 new apartments are planned across 5 properties from 2025 to 2027. These additions will expand the BHS Permanent Supportive Housing Portfolio to a total of 661 dedicated apartments across 23 developments, resulting in a 25% increase in PSH units.

OVERVIEW

Serving Sacramento County's unhoused residents remains an ongoing, primary priority for the entire continuum of the service delivery system, including adult CORE (Community Outreach Recovery Empowerment), youth FIT (Flexible Integrated Treatment), and Substance Use outpatient programs; Full Service Partnership Programs; and crisis programs, such as the Mental Health Urgent Care Clinic (MHUCC), Crisis Receiving for Behavioral Health (CRBH), Crisis Residential Programs (CRPs), Crisis Navigation Program (CNP), Community Support Team (CST), Community Wellness & Response Team (CWRT), and Crisis Respite.

DESCRIPTION

Sacramento County's outpatient mental health system provides specialized, accessible, and coordinated behavioral health care designed to support individuals experiencing homelessness. Our comprehensive approach integrates trauma-informed, culturally responsive mental health services with robust housing navigation and case management. Services include crisis intervention, counseling, psychiatric medication support, substance use disorder treatment, peer support, and flexible funding to prevent, divert and help resolve homelessness. Behavioral Health Services are delivered through community-based outpatient clinics and field-based outreach teams. By working closely with housing providers, shelters, and homeless service organizations, our outpatient programs aim to stabilize individuals' mental health, facilitate connections to permanent supportive housing, and ultimately break the cycle of homelessness.

The Homeless Engagement and Response Team (HEART)

HEART is staffed with clinicians and peers, conducts outreach and engagement with unhoused residents with the goal of linking individuals with the most appropriate behavioral health services.

HEART has 4 areas of concentration:

Shelter Team – Clinicians and Peer Support Specialists are present at local shelters to provide services. Approximately 33% of the shelters are within the city limits.

City Partnership Agreement – Clinicians and Peer Support Specialists partner with City Street Outreach teams and provide services to individuals residing in encampments and city shelters.

Greater Sacramento County – Clinicians and Peer Support Specialists provide services to individuals in the unincorporated County, including outreach to individuals in the American River Parkway area and surrounding cities.

Community-Based Referrals – Services provided to individuals who have received a HEART referral from the community over the phone or electronically.

Behavioral Health Bridge Housing (BHBH)

Sacramento County received \$43 million in the Round 1 BHBH grant through fiscal year 2026-2027. Sacramento County was also awarded Round 3 BHBH grant funding in the amount of \$15 million, also through fiscal year 2026-2027.

The Sacramento County BHBH program provides short- to mid-term interim housing for individuals experiencing unsheltered chronic homelessness who have serious mental illness or substance use disorder. A variety of interim solutions are offered including sleeping cabins, sober living environments, a renovated hotel and via the purchase of an apartment complex. The current bed count is 248. For Fiscal Year 25/26, BHS will add 80 beds at the new Watt Safe Stay and convert 30 existing BHBH beds to BHSA-funded Permanent Supportive Housing. This results in a net increase of 50 beds. In addition, 29 Sober Living Environment (SLE) beds will be added through SUPT's open enrollment pool. When all projects are completed by July 2026, BHBH will operate a total of 327 interim beds.

The program prioritizes stabilization through immediate shelter combined with linkage to our outpatient system for mental health and substance use services and supports. HEART serves as the front door accepting referrals, establishing eligibility, and coordinating placement. BHBH also offers flexible funding to meet individual needs, such as necessities, transportation, and move-in costs, to help clients successfully transition from temporary housing into permanent supportive housing solutions.

OUTCOMES – JANUARY TO JUNE 2025

From January 1 to June 30, 2025, 1,569 residents who were unhoused were referred to County Behavioral Health Services and 1,080 individuals (68.8%) were successfully admitted and linked to services.

During the same period, efforts specific to HEART included:

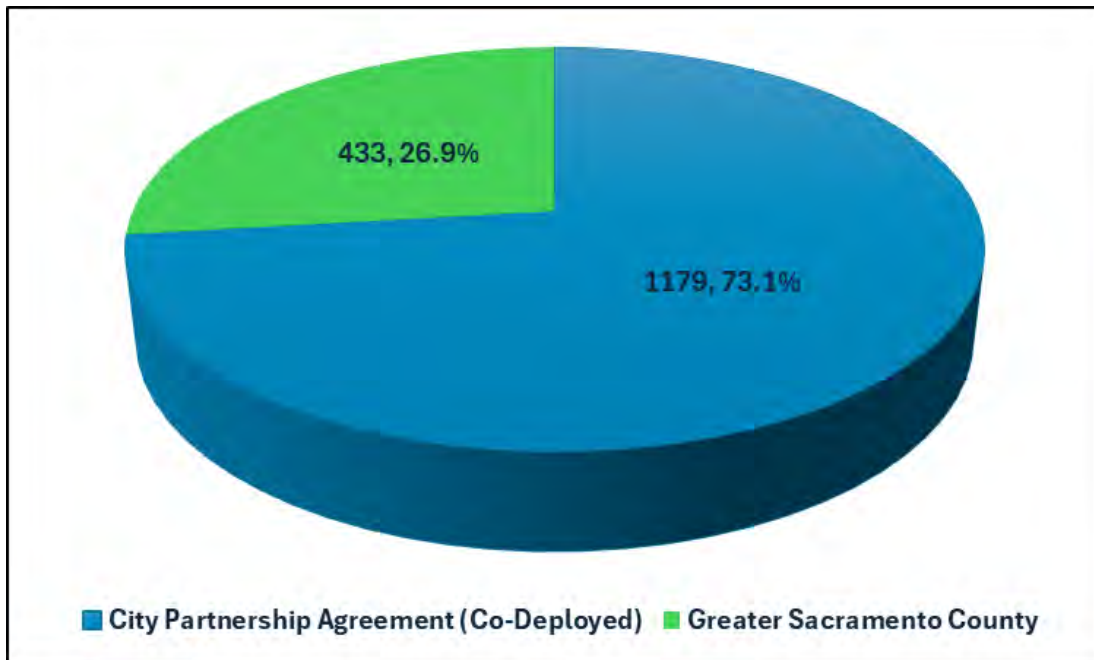
- 1,612 outreach attempts to individuals who were unhoused
- 349 individuals screened for BHS services
- 320 individuals referred to County BHS programs
- 178 individuals linked to and served by County outpatient programs
- 110 individuals enrolled in HEART over the last year were sheltered in the Behavioral Health Bridge Housing program (BHBH) during the reporting period

HEART Outreach, Referrals and Linkages – January to June 2025

HEART Outreach and Outreach Attempts

Data from Co-Deployed and Greater Sacramento areas includes outreach attempts reflected in the graph below

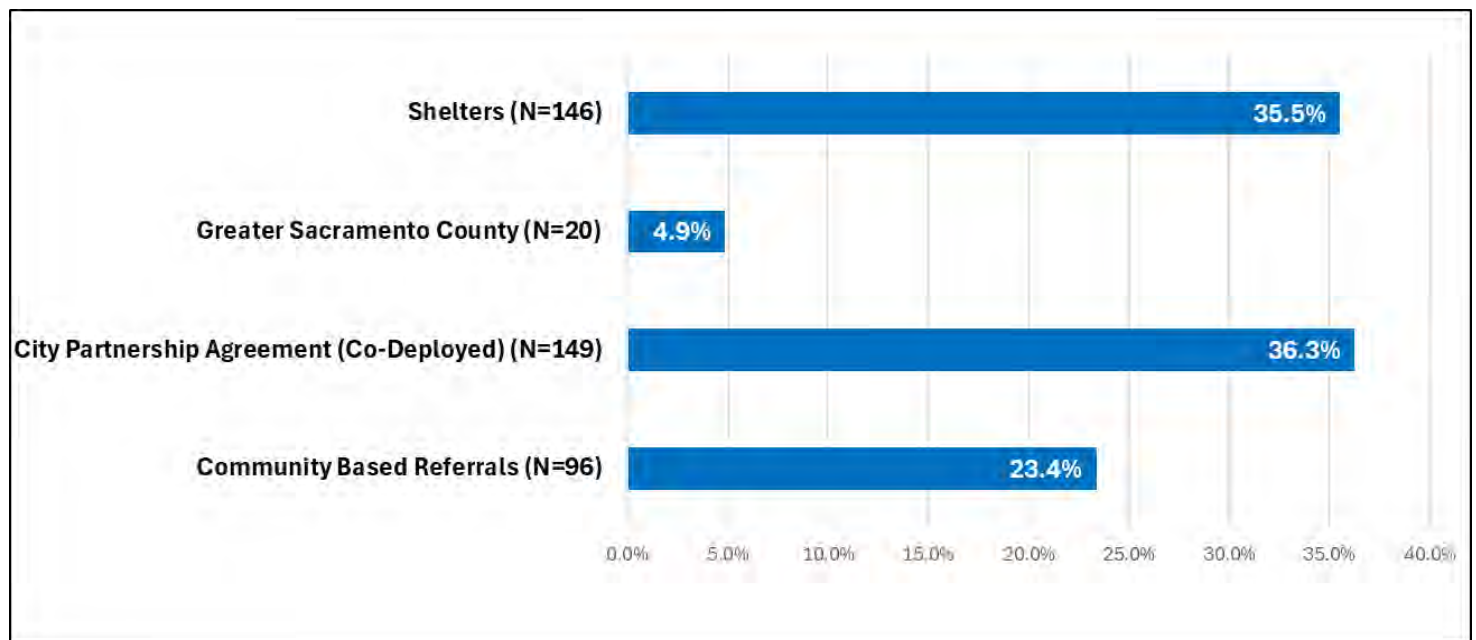
- There were a total of 1,612 outreach attempts provided during the reporting period
- City Partnership accounted for over 73% of outreach attempts



Referrals By HEART Areas Of Concentration

- There were 320 unduplicated individuals referred to various BHS programs during the reporting period, for a total of 411 referrals
- The City Partnership Team accounted for the largest share of referrals (36.3%), closely followed by the three-person Shelter Team (just over 35%). This outsized impact underscores both the accessibility and engagement readiness of individuals living in shelters, where clients are easier to find and consistently reachable for service engagement.
- 64 (20%) individuals had more than one referral to mental health and/or substance abuse treatment during the reporting period

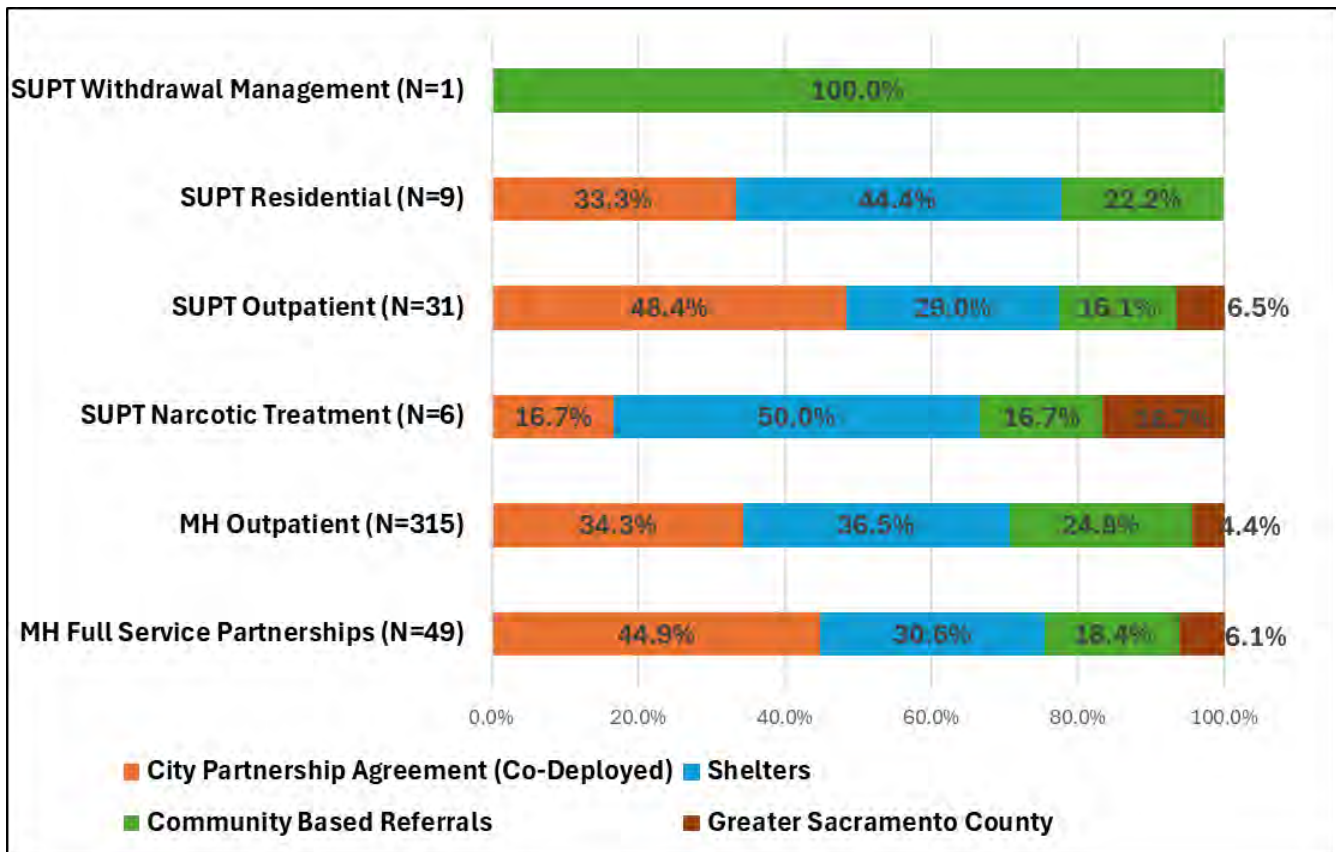
Note: Total referrals are higher than unduplicated individuals as some individuals receive multiple referrals from different sources



Referrals by HEART Areas Of Concentration to BHS Program Type

Of the 411 referrals HEART made to Sacramento County BHS,

- Most referrals were to mental health outpatient programs (76.6%), followed by FSPs at just under 12%. In both programs co-occurring conditions are addressed.

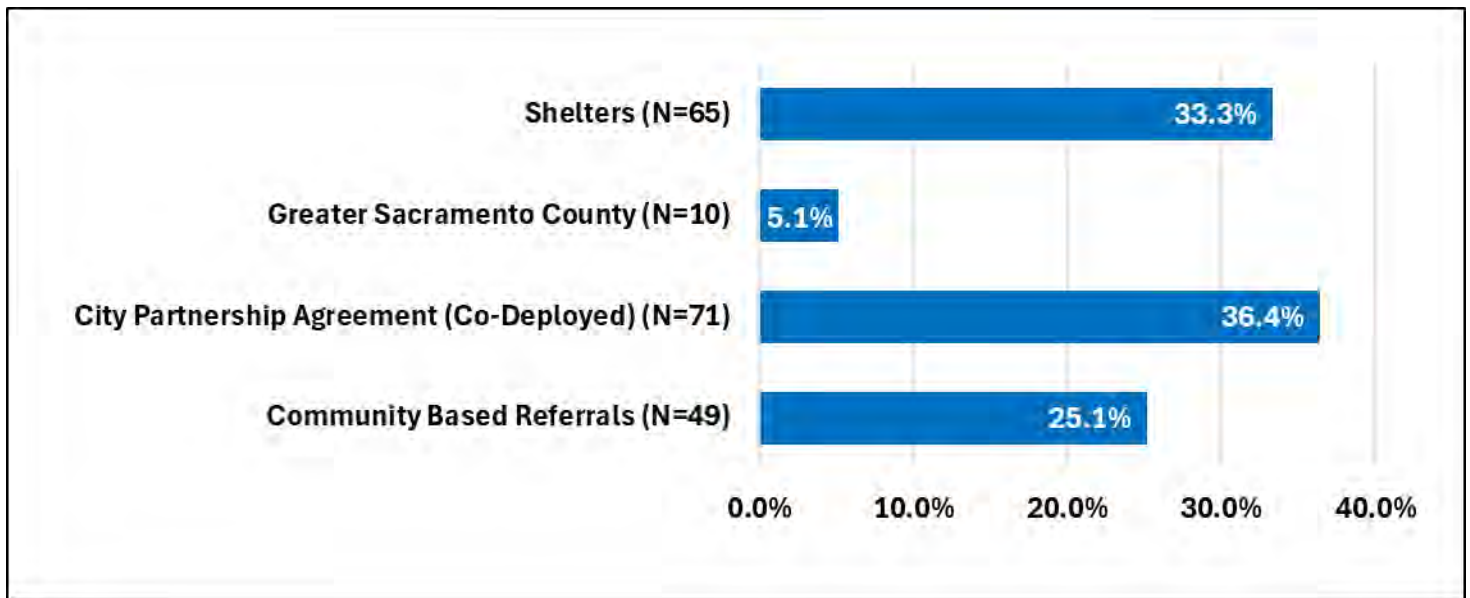


Linkages by HEART Areas of Concentration

Of the 411 referrals made to BHS by HEART, 195 (47.4%) resulted in linkage to BHS services. Note: individuals may be referred to multiple programs.

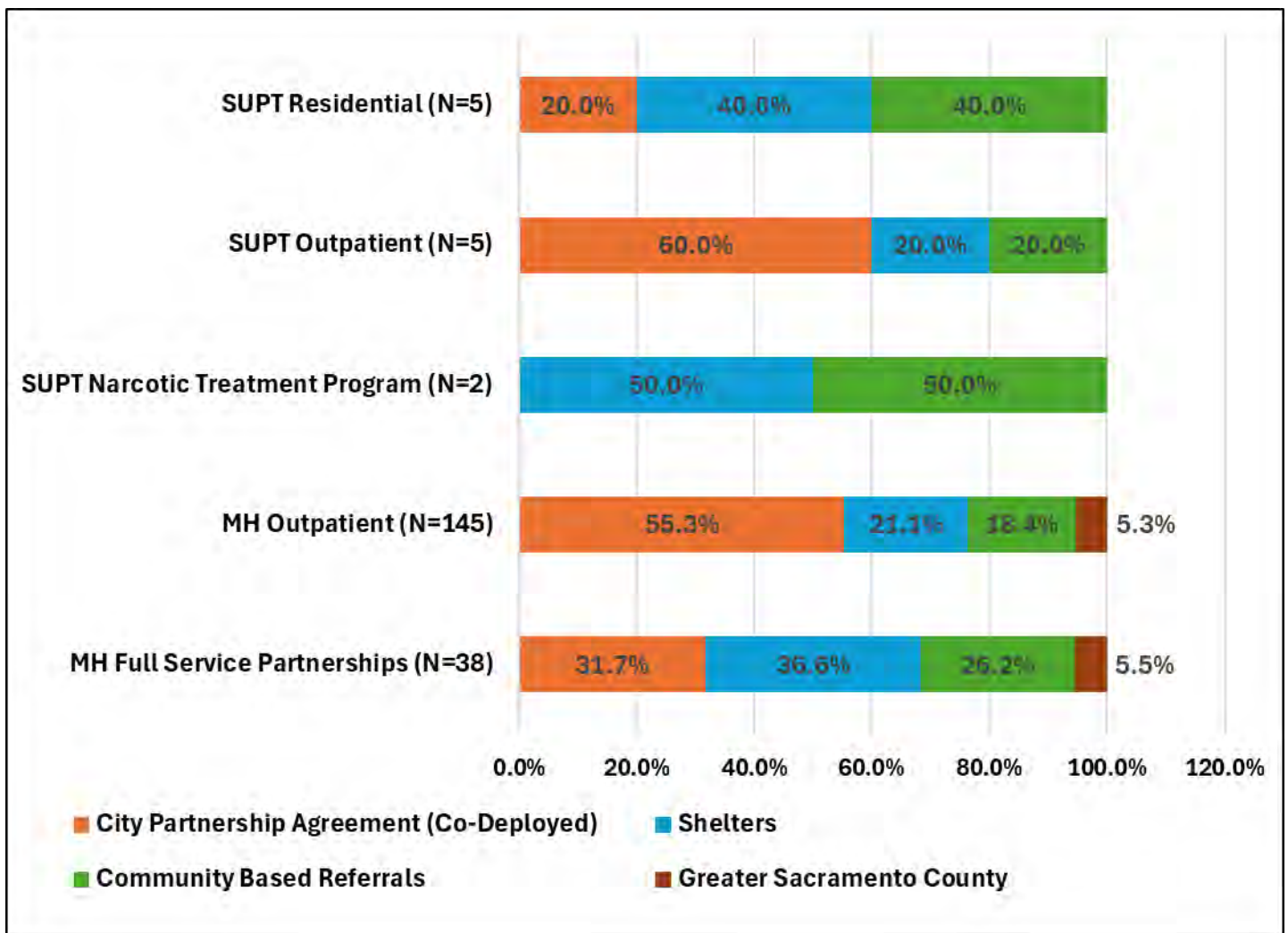
- Nearly 70% of successful linkages came from the City Partnership Team (36.4%) and the three-person Shelter Team (33.3%). This demonstrates how the shelter setting provides consistent opportunities for engagement, where clients are easier to locate and staff can reinforce readiness through reminders, encouragement, and coordination with providers.
- 178 (55.6%) unduplicated individuals were linked to a mental health and/or substance use prevention program

Note: linked is defined as receiving at least one service at a Sacramento County BHS service provider



Linkages by HEART Areas of Concentration to BHS Program Type

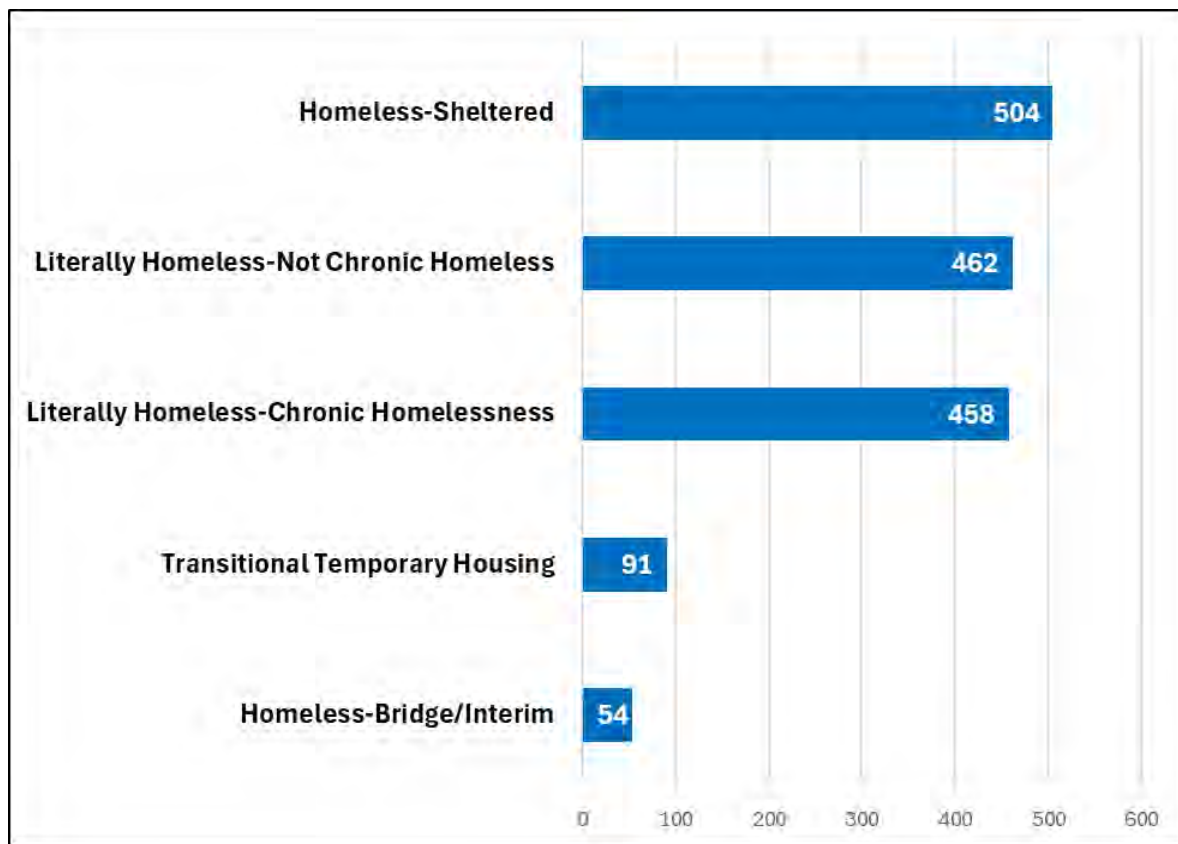
- 195 referrals resulted in a linkage to a service provider within BHS
- Mental Health Full-Service Partnerships were effective in connecting people to care, with nearly three out of four referrals successfully linked to services
- Almost 50% (46%) were successfully linked to mental health outpatient programs



BHS Referrals and Linkages (excluding HEART referrals/linkages) January to June 2025

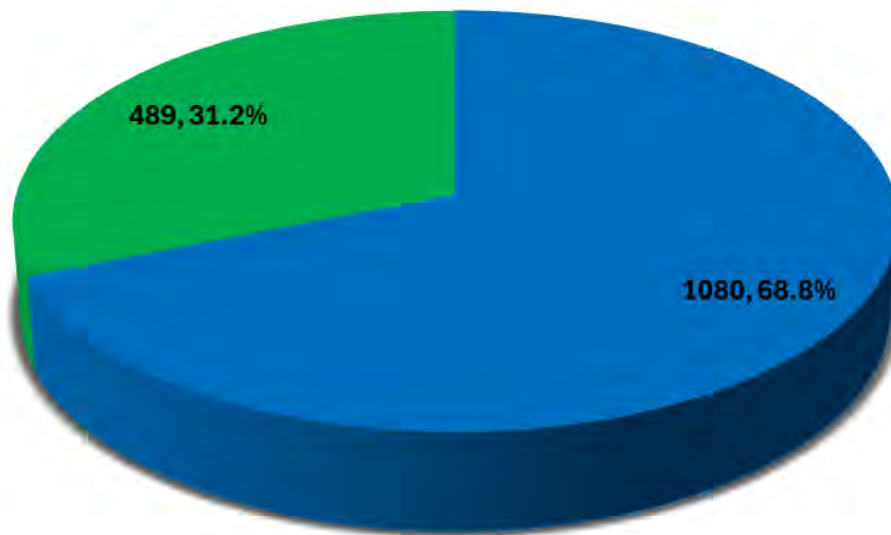
Unhoused Referred to BHS by Housing Status

- From January to June 2025, 2,225 referrals were made for 1,569 unhoused individuals to Sacramento County Behavioral Health Services by other sources (i.e. CORE outreach teams, Mental Health Urgent Care Clinic, FIT and CORE walk-ins etc.)
- 434 (27.7%) individuals received more than one referral during the reporting period



Unhoused Linked to BHS Services

- 1,080 (68.8%) unduplicated individuals actively engaged and received service(s) in a BHS mental health and/or substance use program
- Just over two-thirds of unhoused individuals were linked to BHS services

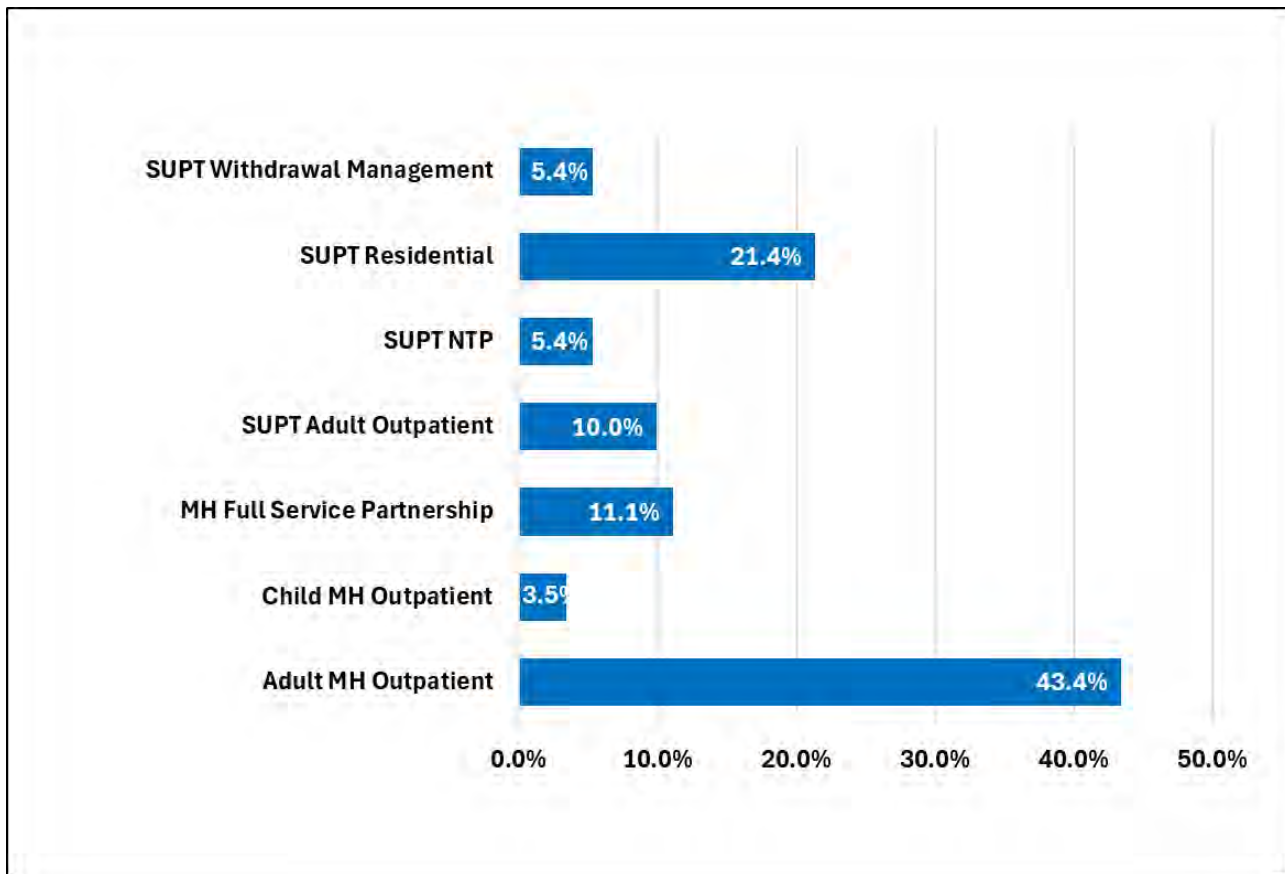


■ Linked - Received Service ■ Unlinked - No Service

Unhoused Linked by Program Type

- From January to June 2025, 1,080 unhoused residents were linked to behavioral services
- Just under 45% of unhoused adults received services at a mental health outpatient facility
- Just over 20% received residential services for substance use

Note: linked is defined as receiving at least one service at a Sacramento County BHS service provider



Full-Service Partnerships

Full-Service Partnership (FSP) programs are recovery-oriented, comprehensive services targeted to individuals who have a severe mental illness often with a history of criminal justice involvement and repeat hospitalizations, who may also be unhoused, or at risk of becoming unhoused. FSP programs are designed to serve people in the community rather than in locked settings. By engaging mental health consumers in their own care and providing services tailored to individual needs, FSPs can reduce costs, improve the quality and consistency of care, enhance outcomes, and most importantly, save lives.

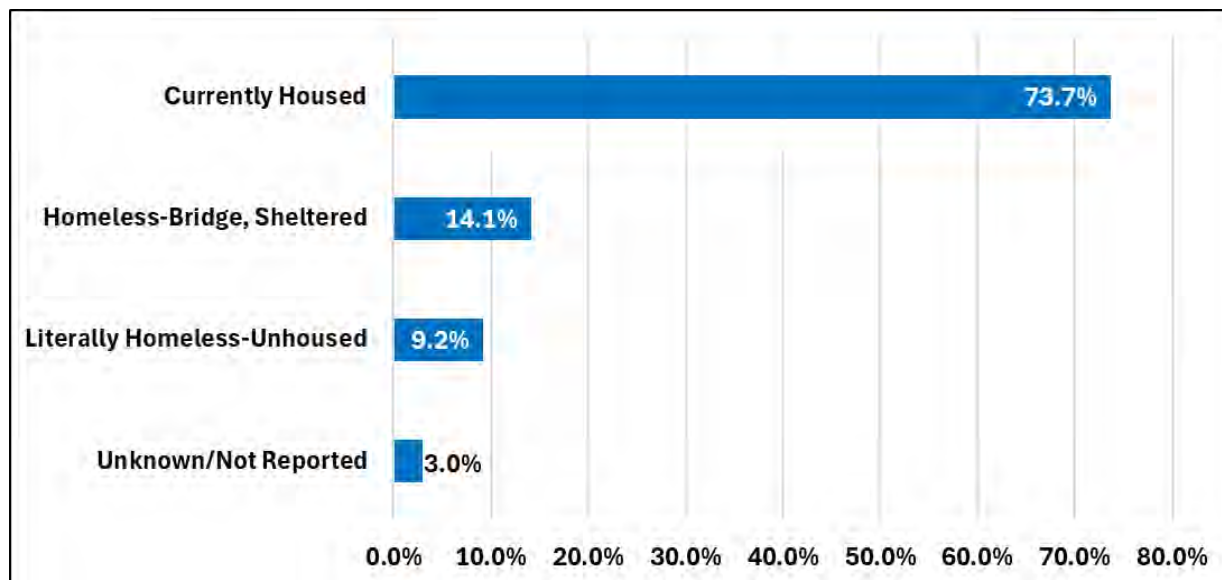
FSPs provide the full spectrum of high intensity outpatient mental health treatment for children and youth (and their families) living with severe emotional disturbance and TAY, adults, and older adults living with serious mental illness. The full spectrum of services includes permanent supportive housing, and flexible housing services and support.

As of the end of June 2025, the contracted capacity in FSP programs was 3,071. From January to June 2025, the FSPs served 2,913 (95% of total capacity) unduplicated individuals. The data below indicates the number of individuals served by housing status as of June 2025.

Full-Service Partnership Current Housing

Of the 2,913 individuals served in FSPs,

- Most clients (73.7%) are in stable housing, demonstrating the effectiveness of Full-Service Partnerships (FSPs) in helping people with the most complex needs secure permanent housing.
 - During the reporting period, 181 individuals were placed in housing and 1,965 were already living in housing
- Another 14.1% are in bridge or shelter settings, reflecting progress for individuals who may not yet be ready for independent housing but are engaged in care and moving along the housing pathway.
- About 9.2% remain unsheltered. This group often faces multiple barriers: long histories of homelessness, untreated health or behavioral health conditions, or difficulty maintaining tenancy. For some, readiness for housing takes time, and the lack of motels and affordable units and landlords willing to rent to high-need clients makes immediate placement challenging even with intensive support.
- 3% of clients did not have a housing status indicated in the electronic health record





SACRAMENTO'S 2024

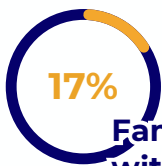
POINT-IN-TIME COUNT RESULTS

From the Sacramento City and County Continuum of Care and Sacramento Steps Forward

Fewer People Estimated to be Experiencing Homelessness

Homelessness estimate in Sacramento County declined since 2022 but remains above 2019 levels.

 **6,615 people**, approximately **42 in every 10,000 residents**, were experiencing homelessness.



Families with Children

347 families
297 fewer than 2022



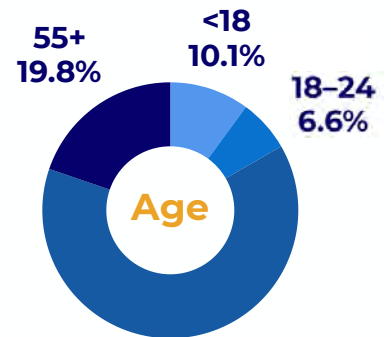
Veterans

548 people
97 fewer than 2022



Chronically Homeless

2,965 people
1,349 fewer than 2022



Approximate likelihood of experiencing homelessness:



Black:

3-4x more likely



American Indian/Alaska Native:

5-6x more likely



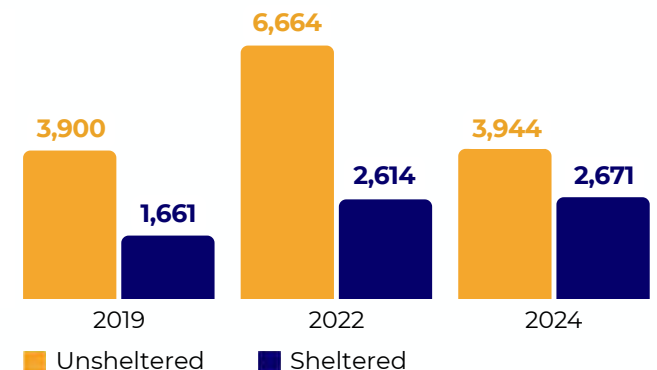
2022-2024:

Unsheltered homelessness decreased by 41%.

3,944 people total.

Sheltered homelessness increased by 2%.

2,671 people total.



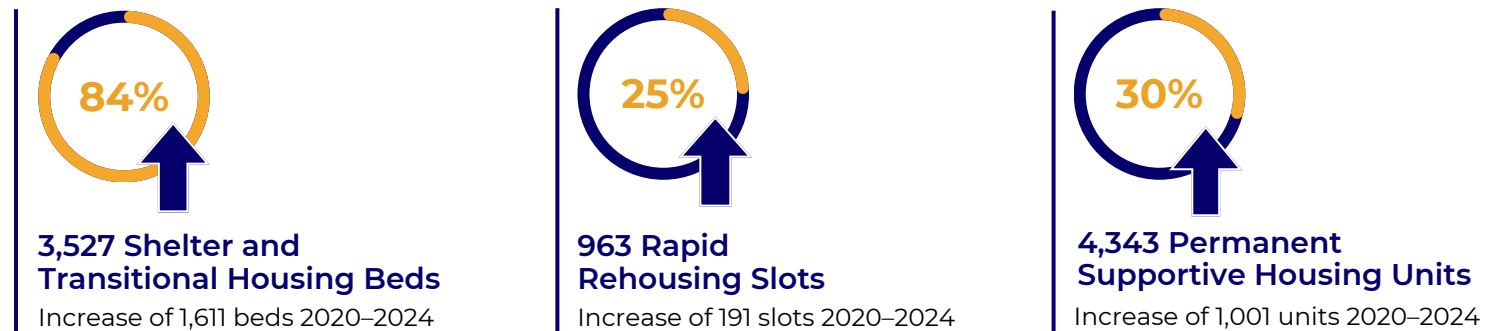
Percentage change from 2022 to 2024 unless otherwise noted. Northern California trends included for context.

WHY HAS THE NUMBER OF PEOPLE EXPERIENCING HOMELESSNESS DECREASED SINCE 2022?

Decreases in count align with improved coordination and increased investments.

Increased Investments in Capacity

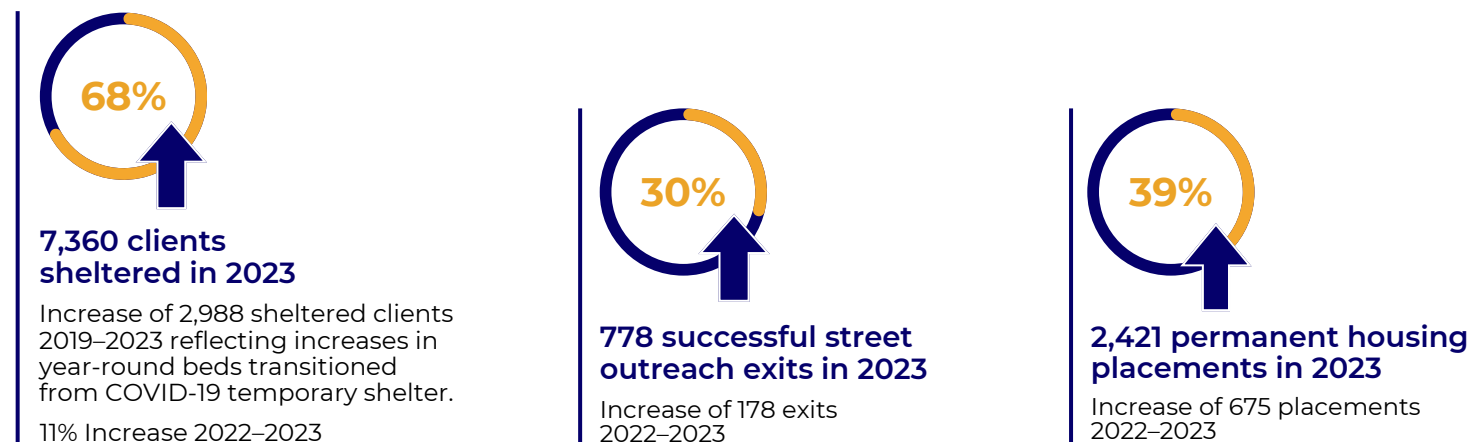
Sacramento has invested significant resources in increasing capacity to prevent and end homelessness, including in shelter, rehousing, and permanent supportive housing.



Source: bit.ly/ssfHIC

Improved Community Outcomes

Thanks to additional investments and efforts made to increase capacity, more people have accessed shelter, services, and housing.



Source: bit.ly/HUDSPMs

More Accessible Rental Market

Rents and vacancy rates—the strongest predictors of homelessness in US cities—have softened in Sacramento since 2022. When it is easier to afford a home, it is easier to avoid homelessness.



Source: bit.ly/RentalMarketEst



2024

Homelessness Point-In-Time Count Results

SACRAMENTO CITY AND COUNTY CONTINUUM OF CARE

PREPARED BY SACRAMENTO STEPS FORWARD

Executive Summary

- **6,615 people were estimated to be experiencing homelessness during the 2024 Point-in-Time (PIT) Count, a 28.7% decrease from the 2022 PIT Count.**
- Between 2022 and 2024, the number of people experiencing homelessness in shelters increased by 2.2%, from 2,614 to 2,671. In contrast, the number of unsheltered individuals decreased by 40.8%, dropping from 6,664 to 3,944.
- About 16.7% of those experiencing homelessness were in households that included minor children; 83.3% were in households without children.
- Most people were over 24 (83.3%), while 6.6% were between 18 and 24 and 10.1% were under 18.
- There were nearly double the number of males in the PIT Count population compared to females; 5.0% were gender nonconforming individuals.
- Most people were White (42%), followed by Black (33%), Hispanic (15%), Multiracial (5%), American Indian or Alaska Native (AI/AN, 2%), Asian (2%), Native Hawaiian or Pacific Islander (1%), and Middle Eastern (~0%) individuals.
- There were 548 veterans identified during the count, making up 8.3% of the PIT Count population.
- Approximately 44.8% of the people counted were identified as being chronically homeless.
- Approximately 46.9% of adults reported having a serious mental illness; 31.6% had a substance use disorder, 14.8% had experienced domestic violence, and 1.7% had HIV/AIDs.
- Of people interviewed during the unsheltered count:
 - 50% said that this was their first-time experiencing homelessness, and 68% said that their current episode of homelessness had lasted at least two years; this means that a majority of those interviewed in the 2024 PIT Count reported being homeless during the 2022 PIT Count.
 - 90% said that they had been residents of Sacramento for more than six months with 62% stating that they either originated in Sacramento or had been lifelong residents.
 - 25% said that they had been placed in a foster or group home before turning 18.
 - 74% said that they had been required to move and find a new sleeping location within the last two months.
 - 58% reported that the number one thing that Sacramento could do to better help them was increase affordable housing.

Contributors

In preparing this PIT Count report, we are deeply indebted to the individuals and organizations whose contributions have been instrumental in its completion. Their dedication, expertise, and unwavering commitment to addressing homelessness in our community have been invaluable throughout the data collection, analysis, and reporting process. We extend our sincerest gratitude to all those who generously shared their time, knowledge, and resources to make this report possible.

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- Shelter Inc
- Step Up on Second
- Step Up Sacramento
- Turning Point Community Programs
- Volunteers of America
- Waking the Village
- Women Escaping a Violent Environment
- WellSpace Health
- Wind Youth Services

Report Orientation

The aim of this report is to offer an overview of the key results from the 2024 Sacramento PIT Count, along with an exploration of relevant contextual factors. The report includes:

1. **Background:** This introductory section provides context surrounding the Point-In-Time (PIT) Count, outlining the organizational structures involved in its implementation, including key stakeholders such as the Continuum of Care (CoC) and Sacramento Steps Forward (SSF). It details the goals of the PIT Count and the processes involved in collecting and reporting homelessness data.
2. **PIT Count Results:** This section presents the core results from the 2024 PIT Count. Each subsection follows a consistent outline, starting with 2024 PIT data and concluding with a comparison to PIT data from previous years. It provides an overview of homelessness trends and patterns in Sacramento County.
3. **Unsheltered PIT Survey Results:** This section provides an in-depth review of the experiences of being unsheltered in Sacramento County, presenting results from the unsheltered PIT survey beyond demographic data alone. These data offer insights into the unique challenges faced by individuals living without shelter.
4. **Appendix:** This section includes a description of the methodology used to conduct the PIT, the PIT data tables, and a template of the survey used on the night of the count to provide additional resources and documentation related to the report's results.

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1 Background

Every year, communities around the country endeavor to count the number of people experiencing homelessness. This effort is known as the Point-in-Time (PIT) Count and it serves as a tool for policymakers, service providers, and advocates, offering insights to inform targeted interventions in the ongoing fight against homelessness.

In each community, the PIT Count is governed by the Continuum of Care (CoC), which is a multisector board staffed by representatives from local government, community-based organizations, persons with lived expertise, and the business sector who work together to address homelessness. Each CoC is responsible for creating a coordinated response to homelessness that includes ensuring that homeless assistance resources are used effectively and efficiently. Each CoC is also responsible for routinely submitting homelessness data to the U.S. Department of Housing and Urban Development (HUD), including results from PIT Counts. HUD collects these data from CoCs around the country each year and uses it to write the Annual Homeless Assessment Report (AHAR), which provides nationwide estimates of homelessness.

The PIT Count is divided into two separate efforts: the sheltered PIT Count and the unsheltered PIT Count. The sheltered PIT Count is a census of individuals using shelter resources, including emergency shelter and transitional housing beds. This information is collected directly by service providers and submitted to Sacramento Steps Forward (SSF) directly or through the Homeless Management Information System (HMIS). The unsheltered PIT Count occurs every two years and involves a count of individuals who are not staying in shelters or other designated housing facilities and a survey of a subset of these individuals. To fulfill this component of the PIT Count, hundreds of volunteers from throughout Sacramento County work together to canvass the streets and other outdoor areas.

In Sacramento County, Sacramento Steps Forward (SSF) is responsible for coordinating the annual sheltered and biennial unsheltered PIT Count. SSF is a nonprofit organization based in Sacramento, California that focuses on coordinating and implementing strategies to prevent, respond to, and end homelessness. SSF also serves as the lead agency for the Sacramento CoC and HMIS.

This year, the PIT Count began on January 24th and included sheltered and unsheltered PIT Counts.¹ This report details the results from both efforts, shedding light on the prevalence and characteristics of homelessness within our community. Using these data, we can gain a more comprehensive understanding of the unique circumstances and needs of those affected by homelessness and empower our community to prevent, respond to, and end homelessness.

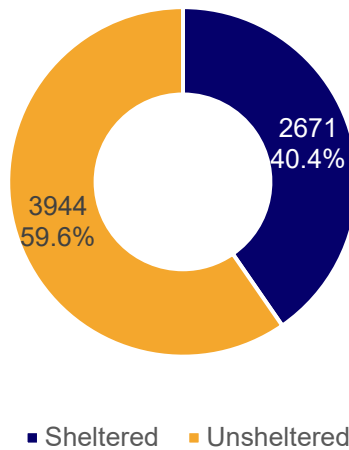
¹ Counting activities for the PIT Count began on January 24th but spanned multiple days.

2 PIT Count Results

2.1 Topline Results and Trends

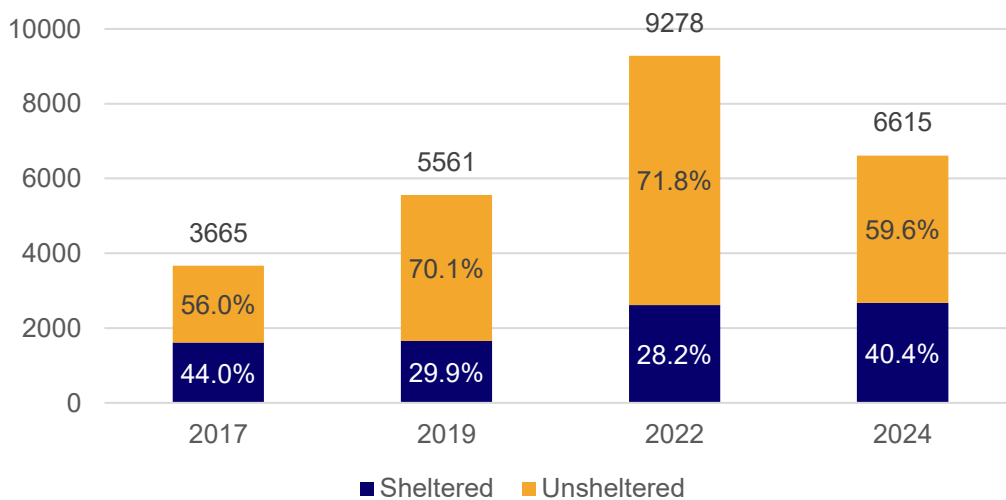
The 2024 PIT Count showed an estimated 6,615 people experiencing homelessness, a 28.7% decrease from 2022. This included 2,671 (40.4%) individuals who were sheltered and 3,944 (59.6%) who were unsheltered (Figure 1).

Figure 1. Homeless Count by Shelter Status



Since 2017, most people experiencing homelessness in Sacramento have been unsheltered, and the data from 2024 continue this trend (Figure 2). The share of people experiencing unsheltered homelessness increased from 2017 to 2022 but decreased from 2022 to 2024. The count of people experiencing sheltered homelessness has continued to increase since 2017.

Figure 2. Homeless Count by Shelter Status and PIT Count Year.



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The majority of people experiencing homelessness during the 2024 PIT Count are located within the City of Sacramento (77.4%), followed by unincorporated area (14.2%), and the City of Folsom (3.4%). All other cities collectively constituted less than 5% of the total count (Table 1).

Table 1. Unsheltered Count by Sacramento County Area.

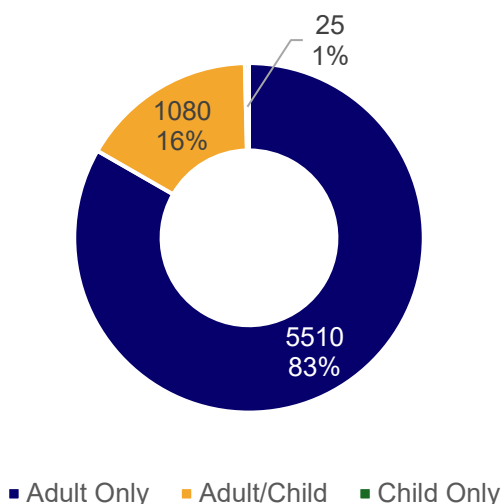
Sacramento County Areas	Total Unsheltered	Percent of Total
City of Sacramento	3053	77.4%
Unincorporated County	561	14.2%
Folsom	133	3.4%
Elk Grove	83	2.1%
Citrus Heights	62	1.6%
Rancho Cordova	52	1.3%
Galt	0	-
Isleton	0	-
Total	3944	100%

2.2 Demographics

2.2.1 Household Type

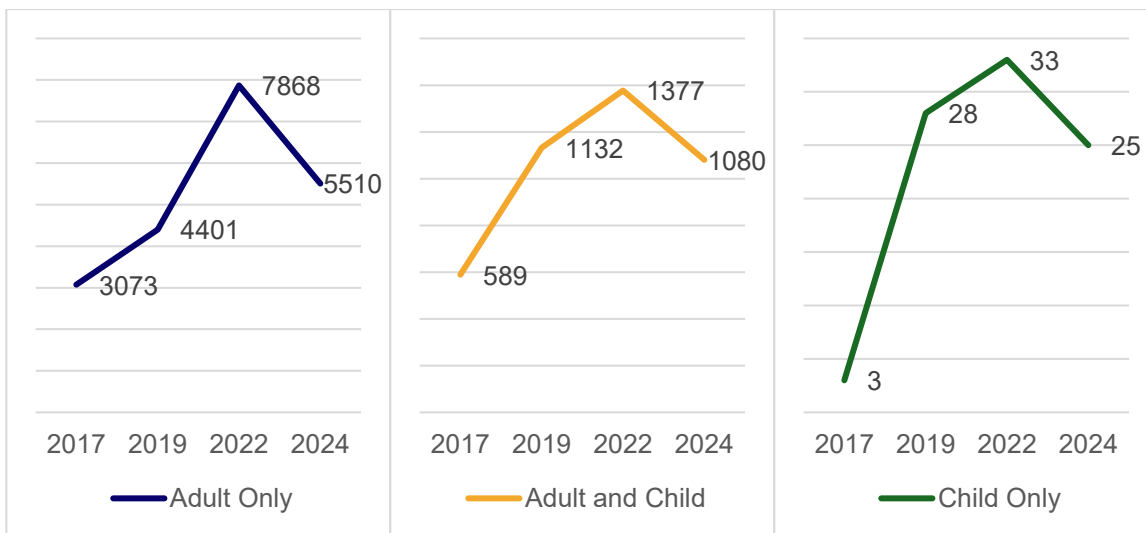
Most of the people included in the 2024 PIT Count lived in adult-only households (83.3%) (Figure 3). A much smaller percentage included adult/child households (16.3%) and child-only households (0.4%).²

Figure 3. PIT Count by Household Type.



The overall number of adults, adults with children, and unaccompanied minors experiencing homelessness decreased between 2022 and 2024 (Figure 4).

Figure 4. PIT Count by Household Type and PIT Count Year

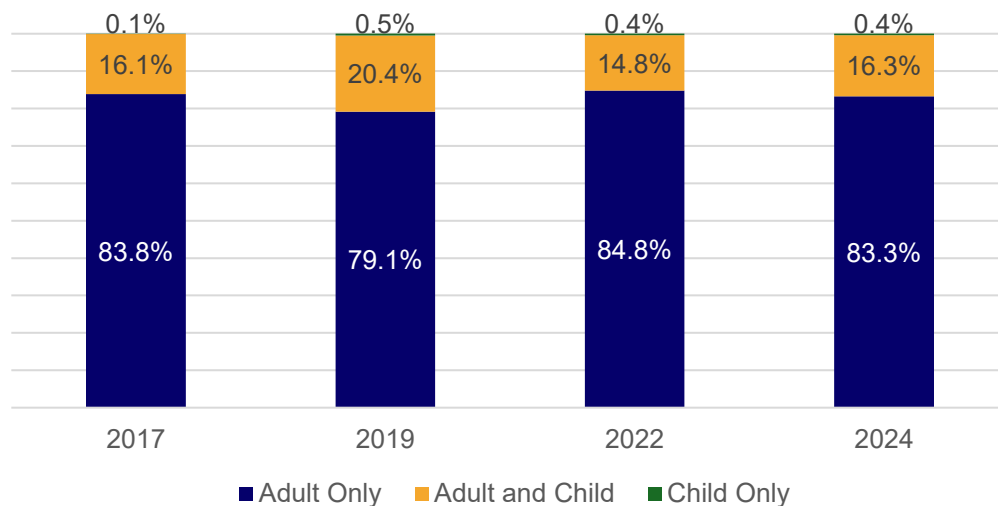


² Adult/child households consist of at least one adult and at least one child.

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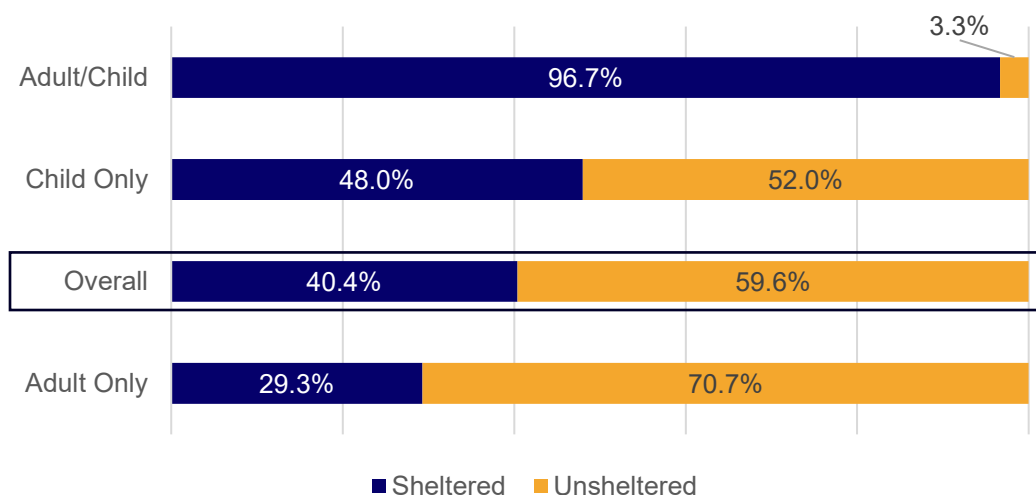
Over the years, Sacramento County has seen a decline in the proportion of households consisting solely of adults, while the percentage of adult/child and child-only households has increased (Figure 5).

Figure 5. Household Type Distribution by PIT Count Year.



Relative to the overall count, adult-only households were more likely to be unsheltered (70.7%) than sheltered (29.3%) during the 2024 PIT Count (Figure 6). Child-only households were also more likely to be unsheltered (52.0%). Adult/child households, however, were more likely to be sheltered (96.7%).

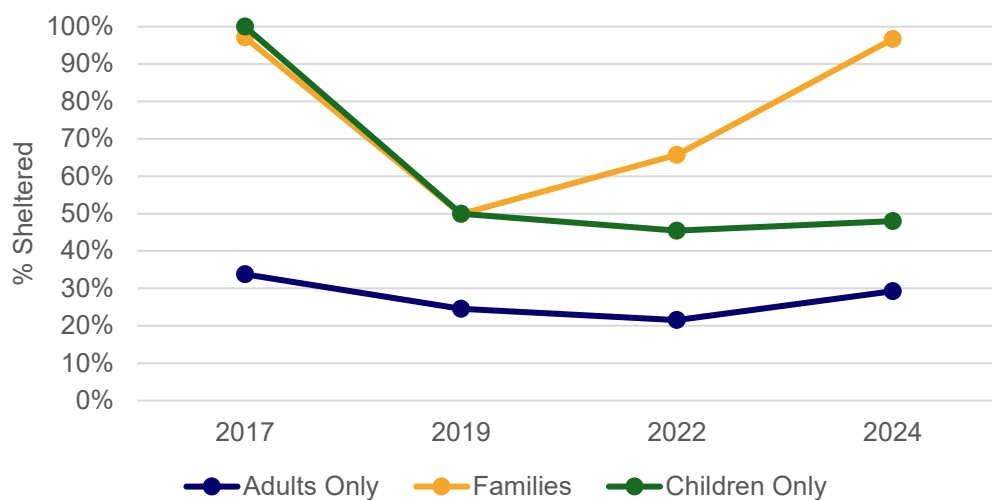
Figure 6. Shelter Status Rates by Household Type.



Sacramento 2024 PIT Count Report

Since 2017, adult-only households have had lower rates of being sheltered than other household types (Figure 7). Adult/child and child-only households have had consistently higher rates of being sheltered.

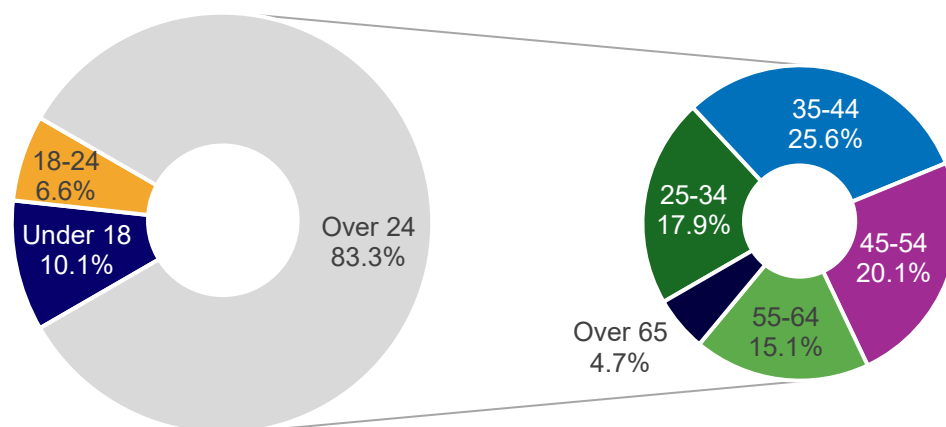
Figure 7. Sheltered Rates by Household Type and PIT Count Year.



2.2.2 Age Group

The 2024 PIT Count found that most people experiencing homelessness were adults over 24 years old (83.3%, Figure 8). Transitional-aged youth (TAY) aged 18–24 and children under 18 made up a smaller percentage, with TAY comprising 6.6% and children under 18 at 10.1%.

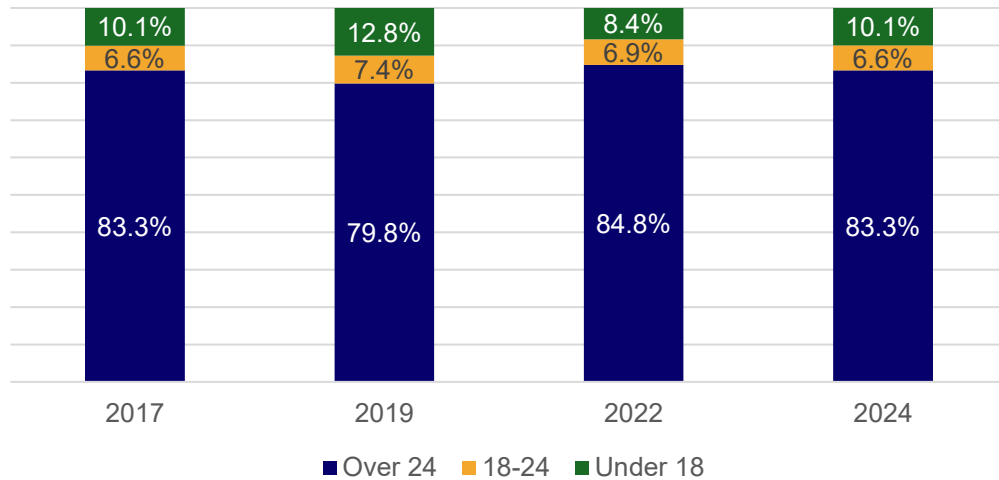
Figure 8. PIT Count by Age Group.



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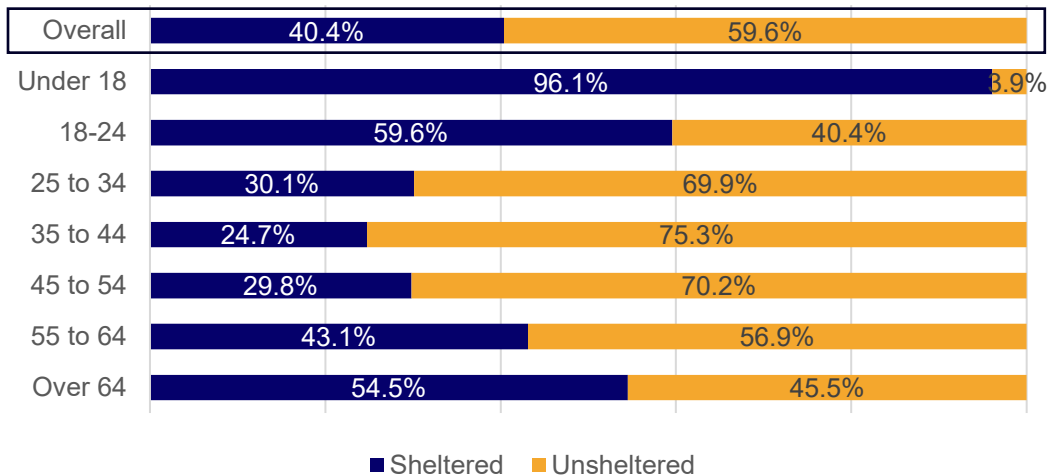
Over time, the share of the PIT Count comprised of different age groups has remained somewhat stable (Figure 9).

Figure 9. Age Group Distribution by PIT Count Year.



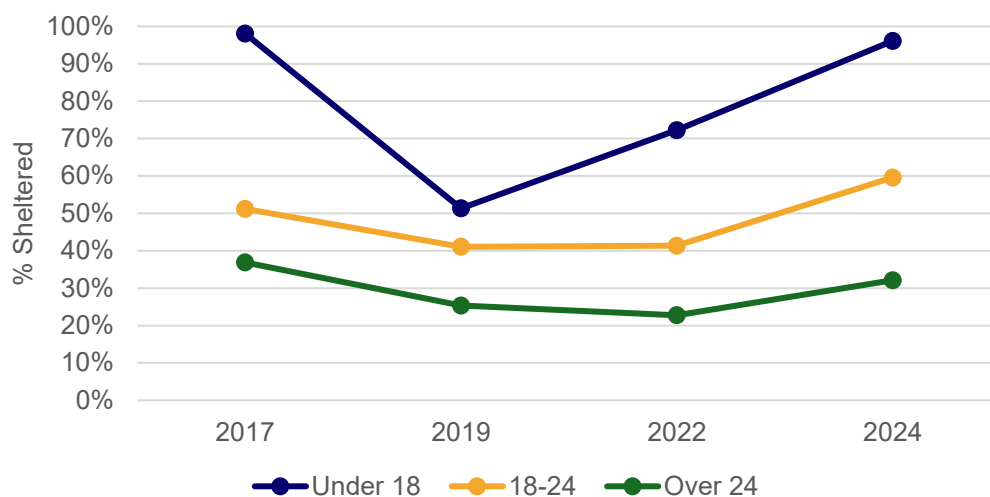
Compared to the overall rates, individuals under 25 and over 54 had higher rates of being sheltered during the 2024 PIT Count (Figure 10). Individuals between the ages of 25 and 54 had higher rates of being unsheltered.

Figure 10. Shelter Status Rates by Age Group.



Over the years, persons under 18 have had relatively higher rates of being sheltered than unsheltered (Figure 11). The opposite was generally true for those 18 and older; these individuals had lower rates of being sheltered. In 2024, TAY had their highest rates of being sheltered since before 2015.

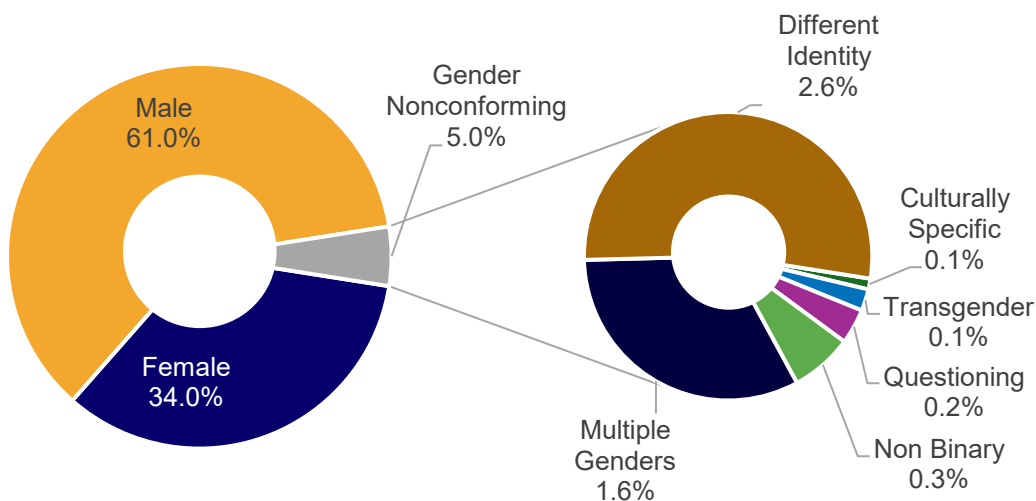
Figure 11. Sheltered Rates by Age Group and PIT Count Year.



2.2.3 Gender

Most of the people experiencing homelessness were male (61.0%), which was almost twice the number of females (34.0%) during the 2024 PIT Count (Figure 12). Gender nonconforming people constituted the remaining 5.0%.³

Figure 12. PIT Count by Gender.

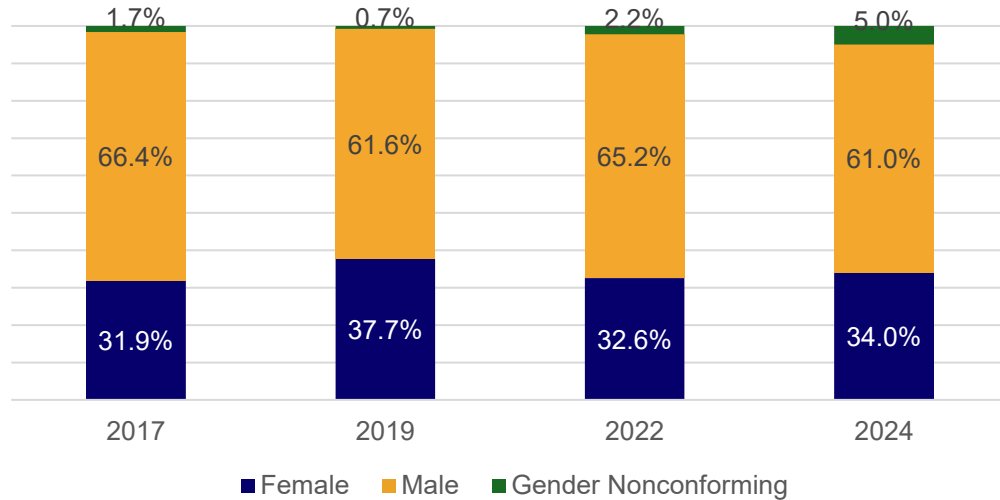


³ Gender nonconforming includes the following gender options: culturally specific identity, transgender, non-binary, questioning, different identity, and multiple genders.

Sacramento 2024 PIT Count Report

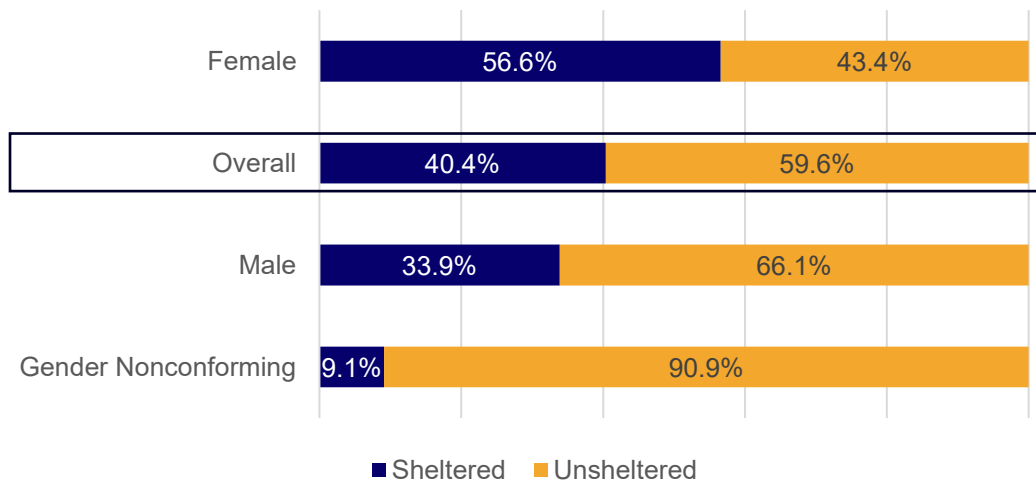
Since 2017, the share of females and gender nonconforming people has increased while the share of males represented in the PIT Count has decreased (Figure 13).

Figure 13. Gender Distribution and PIT Count Year.



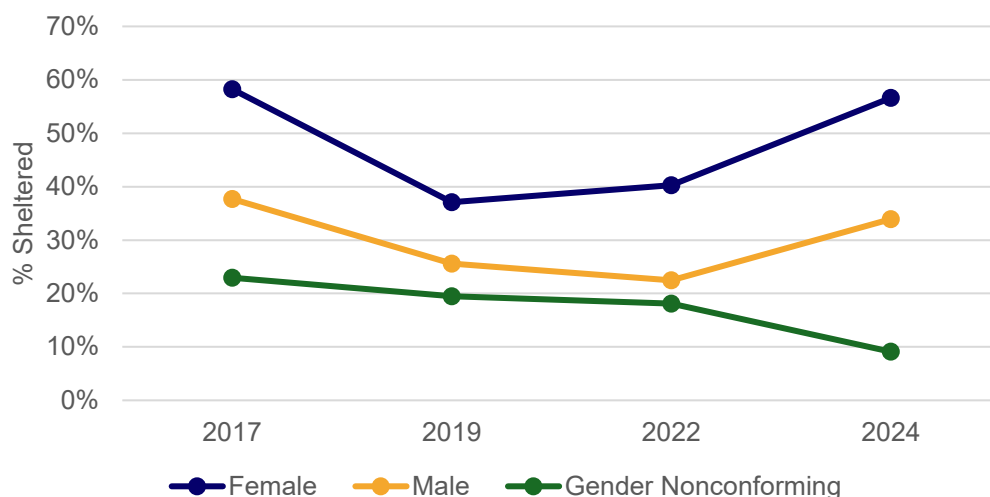
Females had higher rates of being sheltered (56.6%) than unsheltered (43.4%) during the 2024 PIT Count (Figure 14). Males and gender nonconforming people had relatively higher rates of being unsheltered than sheltered.

Figure 14. Shelter Status Rates by Gender.



Shelter rates generally decreased across all gender groups since the 2017 PIT Count (Figure 15). However, both females and males increased their rates of being sheltered in 2024 compared to 2022. The shelter rates for gender nonconforming people have decreased each PIT Count year.

Figure 15. Sheltered Rates by Gender and PIT Count Year.



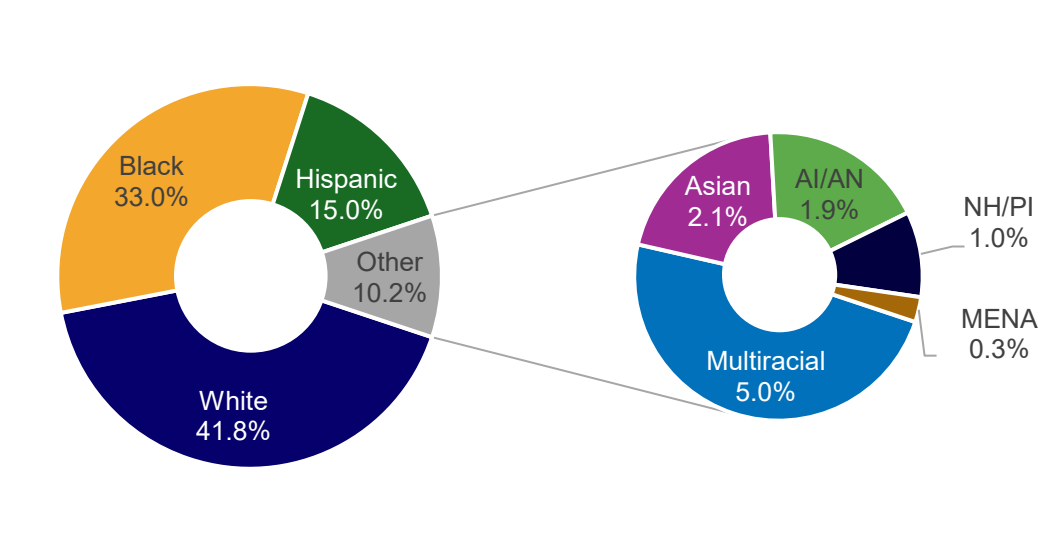
2.2.4 Race and Ethnicity

HUD implemented a new standard for collecting race and ethnicity data during the PIT. This new standard combines race and ethnicity into a single, multi-select field where any combination of racial or ethnic identities can be selected. This change is a significant departure from how these data were captured for previous PIT Counts, making it difficult to visualize trends over time. Consequently, this demographic section does not show PIT Count trends.

For the purposes of this report, references to Asian, American Indian/Alaska Native (AI/AN), Black, Middle Eastern/North African (MENA), or White groups only include individuals who had a single racial identity selected during the PIT. For example, the Asian group only includes individuals who only had “Asian” selected for the race/ethnicity data element. The Hispanic and Multiracial groups are defined differently. The Hispanic group includes all individuals who had at least selected “Hispanic” with any other combination of identities (including multiple races). The Multiracial group includes all individuals who had selected more than one racial identity, except Hispanic. As defined, these race/ethnicity groups are mutually exclusive from each other so no individual will be counted more than once.

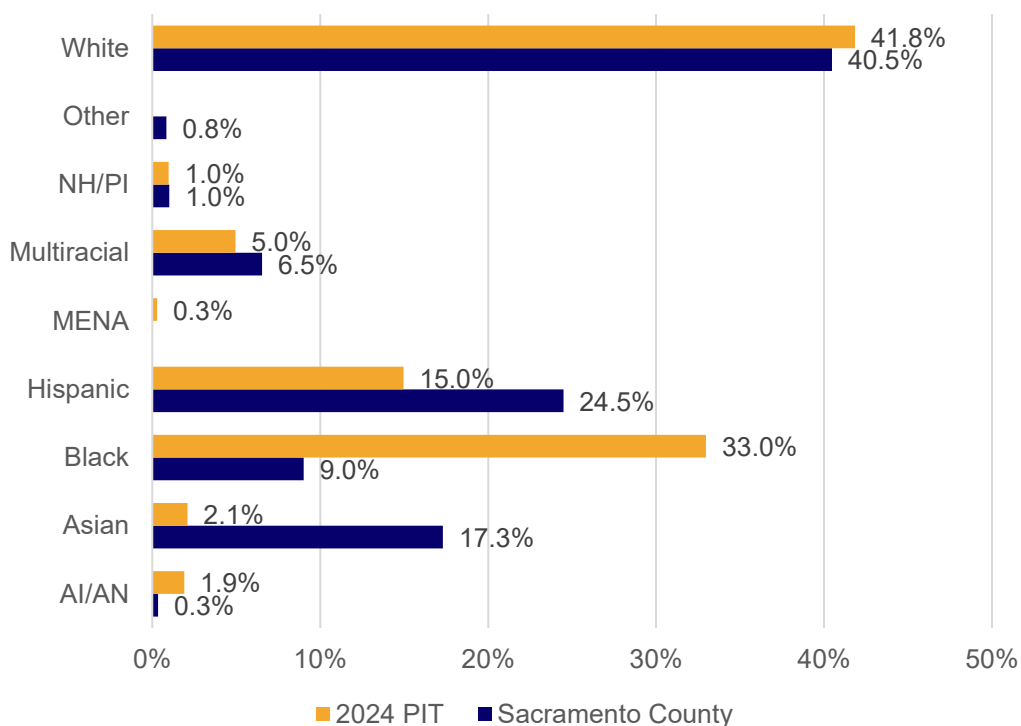
During the 2024 PIT Count, a significant portion of those experiencing homelessness were White (41.8%) and Black (33.0%), with Hispanic individuals making up 15.0% of the count (Figure 16). All other racial and ethnic groups combined constituted 10.2% of the overall PIT Count.

Figure 16. PIT Count by Race/Ethnicity.



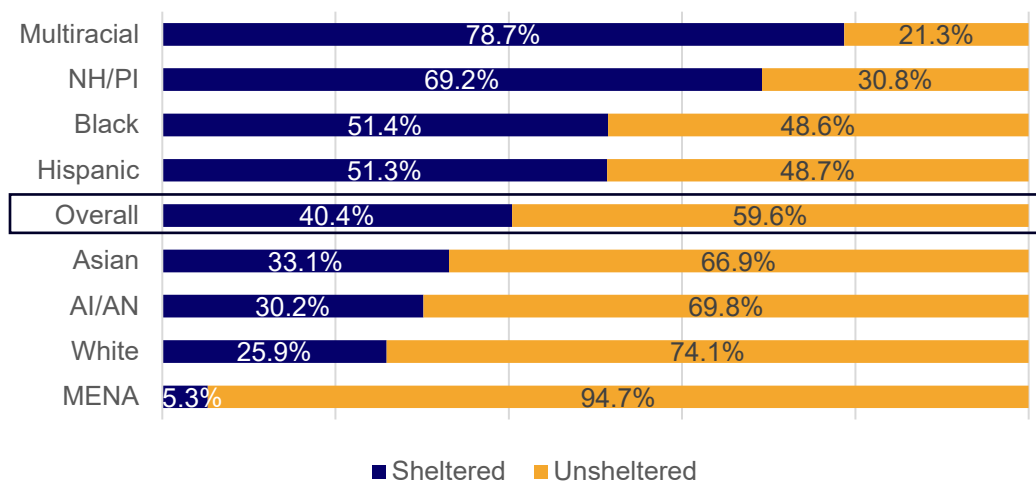
Comparing the 2024 PIT Count data to residential population data for Sacramento County reveals inequities in certain racial/ethnic group's likelihood of experiencing homelessness (Figure 17). For some groups, their share of the 2024 PIT population is comparable to their share of the residential population (e.g. NH/PI individuals). But for other groups, there are significant disparities between the two populations. Black individuals, for example, are 3.7 times more likely to experience homelessness while Asian individuals are 8.2 times less likely. AI/AN individuals are 5.6 times more likely to experience homelessness.

Figure 17. PIT and Residential Population Counts by Race/Ethnicity.



Relative to the PIT population overall, Black, Hispanic, NH/PI, and Multiracial individuals have higher rates of being sheltered (Figure 18). All other racial/ethnic groups have lower rates of being sheltered.

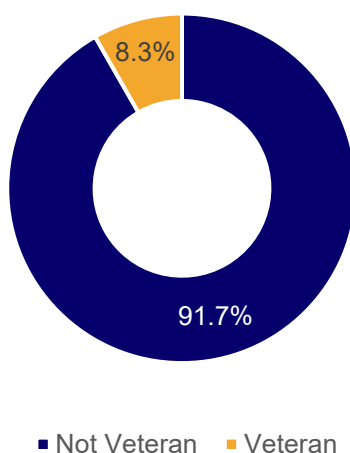
Figure 18. Shelter Status Rates by Race/Ethnicity.



2.2.5 Veterans

During the 2024 PIT Count, 548 (8.3%) people were identified as veterans (Figure 19).

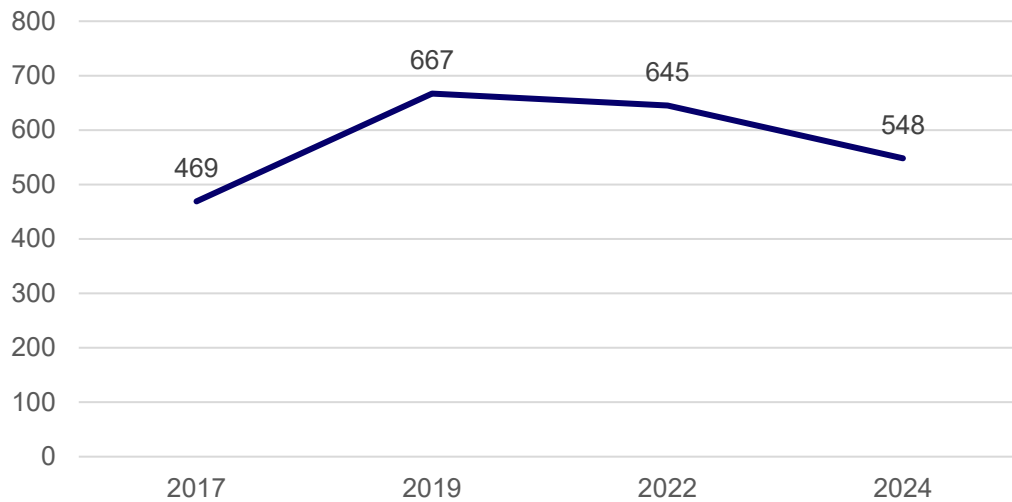
Figure 19. PIT Count by Veteran Status.



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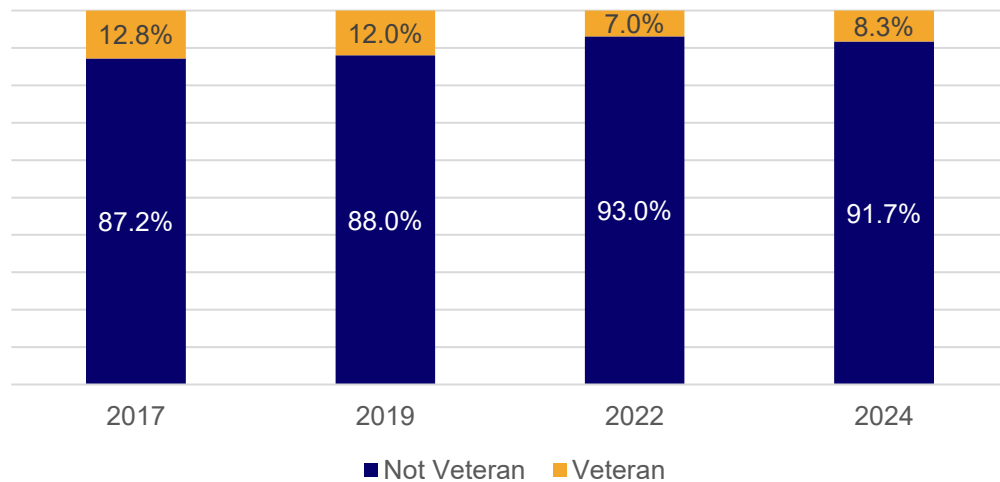
Since 2019, the number of veterans experiencing homelessness has decreased (Figure 20).

Figure 20. PIT Count Veterans by PIT Count Year.



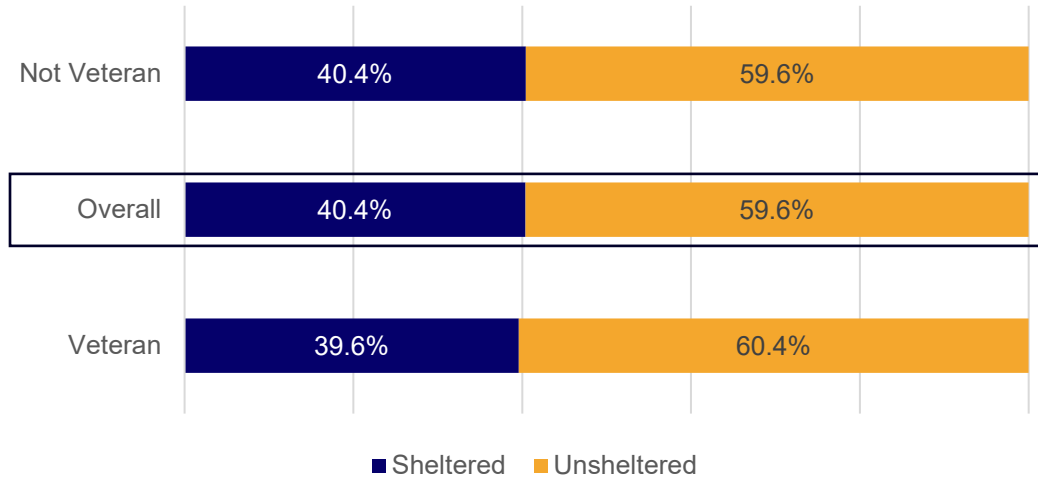
Since 2017, the share of veterans in the PIT Count has decreased, with 12.8% of the total count in 2017 and 8.3% of the total count in 2024 (Figure 21).

Figure 21. Veteran Status Distribution by PIT Count Year.



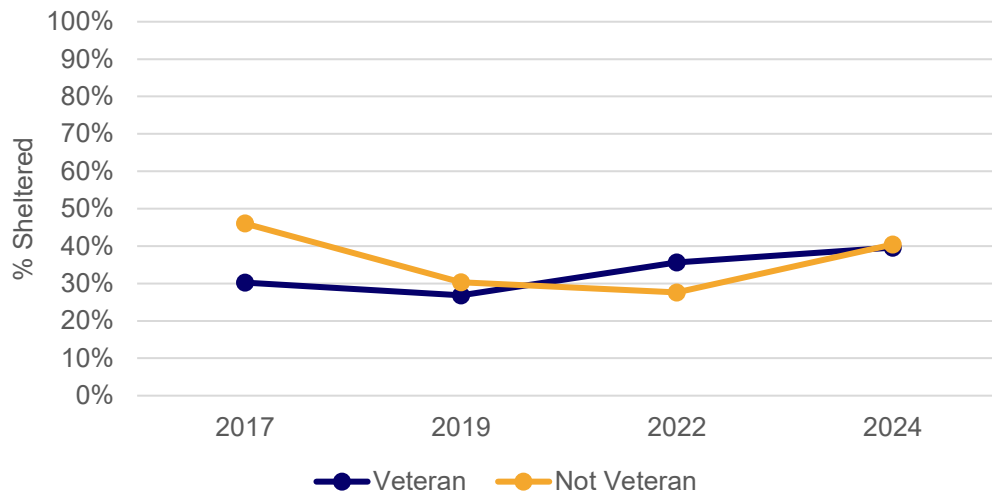
Veterans had a similar rate (39.6%) of being sheltered relative to those who were not veterans (40.4%) during the 2024 PIT Count (Figure 22).

Figure 22. Shelter Status Rates by Veteran Status.



In 2017, the shelter rates for veterans were lower than those of non-veterans (Figure 23). However, starting with the 2019 PIT Count, the shelter rates for veterans have been somewhat like the rates for non-veterans. In 2024, veterans were sheltered at their highest rates since 2017.

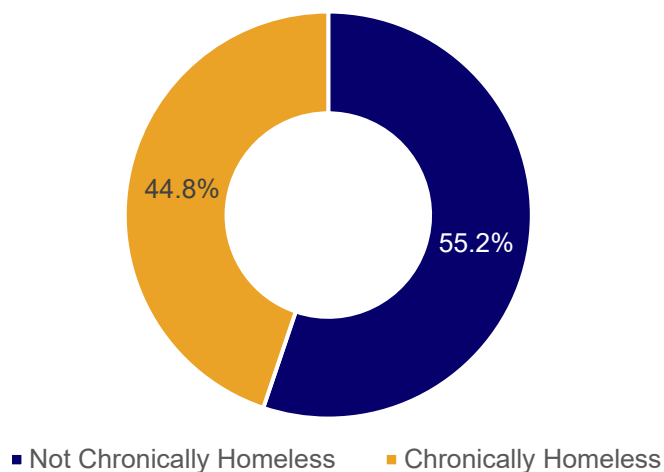
Figure 23. Sheltered Rates by Veteran Status and PIT Count Year.



2.2.6 Chronically Homeless

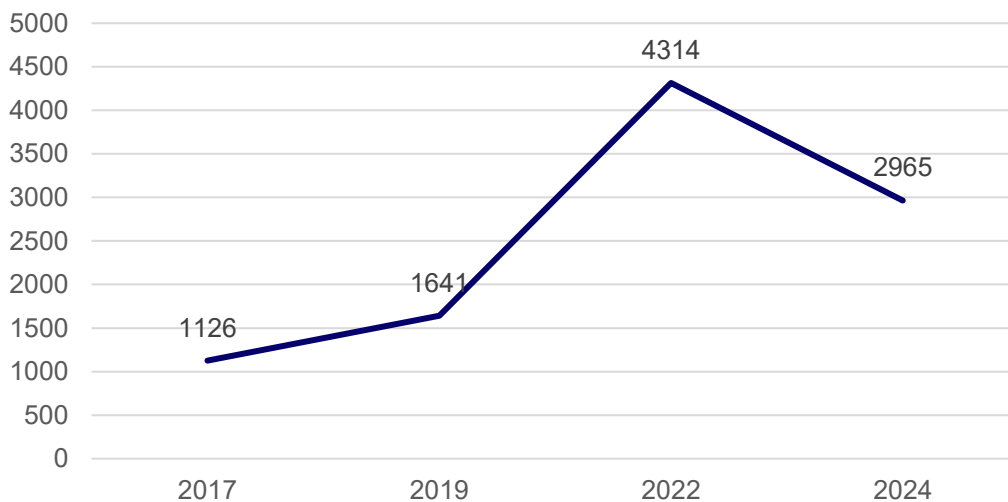
During the 2024 PIT Count, 2,965 (44.8%) people were identified as being chronically homeless (Figure 24).⁴

Figure 24. PIT Count by Chronic Homelessness Status.



The number of people experiencing chronic homelessness increased from 2017 to 2022 but decreased in 2024 (Figure 25).

Figure 25. Chronic Homelessness Count by PIT Count Year.

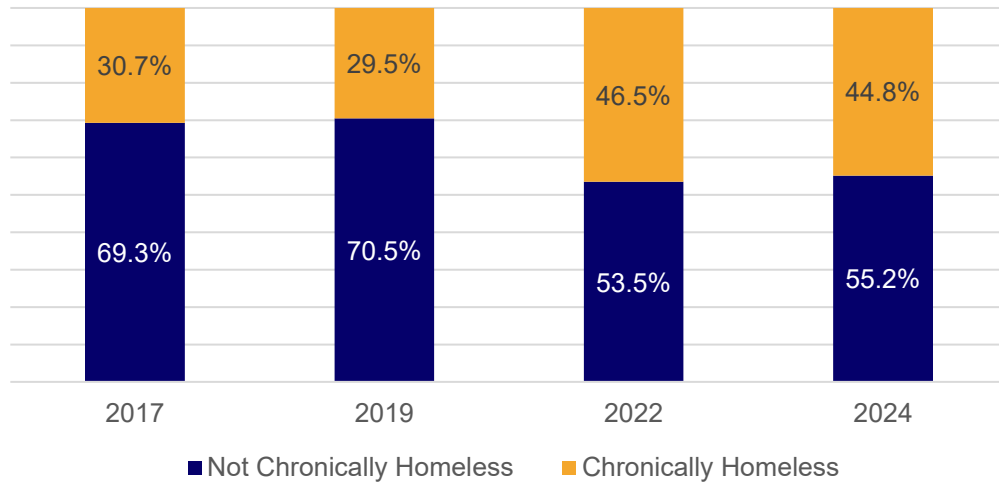


⁴ Chronic homelessness refers to a situation where an individual reports experiencing homelessness for a long period of time or repeatedly, often coupled with a disabling condition such as a serious mental illness, substance use disorder, or physical disability. For more information, please see [24 C.F.R. §§ 91.578](#).

Sacramento 2024 PIT Count Report

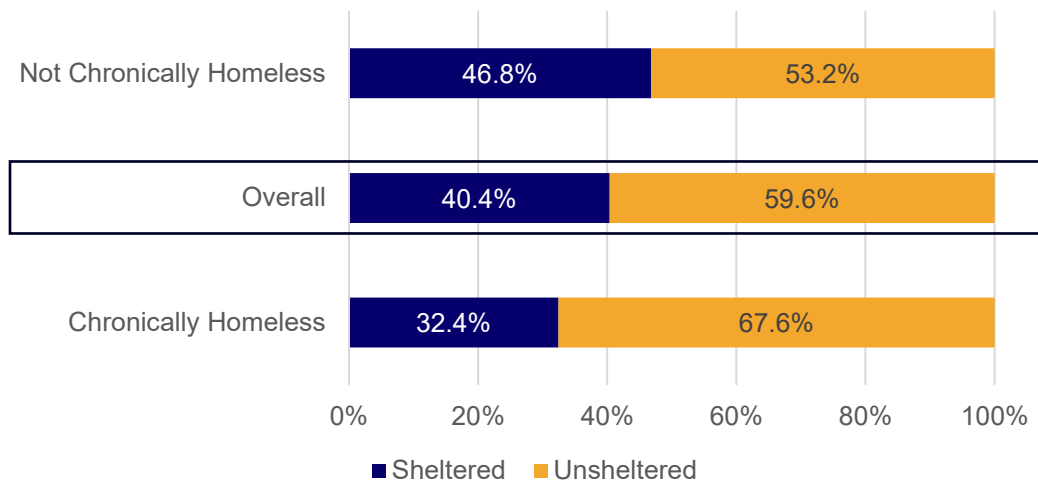
The share of persons experiencing chronic homelessness has generally increased from 2017 to 2024 (Figure 26).

Figure 26. Chronic Homelessness Distribution by PIT Count Year.



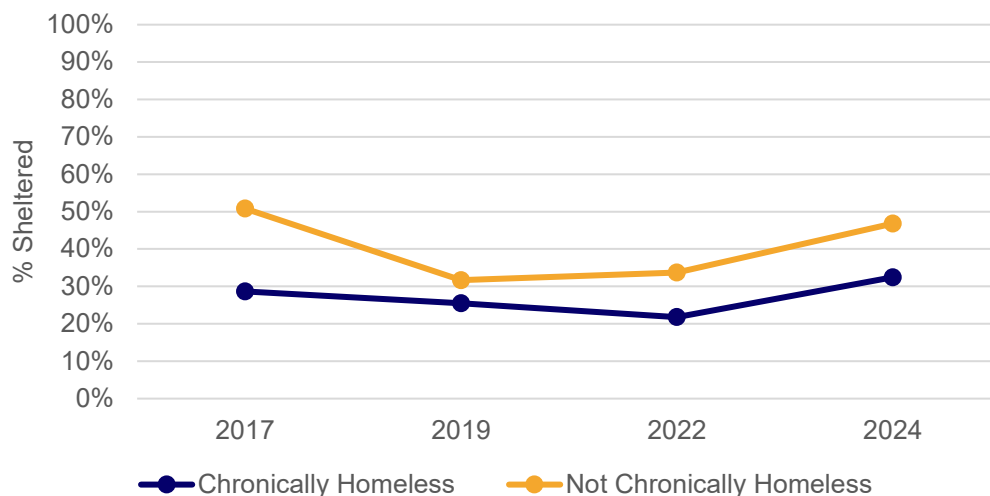
During the 2024 PIT Count, individuals experiencing chronic homelessness were less likely to be sheltered than those who were not experiencing chronic homelessness (Figure 27).

Figure 27. Shelter Status Rates by Chronic Homelessness Status.



Individuals experiencing chronic homelessness have consistently had lower rates of being sheltered than those who were not experiencing chronic homelessness from 2017 to 2024 (Figure 28).

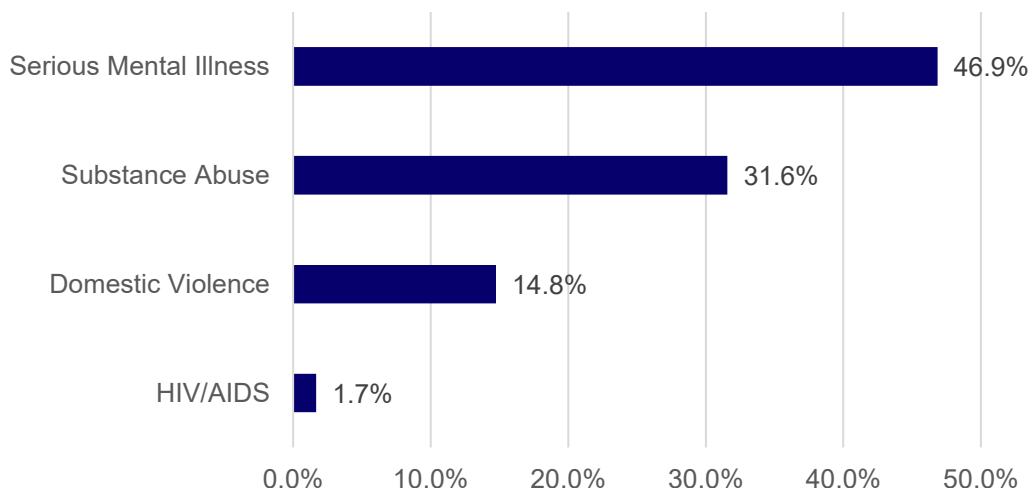
Figure 28. Sheltered Rates by Chronic Homelessness Status and PIT Count Year.



2.2.7 Additional Homeless Populations

Approximately 46.9% of adults included in the 2024 PIT Count reported having a serious mental illness and 31.6% reported substance abuse (Figure 29).⁵ Survivors of domestic violence constituted 14.8% of those counted, 1.7% reported having HIV/AIDS.

Figure 29. PIT Count for Additional Homeless Populations.

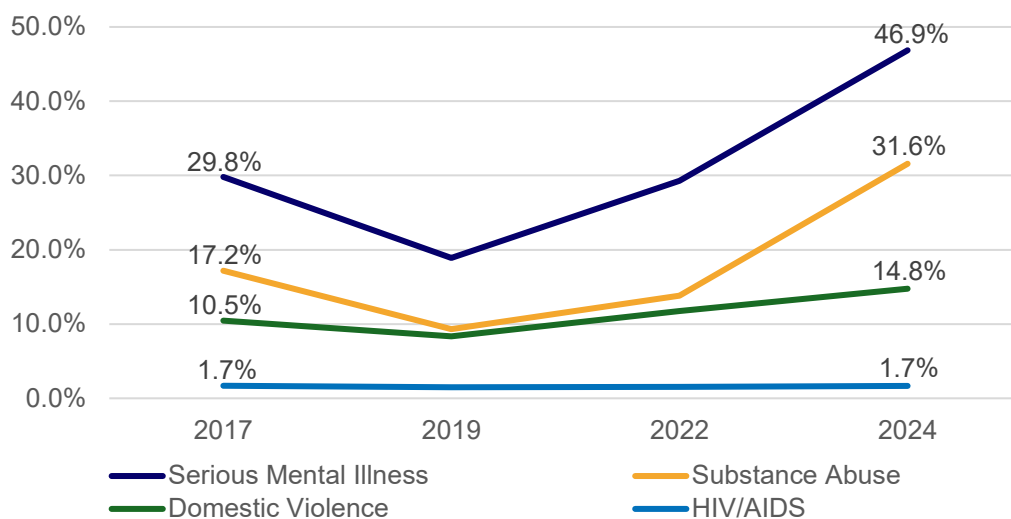


⁵ HUD only collects information contained in this section for persons aged 18 and older (adults).

Sacramento 2024 PIT Count Report

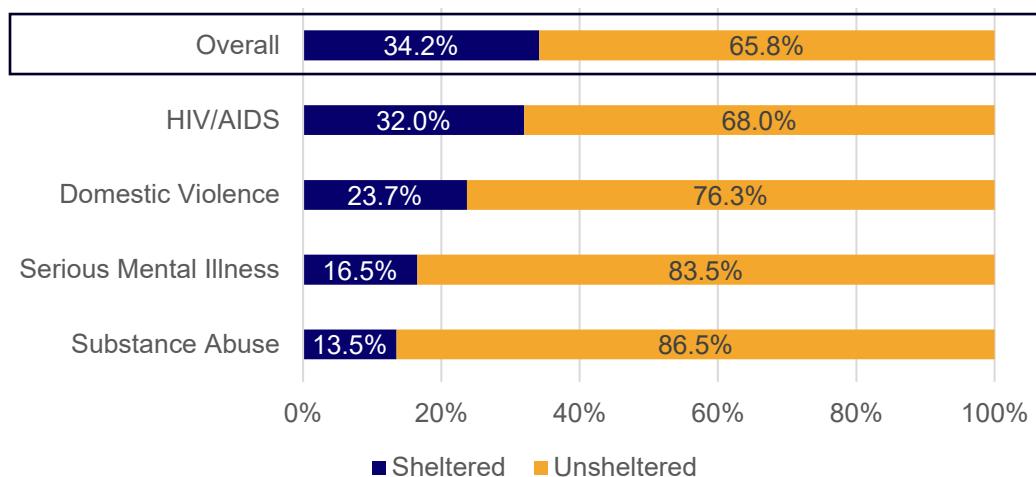
Since 2017, the share of the PIT Count population consisting of adults reporting serious mental illness, substance abuse, or domestic violence has generally increased (Figure 30). The share of adults reporting HIV/AIDS has remained consistent from 2017 to 2024.

Figure 30. Additional Homeless Populations Distribution by PIT Count Year.



Adults reporting serious mental illness, substance abuse, HIV/AIDS, or domestic violence are more likely to be unsheltered than sheltered (Figure 31). These adults are also more likely to be unsheltered than the overall count of adults during the 2024 PIT Count.

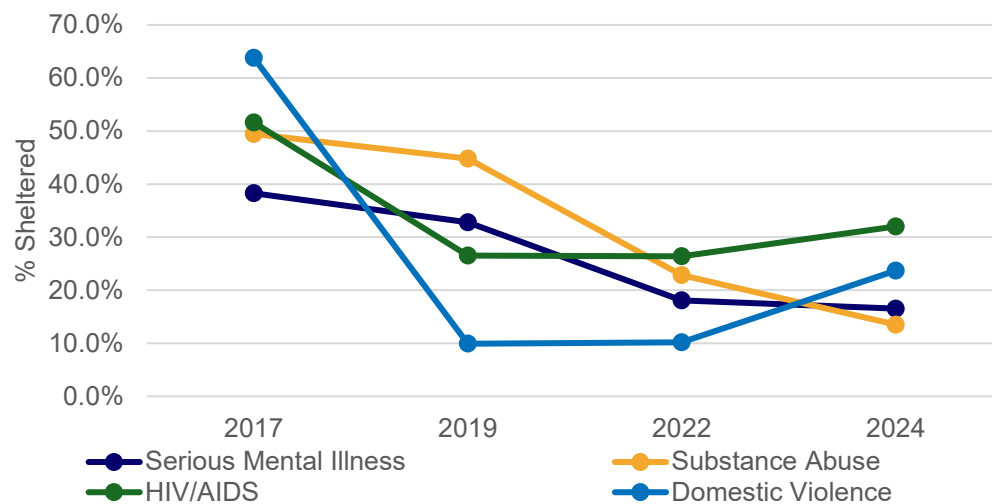
Figure 31. Shelter Status Rates for Additional Homeless Populations.



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For most adults who reported serious mental illness, substance abuse, HIV/AIDS, or domestic violence, the rates of being sheltered decreased from 2017 to 2024 but increased from 2022 to 2024 (Figure 32).

Figure 32. Sheltered Rates for Additional Homeless Populations by PIT Count Year.



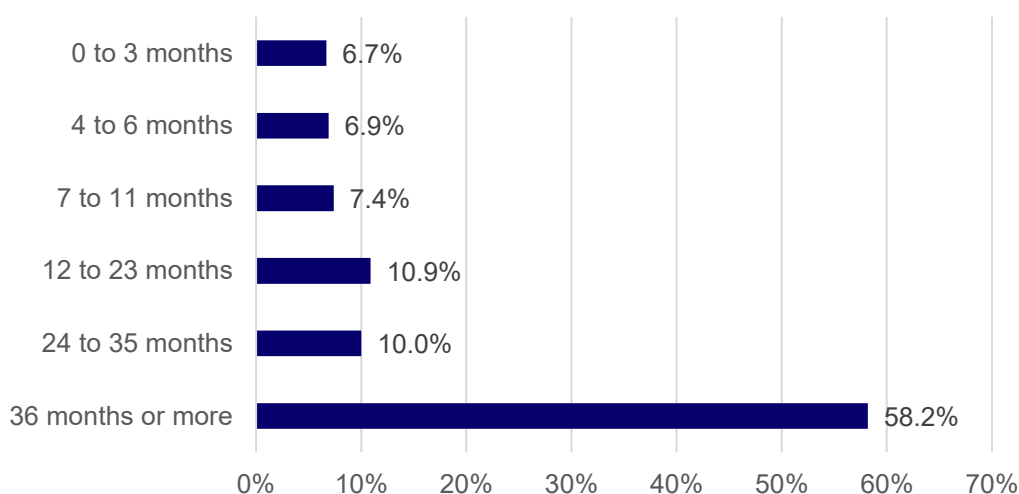
3 Unsheltered PIT Survey Results

This section presents results from the unsheltered PIT Count survey specifically.

3.1 Length of Time Homeless

Roughly 49.6% of individuals surveyed said that this was their first time experiencing homelessness and 68.2% reported that their current episode of homelessness had lasted at least two years (Figure 33). This means that a majority of those interviewed in the 2024 PIT Count reported experiencing homelessness during the 2022 PIT Count.

Figure 33. Length of Time Homeless for Survey Respondents.



3.2 Sacramento County Residency

Most respondents surveyed during the count (89.8%) indicated that they had been residents of Sacramento County for more than six months, with 61.7% stating that they either originated from Sacramento County or had been lifelong residents. These results are corroborated by data from the Homeless Data Integration System (HDIS) maintained by California, which reveals that 93.2% of individuals served in Sacramento County did not utilize services from any other California Continuum of Care (CoC) in 2023.

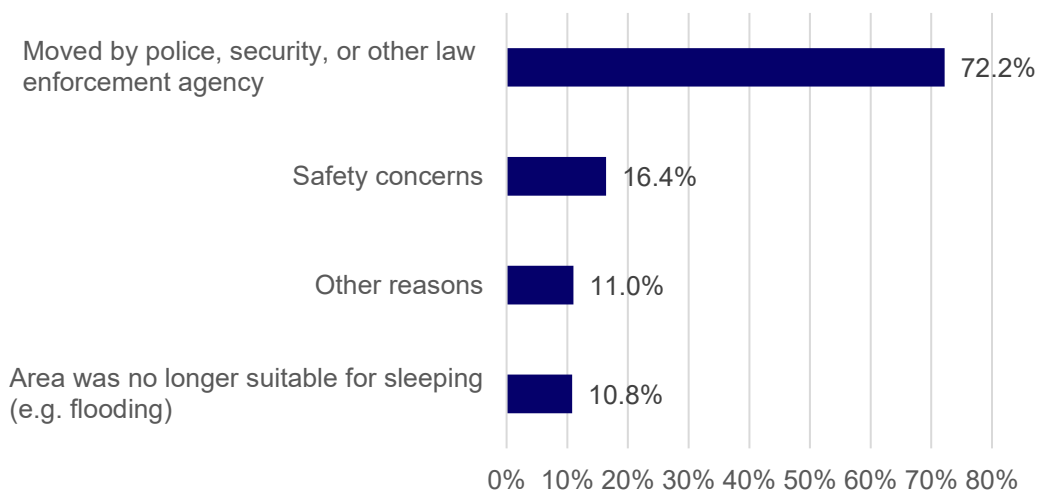
3.3 Former Foster Youth

Roughly one out of every four survey participants (24.6%) shared that they had been placed in a foster or group home before turning 18. Analysis of PIT data from 2024 indicate that 69.8% of respondents who had been in foster care were aged 35 years and older—similar to findings in 2022.

3.4 Relocations

In the two months leading up to the 2024 PIT Count, 76.0% of individuals surveyed said they had been forced to move their sleeping location. Within this group, 72.2% reported being moved by some enforcement action, 16.4% relocated due to safety concerns, 11.0% moved for other reasons, and 10.8% relocated because the area was no longer suitable for sleeping (Figure 34).⁶

Figure 34. Reasons for Forcible Relocation for Survey Respondents.

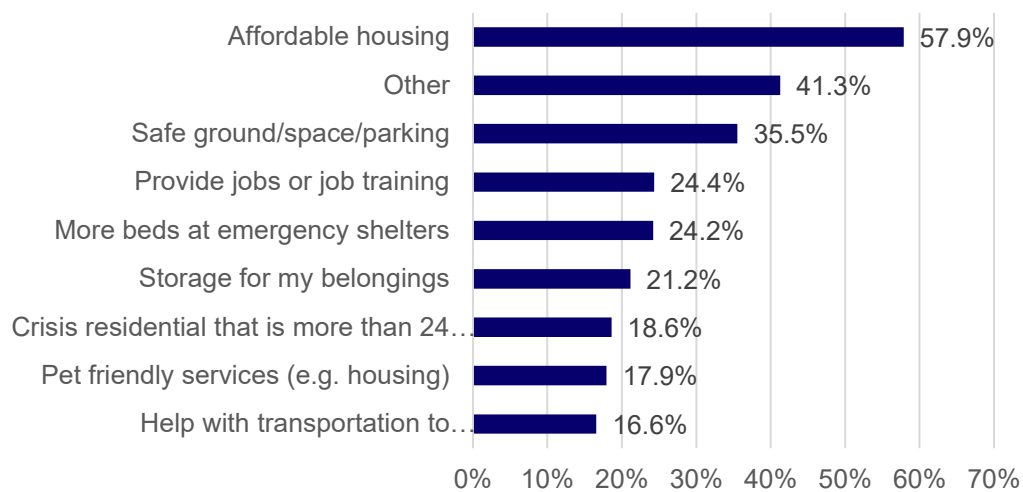


3.5 Recommendations for Improvement

Survey respondents were asked to list two things that Sacramento could do better to help people who are experiencing homelessness. Affordable housing was suggested most often (57.9%), followed by other unlisted reasons (41.3%) (Figure 35).

⁶ The PIT survey did not distinguish between enforcement entities (e.g. private security or law enforcement) or activities (e.g. enforcement due to violation of a local law).

Figure 35. Recommendations for System Improvement by Survey Respondents.



4 Appendix

4.1 Population Reporting Requirements for the PIT Count

4.1.1 All Households

Table A1. Households with at Least One Adult and One Child

	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of households	252	85	10	347
Total number of persons (adults & children)	807	237	36	1080
Number of children (under age 18)	485	142	13	640
Number of youth (age 18-24)	41	35	0	76
Number of adults (age 25 to 34)	136	21	3	160
Number of adults (age 35 to 44)	83	30	15	128
Number of adults (age 45 to 54)	43	8	5	56
Number of adults (age 55 to 64)	15	1	0	16
Number of adults (age 65 or older)	4	0	0	4
Gender (adults and children)	Sheltered ES	Sheltered TH	Unsheltered	Total
Woman (Girl if child)	471	156	19	646
Man (Boy if child)	335	80	17	432
Culturally Specific Identity	0	0	0	0
Transgender	0	0	0	0
Non-Binary	0	1	0	1
Questioning	0	0	0	0
Different Identity	0	0	0	0
More Than One Gender	1	0	0	1
<i>Of those that selected More Than One Gender, how many people reported gender identities that:</i>				
Includes Woman (Girl if child)	1	0	0	1
Includes Man (Boy if child)	1	0	0	1
Includes Culturally Specific Identity	0	0	0	0
Includes Transgender	0	0	0	0
Includes Non-Binary	0	0	0	0
Includes Questioning	0	0	0	0
Includes Different Identity	0	0	0	0
Race and Ethnicity (adults and children)	Sheltered ES	Sheltered TH	Unsheltered	Total
American Indian, Alaska Native, or Indigenous	5	5	0	10
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	8	0	0	8
Asian or Asian American	1	6	0	7

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Asian or Asian American & Hispanic/Latina/e/o	1	0	0	1
Black, African American, or African	464	108	3	575
Black, African American, or African & Hispanic/Latina/e/o	47	10	5	62
Hispanic/Latina/e/o	17	8	6	31
Middle Eastern or North African	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander	13	4	0	17
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	2	1	0	3
White	91	36	22	149
White & Hispanic/Latina/e/o	66	23	0	89
Multi-Racial & Hispanic/Latina/e/o	37	14	0	51
Multi-Racial (not Hispanic/Latina/e/o)	55	22	0	77
Chronically Homeless	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of households	72	N/A	7	79
Total number of persons	225	N/A	26	251
<i>Acronyms: ES = Emergency Shelter; TH = Transitional Housing.</i>				

Table A2. Households without Children

	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of households	1326	249	3563	5138
Total number of persons	1365	250	3895	5510
Number of youth (age 18-24)	132	53	177	362
Number of adults (age 25 to 34)	170	29	822	1021
Number of adults (age 35 to 44)	275	31	1259	1565
Number of adults (age 45 to 54)	311	35	929	1275
Number of adults (age 55 to 64)	357	57	567	981
Number of adults (age 65 or older)	120	45	141	306
Gender (adults and children)	Sheltered ES	Sheltered TH	Unsheltered	Total
Woman (Girl if child)	577	65	955	1597
Man (Boy if child)	767	178	2645	3590
Culturally Specific Identity	0	0	4	4
Transgender	5	1	2	8
Non-Binary	11	3	8	22
Questioning	1	0	10	11
Different Identity	0	0	172	172
More Than One Gender	4	3	99	106
<i>Of those that selected More Than One Gender, how many people reported gender identities that:</i>				
Includes Woman (Girl if child)	4	1	93	98

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Includes Man (Boy if child)	0	0	89	89
Includes Culturally Specific Identity	0	0	4	4
Includes Transgender	4	2	4	10
Includes Non-Binary	0	2	2	4
Includes Questioning	0	1	0	1
Includes Different Identity	0	0	6	6
Race and Ethnicity (adults and children)	Sheltered ES	Sheltered TH	Unsheltered	Total
American Indian, Alaska Native, or Indigenous	26	2	88	116
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	22	4	5	31
Asian or Asian American	33	6	91	130
Asian or Asian American & Hispanic/Latina/e/o	1	0	0	1
Black, African American, or African	467	77	1051	1595
Black, African American, or African & Hispanic/Latina/e/o	23	7	20	50
Hispanic/Latina/e/o	59	15	354	428
Middle Eastern or North African	1	0	18	19
Middle Eastern or North African & Hispanic/Latina/e/o	5	0	3	8
Native Hawaiian or Pacific Islander	25	3	20	48
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	4	1	3	8
White	487	101	2025	2613
White & Hispanic/Latina/e/o	134	19	20	173
Multi-Racial & Hispanic/Latina/e/o	21	1	20	42
Multi-Racial (not Hispanic/Latina/e/o)	57	14	177	248
Chronically Homeless	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of persons	737	N/A	1977	2714
Acronyms: ES = Emergency Shelter; TH = Transitional Housing.				

Table A3. Households with Only Children (under age 18).

	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of households	2	8	13	23
Total number of children (persons under age 18)	2	10	13	25
Gender	Sheltered ES	Sheltered TH	Unsheltered	Total
Woman (Girl if child)	1	3	2	6
Man (Boy if child)	1	7	7	15
Culturally Specific Identity	0	0	0	0
Transgender	0	0	0	0
Non-Binary	0	0	0	0
Questioning	0	0	2	2

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Different Identity	0	0	2	2
More Than One Gender	0	0	0	0
<i>Of those that selected More Than One Gender, how many people reported gender identities that:</i>				
Includes Woman (Girl if child)	0	0	0	0
Includes Man (Boy if child)	0	0	0	0
Includes Culturally Specific Identity	0	0	0	0
Includes Transgender	0	0	0	0
Includes Non-Binary	0	0	0	0
Includes Questioning	0	0	0	0
Includes Different Identity	0	0	0	0
Race and Ethnicity	Sheltered ES	Sheltered TH	Unsheltered	Total
American Indian, Alaska Native, or Indigenous	0	0	0	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	2	2
Asian or Asian American	0	0	2	2
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African	2	4	5	11
Black, African American, or African & Hispanic/Latina/e/o	0	0	0	0
Hispanic/Latina/e/o	0	0	0	0
Middle Eastern or North African	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0
White	0	2	4	6
White & Hispanic/Latina/e/o	0	0	0	0
Multi-Racial & Hispanic/Latina/e/o	0	1	0	1
Multi-Racial (not Hispanic/Latina/e/o)	0	3	0	3
Chronically Homeless	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of persons	0	N/A	0	0
Acronyms: ES = Emergency Shelter; TH = Transitional Housing.				

4.1.2 Veteran Households Only

Table A4. Veteran Households with at Least One Adult and One Child.

	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of households	2	0	7	9
Total number of persons	12	0	26	38
Total number of veterans	2	0	7	9
Gender (veterans only)	Sheltered ES	Sheltered TH	Unsheltered	Total
Woman (Girl if child)	0	0	0	0
Man (Boy if child)	2	0	7	9
Culturally Specific Identity	0	0	0	0
Transgender	0	0	0	0
Non-Binary	0	0	0	0
Questioning	0	0	0	0
Different Identity	0	0	0	0
More Than One Gender	0	0	0	0
<i>Of those that selected More Than One Gender, how many people reported gender identities that:</i>				
Includes Woman (Girl if child)	0	0	0	0
Includes Man (Boy if child)	0	0	0	0
Includes Culturally Specific Identity	0	0	0	0
Includes Transgender	0	0	0	0
Includes Non-Binary	0	0	0	0
Includes Questioning	0	0	0	0
Includes Different Identity	0	0	0	0
Race and Ethnicity (veterans only)	Sheltered ES	Sheltered TH	Unsheltered	Total
American Indian, Alaska Native, or Indigenous	0	0	0	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	0	0
Asian or Asian American	0	0	0	0
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African	0	0	0	0
Black, African American, or African & Hispanic/Latina/e/o	0	0	7	7
Hispanic/Latina/e/o	0	0	0	0
Middle Eastern or North African	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0
White	1	0	0	1
White & Hispanic/Latina/e/o	0	0	0	0

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Multi-Racial & Hispanic/Latina/e/o	0	0	0	0
Multi-Racial (not Hispanic/Latina/e/o)	1	0	0	1
Chronically Homeless	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of households	1	N/A	7	8
Total number of persons	5	N/A	26	31
<i>Acronyms: ES = Emergency Shelter; TH = Transitional Housing.</i>				

Table A5. Veteran Households without Children.

	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of households	70	145	314	529
Total number of persons	70	145	344	559
Total number of veterans	70	145	324	539
Gender (veterans only)	Sheltered ES	Sheltered TH	Unsheltered	Total
Woman (Girl if child)	10	17	23	50
Man (Boy if child)	60	127	281	468
Culturally Specific Identity	0	0	7	7
Transgender	0	0	0	0
Non-Binary	0	1	7	8
Questioning	0	0	0	0
Different Identity	0	0	0	0
More Than One Gender	0	0	6	6
<i>Of those that selected More Than One Gender, how many people reported gender identities that:</i>				
Includes Woman (Girl if child)	0	0	6	6
Includes Man (Boy if child)	0	0	6	6
Includes Culturally Specific Identity	0	0	0	0
Includes Transgender	0	0	0	0
Includes Non-Binary	0	0	0	0
Includes Questioning	0	0	0	0
Includes Different Identity	0	0	0	0
Race and Ethnicity (veterans only)	Sheltered ES	Sheltered TH	Unsheltered	Total
American Indian, Alaska Native, or Indigenous	2	2	20	24
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	3	0	3
Asian or Asian American	1	0	13	14
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African	21	46	85	152
Black, African American, or African & Hispanic/Latina/e/o	0	2	7	9
Hispanic/Latina/e/o	4	6	7	17
Middle Eastern or North African	0	0	6	6

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Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander	0	3	6	9
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0
White	33	63	131	227
White & Hispanic/Latina/e/o	8	12	0	20
Multi-Racial & Hispanic/Latina/e/o	0	0	13	13
Multi-Racial (not Hispanic/Latina/e/o)	1	8	36	45
Chronically Homeless	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of persons	28	N/A	118	146
<i>Acronyms: ES = Emergency Shelter; TH = Transitional Housing.</i>				

4.1.3 Youth Households

Table A6. Unaccompanied Youth Households.

	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of unaccompanied youth households	115	61	179	355
Total number of unaccompanied youth	115	63	182	360
Number of unaccompanied youth (under age 18)	2	10	13	25
Number of unaccompanied youth (age 18 to 24)	113	53	169	335
Gender (unaccompanied youth)	Sheltered ES	Sheltered TH	Unsheltered	Total
Woman (Girl if child)	44	26	50	120
Man (Boy if child)	56	32	120	208
Culturally Specific Identity	0	0	0	0
Transgender	3	1	0	4
Non-Binary	10	2	0	12
Questioning	1	0	6	7
Different Identity	0	0	4	4
More Than One Gender	1	2	2	5
<i>Of those that selected More Than One Gender, how many people reported gender identities that:</i>				
Includes Woman (Girl if child)	1	1	2	4
Includes Man (Boy if child)	0	0	2	2
Includes Culturally Specific Identity	0	0	0	0
Includes Transgender	1	2	0	3
Includes Non-Binary	0	1	0	1
Includes Questioning	0	0	0	0
Includes Different Identity	0	0	0	0
Race and Ethnicity (unaccompanied youth)	Sheltered ES	Sheltered TH	Unsheltered	Total
American Indian, Alaska Native, or Indigenous	0	0	8	8
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	2	1	2	5
Asian or Asian American	2	3	3	8
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African	57	27	65	149
Black, African American, or African & Hispanic/Latina/e/o	3	0	2	5
Hispanic/Latina/e/o	10	6	18	34
Middle Eastern or North African	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander	1	0	0	1
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	1	0	1

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White	23	15	81	119
White & Hispanic/Latina/e/o	10	2	0	12
Multi-Racial & Hispanic/Latina/e/o	1	2	0	3
Multi-Racial (not Hispanic/Latina/e/o)	6	6	3	15
Chronically Homeless	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of persons	0	N/A	10	10
<i>Acronyms: ES = Emergency Shelter; TH = Transitional Housing.</i>				

Table A7. Parenting Youth Households.

	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of parenting youth households	21	29	0	50
Total number of persons in parenting youth households	62	70	0	132
Total Parenting Youth (youth parents only)	24	30	0	54
Total Children in Parenting Youth Households	38	40	0	78
Number of parenting youth under age 18	0	0	0	0
Children in households with parenting youth under age 18	0	0	0	0
Number of parenting youth age 18 to 24	24	30	0	54
Children in households with parenting youth age 18 to 24	38	40	0	78
Gender (youth parents only)	Sheltered ES	Sheltered TH	Unsheltered	Total
Woman (Girl if child)	21	28	0	49
Man (Boy if child)	3	2	0	5
Culturally Specific Identity	0	0	0	0
Transgender	0	0	0	0
Non-Binary	0	0	0	0
Questioning	0	0	0	0
Different Identity	0	0	0	0
More Than One Gender	0	0	0	0
<i>Of those that selected More Than One Gender, how many people reported gender identities that:</i>				
Includes Woman (Girl if child)	0	0	0	0
Includes Man (Boy if child)	0	0	0	0
Includes Culturally Specific Identity	0	0	0	0
Includes Transgender	0	0	0	0
Includes Non-Binary	0	0	0	0
Includes Questioning	0	0	0	0
Includes Different Identity	0	0	0	0
Race and Ethnicity (youth parents only)	Sheltered ES	Sheltered TH	Unsheltered	Total
American Indian, Alaska Native, or Indigenous	0	1	0	1

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American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	0	0
Asian or Asian American	0	0	0	0
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African	17	15	0	32
Black, African American, or African & Hispanic/Latina/e/o	3	0	0	3
Hispanic/Latina/e/o	0	2	0	2
Middle Eastern or North African	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	1	0	1
White	0	2	0	2
White & Hispanic/Latina/e/o	1	3	0	4
Multi-Racial & Hispanic/Latina/e/o	0	2	0	2
Multi-Racial (not Hispanic/Latina/e/o)	3	4	0	7
Chronically Homeless	Sheltered ES	Sheltered TH	Unsheltered	Total
Total number of households	3	N/A	0	3
Total number of persons	10	N/A	0	10
Acronyms: ES = Emergency Shelter; TH = Transitional Housing.				

4.1.4 Additional Homeless Populations

Table A8. Additional Homeless Populations.

	Sheltered ES	Sheltered TH	Unsheltered	Total
Adults with a Serious Mental Illness	375	86	2327	2788
Adults with a Substance Use Disorder	206	48	1625	1879
Adults with HIV/AIDS	30	2	68	100
Adult Survivors of Domestic Violence (optional)	185	23	670	878
<i>Acronyms: ES = Emergency Shelter; TH = Transitional Housing.</i>				

4.2 Methodology

For CoCs with large geographic areas like Sacramento, enlisting enough volunteers to canvass the entire geographical area for the unsheltered count is difficult. Fortunately, HUD supports a method for canvassing large areas that involves geographic sampling and enumeration.⁷ This method allows the count to produce statistically reliable estimates while only needing to canvass a select portion of the area.

The 2024 PIT Count was conducted in consultation with Simtech Solutions, Inc., a technology solutions provider with extensive experience coordinating PIT counts nationwide. Simtech provided the tools needed to conduct the count along with technical and professional consulting services. The tools included the Counting Us mobile app and the PIT Regional Command Center, which were used to collect the PIT data and store it for later analysis, respectively. Simtech was consulted throughout the process to help inform training, sampling methodology, and customization of the surveys.

4.2.1 Sampling Strategy

The Sacramento CoC used a stratified random sample to estimate the number of unsheltered people experiencing homelessness across Sacramento County. This approach required assessing the county's 363 census tracts and designating each as having either a “high” or “low” probability of finding a person experiencing homelessness in that census tract. All high-probability areas, and a random sample of low-probability areas, were canvassed during the PIT Count.

4.2.1.1 *Identifying High and Low Probability Census Tracts*

The high probability designations were based on results from the 2022 PIT Count and institutional and current knowledge from multiple organizations and outreach staff. A Known Locations Survey was used in the weeks leading up to the count to identify areas known to contain people experiencing homelessness. For Sacramento, Simtech used data provided by street outreach teams to identify areas that were likely to contain people experiencing homelessness. These stakeholders were trained on how to capture the location information through the Known Location Survey, which was added to the Counting Us mobile app.

Fifteen (15) of the 363 tracts within the Continuum of Care geography were removed from the sampling setup upon request of SSF. One of these tracts was comprised of Folsom Prison, which was designated to be in an area that will not contain people experiencing homelessness.

The Known Location data was used to designate a total of 151 of the remaining 348 census tracts in which at least three (3) people were counted—all of which were marked as high probability census tracts.

4.2.1.2 *Sampling Low Probability Census Tracts*

The low-probability census tracts to be canvassed were chosen at random by a computer-generated sample of all census tracts that were not previously designated as high probability

⁷ For additional information on this approach, please see this guidance published by HUD: <https://www.hudexchange.info/resource/6940/how-to-use-sampling-within-a-coc-to-conduct-an-unsheltered-pit-count/>.

areas. For Sacramento, there are 348 total census tracts, 151 of which were designated as high probability. This left a total of 197 low probability areas to be randomly sampled.

Simtech estimated that 66 (33%) of the 197 low probability census tracts needed to be sampled to achieve a confidence level of 95% and a margin of error of 10%.

4.2.1.3 *Determining the Weighting Factor*

The *Low Probability Weighting Factor* is a simple calculation derived by dividing the total number of *low probability census tracts* by the number of *low probability tracts to be sampled*. For example, for Sacramento the weighting factor is $197/66$ or 2.9848. After all low probability areas that have been randomly selected have been canvassed, the count results from these areas are multiplied by the weighting factor to derive estimated count figures for all low probability tracts in the region.

4.2.1.4 *Random Sampling*

Based on the determination of the number of low probability census tracts to be sampled, the “Randomly Select Tracts” function within the Command Center was then used to determine which of the tracts were to be canvassed and which were to be ignored. The sampling setup resulted in 151 total high probability census tracts, 66 randomly selected low probability tracts, and 131 tracts to be ignored.

4.2.2 Vehicle/Makeshift Shelter Estimation

As part of the unsheltered PIT Count, volunteers counted vehicles and makeshift shelters (VMS) that appeared to be serving as temporary living situations. During the unsheltered count, individuals that were identified as living in a vehicle or structure were surveyed and asked how many people were sleeping with them in that location. These responses were collected from all surveys to calculate multipliers, which were then applied to estimate the number of people represented by each type of VMS.

For instance, if individuals who were surveyed in cars report an average of 1.6 people living in cars, this multiplier can be applied to the total count of sheltering cars to create the estimate. The types of structures included in the VMS tally were car, RV, tent, van, makeshift shelter, boat, and “other.”

In cases where local data was insufficient, national averages derived from the 68 regions that utilized Counting Us for the 2024 count were applied. This ensures consistency and accuracy in estimating the total population represented by various types of VMS across different regions.

4.2.3 Deriving the Final Count Estimates

4.2.3.1 *Total People Estimated from Unsheltered Observations and Surveys*

Sampling weights, estimates, and confidence intervals were applied differently to high and low probability census tracts to produce final estimates. Since all high probability census tracts were fully canvassed, no sample weighting factors, or confidence intervals were applied. The weighting factor was applied to survey figures from the sampled low probability census tracts to derive estimated figures for all low probability census tracts.

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To ensure the methodological rigor of the PIT estimate, only surveys from areas designated as high probability, or within sampled low probability census tracts, were included in the results calculation. Surveys from outside of the boundaries of these designated tracts were not included in the results, as doing so would remove the randomness of the random sample.

After the count was completed, 1,875 people were counted in the high probability areas, and 168 were counted in the 66 sampled low probability areas. The number of people counted in the low probability areas (168) was multiplied by the Weighting Factor of 2.9848 to derive an estimated count of 501 people for all low probability census tracts. The total number of people estimated for the region was derived by adding the total counted in the high probability census tracts (1,875) to the estimate from the low-probability census tracts (501), for a total of 2,376 people.

4.2.3.2 Total People Estimated from Vehicle and Makeshift Shelters

A total of 891 structures were counted in the VMS survey. Factoring in the multiplier, an estimated total of 1,568 people were determined to be residing in VMS, including 1,520 people in high probability areas and 48 in low probability areas.

Table A9. Vehicle and Makeshift Shelter Count Results.

Structure	Average People per Structure	High Probability Areas		Low Probability Areas	
		Structure Count	Estimated People	Structure Count	Estimated People
Car	1.6	195	312	12	19
RV	2.2	115	253	6	13
Tent	1.7	384	653	3	5
Van	1.5	54	81	2	3
Makeshift Shelter	1.9	100	190	3	6
Boat	1.6	2	3	0	0
Other	2.0	14	28	1	2
Total		864	1,520	27	48

4.2.3.3 Total People Estimated for the Unsheltered Count

To arrive at the final unsheltered count, data were combined from unsheltered observations, unsheltered surveys, and VMS surveys.⁸ As mentioned above, 2,376 people were estimated from unsheltered observations and surveys, while 1,568 were estimated from the VMS survey. Combining these figures gives us a final count of 3,944 people experiencing unsheltered homelessness during the count.

4.2.4 Unsheltered Survey Analysis

The analysis of unsheltered count data involved a meticulous examination of responses recorded at the Counting Us Regional Command Center. A total of 2,874 responses were recorded, consisting of 1,364 observations, 679 surveys, and 891 structures (e.g., vehicles, tents). The final unsheltered count was derived from these three counts, incorporating both observed and self-reported instances of homelessness. Surveys served as a vital tool for understanding the experiences of those interviewed, providing insights into demographic characteristics, service needs, and factors contributing to homelessness. Despite the challenges posed by missing data in some surveys, none were removed from the analysis. This decision reflects the inherent difficulty in locating and surveying individuals experiencing homelessness and the desire to capture as much data as possible to inform effective interventions and support strategies.

⁸ Some people were observed experiencing homelessness while others were approached by volunteers and surveyed. For the purposes of this report, “surveys” includes cases where people were approached while “observations” includes cases where people were not approached.

4.3 Unsheltered PIT Survey Template



This Survey Template is designed to mirror the base “Unsheltered Survey” within the Counting Us app.

The text for each question is color coded as noted below.

RED = HUD required questions that are needed to produce the HUD Point in Time report.

GREEN = Optional questions used to derive a multiplier for communities that chose the option to include the Vehicle and Makeshift Shelters survey in contract section 2.5.

YELLOW = Community custom questions.

PURPLE = These are commonly asked research questions that can be removed without impacting any reporting or conditional logic.

BLACK = Supporting questions designed to help improve the integrity of the data.

FOR REFERENCE ONLY

COUNTING US MOBILE APP WILL BE USED ON PIT COUNT NIGHTS

Introduction & Screener

*Hello, my name is _____ and I'm a volunteer with Sacramento Steps Forward. We are conducting a survey to better understand homelessness in our community and improve programs. If you participate, I have a \$10 gift certificate for you. Your participation is voluntary, and your responses will be kept confidential. You can choose to skip any question and your answers will not affect your eligibility for the gift card or services, and the information will not be shared with anyone outside of our team. I need to read each question all the way through. Can I have about 10 minutes of your time? *

1. Has any other volunteer or survey worker already asked you these same questions tonight, or last night, about where you will stay?

- ☐ Yes
☐ No (If Yes — STOP)

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2. Where are you sleeping on the night of the Count? (If an option in bold is selected, continue with the survey)	☐ Abandoned building ☐ Under a bridge / overpass ☐ Jail ☐ Bus/ Train station ☐ Vehicle / Boat / RV ☐ Motel/Hotel paid for w/ own \$ ☐ Motel/Hotel paid for by agency ☐ Emergency shelter ☐ Transitional housing ☐ Outdoor encampment ☐ House or apt – rent/own ☐ Treatment program ☐ Park ☐ Hospital ☐ In a place being evicted from ☐ w/ friend or family (couch surfing) ☐ Street or Sidewalk ☐ Other: _____
a. What type of vehicle or structure are you sleeping in?	☐ Car ☐ Boat ☐ Abandoned Building ☐ RV ☐ Tent ☐ Van ☐ Makeshift Shelter ☐ Other
b. Please provide details on the condition of the RV:	☐ Disrepair ☐ No access to sewer, water, or electricity ☐ Parked in an unusual place ☐ Habitable
c. Including yourself, how many people are sleeping in this vehicle or structure?	Numeric box
d. Did you pay for the hotel/motel with a voucher from a program or from the county?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
3. Where did you sleep last night?	☐ Same place or near here ☐ Different place -outdoors ☐ Different place -indoors (hotel, friend's house, etc.) ☐ Shelter in Sacramento ☐ Shelter in another county ☐ Somewhere else _____
4. What is your name?	First Name (or Initial): _____ Last Name (or Initial): _____ ☐ Person prefers not to answer

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a. If hesitant, ask “What are your initials?”	Text box
Demographic Questions	
5. What is your date of birth?	(mm/dd/yyyy) ____/ ____/_____ ☐ Person doesn't know ☐ Person prefers not to answer
a. If refused to answer date of birth, ask “How old are you?”	Numeric Box
b. If refused to answer age, “What age range do you fall into?”	☐ <5 ☐ 5-12 ☐ 13-17 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+
6. Which of these options best describes your gender? (select all that apply)	☐ Woman ☐ Man ☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Person doesn't know ☐ Person prefers not to answer ☐ If Different Identity, please specify _____
7. Which of these options best describes your sexual orientation?	☐ Lesbian ☐ Gay ☐ Bisexual ☐ Queer ☐ Straight ☐ Other Identity: _____ ☐ Person doesn't know ☐ Person prefers not to answer
8. What race(s) do you identify as? (select all that apply)	☐ American Indian, Alaska Native, or Indigenous (Specify Tribe (optional): _____) ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other: _____ ☐ Person doesn't know ☐ Person prefers not to answer

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9. Is this the first time you have been homeless?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
10. How long have you been homeless <u>this time</u> ? Only include time you spent staying in shelters and/or on the streets.	☐ 0 to 3 months ☐ 4 to 6 months ☐ 7 to 11 months ☐ 12 to 23 months ☐ 24 to 35 months ☐ 36 months or more
11. If you add up the times you have been homeless in the last 3 years, how many weeks /months would that be?	☐ 0 to 3 months ☐ 4 to 6 months ☐ 7 to 11 months ☐ 12 to 23 months ☐ 24 to 35 months ☐ 36 months or more
12. How many separate times in the past 3 years have you/they lived in a shelter, on the streets, or in a car?	☐ Fewer than 4 times ☐ Person doesn't know ☐ 4 or more times ☐ Person prefers not to answer
13. Do you remember the address where you were living when you became homeless this time?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
a. If yes:	Street: _____ City: _____ State: _____ Zip: _____
Sensitive Questions - (Skip for individuals under 18)	
*Next, I'm going to read you a list of "yes-no" questions about different situations you may be facing. The information you choose to share on these next questions will help Sacramento County better understand the specific services and resources that people in our community need. Again, this survey is confidential, and your answers will not affect your eligibility for services or programs. And we can skip any question you don't feel comfortable answering. *	
14. Have you served in the U.S. Armed Forces? (Army, Navy, Air Force, Marine Corps, or Coast Guard)	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
15. Were you ever called into active duty as a member of the National Guard or as a Reservist?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
16. Have you ever received health care benefits from a Veterans Administration medical center?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
17. Do you any Physical Disabilities or limitations?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
a. Do you feel a physical disability keeps you from	☐ Yes ☐ No

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holding a job or living in stable housing?	☐ Person Doesn't Know ☐ Person prefers not to answer
b. Do you have any mobility related issues due to this issue?	☐ Lower body impairments (may require use of canes, walkers, or wheelchairs) ☐ Upper body impairments that may include limited or no use of the upper extremities and/or hands ☐ No ☐ Other: _____ ☐ Person prefers not to answer ☐ Person Doesn't Know
18. Do you have any Mental Health Disabilities such as depression, panic disorders, bipolar, or schizophrenia?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
a. Do you feel a mental disability keeps you from holding a job or living in stable housing?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
19. Do you drink alcohol or use non-medical drugs?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
a. Do you feel alcohol or drug use keep you from holding a job or living in stable housing?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
20. Do you have an ongoing medical condition, such as diabetes, cancer, or heart disease?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
a. Do you feel a medical condition keeps you from holding a job or living in stable housing?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
21. Do you have a traumatic injury to the brain?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
a. Do you feel this keeps you from holding a job or living in stable housing?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
22. Do you receive any disability benefits such as SSI, SSDI, or Veteran's Disability?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
23. Are you living with HIV or AIDS?	☐ Yes ☐ No ☐ Person Doesn't Know

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	☐ Person prefers not to answer
24. Do you have a Developmental Disability such as ADHD, learning disabilities, Autism, or Cerebral Palsy?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
25. Did you leave your last place because a partner or someone else in the family was hurting or threatening to hurt you?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
26. Before age 18, were you ever placed in a foster home or a group home?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
Final Questions	
* These are the last few questions*	
27. How long have you been a resident of Sacramento County? (Read responses and select all that apply, fill in other to provide additional information)	☐ Longtime resident (Been here my whole life) ☐ Originally from Sacramento ☐ Resident for 6 months or more ☐ Recently arrived (less than 6 months) ☐ Here temporarily with plans to leave ☐ Other: _____
28. During the last two months, have you been forced to move and find a new sleeping location?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
a. What reasons were you forced to move and find a new sleeping location (check all that apply)	☐ Safety concerns ☐ Moved by police or other law enforcement agency ☐ Area was no longer suitable for sleeping (e.g. flooding)
b. How many times in the last two months, were you forced to move by the police or another enforcement entity?	Numeric box
29. What two things could Sacramento do better to help people who are experiencing homelessness? (Do not read responses, select all that apply, select other to provide additional information discussed)	☐ Affordable housing ☐ Safe ground/space/parking ☐ Provide jobs or job training ☐ Storage for my belongings ☐ Crisis residential that is more than 24 hours ☐ Help with transportation to appointments ☐ More beds at emergency shelters ☐ Pet friendly services (housing, appointments, storage) ☐ Other: _____
30. Notes	Text box
*Those are all the questions I have for you. We realize that some of the topics covered are personal and can be difficult to think and talk about. We appreciate your willingness to participate tonight. Thank you for taking the survey! *	
Youth Only Supplemental Questions (only ages 18-24)	
Y1. Are there any members of your household 25 or older? *If no, discontinue*	☐ Yes ☐ No

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Y2. Are you currently attending or enrolled in school?	☐ Yes, and attend regularly ☐ Yes, and attend irregularly ☐ Yes, suspended ☐ No, expelled ☐ No, dropped out in the last 6 months ☐ No, dropped out 6+ months ago ☐ N/A, obtained HiSET/GED ☐ N/A, graduated high school
Y3. What is the highest grade or year of school that you have completed?	☐ 9 th grade or less ☐ 9 th – 11 th grade ☐ 12 th grade (diploma) ☐ GED certificate ☐ Some college ☐ Associate degree ☐ Bachelor's degree ☐ Post-secondary (graduate) training or degree
a. *Dependency on graduation status* In 1-2 sentences can you provide your personal solution to help you start or return to school, if that is a choice?	Text Box
Y4. Are you currently pregnant, or are you expecting to become a parent in the next 9 months?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer
Y5. If you have children, how many are staying with you? (Enter "0" if not applicable)	Numeric Box
a. If you have children, is your housing status preventing you from living with any of your children?	☐ Yes ☐ No ☐ Person Doesn't Know ☐ Person prefers not to answer

The table below summarizes year round shelter capacity in Sacramento as of September 2025 by funder and population served. The second table shows the beds within shelter programs not yet open.

Year Round Beds (Current)

	Single Adults	TAY	Families	TOTAL	% of Total	% of Pub Funded	% in CAS
City Funded	425	88	594	1,107	35%	43%	80%
County Funded	1,101	12	145	1,258	40%	49%	63%
City/County Co-Funded	163	0	60	223	7%	9%	73%
Private/Other Funded	331	15	197	543	17%	n/a	33%
TOTAL	2,020	115	996	3,131			

The % of publicly funded beds not in CAS are beds in select City and County funded programs due to specific program eligibility criteria & to allow for direct placement by the City/County in urgent response situations.

The Mather Family program, which is classified as 'transitional housing' in the HUD Housing Inventory Count is included here as it serves families coming directly out of street homelessness, but would not be included in a CoC analysis of shelter capacity.

Year Round Beds (Planned + Operational)

	Single Adults	TAY	Families	TOTAL	% of Total	% of Pub Funded	% in CAS
City Funded	525	88	594	1,207	34%	40%	73%
County Funded	1,426	12	145	1,583	45%	53%	68%
City/County Co-Funded	163	0	60	223	6%	7%	73%
Private/Other Funded	331	15	197	543	15%	n/a	33%
TOTAL	2,445	115	996	3,556			

Many of the planned new shelter beds are funded by BHBH, and, therefore, are noted as being outside of CAS. However, as CAS evolves and, with the introduction of the SHIE, there may be the opportunity to move these beds into CAS. Currently, the HEART outreach team serves as the 'front door' for BHBH beds.

Shelter Name	Operator	Funder	Location	Shelter Type	Target Population	Family Units	Family Beds	Single Beds	Total Beds	CAS Status	Open or Planned?
Bishop Gallegos Maternity Home Shelter	Bishop Gallegos Maternity Home	Private	County	Congregate	Pregnant women	1	2		2	No	O
Bridges Sober Living BHBH	Bridges	County	City of Sacramento	Individual Rooms	Single Adults			30	30	No	O
Scattered Site Shelter Program	City Net	County	n/a (scattered)	Individual Rooms	Single adults			145	145	No	O
Florin & Power Inn Safe Stay	City Net	County	County	Sleeping Cabins	Single adults			125	125	Yes	O
East Parkway Safe Stay	City Net	County	County	Sleeping Cabins	Single adults			56	56	No	O
Watt Avenue Safe Stay	City Net	County	County	Sleeping Cabins	Single adults			225	225	Yes	P
Grow Florin BHBH	City Net	County	County	Sleeping Cabins	Single adults			72	72	No	O
ERF Scattered Site Shelter	City Net	County	n/a (scattered)	Individual Rooms	Single adults			50	50	Yes	O
City of Refuge Sacramento	City of Refuge	Private	City of Sacramento	Individual Dorms	Women fleeing DV w/kids		38		38	No	O
North 5th St Navigation Center	The Gathering Inn	City and County	City of Sacramento	Congregate	Single adults			163	163	Yes	O
Elk Grove Emergency Shelter	The Gathering Inn	City of Elk Grove	City of Elk Grove	Congregate	Single adults			35	35	No	O
Quality Inn BHBH (justice involvement)	Hope Cooperative	County	City of Sacramento	Individual Rooms	Single adults			15	15	No	O
Outreach and Engagement Center	Hope Cooperative	City of Sacramento	City of Sacramento	Congregate	Single adults (sometimes families)		25	50	75	No	O
Palmer Apartments	Hope Cooperative	County	City of Sacramento	Shared Dorms	Single adults			48	48	No	O
Family Promise Shelter	Interfaith Network	Private	n/a (rotating)	Congregate	Families	4	14		14	No	O
Family Rescue Program	Francis House Center	Private	City of Sacramento	n/a (voucher)	Families	1	4		4	No	O
Emergency Bridge Housing at the Grove	First Step Communities	City of Sacramento	City of Sacramento	Sleeping Cabins	TAY			50	50	Yes	O
Roseville Road Campus *	First Step Communities	City of Sacramento	City of Sacramento	Sleeping Cabins/Traile	Single adults			150	150	No	O
North A Street	First Step Communities	County	City of Sacramento	Congregate	Single adults			80	80	Yes	O
Stockton Blvd Safe Stay	First Step Communities	County	City of Sacramento	Sleeping Cabins	Single adults			175	175	Yes	O
Roseville Road Campus Expansion	The Gathering Inn	City of Sacramento	City of Sacramento	Sleeping Cabins	Single adults			100	100	No	P
Sister Nora's Place	Loaves and Fishes	Private	City of Sacramento	Congregate	Single women			12	12	No	O
Next Move Family Shelter	Next Move	County	County	Family Dorms	Families	20	77		77	Yes	O
Mather Singles Interim Shelter	Next Move	County	Rancho Cordova	Individual Dorms	Single adults			150	150	Yes	O
Mather Family TH Program **	Next Move	County	Rancho Cordova	Individual Dorms	Families	25	68		68	Yes	O
Auburn Oaks BHBH (seniors)	Next Move	County	Citrus Heights	Individual Rooms	Single adults			30	30	No	O
STEP Shelter	Sacramento LGBT Center	City of Sacramento	City of Sacramento	Congregate	TAY			12	12	Yes	O
TLP Program	Sacramento LGBT Center	City of Sacramento	City of Sacramento	Congregate	TAY			6	6	Yes	O
Saint John's Emergency Shelter Program	Saint Johns Program for Real Change	City of Sacramento	County	Individual Dorms	Families	11	44		44	Yes	O
Saint John's Emergency Shelter Program	Saint Johns Program for Real Change	Private	County	Individual Dorms	Families	39	81		81	No	O
City Motel Program	Step Up on Second	City of Sacramento	City of Sacramento	Individual Dorms	Families	200	550		550	Yes	O
Veteran's Emergency Shelter	The Salvation Army	Veterans Administration (GPD)	City of Sacramento	Congregate	Single adults			25	25	No	O
Center of Hope	The Salvation Army	County	City of Sacramento	Congregate	Single adults			70	70	Yes	O
TPCP Emergency Shelter	Turning Point Community Programs	Private	County	Individual Dorms	Single adults			22	22	No	O
Emergency Shelter	Union Gospel Mission	Private	City of Sacramento	Congregate	Single adults			60	60	No	O
Open Arms	VOA	Private	City of Sacramento	Individual Dorms	Single adults with HIV/AIDs			12	12	No	O
Meadowview Navigation Center	VOA	City of Sacramento	City of Sacramento	Congregate	Single women			100	100	Yes	O
Senior Safe House	VOA	County	City of Sacramento	Individual Dorms	Single senior adults			6	6	No	O
Nottolis's Place	VOA	County	County	Individual Dorms	Single senior adults			15	15	No	O
X Street Navigation Center	VOA	City of Sacramento	City of Sacramento	Congregate	Single adults			100	100	Yes	O
The Village Emergency Shelter	Waking the Village	Private	City of Sacramento	Individual Dorms	TAY			8	15	Yes	O
Care Transition (ICP)	WellSpace Health	County	City of Sacramento	Congregate	Single adults exiting hospitals			34	34	No	O
Common Ground	Wind Youth Services	City of Sacramento	City of Sacramento	Congregate	TAY			20	20	Yes	O
Doug's Place	Wind Youth Services	County	County	Congregate	TAY			6	6	No	O
RHY Youth Shelter	Wind Youth Services	County	County	Congregate	TAY			6	6	No	O
Emergency Sheter Program	WEAVE	City and County	Undisclosed	Undisclosed	DV survivors/families	20	40	20	60	No	O
Parkway Scattered Site Shelter	TBD	County	n/a (scattered)	Individual Rooms	Single adults			50	50	Yes	P
Watt Safe Parking	TBD	County	County	Parking	Single adults			50	50	No	P

* Roseville Rd. Campus currently has the *physical* capacity for 240 people, but is only funded for 150

** Mather Families is categorized as TH in the HIC, but, as it operates similar to shelter, taking people directly off the streets, it is included here

The City of Sacramento is committed to doing everything it can to address the housing needs of the City. As the first State Prohousing designated jurisdiction in California, the City has streamlined development processes and continues to seek opportunities from streamlining. The City is making progress towards our Regional Housing Needs Allocation (RHNA) with over 10,000 new units of housing built between 2021-2024. The City has also made significant financial contributions to affordable and homeless housing projects.



CITY FUNDED RECENTLY COMPLETED PROJECTS

The City has provided \$25.2 million of financing to support the development and operations of 664 affordable housing units (including 304 homeless dedicated units) at several projects: Capitol Park Hotel, La Mancha motel conversion, The Heights on Stockton, The Wong Center, Sonrisa, Rodeway Inn motel conversion, Habitat for Humanity.



CITY FUNDED IN DEVELOPMENT PROJECTS

The City has invested \$43.1 million of financing in the form of loans and grants to support the development of 1,296 housing units (including 388 homeless dedicated units) at several projects: Bridge Housing, KIND South, Gateway on Stockton, Monarch, San Juan Apt. 1, 13th and C St, Donner Field, Step Up on Fruitridge, Rio Linda Homekey+, Mack Road Homekey+.



OTHER HOUSING PROJECTS

Private development or development supported with other public financing outside of the City are in various stages of construction, building permit, entitlements, financing and scoping, including two surplus properties the City is currently working on selling to private developers, for a potential total of 2,313 affordable housing units (including 300 homeless dedicated). The City also continues to market vacant City-owned properties for housing.

RESPONDING TO HOMELESSNESS

Services, Support, Solutions

The City of Sacramento is committed to doing everything it can to address the hardships faced by unsheltered individuals and families while working to protect the health and safety of our communities.

In recent years, the City has taken significant steps to respond to the ongoing homelessness crisis. This includes the launch of new shelters and Safe Ground sites, the establishment of the Department of Community Response, the signing of the historic partnership with the County of Sacramento and the interdepartmental efforts from the City's Incident Management Team.



SHELTERS

The City funds and operates more than 1,375 safe spaces every night for people experiencing homelessness, with 400 additional beds expected to come online.



DEPARTMENT OF COMMUNITY RESPONSE

Outreach specialists from the DCR are deployed into neighborhoods daily to engage people experiencing homelessness, build trust and connect them with services.



CITY/COUNTY PARTNERSHIP

The City and County of Sacramento in December 2022 entered into a historic partnership agreement to improve local coordination for homeless sheltering, programs and services.



INCIDENT MANAGEMENT TEAM

Utilizing a command structure usually employed for natural disasters, this interdepartmental team works seven days a week in all eight Council districts responding to 311 calls regarding homelessness.

For more information on the City's comprehensive response, visit:

homeless.cityofsacramento.org



COORDINATED, RAPID RESPONSE

Sacramento's response to the homelessness crisis must have the same urgency and clear organizational structure that we employ when responding to natural disasters.

The City's Incident Management Team provides:



To report an issue with an encampment within City limits, **please call 3-1-1** or visit

311.cityofsacramento.org

For connection to shelter and other services including a mental-health hotline, **please call 2-1-1.**

The City of Sacramento funds and operates 1,375 shelter spaces every night for people experiencing homelessness with additional beds expected to come online in the near future. These currently include:



CONGREGATE SHELTERS

Traditional emergency shelter programs where the living situations are similar to group-living dormitories. Includes: Meadowview Navigation Center (VOA), X Street Navigation Center (VOA), and North 5th Street Shelter (The Gathering Inn).



NON-CONGREGATE SHELTERS

Emergency shelter programs where the living situations are private, typically in individual sleeping cabins. Includes: Roseville Road Campus (First Step Communities). Through a State Encampment Resolution Grant, the City will be installing 135 new sleeping cabins to the Roseville Road Campus.



TRANSITIONAL AGED YOUTH PROGRAMS

Programs focused on serving transitional aged youth in a variety of program types including non-congregate shelter, transitional housing and emergency shelter. Includes: The Grove (First Step Communities), LGBT Center, Waking the Village, and Wind Youth Services.



RESPIRE CENTERS

Locations where people can temporarily escape the elements and have basic needs met. Respite centers also serve as an “entry point” into services, providing a safe and stable place for people to be while accessing more comprehensive programs. Includes: Outreach and Engagement Center (Hope Cooperative). Safe parking and safe camping sites pending.



WOMEN AND FAMILIES

Specialty programs focused on serving women and children, including domestic violence in a variety of program types including emergency shelter and transitional housing. Includes: Saint John's Program for Real Change and WEAVE.



CITY MOTEL PROGRAM

The City is exploring converting the City Motel Program (Step Up) to a voucher-based program following recommendations in the City Auditor report to create a program design that increases participant choice in shelter location, controls the City's costs for family sheltering, and serves more participants by providing throughput.

For more information on the City's comprehensive response, visit:

homeless.cityofsacramento.org



WHAT IS A MICRO-COMMUNITY?

Frequently Asked Questions

Micro-communities are interim supportive housing sites that are operated by the City of Sacramento where stable seniors 55 years and older who are on a fixed income - and cannot find housing they can afford - can live for an extended period of time.



Why is the City building micro-communities?

Seniors are one of the fastest growing demographics in California. In Sacramento, 22% of the City's homeless population are 55 years and older. Many seniors are on a fixed income, cannot afford housing and often end up in City homeless shelters as their only option. Most could live independently if there were available housing they could afford. Micro-communities are a cost effective way for the City to quickly stand up new units for seniors.

How will people be selected to participate in micro-communities?

Stable seniors in current City programs will be referred into micro-communities by the Department of Community Response (DCR). Participants will need to have income to participate in the program and a history of demonstrating they will be successful living independently. There will be no walk-up intakes.

What features will micro-communities have?

Micro-communities will have no more than 40 pre-manufactured units that are 120 square feet each. The units will have electricity, heating and air conditioning, internet, storage, a microwave and a refrigerator/freezer. Bathrooms, showers and laundry will be located in various areas of the community so no one is more than a few steps away. Sites will meet ADA shelter requirements. Communities will also include outdoor gathering spaces, community cooking areas, gardens, and dog-runs. While pets will be allowed, there will be a maximum number of pets allowed per site.

Will there be security?

24-hour security will be provided at the micro-communities. Sites will be fenced with restricted access. Daytime visiting hours will be established, and no overnight guests will be allowed. Bag checks will be required upon entry.



WHAT IS A MICRO-COMMUNITY?

Frequently Asked Questions

What services will be provided to residents?

Outreach/case management staff will be in the communities regularly, offering connections to all supportive services that are currently available. For example, there will be connections to programs offering meals and transportation to appointments. Office spaces will be included on-site for residents to meet with service providers.

Are micro-communities the same as traditional emergency shelters?

No. Micro-Communities differ significantly from emergency shelters, which traditionally are larger facilities that serve the most vulnerable for a limited time (usually up to six months). Micro-Communities by contrast are smaller and serve stable seniors who have a demonstrated history of being able to live more independently. People can also stay longer in Micro-Communities. Technically speaking, Micro-Communities are defined as "interim supportive housing," which is a form of emergency housing and offers a middle ground between shelters and permanent housing.

Why are people being asked to pay part of their income to stay in a micro-community?

Participants will pay 30% of their income per month after an initial 90-day grace period. The City will assess and collect the program fees, which will be used to help offset operating costs of the communities. The City believes that paying a program fee encourages self-sufficiency, promotes dignity and increases program sustainability. Survey results from City shelter participants indicated 89% of respondents would sign-up for a micro-community and be willing to pay the program fee.

How many micro-communities are currently being planned in the City?

The City of Sacramento is currently planning four micro-community sites in various parts of the City including Council Districts 1, 5, 7 and 8. While specific sites have been identified in Districts 1, 5 and 8, the location in D7 is in the process of being determined.

Is Sacramento the first city to establish micro-communities?

While other cities across California, including San Jose, San Francisco, Santa Barbara, and others, have been utilizing a variety of tiny-home community models, those projects have been mostly emergency shelter in nature with time limited stays. Sacramento will be the first to offer this type of interim supportive housing where participants can stay as long as the program meets their needs and they abide by the rules and requirements.



IMPACT

Promoting a healthy community by providing access to a comprehensive continuum of behavioral health services, while remaining responsive to, and reflective of, the diversity among individuals, families, and communities.

COLLABORATIVE COURTS

OVERVIEW

Problem-solving courts combine judicial supervision with behavioral health services, aimed at recovery to reduce recidivism and improve outcomes.

DESCRIPTION

- Recovery Court
- Chronic Offender Rehabilitation Effort
- Driving Under the Influence Treatment Court
- Drug Diversion Program
- Family Treatment Courts
- Dependency Treatment Court
- Early Intervention Family Treatment Court
- Prop 36 Court
- Mental Health Treatment Court (MHTC)
- Mental Health Diversion (MHD)
- Re-Entry Court
- Veterans' Treatment Court

OUTCOMES – MHD & MHTC

FY 2024-25	Referrals Received	Assessments Completed
Quarter 1	307	439
Quarter 2	325	282
Quarter 3	310	304
Quarter 4	448	360

COUNTY VALUES

COLLABORATIVE COURTS SUPPORTS ALL COUNTY PRIDE VALUES.QUESTIONS

Lori Miller, LCSW, Division Manager
Substance Use Prevention and Treatment (SUPT) Services
MillerLori@saccounty.gov

Stephanie Kelly, LMFT, Division Manager
Adult Mental Health (MH) Services, Court & Justice Involved (CJI), and Crisis Services
KellyS@saccounty.gov

Scan QR codes below to learn more about our programs and services:

BHS Main Page



SUPT Programs



Adult MH Programs



CJI Programs



Recent Graduations



BEHAVIORAL HEALTH CRISIS CONTINUUM

IMPACT

- Safely de-escalate crises
- Crisis stabilization, promoting recovery, and optimizing community functioning
- Decrease criminalization of mental health and homelessness
- Reduce unnecessary psychiatric hospitalizations and/or incarcerations
- Decrease repeat crises and reduce emergency department visits for urgent MH needs

SUCCESS STORY

A young adult called 988 due to a crisis as a result of a recent break-up and reported feeling suicidal. The CWRT was dispatched and met with the individual at their home. The CWRT assisted the young adult in prioritizing their mental health by agreeing to further assessment in order to prevent acting on their suicidal feelings. The young adult agreed to voluntarily go to the Mental Health Urgent Care (MHUCC) in order to remain safe. During the follow-up call from CWRT, the caller stated, "You guys really saved my life. If you hadn't come out to see me, I don't know what I would have done. The doctor at the MHUCC was great and helped me a lot." The caller sounded upbeat, had identified better coping skills, and has a plan to move forward in life.

OVERVIEW

The Behavioral Health Services (BHS) Crisis Continuum includes programs that meet the cultural, ethnic and language needs of the community; promotes health, wellness, resilience, well-being, and healing from traumatic experiences; provides prevention, crisis intervention, and treatment for mental health and/or substance use challenges; and supports those who experience and/or are in recovery from these conditions, along with their families and communities.

DESCRIPTION

The BHS Crisis Continuum includes programming such as, the Mental Health Urgent Care Clinic (MHUCC), Crisis Residential Programs (CRPs), Crisis Navigation Program (CNP), Community Support Team (CST), Community Wellness & Response Team (CWRT), and Crisis Respite.

OUTCOMES

MHUCC

FY 2024-25	Clients Served	% Not Hospitalized while Open to MHUCC	% Served & Not Hospitalized w/in 30 Days of Discharge
Quarter 1	966	99.0%	96.6%
Quarter 2	1112	100%	94.5%
Quarter 3	1258	99.8%	100%
Quarter 4	1310	99.8%	93.9%

CWRT

FY 2024-25	Total # of Calls Received	% Calls Resolved in the Community
Quarter 1	290	64.3%
Quarter 2	279	69.2%
Quarter 3	471	64.3%
Quarter 4	537	63.7%

COUNTY VALUES

The Crisis Continuum programs all reflect the Sacramento County values by providing culturally responsive services, such as safely de-escalating crises; providing linkages to accessible, behavioral health resources to decrease repeat crises and emergency department visits. Services are intended to decrease the criminalization of mental health and homelessness, as well as offer services that meets the cultural, ethnic and language needs of the community. Mobile crisis services are community-based in order to ameliorate crises in the community and prevent unnecessary hospitalization.

QUESTIONS

Stephanie Kelly, LMFT kellys@saccounty.gov

Sacramento County Investments in Homelessness

Fiscal Year 2024–25 Overview

Introduction

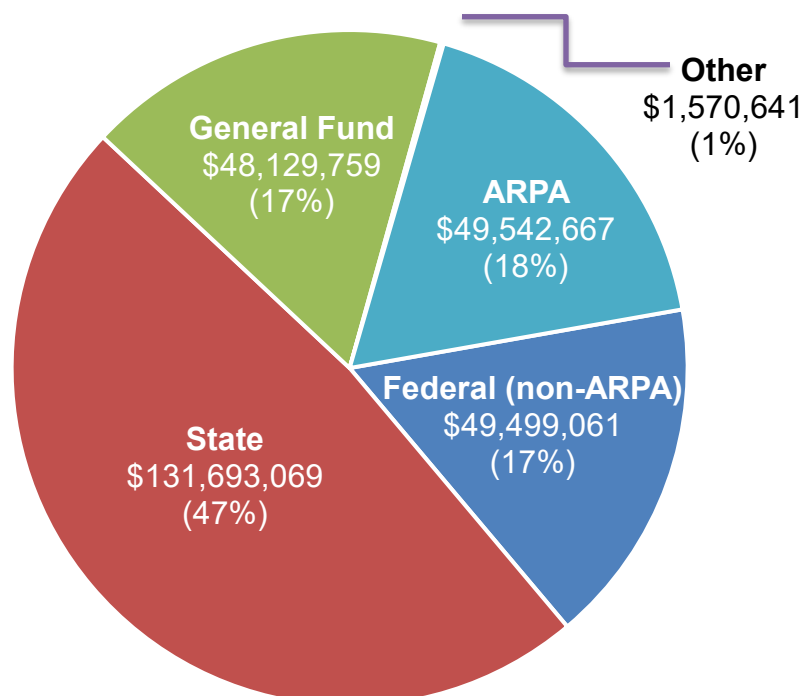
Sacramento County invested \$277.4 million in Fiscal Year 2024–25 (FY 24/25) to address homelessness countywide. These investments reflect the County’s commitment to providing shelter, housing assistance, behavioral health services, homeless outreach, and supportive services to our community while striving for ongoing public transparency and accountability.

Key Highlights

- Total investment in FY 24/25 was \$277,435,197.
- Investments spanned 10 County departments including Human Assistance, Health Services, Homeless Services & Housing, Child, Family, and Adults Services, and General Services.
- The County contracted with community-based organizations for a total of \$154.5M (55% of all funds).
- Approximately \$39.1M were capital costs associated with new shelter construction.
- Notable increases in County investments were in behavioral health services and shelter and interim housing.

Funding Sources

State funding was the primary fund source, totaling \$131.7 million and representing nearly half of all County homelessness funding.



Investments by Department

DHS accounted for the largest investment at \$95.6 million, driven primarily by behavioral health services and sheltering and interim housing programs.

Department	Amount
Department of Health Services (DHS)	\$95.6M
Department of Human Assistance (DHA)	\$60.1M
Department of Homeless Services and Housing (DHSB)	\$58.1M
Department of General Services (DGS)	\$39.1M
Department of Child, Family, and Adult Services (DCFAS)	\$11.3M
Department of Regional Parks (Regional Parks)	\$8.2M
All Other Departments	\$4.9M

Investment by Program Type

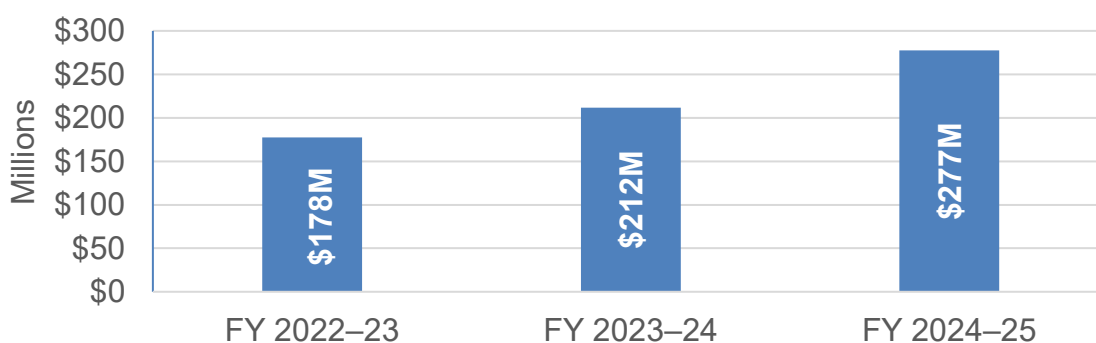
Shelter and interim housing was the largest program category, totaling \$91.4 million with programs administered across several of the County's social services departments.

Program Type	Amount
Shelter and Interim Housing	\$91.4M
Behavioral Health Services	\$76.6M
Assistance Programs	\$53.3M
Housing Assistance Services	\$20.9M
Outreach and Engagement	\$10M
All Others*	\$25.2M

*Includes: Encampment Services, Homeless Services Operations and Staffing, System-Level investments, Health Prevention and Promotion, and Diversion and Prevention

Three-Year Investment Analysis

- County investments have increased by nearly 56% over the past three fiscal years.
- Increases align with expanded shelter capacity, behavioral health services, and housing investments.
- Changes in County investments were due, in part, to increased State funding and ARPA allocations for major capital projects (notably new Safe Stay shelters).



HOMELESS ENGAGEMENT AND RESPONSE TEAM (HEART)

HEART'S IMPACT

- **Housing Supports:** Individuals experiencing homelessness enrolled in behavioral health outpatient program have access to housing support services and funding. This helps move them from homeless to having a place to live.
- **Partnerships for Access:** Intradepartmental and interagency partnerships have increased access to shelter, interim housing, healthcare, and other community resources. This collaboration ensures that people get the help they need.
- **Positive Media Attention:** Efforts by the County to assist those experiencing homelessness have received positive media attention. This attention helps raise awareness about the challenges faced by homeless individuals.
- **Reducing Stigma:** HEART has worked to reduce stigma, not only around homelessness but also mental health. This helps create a more understanding and supportive community.
- **Care Coordination:** HEART provides care coordination to prevent individuals from falling through the cracks. This means they help people stay connected to services and resources.
- **Adverse Weather Response:** During adverse weather conditions, HEART participates in providing extra support for the homeless.



OVERVIEW

HEART's mission is to help people experiencing homelessness by connecting individuals with behavioral health services and community resources. HEART works independently and in collaboration with partners, to ensure people who are experiencing homelessness are educated about and linked to behavioral health services and other necessary resources to get them on a pathway towards recovery and housing, when they are ready.

DESCRIPTION

Focuses on helping people who are homeless. We connect these individuals with important services, such as accessing mental health services, getting food, receiving medical help, and finding housing and shelter resources. HEART includes 10 mental health clinicians and 10 peers who engage with people living in encampments and 2 mental health clinicians who work in homeless shelters. Referrals: 916-875-1720 or email BHS-HEARTReferrals@saccounty.gov.

OUTCOMES*

1. **3,215** outreach encounters
2. **726** individuals engaged in conversation about treatment services
3. **635** individuals were screened for services
4. **680** referrals to outpatient programs were made for **633** individuals
 - a. **548** (81%) were referred to a Community Outreach Recovery Empowerment (CORE) program
 - b. **77** (11%) were referred to a Full Service Partnership (FSP)
 - c. **55** (8%) were referred to a Substance Use Prevention and Treatment program (SUPT)
 - d. 330 individuals have already had their first face to face appointment at either their CORE, FSP or SUPT program

**Individuals can be referred to more than one type of program*

IN THE WORKS

1. HEART will be the primary referral pathway for Behavioral Health Bridge Housing interim housing beds.
2. HEART is implementing support groups in the Safe Stay communities.

INPATIENT FACILITIES

IMPACT

- Stabilize and provide medical, behavioral, Electroconvulsive Therapy (ECT) (in rare cases when needed) services, etc. for those in acute crisis.
- Provide a therapeutic and structured milieu and programming that fosters rehabilitation.
- Provide physical health care through Family Practice physician and staff and post-hospital care upon discharge.
- Provide dietary consult through a Registered Dietitian from the Women, Infants and Children (WIC) program for up to 16 hours per week.
- Provide linkage and assist with benefits for those who do not have them.
- Collaborate with outpatient providers in recommending Level of Care (LOC); do Level of Intensity Screening Tool (LIST) and Level of Care Utilization Systems (LOCUS) assessments.
- Provide safe and appropriate discharges to those who are admitted to the facility.

OVERVIEW

The Behavioral Health Services (BHS) inpatient facilities (Psychiatric Health Facilities (PHFs) and Acute Psychiatric Hospitals (APHs)) aim to stabilize the individual in an acute mental health crisis providing psychiatric treatment to the client.

DESCRIPTION

Inpatient facilities are Short-term acute psychiatric locked intensive care hospitals where individuals are held against their will under Welfare and Institutions Code (WIC) for an average period of one to two weeks. These facilities provide 24/7 services with clinically rich staffing comprising of psychiatrists, licensed and unlicensed clinicians, nurses and paraprofessional staff in a highly structured and therapeutic environment offering groups, brief individual therapy, medication, etc. In Sacramento County, there are four licensed PHFs (98 beds total) and 4 APHs (426 beds total). An upcoming 32 bed Psychiatric Residential Treatment Facility (PRTF) serving minors and youth between ages 5 and 21 is anticipated to become operational in FY 26-27 utilizing the Behavioral Health Continuum Infrastructure Program (BHCIP) Round 4 Grant funds.

OUTCOMES

PHF-Average Census						
	2020	2021	2022	2023	2024	Ave
MHTC-PHF	44	43	43	45	45	43.7
CW S	15.1	14.7	10.8	14.6	14.7	13.9
CW AR	14.4	14.5	8.9	11.9	14.4	12.7
HOPE*		0.8	7.8	10.4	14.1	7.5

Census in all PHFs was affected due to COVID and workforce challenges.

*HOPE became operational in November 2021

COUNTY VALUES

The Inpatient facilities reflect Sacramento County values by providing a welcoming environment in a culturally sensitive unit with ethnic diversity in staff focused on customer service and respectful treatment of all individuals seeking services. The programs strive to meet the needs of individuals in their most vulnerable and critical periods of time providing empathetic and humane treatment in a therapeutic environment. The programs offer services in the individual's own language offering an array of psychiatric services.

QUESTIONS

Anantha Panyala, PhD panyalaa@saccounty.gov

BEHAVIORAL HEALTH COURT & JUSTICE INVOLVED PROGRAMS

PROGRAMS

- Co-Response Crisis Intervention Team (CCIT)
- Assisted Outpatient Treatment (AOT)
- Collaborative/Diversion Courts
- Jail Diversion Treatment and Resource Center (JDTRC)
- Adult Day Reporting Centers (ADRCs)
- Community Assistance, Recovery, and Empowerment (CARE) Act
- California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved (JI) Initiative
- Transformative, Healing, Recovery, Inclusive, Voice, and Empowerment (THRIVE) Full Service Partnership (FSP) and Adult Outpatient (Fall 2024)
- Youth Detention Facility (YDF)
- Juvenile Justice Diversion and Treatment Program (JJJDP)

IMPACTS

- Increase access care
- Increase linkage to care
- Improve recovery outcomes
- Decrease incarcerations
- Decrease hospitalizations
- Decrease length of time spent in carceral settings

COUNTY VALUES

Behavioral Health CJJ Programs:

- Promote rehabilitative support.
- Enrich communities through transparency, courage, innovative, and partnership with our client's voice and choice.
- Provide recovery-oriented practice that is respectful, accountable, equitable, culturally responsive and evidence based.
- Understand client self-determination, stages of change, compassion, sound decision-making, psychoeducation, transparency, and a supportive team atmosphere.

OVERVIEW

The primary role of Behavioral Health Services (BHS) Court & Justice Involved (CJI) Programming is to collaborate with justice system partners to coordinate assessment and treatment services for individuals who are justice involved and have untreated or under treated behavioral health disorders.

DESCRIPTION

The BHS CJI programs provide a comprehensive suite of services for youth and adults, encompassing prevention, intervention, and ongoing support for complex behavioral health needs.

- CCIT offers prevention services, intervening with individuals in crisis through a co-response team of law enforcement, first responders, and counselors.
- AOT and CARE programs aim to engage individuals in voluntary treatment, bolstered by partnership with the court system.
- CalAIM JI bridges the gap between incarceration and community-based care by offering targeted Medi-Cal services up to 90 days prior to an individual's release, supporting a smoother transition and continuity of care.
- Various court programs, such as Mental Health Diversion and Mental Health Treatment Court, are accessible through JDTRC and the Collaborative Courts programs.
- Intervention and ongoing services are provided through FSPs and Outpatient programs for youth and adults, specialized in supporting individuals involved with the justice system.
- Partnerships with probation officers, law enforcement agencies, first responders, community-based organizations, courts, judges, and attorneys are essential in providing the necessary support for individuals involved in multiple systems.

OUTCOMES - CCIT

FY 2024-25	Clients Served	Age Range Served	Percent Diverted
Quarter 1	217	14-93	76%
Quarter 2	235	12-83	76%
Quarter 3	82	11-94	78%
Quarter 4	60	12-90	75%

SUCCESS STORY

"For more than ten years, one woman experiencing homelessness was known to both local police and the CCIT. Living outdoors felt safer to her than downtown shelters, but it left her disconnected from consistent services and distrustful of programs that too often disappeared or changed staff. Over the years, CCIT clinicians patiently showed up, building trust step by step, never giving up even when progress seemed out of reach. After years of slow engagement, setbacks, and countless applications for services, a new housing program opened. The client was accepted but disappeared before moving in—something that had happened before. This time, however, CCIT didn't stop. Clinicians, patrol officers, city leaders, and service providers worked together daily to try and locate her. On the very last day her bed could be held, a CCIT clinician spotted her on the sidewalk. She finally said yes. With the support of CCIT, law enforcement, and community partners, she moved into housing with her pet by her side. Officers later visited her new home with a gift basket, honoring her courage and the partnership that made this possible. This case represents what CCIT is all about—long-term commitment, persistent engagement, and the belief that change is possible, no matter how many years it takes."

QUESTIONS

Stephanie Kelly, LMFT kellys@saccounty.gov

Scan QR code to learn more about BHS CJI program or by visiting:
<https://dhs.saccounty.gov/BHS/Pages/Behavioral-Health-Services-Court-%26-Justice-Involved-Programs.aspx>



Flexible Housing Pool

Fact Sheet



Sacramento County started the Flexible Housing Pool (FHP) to help residents experiencing or at risk of homelessness secure and maintain stable housing. Provides both a fiscal and operational backbone, ensuring landlord trust, timely payments, and consistent program delivery. This model braids multiple funding sources into one coordinated platform to maximize impact.

Leadership & Partners

- Lead Agency: Sacramento County Department of Homeless Services & Housing (DHS), in partnership with Sacramento County Department of Health Services (DHS)
- Partners: Managed Care Plans (MCPs) -Anthem, Health Net, Kaiser, Molina - and local housing/service providers.
- Administrator: A Third-Party Administrator (TPA) will manage day-to-day operations.

Community Impact

- Expands housing opportunities through centralized landlord engagement and reliable payment systems.
- Supports placements across rapid rehousing, permanent supportive housing, and transitional rent models.
- Aligns with CalAIM, BHSA, and state housing priorities, while building long-term landlord and community trust.

Implementation Approach

- Governance: Sacramento County as Lead Entity
- Program Development: Letters of Interest, Model of Care forms, and provider surveys collected to inform design.
- MCP Integration: Certification tools completed, FHP positioned to manage MCP Transitional Rent contributions.
- Operations: TPA to oversee workflows, compliance, reporting, and provider contracts.

Why This Matters

- The Flexible Housing Pool introduces a unified system that consolidates resources, reduces administrative complexity, and ensures timely, reliable support for both residents and landlords.
- By aligning County, State, and Managed Care Plan investments, the FHP creates a sustainable platform that strengthens accountability, expands housing opportunities, and builds long-term community trust.

Key Milestones

- May 1, 2025: PATH CITED Round 4 application submitted (~\$5.8M); awaiting response from DHCS
- Aug 4, 2025: Conditional award of up to \$115K received through DHCS Flex Pools Planning Grant.
- Week of Sep 15, 2025: Release of Third-Party Administrator RFP.
- Dec 9, 2025: Board of Supervisors scheduled to consider TPA contract award.
- Jan 2026: Flexible Housing Pool soft launch.



Watt Ave Safe Stay Community

Fact Sheet



About the living spaces

The Watt Safe Stay Community will have:

- 225 beds in sleeping cabins - including some double occupancy cabins for self-identified couples/adult families
- 50 Safe Parking spaces for people experiencing homelessness that are currently living in their cars
- 75 beds in 24/7 weather respite in response to severe weather events

The campus also has a 130,000 square foot building that will house many of the services and staff working at the Safe Stay Community.

Construction, Operations and Security

The project construction lead is Thompson Builders Corp. NORR handled the design and concepting of the project.

The Community will be operated by CityNet - which currently operates both the Florin Road Safe Stay and the East Parkway Safe Stay Communities.

CityNet is responsible for:

- 24/7 security on-site for the safety of the guests, as well as the surrounding community. It is a closed campus - no visitors for the guests staying at the facility
- Providing for the basic needs of the Safe Stay guests including meals, oversight, case management, transportation and connection to additional County services

On-site Support Services

Guests of the Watt Safe Stay Community will receive three meals a day and have access to:

- Bathrooms
- Showers
- Laundry facility
- Pet relief area Community Room Computer Lab Behavioral health services Basic Primary Health care Case management
- Rapid Re-Housing services

Campus costs

Between the capital costs to purchase the site and projected construction costs, the County spent \$64.7 million to create the Watt Safe Stay Community.

- Conservative estimates over 15 years project the campus to serve 18,000 people - bringing the costs per person to just \$3,600
- Capital costs and construction funded through American Rescue Plan Act
- (ARPA)



Behavioral Health Services

PERMANENT SUPPORTIVE HOUSING

DHS.SacCounty.gov/BHS

Housing Portfolio Catalog



What is PSH?

Permanent Supportive Housing (PSH) is an innovative and proven solution for individuals and families living with serious mental illness who are experiencing or at-risk of homelessness. It combines affordable housing with intensive behavioral health services provided on site. PSH is successful, reduces high-cost crisis care, and beneficial to clients, families, and our communities.

In Our County

Since 2007, Sacramento County Department of Health Services, Behavioral Health Services (BHS) Division, has invested over \$75 million in Mental Health Services Act (MHSA) and No Place Like Home (NPLH) funding to build and/or renovate apartments for behavioral health clients experiencing or at-risk of homelessness. BHS has developed a portfolio of site based PSH units reserved for individuals and families eligible for MHSA Full Service Partnership (FSP) services.

PSH Services

BHS has twelve contracted FSP programs. FSPs provide the full spectrum of high intensity outpatient mental health treatment for individual and families living with serious mental illness. Tenants of MHSA units receive behavioral health services and intensive case management through FSP programs. FSP Providers serving PSH units include: Capital Star Community Services, El Hogar Community Services, HeartLand Child & Family Services, Hope Cooperative, Telecare, and Turning Point Community Programs.

Housing Portfolio

Active Properties



- 18 properties
- 461 dedicated apartments
- Dedicated apartments for children, youth, adults and older adults

Development Growth



- \$75M invested since 2007
- 159 apartments online 2008-2012
- 302 apartments online since 2020

Pipeline Projects



- 115 new apartments across 5 properties in 2025 - 2027
- 85 apartments added thru vacancies
- 661 total apartments

OUR DEVELOPMENT PARTNERS

Danco Group
EAH Housing
Eden Housing

Hope Cooperative
Jamboree Housing
John Stewart Co.

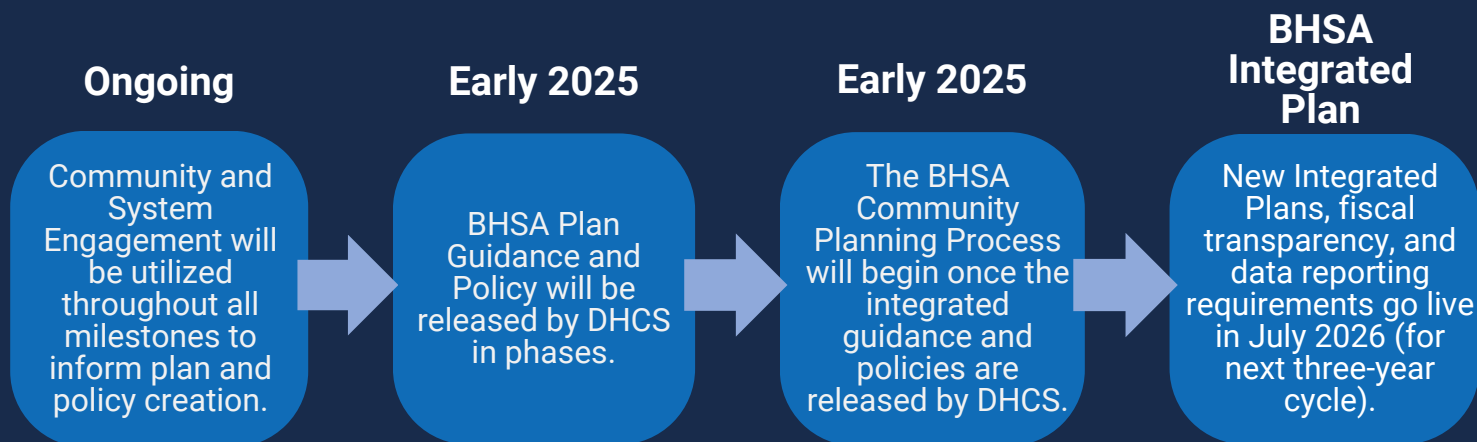
Mercy Housing
Mutual Housing
Sacramento Housing & Redevelopment Agency

BEHAVIORAL HEALTH SERVICES ACT REQUIREMENTS GO LIVE JULY 2026

Behavioral Health Services Act (BHSA) makes significant revisions to the Mental Health Services Act (MHSA), including:

- Updating allocations for local services and modifies how MHSA funds are allocated.
- Broadening target population to include individuals with substance use disorders.
- Advancing community-defined practices as a key strategy of reducing health disparities and increasing community representation.

Timeline



***Behavioral Health Transformation (BHT) is the effort that will implement Proposition 1.**

The two legislative bills that created the language in Proposition 1 are:

- Behavioral Health Services Act **SB 326**
- Behavioral Health Infrastructure Bond Act **AB 531**

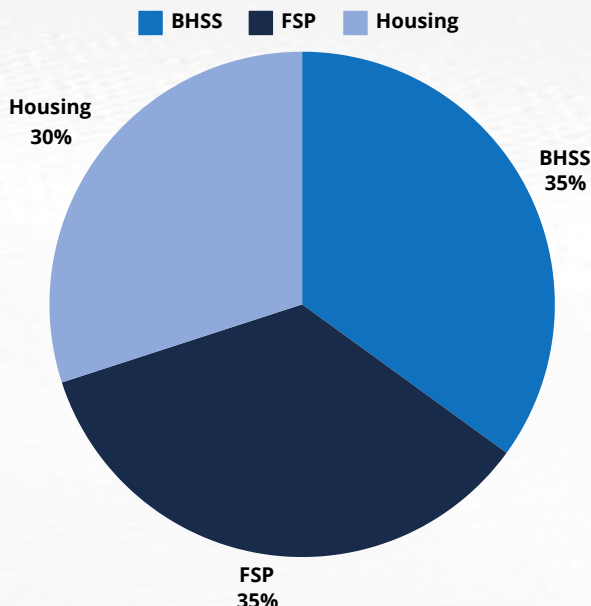
Funding Allocations

Housing (30%):

- Children and families, youth, adults, and older adults living with SMI/SED and/or SUD who are experiencing or at risk of homelessness.
- 50% is prioritized for housing interventions for the chronically homeless with BH challenges.
- Includes rental subsidies, operating subsidies, shared and family housing, capital, and the non-federal share for certain transitional rent.

Behavioral Health Services and Supports (BHSS) (35%)

- Early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects.
- 51% must be used for Early Intervention services to assist in the early signs of mental illness or substance misuse.
- 51% of Early Intervention services and supports must be for people 25 years and younger.



Full Service Partnership (FSP) (35%)

- Mental health, supportive services, and substance use disorder treatment services.
- Medication-Assisted Treatment (MAT)
- Community-defined evidence practices (CDEP)
- Assertive Community Treatment /Forensic Assertive Community Treatment, Supported employment, & high fidelity wraparound are required.
- Outpatient behavioral health services, either clinic or field based, necessary for on-going evaluation and stabilization of an enrolled individual.
- On-going engagement services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and non-clinical services, including services to support maintaining housing.

***Counties will have the flexibility to move up to 7% of funding from one category to another to allow counties to address their different local needs and priorities.**

SUBSTANCE USE TREATMENT SERVICES

IMPACT

Promoting a healthy community free of the harmful consequences associated with problem alcohol and drug use by providing access to a comprehensive continuum of services, while remaining responsive to, and reflective of, the diversity among individuals, families, and communities.

Behavioral Health Services-Screening and Coordination (BHS-SAC):

Primary access and link to services for all mental health and substance use treatment needs.

- BQuIP (Brief Questionnaire for Initial Placement) Screening Tool (telehealth or in-person)
- Determination of Medical Necessity and Level of Care
- Care Coordination
- Referral to Network Service Provider
- CA ASAM Assessment Conducted by Provider

Monday – Friday

8:00 am–5:00 pm

(916) 875-1055

After Hours: (888) 881-4881

OVERVIEW

A continuum of care is available to treat youth and adults struggling with a substance use disorder and to support long-term recovery.

- Alcohol Use Disorders
- Cannabis/Marijuana Use Disorders
- Opioid Use Disorders
- Hallucinogen Use Disorders
- Inhalant Use Disorders
- Stimulant Use Disorders
- Other Substance Use Disorders

Primary Drug of Choice

- Opiates – 27%
- Fentanyl–21%
- Methamphetamines – 16%
- Alcohol – 15%
- Marijuana – 6%
- Other – 15%

DESCRIPTION

Continuum of Care

- Outpatient/Intensive Outpatient Treatment
- Residential Treatment
- Withdrawal Management (Detox) Services
- Medication-Assisted Treatment
- Sober Living Environments/Recovery Residences

<https://dhs.saccounty.gov/BHS/Documents/SUPT/GD-BHS-SUPT-Services-Continuum.pdf>

OUTCOMES

Fiscal Year 2024-2025 YTD: 6,836 individuals received treatment services.



“Recovery isn’t about becoming who you used to be – it’s about discovering the strength to become someone you never thought you could be.”

Monica Langlais, Recovery Specialist, Bridges

COUNTY VALUES

The continuum of care supports all County PRIDE Values.

QUESTIONS

Lori Miller, LCSW, Division Manager
Substance Use Prevention and Treatment Services
MillerLori@saccounty.gov



**CITRUS
HEIGHTS**

Solid roots. New growth.

HOMELESS RESPONSE & PREVENTION

BALANCING COMPASSION WITH ACCOUNTABILITY

The City of Citrus Heights is dedicated to compassionately supporting unsheltered individuals while upholding our steadfast commitment to the health and safety of the entire community.

Our dual approach connects people with resources such as housing, shelter, food, and mental health support while enforcing laws to ensure public spaces remain safe, clean, and accessible for all.

OUR IMPACT

STREET OUTREACH PROGRAM (launched October 2023 with Sacramento County + Community HealthWorks)

- 117 individuals enrolled in services during FY24/25
- 30 individuals housed in FY24/25

HOUSING SOLUTIONS

- Sunrise Pointe (46 units supportive housing) completed in 2023
- Fair Oaks Senior Affordable Apartments (108 units) completed in 2024
- Sayonara Drive Habitat For Humanity Project - 26 low income first-time homebuyer units homes
- Auburn Oaks (88 units permanent affordable supportive housing) Coming Soon!

DAILY SUPPORT

Community Health Workers connect unhoused residents to:

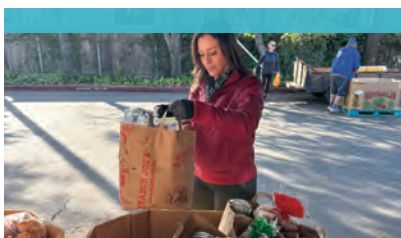
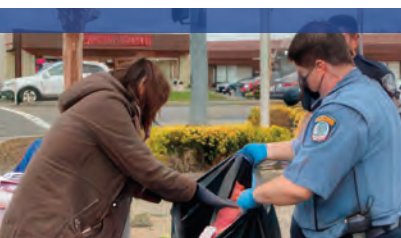
- Emergency shelter and interim housing
- Placement in permanent supportive housing units
- Supplies for survival needs (hygiene kits, food, clothing)
- Referrals for mental health and addiction treatment
- Benefits navigation (CalFresh, Medi-Cal, CAL-AIM, other aid)

COMMUNITY INVESTMENT

Grants supporting at-risk youth, food access, and nonprofit partners like Citrus Heights HART and Sunrise Christian Food Ministry.

BEAUTIFICATION CREW

Provides daily cleanup of trash, graffiti, and abandoned carts to address blight and restore community pride.





FROM SERVICES TO ENFORCEMENT: WHY IT TAKES BOTH

While Citrus Heights prioritizes connecting people to help, accountability is essential for community well-being.

WE ENFORCE LOCAL LAWS AND ORDINANCES, INCLUDING:

- **Camping Ordinance** – Prohibits camping on public or private property without permission.
- **Illegal Storage Ordinance** – Prevents storing belongings in public spaces.
- **Illegal Dumping Ordinance** – Addresses trash and hazardous waste.
- **Shopping Cart Ordinance** – Actively removes abandoned carts.
- **Trespass Enforcement** – Protects property owners by issuing warnings and citations when illegal camping or loitering occurs on private property.
- **Chronic Nuisance Offender Program** – Elevates repeat violations (e.g., trespassing, blocking sidewalks, unlawful defecation, public alcohol use) for court review, where outcomes can include mandated treatment, probation, or incarceration.

This balanced model ensures that those who accept services receive help, and those who repeatedly “behave badly” face consequences.

WHY THIS MATTERS

Homelessness response is not just about services—it’s about maintaining the quality of life for all. Enforcing ordinances helps:

- Reduce blight and illegal dumping
- Protect businesses and neighborhoods from chronic nuisance activity
- Keep parks, sidewalks, and public spaces safe and accessible for families and residents

DATA SNAPSHOT: TRACKING LOCAL TRENDS

Citrus Heights uses multiple data sources to measure homelessness:

- **Point-in-Time Count (2024):** 62 individuals identified in Citrus Heights (down from 89 in 2022), representing 1.6% of Sacramento County’s homeless population.
- **HIFI Census (2024):** 108 individuals counted by CHPD, with 71% self-reporting mental health or substance issues.

Together, these counts guide services, identify repeat nuisance offenders, and track long-term trends.

HOW YOU CAN HELP

- **Connect someone to help:** Call 2-1-1 and press 8 for homelessness services near you.
- **Report concerns:** Illegal camping/dumping – CHPD Non-Emergency (916) 727-5500.
- **Report blight:** Abandoned carts or dumping – General Services (916) 727-4770 or SeeClickFix app.
- **Volunteer:** Join Citrus Heights HART, the Citrus Heights Collaborative, or sign up through the City’s Volunteer Hub.

WE’RE ALL IN ON COMPASSIONATE ACCOUNTABILITY

Citrus Heights is committed to long-term solutions—helping people access services while protecting health, safety, and quality of life. By working together, we can continue to build a safe, healthy, and inclusive community.



ADDITIONAL INFORMATION:

For more information or to get updates on Homeless Response & Prevention, visit: CitrusHeights.net/RTH